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At the Bottom of the Heap: Socioeconomic Circumstances and Health Practices and Beliefs among Garbage Pickers in Peri-Urban China

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ABSTRACT: This article explores the health, disease and socioeconomic circumstances of garbage collectors in Guiyang, southwestern China. It aims to contribute to medical anthropology and understandings of Chinese society by examining garbage collectors' understandings of waste picking, pollution and the health risks and diseases associated with their struggles for survival at the "bottom of the heap" of peri-urban society in contemporary China. Drawing on one month of ethnographic fieldwork, it provides new insights into the oft-neglected subjectivity of individuals struggling for survival at the margins of Chinese society, and how this subjectivity is shaped by their structural position as well as by their own agency in making sense and making the best of their lives.

Keywords: China; migrant labor; Guizhou; health; garbage

Introduction

The Dong Feng landfill is the largest landfill in southwestern China. It is located fifty kilometers east of Guiyang, the capital city of Guizhou province. More than half of the domestic waste in Guiyang is transferred and processed at this site.

More than 2000 garbage pickers live in nearby brick shacks. At four-thirty on an early spring afternoon, hundreds of these garbage pickers converge on the landfill. They are equipped with washed-out caps, bamboo baskets and one-meter long rakes. Less than a quarter wear gloves and none wear face masks. Smoke from the burning waste envelops the site. Women, some carrying sleeping babies on their backs, warm themselves at fires. A few minutes pass before they gather in a semi-circle in front of the garbage heap. Their eyes settle on the garbage. A young man picks up a glass bottle and throws it into his basket, which brings a loud complaint from the landfill manager. A few minutes after five, the site manager blows a whistle. Suddenly, all of the garbage pickers rush towards the garbage heap. They rake out the trash with one hand, while with the other grab anything that can be sold. Some find a dead cat or dog; each can be sold for four yuan.¹ Others pick up spoiled food, to eat later on, back at home.

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Thirty-eight-year-old Tian Liu migrated from a Miao village in rural Guizhou Province to Guiyang a few years ago. Besides himself, he must support his thirty-six-year-old wife, Ju-An, fourteen-year-old and eleven-year-old sons, nine-year-old daughter and sixty-five-year-old mother. They live in a small rented house near the landfill. Tian Liu finished two years of school, while his wife is completely illiterate. He wants to send his mother back to their home village, but there is no place for her to stay.

Tian Liu has six *mu*² of farmland in the village, but the soil is quite poor. During the Chinese New Year festival last year, he borrowed ¥12,000 (\$1883) from his relatives to buy a plot for a new house. However, he needs additional money for construction costs. In addition, his older brother recently died of alcoholism, and Tian Liu had to borrow ¥18,000 (\$2825) to pay for his funeral. Finally, at the beginning of this year, Tian Liu had to pay ¥10,000 (\$1570) in household registration fees for his children.³ Consequently, he is more than ¥30,000 in debt.

Tian Liu's migration experience started in 1991, as a construction worker in Guangdong, Shanghai and Hebei Provinces. In 1999, his wife joined him after a drought in their home village. They migrated to Guiyang in 2001, where Tian Liu first worked at construction sites. In 2008, he became ill with serious stomach pains. After exhausting his savings on medical treatment at two hospitals, he had to rely on herbal medicine. He was subsequently no longer able to undertake heavy construction work. Tian Liu's mother had worked as a garbage picker at the Dong Feng landfill for many years with her sisters. Because Tian Liu could no longer manage heavy workloads, he moved his family to the Dong Feng area to live with his mother.

He managed to buy a three-wheeled cargo bicycle in 2010. He rides it to the landfill with his wife and mother every day at four o'clock in the afternoon. They usually work until one o'clock in the morning, or until they fill the bicycle's hopper. It is not easy to find things that can be recycled for a profit in the landfill. This is because waste is picked through by garbage collectors on the Guiyang streets before it is transported to the landfill. Although it is certainly more profitable to pick waste directly from garbage bins, this is beyond Tian Liu's imagination because he cannot afford to live in the city and does not have a license for his cargo bicycle. Moreover, to be able to sort through waste in urban neighborhoods requires a good relationship with local security guards.⁴ Tian Liu, his wife, and his mother combined earn forty to fifty per day, which works out to an average monthly income of between ¥1200 and ¥1500 (\$188 to \$235). After paying for gas, food, rent, water, and electricity, they manage to save approximately ¥300 (\$47) each month. To stretch their budget, Tian Liu and his wife eat only one meal a day, usually in the early afternoon. Meat is on the menu once every two weeks, but only for the children. Tian Liu rarely drinks alcohol, but he smokes a lot.

After coming back from the landfill, he usually sleeps until nine o'clock in the morning. The first thing he does after he wakes is to smoke. After several cigarettes, he unloads his cargo bicycle and sorts the garbage they had collected the previous night. This usually takes about three hours.

His wife must get up much earlier, at six o'clock in the morning. Ju-An prepares breakfast for the children before they leave for school at seven o'clock. Then she works in a small garden behind their rented house, where she grows vegetables. A few years ago, she tried to raise pigs, but all died from swine fever, which was a significant financial hit to the family. In addition to this financial loss, she fell and hurt her back while feeding the pigs. She has never fully recovered and now takes herbal medicine collected by Tian Liu and a local folk medical practitioner, Guai Zhang, who comes from the same Miao village and also works as a garbage collector at Dong Feng.

In Tian Liu's view, self-prepared herbal medicines are more effective for treating minor ailments than are most treatments provided by hospitals. When he or his wife is sick, he asks Guai Zhang to collect herbs with him in the hills outside the city. But when his children are seriously ill, Tian Liu still prefers to take them to a hospital or clinic. In general, Tian Liu believes that he and his wife are in good health, albeit not well enough to undertake heavy work elsewhere.



Figure 1. A *sanlunche*, three-wheeled cargo bike, a common sight in urban China. (Credit: Stougard, Wikimedia Commons)

Tian Liu also believes garbage picking is a “clean” job. For example, compared to a construction site there is no visible dust at the dump. Therefore, he asserts, garbage collecting is not as harmful for the lungs. He does not wear gloves when working, although he sometimes wears a mask to protect himself from the smoke and odors. In his opinion, personal health is most affected by a heavy workload. Since garbage picking is light work, he believes it is not harmful to one’s health. Moreover, he claims he has never heard of any garbage collectors who became sick because of their surroundings.

Tian Liu has no specific expectations for his life other than basic survival. “If we can have pickled beans and rice, it is a good life.” His fourteen-year-old son recently had dropped out of school. He refused to go back no matter how his family tried to persuade him. Now he works at the landfill with his parents and grandmother. Nevertheless, Tian Liu wishes all his children could receive a good education, leave the landfill and go to “work” in the future.⁵

Like Tian Liu, many other garbage pickers moved to the landfill because they have had serious health problems and cannot take on heavy work; some were even disabled from their previous experience. Yet, in contrast to their medically recognized physiological conditions and their self-statement of medical history, most garbage pickers at the Dong Feng landfill claim that they are “in good health” (*shenti hao*). As discussed below, while medical diagnoses tend to overlook the psychological and socioeconomic circumstances of patients, medical anthropology has suggested that bodily experiences of pain and social suffering are integrally related to material realities.⁶

“If You Can Work, You Are in Good Health”

According to these garbage pickers, the most important criterion for health is whether a person is physically able to work.⁷ A minor illness or weakness is not considered a health problem as long as a person can still work. As Tian Liu explained, “if you can work, you are in good health.” This is in contrast to “bad health,” which they categorize as a condition or ailment that prevents a person from working, such as a serious illness, disease or old age. For example, “bad health” is evidenced by neighbors or friends being bedridden and unable to work, or stricken by a serious disease such as cancer. In these cases, their only choice is to return to their home village to die. The case of Tian Liu detailed above is an example of a garbage picker who became ill and cannot undertake heavy work but who is still considered to be in “good health” because he can ride a cargo bicycle and work on the landfill.

The major reason why these garbage pickers’ assessments of their health differ from medical assessments is that the standard for “good health” they use is extremely low. In addition, they are unwilling to tell others that they are in bad health. For example, Luo, a thirty-six-year-old woman, was born with an incurable heart condition so cannot work at the landfill with her husband. She stays in their rented room, prepares their meals and helps with garbage sorting in the mornings. Luo never tells others that she is unhealthy because nobody cares about medical diagnoses; others in the community would only care if they believed she had a contagious disease and thus was a risk to others. Garbage picking involves frequent and close contact with others, in both sorting waste and selling to dealers. Moreover, self-recognition of bad health implies serious disease and likely death.

Garbage Collecting, Disease and Risk

Garbage pickers also have their own understanding of the relationship between what they must do to earn a living and disease. They believe the major causes of disease are hard work in a dusty environment, excessive drinking and dirtiness.



Figure 2. People wait for permission to sort garbage at Dong Feng landfill, 2013. (Credit: Lichao Yang.)



Figure 3. Garbage pickers sort through rubbish at Dong Feng landfill, 2013. (Credit: Lichao Yang.)

Thus, Tian Liu attributes his poor health to his previous work as a laborer at construction sites. However, like other garbage pickers, he and his wife assert that their exposure to waste in their current work is not dangerous. They believe that garbage sorting and picking is a light job and does not cause physical harm. Second, these garbage pickers claim that theirs is a “clean” job. Those who previously worked in toy factories or at construction sites understand the risks of the dust they were exposed to at these places. For example, Wang, who had worked in a toy factory in Guangdong that produced stuffed animals, described the precautions she had taken, including wearing a mask to filter the dust that permeated the air. However, as a garbage picker, she now worked outdoors and did not see any dust in the air despite the choking smoke and smell that was a common presence at Dong Feng. As Tian Liu explained, “the smoke and the smell can be breathed in and then out, but the dust stays in your lungs and accumulates to harm your health.” People rarely attempt to protect themselves during their exposure to waste. As described in the vignette at the beginning of this article, despite the choking smoke, some women warm themselves at open fires, and a few even carry sleeping babies on their backs. On the one hand, they believe exposure to waste is not especially hazardous to health; on the other hand, for garbage pickers, work is much more important than the potential risks caused by the choking smell and smoke.

The second factor to which these garbage pickers attribute poor health is excessive drinking. Indeed, many of the men claimed a direct correlation between major health problems and alcohol. For example, forty-seven-year-old Chen believed that his health had been ruined by too much drinking in his youth, when he could hardly control himself and was usually drunk at villagers’ weddings and funeral banquets. He has had serious liver disease for more than ten years. “My heart and liver are so painful; I often vomit because of the unbearable pain,” he reported. “Sometimes I feel I am bursting and cannot walk.” In contrast to this dim view of drinking, garbage pickers put less weight on the harm caused by smoking. According to Chen, “smoking is not as dangerous as drinking alcohol because you breathe out the smoke, but alcohol remains in

your stomach.” Tian Liu also argued that “moderate drinking and smoking are the most popular entertainments for us men.”

In the view of these garbage pickers, dirtiness is the last major factor that leads to diseases. Importantly, they often used “dirty” and “unclean” to refer to health risks. For example Feng Qin’s family moved to Guiyang from a remote village for their children’s education. Her husband worked in construction in a nearby county and only was able to visit once a month. As a stay-at-home mother, Feng Qin only sorted garbage during her spare time. She explained her experience with dirtiness/cleanliness as following:

It is so dirty to select and pick up waste from the community trash bins. The dirtiest thing is used toilet paper. I wouldn’t even glance at it. ... Burning plastics of the cables to get the metal is not hazardous, although the smell is choking. Nothing is left after burning ... the infusion bottles and needles are clean. If the hospital allows me to recycle, I am willing to pick up medical waste.

Anthropological literature on waste suggests that dirtiness is commonly equated with disorder.⁸ But there is no such thing as absolute dirtiness; this exists in the eye of the beholder. This can be seen in how garbage collectors define “clean” and “unclean” food. “Unclean” food mainly refers to food they find in the trash. As Feng Qin puts it:

I rarely give children food that I find in the trash. Occasionally there are good things in the trash bins ... fruit, milk ... they look fine and are just a bit past their “sell-by” dates. Sometimes I take them back. Usually I eat them and don’t give them to children. The food thrown away by others is unclean.

All interviewed garbage collectors asserted that they had never picked up food from the landfill. However, a few claimed that they had seen others do so, for example collecting sprouted potatoes and other food to take home. Tian Liu, despite significant economic constraints, said he never picked up rotten food from the landfill. “I would never let my children eat anything from the landfill,” he claimed. Tian Liu believed his refusal to bring home such leftovers was the most important strategy for maintaining hygiene and guaranteeing the health of his family members.

Interestingly, “unclean” food is only limited to what is found at the landfill. These pickers did not consider food they cooked or purchased as ever unclean or spoiled, even if it was expired. For example, in Tian Liu’s home, his mother often boils old steamed rice with soda powder. After this treatment, she says it is once again clean and edible. But she, Tian Liu, and Ju-An avoided giving it to the children, because they are still aware of the risks of eating old food. Tian Liu explained, “picked up food is dirty, but we really treasure anything that we bought with money ... old food is valuable and clean, although sometimes it causes diarrhea and other minor stomach ailments.”

Strategies for Keeping Healthy and Controlling Disease

Although constrained by limited health care resources, these garbage pickers make conscious health choices. Many say that they do not care much about their own health, but pay close attention to their family members’ health. For example, Tian Liu explained, “I must make sure my mother and wife stay well. This is the key to ensuring a good life for the entire family.” Similarly, Feng Qin paid close attention to her children’s health: “(If they catch any disease) it will affect their growing up.” Feng Qin emphasized that she always washes her hands before preparing food for the family, while Tian Liu stressed he and his wife tried to provide three daily meals to their children to ensure their physical development. He tried to persuade his wife to have two meals a day, but she insisted on eating the same with him, just only one meal a day. While they do not have the time and energy to prepare food when they return home at night, the most important reason is that they want to, in Ju-An’s words, “save money and pay back the debts as early as possible.”

Finally, these garbage pickers rely on three sources for information and knowledge about their health: older family members, peers and friends, and medical doctors. They usually pay no attention to health programs on television or the radio. The major reason is that they can hardly understand these discussions. These TV programs are mostly irrelevant to their lives, as Feng Qin puts it:

It (TV program) often tells you that you should eat this to avoid one disease and eat that to avoid another disease. However, I do not know what the food is or what the disease is. ... rural people's lives have no value. One day I will catch a disease and die without a clear diagnosis of the disease.

Garbage pickers go to the hospital only for "serious" illnesses. A serious illness has two symptoms: unbearable pain and a lack of relief from self-medication. Even if the patient is advised to stay in hospital, garbage pickers make different decisions regarding different situations. As Tian Liu puts it, "We will see who [the patient] is and whether it is worth [spending] the money." They are willing to do anything to save a child's life; in such a case, they usually need to go back to their home village to borrow money from family members and friends. However, older patients often give up any active medical treatment in hospital. Chen had been suffering from serious liver disease for many years, so his wife took on the entire livelihood burden by working in the landfill. They have three children, all of whom are studying in primary or middle school. Like other landfill residents, they have great financial difficulties. In these circumstances, Chen chose to give up his medical treatment early, when he was only in his late thirties. As he explained, "I know it is hard to cure myself, even if we spend all that we have. I would rather leave the money to my children."

Finally, most of these garbage pickers were aware of state-sponsored medical insurance plans.⁹ But they questioned its value, especially for major health issues. As Chen put it,

I paid for it (medical insurance) in the earlier years and then stopped. I cannot be cured in a local hospital in my hometown because of the limited medical conditions. I went to a large hospital in Guiyang and spent lots of money, but was still not cured. The insurance refused to cover my costs because I failed to submit an application prior to my hospital visits. They suggested that I should have returned to my home county and submitted an application to the local government. Then they would have given me a list of qualified hospitals to apply for insurance. ... I did not know the process or the qualified hospital list. ... They refused my reimbursement application because the medical invoice was not stamped by the local authority. ... I hated it and will never rejoin the program.

Conclusion

Biomedical understandings and garbage pickers' interpretations of health and risk are not mutually exclusive. Both doctors and garbage pickers, for example, emphasize the importance of protecting family members' health. In arguing that continuous exposure to waste is harmless and not dirty, these pickers construct a "safe zone" and a "clean space" in which to live. These garbage pickers do not oppose the scientific understanding of health, disease and risk. Rather, their interpretations and solutions make their everyday lives possible. They attempt to make a living in a landscape of waste not because they are unaware of the potential risks but because they would rather "live in" than "die from" the risks.¹⁰

To understand the social meaning of health and disease of a certain group, we must understand that "signs," whatever their genesis, become "symptoms" because they are expressed, elicited and perceived in socially acquired ways.¹¹ Garbage pickers in peri-urban areas of contemporary China are representative of the powerless: they live in polluted environments, they are undocumented migrants in their own country and they are members of a social class whose lives are constrained by overlapping layers of formal state policy and decentralized

personal and institutional discrimination.¹² These socioeconomic circumstances have shaped both their health practice and beliefs.

Garbage pickers in peri-urban areas are struggling at the bottom of society in contemporary China. Neither urban nor rural residents, peasants nor workers, these people are omitted from the policy-making process and stigmatized in society. In the context of the DF landfill, most garbage pickers are migrants from the most impoverished mountainous regions in Guizhou province. They have neither the skills nor the capital necessary for other employment. They do not choose to be garbage collectors; this “chooses” them, as it is their only possible livelihood in the present-day realities of the People’s Republic.

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Notes

1. 1 yuan is approximately USD 0.15.
2. 1 mu = 0.067 ha.
3. The household registration is requested under China’s unique household registration (*hukou*) system. The household registration record officially identifies a person as a resident of an area and includes indentifying information such as name, parents, spouse, date of birth, and it can also refer to the births, deaths and moves of all members in the family. Tian Liu has excess children under the Chinese family planning policy; therefore, he had to pay fines when getting the excess children registered as family members.
4. This is also the case among those picking and sorting garbage from bins on the streets of Guiyang.
5. Garbage collection is not considered real “work” by these people. They characterize real work as a decent job with guaranteed payment. As Tian Liu explained, “[real work is] a well-dressed man who works in an office building, just like you.”
6. Kleinman 1995.
7. Lora-Wainwright 2013, 30.
8. See discussions in Millar 2008, 29 and Douglas 2003, 2.
9. I refer here to the New Rural Cooperative Medical Insurance System, established in 2003. It is voluntary and aims to reform both private and public sectors of health. Today, it is universal across rural

China. The specifics of the program vary by county but are funded by individual contributions and government subsidies for the poor.

10. Waldman 2011, 68.
11. Young 1976, 14.
12. Schooman and Ma 2012, 142.

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