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SUBJECTIVE HEALTH OF MIGRANT LABOURERS IN DELHI: AN ANTHROPOLOGICAL PERSPECTIVE

Abstract

The present paper studies the aspect of subjective well-being which resides on various dimensions but experience of health being central to each. The study is done on migrant construction workers in Delhi and in their village based on the narratives gathered from destination and origin of labourers in order to prepare an account of experience and subjectivity. Through this paper an attempt is made to bring out the paradigm shift taking place in health practices and significance of traditional practices in experiencing health. In this paper institutional health knowledge is obtained from the respondents particularly in rural space. The paper has explored local conceptions of health understood as swasth, sukh, befikar, alsi, hisht pusht etc. The paper unravels migration leading to hybridized form of health practice and subjective well-being operating in chain of experiences of health, pleasure and social capital. The paper also studies the aspect of reverse migration during nationwide lockdown due to COVID-19 pandemic.

Keywords: *Well-being, Traditional Health Practice, Migrant Labourer, Social Capital, Reverse Migration.*

Introduction

This paper is concerned with studying health in the structure of subjective well-being which will lie in the framework of experience of an individual[1]. Subjective Health has positive relationship with subjective well-being and is based on self-reported assessments of physical health. In literature, subjective health forms the most significant parameter of subjective well-being and objective health being lesser important (Monden 2014). Structurally, health satisfaction as an aspect of life and life satisfaction in totality formulate the cognitive part of subjective well-being. Researchers have mostly been based on objective parameters of well-being which are measurable like wealth, life expectancy and availability of medical facilities etc., The concept of standard of living was always a part of well-being research but needs concept was introduced much later to the study of well-being (Gataulinas and Bancevica 2014). Yaya

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et.al (2019) argued that subjective well-being is not dependent on socioeconomic status alone but when it is associated with more favorable environmental and socio-cultural conditions affable to higher standard in psychosocial health among the population leads to a better experience of subjective well-being.

Experiential approach in anthropology places illness in the center by focusing at narrative, experience and meaning that people give to health and illness. Kelman (1975) linked experiential health to notion of wellness or sense one can make great achievements and yet experience a sense of tranquillity and fulfilment. Experiential health is founded on parameters of self-discovery and self-actualization relying on internal state of mind which can be affected by any kind of mental or physical illness.

Taking inspiration from embodiment theory (Borghi et. al 2015, Fahim et. al 2015) to delve deep into it we can refer to term habitus (Bourdieu 1977) which relates experiences of social structures with one's own body making it an embodied experience. Dhruvarajan (1990) in his work on women and well-being explains the essential aspect of habitus lies in the body from where the practical philosophy is represented. The core disposal of habitus structures the way an individual treats own body. Implying, "an embodied experience of physical, emotional, environmental and socio-cultural components of living" (Gaur and Patnaik 2011: 86).

Subjective well-being is considered to be people's appraisals that their life is good with no boundaries imposed on their responses. It is at times compared to hedonic well-being where one says happy means he/she is happy irrespective of how the happiness is determined (Diener 1984, Steger 2018). Health is the foundation of well-being which gets plunged if facing health crisis (Derne 2017). This makes the relation between health and well-being more experiential than objective. Subjective well-being doesn't come with objective health, after one controls for leisure activities submitting that it is pleasures and interactions contributing to health and are made health finds its relation with well-being, whereas objective health does not relate to subjective well-being proving significance of meanings people attribute to their actual health (Derne 2017). Hence, experiential health is a subjective feeling regardless of its intelligibility in medical archetype like feeling of fatigue, ache, loss of energy, fever (not showing up in thermometer) (Gaur and Patnaik 2011). Subjective well-being is interchangeably used with meaning, life satisfaction, happiness, hope, positive relationships, health (Steger 2018, Ngamba et. al 2017). Despite of being understood using objective dimensions like income, illiteracy and life expectancy and subjective measures such as experience of life. The approach measuring perceptions and life experiences characterise subjective well-being (Das et. al 2020).

Migration is a cyclical process and return migration studies suggest that returning is a part of that cycle. Neoclassical economics is one of the

theories that examined the phenomenon of return which is based on assumption that upward mobility in standard of living and level of salary or wages in destination than origin. The migrant is that individual who wishes to increase his income. Return migration is thus looked at as the failure of planned migration, because the aim of drawing better income was not achieved (Klave and Supul 2019, Todaro 1969).

Methodology

Data was collected from Delhi and native village Khadowara, Uttar Pradesh of some of the labourers making it a multi-sited ethnography. Data collection in village proved more informative pertaining to traditional health practices. Many labourers migrate from Khadowara to Delhi round the year to earn livelihood. Khadowara village comes under block Jakhaura of Lalitpur district in Bundelkhand region of Uttar Pradesh. Data was analysed based on the narratives taken through in-depth interviews and case studies in order to comprehend the concept of experiential health and meanings that people attach to subjective well-being. The paper includes 16 case studies to carve out experiences of the migrant labourers.

Local Conception of Health

In order to understand the state of health or being healthy which is locally conceived as *swasth*. A local understanding of *swasth* is a person who is eating and working normally and if a person is unable to eat properly or work as usual, then the person is *aswasth / bimar*(unhealthy). But if a person is not sick and eating well but has no interest in working, then that person is said to be *alsi*(lazy). A person who is *aswasth* will not eat well, is unable to work and sleep properly. So, an important aspect of being*swasth* is being physically sound, locally understood as *hisht pusht*. Other aspects of being healthy are being free from worries, that is, *befikar*. Hence, *swasth* is the one with no worry, no pain, who can work, walk, eat, sleep properly and is happy. A healthy person is capable of making social relationships. Thus, state of balance, completeness and contentment define a healthy person. FL1 (Female Labourer1), 57 years old believed the main aspect of well-being that is the ultimate pleasure is the *sukh* of the *swasth* body and *swasth* mind.The highest state of happiness is locally conceived as *sukh* and healthy body and mind are the sources to achieve every kind of *sukh* in life. *Sukh* is when a person is able to establish social relationships and a social reputation which become a person's social capital. It is the state of *sukh* that ensures subjective well-being.

FL2, 55 years old mentioned when one socializes and offers *beedi* and tobacco is considered a balanced state of body and mind.*Beedi* and tobacco are considered important to show respect to others and is a sign of beginning new friendships or relationships. ML1 (Male Labourer1), 27 years old, mentioned healthy to be strong, one who can save himself and help others by beating bad

people means being strong is healthy. FL3, 35 years old talked about being healthy as when you do not have food and livelihood. Many considered it being disease free, that is, *bimari se mukt* and some said when everything is available to you and you do not have to struggle by migrating to different cities and keep yourself fit, as they consider going to *pardes* is a cause of illness. ML2, 42 years old, opined health as *khayo, piyo aur pachao,* that one who is able to digest all that he/she consumes is healthy.

FL4, 68 years old said, the girls of this generation have pale complexion, and use fairness cream to look beautiful and to get the glow but natural beauty is not a result of a fairness cream rather it comes from inside if the body is well nourished that is for being beautiful and strong you need to be healthy. Interestingly, a healthy body is also understood as fat and stout by many participants. Adequate nutritious food is the prime requisite for healthy body and healthy population. The participants shared about their local food culture and practices and changes undergone. They described how they understand good, not so good and bad food followed by an intense discussion on pure and adulterated food. ML3, 50 years old asked, is there anything *shuddh* (pure) these days? and answered, everything is adulterated. He explained that the adulteration is found in many things, even in the medicines and further explained by giving examples, first, a shampoo is sold in the market that causes dandruff, then they sell anti-dandruff shampoo to prevent dandruff but starts breaking hair and makes you bald and then comes another shampoo and same thing happens with medicines. The medicine that doctor gives, cures your illness but along with that, gives you another problem with the body. Modern medicine does not provide ultimate solution to any problem.

The migrant workers complain about change in food habits in the city among their children as they drink cola more than milk, eat samosa, noodles, packaged food basically *shehri khana* (urban food) that will spoil their health. Children have acquired the taste for this food and want to eat these in the village as well. This is the reason they do not have much *takat (*strength), they should be more powerful than their parents but it is reverse. The packed milk in Delhi is impure, mixed with water, it does no good even if consumed, back in villages, they takeout milk from their cows and buffaloes which is pure. The association of food practices with healthy and strong body is very common. Migration has caused a transformation in food and eating patterns. Due to migration, they are unable to eat vegetables and fruits that are grown by them in their fields for self-consumption rather in Delhi they feed on hybrid varieties and chemically grown fruits and vegetables. Migrant families also pointed to the changes in appliances and utensils, for example, using plastic water buckets and bottles instead of *mitti ka ghada* (clay vessel). People have reported to face loss of quality of life-satisfaction due to diffusion of *shehri* (urban) culture.

Health Behaviour

In the whole of Bundelkhand Region, *Mahua* is a very commonly found tree. The *mahua* flower is edible and is of great importance; it is also fermented to produce an alcoholic drink and is a source of building of social network. Tobacco consumption is also very common among both men and women. It forms an integral system of social and personal life of the village. Offering *beedi* or *gutka* is a sign of welcoming guests and is used in every occasion and marriages. It has eventually become a symbol of status and respect giving. It is also used for cleaning the mouth. It is believed to cure tooth ache, stomach ache, gastro issues, releasing constipation etc. that is why *gutka* has become common among men, women and children. Another cited by women for giving *gutka* to children is that they will not keep on asking for food. *Beedi* and *gutka* also tend to release tension and tiredness. ML4, 27 years old said that working as labourer is a difficult job and smoking releases all the tiredness and one can sleep peacefully, it cures children as well and we don't have to go to the doctor. Cannabis is also supposed to be very common though it was not observed that much but its consumption is common among men for the reason it is considered to be Lord Shiva's blessing. It is consumed without wearing shoes.

Some of the common diseases have been tuberculosis, asthma, skin allergies, mouth ulcers, gastro-disorders, malaria and diarrhoea. Respiratory diseases, skin diseases, mouth ulcers and gastro disorders have mainly been attributed to substance abuse. ML5, 25 years old was suffering from gangrene and his one leg was removed by surgery caused due to prolonged *beedi* smoking and tobacco intake. He knew he had diabetes but still he addressed his ill-health to some spiritual cause; his absence from performing ancestral worship is the cause of it. He explained his illness due to wrath of angry ancestors. FL5, 31 years old, had fever and vomiting, the ANM (Auxiliary Nursing Midwifery) said that she is showing symptoms of Malaria but they attributed it to be the effect of evil eye and only *Bajni baba* (name of the local deity) can save her from that. They found security from all evils or diseases in their local deity. There was a case of pre-natal heart ailment of a three years old girl, her mother lives in a constant guilt and holds herself responsible for her ailment "I cursed her even before she was born, had I accepted her she would not have born with this ailment. I don't want to lose my child."

Institutional health knowledge

The detailed narratives of healing rituals in anthropology emphasize their existence in fundamental values and local worlds that echo a comprehensible and well-integrated social organization (Kleinman 1980, Kirmayer 2013). Recent accounts show constant transition and mutation in culture and classical fissures suggest relevant background for healing (Laderman et al. 1996, Kleinman et al. 1997, Kirmayer 2013).In urban areas mainly multicultural in nature, people are disposed to have a narrow affiliation to tradition such that healing practices become hybridized (Kirmayer 2013).

Traditional healers

In health care systems, healers play an important role in health care practices of a population. They could be traditional healers with knowledge of local herbs, which they use for treating ailments such as *Hakeem or Vaid*. They could be spiritual healers like shamans; *Jhad-phoonkwala, Gyani* and *Ojha* (the black magicians) who specialize in treating patients especially suffering from an evil eye, fevers, Jaundice, Chicken pox and effects of witchcraft. Diseases and migration have a close connection, people with critical ailments prefer coming to Delhi as their work is here and it is convenient for them to get the patient admitted. In case they relate any issue with evil eye or spirit possession then they go to their local deity *Bajni baba* in the village.

FL6, 45 years old, in Delhi got her mother admitted in hospital in Delhi as she was diagnosed with cancer; "My mother's illness was not been diagnosed by the doctors so we took her to *Bajni baba*, he told us that she is not possessed and we should take her to some big hospital, so we took her to Delhi where she was diagnosed of tumor". She has complete faith in *Bajni baba* and does as per his guidance, on his saying she even visited doctors in the district for problems like running nose, bad throat etc.

It was observed that many women walking bare foot on every intersection where small structure called *chabutra*is made. *Chabutra* reflects the presence of their *devta* (local deity) and that he is protecting them from evil spirits so women are not supposed to pass by with shoes in their feet else they will be spirit possessed and will develop health issues. FL7, 24 years old, was seen going bare feet at the intersection so I asked her about this in reply she said "last month I crossed it wearing slippers mistakenly and had been suffering with fever after that for a month because *devta* got angry on me for which I daily had to visit and worship *Bajni baba* in the temple early morning and that is how I got cured". Hence people use modern medicine for symptomatic relief but rely on traditional healers for cure. They feel unprotected in the cities as their local deity is not present there but they have no choice but to earn money to sustain their lives.

Traditional birth attendants (TBA)

On interviewing people it was revealed that all of them were born in their houses but at present the practice has changed. Now mostly children are born in hospitals either in Delhi or in the village. Some of them reported giving birth to the child in labor camp. The workers reported being born in the presence of a TBA whereas children born in the labor camp are born unsupervised at times. The strength of TBAs come from being a part of the social and cultural life of the community in which she lives (Leedam 1985). "The social role of a TBA, like that of a traditional healer, profoundly rooted in the local culture"(WHO 2005: 70).

FL8, 24 years old, has three children and two of them were born in hospitals in cities and one was born in the labour camp in Delhi. The one which was born was in labor camp was born in the supervision of two older ladies from the neighbouring *jhuggi* (shelter) among the workers. Social solidarity raises their experience of subjective health ensuring well-being. She claims this to be a better experience than giving birth in government hospitals in cities as the nurses and staff are reported to be harsh. More recently, a shift in dependency on *dai* (traditional birth attendant) to hospitals is seen due to migration, finding it difficult to rely on their traditional formats in cities. Also, ANM and ASHA (Accredited Social Health Activist) worker in villages have popularized modern medical system.

An experienced birth attendant also working as labour helper shared her experience, women now are not physically sound and strong. They are skinny and weak and cannot give birth on their own, they need to undergo surgery. We never used to go to hospitals for minor illnesses because we used to cure them ourselves. The*dai* alsoexpressed her views on changing trend that how an ASHA worker has replaced her in people's lives because she attends to every medical emergency of women and children.

Ethno-medicine

In India, every plant has a medicinal value, there is no plant without it (Jaiswal 2018). The present study deals with traditional knowledge regarding utilization of ethno-medicinal plants for treating various diseases and ailments was collected by direct interviewing elderly learned and experienced knowledgeable resource persons who have traditional knowledge about these ethno-medicinal plants in the village. Field study in village proved very useful or significant in getting the knowledge on traditional methods of healing over field study in Delhi. Healing has a significant role in the churn movement of labourers between origin and destination. Man has always been dependent on nature for its survival. This reliance led the native people living in congruence with nature to develop an exclusive system of knowledge about plant wealth. By tradition, this treasure of knowledge has been passed vocally among generations short of any written text. Upadhyay and Singh (2005), Pandey and Verma (2002), Maliya (2004, 2007), Singh et. al (2007), Singh et. al (2010) have contributed to the knowledge of medicinal plants in Uttar Pradesh (Tiwari et. at 2012).

In cities, the family and community involvement are weakening in the production and use of some plants which are of medicinal values. Trees such as *neem*, *bael*, *amla*, *peepal*, *bargad*, and small herbs like *Tulsi*, *pudina* etc. used to be very important to the village life[2]. The elderly people expressed their worries about the vanishing local health culture and traditions. They provided examples of change in every aspect of culture and tradition: housing

pattern, fashion style, farming and food habit, family and relationship between family members, marriage life, child bearing and rearing, and health practices. They reported improper sanitation in cities and increased insects and mosquitoes, and new diseases. They state these to be the main reason of deteriorating health experience of people and largely bringing the subjective well-being down.

Rural people especially elderly and knowledgeable resource persons used different parts of ethno-medicinal plants like roots, stems, tender branches, bulb, flowers, fruits, seeds etc. for the treatments of different body ailments and sometimes the whole plant depending on the nature of disease. Herbalist's daughter in the village knows about the medicinal practices that used to be popular at the time when her father was alive now the people depend on some plants for common problems.

Some expressed loss of naturopathy, FL10, 62 years old stated new generation does not value local medicinal herbs anymore. They do not pay much attention to home remedies. Ginger and holy basil tea is the best method to control running nose and despite of knowing we prefer going to doctors in Delhi and buy modern medicines. Our older generation used to adopt those methods and was fitter than us. Visiting doctors has become a fashion in Delhi. They pointed at health hazards associated with the changes in agricultural practices, food practices and the local health traditions that come due to migration. Although knowledge to home remedies is not completely lost. However, there is disintegration of family knowledge system.

Migration has played a significant role in replacing traditional health knowledge with use of modern medicines. People depend on district hospital for the treatment shows that their experiences in cities have shifted their dependency from tradition to modern style of treatment. But is not completely lost, significance of traditional health practices is still found strong in village than in city reflecting beliefs being shaped by variation in culture. Emergence of a hybridized system of health practice is visible or we can simply call it medicalization of health care system. Although traditional practices resonate more in rural sphere but many aspects have been replaced due to medicalization shaping it into being hybridized.

Perspectives on Subjective Well-being

Subjective Well-Being is of interest of many disciplines, often assessed through economic lens but the spectrum of subjective well-being goes beyond economic factors. It is important to comprehend what is central to the life-world of people and how they construct their well-being determinants. Not through income or education but sensitivity towards quality of life; good or bad/ improving or not. Happiness and life satisfaction are core features of subjective well-being. Hence, experiences of people determine their quality of

living and satisfaction. Health experiences were notably seen to affect the experience of well-being of the participants.

The migrant people are the ones who are displaced from their place of residence which breaks the social organisation. Economic emancipation is offered by this displacement to migrant labour but reciprocity and sorority which are identified as pillars of community existence are disintegrated. This social fragmentation affects social support, traditional healing mechanisms and indigenous resources for health care. FL11, 30 years old, recently shifted to Delhi from Khadowara. Her husband worked as a *beldar* (male labour helper) but since the day she has shifted he is not keeping well. He gets untimely fevers, stomach ache, diarrhoea etc. because of which he is unable to work. They attributed this illness to the anger of gods as she is unable to visit temples for worship and continue with her fasts the way she does in her village that is why every time in Delhi they have to suffer with different problems like problems related to health, work, wages, child's education and health etc.

In Delhi in the year 2016 there was an acute epidemic of viral fever in the city. Hospitals were over loaded with patients there were no beds, there was shortage of hospital staff and people of Delhi had to suffer a lot. Even the labourers working in Delhi at that time developed high fever, vomiting, joint pain and swelling, loss of appetite etc. they referred to doctors and fever did not use to come down drastically. They called it *dilli wali bimari*as it is a disease only prevalent in Delhi, and were of the opinion that this is because of some spirit at that place and only the diviners from the village could help them. Some of them turned back to village to get themselves cured and some of them had their relatives coming to them with *bhabhoot* (sacred ash)or some kind of *Prasad* (edibles received after worship)from the diviners in their respective villages and they believe it to cure them. Kind of similar thing happened in 2020 when COVID-19 had spread in Delhi along with all parts of the world. Migrant labourers were seen turning back to their villages for two reasons; firstly, the national lockdown which took away their employment and secondly, the spreading disease. Such disasters adversely affect the subjective well-being of families collectively. It leads to unemployment, starvation, health problems, financial crisis bringing subjective health to zero. As well-being operates in interactions, in absence of reciprocity subjective well-being does not exist.

Altered Experience of Well-being: COVID-19

The world population was hit by COVID-19 pandemic like no other entity could ever do. Among the uncertainties, it is certain that anthropologists can make valuable contributions to the myriad with biological and social convolutions. Van Gennep's Rites of Passage draws on behavioural efforts and their history to quarantine the stranger that "an individual must stop, wait and go through transitional period, enter and be incorporated" (Higgins et al.

2020: 2). A complete nationwide lockdown was announced from 25th March 2020 onwards going up to May 2020 with opening up in stages adversely affected the economy, governance, public health facilities and society at large. More than COVID-19, the lockdown had hit the community of migrant labourers immensely that it triggered reverse migration all across the nation from cities like Delhi, Mumbai, Surat, Hyderabad, etc. travelling back to their origin in Uttar Pradesh, Bihar, Madhya Pradesh, Chhattisgarh, Jharkhand, Orissa etc. including all the respondents of this study migrated back to Khadowara from Delhi. For which they undertook long distance travelling by foot with families and children, taking rides in bullock carts, tempos, trucks, rickshaws etc. with a little money and limited food over thousands of kilometres. To curtail the spread of the disease, the government had sealed the borders and restricted travelling, suspending railways and interstate bus services which caused the unexpected and unprecedented magnitude of reverse migration of labourers, daily wage earners, domestic workers, hawkers, tea stall owners, workers at canteens and small-scale food joints etc. Many lives failed to see a new dawn. Eventually, government started with nearly 4000 *shramik* trains that aided and eased the reverse migration which had turned into a real crisis due to lack of transportation. According to census 2011, nearly 4 crores daily wage earners moved to urban centres from rural areas for work; disaster that hit the world, the crisis and lockdown intensified their difficulties and contracted their purpose to stay (Nair and Verma 2020). The unorganised sector constitutes for 92% of the total workforce and this informalisation can be seen maximum in women labourers (Singh et. al 2020). The informal women labourers' multi-faceted desolations and sufferings during the pandemic has largely remained unrecognised. The unemployment arising from gender and poverty leads to trials and tribulations of migrant labourers moving from cities to agricultural based economy leading to loss of livelihoods as rural spaces cannot absorb so many reverse migrants. Reverse migrants in rural areas have become more vulnerable because of non-compliance with preventive measures is yet another concern.

Conclusion

Well-being, understood as *Khushaali* (Derne 2017, Mehta 2020) locally, is health and wealth. A disease-free body also understood as *swasth* and leads to the most pleasurable state considered *sukh*. The other thing important is sufficient property, that is, housing, land, job etc. Subjective Well-being also means to have sound sleep, abundant food for everyone in the house, education for children and proper medical attention which lead to a positive subjective health. Also, a good body allows a man and woman to enjoy proper relations with each other, have a family and lead a happy life. Experience of sound body and mind allows a woman to work and also take care of her family especially children. Subjective well-being comes from continuous job and ability to work which largely depends on how *swasth* a person is. State of being *swasth* is

related to spiritual beliefs and experiences which ultimately affect subjective well-being. This shows subjective well-being, though fleeting in nature (Mehta 2020), lies in chain of experiences between *swasthya* (health), *karya* (work), *anand* (pleasure), religious beliefs, social capital and reciprocity among them.

An approach to well-being sees it as inner but connecting it with pleasurable activities which are possible due to *swasth* body makes it external as well. A diversity of people considers health to be integral to well-being as it limits their abilities and disables them to pursue their interests or hinders self-fulfilment. Illness is identified as a cause of distress which only multiplies. Interestingly, deteriorating body is not usually associated with poor health but ageing as well which leads to compromised potentials and desires. Objective health may not be a reason for declining subjective well-being. Family relations are seen to be capable of giving pleasure and security. A significant factor of well-being is health and more than objective health producing well-being its well-being that results in good health whereas subjective health that is how people report their health status is strongly correlated with well-being. This suggests that how one sees health predicts well-being more than the actual health. Modern medicine is seen to affect objective health but subjective health roots in traditional practices, spiritual and religious beliefs. Subjective well-being finds its existence in one's life through these traditions. Although migration has come out to be a reason for loss or hybridization of traditions with modern techniques which has affected the quality of life-satisfaction. Residence, food and clothing as prime requisites for one to ensure a family's well-being but equally important is social capital which largely depends on sound body and mind and ability to socialize as per cultural artifacts which gives rise to another dimension of well-being that is social cohesion. Loss in social dignity and solidarity can affect one's mind and body and adversely affect subjective well-being.

Notes

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2. English names of plants;*Neem*:Indian Lilac, *bael*:Wood apple, *amla:* Indiangooseberry,*peepal*: Sacred Fig,*bargad*: Banyan Tree, *tulsi*: Holy Basil,*pudina*: Pepper Mint

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