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**CONDITIONS OF WORK EXPLOITATION AND SOCIAL  
DISCRIMINATIONS OF WOMEN SANITARY WORKERS OF  
GREATER CHENNAI CORPORATION - A SOCIO -  
CRIMINOLOGICAL STUDY**

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**ABSTRACT**

This research on conditions of work exploitation and social discriminations of women sanitary workers of Greater Chennai Corporation discloses the unsafe conditions and their vulnerability in terms of caste and gender marginalization. The women sanitary workers who have been employed at private sectors intensely face these two folded discriminations those who resided at metropolitan localities. In this study, the women sanitary workers from Greater Chennai Corporation's zone 13 who worked at were the main subject. The present research studied the significant connections between the day-to-day experiences of women sanitary workers and the invisible yet pervasive caste system that is still strongly ingrained in the Indian society by examining the social and occupational conditions of women sanitation workers. Despite the fact that sanitation work is seen by caste-based Indian culture as "unhealthy," "polluted," and socially unimportant job, the majority of women from marginalized communities, particularly "the Dalits," carry out this work as part of a traditional supply chain of labour. The women are the most vulnerable since they fulfil the twin function of cleaning as a job and a care task. With the application of a socio-criminological lens, these factors have been conceptualized through the descriptive research in concern. For the study, 78 women sanitary workers from a range of ages were interviewed and their responses were recorded.

**Key words:** Women Sanitary Workers, Work Exploitation, Social Discrimination, Dalits, Marginalized Communities.

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## I. INTRODUCTION

In India, there are more than 5 million sanitary workers, according to Dalberg's<sup>1</sup> 2018 survey. In both rural and urban parts of India, sanitation workers have carried out a variety of sanitary services. The cleaning work is being done by both male and female workers, sometimes collectively and sometimes separately. The main tasks carried out by male sanitary workers in general include cleaning the septic tank and the sewage tracks that are indicated. Some of the more frequent tasks executed by female sanitary workers at a higher rate include cleaning open drains, sweeping roads, gathering household waste, carrying waste, and cleaning both public and private conveyances. Occasionally, both male and female workers are involved in these types of works together. While, in terms of work, the social construction of gender exclusively plays a crucial part in Indian society. According to the 64th NSSO survey, 96% of women work in the unorganized economy, which includes the sanitation sector very importantly. However, it appears unjust that the division of labour has increased the disparity in employment and workplace exploitation between men and women. Indian women who work in sanitary services, in particular, women from lower castes, still experience the oppressive nature of patriarchy in everyday life and at work.

The role of sanitary workers is always been considered very important and essential work in India. Though, the latest COVID – 19 pandemics has increased the significant importance of sanitation during the life and death conditions of humans. However, the life of a sanitary worker has been kept in the dark conditions whereas they have experienced with numerous discriminations, exploitations at work. In addition, they continue to be vulnerable because to their exclusion from mainstream employment, education services, adequate housing facilities, and healthcare services. It has been demonstrated through numerous investigations that the life of an Indian sanitation worker is still in danger. The entire country was encouraged to keep a social (physical) distance between one another throughout the pandemic, but the sanitation worker failed to do so with the wastes where there may be a greater risk of infection.

Caste is the primary point of interaction for Indian sanitary work. In India, there is a close relationship between the caste system and the occupation of sanitary workers. This link between the caste system and sanitary labour raises a number of important issues in Indian society. The major caste groups who engaged on sanitary work in Tamil Nadu includes

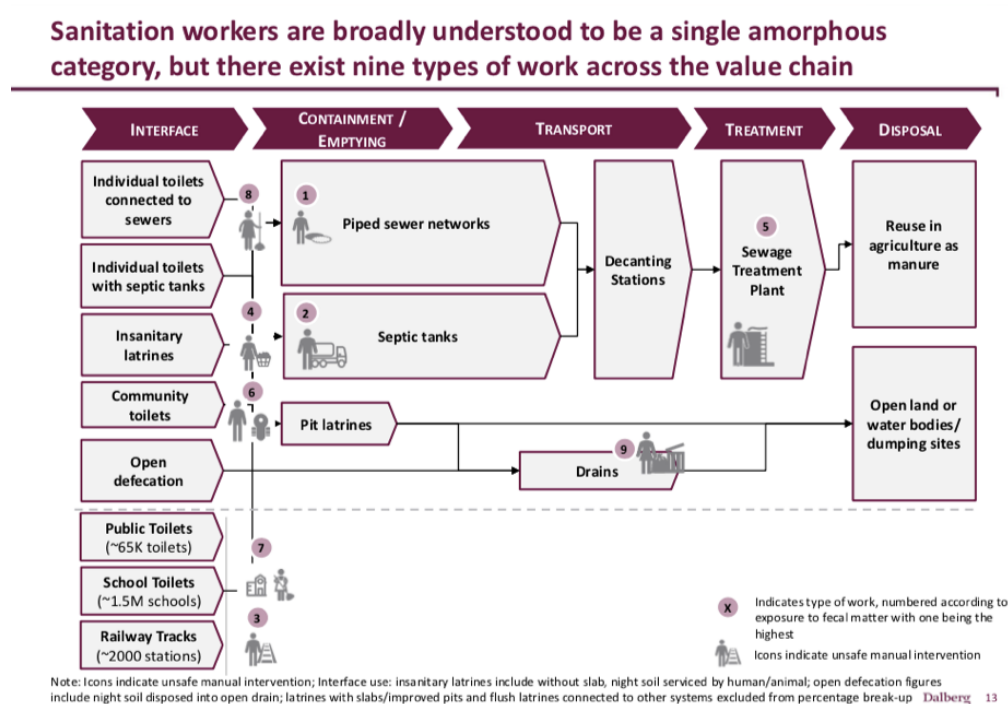
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<sup>1</sup> <https://dalberg.com/our-ideas/understanding-indian-sanitation-workers-and-finding-solutions-their-challenges/>

Adi-Dravidar, Adi-Andra, Sakkiliyar, Arunthathiyar, and Kattu Naicker. The three main communities involved in sanitary work in Greater Chennai Corporation are the Adi-Dravidar, Adi-Andra, and Arunthathiyar communities. Additionally, gender is a significant issue in the sanitary sector. In essence, a man working in sanitation experiences two types of discrimination—class and caste—whereas women working in sanitary sector encounter three types of discrimination—class, caste, and gender.

Understandings of the feminization of labour in sanitary work have been influenced by the intersections of caste, class, and gender in this sector of the economy<sup>2</sup>. To conceptualize the victimization of female sanitary workers, special consideration must be given to the dual theorization of sanitary work as an employment and care labour.

## II. TYPES OF SANITARY WORK IN INDIA



**Source: sanitation workers project, Dalberg**

There are nine different types of sanitary work that sanitation workers in India carry out, according to recent research by Dalberg on the project of sanitation workers. In India, women perform sanitary work as a valuable form of labour far more frequently than the other nine types of work. Since women make up the majority of the labour market, they are seen as cheap and simple to employ. As a result, women are often asked to perform

<sup>2</sup> Intersections of caste, class, and gender in healthcare sanitation work in India: Social work imperatives for restructuring marginalized women's care work by Tanya S. Monteiro. First published: 09 August 2022 <https://doi.org/10.1111/aswp.12264>

housekeeping work at cleaning public places and in domestic work too. The above-mentioned research of Dalberg has estimated that there are nearly 7,70,000 female sanitary workers are involved in collecting daily faecal wastages and latrine cleaning in India<sup>3</sup>. More than 2,000 000 women are reportedly employed as sanitary workers in the process of cleaning bathrooms at middle-class to affluent homes. Men are more likely than women to die at work when performing sanitary work because they are more likely to asphyxia from lack of air while cleaning septic tanks and underground sewage. However, there is a large list of female sanitary workers who are invisible in vulnerable situations. In present days, attention has been brought through the researches on this, yet there is a long way to go in theories on this customary practice.

In connection to that, in India, there are employment regulations, codes of conduct for the division of labour at the policy level, and a variety of schemes that have been put into place throughout the years to safeguard sanitation employees in general and female sanitary workers in particular. Even so, we have long been aware of how vulnerable Dalit communities and Dalit women are. One of the main goals of the current study is to better understand multi-layered structural gaps, socioeconomic marginalization, and the lack of access to sanitary labour. Understanding the financial situation of women who work in the sanitary sector is inextricably tied to their "World of Work". The concerns with their dignity and the socio-politics of their presence are linked to sanitary workers and the underlying identities they enforce every day.

### III. REVIEW OF LITERATURE

Rajavel. N (2015), in his published work on "Health Problems faced by Women Sanitary Workers in Thanjavur Town – A Study" has argued that the quality of life of women sanitary workers have been significantly affected in negative while their age and years of experience in work increased. He also stated that the women sanitary worker of Thanjavur Town of Tamil Nadu was mostly illiterate where their education was stopped due to the poor financial status of the household. It was evident in his study, that the Women sanitary workers were experienced the gender discrimination with three folded dimension status in terms of gender, caste and class. This discrimination had affected their quality of life in

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<sup>3</sup> <https://thewire.in/labour/manual-scavenging-sanitation-workers>

worst<sup>4</sup>. The study further detailed that they were also vulnerable to expose with many health problems due to their workplace discriminations and the infections of skin disease predominant in higher rate.

Selvamani. R and Rajan.D (2015), have argued in their research article “Socio – Economic Status of Dalit Sanitary Workers: A Social Work Perspective” that the data published by the Ministry of India accounted that 85% of Dalit Women have engaged with the multiple unorganized and vulnerable occupations includes, scavenging and sanitation work. Through the study the researchers also stated that, from 1995 onwards the Tamil Nadu government had passed multiple orders to eradicate the term “scavengers” and call them as “Sanitary workers”. Meanwhile, it was estimated and undermines in their article that there were 35,651 women sanitary workers work in 12 municipal corporations of Tamil Nadu. Among them their study area was Tiruppur Municipal Corporation and they had 154 samples from the population of 257 which has been chosen by using Simple Random Sampling Method. As a response for their Interview Schedule there were 49% of the women sanitary workers were identified as illiterate and their living area had the highest correlation. They have argued further that with respect to their community identity they face discriminations on a whole<sup>5</sup>. Though, the article was also explaining the socio – economic status of women sanitary workers of Tamil Nadu with different parameters. The research article has a broader understanding on the modes of social exclusion practice among Dalit Women Sanitary Workers was more specifically intruded.

Dalberg Report (2018), The relationship between sanitation workers and the practice of manual scavenging was thoroughly explored in the series of research publications derived from the Dalberg Advisors study. Additionally, it has been documented that contract workers have been commonly taken into consideration in the "false hope" that they will be offered a permanent job after many years of working on a contract basis. For the aforementioned reason, women sanitary workers who have been contracted to perform sanitary work typically extend their contract job type for 15 to 20 years. They have been exploited for many years by performing various sanitary tasks since they lack employment

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<sup>4</sup> Rajevel.N (Dec 2015), “Health Problems faced by Women Sanitary Workers in Thanjavur Town – A Study”, published in Indian journal of applied research, Volume: 5 | Issue: 12 | Special Issue Dec 2015 | ISSN - 2249-555X. (Page No: 30 – 32).

<sup>5</sup> Selvamani.R & Rajan.D (Dec 2015), “Socio-Economic status of Dalit Women Sanitary Workers: A Social Work perspective”, published in Indian journal of applied research, Volume: 5 | Issue: 12 | Special Issue Dec 2015 | ISSN - 2249-555X. (Page No: 108 – 110)

security. Due to the lack of educational opportunities and insufficient resources, there are many "reluctant inheritors" who are also doing the sanitary work<sup>6</sup>.

#### IV. OBJECTIVES

1. To identify the Socio – Economic status of Women Sanitary Workers of Zone – 13 of Greater Chennai Corporation.
2. To find the experiences of Work Exploitation among the Women Sanitary workers of Zone – 13 of Greater Chennai Corporation.
3. To observe the experiences of Social Discrimination among the Women Sanitary workers of Zone – 13 of Greater Chennai Corporation.

#### V. RESEARCH DESIGN

The current study work uses a descriptive research methodology and the "Simple Random Sampling" technique. Five of the wards in Zone 13 were chosen, and among those five, 78 working women sanitary workers were found, serving as both the population and the sample size for the current study. A semi-structured interview schedule of 30 items has been developed as a study method to collect the primary data from the women sanitary workers of zone – 13 of Greater Chennai Corporation.

#### VI. SIGNIFICANT RESULTS

Ages between 21 and 55 of the 78 respondents were surveyed. There were just 2 widowed people among the 78 responses. All 78 of the respondents are members of Scheduled Caste groups. 88.3% of the respondents belongs to the nuclear family out of 78. All of them are literate, and their average educational level was class 8. They were all on contract employment. Each of them received a daily wage of Rs. 391 and a wage voucher was also kept. They all lived in slum areas that had not been notified. Due to stress at work, two of them had previously attempted suicide. Despite receiving protective equipment, none of the respondents used it because of skin problems, respiratory suitability issues, or pain. All of the respondents experienced occupational health problems such as skin problems, respiratory issues, and fevers while they were at work. All of them have worked during times of disaster and COVID pandemic. 63 respondents reported that they were required to clean baby diapers in public restrooms, school restrooms, and household restrooms.

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<sup>6</sup> Keshav Kanoria (Dec 2018), "The Six Personas of Manual Scavenging in India", The Wire, Available at <https://thewire.in/labour/the-six-personas-of-manual-scavenging-in-india>

## VII. MAJOR RESULTS

### 1. Social Status of the respondents

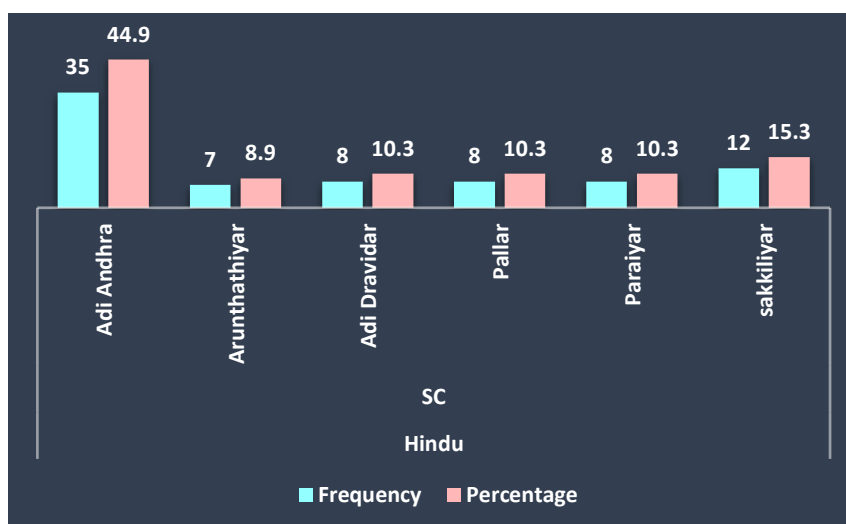
**Table 1**

*Frequency and Percentage Distribution of the Sub-Caste Category of the Respondents*

Religion	Caste	Sub – Caste Category	Frequency	Percentage
Hindu	SC	Adi Andhra	35	44.9
		Arunthathiyar	7	8.9
		Adi Dravidar	8	10.3
		Pallar	8	10.3
		Paraiyar	8	10.3
		sakkiliyar	12	15.3

**Figure 1**

*Frequency and Percentage Distribution of the Sub-Caste Category of the Respondents*



Among the 78 respondents from the Hindu-SC social group, 44.9% of those from the Adi-Andhra community participated in the study's selected areas (See Table 1). It has been clearly established through the research that these respondents belonged to the specific socioeconomic group that originated along the borders of the Andhra and Madras areas.

### 2. Monthly Income Status of the respondents

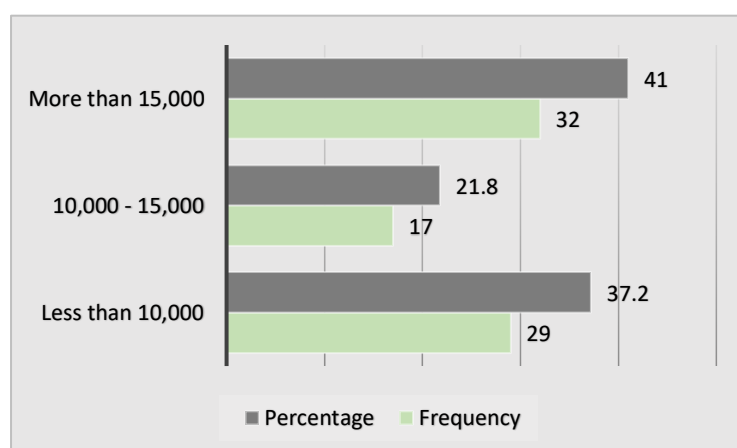
**Table 2**

*Frequency and Percentage Distribution of the Income Status of the Respondents*

Income Range (In rupees)	Frequency	Percentage
Less than 10,000	29	37.2
10,000 - 15,000	17	21.8
More than 15,000	32	41.0

**Figure 2**

*Frequency and Percentage Distribution of the Income Status of the Respondents*



Out of 78 respondents, 41% had monthly incomes exceeding Rs.15,000 per month (See Table 2). All of the respondents are employed under contract; however, only 32 of them received monthly payments, and those individuals earned more than Rs.15,000 per month. The remaining 46 respondents, who did not receive regular payments, continue to owe their employer their salary obligations.

### 3. Status of Living Conditions of the respondents

**Table 3**

*Frequency and Percentage Distribution of Type of house and available facilities at house of the Respondents*

Details	Category	Frequency	Percentage
Type of House & Available Facilities	Pucca	78	100.0
	No Room	24	30.8



	One Room	33	42.2
	Two Rooms	21	27.0
<b>Water Availability</b>	Public	57	73.0
	Private/Own house	21	27.0
<b>Source of Water</b>	Public/Metro	57	73.0
	Private/Own house	21	27.0
<b>Ventilation</b>	Satisfied	21	27.0
	Dissatisfied	57	73.0
<b>Aeration facilities</b>	Satisfied	21	27.0
	Dissatisfied	57	73.0

Out of 78 respondents, 42.2% of them lived in one-room houses and all of them lived in pucca houses. In accordance with 73% of the respondents, they only use public water facilities for household purposes. In a similar vein, 73% of them expressed dissatisfaction with the ventilation and aeration systems in their homes (See Table 3).

#### 4. Type of Work in Sanitation Employment of the respondents

**Table 4**

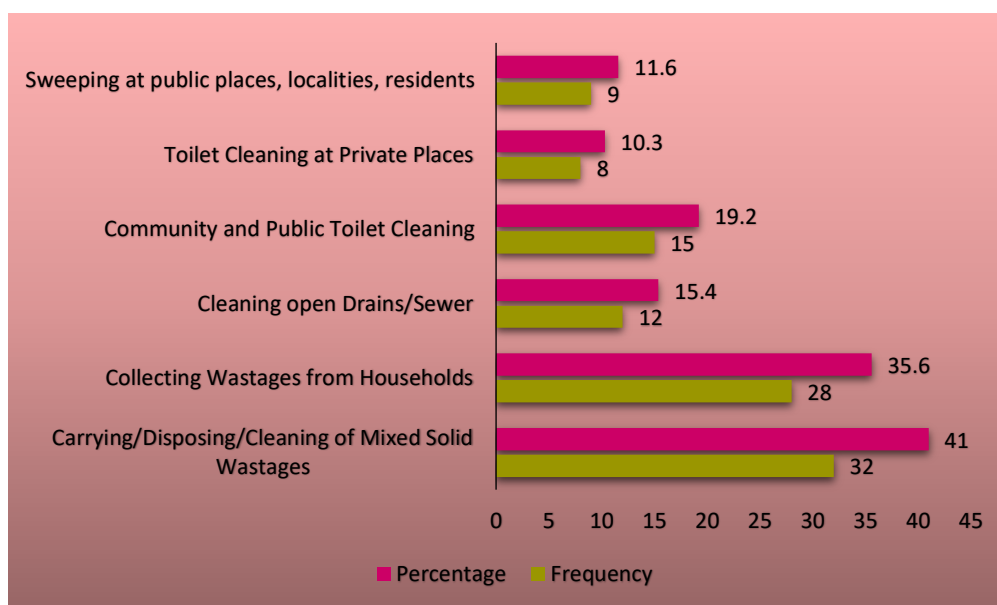
*Frequency and Percentage Distribution of the type of work in sanitation employment of the Respondents*

Type of Work in Sanitation Employment	Frequency	Percentage
Carrying/Disposing/Cleaning of Mixed Solid Wastages	32	41.0
Collecting Wastages from Households	28	35.6
Cleaning open Drains/Sewer	12	15.4
Community and Public Toilet Cleaning	15	19.2
Toilet Cleaning at Private Places	8	10.3

Sweeping at public places, localities, residents	9	11.6
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**Figure 3**

*Frequency and Percentage Distribution of the type of work in sanitation employment of the Respondents*



Although workers performed a variety of sanitary work, the present study concentrated only on six of them: sweeping, toilet cleaning in public and private spaces, clearing open drains, gathering waste, and carrying/disposing/cleaning of mixed solid wastes for research. Gathering household wastes was the first of the six forms of sanitary activities that 41% of the respondents participated in (See Table 4). The fact that all 78 responders were involved in various sanitary works was the most intriguing aspect. As an instance, they transport them and gather garbage from some residences. Like this one, they carry them and collect wastes from certain residences. They occasionally clean the open drains on roadways in addition to sweeping the roads. Every woman who works in the sanitary works has been assigned multiple types of work at once.

### 5. Working Hours per day and Work Shifts of the respondents

**Table – 5**

*Frequency and Percentage Distribution of Work shifts and Hours of work of the Respondents*

Work Shifts	Less than 10 hours or 8 Hours		10 hours		More than 10 hours	
	Frequency	%	Frequency	%	Frequency	%
One	15	19.2	0	0	0	0
Two	5	6.4	30	38.5	8	10.3
Three	0	0	6	7.7	14	18.0

According to the aforementioned Table 5, of the 78 respondents, 30 of them or 38.5% of the female sanitary workers, performed their duties for 10 hours per day in two shifts, and 14 of them or 18% of them performed their duties for more than 10 hours per day in three shifts. Additionally, it was noted in the study that all of the respondents who worked more than three shifts and ten hours a day had debts and needed to work to pay them off. It was also noted from the respondents that they occasionally obtained credits for their children's educational costs as well as for the medical expenses of their family members.

#### 6. Status of Leave access and wage cut details of the respondents

**Table 6**

*Frequency and Percentage Distribution of Leave Access and Wage Cut details of the Respondents*

Status of Leave Access	Permitted on Conditions	Frequency	Percentage
Permitted	Can Access Without Wage Cut	24	30.7
	Can Access with Wage Cut	21	27.0
	Can Access if over duty performed for compensation	7	9.0
Not Permitted		26	33.3

33.3% of the 78 respondents to the current study said that they were not given access to leave for any reason, while 27% reported that they could access leave with a wage reduction.

## 7. Experiences with Harassments and Type of Harassments of the respondents

**Table 7**

*Distribution of Experiences with Harassments and Type of Harassments of the respondents*

Status of Experiences with Harassment at Workplace		Types of Harassment	Frequency	Percentage
Experiences with Harassment	Physical		5	6.4
	Verbal		70	89.8
	Mental		3	3.8
	Sexual		0	0

It was particularly disappointing to learn that every respondent had encountered workplace harassment, with 89.8% of them detailing verbal harassment in the research. 6.4% and 3.8% of the respondents also stated that they had been subjected to physical and mental harassment at work by their male supervisors.

## 8. Association between Caste and Workplace Harassments experienced by the respondents

**Table 8**

*Chi – Square distribution of Significance association between Caste and Workplace Harassments experienced by the respondents*

Chi-Square Test			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	80.985 <sup>a</sup>	1	.000
Likelihood Ratio	54.344	1	.000
N of Valid Cases	78		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 80.93.

In the first row of Table 8, the Pearson Chi-Square statistic,  $\chi^2 = 80.985$  and  $p = 0.000$  shows the likelihood that there is a chance of significant relationship between the Caste and Experience in Workplace Harassments of the respondents have been observed from the data. Since  $p < 0.25$ , thus the null hypothesis is invalidated. As a result, for the present study that the alternative hypothesis ‘there is a significant association between the educational status of the respondents and their status of employment is accepted’.

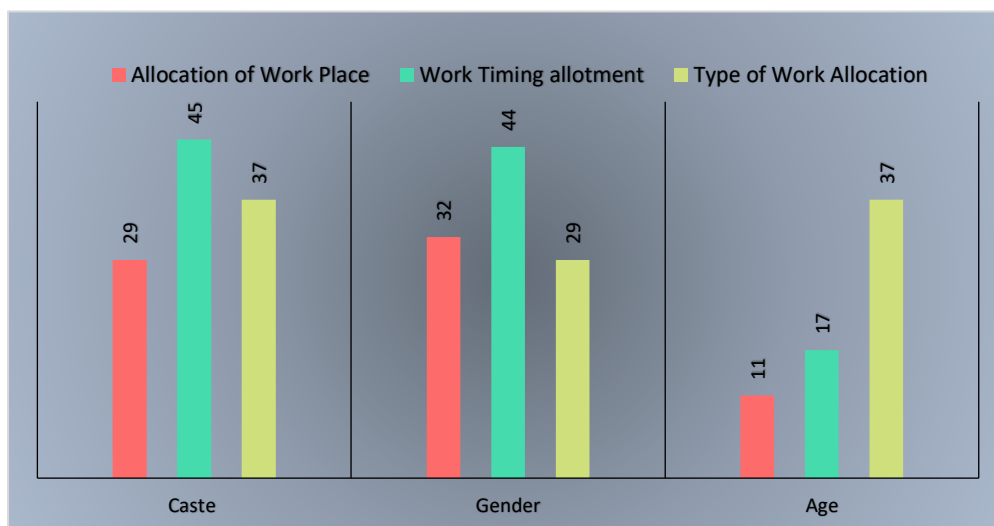
### 9. Discrimination experienced on work timing, work place allotment and type of work allocation of the respondents

**Table 9**

*Combine Tabulation of Frequency Distribution of Discriminations experienced at work place, on work timing and on work allocation details of the respondents*

<b>Discriminations Experienced at workplace</b>	<b>Status</b>	<b>Caste</b>	<b>Gender</b>	<b>Age</b>
Allocation of Work Place	Yes	29	32	11
	No	15	6	32
Work Timing allotment	Yes	45	44	17
	No	10	12	12
Type of Work Allocation	Yes	37	29	37
	No	12	10	15

**Figure 4**



According to the data, the respondents were subjected to various forms of caste, gender, and age-based discrimination in their work assignments, work timing, and types of work. 44 respondents reported experiencing gender-based caste-based work time allocation, and 45 respondents reported facing it. People reported experiencing a particular sort of labour allocation regardless of caste (37 respondents), gender (29 respondents), or age (37 respondents). Similar to this, 29, 32, and 11 respondents have indicated that they encounter differences and discrimination in the assignment of work places, accordingly.

## 10. Experiences with Social Exclusion of the respondents

**Table 10**

*Frequency and Percentage Distribution of Experiences with Social Exclusion of the respondents*

Details of Experiences with Social Exclusion of the respondents	Frequency	Percentage
Cannot easily access house for rent	32	41.0
House located near to waste dump yards	18	23.0
Calling by nick names (includes caste-based identity)	12	15.3

Cannot use toilets at Workplace (includes HH)	38	48.7
Cannot drink water at workplace (includes HH)	46	60.0

The study found that 41% of the respondents had difficulty finding houses to rent, which was an extremely serious result. Additionally, it was found that 48.7% of the respondents were forbidden from using restrooms at work, which included employers' homes, and 60% were denied access to water to drink at their workplaces and occasionally in homes where they were employed. It was also found that 23% of the respondents were located close to waste dump yards, 15% of the respondents were called by nicknames that denoted their caste as low grade (See Table 10).

## 11. Experiences with Social Exclusion of the respondents

**Table 11**

*Frequency and Percentage Distribution of diseases infection status (Occupational Health Hazards) of the respondents*

<b>Infected by the Diseases namely,</b>	<b>Frequency</b>	<b>Percentage</b>
<b>Musculoskeletal disorders</b>	11	14.1
<b>Infections (Like hepatitis A)</b>	17	21.7
<b>Skin Problems</b>	48	61.5
<b>Respiratory system problems</b>	37	47.4
<b>Fevers (Viral, Typhoid, Malaria, Dengue, Corona etc.,)</b>	75	96.1
<b>Cholera</b>	19	24.3

All of the respondents who took part in the survey had various health problems during the period of their employment. More frequently, 96.1% of them had a fever, which can include viral infections as well as typhoid, malaria, dengue, and most recently, corona. They have frequently contracted the fevers. Then, on a separate note, 61.5% of them suffered from skin problems and 47.4% did so with respiratory issues.

## **12. A Case Study of vulnerability faced by a woman sanitary worker during COVID pandemic period**

One of the respondents, has described her painful COVID period experience. She was a contract sanitary worker in a specific ward in the Adyar zone, earning 8000 rupees per month at the age of 31. She contracted the corona virus after being forced to work during the COVID outbreak. Later, her family expanded to infect with corona virus, include her husband and two children between the ages of 7 and 12. They were all isolated for three weeks at special COVID camps.

She was unable to go to work after leaving the quarantine facility, despite her contractor's claims that they had fired her for her extended absence. Her family began going without food and other necessities as she struggled mightily to find another employment. During that time, the owner of her home likewise demanded that she leave the building immediately. Her inebriated husband did nothing to help the family, and she had planned to commit suicide along with her and her children. However, her neighbours helped to save her and the lives of the children. Of course, everyone is aware of the difficulties that the pandemic time brought to everyone, but in this particular case, we need to raise consciousness about the fragility of contract job. She was treated unfairly in that she was not properly informed of her job termination and that she was fired due to her poor health. Her mental health was severely impacted, and the loss of one employment made it impossible for the family as a whole to operate. Due to this, she made the decision to take three lives, including her children. Due to the lack of social security in their employment, the iron gate of contract and privatization of the sanitary sector eats many marginalized people in this manner.

## **VIII. DISCUSSIONS**

Many governments, including the state and the union, have made commitments to improve the lives of sanitary workers, and we have numerous special programmes in this area. But the reality of a sanitation worker's life continues to be grim. The data findings revealed that the growing contractor nature of the sanitary sector set the way for the reduction of labour rights and the growth of the social security labour market. The average salary for a female sanitary worker at the Chennai Municipal Corporation was Rs. 391, which was far too little to cover their daily necessities. Since then, many



of the female sanitary workers have worked numerous shifts and have experienced an increase in work hours. This opens the door once more for the exploitation of women as cheap, unorganized labour in the sanitary sector.

They have encountered a variety of social exclusions and discriminations due to their location, caste identification, and lack of rental housing, as well as being denied access to restrooms and running water at work. The Indian caste system was also intrigued by these practices, and the thought of pollution has a strong foundation. Cleaning diapers out of homes, bathrooms and waste was nothing more than a "Manual Scavenging" practice. Despite the fact that they were given protective gear that would never fit them properly for work, it was never able to shield them from anything, as is evident from the data on their health hazards at work. Furthermore, for a human being to maintain both their physical and mental health for better functioning, proper living space, ventilation, and aeration facilities are crucial. With the use of the study's data, we could see how miserable their living conditions were, yet they managed to survive.

## IX. CONCLUSION

Some of the study's most significant issues originate with systemic problems in India's unorganized sector, such as the sanitary sector, which have been degrading for decades and got worse during the COVID crisis. Although there is a great need for changes in the sanitary work sector, the first immediate change should be made in the context of the structures and functions of the sanitary employment sector<sup>7</sup>. The study also discussed many aspects of women's sanitary workers' vulnerabilities in their line of work. The study's findings brought attention to the need for comprehensive and equitable support for underrepresented female sanitary workers. Though the case and gender-based discriminations were addressed crucially in the present study, there must be specific monitory programmes should be developed on this.

Instead of addressing waste directly, more attention should be paid to the appropriate execution of rehabilitation programmes, scheme evaluation, providing health safety measures, and encouraging or advocating the switchover to technology and electrical solutions. Additionally, direct manual scavenging in the name of sanitary work needs

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<sup>7</sup> Report of Water aid India, (Sep 2020), "Health, Safety and Social Security Challenges of Sanitation Workers during the COVID-19 Pandemic in India", Available at: <https://washmatters.wateraid.org/sites/g/files/jkxoof256/files/health-safety-and-social-security-challenges-of-sanitation-workers-during-the-covid-19-pandemic-in-india.pdf>.

to come to an immediate end. The notion of "feminization of labour" should be used to conceptualize the dual exploitation of female sanitary workers as both an employee and a care taker at her household requirements where she performs the same labour twice. It should also be addressed to lessen the mental strain and repetitive nature of the work for a female sanitary worker.

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