

**Working Condition of Contract Labour: A
Sociological Study of Two Selected Hospitals at
Dehradun**

Abstract

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Abstract

Working Condition of Contract Labour: A Sociological Study of Two Selected Hospitals at Dehradun

The present study is focused on the working conditions of contract labour with reference to two selected hospitals located at Dehradun in the state of Uttarakhand. It comprises seven chapters. Chapter 1 is entitled 'Introduction' which gives an introduction of the topic under study. It briefly discusses the definition and meaning of contract labour and their working conditions. It provides a brief review of literature related to contract labour in India and some other countries. The review of literature is interdisciplinary in nature. Further, it provides the details of statement of the problem, objectives and hypotheses of the study. Moreover, it includes the conceptual framework and methodology used in the study. Fieldwork experiences and limitations of the study are also included in this chapter. Chapter 2, 'Growth of Contract Labour', briefly discusses the historical background of contract labour. Then, it examines the trend of contract labour in the Indian context under the pre-colonial, post-colonial and post-globalisation period. It also deliberates on the factors which lead to adoption of contract labour and legislative framework for contract labour. Chapter 3 is entitled 'Socio-economic Background of Contract Labour'. It presents an analysis of socio-economic background of the respondents of the study, i.e., the contractual workers of the two selected hospitals in Dehradun city (Uttarakhand). It covers the details of their age, region, gender, caste, educational qualification, family occupation, family income, assets, etc. Chapter 4 of the study is 'Nature of Employment of Contract Labour'. It tries to understand the nature of employment of contract labour deployed in the two selected hospitals at Dehradun (Uttarakhand). It presents an analysis of posts on which they are employed, their source of information for getting the job, category of job, appointment letter, terms of employment, hours of work, issue of promotion, termination, and periodicity of salary payment. Chapter 5 is 'Working Conditions of Employment of Contract Labour'. It presents an analysis of working conditions of employment of contract labour in the two selected hospitals located at Dehradun (Uttarakhand) in terms of regularity of their salary, mode of payment, deduction of EPF, actual working hours, grant of leave and holidays, security of job, provision of facilities like canteen, rest room, medical benefits, and enforcement of labour laws in their case. Chapter 6 titled 'Problems of Contract

Labour & Suggestions' focuses on an analysis of the problems of contract labour deployed in the two selected hospitals located at Dehradun (Uttarakhand) and their suggestions regarding improvement in the working conditions of contract labour. Chapter 7 is 'Summary & Conclusion' which provides a brief summary of main findings and draws conclusion on that basis.

To begin, it needs to be noted that the concept of contract labour is complex, and there is no unanimously accepted definition. Contract labour is a form of indirect employment. The term 'contract labour' denotes different kinds of employment relationships. It is other than regular employment based on a direct, definite and identifiable employer-employee relationship. Contractual workers are described using multiple terminologies, such as agency workers, indirect workers, outsourced workers, precarious workers and contingent workers. Contract labour system is a co-employment system that includes temporary workers assigned to work through an agency on a short-term contract or hired workers assigned to work on a long-term contract. Therefore, the contract labour system refers to a tripartite relationship between the principal employer, the contractor and the workers. Basically, contract labour system exploitative in its nature. Several studies find working condition of contract labour far away from the concepts of decent work. Contract workers are in a weaker position to negotiate terms and conditions with employers. Therefore, broadly speaking, the contract labour form of precarious work is the result of flexibilisation and casualisation of the labour market. Contract labourers generally have low wages, few or no welfare benefits, limited or no collective representation, and little job security. Precarious work is changing not just the way people work but also the way they live. After liberalisation, privatisation and globalisation, there is an increasing trend of contract labour to gain market flexibility by public and private organisations. Contract labour has become a prominent form of employment.

Statement of the Problem

There are several studies on contract labour mostly from an economic perspective. Many scholars consider the contract labour system as a problematic phenomenon because of its complexity and non-uniformity. However, the ratio of contract labour is found to be increasing in both public and private sectors all over India. Studies find that contract labour hugely suffers from exploitation, discrimination, miserable

working conditions and many other problems. With liberalisation, privatisation and globalisation of the Indian economy, the contract labour system has expanded rapidly. The government policies are geared particularly toward promoting economic growth. The issue of the welfare of labour has been marginalised. Contract labour is the worst sufferer in the process. The Contract Labour Act is not followed much, and large numbers of cases related to contract labour victimisation are pending before the judiciary.

Sharit K. Bhowmik (2002) has examined the development of the sociology of work in India. He argues that there are areas that have not been researched adequately. Two major areas are work and technology, and work in the service sector. In particular, work in the service sector is an extremely relevant area in the present situation of economic liberalisation and structural adjustment. The system of outsourcing has been significantly adopted in service work. The majority of workers are outsourced by service provider agencies into service work organisations. The problems of this sector have not been adequately studied by sociologists. In this context, the contract labour issues need be studied systematically and critically, particularly from a sociological perspective. It would be pertinent to know the status of contract labour with respect to their socio-economic background. The government is considered a model employer. So, it would be worthwhile examining whether the contract labour deployed in the government/public sector is better placed than those in the private sector. It would also be relevant to know what legal, and other policy measures are needed to promote the welfare of contract labour in India today.

In fact, few studies have been conducted on nature and working conditions of contract labour in service sector, especially on those who belong to the healthcare sector. Contract labour, a type of nonstandard form of employment, has expanded from informal to formal sector industries. In order to understand the working condition of contract labour from a sociological perspective, the present study focuses on contractual employees of two selected hospitals at Dehradun in Uttarakhand. For comparative analysis, the two selected hospital include one government and one private hospital. Such a study would be relevant from both academic and policy angles.

Keeping this in view, the specific objectives of the study are as follows:

- i) To find out the extent of employment of contract labour;
- ii) To know the socio-economic background of contract labour;

- iii) To know the nature of employment of contract labour;
- iv) To examine the working condition of employment of contract labour; and
- v) To provide suggestions for improving the condition of contract labour.

Hypotheses that commensurate with the objectives of the study are:

- i) The extent of contract labour is increasing over the years;
- ii) Contract labour is largely drawn from the lower sections of society;
- iii) The nature of employment of contract labour is unfavourable to them;
- iv) Working condition of employment of contract labour is poor;
- v) There is a need to further strengthen the contract labour laws and their enforcement to improve the condition of contract labour.

Methodology of the study

Research design of the study: The study adopts descriptive research design. It describes the nature of employment and current working condition of contract labour in the organisational service sector (hospital). It is a comparative cross-sectional study of contractual workers in a government and a private hospital located at Dehradun in the state of Uttarakhand.

Strategy of research: The research strategy adopted in this study is mixed methods i.e. both quantitative and qualitative methods have been used in the study. In the analysis and interpretation of data, we have tried to explain and complement the findings emerging from one data set to another. We collected quantitative and qualitative data through multiple research techniques. A concurrent embedded approach was employed here, which includes simultaneous use of different methods to collect data from different groups. Quantitative data was collected from the contractual workers. Hospital officials, union leaders, labour department officials and contractors were interviewed for collecting qualitative information from them.

Universe of the study: Given the topic of research, the contract labour employed in two hospitals located at Dehradun city constitute the universe of the present study. This city is the capital of the state of Uttarakhand. There are many hospitals in the city but few medical college hospitals. As per the topic, only two hospitals were purposively selected for the study. One is a government medical college hospital and the other is a private medical college hospital. This is done for the purpose of making a comparison between the condition of contractual workers in the two selected

hospitals which are under different types of management i.e., government and private management. The names of the two selected medical college hospitals are not disclosed here to maintain their confidentiality and to protect the interest of contractual workers employed there because of the largely insecure nature of their job. The government hospital has many contractual employees. It was set up in the pre-independence era in 1935 and later also became a medical college. This hospital outsources contractual workers in all skill categories, except high skill category. The private hospital was established in 2002 and approved as a medical college in 2006. It also has a significant number of contractual workers outsourced through contractual agencies and individual contractors. Both hospitals are situated in the central part of Dehradun city.

Sample of the study: Purposive approach was used to select two hospitals for the present study. The total sample size of the present study is 200 contractual workers from the two selected hospitals. It includes a variety of contractual workers, viz., nursing officers, pharmacists, clerks, security guards, drivers, sanitation workers, etc. Of the total 200 workers, 119 are from the government hospital and 81 are from the private hospital, constituting 59.5% and 40.5% respectively. It was initially decided that around 100 contractual workers would be selected from each hospital. However, we could get only 81 contractual workers from the private hospital. There, the nursing staff is directly employed through hospital authority as permanent employees. That is why nurses were excluded from the sample in case of the private hospital. Also, some contractual workers of the private hospital were unwilling to respond to the questionnaire. Hence, only 81 contract workers from the private hospital could be include for the purpose of data collection despite making sincere efforts. There was no difficulty in case of the government hospital and hence, we could get information from 119 contractual workers from there.

Tools used for data collection: We used different sets of tools for data collection. We used a largely structured questionnaire for collecting data from the contractual workers who were literate. The questionnaire was constructed according to the objectives of the study. Moreover, a few interview guides were constructed to gather qualitative data from leader of the contractual workers' union, individual contractors, contractual agencies, hospital officials, and labour department officials. Focus group discussions (FGDs) were conducted with some categories of contractual workers. Informal interactions with contractual workers also accounts for enriching the

understanding of the researcher. Both primary and secondary sources of data have been used in the study.

Analysis and interpretation of data: We have used the SPSS (Statistical Package for Social Sciences) software to analyse quantitative data. The findings from both the methods (i.e., quantitative and qualitative) were integrated and then used for description and explanation in the chapters. Both types of data complement and supplement each other wherever required.

Main findings and conclusion

The main findings of the study are discussed hypothesis-wise and conclusions drawn as given below.

Increase in Contract Labour

The first hypothesis of the present study was that the extent of contract labour has been increasing over the years. In fact, there is a limited statistical database concerning the extent of contract labour in India. However, most studies indicate that contract labour or indirect work relations have emerged as the major form of employment in India since economic liberalisation. The increasing use of contract workers in India's organised sector has drawn a good deal of attention. This is covered by a number of studies such as Dutt (2003), Bhandari and Heshmati (2006), Pradhan (2006), Sharma (2006), Guha (2009), Sen and Das Gupta (2009), Shyam Sundar (2011, 2012), Sood et al. (2014), Sapkal (2015), Srivastava (2016), Singh et al. (2017), Kapoor and Krishnapriya (2019), etc. Srivastava found that directly engaged workforce declined by 3.2% a year between 1995-96 and 2003-04, but contract workers grew by 7.1% a year in same period of time. However, between period 2003-04 and 2010-2011, total employment grew by 7% a year, and the directly employed worker grew at the rate of 7% a year, while contract workers grew by 11.7% of rate per year. Hence, it shows that temporary contractual workers grew with faster rate in the organised manufacturing sector. Sapkal analysed the ASI data, and found that the share of contractual workers in the workforce has increased from 10% to 27% and the share of regular workers has decreased from 68% to 54% during the period of 1995-2010. In the health-social work sector, formal employment has decreased from 37.62% to 32.78%, and informal employment has increased from 62.38% to 67.22% between 2004-05 and 2017-18. Thus, several studies have found

that the consequences of globalisation in India and elsewhere in the world is the growth of precarious form of work or flexi-form of work (contract labour). The liberalisation has increased fast the service sector, which includes the health sector (hospitals), and contract labour has increased very fast in this sector. Contractual workers have become informal workers in the erstwhile formal sector. There is no denying the fact that contract labour or indirect employment has emerged as a major form of employment in India since liberalisation. Hence, the first hypothesis of the study is found to be valid.

Socio-economic background of Contractual Workers

The second hypothesis of the study was that contract labour is largely drawn from the lower sections of society. This hypothesis is analysed here with respect to the socio-economic background of contractual workers deployed at the two selected hospitals at Dehradun. The data collected from these hospitals show that the ratio of workers in the sample living in pakka house is the highest (63.5%), followed by workers who live in mixed structure house (26%) and kachcha house (10.5%). The distribution of the family's main occupational source of income of the total workers is service for 59.5%, labour – 20%, agriculture – 11.5%, and business or trade – 9%. Among the two hospitals, service as the main family occupation is found more in the government hospital (62.2%) than in the private hospital (55.6%). The ratio of labour as the main family occupation is higher among workers in the private hospital (25.9%) than in the government hospital (16%). Further, as regards the size of landholdings owned by contractual workers' families, it is found that slightly more than one-third (36.5%) of the total workers have no agricultural land. The workers' families with marginal and small landholdings are 41% and 10% respectively. Only 4.5% and 2% of workers' families own medium and semi-medium landholdings. The sample contains no large landholdings with the families of contractual workers. In terms of possession of household items in the contractual workers' family, television is owned by the large majority (88.5%) of the total workers. This is followed by refrigerator, furniture, washing machine, and cooler (76.5%, 49%, 48%, and 37.5%, respectively). AC is possessed by only 2% of workers families. 7.5% of workers are those who do not have any household items. The ratio of contractual workers' families owning all these items is higher in the government hospital than those in the private hospital. Further,

the possession of two-wheelers (e.g., scooters, motorcycles, etc.) as the main mode of transportation (73%) is highest in the total sample of contractual workers. The ratio of workers who own two-wheelers is about 10% higher in the government hospital than in the private hospital. 14% of workers use bicycles as a mode of transportation. It is roughly the same in both hospitals. Four-wheelers (cars/jeeps) are possessed by 12.5% of the total workers. The percentage of workers who own a four-wheeler is higher (14.3%) in case of the government hospital than in the private hospital (9.9%). A significant percentage (18.5%) of workers do not have any mode of transportation. The private hospital has 6% more workers who do not possess any mode of transportation than the government hospital. The overwhelming majority (93%) of total workers' families do not have any agricultural machinery. The possession of tractor (2.5%), diesel pump (1%) and tulu pump (1%) is only by the families of government hospital's contract workers. Only 3% of workers families possess electric motors, while hospital-wise they are 3.4% from the government hospital and 2.5% from the private hospital. So, only 7% of the families of total contractual workers have agriculture machinery. Regarding individual monthly income, the highest (50%) ratio of monthly income of the contractual workers is between Rs. 5,000 to Rs. 10,000. Little less than half (45%) of them have monthly income ranging between Rs. 10,000 to Rs. 15,000; and 5% of contractual workers come under the range between Rs. 15,000 to Rs. 20,000. Only 1% of workers have monthly income above Rs. 20,000. Further, in case of monthly family income from all sources, we found the highest ratio (44.5%) of total workers' monthly family income ranges between Rs. 10,000 to Rs. 20,000. The ratio of family income of those ranging between Rs. 20,000 to Rs. 30,000 is 17%. Thus, these findings indicate that the majority of contractual workers are in low economic position: marginal land holdings or no land holdings, low monthly income, fewer household assets, etc. But socially, contractual workers reflect heterogeneity in terms of their caste composition in both the hospitals. On comparison, it can be said that broadly contractual workers in the private hospital have weaker socio-economic background than in those in the private hospital. So, the second hypotheses of the study is only partially valid.

Nature of Employment of Contract Labour

The third hypothesis of the study was that the nature of employment for contract labour is unfavourable to them. Here, the nature of employment of contract labour in deployed in the two selected hospitals at Dehradun was analysed regarding posts on which they are employed, their source of information for getting the job, category of job, issuing of appointment letter, terms of employment, hours of work, issue of promotion, termination and periodicity of salary payment. The contract workers were divided in the study into three skill categories, viz. skilled, semi-skilled and unskilled. It is clear from the analysis that the large majority (88.5%) of contractual workers in the two hospitals are either unskilled or skilled. But the ratio of unskilled workers (i.e., 46.5%) is higher than skilled workers (42%) in the total sample of contractual workers. The ratio of unskilled male worker is higher among all three skill categories in both hospitals. General category workers mostly do skilled work in both hospitals. SC category workers' large majority are doing unskilled workers in both hospitals. Overall, the most important source of job information for them was advertisement in newspaper/website (28.5%), followed by through friends and family/relatives (26.5% and 25.5% respectively). It is observed that mostly skilled and semi-skilled workers knew about job through newspaper advertisement/website in the government hospital, while in case of the private hospital skilled workers largely got information about job through friends. Some semi-skilled and unskilled workers in the government hospital, and unskilled workers were directly informed about job by contractors. It was found that social networks are the primary source of job information for most contract workers. In case of the government hospital, most contractual workers (93.2%) were hired from the government outsourcing agency and departments and only around 7% from individual contractors, whereas all contractual workers are hired in the private hospital from private agency and individual contractors. The private hospital hired all skilled contractual workers primarily from contractual agencies. But unskilled category workers are only deployed through individual contractors.

Regarding method of recruitment of contractual workers in the hospitals, it is clear that the majority (67.5%) of workers are recruited for contractual jobs on the basis of an interview or educational qualification where both hospitals have slightly the same ratio of workers (39%) who get jobs through interview. Workers hired only on the

basis of educational qualification higher ratio in the government hospital (72.3%) than in the private hospital (60.5%). The number of contract workers hired only based on identity proof by the private hospital (19.8%) is higher than the number of workers hired by the government hospital (2.5%). Hence, most skilled workers in both hospitals got job on the basis of interview. The unskilled workers were mostly recruited on the basis of only educational qualification in the government hospital. And In the private hospital, most unskilled workers were recruited on the basis of only identity proof and educational qualification.

On analysing the issue of joining letter provided to contractual worker by the contractor/outsourcing agency, it was found that the large majority (73.5%) of workers were provided a joining letter by their contract agency. But over one-fourth (25.5%) of workers replied that they did not get a joining letter from contract agencies or employers. On comparison, the ratio of workers who received joining letter is 10% higher in the government hospital than in the private hospital. The ratio of workers who did get a joining letter is lower in the private hospital (67.9%) than in the government hospital (77.3%). Further, in case of unskilled category workers in the government hospital, the majority have got joining letter which is higher ratio than the unskilled workers who received joining letter in the private hospital. Contractual workers who have not received joining letters are recruited through individual contractors. These workers are associated with unskilled work in the private hospital. Their records are kept only in the register kept by contractors. Further, it was evident from the data that almost half (49.5%) of the total sample of workers have received joining letters specifying terms and conditions. A little more than one-fifth (27%) of workers responded that there were no terms and conditions included in their joining letter.

Regarding the periodicity of contractual workers in the hospitals, out of the total sample of 200 contractual workers, little less than one-fourth (24%) have been working between 1 to 2 years.. Workers who have completed less than 1 year constitute 21.5% of the sample. However, 17.5% have worked for more than 8 years.17.5% of workers' working duration was between 4 to 8 years. Lastly, and 14.5% of workers have worked for more than 8 years. On comparison, in case of the government hospital, around 40% of workers have been working for more than 4 years, which is double than those in the private hospital (20%). Unskilled category has 29.4% workers who are working in the hospital below 1 year, followed by 25.5%

of them who have been working for 4 to 8 years. Moreover, 17.6% of them have completed more than 8 years in the hospital. In case of the private hospital only some of unskilled category workers are working more than 8 years. About one-fourth of SC workers are working for more than 8 years in both the hospitals.

On analysing promotion issue it was found that only 2% of total sample of contractual workers have been promoted once during their job period. Workers from the government hospital who got a promotion are 2.5%. Only one worker (1.2%) from the private hospital is promoted in his job. Hence, a negligible number of contractual workers are promoted in their jobs. Worker who got promotion from skill category of workers in both the hospitals. Further, the overwhelming majority (96.5%) of total 200 workers never got a break during their job tenure. Only 5.9% of workers in the government hospital got a break during the period of their current job. In case of the private hospital, no contractual worker has suspension/break in his/her service. They are largely of unskilled workers. Thus, the analysis shows that the third hypothesis is valid.

Working Condition

The fourth hypothesis of the study was that the working condition of contract labour is poor. On analysing data from both the hospitals relating to monthly salary, it was clear that the overwhelming majority of the total sample of workers (90.5%) have actual monthly salary under Rs.15000. Of total contractual workers, half (55%) of total workers' wages are between Rs. 7,000 to Rs.11,000, followed by 35.5% of contractual workers whose salaries are between Rs. 11,000 to Rs. 15,000. Only 1.5% of workers salary is Rs.15000 to Rs. 17000 and Rs. 17000 to Rs. 20,000 (each). Further, it can be said that most of the General and OBC category workers get the salary of Rs. 11,000- Rs. 15,000 in the government hospital while their majority in the private hospital get the salary between Rs 7,000 to Rs. 11,000 only. The SC workers in the majority in the government hospital and all in the private hospital earn salary between Rs 7,000 to Rs. 11,000. However, workers who get more than Rs. 15,000, all are General category workers in the government hospital while in the private hospital no contract worker gets salary of more than Rs. 15,000. Thus, it is clear that skilled category workers get higher salary than the semi-skilled and unskilled workers in both

the hospitals. Unskilled workers' actual monthly salary is below Rs. 11000 in case of the private hospital. In case of regularity in payment, it was observed that out of total sample of workers, approximately half (47.5%) of them get the payment of salary on time. However, half (49%) of workers stated they do not get payment of wages on time always. The large majority (83.3%) of total semi-skilled workers get payment of salary always regular. Half (50%) of unskilled workers get sometimes regular, sometimes irregular, while 47.6% of them get payment of salary always regularly. Thus, it is clear that majority of workers from all skill category either get payment of salary regular or sometimes regular and sometimes irregular. The contractual workers' salary is paid monthly. But it was discovered during informal interactions with workers that there was problem in regularity in salary payments. The unskilled workers hired through contractors get their salaries mostly irregularly i.e. at the contractor's convenience.

The overwhelming majority of workers who get payments salary in their bank account is almost the same (over 90%) in both hospitals. Individual contractors who hire contractual workers for the hospitals pay their workers in cash. For example, in the government hospital, mess workers and laundry workers are paid in cash. In the private hospital, parking attendants get their payment in cash. It can be said that contractual workers of all skill categories get salary in their bank account in both the hospitals. However, some workers of unskilled category get salary in cash.

On analysing , social security aspects, it was found that the large majority (79%) of total sample of workers get salary with deducted EPF amount. Thus, in the case of the government hospital, most male employees said yes to EPF deduction from their salary, whereas most female workers are unaware of the amount of EPF deduction from their salary. But most male and female employees in private hospitals are paid with deducted EPF, but they have no idea how much it is. Hence, it is clear that in case of the government hospital the majority of all skill category workers receive their salary with the deducted EPF amount. The majority of skilled workers in the private hospital are paid salary with EPF deductions, but they are unaware of the amount of EPF. And, in the government hospitals there are approximately 55% workers whose deduction of EPF is between Rs. 1100 to 1500, while only 20% of workers in private hospitals fall into this range of EPF deduction. In case of private hospital EPF

deduction from salary of the majority of workers is between Rs. 700-1100. Further, little less than half (44.5%) of total workers got information about deduction of EPF. Little more than one-fourth (28.5%) of workers never received any information about the deduction of EPF. In the private hospital, 42.4% of male workers receive information of deduction of EPF and among females 31.8% receive information of EPF deduction.

Further, it was evident from data that around half (49.5%) of the total contractual workers work between 8 to 10 hours in day. This is followed by around one-third (31%) of total workers who work less than 8 hours per day. Around 12% workers work for 10 to 12 hours and about 6% work above 12 hours a day. Moreover, one-fourth (25.9%) of workers in the private hospital work more than 10 hours which is higher than workers in the government hospital (14.4%). Gender-wise, it is clear that mostly male work for 8 to 10 hours and female less than 8 hour in a working day in the government hospital. In case of the private hospital most female and male workers work for 8 to 10 hours in a day. Mostly male work more than 12 hours in the government hospital while few male and female in the government hospital. Thus, it is clear that majority of workers from all skill category either work for 8 to 10 hours a day or below 8 hours in a working day.

Regarding the issue of leave, almost half (49.5%) of the total workers do not get any government/public holidays. Around one-third (31%) of workers responded that they always get government holidays. One-fourth (19.5%) of total workers sometimes get government holidays. On comparison, in case of the private hospital, more workers (37%) responded that they always get government holidays than in case of the government hospital (26.9%). The ratio of those getting government/ public holidays is the same (around 19%) in case of both the hospitals. Majority of unskilled workers (66.7%) never get off on government holidays. Further, the majority (53.5%) of the total contractual workers get paid for holiday leave. On comparison, the ratio of such workers is higher (63%) in the private hospital who get paid for holiday leave than the government hospital where less than half (47.1%) of workers get paid for holiday leave. But around one-half (45.5%) of the total workers do not get paid for holiday leave. The ratio of those who do not get paid for holidays leave is higher (51.3%) in the government hospital than the private hospital (37%).

Regarding workload, the data clearly reflects that for the majority (56.5%) of the total contractual workers their workload in the hospitals is more than the permanent staff there. This is followed by a little less than one-fourth (23%) of workers who stated they don't know whether contract workers or permanent workers have more workload. It is observed that the ratio of male workers is higher who responded that they have more work compared to permanent workers. Female workers are more than male workers who do not have any idea whether they have more work load than the permanent workers in the both hospitals. Further, the data clearly shows that in the opinion of the large majority (73.5%) of the total workers their job is not secure. About one-tenth (11%) of workers think that their job is little secure. Some workers (7.5%) don't know whether their job is secure or not. The overwhelming majority (89%) of contractual workers' attendance records are maintained by the hospitals' contractors or contractual agencies. But 9% of them have no record of their attendance (the ratio being 1.7% only is the government hospital, but 19.8% is the private hospital).

Regarding provisions of welfare, the large majority (77%) of total contractual workers say that there is no canteen facility for them in the hospitals. Only 8% workers stated they have good canteen facility in their hospitals. But 15% workers were not satisfied with the existing canteens arrangements. Further, large majority (72%) of total contractual workers responded that there are no rest-rooms for them in the hospitals. About 15% of them responded that they have a rest-room but not satisfactory. With respect to essential good provided to contractual workers, it was found that around 41.5% of the total contractual workers receive essential items fully to do their jobs in the hospitals. This is followed by the same percentage (41%) of workers who said they are provided essential items partially for doing their job. A little less than one-fifth (17.5%) of them do not get any kind of essential items for doing their work. Among hospitals, 47.9% of workers in the government hospital get all essential items for doing their job, while 48.1% of workers get essential items partially for their work in the private hospital. Hence, of the total contractual workers, around 41% each get essential items fully and partially for doing their works but 17.5% get no essential items for their work. It was found around half (48.5%) of the total contractual workers get medical benefits from hospitals consisting of 25.5% who free and 23% who got it at low charges. One-third (33%) of the total workers do not get any medical benefits from their hospitals.

Thus, it emerges from the above details that the fourth hypothesis of the study stating that the working condition of contract labour is poor is found valid, both in economic and social security terms. Particularly, working conditions of the unskilled workers is the worst. The working conditions of contract labour is only slightly better in the government hospital than that in the private hospital.

Problems and Suggestions

The fifth and last hypothesis of the study says there is a need to further strengthen the contract labour laws and their enforcement to improve the condition of contract labour. In this connection, first, it would be appropriate to mention about the knowledge of contractual labour regarding the provisions of the contract labour Act (CLA) and its enforcement in the selected hospitals. Regarding contract labour law, it was found that the majority (63.5%) of the total workers have no knowledge about contract labour laws. While over one-fourth (28%) of workers know partially about contract labour laws, and only 8% of workers have full knowledge of these laws. It was also noted that half of the total workers (47.5%) can't tell whether the provisions of CLA are being followed by their hospital. About 38% (18+20= 38) believe CLA provisions are partially or fully followed, while 14.5% believe they are not followed. There is a difference in this regard across hospitals. The proportion of workers who do not know about these laws is higher in the private hospital (72.8%) than in the government hospital (57.1%). Hence, majority of the contractual workers (63.5%) from the total sample do not know about laws that cover terms and conditions of their jobs. Further, regarding enforcement of contract labour laws in the hospitals, it was found that workers' ratio (60.5%) in the private hospital is higher who do not have any idea whether the provisions of CLA are followed or not, than the contractual workers (38.7%) in the government hospital. A higher percentage (47.9%) of workers in the government hospital think the provisions of CLA are fully or partially followed in their hospital than the workers in the private hospital (23.4%). Thus, about half of the total workers (47.5%) can't tell whether the provisions of CLA are being followed by their hospital. About 38% (18+20=38) believe CLA provisions are partially or fully followed, while 14.5% believe they are not followed. There is a difference in this regard across hospitals.

Given the lack of awareness about the CLA, it was quite understandable to find that over one-fifth (21.5%) of workers who are completely dissatisfied with the terms and working condition. Over one-third (38%) of the total workers are partially satisfied with the terms and conditions of their job in their respective hospital. This is followed by There is almost the same ratio of workers who are completely satisfied (18%) and partially dissatisfied (16.5%) with the terms and conditions of their jobs. Only 6% of them don't know whether they are satisfied with the terms and conditions. On comparison, 44.4% workers in the private hospital are found partially satisfied with the terms and conditions whereas it is about 37% workers in the government hospital (33.6%). The ratio of completely dissatisfied workers is higher (24.4%) in government hospital than in private hospital (17.3%). Hence, it is clear that the majority of workers (18+38=56%) are only partially satisfied or completely satisfied with the terms and conditions. However, the private hospital has 34.6% workers and the government hospital has 40.4% of workers who are partially dissatisfied or completely dissatisfied with the terms and conditions of their jobs. Furthermore, on level of satisfaction with work environment, more than one-third (37.5%) of workers responded they are partially satisfied. And 6% of them are completely dissatisfied with their work environment. Across hospitals, half (50.4%) of the government hospital workers are 'completely satisfied' with the work environment. But in the private hospital half (49.5%) of contractual workers are only 'partially satisfied'.

Considering the above, we also investigated problems of contractual workers and it was found that the large majority (82.5%) of total workers get low salaries for their work which is the most important problem. More than half (56.5%) of workers feel insecure about their job which is their second important problem. Over one-fifth (21.5%) of them have problem of irregularity in their salary payment. 17.5% of contractual workers have the problem of overwork. Around one-tenth (9%) of the total workers faced unfair treatment by the agency/contractor. Workers' problem with low salary is slightly more in the private hospital (84%) than in the government hospital (81.5% workers). In contrast, irregularities in salary payment, overwork, job insecurity, and unfair treatment are faced by more workers in the government hospital than in the private hospital.

As regards contractual workers' problems with their permanent co-workers, one-fourth of total contractual workers (24.5%) responded that the permanent workers do not come along with them on their problems. 16.5% of them stated that permanent

workers impose their work on contractual workers. Only 5.5% said they get unfair treatment from the permanent workers. Hospital-wise, it is found that the ratio of contractual workers who have these problems with their permanent co-workers is higher in the government hospital than in the private hospital.

Further, the majority of contractual workers (50.4%) of the government hospital said there is no worker's trade union there. About 14% workers of the government hospital don't know about any trade union in their hospital. But over one-third (36.1%) contractual workers said there is a workers' union for contractual workers there. In contrast, in private hospital, trade unions do not exist at all. Over one-third (34.5%) of total contractual workers in the government hospital have membership in a workers' trade union. Nearly half (52.1%) of them in the government hospital said their trade union helps them in solving their problems. One-fifth (20%) of the contractual workers deployed in the government hospital said the union has never helped them solving their problems. The union which active in the government hospital for contractual workers is associated with UPNL contractual employees. Contract workers in the private hospital gave no response in this matter as they do not have any trade union there.

It needs to be mentioned here that the quantitative data given in the study are substantiated by qualitative data to some extent in all the chapters relating to contractual workers at the two selected hospitals at Dehradun.

Lastly, let us take note of some of the important suggestions given by the contractual workers, during interviews and group discussions, for improving their condition. Some of their important suggestions are: Contractual agency/contractor should increase the monthly salary. They should give 'equal pay for equal work' i.e., give monthly salary equal to permanent co-workers. Most workers stated that government should end the contractual system of recruitment. Workers should be directly recruited by the respective department. GST should not be deducted salary of the contractual workers. They should be given leave and paid if they work on holidays. The government hospital workers said that the tenure should be fixed for the contractual workers. Contractual workers should be regularised after certain period of time. Unskilled workers like sanitation workers, guards, etc. said that contract agency should not deduct money from their salary for uniform/dress. It should be provided by the agency. Salary should be paid on time. Also, family members of the contractual workers should be given medical benefits. Most skilled workers said accommodation

should be given by the hospital to contractual workers. They said hospital should hire one agency for all contractual workers. In case of the government hospital the workers want to be associated with UPNL as it tries to resolve their problems. In the government hospital, most workers said if they work overtime, the agency should include overtime in payment of salary or give holiday for the overtime work. Unnecessary deduction should not be done by contract agency. Agency should listen to their problems and resolve through negotiation with the hospital authority.

So, it may be said that there is a need to strengthen the contract labour laws and their enforcement to improve the condition of contract labour. To begin with, the government should implement the provisions under the Contract Labour (R&A) Rules. According to Rule 25(1)(v)(a), equal pay for equal work should be given to them by contractual agencies. Moreover, the contractual workers should have access to health and welfare facilities in the hospitals where they work. Other suggestions made by the contractual workers should be also implemented within a given time frame.