

Negotiating Precarity in a Progressive State: A Dual Lens Analysis of ASHA Workers' Agitation in Kerala

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This paper examines the agitation by Accredited Social Health Activist (ASHA) workers in Kerala in 2025, within the context of the state's unique socio-political and labor relations. Employing a qualitative case study methodology, the research analyzes the agitation using the dual lens of Organizational Behavior and Industrial Relations. The Industrial Relations analysis reveals tensions within Kerala's traditional labor movement and highlights the limitations of conventional unionism and collective bargaining in representing informal, feminized labor. The Organizational Behavior perspective emphasizes psychological contract breaches and organizational justice violations that underpin worker dissatisfaction and collective mobilization. This paper offers valuable insights for leaders in government, unions, and organizations on the evolving nature of work and labor activism in welfare states.

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Introduction

The Accredited Social Health Activist (ASHA) program, established in 2005 under India's National Rural Health Mission (NRHM), was envisioned as a bridge between marginalized communities and the public health system (Babbar et al, 2025; Shilpa et al, 2025). ASHAs are women, recruited from local communities, engaging in mobilization for maternal, child health, and public health campaigns (Sankar et al, 2024; Babbar et al, 2025). The ASHAs received initial and periodic training, which increased their competence and prestige in the local communities. The ASHA role was originally conceptualized as that of a voluntary health activist, something that a woman could do in addition to her other responsibilities. With the success of the ASHA program, new responsibilities were

added to the ASHA role, and this necessitated full-time attention to the role while diluting its voluntary nature (Mohsin et al. 2023). Despite this, ASHAs remain classified not as government employees but as “volunteers”, and are compensated through performance-based incentives and modest honoraria, with little social security or formal labor protection. This ambiguous employment status and low compensation have triggered multiple agitations by ASHAs across India over the years (Babbar et al., 2025; Shilpa et al., 2025).

Kerala has a unique sociopolitical context with a long history of strong political consciousness, trade unionism, and grassroots movements (Heller, 1996; Kannan, 1998). In 2025, Kerala was the only state in India that had a government led by the left front. Kerala has been an outlier among the Indian states on indicators such as literacy, gender ratio, and healthcare access. The Kerala model of development is known for its focus on welfare policies and social development and for achieving outstanding progress in human development, even though the economic development and per capita income in the state remain relatively modest (Varughese et al., 2024). Kerala is also famous for its robust public healthcare system, and ASHAs, as its frontline workers, have played a critical role in making the system effective. The ASHA worker program in Kerala operates within an ecosystem that leverages strong governmental healthcare commitment and active civil participation (Sankar D et al. 2024).

Led by the Kerala ASHA Health Workers' Association (KAHWA), ASHAs in Kerala went on strike from February 10, 2025, and the strike remained unresolved even after many months (Shaji, 2025). On October 31, 2025, ASHAs decided to partially withdraw their strike by ending their protest in front of the State Secretariat and moving the agitation to the districts (The Hindu, 2025a). While ASHA worker agitations have taken place at various times in various parts of the country, such a large-scale and sustained strike that took place in Kerala is remarkable considering the unique sociopolitical context in Kerala (Muralidharan, 2025). This case study analyzes agitation in 2025 by ASHAs in Kerala through the dual lens of Organization Behavior (OB) and Industrial Relations (IR), focusing on the complex patterns of motivations and interactions involving the ASHA workers, the state government, and trade unions, in the unique sociopolitical and economic context of Kerala, and draws out lessons for leaders in government, unions and organizations.

Kerala ASHA Worker Agitation

For the last two decades, ASHAs have been the first point of contact for healthcare. They performed a range of tasks, including escorting pregnant women to hospitals, ensuring child immunizations, and spreading awareness about hygiene and nutrition (Shaji, 2025). During the COVID-19 pandemic, when the world applauded Kerala's “model” response, it was the ASHAs who went door to door, ensuring that testing and quar-

antine rules were followed. Apart from their usual responsibilities, ASHAs are frequently called in for ad-hoc tasks at the community level. With the government's digitization drive, ASHAs were given the additional task of inputting community healthcare-related information into various systems, and it further increased their workload, apart from distracting them from their core work in healthcare (Muralidharan, 2025).

People reach out to the ASHA workers whenever they need help, and this makes ASHA workers on call 24 hours a day, rendering it impossible for them to take up any other means of livelihood (Sakalya, 2025). "Our job never ends", said Sindhu, an ASHA from Idukki. "The phone rings at midnight when someone needs an ambulance. We rush to homes at dawn when a mother goes into labor", she added (Shaji, 2025). "We walk under the scorching sun, through heavy monsoons. We visit homes, ask questions, and note symptoms. But there are no uniforms, umbrellas, or coats for us", said an ASHA worker from Malappuram (Muralidharan, 2025). The long and uncertain working hours take a toll on these women workers, who also have to do unpaid domestic and care work in their households (Krishna et al., 2025; Shaji, 2025).

In 2025, there were about 26,000 ASHAs in Kerala (Onmanorama, 2025a). Each ASHA in Kerala received a monthly honorarium of INR 7,000 from the state, supplemented by irregular central and state incentives. In July 2025, the Central Government raised the ASHA

incentive from INR 2,000 to INR 3,500 and increased the retirement grant to INR 50,000 (Counterview, 2025). On average, most ASHA workers in Kerala earn less than INR 9,000 a month. Deductions were made from the payout to the ASHAs if they could not fulfil any of the defined responsibilities. Many ASHAs spent out of their own pockets on bus fares, phone bills, and stationery. Their work demanded full-time commitment, but their pay did not reach even the specified minimum wage as they were not classified as employees (Shaji, 2025).

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Since February 10, 2025, the pavement outside the Kerala Secretariat was transformed into a parallel village as ASHA workers led by the Kerala ASHA Health Workers' Association (KAHWA) protested underpayment and demanded social security. The ASHA workers also staged hunger strikes, a state-wide march, and even hair-cutting protests to highlight neglect and exploitation (Counterview 2025; Deccan Chronicle 2025). The key demands of ASHAs include raising the honorarium to INR 21,000 and the retirement benefits to INR 5,00,000 and flexibility in retirement age (Krishna et al., 2025; Onmanorama, 2025b). "Our demand is simple: an honorarium of INR 21,000 per month - INR 700 per day. This is not an impossible ask. If migrant laborers can be paid an aver-

age of Rs 700, why not ASHA workers? Kerala is not like other states. Here, to live a dignified life, to send children to school, to run a household, Rs 7,000 a month is not enough. Not when inflation keeps rising”, said V K Sadanandan, the KAHWA president (Muralidharan, 2025).

What made the strike remarkable was the solidarity on the ground. Civil society groups, opposition leaders, and human rights activists made regular visits. (Shaji, 2025). While KAHWA was a smaller union of ASHA workers as compared to the unions affiliated to major political parties, many ASHA workers from other unions have set aside their union affiliations and joined the agitating ASHA workers (Onmanorama, 2025a). The All-India Feminist Alliance of the National Alliance of People’s Movements issued an urgent appeal to the Chief Minister of Kerala, urging the state to uphold its public health legacy and meet the demands of ASHAs workers. This letter was endorsed by more than 50 activists, academics, health practitioners, and feminist leaders from across India, who said that the undervaluation of women’s care work entrenches poverty and gender inequality (Counterview, 2025).

The Kerala High Court (HC) has been hearing petitions seeking judicial intervention to resolve the ASHA worker agitation. The HC has requested the government to act to resolve the prolonged agitation (Shaji, 2025). At an earlier hearing, HC had impleaded all the major unions of ASHAs as parties to the petitions (The Times of India, 2025).

Despite the popular support the ASHA worker agitation received, the response of the state government led by the Communist Party of India (Marxist) [CPI (M)] was not encouraging. The Chief Minister remained conspicuously silent. The Health Minister insisted that the state cannot bear the financial burden and accused the Central Government of neglecting its responsibilities. (Shaji, 2025). The state government argued that ASHA is a central program under which the workers are considered volunteers, not regular employees, and hence, the minimum daily wage of INR 700, promised in the ruling front’s election manifesto, does not apply to them. The unsavory remarks made by some of the leaders of the ruling front further vitiated the atmosphere (The New Indian Express, 2025).

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CPI (M) affiliated ASHA Workers Federation alleged that the strike was politically motivated and that anarchist groups were aiming to tarnish the state government’s image (The Indian Express, 2025). The agitating ASHA workers found such accusations deeply wounding. “This is not politics. This is hunger,” said Mini S, an ASHA from Kollam (Shaji, 2025). The ASHA Workers Federation expelled four of its members for visiting the agitating ASHA workers (Onmanorama, 2025a). They organized protests against the Central

Government, claiming that it was the Center and not the state that should find a solution to the funding issues for the ASHA program (Kerala Kaumudi Online, 2025).

The state government appointed a five-member committee on the 53rd day of the strike to look into the demands of ASHAs. The KAHWA participated in all the hearings of the committee. In addition to KAHWA, all other organizations of ASHAs also participated in the hearings and raised similar demands, in a clear indication of the legitimacy of the demands (The Hindu, 2025b). After much delay, the committee submitted its report to the government, reportedly recommending an INR 3,000 hike in honorarium and an INR 1 lakh retirement benefit. However, even at the end of September 2025, the government had not yet issued the order to implement any of the recommendations, and the ASHA workers continued their agitation (Shaji 2025). Towards the end of October 2025, the Chief Minister announced a series of welfare measures for various sections of workers in the state, including an increase of INR 1, 000 in the monthly honorarium of ASHA workers (Mathrubhumi, 2025). Based on this, ASHAs decided to end their day-and-night strike in front of the State Secretariat and to move the agitation to the districts (The Hindu, 2025a).

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For the ASHAs, the agitation was not just about wages. It was about dignity, empathy, social justice, and the recognition of care work. They felt that a welfare model that exploited women's unpaid or underpaid labor was a betrayal of its own ideals (Sakalya, 2025; Shaji, 2025). This agitation highlighted contradictions between the Left Front government's pro-labor legacy and evolving realities of informalized, feminine workforces. The way forward remained uncertain, and it reflected broader tensions between fiscal constraints and the value of investing in frontline healthcare workers who provide essential services to the people (Muralidharan, 2025).

Research Objectives

The core objective of this study is to critically analyze the agitation by ASHA workers in Kerala within the state's unique sociopolitical and institutional environment. The fact that the agitation remained unresolved even after seven months highlights the complex nature of the issues involved. The study aims to achieve the following objectives:

- Understand the factors that motivated the ASHA workers in Kerala to start the agitation.
- Examine the dynamics of the ASHA worker agitation within Kerala's distinctive industrial relations system, and explore why it remained unresolved even after seven months.
- Evaluate the realities of precarious and feminized labor in the case of ASHA workers in Kerala.

- Derive theoretical insights for scholarship and practical implications for leaders in government, unions, and organizations.

Methodology

This research employed a qualitative single-case study approach based on secondary data sources to examine the ASHA worker agitation in Kerala within the unique socio-political and labor relations context of the state. A single-case study design can enable in-depth investigation of a bounded system, the Kerala ASHA workers' agitation in this case, and rich contextual understanding (Schoch, 2020). Secondary data analysis allows researchers to explore new questions and derive novel insights without primary data collection (Cheong et al., 2023; Wickham, 2019). This approach was suitable here due to the wider availability of media reports, trade union statements, academic articles, and NGO publications related to the agitation, as well as logistical constraints surrounding direct research in ongoing protests. Data from these sources were systematically collated and analyzed, enabling a theoretically informed and contextually grounded understanding of the Kerala ASHA worker agitation.

Analysis

To understand the factors that motivated the ASHA workers in Kerala to start the agitation, it is imperative to understand how their jobs and rewards have evolved over the years. ASHAs were originally intended to be trained volun-

teers who devote part of their time to promote community healthcare, and they were given some incentives as a recognition of this work. However, as their responsibilities were expanded under the ASHA program, it necessitated them to work almost full-time and to be available on call round the clock. Also, their performance was closely supervised. ASHAs enjoyed respect in their local communities because of the nature of their work. However, they were required to do data entry work as part of their expanded responsibilities. ASHAs considered this work boring and a dilution of their role as valued healthcare professionals. These changes meant that ASHAs were no longer part-time volunteers who did work that they enjoyed. With the expansion of responsibilities, ASHA workers' incentives were increased, and they were also paid an honorarium. However, their total earnings remained much below the minimum wage levels that other workers enjoyed in Kerala, as ASHAs continued to be classified as volunteers. Therefore, there was a growing disconnect between the job and the remuneration in the case of ASHAs, and this led to increasing levels of frustration among the ASHA workers in Kerala.

These changes in the role and the terms of employment of ASHAs had profound psychological implications. Their self-concept shifted to that of being a full-time employee, and this impacted their work identity. The work identity reflects the "claimed central character" of an individual in their professional life, guiding their actions, thoughts, and feelings in the workplace (Ashforth & Schinoff, 2016;

Mlotshwa et al., 2015; Walsh & Gordon, 2008). Another implication was a perceived violation of their psychological contract with the government, as they started believing that since they are performing full-time work as specified by the government officials, they should be treated like other full-time workers (and not as part-time volunteers) and should be given at least the minimum wages, benefits, and labor protection that regular workers get. A psychological contract is the perception of an exchange agreement between oneself and another. They are individual beliefs, often unstated, that concern the terms of an exchange agreement between individuals and their organization, specifying the mutual obligations and expectations (Rousseau 1989; 1998). As the government refused to treat ASHA workers on par with other workers, even though their job responsibilities were comparable to those of other workers, ASHAs perceived it to be a violation of their psychological contract with the government.

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The demanding and round-the-clock nature of the job of the ASHA workers, coupled with the limited resources available to them, posed an additional set of difficulties. As per the job-demands and resources model, job demands lead to exhaustion (strain), while resources lead to motivation (engagement), and job resources can buffer the negative impact of job demands (Bakker et al., 2023; Demerouti & Bakker,

2011). Since the ASHA workers did not have access to many job resources like growth opportunities, autonomy, and support, the negative effects of job demands did not get buffered, though the training they received did help to some extent. Thus, the ASHA workers were experiencing high levels of job stress.

The key demands of the agitating ASHA workers, like an increase in the honorarium and retirement benefits, come under the category of hygiene factors as per the motivation-hygiene theory (Herzberg, 1968; Sachau, 2007) which posits that job satisfaction and job dissatisfaction are influenced by two separate sets of factors, with motivator factors leading to satisfaction and hygiene factors merely preventing dissatisfaction when adequate. Very low levels of their earnings and retirement benefits caused dissatisfaction among the ASHAs. However, the ASHA worker agitation is also about seeking recognition for the work they are doing, which comes under the motivating factors. This lack of recognition adversely impacted the job satisfaction of ASHAs.

Another key factor here is the perception of ASHAs that they have not been treated fairly by the government. Organizational justice is an employee's perception of fairness in the workplace, and it has three dimensions: distributive, procedural, and interactional (Gilliland et al., 2014; Yean, 2016). The ASHA workers' perception of unfairness exists at the level of distributive justice (as they felt that their earnings were much lower than even the specified minimum wage

that all regular workers in the state were entitled to), procedural justice (as they felt that due process was not followed in discussing and resolving their grievances in a timely manner), and interactional justice (because of perceived insensitive interpersonal treatment they have faced during the strike from the state government functionaries and trade union leaders affiliated to the ruling party). Such perceptions of violation of organizational justice can lead to frustration.

Despite their frustrations, ASHA workers in Kerala were regulating their feelings and emotional displays during the course of their work as they were front-line workers interacting with the public on critical aspects of primary healthcare. However, this created the added burden of emotional labor, which is the act of managing one's feelings and emotional displays in accordance with organizationally defined rules and guidelines as part of a work role. This involved surface acting (faking emotions) or deep acting (genuinely feeling the required emotion) (Grandey, 2000; Steinberg & Figart, 1999; Wharton, 2009). Thus, ASHA workers in Kerala were experiencing high levels of emotional labor. It is a combination of the above factors that motivated the ASHA workers in Kerala to start the agitation in February 2025.

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To examine the dynamics of the ASHA worker agitation and to explore

why the agitation remained unresolved even after seven months, it is imperative to understand the motivations and behaviors of the key actors involved and the factors that moderate their interactions.

There are many actors who play a role in this agitation, including the ASHA workers, the State Government, the Central Government, the ASHA Health Workers Association spearheading the strike, other associations of ASHA workers, politically affiliated national trade unions, political parties, and interest groups. As per the systems perspective on Industrial Relations, the Kerala ASHA worker agitation cannot be analyzed in isolation (Carstensen et al., 2022; Heery & Frege, 2006). It was to be looked at in the context of Kerala's social, political, and economic environment and shared beliefs that shape the interactions of the various actors and shift the balance of power.

Kerala has a high level of political consciousness, a long history of trade unionism and grassroots movements (Heller, 1996; Kannan, 1998), coupled with a development model that focuses on welfare policies and social development. CPI (M), which is the leading force in the State Government, has been known for protecting the interests of the workers. The general public has been appreciative of the contributions made by the ASHAs. While Kerala has been performing relatively well in terms of social development indices, the economic development in the state has been relatively modest. The Kerala government has been struggling to meet its financial commit-

ments and is at odds with the Central Government in terms of its support to the state (Sankar et al, 2024; Varughese et al, 2024). Hence, it is reluctant to shoulder the additional financial burden that will come from meeting the demands of the ASHA workers, unless the Central Government is willing to provide additional support. While the Central Government has increased the incentive payment to the ASHAs, it views the payment of honorariums to ASHAs as the responsibility of the state. It also contended that it has made all the due payments to the state (Deccan Chronicle, 2025).

ASHA workers, being classified as volunteers, come under the category of informal labor (Kucera & Roncolato, 2008; Williams & Lansky, 2013) and are not entitled to employment protection or benefits that formal working arrangements provide. This also makes the national trade unions relatively less keen to champion the cause of the ASHA workers. The trade union affiliated to the ruling party felt compelled to protect the interests of the ruling party, and this has resulted in them taking an antagonistic stance towards the ASHA workers protesting against the state government. While the opposition party leaders have been supporting the strike, whether they will accept the demands of the ASHA workers if they come to power (and hence shoulder the additional financial burden) remains unclear.

As indicated by the pluralist theory of Industrial Relations, the various actors involved in the Kerala ASHA worker

agitation have competing interests and goals that need to be settled through negotiation and balancing of interests (Budd et al, 2004; Kaufman & Gall, 2015), and this has made the strike difficult to resolve. The fragmented nature of the ASHA worker mobilization (with only one section of the ASHA workers led by KAHWA spearheading the agitation), the opposition from the ruling party-affiliated ASHA Workers Federation, and lack of support from national trade unions have reduced the bargaining power of the ASHA workers. The financial constraints faced by the Kerala Government made it very difficult for the government to shoulder the additional financial burden that would come from accepting the demands of the ASHA workers. At the same time, the agitating ASHA workers felt that if they give up the agitation without any concrete assurances from the government, all their efforts and suffering that went into the agitation over the previous seven months will go to waste. These factors together have led to the ASHA worker agitation remaining unresolved even after seven months. Towards the end of October 2025, when the Kerala Government announced an INR 1,000 increase in the honorarium of ASHAs, the ASHAs felt that the legitimacy of their demands has been acknowledged and hence they decided to end their protest in front of the State Secretariat and to move the agitation to the districts.

To evaluate the realities of precarious and feminized labor in the case of ASHA workers in Kerala, the lives and work of ASHA workers need to be analysed keeping in mind the implications

of gender-related factors and precarious labor.

ASHA workers are women. In the Kerala society also, there is a social division of work based on gender roles, and it assigns certain tasks, occupations, and responsibilities to women. This leads to women having to shoulder the burden of the bulk of the domestic responsibilities. It can also lead to marginalization of women and to the undervaluing of their work (Benya, 2013; Morgan et al., 2018). The underpaid and overworked ASHAs are also expected to do unpaid domestic and care work in their households. There is also the tendency to view the community care work as a natural extension of the unpaid domestic care work. It can also be a contributing factor to the reluctance to pay ASHAs adequately and to recognize their contributions (Krishna et al., 2025).

Their work comes under the category of precarious employment.

Since the work arrangement of ASHAs does not give them the legal protection and benefits enjoyed by other workers, their work comes under the category of precarious employment. This work arrangement is characterized by vulnerability and a lack of bargaining power. It not only results in lower earnings for ASHAs but also in the subjective experience of insecurity and anxiety (Kalleberg, 2009; Quinlan, 2012). This, coupled with the gender-based disadvantages that they face, makes the lives of ASHAs more difficult.

Discussion

Understanding the ASHA agitation requires situating it within Kerala's unique sociopolitical milieu: a left-ruled state with a pro-labor orientation but with increasing contradictions in the representation for emergent forms of labor. The findings illustrate how Kerala's longstanding reputation as a left-led, pro-labor state is confronted by the reality of informalized and feminized labor sectors that remain inadequately integrated into traditional industrial relations. The prolonged ASHA strike can have serious sequences like disrupting public health services, increasing future healthcare costs, and leaving vulnerable communities without vital support (Babbar et al., 2025). Hence, it needs to be resolved at the earliest by addressing the root causes of the conflict outlined in the analysis.

One of the core issues is the change in the job responsibilities (increased responsibilities that require full-time focus and round the clock availability, that too under tight monitoring of their performance) of ASHAs without a corresponding change in their employment status, pay and benefits (without giving them the status of regular workers along with the minimum pay and benefits that regular workers enjoy), leading to change in their work identity, job stress, emotional labor and violations of psychological contract and organizational justice. The government needs to relook at the terms of engagement of ASHAs and find the right equilibrium point between restoring their status as part-time volunteers and enhancing their pay and benefits, keeping

in mind the impact that the ASHA program needs to create and the financial constraints. While responding to the agitation by the ASHAs, the government should also be careful to uphold procedural justice (by following a fair process for discussing and addressing the demands raised by ASHAs) and interactional justice (by sharing information and by interacting with the agitating ASHAs in a respectful manner).

Implications

The Kerala ASHA worker agitation offers significant practical implications for labor policy and the governance of informal and feminine workforces in India. A more effective framework needs to be evolved for utilizing, protecting, and rewarding informal labor. In the case of ASHAs and other feminized labor, this framework should also address the tendency to devalue women's efforts and to ignore the additional burdens they carry. Women's empowerment requires economic independence and dignity at work.

The exclusion of ASHA workers from formal bargaining structures points to the necessity for IR theories to expand their scope to include precarious, semi-formal workforces.

Theoretically, this case challenges the prevailing industrial relations frameworks by exposing the limitations of traditional unionism and state-labor relations in increasingly informalized and feminized

labor contexts. The exclusion of ASHA workers from formal bargaining structures points to the necessity for IR theories to expand their scope to include precarious, semi-formal workforces and to consider the gendered dimensions of labor struggles. This calls for a reconfiguration of collective representation that transcends conventional IR frameworks and integrates broader social movements and identity-based mobilizations. From an OB perspective, the findings underscore the significance of psychological contract theory and organizational justice in understanding worker mobilization within precarious employment relationships.

This case provides a critical empirical grounding for interdisciplinary approaches integrating IR and OB to address the complexities of the struggle of feminized informal labor. It invites researchers and practitioners to reconsider how labor policies, union practices, and organizational frameworks can better accommodate emerging workforce realities and promote equitable, dignified work.

Limitations & Suggestions for Future Research

This study's reliance on secondary data sources constrains the depth of insight into the subjective experiences and interpersonal dynamics within the agitation movement. Moreover, the complexity of the Kerala ASHA agitation involves factors such as fiscal federalism constraints and evolving union politics, which the current study might not capture adequately.

Future research should prioritize primary qualitative studies involving in-depth interviews, focus groups, and ethnographic methods with ASHA workers, union officials, healthcare administrators, and community members. Longitudinal studies could examine the evolving impact of policy changes and agitation outcomes over time. Additionally, interdisciplinary research integrating industrial relations, organizational behavior, gender studies, and public health policy can offer more comprehensive models for addressing informal and feminized labor.

Conclusion

The agitation by ASHA workers in Kerala encapsulates the fundamental tensions inherent in contemporary labor relations. This case study illustrates how Kerala's left front government and its historically robust labor unions face challenges in adapting to the inclusion of informalized, feminine labor, like the ASHAs, who, despite their critical role in community healthcare, remain excluded from formal employment benefits and protections. The sustained protests underscore demands not only for increased honoraria and retirement benefits but also for dignity, recognition, and institutional respect for ASHA workers' multifaceted contributions.

Collective action helps in drawing attention to long-ignored issues. It can also highlight the difficulties in collective action in the case of informal and feminized labor, including a lack of support from national trade unions and fragmented organizing. The case further re-

veals the limitations of traditional industrial relations frameworks and underscores the necessity of integrating organization behavior insights, particularly concerning psychological contract breaches and organizational justice, into policy and labor governance. The gendered nature of care work compounds these dynamics, making the ASHA workers' struggle not only about economic justice but also about social justice.

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