



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2021; 7(1): 446-451
www.allresearchjournal.com
Received: 12-11-2020
Accepted: 16-12-2020

G Srinath Raj
Associate Professor,
Department of Economics,
Maharani Women's Arts,
Commerce and Management
College Bengaluru, Karnataka,
India

An analytical study of the sanitation workers in the city of Bengaluru

G Srinath Raj

Abstract

The sanitation work forms a very critical but an essential public service in Bengaluru. The quantity of the dry waste, wet waste and the like is very huge for the authorities to manage and provide services. Various kinds of sanitation work in the city involve risk of many kinds. Covid-19 was a huge challenge for the authorities and also the sanitation workers especially dealing with the medical waste and scavenging. The city of unprepared at many fronts for the pandemic. The present study is an analytical study of the sanitation workers chosen from the city of Bengaluru.

Keywords: sanitation, hazards, risks

Introduction

The sanitation workers are mostly from the marginalised sections of the society; they are Dalits often forced into this occupation because of their caste. Despite increasing focus by the government and programmes such as the Swachh Bharat Abhiyan, unsafe sanitation work, loosely captured under the catch-all phrase manual scavenging, still exists in India. There are five million people employed in sanitation work of some sort in India with about two million of them working in 'high risk' conditions.

The last few years have been the golden age for sanitation in India. What started out as the Total Sanitation Campaign in the 1990s morphed into the Nirmal Bharat Abhiyan under the UPA Government and then transformed into the Swachh Bharat Abhiyan with full gusto driven by the Prime Minister's special attention. This translated directly into increased budgets, a mission-mode implementation across the country and by official estimates, 80 million additional toilets getting constructed. Now, over 89% of the country's population has access to a household toilet, compared to 40% in 2014. Still the sanitation workers are engaged in manual scavenging and sanitation work across India.

Legal framework for the scavengers in India

Indian Laws provide negligible protection to sanitation workers. Today, the Manual Scavenging Act of 2013 prohibits engagement of manual scavengers. The Act further envisages the due identification of manual scavengers and their rehabilitation by allocating them a different occupation and also granting Rs.40,000 (CAD 737) as relief. There has been consistent uproar from activists as well as the United Nations to abolish this practice as mandated in the Act. But the broader category of sanitation workers still does not have any law or guideline in place for their protection, care or rehabilitation and nor has it captured public empathy.

The municipal and environmental laws cover sanitation and wastewater disposal but make no reference to sanitation workers. The labour law protection afforded to daily wagers are also not afforded to most of the sanitation workers as majority of them are employed for 2-3 months and are therefore, skipped from government records. Hence, they do not enjoy any benefits of various social security schemes such as provident funds or employee insurance. They have also, unfortunately, escaped the public gaze, despite being tasked with work which equals scavenging.

Corresponding Author:
G Srinath Raj
Associate Professor,
Department of Economics,
Maharani Women's Arts,
Commerce and Management
College Bengaluru, Karnataka,
India

Significance of the study

The case study has been conducted by 'Health, Safety and Dignity of Sanitation Workers' produced jointly by The World Bank, International Labour Organization (ILO), Water Aid and the World Health Organization (WHO) on the sanitation workers in low and middle-income countries engaged in who empty pits and tanks, transport faecal sludge and perform sewer maintenance. The report highlights the fact that they are unnoticed, not favoured and most neglected part of unorganized workforce in India. The workforce is not acknowledged and not given its dues. While the workers include full-time employees with health benefits, pensions and legal protection, a significant proportion comes from some of the "most marginalized, poor and abused members of society".

The present study is of lot of significance as they are a very essential public service. The health and working conditions are serious to reckon with. All that is on offer for these people is "low-grade, labor-intensive and dangerous work". The situation of sanitation workers has got even worse during the covid times where they had to deal with the untreated hazardous biological and chemical wastes exposing them to dangerous environments. Being the critical services, the society has not given its due importance to this segment. The sanitation worker deaths that are reported are not considered within the framework of what they are really due. The media reports the conditions of the sanitation workers. The present study is an attempt to study the under plight of the sanitation workers in the city of Bengaluru covering various facets.

Review of literature

Preet (2020) ^[1, 5, 6] contends that Sanitation workers' associations should be organized at city and state levels and their role must be recognized in formulating a sanitation policy, drafting welfare schemes and rehabilitation mechanisms and negotiating fair working conditions, specifically during widespread illnesses. Currently, sanitation and health falls under the ambit of states but the Centre must actively draft guidelines to secure and preserve the rights of sanitation workers including better remuneration, bonuses for hazardous cleaning, quality gloves and masks and free health facilities in an immediate response to the pandemic. India's domestic labour laws and its commitment to international human rights and labour law conventions must be honoured and considered in the true spirit. (Preet, 2020) ^[1, 5, 6].

KPMG (2020) ^[19] reports that, the issue of urban sanitation in India has been brought to the forefront of public discourse over the last five years. This may be largely attributed to the launch of the Swachh Bharat Mission (SBM) in October 2014. Engagement from senior political leadership has catalysed participation across segments and given the cause of sanitation consistent attention and focus. Although there have been previous government sanitation programmes, this was the first time that it had taken the shape of a mass movement, drawing involvement from not just the highest political and bureaucratic leadership, but also stakeholders who have been traditionally less interested in India's sanitation situation, be it business houses, media and entertainment industry, celebrities and most importantly, citizens.

Key challenges and risks

- Occupational and environmental health and safety is important because sanitation workers are exposed to multiple occupational and environmental hazards. These include coming into direct or close contact with fecal sludge and wastewater; operating equipment used in emptying, conveyance, and treatment of fecal sludge and wastewater; and working in confined and often dangerous spaces. They are exposed to hazardous gases and biological and chemical agents in septic tanks, sewers, pumping stations, and treatment plants. Sanitation workers who are not protected by adequate health and safety measures risk injury, infection, disease, mental health issues, and death.
- Sanitation workers often suffer because of weak legal protection and lack of enforcement of existing rules. Weak legal protection results from working informally, lack of occupational and health standards, and weak agency to demand their rights. The numerous operational activities along the sanitation chain—emptying and conveyance of fecal sludge, sewer maintenance, treatment, and end use/disposal—have often been invisible or at least disregarded in regulatory frameworks. Many countries either lack laws and regulations that protect sanitation workers or the laws in place are not enforced or are not enforceable in practical terms. Manual emptying, often the riskiest sanitation work, is often characterized by informality.

Efforts to prohibit manual emptying (for example, in India and Senegal) have not necessarily curtailed the practice but instead have forced it underground. By contrast, in Bangladesh and South Africa, manual work is formally recognized as part of the sanitation services package, with workers being provided training and occupational health mitigation measures being in place.

- Financial insecurity is a great concern because typically, informal and temporary sanitation workers are poorly paid, and income can be unpredictable. In South Africa, sanitation work is predominantly in the formal economy; public sanitation workers are responsible for sewer maintenance, and pit emptying is contracted out to the private sector. In Burkina Faso, sanitation work is predominantly informal. Pay for low grade, temporary, or informal work tends to be low, income is irregular, and workers are vulnerable to extortion. In India, some manual workers reported that they have been paid in food rather than money.
- Social stigma and discrimination exist, and in some cases, are experienced as total and intergenerational exclusion. This is especially true when sanitation is linked to a caste-based structure and often allocated to castes perceived to be lower in the caste hierarchy, such as in India and Bangladesh, where sanitation work is perceived to belong to the Dalit caste. This stigma compounds the social ostracizing and limitations on social mobility that workers face and often results in intergenerational discrimination, where children of sanitation workers often struggle to escape the vicious cycle of limited opportunities and sanitation work.

The covid-19 challenge

The issue of urban sanitation in India has been brought to the forefront of public discourse over the last five years. This may be largely attributed to the launch of the Swachh Bharat Mission (SBM) in October 2014. Engagement from senior political leadership has catalyzed participation across segments and given the cause of sanitation consistent attention and focus. Although there have been previous government sanitation programmes, this was the first time that it had taken the shape of a mass movement, drawing involvement from not just the highest political and bureaucratic leadership, but also stakeholders who have been traditionally less interested in India's sanitation situation, be it business houses, media and entertainment industry, celebrities and most importantly, citizens.

Along with doctors, nurses and healthcare workers, it is sanitation workers who are playing a crucial role in preventing the spread of the COVID-19 pandemic. In a positive development, the central and state governments have, to some extent, put in place directives and mechanisms to protect this group. Into the first phase of the lockdown, MoHUA issued an advisory to all states and Urban Local Bodies (ULBs) regarding regular check-ups of sanitation workers while on duty during COVID-19 and payment of wages even if they were unable to report to work due to the lockdown. In April 2020, the Ministry of Social Justice and Empowerment (MoSJE) also issued detailed guidelines for ensuring the safety of sanitation workers who are in the frontline fight against COVID-19. In the national capital, Delhi government announced an insurance of INR10 million to the kin of healthcare and sanitation workers in case of their death during the pandemic.

A study by the Urban Management Centre and Water Aid India based on telephonic and face-to-face interviews of 95 sanitation workers and 12 Urban Local Body (ULB) officials from 18 cities/towns across 9 states/UTs, combined with review of secondary data, held during May 26 to June 8, 2020, looked at the situation of sanitation workers during the pandemic. The study shows how there was a high level of awareness of symptoms of COVID-19 among sanitation workers. However, adequate Personal Protective Equipment (PPE) was not available for sanitation workers. Additionally, around 40% lacked access to hand hygiene facilities in their workplaces, along with only 20% of sanitation workers being medically examined. Even high-risk groups, like medical waste workers and hospital cleaners, reported not having access to all types of PPE that is required to carry out their work safely. Yet, despite the risks and the dire conditions of their work, sanitation workers continued to do their job.

Creating a social safety net for sanitation workers

Going forward, the COVID-19 crisis presents an opportunity to reimagine the idea of inclusive development vis-à-vis sanitation workers. The finance minister's address on 26 March 2020, as part of the Pradhan Mantri Garib Kalyan Yojana, announced an insurance cover of INR5

million per person for frontline health workers involved in managing the COVID-19 outbreak for a period of ninety days for sanitation staff, doctors, 'Asha workers', paramedics and nurses. While this was indeed welcome, this did not clarify whether the scheme extends to those sanitation workers who are engaged in collection of waste from households, including quarantined areas, as well as those engaged in the cleaning of public areas, including public and community toilets, sewer lines and septic tanks.

Analysis and interpretation of primary data

The primary data is collected from 50 sample respondents who are into Sanitation work the city of Bengaluru.

Table 1: Crosstabulation of Age and Gender of the Respondents

Age	Gender		
	Male	Female	Total
Below 25 years	3(6)	2(4)	5(10)
25-30	5(10)	9(18)	14(28)
30-35	7(14)	3(6)	10(20)
35-40	2(4)	1(2)	3(6)
40-45	3(6)	2(4)	5(10)
45 and above	4 (8)	9(18)	13(26)
Total	24(48)	26(52)	50(100)

The data was collected about the age and Gender Composition of sample sanitation workers in the city of Bengaluru. The gender composition indicates the women workers account for 52% and male workers account for 48% of the total composition. One –fifth of the total respondents are in the age group of 30-35. About 26% of the total respondents are in the age group of 45 and above.

Table 2: Social and Economic Profile of the Respondents

Dependents in the family	Number	Percentage
Children below 14 years	24	70.59
Elderly above 60 years of age	8	23.53
Disabled and unemployed members	2	5.88
Total	34	100
Household Size	Number	Percentage
1-3 members	10	20
4-5 members	31	62
5-7 members	9	18
Total	50	100

The data was mustered about the dependents in the family. 34 respondents have got dependents in the family. 70.59% of the respondents have indicated that they have children below 14 years in the family 23.53% of the respondent have elderly above 60 year of age in the family. The data speaks about the economic dependence of family members and also the need for the job and earning to support the family.

The data regarding the household size shows that 62% of the respondent have 4-5 members in the family 18% of the respondents have 5-7 members in the family. The magnitude of the household size indicates the responsibilities to be shouldered financially and economically. The family size has a direct impact on the economic standing of the family.

Table 3: Employment Details

Mode of Employment	Number	Percentage
Government	13	26
Contractual	20	40
Daily wage based Remuneration	17	34

Total	50	100
Distribution of Participants by Type of Work		
Handling only Dry Waste	24	48
Handling Wet Waste (Manual Scavenging)	10	20
Cleaning Toilet and Handling Dry waste	16	32
Total	50	100
Distribution of cleaning of Toilet sanitation workers		
Emptying toilet pits and septic tanks	3	18.75
Cleaning and maintaining sewers and manholes,	4	25
Cleaning toilets and public places,	4	25
Segregating or managing different kinds of waste, and	3	18.75
Operating pumping stations	1	6.25
Treatment plants	1	6.25
Total	16	100
Direct contact with wastes		
Liquid waste	10	20
Solid waste	11	22
Organic waste (garbage)	20	40
Hazardous waste	9	18
Total	50	100

Employment details indicate the nature of work, type of work and the vulnerability that the sanitation workers are exposed to. The mode of employment indicates that about three-fourth of the respondents are either contractual or daily wage earners.

The contractual and daily wage based employment does not assure the workers with the consistent financial emoluments. The sanitation work as such is a very vulnerable job and the uncertainty and the risk associated with the job would only add were to the sanitation workers. Government employment however assures the minimum safety and guard in respect of the salaries to the sanitation workers.

The type of work as handled by the sample sanitation workers in collected 48% of the respondents are engaged in the handling of dry waste. One-fifth of the respondents are into handling wet-waste. As many as 16 sanitation workers are into cleaning Toilet and handling waste. The degree of risk at work directly correlates with the kind of work done by the sanitation workers. Even though they are given protective measure the type of work and the engagement in risky work like manual scavenging and cleaning toilets have

direct bearing on the health of the sanitation workers. The sample data reveals 52% of the sample respondents are into handling wet waste and cleaning toilet.

The sample data indicates that 16 respondent sanitation workers are into cleaning Toilets and handling waste. Out of them 18.75% are into emptying toilet pits and segregating or managing of different kinds of waste each. The point in case is that the degree of risks and health hazards are relatively high among those into cleaning the toilets. The hazards from the job is said to be very critical on the health of the sanitation workers.

The data regarding the kind of waste that the sample sanitation workers are in direct contact with is collected. 20% of the respondents deal with the liquid waste. Organic waste is handled by 40% of the sample respondents. Hazardous waste is handled by 18% of the respondents. It should be understood that in the course of their work, they have to deal with dangerous and risky spaces. The exposure to hazardous gases and Biological and chemical agent leads to multiple risks leading to personal complication to the sample respondents.

Table 4: Security measures undertaken against Covid-19 at work

Security measures	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Instructions at Work	11(22)	19(26)	8(16)	4(8)	8(16)
Health Checkup	23(46)	10(20)	9(18)	4(8)	4(8)
Instructions if Covid-19 Positive	19(28)	22(44)	5(10)	2(4)	2(4)
Assurance from the Government	13(26)	12(24)	10(2)	5(10)	5(10)
Total	56	53	33	15	19

The security measures that are undertaken against Covid-19 among the sample sanitation workers are collected. The data is collected from four different data is collected from four different aspects. 48% of the sample respondents have expressed that they have been given proper instructions at work. About 2/3rd of the sample respondents have indicated

about the health checkup. 10% of the respondents have expressed neutrality for the instructions provided in case of covid-19 positive workers. About one-half of the respondents have been given assurance from the Government about Covid-19 work deliverables.

Table 5: Protective Measures at Work of the sample respondents

Protective Measures	To Full Extent	To Great Extent	To Moderate Extent	To Small Extent	Not at all
Gloves	14 (28)	22(44)	4(8)	5(10)	5(10)
Masks	46(92)	4(8)	0	0	0
Sanitisers and soaps	20(40)	13(26)	11(22)	3(6)	3(6)

Protective measures at work are important to safeguard the sanitation workers from the infection and pandemic. The question was posed to the respondents regarding the protective measures undertaken at work Gloves have been

contended by 72% of the respondents have expressed to have been provided by the sanitizers and liquid soaps at work.

Table 6: Physical and Legal problems of the respondents

Sufferings	To Full Extent	To Great Extent	To Moderate Extent	To Small Extent	Not at all	Total
Risk injury	11 (22)	20(40)	9(18)	5(10)	5(10)	50(100)
Infection	22(44)	19(38)	4(8)	3(6)	2(4)	50(100)
Disease	27(34)	11(22)	9(18)	10(2)	2(4)	50(100)
Mental health issues	32(64)	10(20)	3(6)	3(6)	2(4)	50(100)
Death	30(60)	7(14)	3(6)	5(10)	5(10)	50(100)
Weak legal protection	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Informal work	20(40)	19(38)	4(8)	4(8)	3(6)	50(100)
Lack of occupational and health standards	20(40)	21(42)	6(12)	2(4)	1(2)	50(100)
Weak agency to demand their rights	28(56)	10(20)	9(18)	1(2)	2(4)	50(100)
Working conditions	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Low Pay	22(44)	8(16)	8(16)	2(4)	10(20)	50(100)
Temporary or informal work	25(50)	7(14)	10(20)	4(8)	4(8)	50(100)
Irregular income	24(48)	13(26)	3(6)	4(8)	6(12)	50(100)
vulnerable to extortion	18(36)	22(44)	6(12)	3(6)	1(2)	50(100)

The suffering due to covid is now a personal experience among the people at large. The risk of injury is contended by 64% of the respondents. Infection due to sanitation is expressed to a moderate extent by 8% of the respondents. Diseases are suffered by more than one half of the respondents. Mental illness is suffered to a great extent by 20% of the respondents. 60% of the respondents have contended the nature of their work as a reason for the death. The respondents were asked about their opinion on the legal protection from the sanitation work. The informal nature of work is strongly contended by 40% of the respondents for the weak legal protection 8% of the respondents are on neutral and disagreement continuum. Occupational and health standard for the sanitation work is widely agreed upon by 82% of the respondents. The workers association is weak enough to demand their rights. Only 4% strongly deny the statement. The working condition of the sanitation workers is very pathetic. Those under the Government employment are covered otherwise they have lot of problems. 60% of the respondents have expressed the low pay to be a hurdle. Informal work is moderately contended by 20% of the respondents. About eight-tenth of the sample respondent, express displeasure towards the irregular income and vulnerability to extortion.

Key findings

1. A range of interventions and innovations are needed to address the challenge before the authorities towards sanitation workers. However, at the highest level, they fall in four different buckets.
 1. Solutions focused on entry into sanitation work: These solutions include having formal ID cards, better contract design.
 2. Solutions focused “on the job” that make the work safer, more dignified and more rewarding: These include better safety equipment, mechanisms for redressal of complaints.
 3. Solutions focused on “progression from sanitation work” including creating entrepreneurial opportunities, better access to finance.
 4. And finally, cross cutting solutions that involve easing access to special benefits, regulatory revisions, significantly larger budgets.

2. Finally, the roadmap to improving this situation for sanitation workers in India will involve a combination of proactive piloting of solutions across cities and rural locations and an extensive sharing of lessons between stakeholders. It will also require significant increase in budgets focused on sanitation worker safety within governments and larger budgets focused on innovation for sanitation worker safety, innovation within donors and philanthropic actors. And crucially, it will require ongoing attention in the public sphere through media events and civic engagement.

Conclusion

Despite their service to the country, sanitation workers are never recognised and appreciated for their work. In this pandemic, the governments at the centre and state must do the sanitation workers justice or a day will come when we might not find a single individual to clean our cities and villages because they have succumbed to the pandemic. India urgently needs to develop a comprehensive national Programme to provide social and healthcare benefits to formal, contractual and informal sanitation workers. This can include a life insurance cover and inclusion in the employee provident fund with individual contributions funded through a pool of funds. Health insurance with an enhanced cover of could also be integrated with the Ayushman Bharat scheme, providing sanitation workers with a safety net during and beyond the pandemic. Furthermore, it is critical that adequate provisions are made to ensure provisioning of Personal Protective Equipment (PPE) and other necessary safety gear to enable them to execute their jobs safely and without fear. In the longer run, it is imperative to create convergence with schemes through bodies such as the National Safai Karmachari Development Corporation (NSKDC) for promotion of dignified livelihood opportunities for not just sanitation workers but their children and family members as well.

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