Caste, Gender, Labor and COVID-19 in the Urban Informal Economy

A REVIEW OF EXPERIENCES IN THREE SELECTED SECTORS

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INTERNATIONAL CENTER FOR RESEARCH ON WOMEN
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SUGGESTED CITATION

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1 This review was conceptualized by Sharmishtha Nanda, other authors worked on designing and executing the review. Each chapter is authored by separate group of authors as indicated under the chapter titles.
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² Before moving on to the chapters, we as the team of researchers and authors who worked on this report own all responsibility for the flaws and inaccuracies that may remain. This has been a sincere effort to document some experiences beyond the typical informal sector occupations that we have covered elsewhere in our work, without any intention for misrepresentation and omissions, if any. Any comments and feedback readers may have, are welcome.
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# Abbreviations

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<td>ADHD</td>
<td>Attention Deficit Hyperactivity Disorder</td>
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<td>ART</td>
<td>Antiretroviral Therapy</td>
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<td>BPL</td>
<td>Below Poverty Line</td>
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<td>CAA</td>
<td>Citizenship Amendment Act</td>
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<td>CITU</td>
<td>Centre of Indian Trade Unions</td>
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<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
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<td>EPF</td>
<td>Employees' Provident Fund</td>
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<td>FSW</td>
<td>Female Sex Workers</td>
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<td>GBV</td>
<td>Gender Based Violence</td>
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<td>GF</td>
<td>Gates Foundation</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IDRC</td>
<td>International Development Research Centre</td>
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<td>ISST</td>
<td>Institute of Social Studies Trust</td>
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<td>KII</td>
<td>Key Informant Interview</td>
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<td>MSM</td>
<td>Men who have sex with men</td>
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<td>MSME</td>
<td>Micro, Small and Medium Enterprise</td>
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<td>NACO</td>
<td>National AIDS Control Organisation</td>
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<td>NGO</td>
<td>Non-governmental Organisation</td>
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<td>NRC</td>
<td>National Register of Citizens</td>
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<td>NSKFDC</td>
<td>National Safai Karamcharis Finance and Development Corporation</td>
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<td>NSS</td>
<td>National Service Scheme</td>
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<td>OBC</td>
<td>Other Backward Class</td>
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<td>Public Distribution System</td>
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<td>Prevention of Sexual Harassment</td>
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<td>Personal Protective Equipment</td>
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<td>PRIA</td>
<td>Participatory Research in Asia</td>
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<td>PTSD</td>
<td>Post-Traumatic Stress Disorder</td>
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<td>SC</td>
<td>Scheduled Caste</td>
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<td>Self Help Groups</td>
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<td>SRMS</td>
<td>Scheme for Rehabilitation of Manual Scavengers</td>
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<td>Scheduled Tribe</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>STI</td>
<td>Sexually Transmitted Infection</td>
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<td>TB</td>
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<td>UMC</td>
<td>Urban Management Centre</td>
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Introduction

One of the key questions posed in our research within the Rebuild project is to understand how COVID-19 exacerbated pre-existing vulnerabilities for women in the urban informal economy. The backdrop of the pandemic has exposed many layers of social disenfranchisement and vulnerabilities. We situate vulnerabilities fundamentally within the context of historical marginalization and structural inequities that inhibit sections of the population to participate as equal citizens in civic, political and economic opportunities.

We also posit that economic and social vulnerabilities are tightly bound and form webs of vulnerability. A major cross-section of this web is influenced by caste, gender, and labor. Through this review, we intended to explore and showcase how occupational segregation based on certain social hierarchies continues to define who can participate in the economy, in what capacity and implications of this participation during a crisis such as COVID-19. The selection of “cases” in the review is done based on key forms of marginalization observed and evident in literature; in terms of who does what (work), and how were they impacted during COVID-19 and mainstream media reportage on the same. To illustrate the larger web of vulnerability which is rooted in the historical-structural nature of inequality, discrimination, and marginalization, we have looked in depth into women’s experiences within three occupational categories: a) sex workers b) sanitation workers c) bangle workers

Locating Caste

The word “caste” has its origins as early as in 1498 when it was introduced by the Portuguese and used in English during the 1600s. Its origins are found in ancient Hindu texts, as Varnas and forms the main pillar of the Hindu social order. The Varna system also mentions the idea of savarna and avarnas- the untouchables, the impure. While there are debates on the exact meaning of pure and impure in the ancient texts, there is large agreement on the lack of a hierarchy of Varnas in the early history of Hinduism, but that it emerges later interspersed with the idea of Jati (birth groups), which were endogamous (Ambedkar) and whose ranks were decided by the contemporary position in social, political and economic spheres. Hence, in practice, the Jati system prevalent today is largely drawn from the original varna system and in some cases, a particular jati may fall under two varnas. Gupta (2000) posits jatis were

1 International Center for Research on Women (ICRW) is undertaking a three-country research study with the support of the Bill and Melinda Gates Foundation (BMGF) and the International Development Research Centre (IDRC). The study aims to understand how COVID-19-related health and economic shocks, and the policy responses to them, interact with pre-existing gender and other social norms to impact livelihoods, experience of GBV and SRHR outcomes for women who work in the urban informal economy. Please visit https://www.icrw.org/research-programs/assessing-COVID-policy-impact-on-informal-workers-in-kenya-uganda/ for more information.
3 The English word “caste” (Kaste, kæst/) derives from the Spanish and Portuguese casta, which, according to the John Minshew’s Spanish dictionary (1569), means “race, lineage, tribe or breed”.
4 “caste” Oxford English Dictionary (Online ed.). Oxford University Press
5 Varna, as mentioned in ancient Hindu texts, describes society as divided into four categories: Brahmins (scholars and yajna priests), Kshatriyas (rulers and warriors), Vaishyas (farmers, merchants and artisans) and Shudras (workers/service providers).
6 According to Olivelle, purity-impurity is discussed in the Dharma-shastra texts, but only in the context of the individual’s moral, ritual and biological pollution (eating certain kinds of food such as meat, excretion and defecation). In his review of Dharma-shastras, Olivelle writes, “We see no instance when a term of pure/impure is used with reference to a group of individuals or a varna or caste.” The only mention of impurity in the Shastra texts from the 1st millennium is about people who commit grievous sins and thereby fall out of their varna.
8 For example, the Jats and Yadavs, straddled two Varnas i.e., Kshatriyas and Vaishyas, and the Varna status of Jatis itself was subject to articulation over time.
explicitly established to form economic networks and occupational guilds, sustained by marriage, tracing their emergence to the feudal period (seventh to the twelfth century).

The current order and categorization of caste in India is largely believed to be put in place formally by the British Colonial Census of 1901, whereby all the Jatis were arranged under the four Varnas and put an indelible barrier to the progress of several groups with this exercise of hierarchization on paper (de Zwart 2000, Dirks 2001). This act amalgamated the conceptual Varna system into the practical Jati system and sealed the mainstream idea that Jati corresponds to Varna, which was not entirely based on evidence. An example of this would be, the way they assigned government jobs to particular castes, possibly creating a new jati identity or reinforcing an existing identity (Bayly 2001). Recent genetic evidence, however, places the origins of the jati system much further back than was previously assumed.11

### Caste, Labor, and Economic Networks

Munshi (2019) in a detailed analysis examined the role of caste in the Indian economy to demonstrate that caste-based economic networking is used as insurance, credit and for entry to the labor force in a context where market institutions are inefficient and state support is ineffective. He notes, “It will be many generations before income and consumption are equalized across caste groups.”12

In this context, the root of anti-caste struggles has been the resistance and abolition of caste-based labor, while class movements have stressed largely on land reforms and subsequently, the debate moved around wages and working conditions of laborers. As evident in the urban spaces, it is largely the landless poor who occupy the cities’ margins, offering their labor to the lowest paid, most precarious occupations.

It is important to note that the classic gap has been the subsuming of caste under class and the lack of understanding of the specificity of caste and how it also complicates the nature of labor, production relations, and fractures labor movements. In the mainstream, this subsuming is largely normalized, blind-sighted or its impact minimized, precisely because it causes a lot of discomfort to mainstream scholarship13. If we ask if it’s possible that one is born poor but still be of a higher caste, well, rarely so. There is ample evidence14 15 to suggest that those belonging to the most marginalized castes are also the ones who lead economically precarious lives, given the caste-based labor and economic networks that are designed in consonance with the designated social hierarchy. It is not a stretch to say that one’s social location (read caste) is both, determined by and determines their economic location to a large extent (read class), mediated and accentuated by differential access to resources such as education, networks, credit, and occupations. A recent paper states, “Statistically, in India the caste into which a person is born remains among the most important determinants of life opportunity.”16

In the Indian context, affirmative action17 has further consolidated caste identities, and made it more salient in public discourse, however with a significant impact on mobility and opportunity for marginalized castes. For instance, sanitation workers have almost exclusively remained from castes that have conventionally performed sanitation and scavenging work in India. At the same time, opportunities have

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13 By “mainstream” we refer to scholarship that is generated by renowned scholars and theorists, predominantly people of privilege from within or outside of India.
often been availed by wealthy households within a caste and compounded by migration, have left lesser wealthy households in their caste worse off by increasing income and consumption variance within the group. Additionally, occupational hierarchy linked to caste has largely ensured lower caste men and women to remain largely in informal work, where the nature of work arrangement is devoid of legal contracts and related benefits. In the case of women, this is truer to a larger extent owing to an over representation of women (of all castes) in informal jobs.

Interestingly, caste and caste linked marginalization is not limited only to those practising Hinduism. Owing to their communal proximity to Hindu culture, Indian Muslims, too, are victims of caste-based stratification18, and are divided into three main classes and hundreds of biradaris19,20. This leads to a similar pattern of resource ownership and over representation of higher caste Muslims in elite economic activities that accord greater class, wealth and power to certain groups within the Muslim community. With religion-based disenfranchisement on the rise21, complex caste-religion-gender-labor vulnerabilities arise, as explored in chapter 3.

The Gender Question

The question of gender within the matrix of caste and labor and economy adds another layer of complexity. While women from the upper caste are usually not allowed or withdrawn from any form of labor to establish control, women from the marginalized castes are pushed to those forms of labor which even the men of their community do not want to undertake and as a form of servitude to the community they serve (upper-castes). The nature of such jobs is highly hazardous, exploitative and low-paying. As a recent paper22 notes, “The caste system not only determines the social division of labor but its sexual division as well. For instance, in agriculture, women can engage in water regulation, transplanting and weeding, but not in ploughing”.

Gender and caste-based occupations such as the traditional midwife or dai, the female manual scavenger, the leather worker, all fall within this ambit. Much of this work is performed inter-generationally and is retained within the same gender, as young girls are prepared to take on work that their mothers do. It is a clear form of social reproduction where a segment of the society is pushed to enter informal labor of a specific kind. Thus, caste hierarchies, as much as gender hierarchies, contribute to the segmentation and devaluation of labors. Hence, the struggles of working women, especially those who are most marginalised, requires a nuanced analysis as they negotiate simultaneously with stigma, poverty, and gender normative expectations.

Neetha N’s analysis of NSS data from 201023, explores the distribution of female workers in various caste/religious categories across occupational categories and offers interesting perspectives. To quote, “The category of elementary occupations is the hub of economic opportunities for the SC and ST community, accounting for about half of the workers, even in the urban areas, while there is a significant representation of the members of the OBC category. Strikingly, upper caste women dominate in skilled occupational groups such as professional technicians, associate professionals, clerks and other white-collar jobs with a share of over 50 per cent participation. There is a clear domination of this

20 At the top of the hierarchy are the ‘Ashraf’ Muslims who trace their origin either to western or central Asia (for instance Syed, Sheikh, Mughal, Pathan, etc or native upper caste converts like Rangad or Muslim Rajput, Taga or Tyagi Muslims, Garhe or Gaur Muslims, etc).
social group in paid and regulated jobs. Craft and related trades is the dominant sector of concentration for Muslim women. This accounts for women in traditional tiny family-based manufacturing units. This is substantiated by other evidence on restrictive gender norms within certain groups, and their influences on the burden of care and unpaid work, access to education, skilling, choice of work and place of work.

**Locating Sexuality within the Caste-Labor-Gender Question**

In a highly gendered context such as India, the question of sexuality is always associated with women. Some scholars have theorized that although the female body in public is not directly sexualized in caste occupations, the segmentation of labor and class differentiation is compounded by the construction of the binary opposition of procreative and non-procreative sexuality. There are good wives vs ‘others’ (e.g. widows, sex-workers, bar dancers) who are outside the bounds of marriage. While the services of both are exploited, it is the latter who is stigmatized. Even in this, there exists a hierarchy, wherein the widow attains a higher status since she was once married but the other categories are deeply stigmatized. In the words of theorist Mary E. John, “Stigma cannot be abstracted from the body and the body is always ‘sexed’.”

If there is a distinctive quality to the degradations of (male) Dalit labor, this quality attains a new connotation when the laboring body is that of a Dalit woman. It can be seen most prominently in sex-work, the vulnerabilities which are complicated by the multiple identities of family and social-economic backgrounds, caste and religious segregations and their stigmatized work identities.

The understanding of women’s labor of working in these marginalized and/or stigmatized occupations cannot remain isolated from the multiple layers of experiences that are embedded within their social identities. When the argument moves beyond the binary of men and women to other identities and their positionality in this multiple axes of caste, class, labor and gender, for instance in the case of transgender sex workers, they face vulnerabilities that are varied and propounded than those faced by women sex workers. It is the person’s location within this matrix that determines his/her occupation and labor conditions.

In a nutshell, there is evidence of strong interconnections between caste, gender and economic positioning. For this study, we attempt to demonstrate these interconnections via three selected occupations, in the backdrop of the COVID-19 pandemic. We illustrate unique pre-existing vulnerabilities for each of the three occupations owing to intersectional invisibility, which draws attention to the distinctive forms of oppression experienced by those with intersecting subordinate identities. The paper then goes on to discuss specific challenges experienced by each of the groups during the COVID-19 crisis, which further accentuated their vulnerabilities in many ways. In the context of their identities as informal workers in an urban setting, we discuss their invisibilization and interactions with the state and civil society.

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27 Although this reference does not say so, we conceptualize the category of ‘others’ as single women who may be divorced, separated and even never married.

Methods

To develop this review, we looked for three occupational categories that best represented various intersections of caste, gender and religion but were under-reported during the COVID-19 waves. As this review was an additional analysis, we planned at a later stage of the scoping phase, we had very limited resources to do justice to a wider selection. With preliminary consultation with some members of the project advisory group, we shortlisted the three selected occupations, which are presented in three separate chapters. The chapters focus on sex workers, women bangle workers and women sanitation workers. These three groups demonstrate intersections of caste-labor (sanitation workers), religion-caste-labor (bangle workers) and sexuality-labor (sex workers), within the broader conceptualization of gendered division of labor in the economy.

Methodologically, a preliminary rapid literature search was conducted to understand the impact of COVID-19 in the first and second waves on the selected occupational groups. This consisted of looking at grey literature as well as peer-reviewed publications. All the reportage and studies that took place from March 2020 to June 2021 were read and details were extracted on an excel sheet organized by some key themes. Other literature published concurrently was also added to the existing database.

The main journalists, researchers, and informants from organizations who were working relentlessly during this period were identified, shortlisted and approached for key informant interviews (KII). Together, data from the literature and KII formed the basis of mapping as well as an understanding of how socio-economic vulnerabilities were exacerbated for this key but under-reported population and the policy response around it. There was no defined geographical scope, except for the criteria that focussed on capturing urban-centric experiences.

We did not interview the workers from the selected occupational groups directly and the reasons were two-fold. Firstly, the study was conducted as a part of the formative stage of the Rebuild project and was in essence not designed to delve deep into these sectors. Hence, at this stage, we interviewed those who work closely with workers. Interviewing workers directly involves additional vulnerabilities and has higher research risk. A more rigorous research design is required as accounting for referrals for research triggers trauma. Therefore, interviews will be done at a later stage of the project with sufficient allocation of time and resources. Secondly, the team strongly felt that extracting time from workers should only come at a stage when we are equipped with a better understanding of the scenario and their experiences, rather than at this early stage where we were only relying on secondary literature to build an initial understanding.
Introduction

Sex work has been accorded the status of the oldest profession within human civilization. The Indian literary lineage is replete with examples of sex work with references of “prostitution” and its “code of practice” finding a mention in Chanakya’s Arthashastra, as Apsaras in Puranas, as Devadasis29 or Devaradiyars in the southern Indian traditions, and as Tawaifs30 in the India of Mughal rulers. All of them were imagined as skilled, often royal consorts and in some eras also enjoyed much social privilege. However, all of them were viewed as outliers to the patriarchal institution of marriage and went against the grain of hegemonic design of a “decent” woman, and subsequently lost autonomy, power and wealth and moved into a criminalized, stigmatized and depraved existence with time.31 In the past, India had an appetite for royal consorts and erotic entertainers who didn’t fit the mould of a “good” woman, yet enjoyed a privileged social standing. Yet, it is crucial to flag off that sex work in the country doesn’t just have its roots in a once glorious past but is also firmly rooted in abject poverty, hood winking and abusive familial realities. Sex work is also caste-based as observed among members of the Banchhada Tribe, the Bhedia community32 as well as the devadasi system.33 In parts of Bengal, there is a presence of what is referred to as the Chukri system34 where women are coerced into sex work to pay off debts, as a form of bonded labor. Women enter sex work through various pathways. They may be forced and duped by family members or otherwise, or in times of extreme financial precarity resort to sex work.

The debate pertaining to sex-workers is interwoven in a strong sense of societal morality and forms the preliminary as well as the primary lens for it. In such a case, it presents a difficult space to navigate or to propose a change, and that also sows the seed of work versus trafficking, abolitionist versus regulationist35 ways of seeing. There is a lack of stability in the definition of trafficking across literature, wherein trafficking is conflated with sex work and migration. Within the ambit of trafficking features forced marriage, forced labor or forced sex work. However, research indicates that much of the anti-trafficking initiatives are limited to traffic in “prostitution” .36 To develop this case study, we interviewed organizations that look at sex work as another form of ‘work’ within the informal economy and have a rights-based approach to the issue.

In developing this chapter, in addition to all steps mentioned in the methods section previously, we spoke to activists who have been in sex work, organizations which work with brothel-based and street-based sex workers in Kolkata, Delhi, Bangalore, Mumbai. We also have made an effort to bring in the perspective of transgender sex workers, to provide space to their unique needs and challenges.

**Context and Pre-existing Vulnerabilities**

In contexts like that of India, where the talk about anything related to sex is frowned upon by the society-at-large and is silenced or spoken in hushed tones, performing sex for non-procreative purposes in itself are regarded taboo, sinful and immoral. These are also contexts where comprehensive sexuality education is not taught in schools and young adults grow in an atmosphere of extreme curiosity around body and sex with no avenues to discuss it.37

With or without the reality of COVID-19, the lived realities of those engaged in sex-work are interspersed with unimaginable vulnerability, stigma and distress that has been widely documented.38 To locate sex workers in the current context is also to understand their socio-economic positionality and while all sex workers may not belong to marginalized groups, in terms of caste and religion, most have certainly experienced some form of oppression that led them into sex work. The oppression is largely layered, both social and economic and it is difficult to pin on a causal pathway.

Defining the socio-economic positionality of the sex-worker

In general, poverty coupled with limited education push women into the labor markets at an early age. Of this, sex work is one of the better paying trades for women to embark upon.39 The median value of the non sex work related informal labor as of the year 2009, hovers in the range of Rs. 500 to Rs. 1000 per month, while the median value of sex work falls within the range of Rs. 3000 to Rs. 5000 per month.40 Therefore, while there is an impetus to find jobs with a better income, the same is not mutually exclusive with leaving the job on account of poor wages. The latter is combined with the following conditions of hard physical labor, father/husband usurping all the money, migration in search of better livelihoods and physical and sexual abuse. Lastly, looking at the mode of entry into sex work, for both sets of women, those who are direct entrants into the trade (1158) and those whom have experience of other labor markets before or alongside sex work (1488) show similar trends wherein 70% of women have self-reported entry into sex work while 22% have been forced, sold, cheated into joining the profession.

Many belong to de-notified tribes41 where women are looked at as the primary breadwinners and their birth is celebrated so that they can enter sex work and earn for the entire household.42 Literature43, as well as interviews, suggest that most sex workers have low levels of education, and many are Dalits. While not all, most of them would have experienced some form of violence44 and desertion by their husbands,
or family. There are also cases where the husbands are irresponsible, do not earn, or families are unable to bear the finances and it pushes women of the household to sex-work.\textsuperscript{45}

A significant cohort among sex workers is formed by individuals belonging to gender identities who are not part of the binary, for instance, transgenders and they face another level of marginalization.\textsuperscript{46} While the issues that women sex workers and transgender sex workers face converge at various points but there are vulnerabilities that are unique to just the trans community.

**Modalities and hierarchies within sex work**

As per the national sex work typology proposed by NACO in 2007 (based on sex workers' place of solicitation), there are seven types of sex work which include, brothel-based, street-based, lodge-based, dhaba-based (restaurant located on the highway), home-based, bar-based and highway-based sex work.\textsuperscript{47} While brothel-based sex workers have a spatial aspect demarcated for them, where they live, there is a lot of movement in the lives of street-based sex workers, as they inhabit public spaces and lodges from where they work. Street-based sex workers may often conduct sex work in a part-time manner and may take up other forms of work whereas, brothel-based sex workers have sex work as the primary and only form of work. Literature suggests that female sex workers who are more mobile are more prone to STIs and substance abuse.\textsuperscript{48} Female sex workers (FSWs) with an increased degree of mobility hail from a “disadvantaged strata of society” and are exposed to a greater extent of socio-economic vulnerabilities which include experiences of violence, use of alcohol and diminished amounts of economic independence. Reportedly, FSWs with a greater degree of mobility have more inconsistent condom use with their clients and less negotiating power. In cases where women are into part-time sex work, their intimate partners, too, may not know about their work identities, as they take up other work to portray ‘normal’ way of living. Also, there are no trans people who reside within brothels. They largely pick their customers from streets that may be near the brothels.

The hierarchal structures within sex work decide who does what; it is never the oppressed who have options. The majority of transgenders are either involved in begging or sex-work, very few can navigate structures to emerge and do something else. Even within the trans community, begging is considered more respectable than sex-work.

As a trans activist explains,

**Both, the Anti-Trafficking Bill of 2018 and the Transgender Persons (Protection of Rights) Bill of 2016 criminalizes the transgender community’s means of livelihood, that is begging. The criminalization of begging under both these Bills became a point of convergence for us to advocate for the rights of transgender persons in begging and sex work. Traditionally, members of the transgender community have had limited access to employment at the behest of the sexual division of labor which acknowledges gender in the binary, thereby limiting trans persons’ options to sex work and begging.**\textsuperscript{49}

Brothels, as spaces are extremely hierarchized, including positions such as the pimp and the sex worker, followed by that of an independent sex worker who stays on rent at the brothel or the tawais and the musicians. As explained by one of the respondents, the pricing of sex work is dependent on not just the set-up you are a part of but also based on the women’s age, skin colour and the region she comes from.


\textsuperscript{49} As informed by one of the key informants, a representative of transgender sex workers’ rights in India.
**Policy Environment for Sex Workers**

To fully situate sex-work and the identity of sex-workers, it is important to understand how the policy environment shaped it over the years. As recently as September 2020, the Bombay High Court observed that, "There is no provision under the law, which makes prostitution per se a criminal offence or punishes a person because he indulges in prostitution". Subsequently, the High Court called for the release of the three women who were held against their will in a state correctional facility. Justice Chavan maintained that the women in question were "adults" and were "entitled to their fundamental right to move freely and choose their vocation".50

Thereby, sex work occupies a legal grey area where the buying and selling of sexual services between consenting parties is not considered a crime under the Immoral Traffic (Prevention) Act, 1956 per se. Whereas several supporting functions that enable the business of sex work such as brothel-keeping, living on earnings of sex workers and soliciting in public places to name a few are criminal activities, by default sex workers lead a criminalized existence.51

There is an urgent requirement to move towards decriminalization as “criminalizing adult, voluntary and consensual sex – including the commercial exchange of sexual services – is incompatible with the human right to personal autonomy and privacy.”52 More importantly, there is a pressing need to resist the temptation of conflating sex workers with victims of trafficking. While the conditions of both occupants are largely deplorable, the sex worker engages in selling commercial sexual services to escape her abusive familial reality and background of abject poverty. The general environment of criminalizing sex work merely in-visibilizes sex workers abetting the abuse and exploitation at the hands of law enforcement officials such as the police, as well as clients. Sex workers are in a position to weed out unscrupulous elements engaged in human trafficking as well as sexual exploitation of children. However, they shy away from reporting as they find it unsafe in reporting this information to the police.

As the environment of criminalization perpetuates a climate of stigma and social marginalization, sex workers continue their existence in the absence of valid identity documents and social protections such as access to rations, pensions, and other welfare schemes.

**COVID-19 and Experiences of Sex Workers**

COVID’s unexpected onslaught brought increased vulnerability for those who lived their lives in constant precarious even pre-COVID, their marginalized locations rendered them further vulnerable. These experiences were elaborated upon in detail by all of our respondents who work with sex-workers across the country and were closely involved in relief operations. These have been presented below.

**Lives of increased secrecy, scrutiny and stigma; sex workers looked at as ‘super spreaders’**

COVID-19 inflicted additional layers of stigma and isolation on sex work transgenders who fall outside the traditional binary segmentation of male and female. As they live in proximity and the mainstay of their work is physical contact, they were also looked as high-risk transmitters of the infection and were termed as the ‘super-spreaders’. This was also heightened for the trans community. Moreover, their social status rendered accessing healthcare during COVID-19 as an impossible task.53

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As a trans activist narrated the ground reality, “One of our trans people had a fever and went to a COVID centre, they were sent away from there on the pretext that trans individuals are not allowed in that hospital. When they went to another centre, the doctor did not test them, only gave them medicine. Testing did not take place - did not know which quarantine facility to put them in and they faced a lot of discrimination during this time. Normal infections or STDs are a different thing altogether. They could not get their anti-HIV medicines.”

Economic distress at an all-time high, as food insecurity becomes the primary concern

Economic fallouts were the most prominent and visible form of vulnerability that was faced by many sections of the population during COVID-19, including sex workers. Without any forewarning, their earnings plunged and they were not even sure of their daily meals. Moreover, sex work is a completely cash-based economy and has no credit system in place, this left them completely cash strapped. Many civil society organizations, already working with the community came together to provide daily rations and immediate relief. From the first to the second wave, relief operations have taken up most of the resources of these organizations and that continues to be the case.

A respondent who works closely with sex workers shared: A sex worker living in a brothel in Delhi used to earn Rs. 30,000 a month, was only able to earn Rs. 8000 to Rs. 10000 a month, that too erratically during some time of relief between the first and second waves of COVID. The older women were the hardest hit even when the situation revived a little. The limited number of customers with constrained purchasing power wanted value for their money and preferred younger women more than they had before.

The hidden identities and the social stigma complicated the lives of street and lodge-based sex workers. It was difficult to explain their sudden loss of earnings, which in many instances added to the violence they experienced in their households. Being in an unrecognized and criminalized form of work made their access to relief measures provided by the state difficult as they could not reveal their identities. Usually, the sex-workers are migrants to the city where they work and street-based sex workers move around, hence either possession or access to ration cards was hard due to the lockdown. Moreover, most sex workers’ families are women-headed households where they are the sole earners, and this heightens their struggles even more. For the trans community, who are involved in sex work as well as begging (both of which are criminalized), the pandemic was even more hard-hitting. Savings were completely used up, gender affirmation surgeries were either stopped or postponed indefinitely, and they had to ask for support for everything, from food to rent to medicines.

A frontline worker from an organization working with sex workers in Kolkata shared: “Maintaining and providing an adequate supply of food to the sex workers has been one of the most pressing concerns of collectives. We have relied on the support of multiple organizations in supplying and distributing food to the concerned women while the government has initiated a coupon system for sex workers who don’t have a ration card in place. However, this has been difficult to implement owing to supply related hurdles.”

Health concerns

The health and well-being of sex workers is not a matter of public attention or part of the policy discourse, though their sexual and reproductive health needs require much attention. The relationship

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55 As informed by a key informant, representative of a non-profit organization who works with sex workers in New Delhi.
between a doctor and a patient requires transparency about the intimate details of one’s life which in sex workers’ cases are open to judgment and stigma. As explained by our respondents, many sex workers visit private doctors who live in the vicinity of their brothels whom they have known for long or at places where they don’t have to reveal their identity thereby, they do not access governmental health care. Self-medication is rampant amongst sex workers with the pimp usually getting them pills whether it is for a headache or an abortion. There is heavy reliance on old prescriptions to avoid repeat visits.60

Within the health sector, sex workers are primarily looked at as sexual beings, most of the interventions related to them are restricted to HIV and STI testing and prevention of unwanted pregnancies. Holistic well-being and care are missing in their lives.61 With COVID, as health care focus was limited to pandemic related effects, the needs of many were compromised and those with social disenfranchisement felt it most harshly. Trans lives were also deeply impacted as they could not access ART medications or get tested for HIV/STIs.

A worker from a Bangalore-based organization shared: “It was difficult to access health care at the height of the lockdown and then it became a little better as the restrictions eased from November to March. All the doctors and the nurses are working on COVID related health issues. For people living with HIV, they would have to disclose to the police that they had the illness to get the medication and this raised privacy issues. So, they didn’t ask for the permission and they didn’t get the medication.”62

Mental health complications during lockdowns

The lockdown forced the brothel based sex workers into confinement in their small box-like rooms with merely enough space for a bed. Their surroundings are similar to that of an urban slum with sub-optimal sanitation and hygiene conditions. With long periods to themselves, many women began recollecting past events and traumas of their life marked with abuse and violence. This period was very difficult to cope with and substance use and self-harm tendencies were at an all-time high during this period. Suicides were also reported from some areas during this period.63 (The anxiety levels of women were at an all-time high and their hidden and stigmatized identities further caused deep hurt. 64) While some organizations forayed into providing counselling services understanding the dire need of sex-workers, some were able to provide only listening spaces and focussed more on immediate relief operations.

A frontline worker from a Delhi-based NGO shared: “During the lockdown last year since the women did not have a lot of work, a lot of their past trauma, memories of violence and memories of abuse resurfaced. The coping mechanism of a lot of the women is sex work and ‘gali galoch’. One could see bruises and cuts on their wrists and cuts on their thighs. Some of the women consume anti-psychotic medicines but are not aware of the condition that they’re plagued with. A lot of the women are addicted to tobacco, alcohol or weed and their dependence on the aforementioned substances increased.”65
Frontline workers reported that along with sex workers, their children were also going through difficulties of their own. Otherwise too, these children do not have secure and balanced lives. Many of them grow up with learning disabilities, ADHD, there are children on the autism spectrum but during the pandemic when their primary caregivers were themselves struggling, children found it much harder to cope.66

The lives for members of the trans community were deeply impacted as there were no safe spaces they could access and had to live with their families with hidden sexualities. Many people who were undergoing sex reassignment surgeries were affected during the lockdown and they were quite alone in their experiences. As our society and system are not sensitized to engage with trans individuals, they face constant pressure from their parents, partners, teachers, non-teaching staff, police, lawyers, health care providers. There have been instances of trans suicides but not much has come out in the mainstream media, and the investigation carried out in such instances is largely hushed.67

In the words of a trans activist, “When people are in isolation, they become frustrated because of the delay in procurement of hormones, surgeries and die by suicide. Unaddressed mental health issues - led to chaos and upheaval in their community structure and organisation. It was a big challenge; understanding where to start from while helping the community repair and heal. There have been many suicides. It is worth examining whether, these cases are merely suicides or in fact murders. The deaths may be written off as suicides in the case of people living with hidden identities.”68

**Covid-related Gender based Violence**

COVID-19 brought about an increased onslaught of GBV as the lack of monetary disbursals brought on further oppression to those from the marginalized spaces. Accounts of landlords exerting pressure and pushing the sex workers to vacate their homes were common and reported from all regions across the country.

Frontline workers shared: “The landlords are exerting pressure on the sex workers to vacate if they are unable to make the payments. The women hardly have money to buy food. How will they arrange money for rent.” There were increased reports from Delhi and Mumbai of police brutality on brothel-based sex workers. This was not as much for the street/lodge-based sex workers as there was a complete closure of movement and sex workers were not on the streets to solicit clients, and the police too was busy in COVID-19 related lockdown duties. For the brothel-based sex workers though, the police forced the brothels to shut down even before the first lockdown was announced and before other shops in the areas where brothels were situated were closed. The police forcibly taking services from the sex workers without paying became rampant. There is anecdotal evidence of increased intimate partner violence as the inflow of cash suddenly stopped, affecting relationships within the household.69

**Challenges of Digitization**

While online phone sex gained momentum during the pandemic, sex workers faced an added burden of navigating the digital space amidst concerns of privacy and confidentiality. Prior to COVID, MSMs and some trans sex workers used the online dating space through apps like Tinder, Planet Romeo etc. but the female sex workers always struggled in that space. Most of the sex workers are not educated and unable to navigate the digital space. Many sex workers do not own a smartphone, some of them who do may not have the capacity to recharge it at regular intervals. Female sex workers traversed the road of phone sex only with those clients with whom they had an established comfort level. Besides, the nature
of this sexual interaction was more intimate and less transactional in nature.70

Frontline workers who have worked with sex workers informed that a few sex workers used phones to identify clients, and in some cases initiated phone-sex but the concerns regarding digital privacy made it very difficult as clips are posted online and the risk of online gender-based violence and blackmailing is high. While this was still possible for brothel-based sex workers it was not feasible for part-time sex workers as many of them lived with intimate partners with hidden identities and hence could not engage in it.

Lastly, and most importantly, a lack of digital access and literacy also meant an inability to operationalize payments via apps like Paytm, Phonepay. A frontline worker from Delhi shared, “The sex workers at GB Road don’t know how to operationalize online payments. The day they learn how to use Paytm, things might change. They engage in some amount of phone sex but they generally engage in the same with clients that they already know and trust, and on account of feelings at their end. This kind of phone sex is mostly of the unpaid variety. They’re still very much dependent on cash and the physical presence of their clients. They have begun to solicit clients online, however, by uploading a racy status, sending them pictures and video calling them.”71

Responses by State and Civil Society

For the sex workers, stigma and criminalization meant that they were ineligible to access government-led initiatives. From sexual and reproductive health access, to gender-based violence, all pre-existing problems intensified along with stemming of new COVID-19 related issues. Policy response came as an afterthought and was overall weak, but not totally absent.72

Government provided relief more towards the second wave by supplying rations to the sex workers community.73 In some states, for instance, in West Bengal’s Kolkata, the government distributed coupons to procure rations to ease the access for the sex workers, both in terms of keeping their identities hidden as well as not demanding documentation from them. They received rations under the Pradhan Mantri Garib Kalyan Yojana. It was reported that the Central government had announced Rs. 1500 as a COVID-19 package to be deposited in the bank accounts of the sex workers but this was not corroborated by most, and even where it was received, it was a one-time payment and was not sufficient.

Sex workers generally do not have access to identity documents as they are mostly migrant workers with low levels of literacy. As a result, they are unable to claim social security entitlements such as ration that is made available for the citizens at PDS stores. They are also unable to claim relief that is made available by the State specifically for sex workers owing to the stigma of owning up to their identities, in addition to receiving a backlash from the community around them who are in the dark of their professional identity. As explained by those working with the sex workers and negotiating with the government,

“Sex workers received benefits on account of being a sex worker and on account of their caste. There are schemes for Dalit women. To get a BPL Card or a widow pension or an old age pension, you don’t have to claim that you are a sex worker. However, they’re unable to claim the same sometimes since they often move from one place to another. The aid given by the government in terms of rations and monetary support is a good step but the problem arises when the women in question have to disclose that they’re sex workers which in most cases they have to.”

71 Tyers-Chowdhury, A., & Binder, G. (n.d.). What we know about the gender digital divide for girls: A literature review. UNICEF.
A trans activist working for trans rights explains:

“For the trans community, there were a range of barriers in accessing any policy disbursals that took place during this period. The difficulty lay in who they would give the ration to and not everyone had bank accounts." Further, many of the transgenders did not have identity cards updated with the gender they identified with as mentioned. In total, 7000 people got this help within a period of 2 months and the approximate population of trans people is 5 lakhs.”

From our interactions with various respondents, the irony of sex workers being called ‘super-spreaders’ came out as they were not prioritized for COVID-19 vaccination and in fact were actively sidelined. Where organizations were strongly advocating for it and there have been some vaccinations, largely it has been difficult for them.

• A significant need that emerged was promoting digital literacy programs for sex workers to be able to manage their livelihood on digital platforms with proper cyber protections in place.

• The sex workers and trans community have an urgent requirement to be recognized and gain visibility as citizens of the state was articulated multiple times, especially to access benefits such as those provided during COVID namely, food, healthcare, vaccination and monetary benefits. According them a permanent place and addressal of their needs in the national and local plans of disaster management will lead to better preparedness.

• Need for trained workers to provide adequate support and counselling to sex workers, both women and transgender people, as compromised mental health emerged as a key concern during this time.

• Regular and clear messaging from the government to integrate these individuals in the relief response required during times of crisis to reduce discrimination faced by them and also clearing suspicions and rumors that these people are super spreaders.

• Decentralization of relief response to the necessary ministries (for e.g. - Ministry of Women and Child Development) in such times than disbursing relief in a generic manner.

Key Takeaways

Sex workers’ invisibility as citizens and over-sexualized imagination in the public realm uniquely displaced them from mainstream access to health as well as other benefits. In the context of COVID-19, this meant further marginalization from accessing information, services and facilities of any kind. Civil society action was focused on providing food supplies, masks, sanitizers as their living conditions worsened due to loss of income, isolation and abuse during the pandemic.


75 As informed by a key informant, social worker engaged with sex workers and based out of New Delhi.

CHAPTER : 2
SANITATION WORKERS
Authors: Radhika Uppal and Meher Suri

Introduction

The sanitation sector is marked and mediated through a deep-rooted social structure i.e., the caste system going back to the last 4000 years (PRIA, 2019). Majority of the people working in this sector belong to the Dalit community, considered to be the lowest amongst the Hindu caste hierarchy. The Varna system not just places caste groups across a high-low continuum, it also ascribes occupational segregation based on one’s caste which is guided by the norms of pollution-purity (Gatade, 2015). The practice of untouchability was based on similar principles. The continued interlinkage between caste and labor in the sanitation sector is being called the modern form of untouchability. It is estimated that out of the six million households of various Dalit sub-castes, 40% to 60% are engaged in sanitation work (PRIA, 2019). Sanitation workers or Safai Karamcharis are workers involved in different tasks within the sanitation value chain- this includes, but is not limited to, picking, segregating, managing waste, cleaning septic tanks, sewers and manholes, cleaning toilets including dry latrines at home, schools, hospitals, and public places, railway lines, amongst others.

The deeply entrenched social norms have placed them in a vicious cycle of the intergenerationally perpetuated profession. While the majority of sanitation workers, especially those working in cleaning sewers, septic tanks, toilets, railways, etc. practice Hinduism, amongst waste pickers and segregators, there is a proportion of workers belonging to the Muslim community as well, since the caste system has affected non-Hindu religions too. This intergenerational caste based occupational segregation has led to exclusion, stigmatization and discrimination of certain caste groups and amplified the economic fault lines among these communities. Their identities revolve around the kind of work they do, often considered ‘polluting’ and looked down upon by other social groups; thereby denying them the dignity of labor. Despite being a part of an essential service value chain, putting their own health and lives at risk, they continue to be in-visibilized and ignored. Since COVID-19 struck, owing to the nature of their work, they continued to be at the frontline despite the heightened health risks associated with the pandemic.

To further our understanding on the contemporary existential reality of the community of sanitation workers, we undertook a desk review of the available literature on the sector, which helps etch the linkage of the caste - labor - gender matrix. Further, we populated the policy environment that provides a scaffolding for the sector. In the interest of broadening our understanding of the sector we spoke with sectoral key informants such as activists, social workers and researchers based in Delhi and Mumbai.

References:
77 Radhika Bordia, A. (2021, April 21). Manual scavenging has killed 400 Indians since it was banned – and yet nobody has been convicted. Scroll.in. Retrieved November 24, 2021, from https://scroll.in/article/992294/manual-scavenging-has-killed-400-indians-since-it-was-banned-and-yet-nobody-has-been-convicted.
Context and Pre-existing Vulnerabilities

The lives of the sanitation workers are mired in a web of social inequity and economic precarity. Most of the women who work in the sanitation sector belong to the Hindu Dalit community (Valmiki, Bhangi, Mehtar, Dom, etc.) and some practice Islam or Christianity; the latter experience heightened discrimination based on their caste and religious identity. Most of them have migrated to the cities in search of upward social mobility and better employment opportunities but more often than not, their caste identity continues to define their experiences. Although the discrimination based on caste, class, gender continues to exist, the identity of a migrant further heightens her vulnerabilities.82

An NGO representative working with sanitation workers in Delhi shared, “Wherever you go, your identity will follow you.” As migrants to the city they lack the state-specific identity cards thus missing out on various entitlements such as ration through the PDS system. Within their own villages, they had familial integration, a sense of cultural belonging, which is absent in cities leading to an increased sense of isolation. While they contribute to the aspirations of the employer class, their own personhood is relegated to a second class citizenship. This has been aptly stated - “laborers were required to build the planned city, they were not welcome to live within or included in the spatial plan of it.” As a result of this, the labor class crowd near the periphery of the cities where they build and live in their own informal settlements with limited access to public utilities.83

In the case of female-headed households (after the death or separation from their husbands), they continue to be stuck in this vicious cycle at intersections of class-caste-gender-labor. It is extremely difficult for them to transition to other occupations and the social reproduction of this form of labor from mother to daughter or daughter in law, sadly continues. Unfortunately, the members of the community carry the albatross of the absence of dignity and respect owing to the experiences based on their caste and gender identities, which is then further transmitted to the next generation.84

Economic precarity

Within the sanitation sector, economic precarity is also defined by the categories of hiring; the first being employees of the municipalities (often in such cases the jobs are passed on within the family), second category is of employees who work contractually with the municipalities and the last category is those of that work independently or are self-employed and work as individuals or are contracted by middle-men/contractors. The last two categories face extremely precarious conditions, marked by high levels of informality, absence of minimum wage security, holidays and lack of access to social security schemes like pensions/EPF/maternity benefits, and absence of cover by any labor laws, amongst others.85 They are often daily wage earners and live hand to mouth. Most sanitation workers fall in the last two categories; especially those engaged in some form of manual scavenging, since law has banned and prohibited human labor for this work. This category of workers are not treated as skilled workers; key informants shared how sanitation workers are exploited for cheap labor.86 A sanitation workers rights activist remarked, “This labor is the new form of untouchability.”

The mechanization and modernization of this sector has added another layer to economic precarity to this profession. The founder of a grassroots organization working with women waste pickers in Mumbai remarked, “When waste picking and segregating was

mechanized, men started taking control of the machines and women were displaced or left to fend for themselves. As per studies conducted in other sectors such as agriculture, it has been observed that between the period of 1999 – 2011, a 32 point increase in mechanization led to a fall of 22 percentage points in utilization of women’s labor for agriculture. A wage differential also exists in the sector, women are paid less for this work as compared to men who are paid higher for other forms of manual scavenging.

Health related vulnerabilities—occupational health hazards and mental health

Occupational health hazards are rampant in this sector of work (Dalberg, 2017). Owing to the nature of work which involves dealing with unsegregated waste, and may contain hazardous materials and/or human excreta; health risks run really high. This hazard is further increased due to the lack of provision of safety gears. They themselves live such precarious lives, it is not possible for them to buy expensive safety gear such as gumboots, masks and gloves. Some of the most common illnesses which are prevalent amongst workers from the sanitation sector include TB, asthma, eye infections, and complications arising due to rat or dog bites etc. Due to unsanitary disposal of waste by people, women workers engaged in collecting/sorting waste may get cuts or acid burns, or infections from sanitary pads. Women who segregate waste at home and are exposed to unhygienic conditions for an extended length of time may experience stomach related ailments as well.

Alcoholism and substance abuse is high among men involved in the sector, with the family income being wasted to sustain their addictions. One of the activists shared that, “The reason for such high prevalence of alcoholism is because of the nature of their job, how else will they be able to deal manually with such dirt, filth and smell.” Due to the multiple levels of marginalization, social stigma, the nature of their work, and feelings of isolation in a city, the common mental health concerns faced by workers in the sanitation sector include post-traumatic stress disorders (PTSDs), anxiety disorders, depression, irritability, among others. However, their access to the services and help is limited and marginalized, compared to what other people are able to access.

Policy Environment for Sanitation Sector

The policy landscape on sanitation work belies the poor state of workers in this sector. The intensified efforts of the Swachh Bharat Mission have led to an exponential increase in toilet coverage and disposable infrastructure from 2014 to 2019. Yet this progress is undermined by the continued existence of manual scavenging and unsafe sanitation work. The policy reforms for sanitation workers are directed towards rehabilitation in alternative forms of employment, limited amount of compensation and welfare support.

Sludging of tanks is a simple mechanical operation but deaths of sanitation workers cleaning septic tanks are reported with sickening regularity. Review of literature discerns that, “India’s faulty metrics count toilets constructed, sewage pipelines laid, and treatment facilities constructed, but pay little attention to safety standards in design and maintenance.” Drains and public sewers which fall within the jurisdiction of the public authorities continue to utilize poor technical specifications resulting in the use of low – end informal cleaning services through
human intervention. This lack of attention is not a mere oversight but stems from the system’s collective apathy for the lives of sanitation workers.

To stop the practice of manually cleaning sewers and human excreta, multiple laws were formulated, such as the 1993 Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013, the Scheme for Rehabilitation of Manual Scavengers (SRMS), 2007 and the Garima scheme by the Odisha government. Both the 1993 and 2013 Acts have been criticized on the restrictive definition of ‘manual scavengers’.94 The focus has primarily been on training in alternative livelihood, provision of loans, or compensation measures. The causal factors are not examined in greater detail failing to curtail the practice and the challenges in definition, identification, intent continue to negatively impact the execution of these Acts. The National Safai Karamcharis Finance and Development Corporation (NSKFDC), set up in 1997 under the Ministry of Social Justice and Empowerment, Government of India, gives loan-based schemes for sanitation workers. Similarly, for waste pickers, Municipal Solid Waste Rules of 2016 aims to mandate provision of safety gears for waste collectors. Despite these, the ground reality continues to be grim.

COVID-19 and Experiences of Sanitation Workers

This section presents how the existing vulnerabilities of sanitation workers were amplified due to the pandemic.

Intensified discrimination and precarity

The pandemic pushed the workers into deeper shadows, their feelings of social stigma reached new heights. As shared by a respondent, sanitation workers had always experienced exclusion but now people started to throw garbage from their roofs to avoid contact. The discrimination and distancing doubled, if at all they spoke to people, they moved away. In the words of an activist and a trade unionist, “Their life has no value in this country, that is what they have realized.”95 Largely, our key informants believed that since the society also looks at these workers as essential service providers. After initial few months of hesitancy and restrictions, by and large they continued to work, else “who will keep their surroundings clean”? However, it was reported that several contractual workers of municipalities lost their jobs during this period. Additionally, workers experienced substantial wage losses, sometimes their daily wage was even halved. Specifically, the waste pickers/segregators did not have enough waste to collect because of strict lockdowns, closure of shops and malls, and lesser waste being generated both at home and on roads.96 Secondly, the godowns and scrap shops were closed, so they did not have an outlet to sell their waste. Thirdly, due to the strict mobility restrictions during the first lockdown, they had to leave early morning or late at night to collect waste. The first lockdown was particularly severe, wherein initially, there was no work at all and even if they tried to move out, they had to suffer police harassment. The gated communities shut their doors to the community of waste pickers. The second lockdown was not as stringent. In the case of women engaged in cleaning dry latrines, who are daily wage earners and work in and around a community, they continued to work but were paid substantially lesser amounts of money or were given ‘jhoothan’ (leftover food). Further, during the second lockdown, as toilets were seen as a disease hotbed, people started digging holes near toilets, which women sanitation workers ended up cleaning, further increasing their health risks.97

One of the key informants who is an activist and works closely with workers shared-

“This jhoothan (leftover food) that the workers received was often stale and rotten and increased the risks of getting infected but since they did not have any food, they accepted that as well. This would not be qualified as barter also - that would at least have some dignity to it.”

Transportation and immobility

A major difficulty faced by sanitation workers was transportation as public transport was severely curtailed during the lockdowns and they had to walk long distances. A sanitation worker rights activist shared that “women cannot stay at night anywhere, they had to go back every day”. Other studies have also documented the lack of safety for women working during COVID-19 and having to use public transport- which being largely empty, elevated fears for safety.98

Alternative employment

It was difficult for workers from the sanitation sector to transition to other forms of work due to a lack of alternate skills or training, assets or tools to make that shift. “Access to capital and assets, market demand, skillset’, are potential challenges in shifting to another sector of work (UMC & WaterAid, 2020)99. For women workers, these challenges are further compounded as they historically have inequitable access to capital, skills, training and market, owing to their gendered identity.

A NGO representative from Delhi shared the example of a woman from the sanitation sector along with her son, who switched to selling momos on a cart but nobody in the area bought food from them, because they said, “inse kaun lega, yeh toh rehte hi ganda hai” (Who will purchase food from them? Their kind is dirty). Owing to their social identity, it was very difficult for them to make the transition in profession.

A sanitation workers rights activist shared another challenge faced by them, “people who transitioned out of sanitation work in the pre-pandemic days are now coming back to the sanitation sector as employment opportunities elsewhere have gone down as many small industries, factories and markets are closing.”100

Borrowings and debt

As most sanitation workers live hand to mouth and largely survive on daily wages, in the absence of or reduction in earnings, they had to rely on other channels of support and relief. This included borrowing from CSO run SHGs, borrowing from money lenders or amongst themselves or exhausting their own savings. It was also mentioned that since they are daily wage earners and the nature of their job is such that they have to deal with dirt and filth, alcoholism among men is very high. Hence families ended up borrowing money, even before the pandemic, for different reasons such as marriage, health; but this time for basic survival. It is a vicious cycle of debt (UMC & WaterAid, 2020) and repayment is a major cause of concern especially in the wake of limited earnings.101

Occupational health hazards

Owing to the nature of their work, sanitation workers faced high risks of occupational health hazards. COVID-19 magnified these risks manifold.102 One of the major reasons for the same was the unavailability and unaffordability of safety gears. Secondly, garbage was not being segregated at source, there was no demarcation of bio-hazardous/medical waste; people were in home isolation, but waste was still being generated and collected. People used to throw their used masks or gloves on the road which were cleaned by the workers, posing higher health risks for the

sanitation workers. As most of the workers worked on contractual basis, their employers/contractors did not provide them with masks, PPE kits, gum boots, gloves, etc. Secondly, they were costly for them to buy on their own and they often relied on local CSOs for supplies. Even in cases where they did receive masks, often the masks were used by men and women ended up using cloth/dupatta to cover their face, further increasing their risks of getting infected with COVID. Hand washing was being promoted as a preventive measure but the absence/limited number of public taps available made it difficult for the workers to wash their hands regularly.

Despite being at the frontline, there is no COVID-19 related data available with respect to sanitation workers. According to our respondents, very few cases of COVID-19 were reported by them. This could also be attributed to people brushing aside low-grade fever, or hesitancy to get themselves tested, or perhaps most of them did not even reveal that they were affected because of the fear of being put in isolation at government health facilities where, based on their prior experience, they know they will not be treated well. As shared by an activist, ‘For them, going and staying in a hospital in isolation is almost like suicide. People will not treat them like equals’. Discrimination by hospitals and hospital staff due to their social identity was echoed repeatedly during our interviews.

Additionally, key informants reported that vaccine coverage is not very high among workers and the hesitancy towards vaccines is high. This could also be because of myths and apprehensions around vaccination and the understanding that 1-2 days of rest is required after the vaccine. As most workers are daily wage earners, they cannot afford to take those days off. Initially vaccines were also in shortage and a slot could only be booked online; the digital divide, unavailability at public hospitals and high cost of vaccination at private hospitals has also impacted the vaccine coverage. Since access to general healthcare was severely affected during the pandemic, this became a real cause of concern because many pre-existing health conditions among the workers were neglected. The government hospitals they usually visited were converted to COVID centers. Even CSO run medical initiatives were shut for the first 2-3 months.

**Mental Health Implications**

Due to increased isolation, reduced earnings and the general anxiety around COVID, mental health issues were at an all-time high, including suicidal thoughts. Occurrences of depression, anxiety, PTSD were common. Other studies have also shown women workers reporting being tired and stressed (ISST, 2021). Irritability and fights were reported among children. However, access and affordability of mental health services remains a challenge. One of the key informants shared how the sanitation workers mentioned that for the world this might have been the first time they were pushed into isolation, but the sanitation workers have been experiencing it for the past thousands of years. These feelings of being discriminated against, excluded, not being treated as an equal human added to their mental trauma and stress.
Gender based Violence

Some key informants\textsuperscript{110} shared an increase in domestic violence incidences among sanitation workers, while others mentioned that due to unavailability of liquor, violence cases reduced. Often domestic violence was linked to alcoholism and/or frustration at the State’s inability to support the workers during times of crisis.\textsuperscript{111} They felt that the State should have helped in easing out anxieties through provision of employment, security of wages, cash transfers, amongst others. A sense of being ‘trapped’ was articulated often, within the system, infrastructure, society, houses, which increased the incidences of GBV.\textsuperscript{112} COVID-19 resulted in a shadow pandemic of violence against women. In addition to stressors about employment and food insecurity, the increased domestic violence exacerbated the physical and emotional trauma.\textsuperscript{113} Moreover, state violence in forms of police brutality was also experienced in a few cases wherein workers were harassed for violating the lockdown, especially during the first one. A frontline worker shared, “In the first lockdown, the situation was very bad, there was no work. If they were moving out of their houses for work, they used to face police harassment. This carried on till April 2020. After that, they used to sneak into lanes to work. Police would still harass them but the workers understood that they would die without work.”\textsuperscript{114}

Responses by State and Civil Society

This section largely aims to examine the State and the civil society response to the COVID-19 crisis which amplified the vulnerabilities experienced by the sanitation workers.

\textsuperscript{110} The key respondents that were interviewed to develop the case studies.
CSO response

Most of the CSO initiatives were focused on ensuring access to food through dry ration distribution and operating community run kitchens. Some organizations first identified families who had no income or savings, no food and no work and provided dry rations to them first and subsequently to the larger community. Some CSOs also had a helpline which kept ringing off the hook; especially at the onset of the pandemic. Other CSOs focused their initiatives on safety and provided the workers with sanitation kits including masks, sanitisers, gloves, soaps, etc. They worked on creating awareness in the community about COVID-19 preventive measures, vaccination and assisted the workers in booking their slots online.

Key Takeaways

• Unique vulnerabilities are faced by the sanitation sector workers given their historical marginalization and additional challenges of caste-based discrimination and low access to resources.
• The COVID-19 crisis enhanced the precarity of their lives multifold due to the nature of their work as well as that of the pandemic. Many lost their lives due to lack of safety tools, gloves, masks and sanitisers but no nationwide record is available for the same.
• Reduced earnings, increased isolation and social stigma during the pandemic impacted workers’ mental health. Efforts are required urgently to make mental services more accessible and affordable for the informal sector workers and urban poor.
• A major shift in policy perspective is needed to ensure dignity of labor, opportunities for breaking the intergenerational cycle of engaging in sanitation and scavenging work and access to skills and resources for development to catch up on lost time.
• There is a dire need for uniformity in the policy framework and government schemes to support and protect sanitation workers (employed in both the formal and informal sectors) during COVID-19. The support needs to go beyond insurance and compensation schemes to include direct cash transfers.
• Women sanitation workers have been living at the margins, socially as well as economically, due to the intersections of caste, gender, labor. They end up at the bottom of the pyramid due to hierarchies within the sector as well. All these stressors have severe implications on their economic, social and mental wellbeing.
• It is imperative to raise awareness regarding waste segregation at the household level, especially during COVID-19 as there is a huge generation of bio-hazardous waste.
• Urban local bodies need to learn and adopt best practices in providing personal protective equipment, training, installing hand washing stations, ensuring regular medical check-ups, formalization of contracts and regular pay to sanitation workers to ensure dignity and safety for sanitation workers.

Introduction

This chapter focusses on women bangle workers, the various dimensions of their work, the pre-existing precarities dotting their lives prior to COVID-19 and their exacerbated vulnerabilities in the aftermath of the pandemic. There is an acute dearth of evidence available on this sector and in the process of developing this chapter, we spoke to a variety of stakeholders associated with bangle work in Jaipur (Rajasthan), Hyderabad (Telengana), Firozabad (Uttar Pradesh) and Seelampur (Delhi). We spoke with journalists, researchers, owners of factories and staff of CSOs working with women who are employed in bangle work.

Bangle making is a predominantly home-based industry and of the various types of work in the bangle making supply chain, women do the most tedious, underpaid and almost exclusively home-based work. India is home to 37.4 million home-based workers who are rendered invisible before the State as well as the companies that employ them. The home-based workers were being paid as little as Rs. 15 during the COVID–19 pandemic.

While home-based work is largely conducted by women, those who manage them and employ them in this piece-meal and contractual form of work are mostly men.

The home-based workers work in varied fields of broom making, beedi and agarbatti rolling, bangle work and other forms of artisanal and craft related works. All the women of the household participate in the process of production and are intergenerational learners of the skills required to craft the products. In addition to performing this productive labor, women entirely take care of unpaid domestic chores and care work, investing close to 15 – 20 hours a day in paid and unpaid work.

Context and Pre-existing Vulnerabilities

Home-based women workers inhabit marginalized spaces and experience multiple levels of social disenfranchisement. Scripts of social and gender norms heavily influence their lives as they have limited mobility, are restricted to the household and girls in the family are expected to learn the tasks that their mothers perform.
Unpacking the socio-economic marginalization of the sector

Through our conversations with journalists, researchers, bangle factory manufacturers and representatives of NGOs, we have learnt that there is a sizeable population of women belonging to the Muslim community involved in the craft of decorating bangles. Although there is an absence of concrete evidence, we got the sense that the women engaged in the craft of bangle work are generally single women, either abandoned by their husbands, widowed or unmarried. This may be indicative of the customs that men do not want their wives to be working as they believe it reflects poorly on their capacity as a breadwinner.

The Islamic tradition of purdah and overarching gender norms burden women with care work, restricting them to home-based work. While they are able to earn a living from the privacy of their homes, this comes at a cost for women who work independently. Unable to unionize or negotiate as groups as they’re scattered, they are not able to demand their rights and better wages with the contractor or middlemen through whom they receive sporadic work.

Policy Environment for Bangle Workers

Bangle workers are largely home-based workers and an invisible work force owing to the informal nature of their work. This invisibility of the home-based workers in the bangle making supply chain arises as they are employed through a chain of intermediaries. Additionally, these home-based workers do not have access to the market, very little bargaining power and suffer an absence of recognition at all levels. The workers struggle to meet their expenses in the absence of any relief or policy incentives from the State.

The members of the community expend tedious and time-consuming labor to craft intricate pieces of jewellery, yet they are not recognized as suitable beneficiaries within the Micro, Small and Medium Sized (MSME) Industries. The members of the bangle worker’s community mentioned that they would have benefitted from the policies of Atma Nirbhar Bharat (Self Reliant India) however they were not able to access the benefits accrued by this policy. They added that had the government eased the loan procurement process for the bangle making community from nationalized banks so they would not have to turn to private banks or informal money lenders.

To put their working conditions in perspective, in 2012, a parliamentary panel regarded the working conditions for the four lakh bangle workers in the well-known glass and bangle industry of Firozabad to be “miserable”.

In a crisis like COVID-19, the workers sought the aid of money lenders, incurring huge debts that would take them years to pay off, thereby trapping them in a vortex of poverty cycles. One of key informants drew a comparison between bangle workers and beedi workers in the Hyderabad region, he observed that they are both home based workers with negligible pay. However, as political efforts have been made to recognize beedi rollers as workers, their situation has been improving, as opposed to bangle workers.

Disadvantages of middle men and lawlessness in the sector

As per literature, we can place the bangle workers as self-employed subcontracted home-based workers who perform piece rate work. There is an absence of law and policy around home-based workers as they fall within the purview of informal workers. Although the Minimum Wages Act caters to the rights of the informal sector workers, enforcement by the labor department continues to remain poor. The nexus between the politicians, factory owners and middlemen has created a toxic environment that further the exploitation of the workers. They continue to live in trying physical circumstances, endure health crises which include blindness and tuberculosis owing to working within the periphery of blast furnaces, all the while earning wages as low as Rs. 35 a day - significantly lower than the minimum daily wage of Rs. 365.

Bargaining power

The woman worker’s ability to earn larger profits is contingent on her bargaining power. If women workers have picked up a higher degree of intricate skilled work from older women in the family, they may command a higher wage, if not, they would primarily engage in embellishment work. On the contrary, women contracted by the middlemen earn a negligible share of the whole price as the contractors book their profits and pay the women only a fourth of the amount of the retail cost.

Women engaged in the craft of bangle work can increase their bargaining power by joining self-help groups. When women work in an isolated and scattered manner, this brings down their agency, self-efficacy and confidence, while the reverse of this is possible in a collectivized setting. From conversations with key stakeholders, it is understood that the extent of the married women’s bargaining power to negotiate a workable business model for themselves is determined by the extent of their husband’s leniency.

One of the KIs mentioned: “The degree of mobility determines what business model you will go for; if your husband is not willing to let you step out, (since it is always a permission,) you will go for a contractual business. It depends on your husband and social norms. If the husband does not have much problem, if you live in a community which has access to SHGs, you might work with a better business model. Bangle work is definitely a sector where if you work on your own, you will make more money.”

A key informant noted as the women approach 40-years, they develop their own clientele, move out of the contractual form of labor and become independent account holders. Around this age, they are more or less weaned off their caregiving responsibilities as their children are older and this allows them to invest more time in their work.

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132 Through the institution of the self-help group, the women are introduced to the concept of selling their wares in melas or exhibitions, they can seek the help of other women as they work out of a shared space or physical workshop setting.
134 As informed during a key informant interview with an Indian researcher focusing on bangle workers.
Caste, Gender, Labor and COVID-19 in the Urban Informal Economy

COVID-19 and the Experiences of Bangle Workers

Alternative forms of employment

With the onset of COVID–19, the precarity of the bangle workers increased as they were anyway daily wage earners who led a hand to mouth existence. As bangles are not an essential good, demand for the same came crashing down, except for a short period between August 2020 to March 2021 as mentioned by a key informant. The workers were rendered jobless as factories remained shut for a significant portion of 2020 and 2021. Prior to COVID-19, the workers would don the role of waiters and other supporting staff during weddings and receptions when the factory was shut for one month in a year on account of maintenance. However, these jobs too were hard to come by given the COVID-19 situation.135

To make matters more dire, the workers exhausted their savings and were receiving close to nothing in terms of monetary aid from the government to tide over the COVID-19 pandemic.136

The bangle workers were making a change in their livelihoods to eke a subsistence to ferry themselves across the massive economic shocks induced by the pandemic. In the urban regions of the country, the women took to making papads and pickles while their rural counterparts forayed into the dairy industry. Others began crafting dolls while a sizable population of women workers took to stitching and making face masks to adapt to the COVID induced crisis.137 The women bangle workers have received the support of CSOs both in the Hyderabad region as well as in Jaipur (Rajasthan), in the form of trainings and receiving motor machines to pursue an alternate source of employment that can aid them as well as their family members in getting by during the COVID-19 crisis.138

Rampant violence and harassment and the absence of any guidelines for redressal

The prevention of sexual harassment in workplaces (POSH) is inadequately implemented in the unorganized sector.139 The problem of sexual harassment, as reported by our informants, is rampant and takes place mostly at the community level, at their homes, in the workshops attached to their homes or factories, in communal facilities or on the streets. The women were more vulnerable to different forms of violence due to an increase in interpersonal frustration as income levels fell.140

One of the respondents shared, “Even if they understand that what is happening is wrong; they had no-one to say it to, our organization emerged as a space where they could voice their issues and concerns; of domestic violence, any conflicts. We work in 20 slums and make women aware of how we can support them in their complaints. But they need to understand what harassment is, who the perpetrators are; whether it’s the husband, father.”

The women live in cramped quarters, with 10 people residing in a single room, sharing a single toilet. With families spending all their time huddled within the perimeters of their homes, interpersonal issues and violence cropped up owing to confined spaces. This has been documented from informal settlements during the lockdown. Girls and women were subject

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135 As informed during a key informant interview with a bangle factory manufacturer based in Firozabad, Uttar Pradesh.
137 As informed during a key informant interview with an Indian policy researcher.
138 As informed by key informants (social workers) based in Jaipur and Hyderabad.
to sexual harassment at the hands of their neighbours, while they had to encounter violence within their homes.141

“They did not enjoy any freedom to eat at their own will, watch tv, or spend leisure time. This entire year increased their sexual harassment and violence; both from their neighbours and family members.”

During the advent of the COVID-19 pandemic, police brutality increased manifold. Simple tasks such as buying groceries, milk, medicines and accessing sanitary pads posed challenges.142

The looming threat of CAA - NRC

The women bangle workers of Seelampur, Delhi which represents the interests of the Muslim community expressed their apprehension and unease on the selective amnesia of the State concerning the citizen’s identities with the introduction of the Citizenship Amendment Act (CAA) and the talks revolving around the policy of the National Register of Citizens (NRC). The women bangle workers in Seelampur, some of whom have immigrated from Bangladesh a few decades ago expressed their helplessness at the abysmal working conditions of the community.

Addressing the dual policies of CAA – NRC, the women voiced their anxiety and anticipation regarding the exigencies of the discriminatory laws. The older women mentioned that it may still be relatively easier for younger members of the community to move back to Bangladesh and begin anew, however, the older folk did not have any money, food or home to return to. There is a perceived fear among the community of being separated from one another and the subsequent disintegration of their families.

Couples expressed worry in the advent of either partner not being able to produce the required paper trail to confirm their citizenship. A KII respondent described a family’s anxieties, “It’s hard enough to produce the death certificate of their father who departed two years ago, emerging from this, how are they expected to produce the paper trail of their father’s birth certificate to determine their families’ citizenship?”

A journalist based out of Hyderabad, Telengana remarked that regardless of being a Muslim, a large population of the country is going to have a problem in producing the burden of proof that allows them to claim their citizenship. This could be attributed to the reality that “Indians, as a community are not savvy in maintaining a solid paper trail or documentation of their lived realities, be it identity proofs, birth and death certificates, caste certificates, property papers or in more recent times, even college degree certificates of VIP Parliamentarians”. The journalist opined that the purpose of the law was to harass members of a certain community and retract their status.143

Responses by State and Civil Society

State response

As bangle workers come within the folds of home-based workers, they are unable to access any targeted social security benefits at the behest of the government as home-based workers within the category of informal workers remains an isolated and invisible work force. The in-visibilization of this category of home-based workers can be accrued to, “lack of social and legal recognition of several types of informal work, poor implementation and bureaucratic registration procedures where laws do exist, inaccurate

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141 As informed by a key informant, based out of Hyderabad.
or outdated data that continues to inform policy and unwillingness to provide comprehensive social security for informal workers."  

As per our conversations with a key informant, we ascertained that despite not receiving targeted support on account of their occupational status, this community of workers did receive money under different schemes on the basis of their income category and other such determinants. In Rajasthan, the government had provided cash assistance during the first wave of COVID. The workers received money as per different slabs of income, amounting to Rs. 3,500, Rs. 2,000 or Rs. 1000.  

In the case of Hyderabad, a key informant essayed that only 25% - 30% of the eligible women received money in their Jan Dhan accounts owing to difficulty in accessing the funds, and most of those who received got only Rs. 200-Rs. 300 instead of the mandated Rs. 500.  

Further, elderly women reported encountering difficulties in receiving money within their Jan Dhan accounts owing to failure in biometric recognition of their fingerprints.  

With respect to the roll out of rations, the situation in Rajasthan was better than Hyderabad. As per the key informant, no deaths were recorded on account of hunger within the community in Rajasthan as there was a constant roll out of ration. The members of the community were also able to access a health insurance policy. However in Hyderabad, the community received the support of the government only after a period of three months. In the interim, deaths were recorded owing to starvation and there were cases of suicide accruing to scarcity during the first lockdown in 2020.  

Response of CSOs  

CSOs were fire fighting different issues that arose across the two waves of COVID. During the first wave, they were mainly focussed on providing the community ration kits. The organizations worked alongside government stakeholders, private organizations and other non-profit organizations to provide food to the members of the community. The CSOs were also involved in disseminating information on safety precautions to prevent COVID-19 and spreading awareness on home management of COVID symptoms and distributing masks, sanitizers, soaps, thermometers and oximeters. Civil society groups were also involved in dispelling myths and rumours regarding the handling of the virus.  

During the course of the second wave, the organizations were involved in helping the community receive the requisite medical attention as the country was caught in a medical emergency of catastrophic proportions. The nature of the emergencies were both COVID as well as non-COVID related. The health infrastructure was overwhelmed with the onslaught of COVID-19 cases and there was a huge problem in accessing health infrastructure and services for other health issues. The backdrop of CAA-NRC led to some issues in extending relief in the community, as there was widespread fear that CSOs might be working to link documents to the NRC register. However, in most cases these fears were allayed. Many CSOs improvised with edutainment materials, skilling courses, physical spaces to enable e-learning for children in the communities, awareness programs on labor rights, sexual and reproductive health etc. to help families tide over the lockdown and divert attention from crisis for a few hours a day.

146 As informed during a key informant interview with representatives of a civil society organization based out of Hyderabad, Telengana.  
Key Takeaways

- Women engaged in bangle making are largely intergenerational, home-based workers who have picked up the skill of bangle making and decoration from within their communities. Although they are engaged in skilled work, they are unable to earn as much as Rs. 350 a day which is the minimum wage commensurate with the nature of the work.
- The review has indicated that the women engaged in the sector are largely single and Muslim who are either unmarried, widowed or separated/abandoned by their husbands.
- The nature of the work that they’re involved in, that is either piece meal work with the contractor or through an affiliation to the SHGs determines their bargaining power to set price points of their commodity and the extent of work they engage in, which further determines their income.
- Like many other home based workers, bangle workers face unsanitary and hazardous working conditions and negligible benefits.
- The community of bangle workers technically is not formally recognized by the government. They lack a sense of community and organization, whereas Beedi workers with similar home based set up are recognized owing to the efforts of political organizations such as Centre of Indian Trade Unions (CITU) in Hyderabad.
- Sexual harassment of women is rampant within the sector in homes, community spaces and at the workshops. There is little to no redressal of the same as the women are not governed by rules framed by their contractors or SHGs owing to the informal nature of their work.