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N Sherrin Sophia
Head, PG and Research
Department of Social Work,
Shrimati Indira Gandhi
College, Tiruchirappalli,
Tamilnadu, India

S Pavithra
II MSW, PG and Research
Department of Social Work,
Shrimati Indira Gandhi
College, Tiruchirappalli,
Tamilnadu, India

A study on sanitation workers at Tiruchirappalli

N Sherrin Sophia and S Pavithra

Abstract

The sanitation workers at Sengulam Colony at Tiruchirappalli comprises the universe for the present study. The data were collected from sixty respondents through purposive sampling technique. A self-prepared interview schedule was used to collect the data from the respondents. The findings revealed that 63 per cent were harassed by their supervisors. 55% reported that they have experienced discrimination in the society. 68 per cent consume alcohol. 70 per cent had several health issues such as gastrointestinal diseases, orthopedic, skin related issues, asthma. Providing special medical camps, safety measures and strong welfare schemes is the only source to improve their quality of life. Lack of sanitation workers in a society, higher would be the level of diseases and mortality.

Keywords: Sanitation worker, sanitary

1. Introduction

A sanitation worker has a dirty job, but it's one that most communities can't live without. Sanitation workers perform a valuable service to their communities collecting garbage and removing it to proper disposal areas such as dumps or landfills. They go by many names: garbage man, trash man. A sanitation worker must be physically fit, so he can quickly climb in and out of large trucks and lift heavy trash containers. The job is physically demanding. Sanitation workers routinely lift heavy objects and work in all weather conditions. There is also a significant injury risk associated with the job. During natural and manmade disasters, sanitation workers participate in emergency response and cleanup. Sharan R (2005)^[4] Tiwari R.R (2008) and International Labour Organization (2012) it was observed that a study on Occupational health hazards in sewage and sanitary workers. An estimated 1.2 million scavengers in the country are involved in the sanitation of our surroundings. The working conditions of these sanitary workers have remained virtually unchanged for over a century. Apart from the social atrocities that these workers face, they are exposed to certain health problems by virtue of their occupation. Chellamma P *et al* (2015)^[2] conducted a cross sectional morbidity study among all sanitation workers corporation area. They studied the morbidity profile of sanitary workers in Thrissur Corporation, Kerala and to study the treatment seeking behavior in these persons. To study their practices regarding personnel protective measures. They were interviewed using pre tested structured schedule. Workers were interviewed after obtaining informed consent. Among 601 workers 53.6% were males. 34.4% workers presented with one acute illness and only 79.2% sought medical help. 43.26% had chronic morbidities and 83.86 % opted modern medicine. 53.9% of the workers were provided with personal protective equipments and regular use was seen in 18%. Acute illness had significant association with male gender, low education status, large family size, absence of provision of personal protective equipments. Chronic morbidities were associated with males, and elderly group and daily wage workers. Selvamani R and Rajan D (2015)^[15] conducted a study in Tirupur Municipal Corporation where 257 women sanitary workers worked. Among them 154 women sanitary workers were randomly selected. Kuppuswamy Socioeconomic Status scale was used and information was elicited by means of personal interview with the respondents. Analysis revealed that more than 74% of the respondents did not have own toilet facilities, were married within 11-17 years, were from nuclear family, had family monthly income more than Rs.30,000 respectively. More than 47% of the respondents were illiterate, respondents' spouses used alcohol, were living without husband, did not have saving habit, had more than 11-20 years of experience respectively. Only 4% of respondent's family members completed post-graduation and 34% of respondents are

Correspondence
N Sherrin Sophia
Head, PG and Research
Department of Social Work,
Shrimati Indira Gandhi
College, Tiruchirappalli,
Tamilnadu, India

engaged in sanitary work for three generations. There is significant difference between education and socioeconomic status at 0.05 levels. The present study found that Social work practice would improve the quality of life among women sanitary workers. Yan Y *et al* (2015)^[6] carried out a study on the health status or the occupational protection awareness of sanitation workers. 273 sanitation workers and 113 administrative staff from 11 streets of Wuhan were recruited. Dermatological problems were evaluated and recorded by physical examination. Occupational exposure, protection awareness, the use of protective equipments and personal history of skin disease were assessed by questionnaires. Compared with administrative staff, sanitation workers had much more occupational dermatological problems and had a much higher rate of harmful ultraviolet ray exposure. Rangamani S *et al* (2015)^[3] carried out a study to understand the nature of health problems of sanitation workers using a lay epidemiological process. Descriptive analysis was done to map the occupational health status, health care seeking practices and the social support mechanisms in place. Injuries and chest pain were the most commonly reported illnesses. Most workers continued to work without appropriate treatment as they ignored their illness, and did not want to miss their wages or lose their job. Self-medication was common. Intake of alcohol was prevalent to cope with the inhuman task of cleaning filthy sewage, and as a modality to forget their health problems. The pattern of illnesses reported during monthly monitoring was also reported as long-standing illnesses. Health and safety mechanisms at workplace did not exist and were not mandated by regulatory bodies. Conclusion: Health and safety of sanitation workers has been inadequately addressed in public health research. Sanitation work lacks specific protective regulatory guidelines to address health hazards unlike other hazardous occupations. Anbarasu J D and Narmadha S (2015)^[1] conducted a study among sanitary workers in Trichy. The sanitary workers have no promotions and job enrichment till their retirement. The study was to know the reasons. The main barrier was their complacency. They were happy with what they possess. The municipal corporation has the policy to promote the lower level workers to the higher level jobs, if the employees are equipped with training and additional qualifications. However, the sanitary workers are not willing. On the other hand, they want to be skilled workers. Though several studies have focused on sanitary workers all over India, the researcher made an attempt to analyse the lifestyle of sanitary workers living in Sengulam colony, Tiruchirappalli.

1.1 Objectives

- To study the respondents lifestyle such as occupation, savings habit, health and psychosocial problems.
- To suggest suitable measures to enhance their lifestyle and to improve their mental and physical health.

2. Methods and Material

The sanitation workers at Sengulam colony at Tiruchirappalli comprises the universe for the present study. The data were collected from sixty respondents through purposive sampling. A self-prepared interview schedule was used to collect the data from the respondents. The study is Descriptive in nature.

2.1 Major Findings

The findings revealed that 30% were in the age group of 31 to 40 years of age. 40% were Hindus. 32% had secondary level of education. 73% were from nuclear family. 92% were married. 67% of the respondents had 3 to 4 children. 80% of the respondents children were studying in Government schools. 43% of the respondents income ranges from Rs 10000 to 15000. 30% had 11 to 16 years of work experience, 57% reported that they preferred sanitation work due to government pay. 45% of the respondents parents were not sanitary workers. 63% were not interested in sanitary work. 58% reported that they obtained the job based on their caste. 57% reported that they occasionally work during weekends. 58% preferred wearing safety measures during work. 67% said they had good work life balance. 58% said they were not respected by higher authorities. 62% said sexual harassment was commonly observed. 55% reported that they have experienced discrimination in the society. 68% agreed it was an adversity being a sanitation worker. 52% were also involved in sewage cleaning. 63% were harassed by their supervisors. 68% consume alcohol. 70% had several health issues such as gastrointestinal diseases, orthopedic, skin related issues, asthma. 70% reported that they were stigmatized by the society.

3. Discussion

The findings revealed that sanitation workers undergo several problems both physically and mentally. The problems in work place can be solved by providing equal rights as other government employees. Discrimination and stigmatization in work place and society, shows that the people need more development in grounds of humanity and respect. Uplifting the underprivileged in terms of education, rights, power and employment improves the growth of the country. Providing safety measures for sanitation workers, conducting regular medical camps, prevention of manual scavenging, creating awareness about government schemes will definitely improve their quality of life. Social Workers can be appointed to provide psychosocial help to the sanitation workers.

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