Issues And Challenges Of Sanitation Workers -An Intersectional Analysis

Dr. S Suba * & Sheethal T S **

* Associate Professor, Department of Women's Studies, Bharathidasan University, Tiruchirappalli.

** Project Fellow RUSA 2.0 SS, Department of Women's Studies, Bharathidasan University, Tiruchirappalli.

Abstract

Sanitation workers, compared to workers in other sectors, face greater vulnerability and challenging conditions in India. Despite being a crucial part of the workforce, they continue to experience social discrimination and stigma. Improving the conditions of sanitation workers in India is crucial. Many of these workers, especially those in the informal sector, lack access to well-paying jobs and essential benefits. They are often marginalized and excluded from basic healthcare, education services, government programs, social security measures, and alternative employment opportunities. This paper aims to address the issues and challenges faced by sanitation workers in Maranthkothala Road, Nagapattinam District of TamilNadu. The researcher employed a qualitative approach, conducting interviews with 25 sanitation workers at their workplaces and homes. Additionally, a Focus Group Discussion was conducted to explore the socio-cultural, psychological, and behavioral challenges faced by these workers, with a specific focus on gender perspectives. The study utilized an exploratory research design to gain insights into the experiences of sanitation workers in the region.

Keywords: Sanitation workers, discrimination, caste.

Introduction

Sanitation is an essential system that plays a crucial role in ensuring the hygienic separation of humans from harmful excreta and facilitating its safe treatment and disposal. Recognizing its importance, the United Nations has included sanitation as a key component of Sustainable Development Goal 6, which aims to "Ensure the availability and sustainable management of water and sanitation for all". This global initiative underscores the vision and commitment to enhancing sanitation practices worldwide.

Sanitation workers are individuals, whether employed or unemployed, who are responsible for operating, maintaining, or emptying various sanitation technologies at different stages of the sanitation process. This includes those who maintain toilets in different settings such as private households, public areas, and institutions. Additionally, sanitation workers include those who empty full septic tanks and pits, clean manholes and sewers, and work at sewage and faecal waste treatment and disposal facilities. (Dalberg Advisors 2017; WHO 2018).

A significant number of these positions are situated within the informal sector of the economy, where workers often face inadequate compensation for their labor and lack access to essential labor rights.

"Sanitation workers are involved in various tasks across the sanitation value chain, including cleaning toilets and spaces; cleaning and emptying sewers, septic tanks and drains; operating sewage treatment plants, etc."-WaterAid.

The invaluable service provided by sanitation workers often goes unnoticed until we encounter issues like clogged or dirty toilets, overflowing septic tanks, or contaminated beaches. These dedicated workers play a vital role in sustaining our daily lives and are indispensable for achieving the ambitious Sustainable Development Goal (SDG) 6, which focuses on water and sanitation. Sadly, sanitation workers are frequently overlooked and face precarious conditions that expose them to the dire consequences of poor sanitation, including life-threatening diseases, accidents, social stigma, and even death, while carrying out their essential duties. The SDG 8, which emphasizes "decent work and economic growth", highlights the importance of recognizing workers' rights, granting them the freedom and support to organize as a labor force, and ultimately formalizing their working conditions to protect their health, labor rights, and overall well-being.

The World Bank, World Health Organization (WHO), International Labor Organization (ILO), and WaterAid have joined forces in a collaborative effort to realize the Sustainable Development Goals (SDGs) by 2030, following the principle of "no one left behind." This collective initiative aims to enhance awareness of unnoticed challenges, including discrimination and specifically gender discrimination, which often results in exclusion and marginalization of individuals, families, and entire communities.

Social justice is regarded as a constitutional ideal, and Article 15 of the Indian Constitution forbids discrimination based on caste. However, the sanitation workers are compelled to endure the abuse and humiliation they experience at the hands of the upper caste. Because they are denied access to essential services like healthcare and education due to their social exclusion, those who work in sanitation are affected both physically and mentally by their work. It is not only a repulsive and shameful way of life, but its continued existence is a stain on India's social framework, where everyone has a natural right to the ability to live in dignity. The majority of the sanitation work in India constitutes one of the most dangerous jobs. Compared to other occupations, sanitation employees are the most susceptible. In India, sanitation employees have terrible working

conditions. They experience discrimination not only because of their caste but also because of where they work and what they do for a livelihood. The work in nature is viewed as contaminating and impure. Sanitation work is one of the most important jobs in society; their work is frequently done by hand and can include but is not limited to cleaning and maintaining sewers and manholes, emptying toilet pits and septic tanks, cleaning restrooms and public areas, managing or separating various types of waste, and operating pumping stations and treatment facilities. Many of these employments can be found in the unorganised sector of the economy, where workers are not granted access to basic labour rights or appropriately reimbursed for their work. However, the majority of these sanitation workers go unnoticed and unrecognised.

Despite during the COVID-19 pandemic, sanitation workers have continued to perform essential tasks such as waste management, restroom cleaning, disinfection of public spaces, and maintenance of sanitation services. Their responsibilities require them to travel to various locations, interact with numerous individuals, and operate in high-risk environments such as hospitals, quarantine facilities, and containment zones. Unfortunately, sanitation employees have faced significant risks of contracting infections due to the lack of personal protective equipment and inadequate safety measures. Moreover, the COVID-19 crisis has exacerbated existing stigma and discrimination against them, leading to potential job losses and difficulties in accessing proper medical care. In India, sanitation workers bravely risk their lives on a daily basis to maintain cleanliness in our cities, providing an invaluable public service. However, their work is inherently perilous and unsanitary, and their right to safe labor is often violated. The nationwide COVID-19 outbreak has further exacerbated the challenges faced by these workers.

Status of Sanitation Workers in India

India, as a signatory to the 2030 Agenda for Sustainable Development, is committed to achieving the Sustainable Development Goals (SDGs). However, the persisting issue of manual scavenging in the country poses a significant challenge to the attainment of several SDGs, including clean water and sanitation (Goal 6), decent work and economic growth (Goal 8), reduced inequalities (Goal 10), and peace, justice, and strong institutions. With over 5 million sanitation workers in India, the magnitude of the problem is evident. A report by the Ministry of Social Justice and Empowerment in 2019 revealed the identification of 54,130 manual scavengers across 170 districts in 18 states. The Census 2011 data indicates the presence of 7,94,390 insanitary latrines at the household level, which rely on manual scavenging for waste and excreta disposal. The Socio-Economic Caste Census 2011 (SECC-2011) further identifies 1,82,505 families engaged in some form of manual scavenging. These figures highlight the urgent need for comprehensive measures to address this grave issue and work towards achieving the SDGs.

In the state of Tamil Nadu, it is estimated that there are approximately 35,651 sanitation workers. These workers are primarily employed in the 6 Municipal Corporations, 152 Municipalities, and 561 Town Panchayats across the region. The majority of the population engaged in sanitation work is employed by these local bodies.

Sanitation workers face a range of challenges both at work and in society, including issues related to their appearance, workplace rights, financial difficulties, emotional stress, and discrimination. Extensive research has been conducted on topics such as health issues, workplace conditions, awareness, and workers' rights. To promote sustainable development, it is important to analyze the specific challenges faced by sanitation workers from a gender perspective. In this study, the researcher aims to investigate the socio-cultural, psychological, and behavioral challenges experienced by sanitation workers, with a particular focus on understanding these challenges through an intersectional perspective.

Review of literature

The individuals employed in the informal sector come from marginalized and impoverished communities, facing numerous disadvantages such as extended working hours, meager wages, hazardous work environments, gender disparities in employment, and a lack of assistance during illness. They endure exploitation by their employers, who take advantage of their labor without adhering to legal rights and protections provided by the state for workers (Bhat JA, Yadav P (2017). The unsafe working conditions prevalent in the informal sector contribute to significant physical and mental health issues among workers. Unfortunately, these workers are often unaware of the existence of rehabilitation programs, and employers lack the proper motivation to support such initiatives effectively. Shockingly, a staggering 85% of sanitation workers remain unaware of government initiatives specifically designed to assist them (Dalberg Advisors 2017). It was found out that the women participation as the sanitation worker is higher in proportion with compared to men (Rayen, L.P., & Nisee, T.J. (2016). In a study conducted on female workers, it was discovered that factors such as reduced water intake and delayed bladder emptying were identified as risks contributing to urinary symptoms. (Jeeja J (2008).

In India, Dalits are a marginalized group of workers who predominantly engage in sanitationrelated tasks. The caste system and Dalit subcaste hierarchies typically relegate these populations to the lowest social status. Sanitation work specifically becomes a domain where Dalits face castebased prejudice. Discrimination against Dalits extends across various aspects of their lives. (Acharya, 2007; Abhiyan, R. G. (2011). International Labor Organization (2012) despite being illegal, manual scavenging continues to persist throughout the country, which violates the International Labour Organization (ILO) convention against discrimination in employment and occupation. It is crucial to address these discriminatory practices to promote dignified employment and improve working conditions. This can be achieved by empowering trade unions, civil society organizations, and other relevant stakeholders to actively work towards enhancing the situation.

Methodology

The study was conducted among sanitation workers residing on Maranthkothalam road in Nagapattinam District. Maranthkothala road, known as Kattunaayakan theru, is situated in Nagapattinam District and is home to sanitation workers who belong to the Kattunayakan tribal community. The residential area where these workers reside has been specifically allocated by the

Nagapattinam municipality for sanitation workers. Within this community, there were 64 families, comprising a total of 80 individuals who were engaged in sanitation work on both permanent and temporary basis, serving Nagapattinam municipality, schools, and hospitals.

The researcher employed a purposive sampling method to conduct qualitative interviews with a total of 25 sanitation workers, consisting of 13 females and 12 males. These interviews took place at the workers' workplaces and homes, allowing for a comprehensive understanding of their experiences. Additionally, a Focus Group Discussion was conducted to delve into the challenges faced by sanitation workers, considering sociocultural, psychological, and behavioral aspects, with a particular focus on gender perspectives. The research design utilized for this study was exploratory, aiming to uncover insights and generate knowledge in this field. Both qualitative and quantitative analysis techniques were employed to analyze the collected information, ensuring a comprehensive examination of the data.

ANALYSIS AND DISCUSSION

Profile of the Respondent

The age of the respondents plays an important role in the study

Characteristics	N(%)	
Age (In Years)		
21-30	7(28)	
31-40	4(16)	
41-50	7 (28)	
51-60	7(28)	
Total	25(100)	
Sex of the Respondent		
Female	13(52)	
Male	12(48)	
Total	25(100)	
Education		
Illiteracy	1(4)	
Primary	16(64)	
High school	4(16)	
Higher secondary	4(16)	
Total	25(100)	

TABLE 1: Social Characteristics of the Respondents

Hindu 24(96) Christian 1 (4) Total 25(100) Caste 0 SC 0 ST 25(100) General 0 Total 25(100) General 0 Marital status 25(100) Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Religion	
Total 25(100) Caste 0 SC 0 ST 25(100) General 0 Total 25(100) General 0 Total 25(100) Marrital status 0 Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Hindu	24(96)
Caste SC 0 ST 25(100) General 0 Total 25(100) Marital status 25(100) Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Total 25(100) Joint family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Christian	1 (4)
SC 0 ST 25(100) General 0 Total 25(100) Marital status 25(100) Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Total 25(100) Joint family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Total	25(100)
ST 25(100) General 0 Total 25(100) Marital status 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Total 25(100) Junmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Caste	
General 0 Total 25(100) Marital status 16 (64) Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 2(8) Total 25(100) Type of work 25(100) Type of work 12 (48) Contract 11(52) Informal 2(8)	SC	0
Total 25(100) Marital status 16 (64) Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	ST	25(100)
Marital status Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	General	0
Married 16 (64) Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Total	25(100)
Unmarried 3(12) Widow 6(24) Total 25(100) Type of Family 2(8) Joint family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Marital status	
Widow 6(24) Total 25(100) Type of Family 2(8) Joint family 2(8) Nuclear family 23 (92) Total 25(100) Type of work 25(100) Permanent 12 (48) Contract 11(52) Informal 2(8)	Married	16 (64)
Total25(100)Type of Family2(8)Joint family2(8)Nuclear family23 (92)Total25(100)Type of work12 (48)Permanent12 (48)Contract11(52)Informal2(8)	Unmarried	3(12)
Type of Family2(8)Joint family23 (92)Nuclear family23 (92)Total25(100)Type of work25(100)Permanent12 (48)Contract11(52)Informal2(8)	Widow	6(24)
Joint family2(8)Nuclear family23 (92)Total25(100)Type of work12 (48)Permanent12 (48)Contract11(52)Informal2(8)	Total	25(100)
Nuclear family 23 (92) Total 25(100) Type of work 12 (48) Permanent 12 (48) Contract 11(52) Informal 2(8)	Type of Family	
Total 25(100) Type of work 12 (48) Permanent 12 (48) Contract 11(52) Informal 2(8)	Joint family	2(8)
Type of workPermanent12 (48)Contract11(52)Informal2(8)	Nuclear family	23 (92)
Permanent 12 (48) Contract 11(52) Informal 2(8)	Total	25(100)
Contract11(52)Informal2(8)	Type of work	
Informal 2(8)	Permanent	12 (48)
、 , 、 ,	Contract	11(52)
Total 25(100)	Informal	2(8)
	Total	25(100)

Note: n=25, Source: Primary Data

Table 2: Economic Characteristics of the Respondents

Characteristics	n(n%)
Occupation	
Permanent	12(48)
Outsource	13(52)
Total	25(100)

Income (monthly income in Rupees)	
Below 10000	13(52)
11000-20000	1(4)
21001-30000	8(32)
31000-40000	0(0)
41000-50000	3(12)
Total	25(100)

Note: n=25, Source: Primary Data

Among the total surveyed sanitation workers, the distribution based on age categories revealed that 28% belonged to each of the age groups 21-30 years, 41-50 years, and 51-60 years. The remaining 16% of workers fell in the age group of 31-40 years. Education plays a crucial role in assessing societal growth and development. It serves as a catalyst for social transformation, empowering individuals with self-confidence, financial independence, and decision-making abilities. In this study, it was observed that nearly all sanitation workers (96%) were literate, with only 4% being non-literate. When considering their educational background, more than half of the workers (64%) had completed primary-level education, while 16% had completed high school and an additional 16% had completed higher secondary education. Religiously, the majority (96%) of the workers identified themselves as Hindus, while Christians accounted for only 4%. This indicates a predominance of the Hindu religion among the surveyed population. It is noteworthy that all the sanitation workers in the sample area of Maranthkothalam road, Kattunaayakan theru, belonged to the Kattunayakan community, which falls under the Scheduled Tribe caste category. This area is specifically designated as a residential zone for the Kattunayakan community. Regarding their marital status, 64% of the sanitation workers are married, around one-fourth (24%) of them are widows and remaining 12% are unmarried. Majority (92%) of the workers are resided as nuclear families, and very less (8%) of families are joint family.

In India, sanitation workers are typically employed in one of three ways: as permanent staff, on a contract basis, or as informal workers. Among the surveyed workers, 48% held permanent positions, 44% were engaged on contract terms, and 8% worked in the informal sector. When considering their economic status, a significant majority (52%) of the workers earned below Rs. 10,000 as their monthly income, which falls below the minimum monthly wage. Around one-third (32%) of the workers earned between Rs. 21,000 and Rs. 30,000 per month. A small portion (less than 1%) earned between Rs. 41,000 and Rs. 50,000, primarily due to their permanent employment status. Only 4% of the workers earned between Rs. 11,000 and Rs. 20,000 per month. It was observed that sanitation workers employed in the informal sector, such as in schools, hospitals, and commercial complexes, earned significantly lower incomes compared to others. The income

status of the workers indicated a correlation between occupation type and earnings. The majority of workers earned less income due to their occupational roles as contract workers and informal workers.

Challenges of Sanitation Workers

Employment and Social Insecurity

Sanitation workers, particularly those in contract or informal employment, receive minimal and irregular pay. The workers expressed their view that the municipality relies heavily on contract workers, who constitute a larger portion of the workforce. These sanitation workers are involved in various tasks such as street sweeping, sewer cleaning, door-to-door garbage collection, and transporting waste to dumping grounds. They work in two shifts, from 6 AM to 11 AM in the morning and from 2 PM to 6 PM in the afternoon. While permanent staff members are entitled to take Sundays off, contract workers are not allowed to take leave and are required to work the morning shifts, even on public holidays. The workers are supervised and are required to report to the office on a daily basis. Temporary (contract) staff members are significantly impacted by irregular payments and the denial of other social welfare benefits. They often face delays in receiving their monthly salaries, making it challenging for them to meet family expenses, which sometimes forces them into debt.

Despite having been engaged in sanitation work for the municipality for over 15 years, the contract workers have not been granted permanent positions, even though the Industrial Disputes Act of 1947 grants them the right to request permanent employment if they have performed the same tasks continuously for 240 days. However, the sanitation workers have limited awareness of such acts or laws, yet they are concerned about their job security. Despite facing numerous issues, the contract workers are hesitant to assert their rights due to the fear of losing their jobs.

"The salary is not regular as being a bread winner of the family we men are supposed to take care of all the financial liabilities. The irregular payment of salary has forced me to do other jobs apart from the sanitation works of Municipality, I use to go for works such as cleaning the septic tanks of households, toilets, cutting trees, construction work, etc., in between our shifts. I manage to run family from these additional earnings"- Anantha Raj, 30 years, Sanitation Worker (Contract)

The Hindu (2021)reported that employees should be given a pay rise. The contract cleaners in Chennai have been fighting to give permanent jobs to the contract workers and to provide them with the same salary as the permanent cleaners with benefits such as medical maternity and pay hike.

"I filed a claim for an accident that injured my fingers while I was working; I spent nearly Rs. 1 lakh 30 000 on treatments, but the government only paid me Rs. 48 000. I am still haven't fully recovered from that wound."- Dhuraisamy,52years-sanitation worker (Contract)

The respondents live on municipal property land for which they must pay rent. They must spend money on building renovations; the municipality will not take any action in this regard. The residents have lived in this area for almost 40 years, but the authorities have not yet issued patta and caste certificates since there have been instances in which members of other communities have requested caste certificates in order to benefit from specific programs.

FGD:-Sanitation personnel were engaged in the cremation of dead bodies of Corona patients from the hospital during the outbreak of Covid 19. These workers have not yet received the monetary benefit that the government authorities assured them. During the Corona era, they were well-treated; many people gave them food and face shields. Since they go to the medical camp once every six months, there are no health worries.

Workers are unaware of rehabilitation programmes, and employers have mismatched incentives to support certain approaches. 85% of sanitation workers had yet to learn that government initiatives were in place to help them. (Dalberg Advisors 2017)

FGD- Permanent employees receive high salaries and have access to all government facilities. The government does not provide any benefits to the contract workers simultaneously. Contractual employees do not have access to benefits like insurance, a provident fund, or paid time off, and they do not get a regular income either. In between shifts, several of them work outside to support their families.

During the Covid-19 outbreak, sanitation personnel played a crucial role in the cremation of deceased Covid-19 patients from hospitals. However, despite assurances from government authorities, these workers have not yet received the promised monetary benefits. Nevertheless, during the pandemic, they were treated well, and many people generously provided them with food and face shields. Additionally, since they undergo medical check-ups at the medical camp every six months, they have no major health concerns.

The findings of the current study highlight the importance of sanitation workers being informed about the various schemes and policies available to them, as they are currently not benefiting from such programs. Temporary or contract workers, in particular, are excluded from welfare schemes such as Provident Fund (PF), Employee State Insurance (ESI), health insurance, scholarships, and other similar initiatives provided by the government.

Socio-cultural challenges

A significant obstacle to sanitation work is caste and historically such works are linked to caste. In several Indian states, it is believed that more than 1.3 million Dalits or from tribes work in sanitation. For Dalits, performing sanitation work is a caste-based, hereditary job frequently associated with forced labour. The sanitation workers in the present study belong to Kattunayakan community of Schedule Tribe. This also reveals that not only Dalits or Schedule Caste Community but Schedule Tribe Community are also involved in such works. The job was hereditarily transferred to the young ones but this generation workers are not willing to see their children becoming a sanitation worker in future.

"On one occasion, while collecting waste from a household, I requested some drinking water as I was feeling thirsty. A woman from the household handed me a tumbler filled with water that had a rust-colored appearance. I felt offended by this interaction as it made me feel like I was being treated differently due to my occupation."- Chithra, 27years, a Sanitation worker (Contract)

FGD- Due to instances of individuals from other communities producing counterfeit certificates, the authorities have refrained from providing us with the community certificate. This situation has had a detrimental impact on us, as we are unable to access the government benefits that are available. Moreover, some children have been unable to apply for scholarships at schools due to the absence of their caste certificates.

"As I belong to Kattnayakan community, my daughters, who are currently studying in schools, have been denied scholarships due to our inability to provide the community certificate. The authorities responsible for issuing the certificate have demanded a payment of Rs. 10,000 in order to obtain it."- Mariyappan, 42 yearsSanitation Worker (Contract)

In the past, there was a societal norm that assigned certain types of work based on caste and community, with individuals from lower castes often being engaged in sanitation work. The study indicates that this norm continues to persist, as the majority of sanitation workers still belong to the Scheduled Tribe (ST) category. Additionally, a power hierarchy exists between permanent staff members and contract staff. The nature of work assigned to each group also differs. Contract workers tend to have a heavier workload compared to permanent staff, as they are often more concerned about their job security. Moreover, the benefits provided by the government are primarily accessible to permanent staff members, creating an advantage for them.

Observation: During the Focus Group Discussion (FGD), contract workers expressed hesitancy in openly sharing certain issues they face in their workplace. This hesitation was from a concern that permanent staff members might relay their complaints to the authorities. However, once the permanent staff members left the discussion, a few contract workers felt more comfortable sharing their experiences of wage discrimination and inequitable work assignments between the two groups.

Health and safety

Sanitation workers face increased vulnerability to diseases due to their exposure to highly contagious bacterial and viral infections. Research indicates that sanitation workers in India often lack access to essential protective equipment such as boots, gloves, masks, and other necessary tools when performing tasks like clearing drains or handling solid and liquid waste.

FGD:- The use of protective equipment, such as face masks and gloves, can be challenging for sanitation workers as it is often uncomfortable and disruptive. Workers may experience discomfort due to factors such as heat, sweating, suffocation, improper sizing and fit of the equipment, and difficulty in maintaining a proper grip with gloves. These issues contribute to a lack of user-friendliness, making it more difficult for workers to consistently utilize the protective gear.

Sanitation workers are currently not using face masks, gloves, and boots during their cleaning tasks. This is mainly due to the lack of user-friendliness of the safety equipment, as well as a general unawareness of the health risks associated with poor hygiene practices. It is crucial to raise awareness among the workers about the importance of using safety equipment to protect their health. Additionally, there is a need for innovative solutions to develop user-friendly safety gear specifically designed for sanitation workers.

Workplace Challenges

The office where the sanitation workers are employed lacks adequate drinking water and toilet facilities. As these workers are primarily engaged in outdoor tasks, they have to carry their own water for drinking purposes and rely on public toilets in the vicinity. Furthermore, there is a lack of separate toilet facilities or refreshment rooms for the employees, leaving them dependent on public taps to clean their hands and equipment after completing their work.

"As a woman working in sanitation, the primary issue I encounter at the workplace is the lack of proper toilet facilities. I feel hesitant to ask people to use their household toilets, so I often have to rely on public paid toilets operated by the municipality. Unfortunately, as sanitation workers, we are still awaiting reimbursement for these expenses. Additionally, my female co-workers tend to refrain from changing their sanitary napkins until they return home after the first shift." – Muthai 56yrs, Sanitation Worker(Permanent)

Female workers exposed to hot environments and inadequate sanitary facilities at work and face significant risks of heat-related illnesses and urogenital problems. The absence of essential sanitary amenities, including toilets, in numerous workplaces in underdeveloped countries raises concerns regarding public health. (Vidhya Venugopal et al., 2016)

"The lack of waste segregation by households, specifically separating degradable and nonbiodegradable waste, poses a challenge for sanitation workers. It would greatly assist us in our waste collection efforts if people could segregate their waste accordingly. This practice would not only save time for us in collecting waste from each household but also enable us to serve a larger number of households efficiently."- Mohan, 49 years, a Sanitation worker (Permanent) The workplace lacks proper toilet and drinking water facilities, which goes against labor laws and rights. A potential solution is to allow workers to use public toilets free of charge by providing them with ID cards. Additionally, there is a need to raise awareness among both the general public and sanitation workers on effective household waste management practices. By fostering this awareness, the workload of sanitation workers can be reduced, and a safe and healthy environment can be established for society as a whole.

Gender Lens

In a patriarchal society, women are traditionally expected to take on the role of providing and managing health, hygiene, water, and sanitation. They are often seen as caregivers, with their work considered an extension of household chores and responsibilities. However, when women assume the role of sanitation workers, they face discrimination in their assigned tasks. Men typically handle tasks such as waste transportation, emptying public dustbins using advanced vehicles, and cleaning sewers. On the other hand, women are assigned duties such as street sweeping, door-to-door waste collection, waste segregation, and compost preparation. Additionally, there is a disparity in salary payments, with women sanitation workers receiving lower initial pay compared to their male counterparts.

Women sanitation workers often lack awareness about the welfare schemes and policies available to them, while men may have some knowledge but still lack comprehensive information. It is crucial to provide awareness on these schemes, policies, and labor rights to all sanitation workers, regardless of gender. By ensuring equal access to information and resources, we can empower both women and men in the sanitation workforce to avail themselves of the benefits and support they are entitled to.

Conclusion

From this study, the researcher found that sanitation workers endure extremely challenging socioeconomic conditions. Their working and living environments fall below acceptable standards of living. In general, they face various vulnerabilities, but the situation for contract workers is particularly dreadful. The temporary workers lack increments and other social welfare benefits and timely payment of their monthly salary is a constant struggle, making it difficult for them to meet their needs and support their families. Despite their role in safeguarding public health, sanitation workers do not have access to basic facilities such as toilets and drinking water at their workplaces. Women, in particular, face additional challenges during menstruation. The lack of water and sanitation facilities remains a significant barrier for them. It is crucial for the government to take necessary steps to uplift the sanitation workers, who are part of the most vulnerable and marginalized groups in society. Providing essential amenities at their workplaces, offering proper medical assistance, ensuring the availability of user-friendly safety equipment, and raising awareness about schemes, policies, and labor rights are essential steps toward improving their quality of life and achieving broader societal goals.

Reference

1. Abhiyan, R. G. (2011). Eradication of inhuman practice of manual scavenging and comprehensive rehabilitation of manual scavengers in India—A report by Rashtriya Garima Abhiyan.

2. Acharya, S. (2007). Health care utilisation among Dalit children—understanding social discrimination and exclusion: A study in selected villages of Gujarat and Rajasthan (Working Paper Series). UNICEF-IIDS. New Delhi, India.

3. Bhat JA, Yadav P (2017) Economic Informal Sector and the Perspective of Informal Workers in India. Arts Social Sci J 8: 241. doi: 10.4172/2151-6200.1000241

5. Dalberg Advisors. 2017. Sanitation Worker Safety and Livelihoods in India: A Blueprint for Action—Phase 1: Understanding the Problem. Dalberg Advisors, New Delhi, India.

6. International Labour Organization (2012) "National Workshop on Decent Work for Sanitation Workers and Workers in Manual Scavenging."Bhopal, Madhya Pradesh, India, October 31–November 1.

7. Jeeja J (2008). A gender-based study on sanitation facilities and attributed ill health of working women in Kerala. In: Ambat B, Vinod TR, Ravindran KV, Sabu T, editors. Environmental Sanitation, Health and Hygiene. Proceedings Kerala Environment Congress; 2008 Apr 22-24; Kerala, India. Thiruvananthapuram: Center for Environment and Development; 2008. p. 175-9.

8. Rayen, L.P., & Nisee, T.J. (2016). A Study on the Status of Sanitary Workers in Tirunelveli Corporation of Tamil Nadu, International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-2 | Issue-1, December 2017, pp.945-952, <u>https://doi.org/10.31142/ijtsrd7093</u>

9. Vidhya Venugopal et,al (2016) Heat stress and inadequate sanitary facilities at workplaces –an occupational health concern for women?,Global Health Action, 9:1, DOI: <u>10.3402/gha.v9.31945</u>

10 WHO (2019) Health, safety and dignity of sanitation workers. World Health Organization, Geneva

11. <u>https://pib.gov.in/newsite/PrintRelease.aspx?relid=133286</u>

12. https://www.thehindu.com/news/cities/chennai/tn-sanitary-workers-demand-permanent-jobs-salary-hike/article37766132.ece

13.<u>https://www.wateraid.org/in/publications/health-safety-and-social-security-challenges-of-sanitation-workers-during-the-covid-19</u>