



# Social Determinants of Health Among Unorganized Workers in India

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**ABSTRACT:** *Unorganized workers in India constitute the largest working population. Devoid of the legal and social securities in the workplace the lives and livelihoods are vulnerable. Health is a critical parameter in the contemporary period from the population or individual levels. The present review intended to render the lives and livelihoods condition of Indian unorganized workers and to explore the most appropriate ways to increase their quality of life. The unorganized workers sustain their lives under the negative social infrastructures. The COVID-19 pandemic further complicated the scenario and put them under stiff challenges. Health is multifactorial and the clinical aspects are inevitable. Emphasizing social determinants of health among unorganized workers in India will not only decrease the burden from the existing health system and be cost-effective but also in long run will help in the reduction of health inequalities in the population for inclusive growth.*

**KEYWORDS:** *Social Determinants of Health, Unorganized Workers, Inclusive Development, Public Health.*

## INTRODUCTION

Human civilization made a long journey through evaluation and adaptation. During this process, we not only achieve progress but sometimes needs to face negative aspects also. India, the second global populous country is presently enjoying the demographic dividend but at the same time due to improper utilization of this natural boon, a large section of society is noticed to be trapped under the “vicious cycle of poverty”. The Indian unorganized working section is the most vulnerable and largest working population in India. To attain inclusive development, the upliftment of this section is important.

### *Objectives*

The present review is intended to render the lives and livelihoods condition of Indian unorganized workers and to explore the most appropriate ways to increase their quality of life and sustain it. As health is the most critical parameter in the post-COVID-19 period, this study will make it limited within the purview of health or collectively public health.

### Methods

The published literature was searched using PUBMED, CROSSREF, SCIENCE DIRECT, WEB OF SCIENCE, and GOOGLE SCHOLAR websites.

A random internet search was also done. The keywords used to search were ‘India’s development, ‘unorganized workers in India’, ‘health’, ‘public health’, ‘social determinants of health’. The search period was from 2000 to 2022. The topic significance article titles were reviewed followed by an abstract review. This was followed by the extraction of potential relevant full-text articles or abstracts where full-text articles were unavailable. Additional citations relevant to the topic from reviewed articles were also obtained using the above-stated method. To understand the contemporary situation lucidly, the help of books, papers, reports, and other relevant and authentic sources of information was also included in the present study. The findings are summarized below.

## **COEXISTENCE OF SHINING AND DIM INDIA IN THE CONTEMPORARY PERIOD**

India is a southeast Asian country in the northern hemisphere with a mainly tropical monsoon climate. The seventh-largest country in the world according to size is home to more than 136 crore people accounting for around 17.7% global population. The second global populous country has a steady growth in Gross Domestic Product (GDP) in 2022 despite the devastating pandemic. [1] Economic Survey of India-2022; projected 8-8.5% growth of the GDP from April 2022 to March 2023. Though as common Indian we are proud of this achievement; at the same time, we should not overlook the data on the Global Hunger Index (GHI) where India scores 27.5 in 2021 which not only falls under the serious hunger level with a rank of 101st out of 116 global countries but made India much behind to its neighboring countries including Bangladesh, Nepal, and Pakistan. This attracts much criticism [1, 2].

Indian constitution provides provision to this largest global democracy through “Directive Principles of State Policy” for the social, economic, and political welfare of the citizens. Indian poverty still exists, and a larger section of the population is trapped in the “vicious cycle of poverty”, a characteristic of the Indian economy [3,4]. As per the Periodic Labour Force Survey (PLFS) 2019-20; out of the total 53.53 crores of employment, around 47.64 crores which are closed to 90 percent of total employment found to be engaged in the informal nature of the job in both organized and unorganized sector. Among the organized economic sector around 46 percent of informal employees were found [1]. As per National Commission for Enterprises in the Unorganized Sector (NCEUS) “Unorganised workers consist of those working in the unorganised enterprises or households, excluding regular workers with social security benefits, and the workers in the formal sector without any employment/ social security benefits provided by the employers”[5]. Thus, a large number of the common people of the world’s largest democracy were found to be enrolled themselves in compromised employments. The coexistence of the shining & dim India of the contemporary period makes the job of the nation’s development tricky and complex.

### *Health is Wealth*

The most important factor of the contemporary period in the global context is health. According to the World Health Organization (WHO), health, the fundamental human right is defined as “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” [6]. The Government of India (GOI) and other Indian States governments together spend a considerable amount on social service sectors nearly 25 percent of the total expenditure. There was around a 73 percent increase in the Indian health sector accounting for 4.72 lakh crores in the 2021-22 Budget Expenditure (BE) [1]. These vast expenditures on health were incurred from the common men’s pockets.

### *Upliftment of Unorganized Workers Critical for Indian Development*

According to the United Nations Development Programme (UNDP), Human Development Report 2020; India ranked 131 on Human Development Index (HDI) among 189 countries. With the shift of the Indian economic classification towards formal and informal format,

bridging the gap between these two economic sections is an important way to reduce inequalities and strengthen the formalization of the Indian economy.

Unorganized employment is deprived of social security in workplaces. The unorganized economic sector does not recognize or recorded through formal arrangements in law or practice. The informal workers of the organized sector also deviated from all types of legal protection and employment securities. Though innumerable poverty alleviation programs and theories are present still there is no way to deny the fact that still, a vast Indian population is under the grip of the “vicious cycle of poverty”. They prefer to engage themselves in economic activities in an early manner. These large illiterate, under-educated, unskilled, semi-skilled, or under-skilled populations ultimately made a place in the Indian unorganized workers’ market. The working and workplace conditions in the majority are pathetic [1, 2, 4, 5]. Social groupism among the marginalized population, and lower-income securities worsened the situation of the unorganized labor market. Getting the lower rate of wages from the legally prescribed amount was also noticed. Maintaining a decent lifestyle seems to be difficult for them. The absence of year-round employment was the natural scenario for most of them. Due to the Covid-19 pandemic and subsequent global business shrinkages along with lack of support system, job loss, reduction in income, and disease measures including social isolation, lockdown, and containment seized the opportunities for employment making the informal job market highly vulnerable and directly impact the lifestyle of the workers [ 1, 5, 8, 9, 10, 11]. Special attention needs to be given to this vast vulnerable Indian population to achieve inclusive growth and development of nations.

#### *Boosting up Public Health Initiatives*

Health is a multifactorial aspect. There are multiple reasons for developing a disease including - the impact of industrialization, modernization, urbanization, education, changes in occupational patterns, family patterns, food consumption patterns, food preference, stress, living conditions, sanitation, safe drinking water facilities, early child developments, and other social securities. All the social factors are influencing health, judged whether physically, mentally, or spiritually. India is also facing epidemiological transitions along with environmental changes and demographic transitions when judged from a public health point of view. In India, public health initiatives need to be boosted for the national interest. While Indian society has a greater disparity in wealth and enjoying the social infrastructures; there is an urgent need to focus on the public health of common people in this hour of a global health emergency [12, 13, 21]. According to WHO, “the social determinants of health (SDH) are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age and the wider set of forces and systems shaping the conditions of daily life” [14].

#### *Significance of Social Determinants of Health*

In the review article, S. Lakshminarayanan elaborately explained the importance of government in public health where the functions and responsibilities were stretched out to the other sectors than health alone. The influential aspects of public health include gender discrimination and empowerment, positive community participation, reduction of the negative impact of climate change, early child development, education, safe drinking water facilities, proper nutrition, decent living conditions, and other social securities [15]. RL Thornton et al. in their review article advocated strongly for increased targeted interventions on social determinants of health (SDH) focusing on early childhood and education, urban planning, and community development, housing, employment, and income enhancements. To reduce the population-based health inequalities, the aged old over-emphasis on the health care sector was not appropriate [16].

Another review was done by LOM de Andrade et al. based on Latin American case studies revealed that the clinical methods were effective in decreasing detrimental consequences of

diseases but to reduce health inequalities and disparities in population or personal level, multisectoral approaches were best suited. The socio-economic conditions of Latin American countries are similar to India including great socio-economic disparities, increased health inequalities, and social injustice, long colonial legacies [17]. P Braveman, S Egerter, and DR Williams in the review showed that all the human races with decreased socioeconomic status experienced great health disparities. Reduced access to high-quality education or employment, poverty, unhealthy housing, and non-favorable work conditions could adversely affect health [18].

J P Narain in his article pointed out the increased disparity between the Indian rich and poor people and made the disparities between the different socio-economic classes responsible for negative or lower health outcomes. Public health policies and programs should try to access the poorer and vulnerable Indian population and must try to explore the hindrances to achieving equality [19]. AK Cohen and SL Syme wrote a review where they identified education as a key SDH. Increased access to higher and greater quality of education can contribute to reducing health inequity in public health. [20] MS Pednekar, R Gupta, and PC Gupta conducted a cohort study on 148173 adult people in Mumbai, India from 1991 to 1997 using a structured questionnaire. 5.5 years of follow-up were done following the baseline survey. Literacy status was significantly associated inversely with mortality causes of Indian urban men and women. Low educational status men had significantly higher cardiovascular disease (CVD) mortality [21].

## **DISCUSSION**

India emerged as a strong world economy that can withstand the adverse effects of the COVID-19 pandemic evidenced by positive GDP growth. [1] Despite the developmental achievements, a large Indian population is trapped in poverty and other adversities. The disparities between both segments of the Indian population are a major concern of the contemporary period [1, 2, 4, 7, 19]. For an inclusive development, the underprivileged fellow Indians need to get intense attention from policy and decision-makers, and other stakeholders. Indian Constitution also advocated for the same through the “Directive Principles of State Policy” [1, 3, 4, 5, 12, 15, 19]. As already discussed, the Indian unorganized working class was the worst hit by the COVID-19 pandemic [1, 5, 8, 9, 10, 11]. Health is the primary concern at this present time. Both central and state governments in India increased around 73 percent of the expenditure on health compared with the pre-pandemic time [1]. This huge money in turn goes from common men’s pockets which further put pressure on daily living.

There are various scientific articles available that advocate putting more emphasis on social determinants of health (SDH) for the reduction in health inequalities, attained long run, and sustainable benefits in a cost-effective manner [13, 14, 15, 16, 17, 19]. Clinical approach and the biomedical sector of health are inevitable and crucial for disease prevention, control, and cure [15, 16, 17]. The compromised SDH was identified as detrimental to human health in scholarly writings [12, 13, 14]. Poverty, lower socioeconomic status and education, deprivation from decent living, working, and neighborhood conditions, employment, reduced social security and empowerment, gender discrimination, deviation from early childhood care, safe drinking water, and adequate nutrition are recognized but not limited social and economic determinants found to have a great impact on population health [13, 14, 15, 16, 17, 18, 19, 20, 21]. India increased investments on social infrastructures evidential from government data [1]. Deviation from social security including food and nutrition, health, employment, income, housing, life, accident, and old age sought attention and action. Higher frequencies of illness and health problems were observed in workers which remain a primary concern and the source of distress for them.

GOI had introduced The Code on Social Security 2020. It comprises nine existing Social Security Acts including Unorganized Workers’ Social Security Act. Through this code, the

interest of unorganized workers can get better social security and protection. Pradhan Mantri Shram Yogi Maan-dhan (PM-SYM), Aam Admi Beema Yojana, and Pradhan Mantri Garib Kalyan Anna Yojana (PM-GKAY) are some of the schemes to safeguard the interest of unorganized workers. GOI also introduced the eShram portal to deliver the welfare schemes at the grassroots level. The unorganized workers can get registered on this portal to avail of the benefits at a convenience [1, 5, 22, 23, 24, 25, 26].

Latin American countries which have similar socio-economic conditions like India got immense benefits from the multisectoral health approach. [17] India also may consider these aspects of health seriously, especially from the public health point of view. Upliftment of social infrastructures is an inclusive, long, and continuous effort of strong commitments. But with the right intention and tactics, a strong and sound SDH can be achieved not only for the inclusive development of India's most vulnerable and large population segment but also for national development.

## CONCLUSION

India is the second most global populous country. Optimum human resource benefits can be received from healthy humans only and that can be achieved when people can lead an all-around healthy and happy life. During the turn of the 21st century, the Government of India declared to cover all the workers under social security nets. But, as of now, more than 90 percent of the unorganized workers remain out of the social security measures. They suffer from several social structural hindrances and health hazards. The situation has further deteriorated in the unorganized working sector due to contractualization and casualization of the work environment. Development of social infrastructures to get the favor of social determinants of health for Indian unorganized workers, the largest working Indian population is a great task. The benefits will reduce the burden of disease & health expenditures, and over-dependency on health sectors in long run. This step is really needed to achieve the dream of inclusive development in India where the population across different socio-economic segments can lead a life with optimum potential. The boon of a huge population also may be achieved efficiently and effectively through the approach of strengthening the social determinants of health of Indian unorganized workers.

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#### **List of Abbreviations**

1. BE: Budget Expenditure
2. CVD: Cardiovascular Disease
3. GDP: Gross Domestic Product
4. GHI: Global Hunger Index
5. GOI: Government of India (GOI)
6. HDI: Human Development Index
7. NCEUS: National Commission for Enterprises in the Unorganized Sector
8. PLFS: Periodic Labour Force Survey
9. PM-GKAY: Pradhan Mantri Garib Kalyan Anna Yojana
10. PM-SYM: Pradhan Mantri Shram Yogi Maan-dhan
11. SDH: social determinants of health
12. UNDP: United Nations Development Programme
13. WHO: World Health Organization



