

Occupational Issues of the Sanitary Workers in Tamil Nadu

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ABSTRACT:

Sanitation workers provide us an invaluable public service to our daily lives and the environment. Yet they often work in conditions that expose them to the worst consequences of poor sanitation, social stigma and even death. Occupational safety and health issues for sanitation workers include: diseases related to contact with the excreta; injuries related to the physical effort of extracting and transporting the waste, injuries related to cuts from waste like glass or needles etc., disposed of down the toilet. There are also the general dangers of working in confined spaces including lack of oxygen.

KEY WORDS: Sanitation workers, marginalization, health and hygiene

INTRODUCTION:

Work life includes the factors such as income, health, social relationship, work-life balance, happiness etc. This research article aims to explain the factors like health and safety, welfare facilities, working environment, compensation, growth and development, living conditions, social integration and social relevance of work life with respect to the sanitary workers in Tirunelveli, Tamilnadu.

DISCUSSION:

What make a person to work as sanitary worker are poverty, illiteracy family background and caste. Poverty plays a major role for the existence of this practice comparing with other factors illiteracy, caste and family background.

They start from their house at 5.30 am and work from 6 a.m. to 12 noon. They collect garbage from the houses, clean public toilets, bathrooms etc. After collecting the garbage, they separate them as plastic, chapels, cloth, bottle, wood, banana fiber and kitchen waste. They feel haunted to separate the garbage. The garbage consists of diapers and menstrual pads etc. They also have to collect and dispose the garbage in some particular points in the streets. They have lunch break from 1p.m to 2 p.m. and again they start their work from 2 p.m to 5 p.m.

Permanent employees earn 30 to 40 thousand per month. They are also getting increment as per seniority. Another type of workers is called as group (kulu) workers. They get daily wages of about Rs 430 to 440 per day. Contract labourers are getting daily wages of about 320 to 330 rupees per day. There female workers are getting salary on par with male workers. All Sundays are holidays for the permanent employees. They work half a day during government holidays. All are having insurance in Kalaingar Insurance scheme, Amma Insurance Scheme and Star Health Insurance Scheme. They retire at the age of sixty. There are supervisors looking after their work. Sanitary inspectors and other officers are controlling these supervisors.

Those who can operate battery vehicles work faster than the workers who pull vehicles with hand. They have work stress always. There is no self respect for them. No one is ready to give even drinking water to them due to their dirty work. They used to drink alcohol to tolerate the odor from the garbage. They destroy themselves and their families by drinking alcohol. Almost all men drink at night and quarrel with their family members. Some women workers also used to drink. Most of the employees died earlier before retirement, because of these unhygienic working condition. And most of the ladies are widows in their young age.

There is no death occurred due to covid-19 in their colony. None of them get infected or affected with covid-19. Though they dispose and clean other's used masks, cloths of corona infected patients etc., they did not get infected. They and their family members got vaccinated with two doses of injections. And also they submitted their vaccination certificates in their offices.

Sanitary workers face social, political and economic discrimination. These cleaning workers are still using age old instruments for cleaning sewage and hence prevalence of serious health issues pertains. At the same time inhuman societal behaviour towards their profession and their family leads to their lower social relationships, work life imbalance and unhappiness. Sanitation workers are often invisible and too often subject to conditions that expose them to the worst consequences of poor sanitation: debilitating infections, injuries, social stigma, and even death in their daily work.

Health risks haunt these cleaners very much. Apart from the social atrocities that these sanitary workers face, they are exposed to certain health problems by virtue of their occupation. The working conditions of these sanitary workers have remained virtually unchanged for over a century. Waste collectors are more vulnerable to occupational health hazards. These health hazards include exposure to harmful gases such as methane and hydrogen sulfide, cardiovascular degeneration, musculoskeletal disorders, respiratory system problems and altered pulmonary function parameters.

Life of them is at risk at every stage, looking in health related issue will make it draw clearer picture of the problem. They are exposed to the most virulent forms of viral and bacterial infections that affect their skin, eyes, limbs and respiratory and gastro-intestinal systems. They suffer from various types of injuries, including muscle and ligament sprain. Consequently, there has been a high incidence of illnesses, such as dysentery, typhoid, fever, cholera, and diarrhea.

CONCLUSION:

The main approaches used to improve the situation of sanitation workers in developing countries include the reform of policy, legislation and regulation to acknowledge the sanitation workforce. Furthermore, operational guidelines to diminish the occupational risks of all types of sanitation work are required. This includes standard operating procedures, enforcement of laws, Personal Protective Equipment (PPE) for all aspects of sanitation work. A third approach is to build strong unions and associations to protect worker rights.

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