Bodies of Accumulation
A Participatory Policy Research
on the Lives and Work of Women Sanitation Workers
in Ajmer, Rajasthan

Photograph courtesy Nilanjana Bhattcharjee
1.1. million sanitation workers keep Indian cities clean. They are primarily engaged in sewer cleaning, septic tank cleaning, railway cleaning, and community/public toilet cleaning. More than half a million urban sanitation workers are women who are mostly engaged in cleaning of toilets, drains, and streets.

Swachh Bharat Mission Urban (SBM-U) promises not only to make India clean but also to improve the lives and work conditions of sanitation workers. **What policy actions and their enforcement are required to achieve this goal?**

PRIA’s participatory research findings with the women sanitation workers in Ajmer both reinforce some known challenges, pointed out by other studies, as well as add to new insights and knowledge. We present glimpses of the findings and their implications on current and future policies.

**Who are these women sanitation workers?**

- They belong to the Scheduled Caste/Valmiki/Harijan community. Most of them fall in the age bracket of 31-50 years.
- Eight out of every 10 women are illiterate. Most of them got married as early as 13 years. Girls in the community often have to give up education to help their mothers in sanitation work, a practice which prepares them as future sanitation workers but deprives educational opportunity and thus holds back other career options.

**How does the job affect ‘being a woman’?**

- All women sanitation workers struggle and juggle between household chores (including care giving) and the demanding cleaning jobs. It leaves very little time for self-care.
- There is no relief mechanism when they menstruate even when they experience severe pain or complications. On such days, they are compelled to take their children to work as substitute labour.
- There is no formal complaint mechanism which makes it difficult to express incidents of gender based harassment, assault or any discomfort and thus makes them vulnerable. The lack of such mechanisms often encourage the practice of bribery by supervisors (more often than not who are males) when giving out salaries.

**What are their working lives like?**

- Most women enter sanitation work through caste affiliation, marriage and the lack of economic resources or other job opportunities.
- Few women receive any technical training to learn how to carry out their work safely before they start working.
- Many women are associated with the age-old patron-client or ‘Rani System’ along with formal sanitation jobs. While the monthly remuneration received from all households cumulatively of a street cleaned does not exceed Rs. 500, the women continue this work to sustain relationships built by their ancestors with the families living in the city and the kind of ownership workers feel towards them.
- Few women have formal membership in the unions. Most unions are often led and represented by the male jamadars. The voices of women sanitation workers are not represented in these unions.
How enabling are the working conditions for permanent, contractual and outsourced workers?

- The permanent staff of Municipal Corporation earn approximately Rs.25,000-30,000 per month. The contractual workers in the same Municipal Corporation earn Rs.5,500 per month. However, both categories of workers do similar work and are exposed to similar occupational risks.
- Permanent workers get benefits like pension, Central Provident Fund (CPF), payslips, promotions, health and life insurance, workplace accident compensations, loans, leaves (15 casual leaves, 30 paid leaves, 30 days paid medical leave, annually, six months paid maternity leaves), holidays on Sundays and national holidays, Rs.350 per month for buying brooms/to get uniforms washed/ buy oils and soaps as well as Rs.1950 annually to buy uniforms.
- Contractual workers do not get any benefits except four days of leave in a month, which often depend on the kindness of the supervisor and need of the worker.

What are the social and economic side effects of their work to the Valmiki community?

- There is rampant unemployment, underemployment and alcoholism in the community.
- More than half of the women workers sort the collected waste that could be sold for quick cash.
- At least two out of every 10 Valmiki students skip school and three out of every 10 students do not go to school at all to help their mothers frequently.
- Most children follow their parents into sanitation work as adults, keeping the future generation entrenched in the same vocation and conditions.
- They experience touch-based discrimination on daily basis with respect to access to public transport, especially.
- The practice of nepotism in the system is rampant, which favours those workers in close relations with supervisors.

What are the health effects of such an occupation?

- Nearly all women denied having received safety gears and uniforms. Those who did, said that they gears were not practical and easy to work with.
- 15 percent women sanitation workers use bare hands to clean human/animal excreta.
- First Aid kits are often not available at workplaces which delay immediate care when accidents occur.
- Six out of every 10 women sanitation workers experience some kind of physical problem such as skin allergies, cough and breathing problems, hair-loss, high blood pressure, etc. which are exacerbated by the nature of their job.
- All women had varying degrees of mental stress, anxiety and depression.
- More than half women sanitation workers consume gutka/tobacco to bear the stench of waste.

Have existing laws/policies improved the sanitation work related conditions?

- Few women sanitation workers have any awareness or are benefitted by laws meant to protect them.
- Few institutions (civil society, unions, municipality, etc.) are involved in sharing information and generating awareness of women sanitation workers on their legal rights and entitlements.
What Can We Do To Improve Health and Safety of Women Sanitation Workers?

- A comprehensive policy aimed directly at the protection of sanitation workers must be implemented which would cover entitlements, complaint redressal, rehabilitation as well as specific directives of occupational health for permanent as well as contractual/private sanitation workers.

- A policy aimed at bridging the gap between security and benefits available to contractual workers and permanent workers must be initiated. This should be complimented with awareness generation activities by the city authorities, civil society, and other relevant institutions.

- There should be a policy to provide financial support for quality education till higher secondary as well as skill building programmes and technical training through National Skill Development Programme for the children of sanitation workers. Along with this, adult literacy programmes should also be organised for sanitation workers and enable them to look at other vocational options along with their children.

- Fair and independent workers unions should be established to promote ‘substantive rights’ – wages, hours of work, working conditions, and minimise income inequalities between the different categories of sanitation workers.

- A thorough inspection of access to quality protective gears should be done by the municipalities and deficiencies should be met; followed by dissemination of kits at regular intervals. Contractors violating this must be penalised.

- Special facilities (first aid kits, drinking water) and clean toilets with changing areas and low-cost sanitary vending machines must be provided to promote healthy menstrual management and wellbeing of women workers. Established mandates such as maternity leaves, paid leaves and medical leaves must be checked regularly and employers who fail to provide these should be deemed directly responsible and face strict action.

- A policy considering reducing work hours through single shift work instead of double shifts to help women sanitation workers balance the double burden of home and labour would be a start to informing policy with contextual realities.