



Engaging with Conservancy Works and Experiences of Social Discrimination

A Spatio-temporal Analysis of the Determinants and Consequences

SUMMARY

Sanghmitra S Acharya

Centre of Social Medicine and Community Health,
School of Social Sciences, Jawaharlal Nehru
University, New Delhi 110067

ABSTRACT

The present research has examined the determinants of engaging in cleaning works and the notion of dignity associated with it. The study also explores social discrimination experienced by Dalits engaged in cleaning while accessing resources to enhance their human development indicators through literacy, skills, health, basic housing and related infrastructure. The present study endeavours to understand the factors which perpetuate their engagement in cleaning jobs; the provisions made under the Constitution; legislative safeguards and Human Rights perspective on engaging in cleaning works. The study investigates the status of persons engaged in cleaning work, state response, gaps and ways to bridge the gaps.

[UGC-MRP-MAJOR GEOG-2013-43683]

Submitted to

University Grant Commission, New Delhi
2019

Engaging with Conservancy Works and Experiences of Social Discrimination: A

A Spatio-temporal Analysis of the Determinants and Consequences with Special Reference to Female Population

(UGC-MRP-MAJOR GEOG-2013-43683)

Abstract

The present research has examined the determinants of engaging in cleaning works and the notion of dignity associated with it. The study also explores social discrimination experienced by Dalits engaged in cleaning while accessing resources to enhance their human development indicators through literacy, skills, health, basic housing and related infrastructure. The present study endeavours to understand the factors which perpetuate their engagement in cleaning jobs; the provisions made under the Constitution; legislative safeguards and Human Rights perspective on engaging in cleaning works. The study investigates the status of persons engaged in cleaning work, state response, gaps and ways to bridge the gaps.

The study was conducted in different geographical settings as sanitation and sewerage is influence by terrain and physiography. The cities selected were Ahmedabad, Bhubaneswar, Delhi, Gangtok, and Nagpur were. Sample population was drawn from among the conservancy workers. They were accessed through the urban local bodies (ULBs) like municipal corporation, Jal Board. Listing of all the persons currently engaged as workers was done using records of the ULBs; and snowballing. Using purposive sampling, about 200 persons engaged in conservancy and their family members; and 20-30 officials of the civic bodies, organizations and campaigns and advocacy groups formed the study participants.

It is evident that the persons engaged in cleaning works live in abysmal conditions. They look for the opportunities for other jobs. But there are many compulsions which hinder their exit from such occupations. The caste-based identity is the biggest obstacle. The equipment are reported to be unwieldy and ill-fitting. Masks, boots and helmets are very uncomfortable to wear and work, particularly for women, most of whom were sari while at work. Their social vulnerability exposes them to the unkind behaviour from the services users. Women who engage in cleaning occupations, are exposed to vulnerabilities as women provider as well as user of the services. In addition to the problems related to social identity and protective gears and their use; sexual harassment while at work is an important factor which mars the work environment for women. Young women workers experience additional problems related to menstrual health and hygiene. There are no toilet facilities for workers in general and for women in particular. They have to hold their urge to ease themselves till they reach home or any other community toilet. This is medically known to cause adverse effects on health. The health and safety is not explicitly guaranteed by a legislation such as those for workers in plantations, factories, mines, dock and construction sector. Also, there is no legal mandate for reporting injuries, unlike the Factories Act. Thus, there are few instances of compensation by the employer or contractor. The new legislation of 2013 fails to address health risks and is problematic as it does not define workers using protective gear or devices to clean faecal matter as manual scavengers.

An analysis of the reported illnesses suggests that more than half of them suffer from respiratory ailments. Injuries were one of the most commonly occurring 'illnesses'. As regards the benefits, out of all the workers across different cities selected for the study, only 18% were aware of the benefits for the family. Some (about 16%) could recall that they got soap, oil and uniform. Poor

access to resources and consequent low skills, appalling conditions of work, and almost no opportunity to change occupation, need to be addressed through an alternative model of sensitization of communities and personnel- officials, co-workers, users of services needs to be done through structured and organized programmes. A sensitization programme may be mandated along the lines of gender sensitization in the institutions.

Engaging with Conservancy Works and Experiences of Social Discrimination:

A Spatio-temporal Analysis of the Determinants and Consequences with Special Reference to Female Population

(UGC-MRP-MAJOR GEOG-2013-43683)

Summary

I Background-

India has made significant development since independence. It has the largest technically skilled workforces in the world. Its scientist, engineers and technicians are contributing to the development of other countries too. There has been improvement in the development indicators like educational attainment and life expectancy and gross domestic product (GDP). However, the progress has not been uniform in all sectors. Neither has it benefitted all people. Some have better access to opportunities while others do not. The country still needs to ensure universal education, access to health care, basic amenities and employment. In this disparate development, the worst affected are the conservancy workers who engage in sanitation sewerage and allied works. They are predominantly from Scheduled Castes and are marginalized due to their caste identity and occupation. The persons engaged in cleaning also termed as the *Safai Karmacharis* (SK) have been categorized as sewerage workers and sweepers by the Urban Local Bodies for administrative purpose. The sewerage workers are usually all men, sweepers are both, men and women. They are employed as permanent, temporary, daily wage and contract workers. Those who complete 900 days of working are registered as permanent workers. They do not have any essential claim to compensation if there is any accident during their work. They are employed as *Safai Karamcharis* usually by local municipal bodies; public and private sector institutions; service sector (hospitals, educational institutions, residential colonies, airports malls etc.) and private agencies. In the service sector, they can be employed directly or through a private agency. The average age of the persons engage in cleaning work is between 25-35 years. They collect, transport and dispose waste including human excreta; work in waste water and sewer treatment plants. They engage in domestic garbage collection, cleaning of drains, sewer, roads and public spaces, personal/public toilets, and handle biomedical waste.

It is important to explore why has there been a continued state apathy towards improvement through mechanization, for instance, of scavenging and cleaning work; what are the state initiatives and efforts towards it, especially in the light of *Barve Committee Report* recommendations way back in 1952 and reiterated in *Malkani Committee Report* in 1966; and why is it that the people of specific castes are associated with this work despite constitutional, legislative and legal safeguards. The study will examine the health, disease and safety issues; educational opportunities; alternative means of livelihood; and measures for the safeguard of the persons engaged in cleaning works.

Purpose-

The present intends to ask why do people choose to become cleaners? What have governments done for them? How the fellows human being perceive them? What is their vulnerability in terms

of social identity vis-à-vis access to opportunities and resources? And how aware are they of their constitutional right and legislative safeguards?

Thus, the purpose of this research is to understand the factors which initiate and perpetuate engaging in cleaning works, states response to it and the human rights perspective of conservancy work. Social discrimination experienced by Dalits engaged in cleaning while accessing resources to enhance their human development indicators through literacy, skills, health, basic housing and related infrastructure have been investigated. The present study endeavours to understand the the provisions made under the Constitution and the Legal and Human Rights.

Research Design-

The study was conducted in four geographical settings-plains, foothills, coastal and plateau. Nature of and requirement for cleaning differs in these geo-specific setting due to terrain, physiography, population size and their civic status. Land gradient and porosity of the terrain; governance and level of development are crucial in provisioning of services and for providers. Thus, Ahmedabad, Bhubaneswar, Delhi, Gangtok, and Nagpur were selected. Study population was drawn from among the sanitation and sewerage workers and their family members. They were accessed through the civic bodies like municipal corporation, Jal Board. Listing of all the workers currently engaged was done using records of civic and municipal bodies; and snowballing. About 200 workers and their families in each city; and 20-30 officials of the civic bodies, organizations and campaigns and advocacy groups formed the study participants. The study had two components- (a) desk review of literature and analysis of published data; (b) a field study conducted in selected cities and selected areas of persons engaged in sanitation (sewerage and allied) works.

The present research uses both primary as well as secondary data. The methods used for data collection included both qualitative and quantitative techniques. Tools and techniques for the primary data include individual interviews, in-depth interviews, group discussions, consultative meetings and observations through structured questionnaire schedule and semi-structured questionnaire schedule, check lists and field notes. In addition, photography and videography also have used to illustrate some observations.

Sampling Design: - The municipal zones in each city were used as the primary sampling unit to select zones in each city to conduct the field work. Persons engaged in the following works were included in the study- sewer and septic tank cleaning, railway (track) cleaning, private latrine cleaning, community/public toilet cleaning; treatment plant work; public space (school/college/university/ office) cleaning; surface (roads, streets) cleaning/sweeping, drain cleaning, domestic (residential complex) cleaning; hospital and biomedical waste cleaning; and waste segregation, disposal and transportation. For each category of workers, care was taken to ensure a realistic share of men and women workers across the employees (Urban Local Bodies (ULBs), Other than ULBs and private sector) and nature of employment, that is, permanent, temporary and daily wages. The field data were collected during the year 2016–17.

II Discussion-

The persons engaged in cleaning occupations collect waste including human excreta with their brooms and tins and carry it to a disposable ground. This work division has continued based upon the traditional Hindu social order, which allowed division of labour and assigned the Scheduled Castes the dirty and mean jobs. Dr. BR Ambedkar, said: “... *in India a man is not a*

scavenger because of his work. He is a scavenger because of his birth irrespective of the question whether he does scavenging or not." This observation sums up the Indian mindset in context of persons engaging in cleaning occupations. In addition to facing apathy from the society, persons engaged in cleaning occupations are at a risk of diseases such as dysentery, malaria, typhoid, skin infections, tuberculosis and exposure to toxic gases in sewers, septic tanks, drains and toilets and on the roads.

These persons have remained backward in the sphere of education, livelihoods, access to services, schemes and opportunities to live a life with dignity. They are not free to select occupations of their choice. This has affected their health due to some specific occupational engagement- viz sanitation and cleaning. Across sectors, these jobs are done by persons from specific caste groups. They constitute a big unorganized category of workers. The present study identified the following type of workers who need separate attention from state and society-

- 1- Sewer and septic tank cleaning,
- 2- Railway (track and toilet) cleaning,
- 3- Private latrine cleaning,
- 4- Community/public toilet cleaning
- 5- Treatment plant work,
- 6- Public space (school/college/university/ office) cleaning,
- 7- Surface (roads, streets) cleaning/sweeping,
- 8- Drain cleaning,
- 9- Domestic (residential complex) cleaning,
- 10- Hospital and biomedical waste cleaning,
- 11- Waste segregation, disposal and transportation.

The present study suggests that the persons engaged in cleaning occupations face high occupational hazards in their work. These persons are not in the formal sector. This results in very poor access to schemes and programmes purportedly designed to help them. A large proportion of these workers are in contracts with the various city corporations' contractors and receive below-minimum wages. Often, what they earn is just one-third of what they would if employed directly by the city. To worsen matters, most do not have provident funds (PF) or health benefits either. From the present study, it is clear that over 95% of the persons engaged in cleaning works are Dalit and are historically engaging in sanitation work. As these persons migrate from rural to urban areas, they find it difficult to penetrate into other job markets due to their caste identity which acts as a barrier. Thus, urbanization, in fact, pushes them further into penury and perpetuated their engagement into unclean jobs.

In the cities studied, these persons are primarily engaged in sewer cleaning, septic tank cleaning, railway track cleaning, surface cleaning, hospital waste cleaning and community/public toilet cleaning. More than half of them are women, mostly engaged in school toilet and drain cleaning and sweeping. Women face a specific set of challenges as they are often forced to become primary earners, mostly in the event of death of the spouse. They also engage in this work to supplement the household income. Spousal income is often unreliable due to alcoholism. They are frequently harassed on the job.

Persons engaged in cleaning often have dependencies on alcohol and other substances. Consequently, they suffer from poor mental health. They not only have low life expectancy and

poor physical health outcomes, but many report regular fever, respiratory illnesses, body pain, headache, irritant red eyes and skin diseases. Their average life expectancy said to be less than 50 years. Persons engaged as contract workers, who sweep streets, collect garbage and clean sewers, were not entitled to health and other benefits, vacation, rest days and pension. They are dependent on the NGOs and CBOs to raise a voice on their behalf. They were paid Rs 5,000 a month with no hike, toilets and safety gear.

III Findings-

Efforts to realize the health rights of these marginalized workers should include implementation of safety practices at work, occupational health surveillance and research, and legislation that identifies hazardous work practices and work-related health problems as notifiable and compensable. Provision of medical care to workers and their families by specific financial allocation and linking to healthcare delivery systems such as the Employees' State Insurance Scheme will lead to the long process of social justice which is their right.

Safety at workplace and safe working conditions

With exposure to dust, hazardous gases and biomedical waste, there are evidence of accidents and illnesses are reported by these workers. The state has made provision of safety gears as per the policy regime. But the use of these equipment to safeguards these workers from exposure to health risks is not very encouraging. They are often unable to use these because of discomfort due to ill-fitting sizes which obstruct work. Bhubaneswar and Nagpur, although had only about 40% workers reporting access. Only about half of them reported any kind of problems faced by them in using these gears. Most of the problems reported were related to the improper fitting of the gears like boots and gloves including uniforms.

The health and safety of persons engaged in sanitation works is not explicitly guaranteed by a legislation such as those for workers in plantations, factories, mines, dock and construction sector. Also, there is no legal mandate for reporting injuries, unlike the Factories Act. These persons are not covered by the Employees' State Insurance Scheme to safeguard from occupational diseases or injuries. Thus, there are few instances of compensation by the employer or contractor depending on their mercy and whims. The new legislation of 2013 fails to address health risks and is problematic as it does not define workers using protective gear or devices to clean faecal matter as manual scavengers. Therefore, to get covered under the Act, not using the protective gears is a requisite. This makes the Act and the efforts to eliminate manual scavenging self-defeating. As regards the education, about 20-30 % of all workers across the study cities are without education.

Problems and Discrimination-

Persons engaged in cleaning face various problems while working. It can be observed that high percent of workers in all the states/cities faced problems related to equipment. The equipment are reported to be unwieldy and ill-fitting. Masks, boots and helmets are very uncomfortable to wear and work. Their social vulnerability exposes them to the unkind behaviour from the services users. The users of the cleaning services- the household members who interact with the cleaners when the collect garbage, often refuse to give water to drink if the workers ask for. They do not let the workers take shelter in the verandah etc. in case of rain or strong sun of the summer months. They speak to them harshly and in a crude way.

In addition to all these problems, young women experience additional problems related to menstrual health and hygiene and of sexual harassment. There are no toilet facilities for workers in general and for women in particular. They have to hold their urge to ease themselves till they reach home or any other community toilet. This is medically known to cause adverse effects on health. They cannot use and/or change the sanitary pads due to no toilets available in the Beat Offices of the municipal bodies of all the cities studied.

Health Conditions-

The conservancy work is considered to be one of the most hazardous jobs. Those engaging in these jobs are susceptible to various kinds of illnesses. An analysis of the reported illnesses suggests that more than half of them were suffering from respiratory ailments. Injuries were one of the most commonly occurring ‘illnesses’.

Nature of illness and Treatment Seeking Across Gender-

An analysis of the group discussions held among different groups about the nature of illness including injuries suffered and treatment sought across gender brings out certain stark differences. On the basis of the discussion, the reported illness was disaggregated as –

- a- Injuries
- b- Recent Illness- occurred in last three months
- c- Continuing Illness- suffering for more than three months

While most men continue working after preliminary dressing when an injury occurs, and go to both public and private health care provider or facility, women usually prefer self-medication and at most go to the public hospital. Men also reported getting time to rest if injured while women remained quiet on this aspect. Men reported chest pain while women reported pain in different body parts ranging from head to back, lower back, neck and legs. Menstrual cramps were not ‘recognized’ as illness by any of the women participating in the study. Pain in lower abdomen was reported by men while women reported fever and cough and cold as continuing illness

As regards the lifestyle habits, most persons engaging in cleaning works attribute their substance use to the occupation they engage in. In Delhi, Gangtok and Nagpur most persons engaged in cleaning drink alcohol. More women chew tobacco followed by drinking alcohol and smoking, as compared to men.

Those who engage in the conservancy works, they are poor because their eating very limited nutritional food so the government, non-government and social worker should initiate program and services such as-

- Create awareness among the communities who engage in conservancy about the programs for their benefit;
- Prioritise to education for the children of persons who engage in conservancy;
- Prepare schemes for the rehabilitation of persons who engage in conservancy in consultation with leaders and NGOs;
- Develop women specific programs, in view of the high concentration of women in this occupation;
- Improve the work conditions of by the introduction of modern technologies; and

- Monitor the health status of persons who engage in conservancy particularly women;
- Work towards changing the caste -ridden mindset of Indians.

Awareness and utilization of benefits

An analysis of the benefit about which persons engaged in cleaning occupations were aware and could manage to use them suggest that out of all the workers across different cities selected for the study, only 18% were aware of the benefits for the family. Nearly half of them (49%) were not able to tell clearly how did they use the benefits, but seem to have used for more than one purpose. They seem to be vague about 'some' benefit being availed ranging from school fees and books and uniform to health care. Some (about 16%) could recall that they got soap, oil and uniform.

Factors Responsible for Continuance in Cleaning Occupations

It is evident that the persons engaged in cleaning works live in abysmal conditions. They look for the opportunities for other jobs. But there are many compulsions which hinder their exit from such occupations. The caste-based identity is the biggest obstacle. Socio-economic conditions and educational attainment emerge as two most important factor which contribute to their continuance in the conservancy works. About 72% workers consider low level of education and poverty prevent them from becoming ineligible for any alternative occupation. This is associated with the historical deprivation which most of them have experienced and are unable to rid themselves due to societal norms of caste based graded inequality.

Access to civic amenities and social facilities has always been a concern in the context of the *Dalits*. While much of the literature has explored social discrimination in general; and partly in the field of education; not much seems to reflect on social discrimination and humiliation experienced by those engaged in scavenging and cleaning in their daily life and in rendering their services. Their access to health care, housing, education, basic infrastructure; provisions for work related safety, safeguards against health hazards, information on various scheme oriented towards their welfare; and utilisation of such schemes- all have largely remained confined as outcome figures. The process which precedes these outcomes has never or rarely given any importance. It is for this reason that despite government measures towards affirmative action during last few decades, the episodes of death due to humiliation and attack on dignity continue.

Condition of Persons Engaged in Cleaning Occupations-

Persons Engaged in Cleaning Occupations often have dependence on alcohol and other intoxicating substances. Consequently, they often suffer from poor physical and mental health- depression, anxiety and psychosomatic illnesses. They not only have low life expectancy and poor physical health outcomes, but many report regular fever, respiratory illnesses, body pain, headache, irritant red eyes and skin diseases. Their average life expectancy said to be less than 50 years.

The contract workers, who sweep streets, collect garbage and clean sewers, were not entitled to health and other benefits, vacation, rest days and pension. They are paid Rs 5,000 a month with no hike, toilets and safety gear. They are dependent on the NGOs and CBOs to raise a voice on their behalf. The present study identified the following type of workers who need separate attention from state and society. These are those who engage in the following occupations-

1. Sewer and septic tank cleaning,
2. Railway (track and toilet) cleaning,
3. Private latrine cleaning,
4. Community/public toilet cleaning
5. Treatment plant work,
6. Public space (school/college/university/ office and other institutions) cleaning,
7. Surface (roads, streets) cleaning/sweeping,
8. Drain cleaning,
9. Domestic (residential complex) cleaning,
10. Hospital and biomedical waste cleaning,
11. Waste segregation, disposal and transportation.

The present study suggests that the persons engaging in cleaning works face high occupational hazards. Most of these workers are not in the formal sector. This results in very poor access to schemes and programmes purportedly designed to help them. A large proportion of these workers are in contracts with the various city corporations' contractors and receive below-minimum wages. Often, what they earn is just one-third of what they would if employed directly by the city.

IV Recommendations

Efforts to realize the health rights of these marginalized persons engaged in cleaning occupations should include implementation of safety practices at work, occupational health surveillance and research, and legislation that identifies hazardous work practices and work-related health problems as notifiable and compensable. Provision of medical care to persons engaged in cleaning works and their families by specific financial allocation and linking to healthcare delivery systems such as the Employees' State Insurance Scheme will lead to the long process of social justice which is their right. Given the occupational hazards, and the informal sector in which most of them work, with minimal support in terms of protective gears and experience of discrimination, the present study suggests that this situation can be prevented through:

- Engineering, urban planning, medical and legislative measures focus on making the process more mechanistic;
- Establishment of occupational health services and periodic health monitoring;
- Regular awareness programs to impart education regarding safer work procedures and use of personal protective devices to employers; and most importantly,
- Sensitization modules for media, in the curriculum and for the employers and service users. Poor access to resources and consequent low skills, appalling conditions of work, and almost no opportunity to change occupation, need to be addressed through an alternative model of sensitization of communities and personnel- officials, co-workers, users of services needs to be done through structured and organized programmes. A sensitization programme may be mandated along the lines of gender sensitization in the institutions.

There is need to put a mechanism in place like information posters in the Beat Offices on various schemes meant for the workers and their family members. There is also need to incorporate NGOs who could create and enhance awareness as well as assist in availing different scheme. Persons engaging in cleaning work are financially weak with no alternate means of living. Benefits of pension and gratuity should be sanctioned to them and they should be treated on an equal footing

with the class IV employees. Compulsory life insurance scheme and family welfare schemes should be introduced. Family welfare scheme should be made compulsory considering the hazardous nature of the work these persons engage in.

V Conclusions-

The hazardous nature of conservancy work has been internalized as normative by workers of the Dalit community engaged in manual scavenging and other sanitation work. This has manifested in apathy of the political system by not addressing the larger issue of conservancy and sanitation, workers' safety and emancipation of a downtrodden caste. Women and youth face a specific set of challenges as they are often forced to become primary earners, mostly in the event of death of the main earner. They also engage in this work to supplement the household income. The main earner's income is often unreliable due to alcoholism. Indebtedness is high. Very often, this added to the harassment of women and youth, while on the job.

This study also revealed their perceptions of health risks, shaped by their low social and economic status. Alcohol intake was perceived to help in tackling the hazardous work and reported as a method of treatment for all illnesses. This is perhaps the most important public health concern and any intervention to tackle alcoholism would have to also address the social ramifications of caste-based employment, the perpetration of such a hazardous job and the link between alcoholism, occupation, poverty and caste. The social oppression of conservancy workers has been so overwhelming that the importance of their job in maintaining hygiene, preventing spread of communicable diseases, preserving environment and safeguarding health of the society has never been acknowledged. On the contrary, they have been relegated to the lowest rung of the social ladder and the consequent low self-esteem. It is important for all persons to consider conservancy workers as human as their own selves in every aspect of life.

The issue goes beyond poverty, indifference, lack of awareness, or reluctance to switch from traditional work. Perception of cleaning occupations is rooted in caste as surely as caste is rooted in Indian psyche. There is a need to reconsider perceptions about these people whose contribution towards the upkeep of the clean environment is second to none; and resolve to give what is due to them since long. The dignity and social inclusion, to begin with, will gradually make way for access to resources and alternative occupation.

Those who engage in cleaning occupations, their economic propensity is poor and are characterized with low levels of literacy and skills. The overarching dimension is that of their social identity vis-a-vis caste. Almost all of them belong to the lowest social strata among the Dalits. It is paradoxical that one who cleans is labelled as unclean! Despite the call of Gandhiji, the nation has not been able to rid itself of considering 'cleaning' as polluting. Because there is an element of caste-based hierarchy entrenched in the mindsets of Indians, irrespective of religion, and is most visible in interactions with persons engaged in cleaning occupations. Unlike other nations where caste does not exist, such practice of relegating cleaning occupations to only people belonging to some specific castes, is also absent. The Western World may be generating more garbage than us- as evident in the concerns of environmentalists, they treat their cleaners with the same dignity as for any other work. Their cleaning brigade does not need to be freed from dehumanizing, obnoxious, abhorrent and disgusting practice of caste-based discrimination. They

are as much human as the others and therefore the state also cares to provide them with safety equipment and protective gears.