

Socio-Economic Condition of Women Sanitary Workers: A Case Study of Delhi

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Abstract: *Health is a vital component of safety, security, and the well-being of mankind. One of the most persistent concerns today is the provision of adequate health care for its citizens. Additionally, the right to health and living in a dignified environment are fundamental human rights. Health care is the most crucial aspect of a person's living standard and has a big impact on their health. It gives protection from a variety of health risks. A life without health care exposes an individual to a variety of health issues caused by their environment. Furthermore, their unfavorable and unsanitary living conditions expose them to a variety of health problems. In India, especially among the women, the social status of the population, especially among the women sanitation workers, is still a cause for concern. The current study intends to investigate the socio-economic conditions of women sanitation workers in Delhi, as well as their health issues. A total of 200 permanent and temporary workers from two Karol bagh and Civil lines in Delhi were interviewed for this study. These two areas were chosen because they had a higher concentration of MCD workers. This study provides a comprehensive picture of the health problems affecting women sanitation workers, along with their facts, problems, and solutions.*

Keywords: *Health, Sanitation, Occupation, Marginalization, Diseases*

INTRODUCTION

Over the millennia, the status of women in India has undergone numerous changes. In India, women are socially, politically, and economically disadvantaged. According to the 2011 census, 15.4 percent of Indian women are employed. The majority of Dalit women work in sanitation work. At the same time, the life of a sanitation worker is fraught with dangers. They also lack sufficient education and nutrition, which has negative consequences for sanitation employees, particularly women. In this backdrop, the current research aims to investigate the socio-economic and health conditions of women sanitation workers.

Women in India face many serious health problems. Sanitation work is one of the most dangerous jobs in India. Because their work involves sanitation and lacks sufficient facilities, women sanitation workers suffer from various health issues. Women from marginalized groups in every society, especially in lower caste sections, are vulnerable. The health status of women shows its status in society. In order to understand the health of women from marginalized sections, we need to have reliable data on their socio-economic condition, problems related to their workplace, health problems, and the nature of their work. The women sanitation workers are economically and socially backward and a neglected section of society.

Objectives

- a) To study the social, economic, and working conditions of women sanitation workers employed by the Municipal Corporation of Delhi.
- b) What are the minor and severe illnesses faced by women sanitation workers?
- c) To suggest recommendations to improve the health status of sanitation workers.

Methodology

A stratified random sample survey of 200 respondents living in two different locations in Delhi will be carried for the study. The sample survey will be categorized into permanent and temporary women sanitation workers as they represent two different economic categories. Altogether, 200 respondents will be surveyed from the two different areas. Structured interviews were conducted with each woman sanitation worker. Interviews were focused on their age, educational status, housing pattern, health problems, ranking of castes, and nature of their work.

A Profile of Sample

Age Distribution

When it comes to the job, age is an important factor. Women's age has a greater impact because their roles alter as they become older. As people get older, their domestic obligations and family status change. The age-wise classification of women sanitation workers is presented in Table 1. It is observed that 52 percent of women sanitary workers belong to the age group of 40-49 years. 25 percent of sample respondents are between the age of 29 years -39 years. Among the permanent sanitation workers, 65 percent of them belong to the age group of 40 years - 49 years; and the 5 percent belong to the above 59 years.

Table 1. Age Distribution

Sl. No.	Age	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=100)
1.	18 years - 28 years	9	11	20 (10%)
2.	29 years - 39 years	14	36	50 (25%)
3.	40 years - 49 years	65	39	104 (52%)
4.	50 years - 59 years	10	5	15 (7.5%)
5.	Above 59 years	2	9	11 (5.5%)

Source: Primary Data

Educational status

Education plays a vital role in the development of the family and society as a whole. Education promotes knowledge development, skill development, and character building. The educational qualification was classified as illiterate, primary, middle, higher secondary, and graduate. The education qualification of the respondent is given in Table 2 below. The educational level of sanitation workers shows their poor socio-economic condition. In the present study, among the respondents, 43 percent could not even read and write their mother tongue. Approximately 31 percent of permanent and temporary sanitation workers completed their primary education. About 19 percent of permanent and temporary sanitation workers completed middle school. Education is certainly not a priority for these sanitation workers. The educational level of women sanitation workers is very low. Only about 2 percent of the sampled women sanitation workers could achieve the graduation level of education. The low education level of temporary workers is the replication of the lack of economic resources or inclination towards education.

Table 2. Educational Status

Sl. No.	Educational qualification	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=200)
1.	Illiterate	45	41	86 (43%)
2.	Primary education	30	32	62 (31%)
3.	Middle school	16	22	38 (19%)
4.	Higher secondary	5	4	9 (4.5%)
5.	Graduate	4	1	5 (2.2%)

Source: Primary Data

Caste

In the field of sanitation work, caste plays a critical role. The present study assesses whether the occupation of women sanitary workers is caste-based. The concentration of certain castes in certain occupations could be taken as an indicator for this. The following Table 3 explains the distribution of respondents according to their caste. Caste-based *mohallas* were visible in places like Delhi. Among the SC respondents prioritized that routine work is given on the basis of their traditional occupation. The data indicates that the majority of 75 percent of respondents belong to the SC community; 10 percent of them belong to the Scheduled tribe community, and 6 percent belong to the Other backward class community.

Table 3. Caste

Sl. No.	Caste	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=200)
1.	SC	73	78	151 (75%)
2.	ST	11	9	20 (10%)
3.	OBC	7	6	13 (6.5%)
4.	Others	9	7	16 (8%)

Source: Primary Data

Respondent's housing pattern

The housing pattern represents the economic condition of the person who owns the house. In order to know the respondent's socio-economic conditions, the housing pattern was included as one of the variables. Location of the house is an important criterion for inevitable discrimination. Table 4 shows the information regarding the status of the respondent in the study area. In regard to housing access to sanitation workers, the majority of sanitation workers live in their traditional *bustees*. During the survey, it was observed that the majority of the temporary workers 81 percent were living in poor housing conditions as compared to the housing of permanent workers. The data of the permanent workers show that a substantial proportion of them are living in the pucca houses. Only 24 percent of them are living in *Kutchha* houses. In contrast, a majority of them have kept their homes tidy and clean.

Table 4. Housing Pattern

Sl. No.	Housing Pattern	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=200)
1.	Pucca	76	19	95 (47%)
2.	Kutchra	24	81	105 (53%)

Source: Primary Data

Nature of the work performed by women sanitary workers

There are different kinds of work performed by the permanent and temporary sanitation workers such as toilet cleaning, wet and dry waste loading on wheelbarrows, sweeping on roads, bus-stand, spray pesticide, and disposal of dead animals. The following Table 5 summarizes the nature of work performed by permanent women sanitary workers. It shows that 66.5 percent of respondents are street cleaners, 13.5 percent of respondents carry the wet or dry loading on wheel Barrow. It is observed that cleaning manholes and disposal of dead animals are performed by 8 percent of respondents; the remaining respondents are toilet cleaners.

Table 5. Nature of work performed by women sanitary workers

SL. No.	Nature of work performed by women sanitary workers	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=200)
1.	Toilet cleaning	9	15	24 (12%)
2.	Wet or dry waste loading on a wheelbarrow	11	16	27 (13.5%)
3.	Cleaning manholes	-	-	-
4.	Street cleaner	74	59	133 (66.5%)
5.	Disposal of dead animals	6	10	16 (8%)

Source: Primary Data

Work-related problems among women sanitation workers

The following Table and figure 6 show the result of the work-related problems among permanent and temporary workers. In most cases, the temporary workers get no rest and risk allowance. Medical expenses on work-related injuries are paid according to the position of employment. Following the survey, it was observed that the unhygienic workplace (65%) is the primary reason for work-related health problems among women sanitation workers, followed by the rude behaviour of the supervisor (11%) and work during all climate conditions (10%).

Table 6. Table Label

Sl. No.	Work-related health problems	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=200)
1.	Unhygienic workplace	72	58	130 (65%)
2.	Long working hours	4	12	16 (8%)
3.	Rude behaviour of the supervisor	13	9	22 (11%)
4.	Unequal salary for the work done	2	10	12 (6%)
5.	Work during all climate conditions	9	11	20 (10%)

Source: Primary Data

Diseases of the women sanitation workers suffer

One of the problems of sanitary workers is health. Due to their nature of work, smoking of *beedies*, and excessive drinking, they are very often under attack by many diseases. They mainly usually suffer from menstrual problems, respiratory, hypertension, and musculoskeletal disorders. There are also a few cases of cancer, and one person has died of this disease. It is important to note that the sanitary workers are playing a pivotal role in rendering this noble service. Therefore, there is a crying need to take necessary action in improving the health conditions of women sanitation workers. The diseases that women sanitation workers suffer from are shown in Table 7.

Table 7. Diseases

Sl. No.	Diseases	Permanent workers (N=100)	Temporary workers (N=100)	Total (N=200)
1.	Musculoskeletal disorders	28	26	54 (27%)
2.	Skin diseases	23	20	43 (21%)
3.	Menstrual disorder	12	17	29 (14%)
4.	Respiratory problems	16	7	23 (12%)
5.	Gastrointestinal problem	2	16	18 (9%)
6.	Hypertension	5	3	8 (4%)
7.	Lung disease	3	2	5 (3%)
8.	Tuberculosis	1	2	2 (1%)
9.	Others	10	8	18 (9%)

Source: Primary Data

The problem of musculoskeletal disorders (27%) and skin diseases (21%), and menstrual disorder (14%) has been found common among women sanitation workers. Such miseries have been observed to be high among the permanent workers. Most of the problems faced by sanitation workers at their workplace. The prevalence of gastrointestinal problems and tuberculosis was very low among the respondents. 12 percent of the respondents have symptoms of respiratory problems; only 3 percent of respondents identified lung disease. Respondents who are suffering from respiratory problems experience sore throats frequently. Those respondents who suffered from respiratory problems also had sinusitis, breathlessness, and blocked nostrils. Prevalence of sick leave due to the problem of musculoskeletal injuries was reportedly higher among sanitation workers. Other diseases include cancer, diabetes, heart problems, and cholera.

Conclusion

The major objectives of the study were to examine the socio, economic and working conditions of women workers employed by the MCD of Delhi. This paper tries to give a socio-economic description of the respondent that were interviewed. Age, educational status, caste, and nature of work were all covered in this paper. According to a study of respondents' background characteristics, the majority of respondents (52 %) are between the ages of 40 years – 49 years, and the majority of respondents (80 %) are married. According to the percentage of respondents that are illiterate, 43 percent of the total respondents are illiterate. It was found that there were no substantial differences in health concerns between permanent and temporary workers. Both were discovered to be suffering from the same health issues. The findings point to a notable disparity in the availability of health treatments for permanent and temporary female employees. Private health care facilities are utilized more by permanent workers as temporary workers seek preventive health care from government facilities. The main reason is the lower-income, which prevents temporary workers from using private facilities. The access to medical facilities presented a dismal picture. Workers in the sanitation work were discovered to be seeking medical treatment from private hospitals.

Workers in sanitation work are among the most vulnerable. The fact that women sanitation workers had a greater rate of musculoskeletal and skin disease due to the nature of their employment, which is physically demanding and entails lifting and dragging. They have a duty profile that includes carrying oversized items, pushing and pulling frequently, and walking long distances. Manual handling and a lack of protective clothing/equipment, which resulted in direct contact with trash, were associated with numerous health concerns. Sanitation work is one of the worst types of work, as it requires individuals to work in order to satisfy their hunger. It is widely recognized as the most unhygienic and dangerous for their physical growth and development, as well as a health risk. While collecting garbage, sanitation personnel face a high risk of illness. The government utterly disregards the health of women sanitation workers. Their employment is dangerous and sporadic. Sanitation labour is a fight for survival for impoverished urban communities.

Women sanitation workers in the Delhi region face several health issues. The most serious issues concern musculoskeletal and skin health. The low health condition of sanitation employees can be traced to their occupations, which are inextricably intertwined. To enhance their health, they will need an integrated health policy approach. One of the ways to raise their awareness and encourage their economic empowerment is through education. Women sanitation workers in the Delhi area are deprived of good health. Their health-care system is also insufficient. In the health-care system, the health problems of temporary workers were not adequately addressed. As a result, for Delhi's temporary employees, a healthy lifestyle for everybody is still a dream.

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