



Road Accidents in Punjab: Driving Families from Breadwinners to Breadlines

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Introduction

The story behind the numbers, a survey of 400 families in Punjab reveals that the true cost of road accidents is measured not in broken bones, but in broken futures, pushing households into an inescapable cycle of debt. The headline "10 Dead in Road Accident on Highway" flashes by, a moment of public sorrow before the world moves on. But for the victims and their families, the tragedy is just beginning. It is a silent crisis, measured not in blood, but in financial ruin: lost livelihoods, catastrophic medical bills, and intergenerational struggles. After four years spent researching and speaking with 400 families across Punjab, my study reveals a stark truth: a road accident does more than injure a person; it systematically dismantles a family's financial health. The primary earner becomes a permanent dependent, revealing a critical, systemic failure that plunges stable households into poverty.

Assets Desperately Offloaded as Savings Vanish

When a major accident strikes, a family's life savings act as the first line of defence. Our data indicates this defence is woefully inadequate, crumbling within days under the weight of immediate costs. A detailed financial analysis lays bare the brutal economics. The average out-of-pocket medical expense per injured person is a staggering ₹1,11,767. When combined with the loss of income for the victim and their family (₹1,67,890), damage to vehicle or property (₹44,217), and additional costs like travel and food (₹8,646), the total immediate financial impact soars to approximately ₹3.32 lakhs a sum that can exceed a family's income for several years, required upfront in a matter of days.

These inductions a devastating financial collapse. A massive 71.7% of families exhausted their entire savings, losing an average of ₹87,900. When savings were depleted, nearly half (47.8%) were forced into debt, taking loans averaging ₹94,771. Most tragically, one out of every four families (24.3%) had to sell or mortgage essential assets family land, a wife's gold jewellery, or their vehicle in a desperate fire sale that raised an average of ₹1,11,432. They are not merely selling possessions; they are liquidating their security and their children's inheritance.

Rural Slump Vanishing Employment, Rising Inequality

Discharge from the hospital marks not the end of the crisis, but the beginning of a long and precarious new reality. The victim returns home, but the breadwinner often does not. Our research shows that those who could return to work took an average of 98 days to do so. The delay was significantly more severe for rural earners (127 days) compared to their urban counterparts (68 days), underscoring a stark rural-urban divide in recovery. For many, there is no return at all. A separate segment of our study found that those permanently displaced from their jobs took another



90 days, on average, to find new work. This creates a punishing six-month income gap, a double catastrophe that pushes families into a financial abyss from which many never emerge.

Ripple Impacts Evolving Roles, Diminished Prospects

The crisis creates a cruel domino effect within the household, disrupting its entire economic foundation. Our data reveals that in 46% of the injured victims' households, the family's work pattern had to be completely reshuffled. In 11% of these cases, a family member was forced to take on additional jobs or shifts to make ends meet. The most devastating long-term casualty is the future of the next generation. In over 28% of households, a child was compelled to leave their studies. This is not a temporary pause but the severing of a critical pathway to a better life, ensuring that the poverty triggered by the accident is passed down to the next generation.

Invisible Trauma Psychological Scars of Caregiving

Beneath the visible financial wreckage lies a silent, devastating epidemic of psychological trauma, with the physical and emotional burden of care falling overwhelmingly on women. The responsibility of caregiving becomes a female burden. Our data shows that in a staggering 72.4% of households, a female family member was forced to become the primary caregiver. This unpaid, emotionally exhausting labour often pulls women away from their own employment, cementing the family's economic decline. The psychological toll is profound and widespread. The study found that 71% of all affected households reported suffering from depression or profound sadness. This distress manifests physically, with 68% of families reporting significant sleep disturbances. The injured individual, witnessing the family's struggle, often grapples with a debilitating sense of being a 'burden' a mental suffering as real as any physical wound.

The crisis reaches the most basic level of survival: food security. The financial stress and emotional confusion directly impact nutrition, with 56% of families with an injured member reporting a clear decrease in their food consumption. This reflects the heartbreaking daily choice between paying for medicine and putting a full meal on the table. Ultimately, over 75% of all affected families reported a severe decline in their overall quality of life.

Failed Safety Net Systemic Insurance Breakdown

The final, crushing blow is the catastrophic failure of the very systems designed to offer protection. Our data reveals a landscape of profound vulnerability: a stunning 79% of victims had no health insurance and 59% had no motor insurance. For the few who navigate the claims process, it is a labyrinth of delays; families of the deceased wait an excruciating 11 months, on average, for life insurance payouts. In the end, two-thirds (68%) of all victims or their families faced severe difficulties in accessing any compensation. This systemic abandonment forces bereaved and traumatized families to fight a protracted, lonely battle, ensuring that the financial ruin becomes a permanent state.

A Call to Action from Burden to Breadwinner

The evidence is clear: the systems meant to safeguard accident victims have collapsed. We must transition from sympathy to decisive action. Here are four data-driven solutions: First, establish an Emergency Relief Fund where the government creates a rapid-response fund to cover initial medical



costs, which average over ₹1 lakh, preventing families from immediately liquidating their assets. Second, provide targeted vocational training by offering free, accessible job retraining for injured individuals who can no longer work in their previous fields, enabling them to become earners once again. Third, formalise support for caregivers by instituting a caregiver allowance for family members, predominantly women, who sacrifice their incomes to provide care, preventing the loss of a second livelihood. Finally, strengthen public healthcare since the high cost of private care is a primary driver of debt, making fundamental strengthening of the public health system the most sustainable way to prevent medical bills from destroying families.

Conclusion

The story of a road accident victim does not end when the wounds heal. It echoes for years through layers of debt, anxiety, and abandoned dreams. The testimony of 400 families serves as a critical warning: a road accident is among the fastest and most brutal mechanisms pushing Indian families from stability into destitution. It is imperative that we stop viewing this as merely a traffic management issue and recognize it as a reflective social and economic crisis. The urgency is not just to create safer roads, but to safeguard the futures of the families who use them. It is time to stop creating burdens and start rebuilding breadwinners.

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