



Socio-economic and health conditions of marginalized groups unorganised working class women

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Abstract

No society is liberated from marginalised groups and weaker sections. Although, the central reason behind marginalization vary from society to society. Marginalization is a symbol that refers to processes by which individuals or groups are kept at or pushed beyond the edges of society. The research paper is an attempt to study the socio- economic and health status of marginalised groups and communities - women, migrants and unorganised working class women. Women on one hand are primarily engaged in the strenuous unskilled work with minimal safeguard of possession and wages and on the other hand, the conditions of male workers are better than female workers in terms of income with better security, wages and occupation. The paper also aspires to underline the discrimination and exploitation of these marginalised groups especially in terms of their reproductive health. Women often face numerous obstructions due to their several identities. For instance, in a patriarchal society, unorganised working class women face double discrimination of being a women and being unorganised workers. Under such situation women face discriminatory treatment in both public (as workers) and private (reproductive) sphere and therefore undergo marginalization. This section of populace requires greater consideration both from government, employees and society. Moreover the paper will study the rights of marginalised working class groups and their disadvantageous conditions that restrict their access to health and healthcare. Issue such as patriarchy, gender and economic inequality, stigma, reproduction and biological role works as a barrier towards socio-economic status and healthcare. The methodology of this paper is based on secondary sources such as journals, reports, books, articles, newspapers and online sources.

Keywords: unorganised workers, working class women, marginalized groups, migrants, reproductive health and reproductive rights

1. Introduction

The concept of marginality was first introduced by Robert Park (1928). Marginalization is a symbol that refers to processes by which individuals or groups are kept at or pushed beyond the edges of society ^[1]. Marginalization refers to persons or groups who are placed in the margins and are debarred from the privilege and power found at the centre. They might be socially, economically, politically and legally disregarded, excluded or abandoned and consequently exposed to livelihood change. The major aspects on the basis of which individuals belonging to marginalized groups are discriminated in India, are structural factors, age, disability, mobility, stigma and discrimination that work as hurdle towards health and healthcare. The groups that are exposed towards discrimination include women, Scheduled Castes (SC's), Scheduled Tribes (ST,s), children, aged, disabled, poor migrants, people living with HIV/AIDS and sexual minorities. Groups often counter numerous problems in form of multiple identities. Such as, in patriarchal society, disabled women face double discrimination for being a women and being disabled. ^[2] In context of North East India marginalization and exploitation of unorganized women workers takes place in different forms such as geographical proximity, tribal identity crisis, job insecurity, ethnic violence, landlessness due to MNC's and infrastructure development, migration etc. Such type of factors creates a group of marginalized people in which women are the most exploited sections. These women to survive engage themselves in meager unorganized jobs

wherein their health and reproductive status is immensely neglected and ignored. Women's health is also disregarded on the basis of structural discrimination, and even for being women, SC, ST, migrant etc.

2. The socio-economic condition of marginalized group in India

Structural Discrimination has become an invisible though apparent aspect of condition for marginalized groups in India. The predominance of cultural practices, gender stereotypes, and patriarchal social order in India has resulted in strict gender roles affecting and deteriorating the women's health condition in comparison to men. The occurrence of social and economic dependency among women, their incidence of violence, gender prejudice in the health system and society at large, inequity on the basis of race or other factors, their restricted power and the incapability in decision-making are social realities that have a poor impact on the women's health. Therefore women face particular health issues and particular forms of discrimination, countering multiple forms of discrimination, barriers and marginalization and gender discrimination ^[3].

Women

In Indian societies women bears the dilemma of dual discrimination on the basis of caste, class, ethnicity alongside gendered susceptibilities. Women undergo lower status in Indian society in comparison to men. They do not have much

control over the resources and therefore lacks decision making power related to their lives. The early marriage and childbearing, miscarriages, multiple pregnancies generated severe health risks for women's [4]. Majority of women in India are uneducated and poor are the most exposed to disease and ill health during their life span [5]. They undergo diverse types of death consisting reproductive problems, weakness, nutritional problems, etc. Domestic violence in the country has thoroughly discredited the falsehood of the home as a protected shelter. They face violence and physical ill-treatment on the basis of dowry, caste, class, infertility, joblessness etc. This violence takes place within the ambit of family or within the community in general. The major aspect of violence is the differentiation between men and women and discriminations faced by women in their everyday living. At the present time the violence against women can be conceptualized as a subject of power and social control over women. In Assam, the health status of women is poor and the number of pregnancy related deaths in the tribal areas is also high. Undernourishment is widespread among the tribal girls and women. In actuality tribal women's face unequal access to basic health services. The appalling poverty, lack of nutritious food, safe drinking water, proper sanitation and hygienic accommodation, has created hitches of health among the women in tribal areas. Thus the violence against women is a pervasive source of physical and psychological damage or affliction among women, as well as a violation of their right to health. The committee on the elimination of discrimination against women (CEDAW) requires states to, enact and enforce laws and policies that protect women and girls from violence and abuse and provide for suitable physical and mental health services; in association with pregnancy, childbirth and the post-natal period, including family planning and emergency obstetric care. Health-care workers should also be trained to detect and manage the health consequences of violence against women [6].

The schedule caste

The caste system is a rigorously hierarchical social system based on principal concept of purity and pollution. Brahmins are on the top of the hierarchy, and Shudras or Dalits constitute the bottom of the hierarchy. The health status of such groups indicate their social exclusion as well as an idea of the linkages between poverty and health. The marginalization of Dalits has violated basic human rights such as civil, political, social, economic and cultural rights. A large portion of the lower castes and Dalits are still dependent on others for their livelihood. Dalits refers to a group who are in a condition of oppression, social disability, helplessness and poverty. They have low income, insufficient purchasing power, lack of resources and poor housing. Structural discrimination against these groups takes place in the shape of physical, psychological, emotional, socio-economic status and cultural exploitation that receives authenticity from the social structure and the social system. The unhygienic conditions and isolation in which they live affect their health status, access to healthcare and quality of life leading to high rate of mortality death.

The schedule tribes

The scheduled tribes like the scheduled castes face structural

discrimination within the Indian society. Unlike the scheduled castes, the scheduled tribes are a product of marginalization based on ethnicity. In India tribal's are facing various health problems like malnutrition related diseases, parasitic diseases including malaria, diarrhea, respiratory disorders etc, and genetic disorders including sickle cell disease, STD and HIV/AIDS etc. They are mainly landless with little control over resources such as land, forest, and water. They constitute a large proportion of agricultural laborers, casual laborers, plantation laborers, industrial laborers, etc. This has resulted in poverty among them, low levels of education, poor health and reduced access to healthcare services. They belong to the poorest strata of the society and have severe health problems.

Migrants

Migration has become a major social, economic and political phenomenon, with significant human rights consequences. Their right to health is frequently restricted simply because they are migrants, as well as owing to other factors such as discrimination, language and cultural barriers or their legal status, social security etc. These migrants are usually poorly covered by state health systems and are often incapable to afford health insurance. The undocumented migrants in particular have little access and information to health and social services, unorganized migrant workers such as female domestic workers, construction workers face vulnerabilities in form of sexual abuse, violence, unhealthy work conditions etc. They are even trafficked from one place to another as sex worker or domestic workers [7].

3. Marginalization of unorganized working class women and their health status in India

The working class consists of individuals and households with low education, low status occupations, and below average incomes. They carry out physical or low-skilled work for a living, as opposed to the professional or middle class, the upper class, or the upper middle class. The Indian working class is not a monolith. *The populace of working class is divided into two aspects: (i) the caste, tribal or ethnic origins of the workers (ii) gender-based division of labour between male and female workers. Thus Indian working class is not merely an economic entity but various stigma of hierarchy is attached to it.* The unorganized workers comprise of agricultural labourers, bonded labourers, migrant workers, contract and casual labourers. The unorganized workers consist of coolies, vendors, rag pickers, domestic workers, beauticians, construction labourers etc. These workers are normally excluded from the ambit of labours rights such as proper working condition, clean drinking water, adequate rest, maternity benefits, paid leave etc.

a. Domestic workers

Women workers in the informal economy consist of the most vulnerable working sections in society. They come from a marginalized population who's legal, economic and political status limit their ability to demand their rights. These women include domestic workers whose social and economic contributions to society are unseen to the public, the law and policies of the country. They face challenges because their work is not considered valuable and so their rights to

minimum standards of decent work are continually violated. The distinctive aspect of their work place, which is the home of their employer, makes them vulnerable to abuses and exploitation. This is because the state would always be hesitant to consider a home a workplace that they can regulate. The stigma fastened to domestic work has long been ingrained in the mindset of the Indian society. Domestic workers, in particular women domestic workers, are a continuously growing section of workers in the informal sector of urban India. It is moreover linked with the development of the urban middle class, particularly the increase in the number of women working outside their homes and the availability of cheap domestic labour. Household work has been taken over largely by women. The poor women who engage in domestic work are often unable to care for their own families, leaving their own children alone for the whole day, sometimes tying children to their cots^[8].

Domestic service is the most unregulated and disorganized form of work wherein the risk of social insecurity, deplorable wages, long working hours, the segregation of women in certain occupations, wage differentials between men and women for the similar type of job is very high. It often happens that the labour of domestic workers remained unappreciated, poorly paid and sometimes also unpaid. These segments of women countenance many problems at their place of work and bulk of them are disadvantaged with the social securities such as maternity leave, pension, paid leave etc. Migration being the common scenario of urban-rural relation is the result of poverty, search for better opportunity, and family disputes which depicts the socio-economic and psychological insecurities in the society.

b. Tea tribes worker

Non registration of tea estates under the umbrella of government is the root cause of exploitation of workers in north east India. Despite of the enactment of Plantation Labour Act (PLA) the poor conditions of labour's life and suffering did not come to an end. The act granted the tea plantation owners with the responsibility to give tea workers with basic needs, including drinking water, health care, education and housing. However this remained a dream for those labours working in the non registered estates. At present, there are almost fifteen hundred tea estates, out of these, seven hundred ninety tea estates are registered with the government^[9]. The estates which are not registered with the government are not granting regular wages to the labours. Those workers are even deprived of other benefits as per the wage act. Many a times, the labours engaged in the govt. registered tea estates are away from proper facilities such as housing, health and education. The women tea workers do not get proper facilities in pre and post natal stage as they do not get sufficient amount of leave and care during that phase. The accessibility of adequate hospitals is also not updated and therefore it hampers their health negatively. The lactating mothers do not have proper facility for child care and crèches which consequently impedes their children's growth. The houses and sanitation which the tea estates provide them are unhygienic further deteriorating their health condition immensely. The job insecurity in the estate and lack of legal rights over their house and land has marginalized the workers for meager amount of

wages. The lack of compulsive registration of the estates under government's umbrella has resulted in poor implementation of Minimum Wage system. The casual labour or contractual labour working in tea estates during the time of seasonal demand do not come under Minimum Wages Act. Therefore there is a need to bring such workers under the purview of Plantation Labour Act, 1951 to protect them from economic, social and health related exploitation. The tea garden workers who normally come under the category of organized workers face the dilemma of being unorganized workers and casual labour due to the non-registration of tea estates under government's plantation labour act.

c. Construction Labourers

The construction industry gives direct employment to at least 30 million workers in India (but recent expansions have resulted in a higher number) trade unions estimate that there were roughly 40 million migrant construction workers in India in 2008. Women work mainly as unskilled workers^[10]. The construction worker barely gets health related facilities such as maternity benefits, paid leave, crèches, hygienic workplace and sanitation. This hampers the health conditions of workers and endangers the right to health.

4. Challenges to unorganized working class women

The problems that the unorganized working class women undergo are illiteracy, lack of proper training in skilled activities, vulnerability of the female workers by the employers, insecure job, extreme work pressure, irregular payments of wages, gender based wage discrimination, ignorance of reproductive rights and reproductive health by the employers and patriarchal society. Women make up the majority of employees in all health care systems but they are not evenly distributed in the workplace. By and large men still make the choices and the implications of these for female workers are ignored. The unorganized workers either men or women are subject to exploitation extensively by the rest of the society. They receive poor working conditions especially wages much below that in the formal sector, even for closely comparable jobs. The work status, health conditions, remuneration and employment are of substandard quality. Considering the experience of working class women in unorganized sector they practice different type of workload and oppression both in public and private life which to some extent is not seen in the life of working class men. Biological condition of women such as lactating mother, pregnant women etc is quite different from men and so the workplace with unhygienic condition and sanitation leads them to many types of infections and disease. Moreover woman has to work beyond working hours, even in advanced stages of pregnancy, with no leave facility. This endangers the life of both the mother and baby.

Sexual and reproductive health is also an important feature of women's right to health. Reproductive age is the most productive years of a woman's life. The lack of maternity entitlements often means that a woman worker has to leave her job to have a child. Women experience the problem of inadequate primary health care system in the country. They are enforced to have children at home without any medical care as majority of them could not bear the load of

hospitalization costs. Therefore the economic vulnerability of women often increases with the charges of hospitalization, additional medical expenses and loss of employment. Added to these problems is the absence of maternity entitlements which restrains the women to take care of her nutritional needs during her pre and post natal stage, compelling them to start working soon after child birth. Social security for the unorganised workers must guarantee maternity entitlements including paid leave to all women, whether employed or not, in terms of hospital and medical expenses and these maternity entitlements include paid maternity leave of at least 12 weeks^[11]. The absence of child care facilities has increased the workload of women immensely affecting their health and work participation. For women workers, their own health and capability to work are typically the merely reserve they can fall back upon. They are the most defenseless member in the house as their health and nutrition needs are the lowest concern within the family. Women in poor families are the least likely to receive medical attentions.

5. Conclusion and Suggestions

The health status and utilization patterns of unorganized workers, disabled, migrants, ST's and SC's in rural areas give an indication of their social exclusion as well as an idea of their linkages between poverty and health. The health status of these marginalized groups is very deprived as compared to other sections of population. Undoubtedly the Indian government has outlined and established the laws and rights for these marginalized groups at different times but due to lack of proper attention towards their rights and inappropriate implementation of their laws they have to face number of problems in Indian society. Therefore there is the want for some new policy measures to make their health status good and to check them from discrimination and exploitation in our society. Countless low and semi-skilled female migrant's work in the unorganized sector, in dangerous conditions, survive in shanty arrangements and are deprived of access to health and healthcare. Children of low income unorganized workers suffer from malnutrition and low immunizations.

Therefore strengthened public health care sector is needed which will be an important factor to grant affordable and reliant health security of marginalized and poor groups. Moreover gender sensitive primary healthcare should be adopted to address women issues. The government should provide financial support to unorganized women workers during pre and post natal stage and should also provide childcare provisions to the children of workers. In the work place women workers should be given break for nursing once the mother rejoins work. There is a need to provide the easily accessible, affordable healthcare service and social security's for these groups to improve their health indicators. Hence there should be proper implementation of laws regarding the health of these marginalized groups especially unorganized working class women with proper job security, healthy work environment and at least minimum wages, maternity and child care benefits.

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