

# Waste Pickers and the Precariat: Rethinking Informal Labor through a Sociological Lens

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**Abstract**—In the age of urbanization and globalization, people are seen to be struggling to survive in constantly changing economy while simultaneously trying to maintain their identities. This struggle forms a foundation for unorganized sector. Women play the most significant role in unorganized sector as they make up 90% of the workforce in this sector. Women in India (of all castes, classes and religions) are always marginalized due to patriarchal nature of Indian society. This paper focuses exclusively on women workers who are involved in the occupation of waste picking.

Extremely hazardous occupation like manual scavenging is a reality in organized and unorganized sector of underdeveloped and developing countries like India. Manual scavengers or waste pickers constitute lowest strata of economic and social hierarchy. Women in this occupation are further marginalised on account of gender discrimination. This occupation comes not as a choice but the only chance at survival for most waste pickers.

Waste management is one of the fundamental functions required for sustenance of urban area. Despite this, individuals involved in the process of waste collection are highly discriminated against, especially in aspects like healthcare and social security. Traditional perspective on impurity of the waste related work imbedded in the system has led to an overall neglect of health and safety of these workers.

**Objectives:**

1. Analyse health conditions and safety measure of waste picker women in Pune city with help of case studies.
2. Understand how women waste pickers negotiate with “Precariat” of social system on the one hand and that of neo-liberal market forces on the other.

**Methodology:**

This paper uses a combination of qualitative methods for data collection. Narratives of women waste pickers who work with KKPKP (Kagad Kach Patra Kashtakari Panchayat) in Pune have been collected through detailed unstructured interviews.

**Index Terms**—Dignity, Precarization, Deprivation.

## I. INTRODUCTION

A city is a terrain of social inequality, springing from the decline and deterioration of marginal places. This inequality is manifested through phenomena like the informal sector. Workers in informal sector do not get any kind of social security or benefits. Waste picking is the lowest ranking occupation in the informal sector of urban areas especially in terms of social status, stigma and stability of earnings. People occupied in this section are usually unskilled women from marginalized groups who cannot work anywhere else. The total population of waste pickers in Pune is estimated to be 6000, of whom, 72 percent are women. (WIEGO)

Waste picking is one of the most fundamental and most underrated occupations. It is also one of the most impoverished occupations. Waste picking is extremely important for the smooth functioning of society and community management. But it is often stigmatized by the same community. People involved in waste picking come from the lowest socio-economic strata, and work in dire conditions. As an informal activity, these workers usually do not get benefits like social security and stable or minimum income. Waste pickers face higher risks in form of occupational hazards like physical and mental ailments. They survive on meager income and live in extreme poverty-stricken conditions.

Pune has grown rapidly in the last few decades. Its total population is more than 4 million and about 25% live in slums. Waste pickers in Pune are almost exclusively Dalits, of the ‘untouchable’ castes, more specifically the Mahar (including Mahars who have converted to Buddhism after 1956 and are now called Neo Buddhists) and Matang castes. They rank the

lowest within the urban occupational hierarchy even within informal sector. Waste pickers fall under the category of 'Absolute Poverty'. When income or assets were the sole criterion for drawing up poverty lines, extreme or absolute poverty was defined as "lack of income necessary to satisfy basic food needs – usually defined on the basis of minimum calorie requirements."

According to UNFF annual report of 2014, there are 15 lakh waste pickers in India, which is about 1% of India's population. Maharashtra state has more than 3 lakh waste pickers with nearly 9000 of them in the city of Pune. The proportion of women in the sector is 73 percent. (UNFF – Annual Report 2014)

Working conditions of most waste pickers are extremely poor. 75% waste pickers walk more than five hours – many walk up to 10 km (6 miles) a day with loads of up to 40 kg. 50% work 9 to 12 hours daily. Waste pickers are insecure as workers, socially excluded and physically vulnerable.

The discussion on the topic of waste management has been a renewed at global and national front. Question of livelihood of waste pickers or scrap collectors has been brought to the forefront. Waste-pickers retrieve paper, plastic, metal and glass scrap from garbage. Waste pickers sort, categorize, bundle and transport these recyclable items to the scrap dealers for sale who, in turn, feed the higher levels of the recycling industry.

One of the major observations is that condition of waste pickers is worse in underdeveloped and developing countries. Poorer countries have greater worker risk. These countries fail to provide standard waste management system because they cannot afford it. (Cointreau, 2006) Solid waste management costs tells us, there appears to be a global relationship (not yet precisely quantified) between exposure to solid waste and increased health and injury risk. The risk is greatest in developing countries where the contact between the solid waste worker and waste is greatest and the level of protection is least.

India being one of the densely populated developing countries challenge of waste management and question of health and safety of waste pickers is severe. Two people died in East Delhi after a large part of the Ghazipur landfill collapsed on September 1<sup>st</sup> 2017, sweeping several people on a road nearby into a canal. Accidents like this are not uncommon in

India.

Scrap collectors in Pune are almost exclusively Dalits, the erstwhile 'untouchable' castes, more specifically the Mahar (including Mahars who have converted to Buddhism after 1956 and are now called Neo-Buddhists) and the Matang castes. They rank the lowest within the urban occupational hierarchy even within the informal sector.

Mukherjee thus argues that scavenging plays a larger role in the life of pavement dwellers than would appear from the statistics of the survey: almost any pavement family might resort to scavenging in the absence of other work and given the opportunity (Mukherjee 1975, Singh 1978).

Caste identity of majority waste picker women serves as an indicator of economic inequality due to unequal social capital. 'Caste values act to reserve these occupations for certain categories of persons in India. A similar "reservation" has been noted in several other societies.' (Cointreau 1982)

Based on studies of waste pickers conducted in Bangalore, Manohar, and New Delhi, India, 38% of women pickers have lost one child and 10% have lost 3 or more. According to these women, the main causes of their infant deaths were diarrhea, tetanus, smallpox, bronchitis and virus infections. A study conducted by KKPKP in Pune shows that in reference to Reproductive tract or RTI -related symptoms 12 to 15% women waste pickers had one symptom related to the reproductive tract. Also, overall one third of the respondents had at least one complaint related to menstruation. It was found that when the karyakartas asking the questions were female, the Reproductive tract or RTI-related symptoms were reported more.

A paper by Ujwala Samarth gives an overview of the occupational hazards faced by the waste pickers and initiatives taken by KKPKP and SWACH. It starts off with an outline of the occupation of waste picking itself. 'Work in this sector is usually insecure, low earning and carried out under conditions that pose risks to both mind and body. Within the informal sector, waste picking has always been at the bottom of the heap – in terms of social status, stigma and stability of earnings.'

The risks faced by workers in the waste sector go beyond the expected risks of infection and communicable diseases. Cuts and wounds, animal

bites, chemical burns and inhalation of toxic gases, falls and traffic accidents, musculo-skeletal problems, sexual violence and mental trauma are all part of their daily burden. It is the conditions in which they have to search for recyclables or sort waste that has a direct impact on the health of both waste pickers and waste collectors. Larissa Lomnitz has dramatically called the marginal people of Latin America "the hunters and gatherers of the urban jungle" (Lomnitz 1977)

In India even today the regulations and norms and for waste disposal are not strictly enforced. Thus, the waste picker doesn't know what kind of material they are handling. When repeated on a regular basis, the exposure to small amounts even of toxic materials, combined with poor general health, can have disastrous cumulative results. It was found that members were susceptible to different types of injury and stress at different points of the waste collection process. For example, members also often have to climb on top of tractors. While their partners lift the load from below, they have to catch the bucket and empty its contents on top of the truck, while standing on the heap of garbage already loaded onto the tractor. This load sometimes contains sharp objects which injure members, and is slippery and unstable.

Most women we questioned (45.2%) lie in the age group of 30-40 years. 58.1% of these women are uneducated and about 29% have studies till high school. Low educational level is quite common among waste picker women. Only 32% of the respondents are from Pune. Rests of them have migrated to Pune from different parts of the state.

The most striking feature is their caste identity. All waste picker women come from scheduled castes, notably Mang, Matang and Mahar. These castes are the lowest in the caste hierarchy. Scavenging was their traditional occupation in caste system. These castes are forced to continue this tradition due to systemic exploitation.

Through these in-depth qualitative interviews, the narrative of a life of a waste picker woman comes forth. It was indeed a privilege to interview these women as they were forthcoming, welcoming and willing to share their world with us. As the respondents discussed their perspectives on several aspects of their own lives, we received valuable data, as well as a deeper understanding of their strengths

and vulnerabilities. With help of KKPKP, waste picker women in Pune have established their identity as 'health keepers' of the city. Most of the respondents are happy about their social status and their work participation, which enables them to be breadwinners of their family. Many of them have been a part of major campaigns of KKPKP and SWACH. This experience has helped them realize the potential of their collective strength. In this section, we are attempting to address these women as people with agency and not merely subjects of a study. We visited the respondent women either at their homes or at their workplace. Our respondents live in slum dwellings in different parts of Pune city. Each place was unique and had its special characteristics. We found houses of women from same caste such as Mang or Mahar, clustered together. These slum areas were unstructured, crowded and noisy. Quite a few of these dwellings in legal parlance are 'unauthorized slums' i. e. informal settlements. Most of the homes we visited were small, dark and without any ventilation. Although women living in these houses cleaned the whole city, especially the upper middle class and middle-class housing colonies as well as the posh market places and office spaces, ironically, these slums were not clean at all. We could see garbage piling on the side of the road, children playing near it. Many women we met were the sole earners in the family. Their husbands were either unemployed or alcoholics. We could not speak to one of our respondents in Sanjay Park slum, because her husband had come home drunk and she had to take care of the situation. In Minatai Thakare Vasahat slum, one of the respondents had very prominent scar on her forehead. When asked about it, she confessed that her husband had beaten her the day before. They face domestic abuse, social stigma and chronic poverty all at the same time. For such women collective identity of waste pickers in organizations like KKPKP is extremely important for their economic and social survival. The situation has improved a lot in past ten years, due to the efforts of KKPKP organization. KKPKP has fought for the rights of the waste picker women for many years. They were able to get a contract of waste collection in several wards of Pune city from Pune Municipal Corporation for the women of KKPKP organization. This ensured that the women would get a right to the

waste they collected. One of the major achievements of KKPKP and SWACH together with many other organizations in India and abroad is the successful claim and advocacy around the demand of 'Right to Waste'. In fact, Right to Waste is a crucial phenomenon in the waste pickers' collective fight for survival. The nature of daily work of these women is something like this – they are usually paired in groups of two or three. Each group is allotted a particular area like a street or a housing colony. These women go door to door to collect waste in the morning. They segregate the waste they collect, and salvage recyclable items. The wet waste is either used for decomposing in a biogas plant or given to the government's garbage collection truck along with the remaining dry waste. On weekends or once a fortnight, they go out to sell the valuable items collected from the waste. They are able to earn extra money through this sale. The information obtained through qualitative interviews is divided into four parts. First part is about the relationship of respondents to their work, which includes points like how long have they been involved in waste picking, how were they introduced to it, what were the major problems they have faced in this line of work etc. The second section is specifically about their day to day activities. This would include not only their working hours but also their housework, free time, weekends etc. The third section talks about health of these women and specific health issues they face. The fourth and last section is about their experience in working with an organization, which in this case is KKPKP. This section will also have the experiences of waste picking women at the site of their job like housing colonies or offices. Though these four sections, we are hoping to cover the physical and mental stress the women waste pickers are subjected to through their work and their way of life.

## II. OVERALL NATURE OF THE WORK

Many women we spoke to have been working as waste pickers all their lives. Waste picking has been their survival strategy since they were very young. Some were born and brought up in Pune, while a few migrated to Pune from villages in Maharashtra because of unemployment and drought. Parents or family members who were working as waste pickers

would take them on the field since they were 5 or 10 years old. Several women were working as waste pickers even before they were introduced to organizations like KKPKP or SWACH. These women narrate their experiences from the days of working as an independent waste picker. They had to face hardships in form of unreliable and insufficient income, harassment from police and security guards. These women are grateful for the contribution of organizations like KKPKP and SWACH. They feel secure due to the regular pay and no longer have to face harassment by authorities like they used to. Vimal Mohan Misale from Sanjay Park tells us, 'I used to work in Bhangar (scrap collection) with my mother before joining KKPKP. People used to say we are thieves and steal their things. But organization (KKPKP) fought for us. That is why we started working with them. Now we have their protection. They do not let anyone accuse us of criminal activity.' Some of the respondents used to work as domestic help or housekeeping before joining KKPKP. They left their previous jobs due to issues like insufficient pay and time-consuming nature of the job. Some women do not like working as waste pickers but have to, due to financial problems at home. Few of the respondents do other jobs for supplementary income apart from waste picking, such as housekeeping, domestic help, farming or working in a hotel etc. Some of women interviewed work with partners, while some work alone. Those who work alone complained about missing work and pay due to health problems or emergencies in the family or social duties, as there was no one to replace them working alone can be very stressful, they stated We asked our respondents, what could be termed as 'major' problems they had to face most common problem that came forth was heavy rain and monsoon. Waste pickers have to work constantly, even during heavy rains. They have to carry the waste, which gets wet due to rainwater separation of dry and wet waste becomes extremely difficult. Also, most of these women walk from their homes to their place of work. This journey becomes difficult during heavy rains another issue was that some neighborhoods still do not separate dry and wet waste; thus, the women working there have to do extra work and sort through enormous pile of wet waste which can be harmful to their health. Some women complained about their

employers in housing societies being rude and unreasonable. This statement should not be generalized as many respondents also reported their employers being polite and helpful to them another major problem of the respondents was the handling of used sanitary napkins and diapers. This is highly unhygienic, and causes tensions between the employers and waste picker women. The SWACH organization is running a 'Red Dot' campaign to tackle this issue. Many women spoke enthusiastically about this campaign. Another point of complaint was the quality of hand gloves provided by PMC, through SWACH organization. According to the women we spoke to they do Receive these gloves regularly but they tear or break in a short period of time and they have to handle the waste with their bare hands during this period with a few exceptions, most of these women said they were satisfied working as waste pickers with KKPKP organization. They felt safe and secure at this organization. They were able to draw strength through the technique of collective bargaining.

### III. DAY TO DAY WORK ROUTINE

Waste picking as a job requires to be done in the morning. Some women leave their house as early as 6 am in the morning. Older women who have daughters or daughter-in-laws do not have to do house work before leaving. But many have to finish household chores like cooking and cleaning before leaving for work. Several women do not eat (rather cannot) a proper breakfast. They leave house on mere tea and biscuit. All women do not get a chance to eat on work a typical worksite for most of waste picker women is a housing society, where they go door to door collecting waste. They, then sort through this waste and give the unusable waste to government's garbage collection truck. They sell the salvageable material they find on weekends or once a fortnight. Some women have to cover streets. In these cases, they collect waste from slums, shops, restaurants etc. women admitted that working on the street is more difficult as they have to walk longer without sufficient shelter. The work sites may be close or far from their place of living. The work is done during morning hours the respondents have their lunch at 1 or 2 in the afternoon, after they come

home when asked why they do not eat at their workplace they replied by saying that, there is no place to sit and eat. These women generally work 5 to 6 hours a day in housing colonies or slums. They have to wait extra time if the government's garbage collection truck doesn't come on time. Most women walk from their home to their workplace even if the workplace is not in the vicinity, as they cannot afford a travel cost walking, and doing physical work on an almost empty stomach can lead to serious health issues which we will discuss in the next section. Some respondents work two or more jobs. Daily routine of these women is more hectic. They work more jobs for more pay. The second job starts in the afternoon After they have finished waste picking. R1 from Talajai slum tells us, *'I work as housekeeping staff at the same housing society where I go to collect waste. My brother also works the same two jobs with me. Between the two of us we get Rs. 10,000 a month. This housing society has over hundred houses. Housekeeping jobs involve cleaning the stairs and corridors of the building and maintaining the premises apart from going house to house to collect waste and giving it to the waste collection truck, these women also have to sort the dry waste to find valuable items this also takes considerable time and effort. Many waste pickers do the sorting immediately after the job or in the spare time. Whatever valuable items they find in this waste they sell to small shopkeepers or Bhangarwalas. These items then become a part of recycling economy. The money they earn by selling items like paper or metal is very important for their survival. Many times in the quest of finding these valuable pieces they are exposed to toxic fumes. Their health is at risk in more than one ways in this job. This point will be elaborated in the next section.*

### IV. HEALTH AND WASTE PICKING

#### Nutrition and Health issues

Health of these waste pickers is the exclusive focus of this study. We found that overall health of our respondents is alarmingly poor. Most of them looked starved As mentioned in the previous section, these women do not eat before leaving for work. When we pressed the issue of food, they admitted that they cannot have lunch at their workplace or even immediately after coming back from work because of

the foul smell of garbage is nauseating. Due to this, many of them skip a meal or eat at improper timings. This severely affects their health. For example, almost all women we spoke to complained of having frequent fever or cold as well as severe body ache. Problems like back pain, swollen legs are also quite common. Many women do not see a doctor for these conditions as they are not considered 'serious enough'. Those who do see a doctor for these conditions confessed that the medicines were only a temporary measure. They would feel better for couple of weeks after taking the prescribed medication; after the medicine was over the body ache or weakness would return. This goes to show that having relative access to medical facilities is not enough. One needs to make sure that these women are getting enough nutrition through their daily diet apart from fever and body ache, the women also suffered from illnesses such as low blood pressure and eye infection. Hypertension was another prominent illness in our respondents.

#### V. WORKPLACE ACCIDENTS

Apart from diseases and illnesses, women waste pickers also have to face accidents at workplace. As they are already weak and undernourished, these accidents can leave lifelong scars. Vimal Mohan Misale from Sanjay Park tells us, she had a piece of glass stuck in her eye for days. 'I don't know how exactly that piece of glass got into my eye. For fifteen days my eye was itching. Maybe when I was throwing the waste something must have broken due to which the piece of glass got in my eye when the pain became unbearable I went to see an eye doctor. She removed that piece of glass. She said I was lucky to have my eye back, because that glass was on my iris.' Such accidents can prove to be life threatening as these women do not have the means to get immediate medical help. The cost of medical help which they themselves have to bear, with the help of financial aid from KKPKP or government, can prove to be too expensive. Insurance Waste picker women get medical help from KKPKP as well as the government to some extent. Some women did possess a 'Janarogya Yojana' card, through which they get discounts on costs of medical services. All slums have a doctor's clinic in the vicinity and many women go to one doctor that is close to their house.

Several women make use of government hospitals or health clinics. But as you have to invest considerable time government hospitals or clinics, many women choose to go to a private doctor; they go to a government hospital or clinics for severe illnesses only. The help provided by KKPKP or the government is at times not enough. Because of these dynamics, we also noticed a very common tendency of self-medication. Many women simply choose to buy pain killers from the chemist shop for illnesses like fever or body ache and ingest them when needed. When asked the reason for this practice, we were told that going to a doctor can waste both time and money. These women have several health issues. They need more medical attention than others. But going to a doctor for every illness turns out to be too expensive. Hence, the proliferations of practices like self-medication. This practice is very common and can prove to be dangerous in long run.

#### VI. WORK ENVIRONMENT

Most of these women do not get a holiday on Sunday. They work continuously for 7 days a week. Waste pickers on an average work 36.67 hours per week. But variance value of 128.5 and range of value 41 suggest greater dispersion. Thus we find that about 26% of women work more than 45 hours a week. This work includes waste collection, waste segregation and selling of segregated materials. More than 60% women (61.3%) work in groups, while 38.7% women work alone. When asked about problems experienced during work, responses were as following:

As we can see in the table, the most prominent problem faced by the waste pickers in Extreme weather. 71% women admitted to have faced problems in their work due to severe weather conditions like heavy rains, extreme heat etc. Almost 60% women suffer from cuts and needle pricks during waste segregation. This value is quite high considering the fact that 74.2% women receive gloves from the KKPKP organization. Some women complained about the quality of the gloves provided. 32.3% women complained of animal or insect bites. Here, animals like stray dogs, mosquitoes and other insects are included.

## VII. CONCLUSION

From the data we can see that are the major health conditions faced by waste picker women. In addition to this these women suffer from frequent fever, weakness, body ache and pain in joints. This goes to show that majority of women have poor health in general. Reasons for this can be lack of nutritional food, continuous hard work and insufficient access to health services. Those who did see a doctor for conditions like fever or body ache confessed that the medicines were only a temporary measure. They would feel better for couple of weeks after taking the prescribed medication and then the body ache or weakness would return. This goes to show that having relative access to medical facilities is not enough. We need to make sure that these women are getting enough nutrition through their daily diet. They require a high protein diet since their work involves physical labor.

Over 97% of the respondents are from scheduled castes and over 58% of them are uneducated. Low socio-economic status stemming from their caste identity and illiteracy seem to be the major factors preventing growth of these women. Most of them insisted on their children getting formal education. They don't want their children to be in this occupation. These women recognized the significance of formal education. Majority of these women fell under the age group of 30 to 40 years. Some were in their late twenties. These women should have an option of starting or returning to schools and getting formal education themselves. Even those under 30 years of age spoke only about their children's schooling when asked about education. Possibility of them themselves receiving education and changing their lives was non-existent to them. These women are relatively young. They should be sensitized about their growth as individuals and not only as mothers or wives.

Only 32% of the respondents are from Pune. Rest of them have migrated to Pune from different parts of the state in search for employment. Urban areas are portrayed as a source of employment and development but nature of employment and ill effects of development are rarely highlighted. Some of the respondents moved to Pune after spending few years in their native place. But most of them moved to Pune with their parents when they were very young.

They admit that few years back the working and financial conditions were far worse. They would not be allowed to segregate the waste in open public space. They did not have any right over the waste they collected; they were treated as thieves. Waste pickers were not entitled to public spaces even though their activity reduced burden of the government and helped environment. They were seen as an eyesore.

Lives of waste pickers have significantly improved due to collective work done by government and NGOs like KKPKP organization. They are treated well, cases of harassment by the authorities have reduced and there is some amount of dignity in their work. This goes to show the significance of collective action.

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