

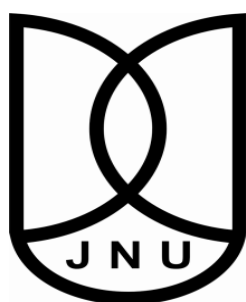
**SOCIO-ECONOMIC AND HEALTH ISSUES OF WOMEN
MANUAL SCAVENGERS
A CASE STUDY OF NAGPUR DISTRICT, MAHARASHTRA**

**SOCIO-ECONOMIC AND HEALTH ISSUES OF WOMEN
MANUAL SCAVENGERS**

A CASE STUDY OF NAGPUR DISTRICT, MAHARASHTRA

**Thesis submitted to Jawaharlal Nehru University for the award of
the Degree of DOCTOR OF PHILOSOPHY**

MANISHA SURYABHAN MESHRAM



CENTRE OF SOCIAL MEDICINE AND COMMUNITY HEALTH

SCHOOL OF SOCIAL SCIENCES

JAWAHARLAL NEHRU UNIVERSITY

NEW DELHI-110067, INDIA

2019



CENTRE OF SOCIAL MEDICINE & COMMUNITY HEALTH
SCHOOL OF SOCIAL SCIENCES
JAWAHARLAL NEHRU UNIVERSITY
NEW DELHI - 110067

Dated: 22/7/2019

DECLARATION

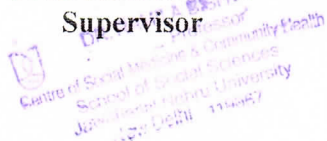
I declare that the thesis entitled “**SOCIO-ECONOMIC AND HEALTH ISSUES OF WOMEN MANUAL SCAVENGERS: A CASE STUDY OF NAGPUR DISTRICT, MAHARASHTRA**” is being submitted by me in partial fulfilment of the requirements of the award of the degree of **DOCTOR of PHILOSOPHY** of Jawaharlal Nehru University. This thesis has not been submitted for the award of any other degree of this university or any other university and is my original work.

Manisha Suryabhan Meshram

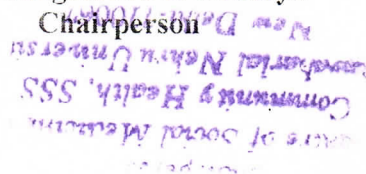
CERTIFICATE

We recommend that the thesis be placed before the examiners for evaluation and consideration of the award of Degree of Doctor of Philosophy.

Prof. Ramila Bisht
Supervisor



Prof. Sanghmitra S. Acharya
Chairperson



आई - बाबा

ACKNOWLEDGEMENTS

Writing an acknowledgment without missing a name is a herculean task. By the time the thesis is printed, I would have completed my seven productive years at the Centre. This is indeed a long time to spend in a place, especially, when you are away from family. Nonetheless, I never felt homesick, as people around me at JNU had always been supportive and kind enough to foster my intellectual faculty. This thesis is indeed an outcome of that long journey that I spent as a student here.

At the outset, I would like to point out that this thesis, in this form, could be conceived only because of the constant guidance of my supervisor. I extend my warm gratitude to Dr. Ramila Bisht whose profuse and astute direction at each stage of my research uplifted my spirits- both intellectual and mental. I am proud to acknowledge that at the threshold of my career as a researcher, I have had a guide who gave her heart and brain into nurturing a researcher in me.

Insightful as they were, without the critical engagement of Prof. Sangmitra Acharya, Prof. Shailesh Darikar (TISS, Mumbai), Dr. Pradeep Shinde, Mr. Wilson Bejwada, Dr. Ravichandran, Dr. Umakant, as a Ph.D coordinators, the thesis would not have ascended to a level as it has today. I would also like to thank my teachers at the Centre for Social Medicine and Community Health, JNU for their longstanding support.

I am obliged to give thanks at least in words to the all non-teaching staff at the Centre, especially the library and administrative staff who whose diligence and sincere enquiries had helped a great deal at times when I was stuck. Thanks to Dinesh, Jeewan Lata, Rawat and Satish Ji. I will be indebted to their kind support.

I thank to London School of Economics, London (UK) and Tata Institute of Social Science, Mumbai (India), which permitted me to access their library.

The burden of writing this thesis was lessened substantially by the support of my dearest friends Ipsha, , Bhupali, Chinmaya, Bibek, Bansidhar deep, Doleshwar, Archana, Sanghali, Marri, Komal, Satnam sir, Nilima, Madhulika, manju, Priyanka, Veena, Pradeep, Jyotismita, lepcha, Rajshree. The simple 'thank you' is not enough to express my appreciation to their invaluable presence in my life.

I am sincerely indebted to Sanjaya, Kanika, Kumud, Sonal, Saritha Bhupali and Meenu who squeezed time from their busy schedules to correct my thesis carefully and offered me insights to improve my work.

I would sincerely thank Krishna, Vyom and Balkrushnana the data wizard, for sharing the data extraction work.

I would also like to thank the Babasaheb Ambedkar Research Training Institute (BARTI), Pune who gave me the fellowship for Ph.D research. Without financial support, it would difficult to finish my thesis.

As per as fieldwork is concerned, my debts are enormous and many. I am grateful to Shirish dada (Appu), Shital and Ashwini who helped me to find the place in field area.

I am grateful to my family members and relatives who have supported my endeavour and waited patiently for my thesis to be completed. I would like to thank my in-laws for the support they extended. It is difficult to thank and repay the debt of my parents (Aai Baba) who have stood by me throughout my life and my sisters Surekha, Ranjana, Nalanda, Ujwala, Bhaujis and my nieces and nephew who have been unfailing sources of support in every way. I want them to know how much I appreciate and value their support.

Most of all I would like to thank my closest friend and partner Sanjaya who has given his valuable time and knowledge to me often to the detriment of his own work. For me he has been a pillar of support in every way. With his patience, guidance and affection he saw me through the most difficult periods. For him I owe more than I can express.

Manisha Meshram

CONTENTS

CHAPTER No.	TITLE	PAGE No.
	List of Tables	xi
	List of Charts and Figures	xiii
	List of Abbreviations	xv
ONE	INTRODUCTION	3-8
	1.1. Background of the Study	3
	1.2. Organisation of Chapters	7
TWO	LITERATURE REVIEW	9-33
	2.1. Definition of Manual Scavenging	9
	2.2. Evolution of Manual Scavenging	10
	2.3. Present Nomenclature	12
	2.4. Literature Review	13
	2.5. Research Gaps	33
THREE	RESEARCH METHODOLOGY	35-53
	3.1. Conceptualising the Research Problem	35
	3.2. Research Questions	40
	3.3. Research Objectives	41
	3.4. Methodology	42
FOUR	DEMOGRAPHIC AND SOCIO-ECONOMIC CONDITION OF WOMEN MANUAL SCAVENGERS IN NAGPUR DISTRICT, MAHARASHTRA	57-98
	4.1. Demographic Profile of Maharashtra	58
	4.2. Demographic Profile of WMS in The Study Ares	62
	4.3. Socio-Economic Profile	69
	4.4. Summary of Chapter Four	95

FIVE	HEALTH ISSUES OF THE WOMEN MANUAL SCAVENGERS AND THEIR UTILIZATION OF HEALTH SERVICE	99-132
	5.1. Hazardous Exposure and Related Problems	99
	5.2. Gynecological and Pregnancy Related Health Problems	110
	5.3. Age and Mortality	116
	5.4. Safety Measures	118
	5.5. Addiction	119
	5.6. Access and Utilisation of Health Services	121
	5.7. Health Insurance	129
	5.8. Summary of the Chapter	130
SIX	LIVED EXPERIENCES: STIGMATISATION, HUMILIATION AND DEHUMANISATION OF WOMEN MANUAL SCAVENGERS	135-168
	6.1. Lived Experience at Workplace	136
	6.2. Lived Experience in the Society	148
	6.3. Summary of the Chapter	166
SEVEN	DISCUSSION AND CONCLUSION	169-176
	7.1. Research Issues Addressed in the Study	169
	7.2. Data and Methodology employed in the study	170
	7.3. Discussion of the findings	170
	7.4. Policy Suggestions	174
	BIBLIOGRAPHY	177-191
	ANNEXURES	193-197
	Annexure to Chapter Four	193
	Annexure to Chapter Five	194
	Annexure to Chapter Six	196
	QUESTIONNAIRE	198-245

LIST OF TABLES

Table No.	Title	Page No.
2.1	Government Committees for Manual Scavenging during Post-Independence	14
3.1	Tasks performed by Women Manual Scavengers in Rural and Urban Maharashtra	40
3.2.	Ward-wise distribution of population across zones	44
3.3.	Classification of zones by area (civil or slum)	46
3.4.	Selected zones Sample collections from two	47
4.1.	Distribution of SC and ST population in Maharashtra	59
4.2.	Caste-wise male and female population 2011 Nagpur City	62
4.3.	Women Manual Scavengers by Sub-Caste	63
4.4.	Sub-Caste wise distribution of Women Manual Scavengers across Zone	63
4.5.	Age group of Manual Scavengers	64
4.6.	Marital status of Manual Scavengers	65
4.7.	Marital Status by Age Group	66
4.8.	Place of origin of women manual scavengers by sub-caste	67
4.9.	Origin of migrants by sub-caste	67
4.10.	Family type of Manual Scavengers	68
4.11.	Age of family members by gender-wise	69
4.12.	Sub-Caste wise farmland holding	70
4.13.	Ownership status of Housing	71
4.14.	Housing Status of Manual Scavengers	71
4.15.	Number of rooms owned by Manual Scavengers	72
4.16.	Literacy of Manual scavengers	75
4.17.	Years of Education completed by Manual Scavengers	75
4.18.	Caste-wise dropout of school	76
4.19	Reasons for non-enrollment or dropped out of school	76
4.20	Highest level of education of manual scavenging households	78
4.21.	Gender-wise distribution of work profile of family members of WMS	80
4.22.	Sub-Caste wise distribution of the work profile of family member of WMS	80
4.23.	Rationale for Choosing Manual Scavenging as an Occupation	81

4.24.	Sub-Caste wise distribution of secondary	82
4.25.	Protective gear provided by the NMC to the WMS	90
4.26.	Safety Measures adopted during work by the WMS	90
4.27.	Toilet and Water facility at Work Place	91
4.28	Changing room facility at workpalce	91
4.29	Specoal Facility(resting room) available at work place	92
4.30	Monthly Income of the WMS	92
4.31	Borrowing by sub-caste	93
4.32	Repayment of debt by sub-caste	94
4.33	Sub-Caste wise pension benefits	95
4.34	Awareness of any government scheme for Manual Scavengers	95
5.1	Health problems among Women Manual Scavengers	100
5.2.	Age group of Women Manual Scavengers	116
5.3.	Deaths Occurred during the Last four years	118
5.4.	Tobacco usage by sub-caste	120
5.5.	Sub-Caste wise preferred hospital for short-term morbidity	122
5.6.	Reasons for preferred hospital for short-term morbidity	123
5.7.	Reasons for Choosing Specific Service for major morbidity	125
5.8.	Availing medical emergency services	128
5.9.	Zon-wise reimbursement of health expenditure	129
5.10.	Sub-Caste wise health insurance	130
6.1.	Hatred towards the work of manual scavenging	157
4A.1	Religion-wise distribution of population in Nagpur according Census 2011	193
4A.2	Employed family members of WMS	193
5A.1	Tobacco usage by age groups	194
5A.2	Death occurred during the last four years	195
5A.3	Governance Insurance Benefits	196
6A.1	People's reaction at the WMS with uniform	196
6.A.2	Alcoholism in Scavenging households (value in percentage)	197

LIST OF CHARTS AND FIGURES

Chart No.	Title	Page No.
4.1.	Religion-wise distribution of Population of Nagpur	61
4.3.3.	Sources of drinking water facility	73
5.1.	Addiction to Tobacco in Women Manual Scavengers	120
5.2.	Preferred Health Care Services for Major Morbidity	125
6.1.	Experience of discrimination and untouchability from the upper-caste officers at the workplace	136
6.2.	WMS travelling with scavenging uniform	146
6.3.	Perception and attitude of public towards WMS with working uniform	146
6.4.	Discriminated by Students and teachers at school	155
6.5.	Alcohol Usage among the male members	163
Figure No.		
3.1..	Nagpur City Map	45
4.1	Women manual scavenger at workplace	85
4.2	Women manual scavenger at workplace	86
4.3	Woman manual scavenger with loaded cart	87
6.1	Living are of WMS adjacent to the dumping area	149
6.2	Living area of WMS at open drainage	149
6.3	Housing of WMS	151
6.4	House of a WMS at (sewage) during yard	152

LIST OF ABBREVIATIONS

CBO	Community Based Organization
CERD	Committee on the Elimination of Racial Discrimination
CNC	City of Nagpur Corporation
FGD	Focus Group Discussion
GDP	Gross Domestic Products
IEC	Information, Education and Communication
IHL	Individual Household Latrines
ILCS	Integrated Low Cost Sanitation Scheme
JSSDS	Jan Sahas Social Development Society
MHADA	Maharashtra Housing and Area Development Authority
MP	Madhya Pradesh
MPCB	Maharashtra Pollution Control Board
MPSB	Mehtar, Pardesi, Sweeper and Balmiki
MSRTC	Maharashtra State Road Transport Corporation
NBA	Nirmal Bharat Abhiyaan
NGO	Non-Government Organisation
NIT	Nagpur Institute Technology
NMC	Nagpur Municipal Corporation
NSLRS	National Scheme for Rehabilitation of Scavengers
NSLRS	National Scheme of Liberation and Rehabilitation of Scavengers
NSSO	National Sample Survey Office
OBC	Other backward Class
OPD	Out patients Department
PC	Production Centres
PRI	Panchayati Raj Institutions
RGA	Rashtriya Garima Abhiyan

RSKA	Rashtriya Safai Karmachari Ayog
RSM	Rural Sanitary Marts
SBA	Swachh Bharat Abhiyan
SC	Schedule Caste
SPSS	Statistical Package for Social Science
SRMS	Self-employment Scheme for Rehabilitation of manual Scavenging
SSHE	School Sanitation and Hygiene Education
ST	Scheduled Tribes
TB	Tuberculosis Bacteria
TSC	Total Sanitation campaign
UN	United Nation
UNICEF	United International Children's Emergency Fund
UP	Uttar Pradesh
URTI	Upper Respiratory Tract Infections
UTI	Urinary Tract infection
VAMBAY	Valmiki Ambedkar Malin Basi Awas Yojna
WMS	Women Manual Scavenger

*'Ours is a battle, not for wealth, nor for power; ours is a battle for freedom, for
reclamation of human personality.'*

~Dr. Babasaheb Ambedkar

CHAPTER ONE

INTRODUCTION

1.1. BACKGROUND OF THE STUDY

Manual scavenging, a barbaric and caste-based-forced occupation, has been in practice in several parts of India for more than a millennia. It is the manual cleaning of human and animal excreta with the help of brooms and small tin plate and carrying them in baskets for disposal at a designated place, which is far away from the living area (Bhattacharjee, 2014). The allocation of work based on the caste-identity is one of the basic tenets of Indian (Hindu) caste system.

For more than a millennia, Dalits or the Scheduled Castes (SC) have been assigned with the menial tasks or jobs, namely, sweeping, cleaning, disposal of dead animals, leather works and so on, which are deemed to be polluting and filthy and no upper castes would ever dream of doing them (Rashtriya Garima Abhiyan, 2011, pp.1-2; Ponnuchamy, 2014, p.1).¹ The SC community because of their birth identity is considered as polluted and is thus left with no other survival opportunities but to take up the aforementioned menial jobs (Hutton, 1963; Rashtriya Garima Abhiyan, 2011). Among these jobs, manual scavenging is the most menial occupation imposed upon some specific sub-castes of the Dalits community who are treated untouchables among untouchables (Siddaramu, 2013, p. 29).

More than an occupation, manual scavenging has become a social norm or custom, which continues persistently despite all the available technology and alternatives (Darokar, 2018). Not only the practice of manual scavenging violates several constitutional provisions for the marginalised sections², but also violates the

¹ Dalit and SC are used interchangeably throughout the thesis.

² Article 14: Right to Equality; Article 16 (2): Equality of opportunity with respect to government employment; Article 17: Abolition of untouchability; Article 19(1): Right to practice any profession, or to take up any occupation, trade or business; Article 21: Protection of life and personal liberty; Article 23: Prohibition of human trafficking and forced labour etc.; Article 41: Right to work, to education and to public assistance in certain cases; Article 42: Provision for just and humane

protection of Civil Right Act (1955), the Bounded labour Act (1976), and Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act (1989). Even after the enactment of the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act (1993), the Prohibition of Employment of Manual Scavengers, and their Rehabilitation Act (2013), the practice of manual scavenging is widespread across different regions of the country.

Nevertheless, the state governments are clearly trying to trivialise the issue of manual scavenging. The government agencies have reported complete abolition of the practice manual scavenging, the practice is nevertheless rampant and thus far, none of the practitioners of manual scavenging has been punished under the law (Mander, 2013).³

Manual scavenging is the obnoxious and degrading occupation, which makes the manual scavengers despise themselves, and makes them feel hapless and thus ingrained into the task of manual scavenging (Sankaran, 2008, p. 131). The manual scavengers who lack reason consider manual scavenging is their job and they are born to take up this job; on the other hand, the society has the stereotype image that the scavenging community is destined to do manual scavenging (Ponnuchamy, 2014, p. 7).

According to Census (2011), there are 794,390 dry latrines where human excreta are cleaned manually; and in addition, there are 1,314,652 toilets where human excreta are flushed into open drains, which are again manually cleaned by individuals from Dalit community (“Manual scavenging”, 2016). By not acknowledging the fact that manual scavenging does exist in India, the government of India is violating the basic human rights of manual scavengers and tends to keep these people at the margin of the society.

conditions of work and maternity relief; and Article 47: Duty of the state to raise the level of nutrition and the standard of living and to improve public health.

³Bezwada Wilson, the Convenor of Safai Karamchari Andolon, revealed, “IAS officers declared that there was no manual scavenging in their districts, ignoring evidence to the contrary” (Narayanan, 2013, para. 8).

Manual scavenging is the most polluting, undesirable, and low-paid profession and the sub-castes of Dalits who are engaged in this work are bound to become unwanted, stigmatised, and eventually untouchable (Ramaiah, 2007; Wilson and Singh, 2017). For example, the Dalits engaged in manual scavenging become stigmatised and untouchable, which in effect destroy their basic human rights even to think of leading a humanly dignified life with equality and justice (Wilson and Singh, 2017, p. 305).

Some scholars argued that if they abandoned the “polluted” occupations, the Dalits could get rid of their previous stigma after few generations (Srinivas, 1955). However, even after quitting and diversifying from the caste-based forced occupations, the stigma of (caste) untouchability remains indelible (D’Souza, 2016). Untouchability continues to be practiced with the manual scavengers, even if they renounce the caste-based forced occupation and switchover to dignified occupations (D’Souza, 2016). Further, the occupational mobility of manual scavengers, especially women manual scavengers is completely restricted. Many women manual scavengers who wish to quit the dehumanising occupation are restricted from taking up other jobs. The several cases of liberated women who made effort to move on to a more respectful livelihood were rejected by the society owing to their caste tag (Singh and Ziyauddin, 2009; and Wilson and Singh, 2017). For example, Chinta Devi of Meherpur locality started her shop with a loan arranged by a local NGO and left this menial job. But later she resumed this humiliating job as she faced a severe boycott even by her own community” (Singh and Ziyauddin, 2009, p. 523).

Furthermore, the sub-sections of Dalits who are into this most-dehumanising work come in close contact with waste, garbage, and excreta every day and are thus bound to face serious catastrophic health problems (Darokar and Beck, 2006). The dehumanizing manual scavenging tends to make the manual scavengers addicted and intoxicated to tobacco and alcohol respectively, which have serious impact upon the health of these scavengers (Rashtriya Garima Abhiyan, 2013). The addiction/intoxication is found to have ruined the life of manual scavengers, especially women and children; and these people cannot be blamed for the

addiction or intoxication; the manual scavenging practice occupation rather needs to be blamed because this practice makes manual scavengers resorted to this addiction or intoxication (Wilson and Singh, 2017). The imposition of millennia-long undemocratic practice has had an everlasting negative impact in the mind and health of Indian society in general and of the Dalits in particular (Ramaiah, 2007; Beck and Darokar, 2005).

The manual scavenging is a women-centric job, as the study conducted by Singh (2014) for eleven Indian states claims that around 95 to 98 per cent of total manual scavengers in the country are women.⁴ Women from the Dalit community are involved in jobs such as cleaning dry latrines, cleaning or sweeping streets, open defecations, open drainage and so on, whereas the cleaning sewer or septic tanks tasks requiring more physical strength are assigned to male members of the community (Wilson and Singh, 2017). Women concentration in manual scavenging occupation is largely because of the traditional *jajmani* system, i.e., ownership rights to clean a select number of dry toilets, which ties generations of women to the job of manually cleaning the dry latrines in the village.⁵ Further, as underlined by Willson and Singh, (2017), women are mostly preferred to clean the dry toilets that are located inside the home; and the patriarchal nature of manual scavenging community tends to impose the task of manual scavenging to women. Despite manual scavenging being a women-centric occupation, women manual scavengers have hitherto received very little attention from the media as well as from the academia or policymaker. Surprisingly, the issue of women manual scavengers hardly exists in public discourse or even in feminist discourse.

In the light of above discussion, this research seeks to focus upon the issues of women who are engaged in manual scavenging; as understood thus far, there are three issues viz. social economical and health issues which are worth paying

⁴ The report prepared by Bhattacharjee (2014) for Human Right Watch also shows that about 95 to 95 per cent manual scavengers in India comprise of women.

⁵Jajmani system, like property right system, assigns rights to clean some fixed number of dry latrines to a scavenging household; and these rights can be bought and sold, always connected to the women of the household (Willson and Singh, 2017).

attention while studying women manual scavengers in India. According to the Socio Economic and Caste Census 2011, there are about 1.8 lakh Indian households who rely on manual scavenging for their survival; and Maharashtra has the highest number of manual scavengers (i.e. 63,713), followed by Madhya Pradesh, Uttar Pradesh, Tripura, and Karnataka (Venkat, 2015; Ingole, 2016). The present study has therefore chosen Nagpur, the third highest populated district or city of Maharashtra⁶, to understand the socio-economic and health issues of women manual scavengers in India.

1.2. ORGANISATION OF CHAPTERS

The present study is organised into seven chapters including introductory chapter. The abstraction of these chapters are as follows:

Chapter Two

Chapter 2 reviews the available studies on manual scavengers in general and women manual scavengers in particular. We cover the reports of the government-appointed committees and commissions on the issue of manual scavengers and the different legislatures to safeguard the rights of the marginalised section and manual scavengers in particular. In addition, we discuss the several scholarly studies on the socio-economic, health aspects of manual scavengers as well as on the effectiveness of legislative policies enacted in different point in time to address the issues of manual scavenging community.

Chapter Three

Chapter 3 of the study first conceptualises the problem of women manual scavengers and presents the research questions and research objectives of the study. Then, it discusses the research methodology adopted by the study to the research objectives of the study. The chapter also presents the methods employed to undertake study and the process of data collections and tools used to do the data collection and so on.

⁶ Mumbai district is the first highest populated city of Maharashtra followed by Pune and Nagpur.

Chapter Four

Chapter 4 analyses the demographic and socio-economic conditions of women manual scavengers in Nagpur district of Maharashtra. First, it presents the demographic situation of Maharashtra in general and Nagpur district in particular with respect to manual scavengers. Then, the chapter delineates the social and economic issues of women engaged in manual scavenging in Nagpur city.

Chapter Five

The women engaged in manual scavenging come in close contact to several hazardous substances and infectious agents which tend to make them ill. Chapter 5 therefore discusses the health issues – illnesses which women manual scavengers face, safety measures adopted by these women, how the nature of work makes addicted to intoxicants (e.g. tobacco) and so on. It also discusses how the women manual scavengers are accessing and utilising the health care services and highlights the problems they face while accessing the services.

Chapter Six

Chapter 6 presents the living conditions of women manual scavengers in Nagpur. It discusses the everyday living experiences of these women at their workplaces as well as at their living area. The women engaged in manual scavenging has to face stigmatisation, discrimination and humiliation every day at their workplaces, public spaces and their living places because of their work and identity (caste-tag).

Chapter Seven

Chapter 7 discusses the finding of the study on socio-economic and health aspects of the women engaged in manual scavenging in Nagpur district of Maharashtra. It draws some insights to delineate the problem of the women manual scavengers and thus suggests some useful policy measures to liberate and rehabilitate these people into some dignified occupations.

CHAPTER TWO

LITERATURE REVIEW

Manual scavenging, as emphasised, the most-dehumanising occupation, falls upon some specific sub-castes of the SC community who have largely been being dehumanised by the social sanction of the Indian society. As understood from the introductory chapter, people involved in this occupation tend to face discrimination, stigmatisation, humiliation and deprivation in social and economic spheres of their life. In addition, the involvement in the manual scavenging makes these people expose to numerous illnesses. In this chapter, we aim at discussing several studies pertaining to the issues of manual scavengers in general and women manual scavengers in particular. We intend to cover all the reports of the government committees and commissions on manual scavengers, different legislatures devised safeguard the rights of the manual scavengers, and several academic studies on manual scavengers in India.

This chapter is organised as follows. Section 2.1 discusses the definition of manual scavenging. The evolution of manual scavenging in India is presented in Section 2.2. Section 2.3 discusses the present nomenclature of the women who are engaged in the degrading job of manual scavenging in India. Section 2.4 does the survey of relevant literature on manual scavenging in which the several type of literature such as reports of government committees and commissions, different legislature on manual scavenging, government schemes and the academic researches on manual scavengers in India are reviewed to have an understanding of the problem of manual scavengers in India. Section 2.5 highlights the important problems of the manual scavengers that require more research; and it underscores the major gaps in the existing studies on manual scavengers in India.

2.1. DEFINITION OF MANUAL SCAVENGING

Manual scavenging, as the name indicates, is done manually. The Ministry of Law and Justice, government of India, in the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013, defines a manual scavenger as follows:

...a person engaged or employed,... by an individual or a local authority or an agency or a contractor, for manually cleaning, carrying, disposing of, or otherwise handling in any manner, human excreta in an insanitary latrine or in an open drain or pit into which the human excreta from the insanitary latrines is disposed of, or on a railway track or in such other spaces or premises, as the Central Government or a State Government may notify, before the excreta fully decomposes in such manner as may be prescribed, and the expression 'manual scavenging' shall be construed accordingly. (Ministry of Law and Justice, 2013, pp. 2-3)

As the definition indicates, manual scavenging is a practice that involves cleaning, carrying and disposing of human excreta manually through bare hands from the dry and insanitary latrines (not connected to any flushing mechanism), railway track, septic tanks, or sewers. Manual scavenging is broadly categorised into two kinds – (a) cleaning of dry latrines wherein the job of manual scavenging is limited to gather human excrement in a bucket or cane basket and then dispose it at some designated place, and (b) cleaning of septic tanks or sewage pits (Wilson and Singh, 2017).

2.2. EVOLUTION OF MANUAL SCAVENGING

It is accepted that the dehumanising manual scavenging came into being along with the Caste. However, different scholars have provided different opinions with respect to the origin of manual scavenging occupation. It is believed that in the ancient time when the people ended their nomadic life and started to live in small towns, they needed a system for defecation and hired a particular caste group to clean the human excreta (Darokar, 2008). However, the so-called sacred scriptures highlight the existence of manual cleaning and disposing of night soil. The contents of these scriptures and other Brahmanic literature indicate that manual scavenging by a particular caste or castes of Indian society has been in existence since the beginning of civilisation (Pathak, 1991). The *Naradiya Samhita* enumerated one of the 15 duties for slaves was to clean or dispose human excreta; and the *Vajasaneyi Samhita* referred the *Chandals* and *Paulkasa* as slaves to dispose of the night soil (Nagar, 1980, as cited in Pathak, 1991).

The manual scavenging occupation also has its existence in the Maurya period of India. During this period, *Pataliputra (now Patna in Bihar)*, one among the five ancient towns, had the presence of sweepers and scavengers who were assigned to clean and dispose of the night soils of the city; and *Nagrak*, the mayor of the city, was entrusted with the task of looking after the civic affairs of the city (Pathak, 1991, p. 37).

It is also claimed that the manual scavenging work was started after the religious attack in North India. Some scholars such as Malkani (1980) among others established that the *Bhangis* (manual scavengers) were warriors who made captives after they became the prey to the enemy, particularly the Muslim invaders. When the Muslims came to India, they brought with them some women who used the *Burqua* (veils) to cover their faces. Since these women did not want to defecate in an open space, the special indoor toilet facility (bucket privies) were designed and constructed for their defecation. The people who were made captives were forced to clean these indoor latrines and to dispose of the night soil at distance places. When these captives were set free, they were not allowed to live the society, and they thus formed a separate caste of Bhangis and continued the work of scavenging.

However, the manual scavenging occupation, according to Singh (2014), was expanded along with the expansion of towns or cities over the last two hundred years. Some studies claim that the British did not start the manual scavenging, it was nevertheless legalised and spread across India during the British period (Srivastava, 1997; Thekaekara, 1999; Singh, 2012). The British created special positions of manual scavengers to clean army cantonments and municipalities. This does not indicate that the English initiated the manual scavenging profession. Instead of abolishing the barbaric manual scavenging, they in fact made it institutionalised as well as spread it across the country. As also noted by some scholars, during the British period, there was a surge in number of manual scavengers during the British period. The British attack on traditional skilled-based occupations (e.g. weaving), and unreasonable taxation on agriculture and the series of famine forced the millions of people, particularly Dalits, to take up manual

scavenging as a survival option (Thakur and Khadas, 2007; Singh, 2014; Baniwal, 2013).

2.3. PRESENT NOMENCLATURE

Manual scavengers are known by different identities. There are different nomenclatures used for manual scavenging in different States. The identities are not based on their real name instead based on the instruments they used for doing scavenging work. Singh (2014) in her study documents the name of women engaged in manual scavenging in different states:

‘Dabhu-wali’ (Bengal), ‘Balti-wali’ (Kanpur), ‘Tina-wali’ (Bihar), those doing ‘kamai’ work (Lucknow and north India), ‘Tokri-wali’ (Haryana and Punjab), ‘Thottikar’ (meaning ‘dustbin’, in Andhra Pradesh and Karnataka), ‘Paaki’ or ‘Peeti’ (meaning ‘excrement’, in Odisha), ‘Vaatal’ (Kashmir) – as many names as localities. (Singh, 2014, p. 246)

It shows that the nomenclature of people engaged in manual scavenging changes based on localities or states. Therefore, there are so many names as per the localities or states. According to Singh (2014), all these nomenclatures are derived from the work they do; and they do not represent the name of the individuals involved in task of manual scavenging, these name are rather based on the tools or instruments the manual scavengers need to perform the task of manual scavenging.

These terms have become their identity, and they have mostly forgotten their real names. Members of the houses they work in all their lives do not know their names; they just recognize them by the upper part of their faces. In case they need to address these women, they use the tainted term particular to the state or locality they are in, be it ‘Thotamma’ or ‘Balti-wali’. (Singh, 2014, p. 246)

In addition to the above terms, which are associated with the tools they use for manual scavenging, the manual scavengers are divided into several sub-castes and have different caste names in different states. However, they are mostly belonging to Dalit community in Hindu religions and those Dalit who converted to Islam or Christianity are found to being involved in manual scavenging in different parts of this country. Manual scavengers who follow the Hinduism are Bhangi, Balmiki,

Chuhra, Mehtar, Mazhabi, Lal Begi etc., in the North India; Hari, Hadi, Dom, Sanei etc., in the East India; Mehtar, Bhangias, Ghasi, Olgana, Zadmilli, Barvahia, Metariya, Jomphoda and Mela, etc., in the central and west India; and Mukhiyar, Thoti, Chachati, Pakay, Relli etc., in the South India (Srivastava, 1997; Singh, 2014). However, the practice of manual scavenging that was restricted to the Hindu religion has eventually spread to other religions. The castes such as Halalkhors in Bihar and Uttar Pradesh, Helas in Madhya Pradesh are belonging to Muslim faith; and these castes are forced to take up the barbaric task of manual scavenging (Wilson and Singh, 2017, p. 302).

2.4. LITERATURE REVIEW

Since independence, there have been several scholarly studies or researches on Manual Scavengers or Safai Karmachari and their problems owing to their dehumanising occupation. These studies are reports produced by committees or taskforces appointed by the government bodies, policy reports, the academic and media reports and studies and so on. These literatures are discussed as:

2.2.1. Government committees and commissions

Several committees, tasks and legislative efforts were devised from time to time to deal with problems of manual scavenging and to suggest appropriate policy measures to abolish its practice across all Indian states. Table 2.1 captures the list of these efforts undertaken the government.

Table 2.1: Government Committees for manual scavenging during post-independence

Year	Name of the Committee	Chair	Government Body
1949-1952	The Scavengers' Living Conditions Enquiry Committee	B.N. Barve	Government of Bombay
1953-1955	Backward Classes Commission	Kaka Kalkar	Government of India
1956	Central Advisory Board for Harijan welfare	Gobind Ballabh Pant	Government of India, Ministry of Home Affairs
1958-1960	Scavenging Conditions Enquiry Committee	N. R. Malkani	Government of India, Ministry of Home Affairs
1965-1966	Committee on Customary Rights to Scavengers	N. R. Malkani	Government of India, Department of Social Welfare
1966-1969	National Commission on Labour	P. B. Gajendar Gadkar	Government of India
1968-1969	Committee on Conditions of Sweepers and Scavengers	B. P. Pandya	National Commission on Labour, Government of India
1991	Task Force for Tackling the problem of scavengers and suggesting measures to abolish scavenging with particular emphasis on their rehabilitation	S. K. Basu	Government of India, Planning Commission

Source: Srivastava, 1997; Parameshara, 2013, Noronha, Singh and Malik, 2018, p. 7

2.2.1.1. Barve Committee, 1949

Since independence, the government has been paying attention to the problem of manual scavenging and improving the conditions of people engaged in the inhuman manual scavenging. In 1949, the erstwhile government of Bombay appointed the Scavengers' Living Conditions Enquiry Committee under the chair of V.N. Barve to study the living conditions of the manual scavengers in the State of Bombay and to suggest ways and means to improve their working conditions and to fix their minimum wages.⁷ The report of the Committee was submitted to the Government of Bombay in 1952.

2.2.1.2. Backward Classes Commission, 1953

After the Barve Committee, the Backward Classes Commission was set up under the head of Kaka Kalelkar in 1953. The commission submitted its report in 1955, described the condition of sweepers and scavengers as sub-human, and highlighted the outdated techniques of manual removal of human waste by the scavenging communities. The Ministry of Home Affairs brought the observations and recommendations of the commission to the notice of all the state governments in October 1956. In order to eradicate the practice of manual scavenging, the commission emphasised the need of introducing mechanical and upgraded methods to cleaning latrines, and focussed on the specific schemes covering every sphere of life to uplift Bhangis from their 'sub-human' level of existence (Srivastava, 1997).

2.2.1.3. Central Advisory Board for Harijan welfare, 1956

In 1956, the Central Advisory Board of Harijan Welfare was constituted under the head of Gobind Ballabh Pant, Ministry of Home Affairs. This board reviewed the living and working conditions of sweepers and scavengers in India and recommended to the government to introduce a centrally sponsored scheme for improving the conditions of the manual scavengers and sweepers.

⁷State of Bombay, Report of the Scavengers Living Condition Enquiry Committee (Government of Maharashtra, 1949)

2.2.1.4. Scavenging Conditions Enquiry Committee, 1957

In 1957, the Scavenging Conditions Inquiry Committee, known as Malkani Committee was formed under the Chairmanship of N.R. Malkani. The objective of the committee was to devise a scheme to abolish the degrading practice of manual scavenging. The committee started working in January 1958 and submitted its report in December 1960. The report recommended the elimination of manual scavenging practice and improvement of the working and living conditions and social status of manual scavengers in India.

2.2.1.5. Committee on Customary Rights of the Scavengers, 1965

In 1965, the Central Department of Social Welfare set up the Committee on Customary Rights of the Scavengers under the chair of N.R. Malkani. The objective of the committee was to examine the question of the abolition of customary rights of the scavengers. The report of the Committee was submitted to the Government in 1966. The committee pointed that where the scavenging task is not municipalised, the latrines were cleaned privately and one particular scavenger has the hereditary rights to clean such latrines as against another scavenger by an understanding and agreement. In this way, a customary relationship of the scavenger with the householder develops and the scavenger gets payments in some forms or the other. The several recommendation of this committee received very poor response and thus no action could be undertaken.

2.2.1.6. National Commission on Labour, 1966

The Government of India appointed the National Commission on Labour, headed by P.B. Gajendra Gadkar, in 1966. Along with undertaking the problem of unorganized labour, the commission also dealt with the working conditions of sweepers and scavengers. The commission submitted its report in 1969, and it reported that the government accepted the most important recommendations made by the earlier committee about the working conditions, housing and wages for sweepers and scavengers, nevertheless the programmes proposed by the government to improve their living conditions were not satisfactory. It further reported that the societal stigma of untouchability continued to get along with this group of workers.

2.2.1.7. Committee on Conditions of Sweepers and Scavengers, 1968-69

During 1968-69, the Union Ministry of Labour constituted a sub-committee under the head of Shri Bhanu Prasad Pandya to examine the working and service conditions of sweepers and scavengers. Similar committees were also constituted at the state level in the states of Uttar Pradesh (1955), Haryana (1969), Kerala (1971) and Karnataka (1976) (Srivastava, 1997). One important recommendation of the committee, *inter alia*, was that “the Central Government should undertake a comprehensive legislation for regulating their (manual scavengers’) working, service and living conditions which should also provide for adequate inspectorate and enforcement machinery” (Srivastava, 1997, p. 40). The recommendations of these committees were never received any attention from the centre and states, and thus no action could be taken (Ibid).

2.2.1.8. Basu Committee or Task-force, 1991

In 1991, the erstwhile planning commission constituted a Task Force under S. K. Basu to deal with the problem of scavengers and to deal with their rehabilitation. Employing the NSSO data, the task force estimated mere 4-lakh scavengers in the country in 1989. It recommended the state-level survey be conducted to provide accurate figure when programmes and schemes were launched (Basu, 1991, pp.23-24). This Task force identified the systematic conversion of dry toilets into pour-flush toilets as the core problem (Basu, 1991).

All these committees discussed thus far have identified the problems that manual scavengers face because of their caste-identity and nature of work they perform. The committees recommended several policy-measures such as improvements in living and working conditions of individual engaged in manual scavenging and they recommended the application of technology to improve the working conditions of individuals involved in scavenging jobs (Noronha, Singh, and Malik, 2018). Nevertheless, many of these policy suggestions have hardly received any reality touch thus far.

2.2.2. Legislative efforts

Apart from these committees or taskforce, there have been some legislative efforts undertaken by the government of India to deal with the problem of manual scavenging and to deal with their rehabilitation. There are as discussed below.

2.2.2.1. The protection of Civil Rights Act, 1955

The Untouchability (Offences) Act, 1955, was enacted to do away with the practice of untouchability and social disabilities owing to it against people belonging to the Scheduled Caste community. This Act was amended in 1977 and become the Protection of Civil Rights Act, 1955, and under this revised act, the practice of untouchability was made both cognizable and non-compoundable and stricter punishment was provided for the offenders (Bhoi, 2011). However, the practice of untouchability in the most degrading form continues against Dalits.

2.2.2.2. The SC/ST (Prevention of Atrocities) Act, 1989

The failure of the Protection of Civil Rights Act, 1955, led to the enactment of the Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act, 1989 that was designed to provide a measure of protection to the Dalits and to enforce their rights. Further, the Prevention of Atrocities Act 1989 was strengthened, with respect to manual scavengers, in 2015. This Act makes it a punishable offence to employ any individual belonging to scheduled castes or scheduled tribes to do manual scavenging. Notwithstanding a marvellous piece of legislation, the SC/ST (Prevention of Atrocities) Act, 1989, has largely been underutilized, as established by various documentations of Dalit rights groups (Bhoi, 2011).

2.2.2.3. Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993

It is very unfortunate that after 46 years of independence, the government of India passed a law titled 'the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993' to do away with the dehumanising practice of manual scavenging. This Act prescribes punishment to individual who employs

manual scavengers as well as to those who construct dry toilets or latrines.⁸ The 1993 Act however came into effect in 1997. This act was however grappled with loopholes and was never efficiently implemented, and it had thus no impact on the life of manual scavengers (Tondon and Basu, 2016).⁹

2.2.2.4. Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013

In 2013, a new legislation – the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 – was enacted under the entry of 24 (welfare of labour) in the concurrent list by the central government. The act bans the employment of manual scavengers. It also laid out statutory criteria to identify Dalits engaged in manual scavenging and for provision of alternative employment to them.¹⁰ Similar to Act 1993, the 2013 Act has failed to eradicate manual scavenging and to rehabilitate manual scavengers, for the act has hardly translated into reality shape until today.

2.2.3. Governmental Schemes

In addition to these committees and legislative efforts, the government has formulated some schemes and rehabilitation programmes for the people, who are systematically forced to take up inhuman practice like manual scavenging. All these schemes and rehabilitation programmes being implemented via government institutions and NGOs who work to help and support the unfair social living

⁸The punishment prescribed by the 1993 Act is imprisonment for up to one year and/or a fine.

⁹ The Act has got following problems: First, it was drafted by the Ministry of Urban Development as an issue under item 6 “Public Health and Sanitation” of the state list. The act therefore gave priority to public sanitation and hardly gave any emphasis on the objective of liberating people engaged in manual scavenging. Second, the narrow definition of manual scavengers, as defined by the act, only included scavengers who clean dry latrines, and excluded manhole workers (sewer workers), scavengers who clean septic tanks, open defecation and railway track. Lastly, the act did not have any clause on rehabilitation of manual scavengers.

¹⁰The 2013 act also comprises workers involved in cleaning sewers, tanks and open railway tracks. Not only does the Act prohibit cleaning of dry latrines, but also outlaws all forms of manual cleaning excrement as well as cleaning gutters, sewers, and so on.

conditions of manual scavengers and to secure the constitutional rights of manual scavengers such as right to work.

2.2.3.1. Valmiki Ambedkar Malin Basi Awas Yojna (VAMBAY), 2001

The government of India launched this scheme in 2001. The main aim of this scheme was to provide the shelter and to upgrade the existing shelter of people living below the poverty line in urban slums. One of the objectives behind this scheme was to make cities slum free. Under this scheme, the Central government was responsible to give 50 per cent funds as subsidy to the states, whereas the respective states were required to raise balance 50 per cent funds to implement the project. In terms of selecting the beneficiary, the priority was given to households headed by women.

2.2.3.2. Pre-Metric Scholarships for the Children of those Engaged in Unclean Occupations

The purpose of this scheme is to provide the financial assistance to the children of parents engaged in manual scavenging work and belonging to Scheduled Caste category. Historically if one sees majority of the manual scavengers belongs to SC community and do not get equal access to education like other, this results in lower level literacy rate among the families involved in scavenging work. The focus of this scheme is to enhance the level of education in manual scavenging community, mainly working to get equal access to education to the children of manual scavengers. Under this scheme, the states are provided with 100 per cent centre's assistance over and above their own committed liabilities to implement this scheme.

2.2.3.3. Total Sanitation Campaign (TSC), 1999

This is a comprehensive programme, which was started in rural areas with the goal of eliminating the practice of open defecation and making the alternative arrangements. Total Sanitation Campaign was initiated in 1999 when the Central Rural Sanitation Program was restructured as demand-driven and people centred. TSC laid strong emphasis on Information, Education and Communication (IEC), Capacity Building and Hygiene Education. To achieve the effective behavioural changes or results the Panchayati Raj Institutions (PRIs), Community Based

Organization (CBOs), and Non-Governmental Organization (NGOs) etc. were also approached to get involved in it. The key intervention areas were, Individual Household Latrines (IHL), School Sanitation and Hygiene Education (SSHE), Community Sanitary Complex, Anganwadi toilets etc. Rural Sanitary Marts (RSMs) and Production Centres (PCs) supported this campaign.

2.2.3.4. National Scheme of Liberation and Rehabilitation of Scavengers (NSLRS), 1992

The Government of India launched this scheme in March 1992 for providing alternate employment to the scavengers and their dependents. Under the NSLRS, the scavengers and their dependents were required to take the training depending on their aptitude, which could provide them alternate employment. During the training, the trainees received stipend of up to Rs.500 per month. The trainees also received a tool kit allowance of up to Rs.2,000. For the purpose of rehabilitation, the provision for prescribed financial package for different trades was made. Under this provision the financial assistance up to Rs.50,000 was allowed to grant to beneficiaries.

2.2.3.5. Integrated Low Cost Sanitation Scheme (ILCS), 1980-81

The Integrated Low Cost Sanitation Scheme, a low cost sanitation for liberation of manual scavengers, started in 1980-81 initially by the Ministry of Home Affairs, and later on by the Ministry of Welfare. From 1989-90, it came to be operated through the Ministry of Urban Development and later on through Ministry of Urban Employment and Poverty Alleviation, now titled Ministry of Housing & Urban Poverty Alleviation. The objective of the scheme is to convert dry latrines into low cost sanitation units of two pit pour flush latrines and to construct low cost sanitation units for economically weaker sections of the society who have not latrines in the urban areas of the country.

2.2.3.6. Self-employment scheme for rehabilitation of manual scavenging (SRMS), 2007

With a purpose to liberate as well as to rehabilitate manual scavengers, the government initiated the *Self-employment scheme for rehabilitation of manual scavengers* in April 2007. Central Government has revised the SRMS for

rehabilitation of all the manual scavengers identified under the provisions of the Manual Scavengers Act, 2013. The main features of the Scheme include one-time cash assistance, training with stipend and concessional loans with subsidy for taking up alternative occupation.

2.2.3.7. Nirmal Bharat Abhiyaan (NBA) and Swachh Bharat Abhiyaan (SBA), 2012 & 2014

Insanitary waste disposal system—i.e. dry toilets, open defecation etc.—is the primary reason for manual scavenging. In 1999, the government of India introduced the Total Sanitation Campaign (TSC) to speed up sanitation coverage all over India, particularly in rural India. The TSC was renamed as Nirmal Bharat Abhiyan (NBA) in 2012 to ensure total sanitation of rural and urban areas by 2017. However, in 2014, the government of India replaced NBA with Swachh Bharat Abhiyaan (SBA), which was launched with the following important objectives:

- a) To eradicate the system of open defecation in India
- b) To convert the dry latrines into pour-flush latrines
- c) To abolish the system of manual scavenging
- d) To start a modern and scientific waste disposal mechanism or management
- e) To bring about behavioural changes with respect to health sanitation practices

2.2.4. Academic researches on manual scavengers

Several academic researches focus on manual scavenging and analyse the effect of the practice of manual scavenging on the people who are engaged in this barbaric occupation. We in what follows review some of these studies.

The report prepared by Khurana, Ojha and Singh (2009) for Water Aid India has attempted to understand why the practice of manual scavenging continues despite:

- Availability of other dignified livelihood opportunities?
- Other cleaner options for survival existing in cities and town?

The authors of the report unravels that a complex socio-economic web has in fact trapped the community into the inhuman practice of manual scavenging. They have emphasised that attitude change together with efforts to encourage and provide alternative employment opportunities to manual scavengers would end the practice. In addition, they underscore that the technological aspect of disposal of human waste needs to address as most of India's growing towns and cities lack proper sewage lines and disposal systems that contributes to continuance of manual scavenging.

Human Rights Watch report prepared by Bhattacharjee (2014) highlights the prevalence of the practice of manually cleaning excrements from private and public dry toilets and open drains in several parts of South Asia. The report states that in line with the millennia-old feudal and caste-based custom, women from scavenging castes clean the human waste on a daily basis and collect it in cane baskets or metal troughs, and carry it away on their heads for disposal at the outskirts of the village. The author highlights that manual scavengers who are placed at the bottom of the caste hierarchy are forced to take up jobs that are viewed as deplorable or deemed too menial by the upper caste groups. She underscores that the caste-based occupation of the manual scavengers reinforces the social stigma –i.e. they are unclean or untouchables –and thus makes them discriminated and deprived at every spheres of their life. The key recommendations of the report are as follows:

- Need to identify and rehabilitate all individuals engaged in manual scavenging;
- The officials to take immediate actions to stop community from being coerced into the practice of manual scavenging; and
- Strict enforce of law against the local government officials who employ people to do manual scavenging.

An important study of Jan Sahas Social Development Society (2014) interviewed 480 women manual scavengers from three Indian states – Madhya Pradesh (MP), Uttar Pradesh (UP) and Bihar – in 2013 to understand the socio-economic status of women manual scavengers. In MP and UP, the interviewed women manual

scavengers belong to *Valmiki*, *Haila* and *Halalkhor* castes, whereas in Bihar they are from *Mister* and *Dome* castes; and these castes are considered 'untouchables among the untouchables'. The study reveals that 70 per cent of interviewed women manual scavengers are into the dehumanising task of manual scavenging after their marriage, whereas 30 per cent are forced to take up manual scavenging since their childhood. The study reveals that 50 per cent of manual scavenging families have no other source of income, and these women manual scavengers are paid very less, most of them earn less than Rs.2000 per month. Besides the above, the study has also the following findings among others:

- a) Only 25 per cent of respondents in all three states had access to health services.
- b) 41 per cent of respondents in all three states had access to PDS centres.
- c) Only 13 per cent of respondents in all three states were benefitted under the Self-employment and Rehabilitation of Manual Scavenger and their dependents (SMRS) scheme.

An ethnographic study undertaken by Srivastava (2014) takes account of toilets and manual scavenging in Delhi of the 1960s and the early 1970s. The author documents the stigma attached to untouchability through the description of the interaction of members of the upper caste households with the manual scavengers. During the 1960s, as stated by the author, a family of scavenger used to collect human excreta from dry-latrines located in their street. Both men and women manual scavengers used a scraper to collect the human excreta in metal buckets; and after the work men manual scavengers used to leave for home, but the female manual scavengers used to stay back and to go around to street for *roti*. They also used to share gossips of neighbourhood with the upper-caste women while maintaining the purity/pollution norms of keeping distance and not entering the household beyond a certain point.

Parameshwara (2013) in his doctoral work studied the living and working conditions of Pourkarmikas in Bangalore city. The pourkarmikas comprise street sweepers, waste transporters, sewage cleaners, toilet cleaners and scavengers. The findings of the study reveal that majority of these pourkarmikas (82 per cent) were belonging to Hindus and the rest were from Christians; and the majority of these

pourkarmikas were from *Madiga* caste. The author found that majority of the pourkarmikas, i.e., 78 per cent, happened to face several forms of discriminations in their everyday routine of work including discrimination from superiors and the upper castes. The author also found that the occupational mobility of the pourkarmikas were restricted.

Similarly, Ponnuchamy (2014) in his doctoral research studied the socio-economic of the Arunthathiyar (a SC-community) involved in various forms of manual scavenging ranging from removing human excreta, waste from street, railway lines, public toilets and so on. He stated that the lack of income, less education, absence of livelihood assets (e.g. farmland) and absence of any other dignified opportunity because of their identity (caste) are found to have trapped these people into the humiliating job of manual scavenging. Ponnuchamy also found that these people never receive respect and dignity as they invariably discriminated at public places (e.g. public bus stop, tea shops, public water tap and so on). In addition, as emphasised by the author, these people are discriminated and exploited at their living area as they are forced to do menial jobs (e.g. cleaning streets of the upper castes, performing funeral rites of the dead body of the upper castes and so on). These manual scavengers get addicted to alcohol because of their nature of work, as found by the author.

Bhattacharya and Bawane (2014) analyse the lives and experiences of Valmiki community who are mostly employed as scavenger-sweepers in the Municipal Corporation and Gram Panchayats in Gujarat. This community, as pointed out by the authors, are bound to do the degrading occupation of manual scavenging that completely dehumanises their labour and makes them excluded from the mainstream economy. The paper has undertaken interviews of three kinds of sanitation workers—regular workers, daily-wage workers, and contractual workers—from four districts of Gujarat, viz., Surendranagar, Ahmedabad, Kheda, and Mehsana. Their study finds that the contractual workers are lowest paid and are deprived of all kinds of medical allowance as compared to other workers—regular and daily-wage workers. This study further presents that some members of Valmiki community expresses their interest to get rehabilitated from the centuries-old barbaric occupation and to switch over other dignified occupations;

but there are innumerable hurdles for them to even think about it since switching to alternative occupations is not plausible for them because of caste-biases in the labour market. Some other members of this community, as reported by the authors, are in support of reserving the scavenging job for Valmiki caste and other sub-caste of Dalits should not be allowed to do manual scavenging. The reason for such vehement advocacy for reservation comes about because of the absence of any alternative livelihoods that the Valmikis can bank on.

Shahid (2015), in his focus group discussion (FGD) conducted in three villages in Badaun district of Uttar Pradesh in 2010, analysed how the inhuman practice of manual scavenging is legitimised, and how people, especially Dalits, are entrapped into this occupation. The study unravels the practice of manual scavenging is direct, structural and cultural violence against particular section of Dalit community. It underscores that the culture tends to propel mythical constructions to hide the rampant prevalence of manual scavenging as well as obstruct the proactive initiatives by the community and the government functionaries to do away with this practice. The FGD reveals that the pain, anguish, and disillusionments of people engaged in manual scavenging is loud enough to reject any more argument of equating manual scavenging as a vocation of manual scavengers' choice. The narratives from the manual scavengers strongly emphasises how lack of alternative livelihood opportunities and limited world-view because of the cultural construction make them choose the worst possible vocation.

Singh and Ziyauddin (2009) tried to deal with the problem of manual scavenging in India as a form of caste- and occupation-based social exclusion. They explore the causes of the continuance of manual scavenging with the case study of Ghazipur district in eastern Uttar Pradesh. As put forward by the authors, caste-based occupational groups, namely, manual scavengers (mostly constituting Dalits), are the socially, economically, psychologically and politically marginalised section of the society in India. From the survey, the authors have found that manual scavenging is closely associated with caste and religious structure of the society; and almost all scavengers surveyed were belonging to Mehtar caste, which are relegated to the lowest rung of the social hierarchy. The study highlights a high

incidence of spatial segregation of manual scavengers in the periphery of villages; and further it discloses that the social boycott and lack of support from government agencies, *inter alia*, are forcing the manual scavengers to stick with the inhuman task of manual scavenging in lieu of switching over to alternative livelihood opportunities.

Singh (2014)'s book titled 'Unseen: The Truth about India's Manual Scavengers' exposes the plight of manual scavengers across eleven Indian states. Singh (2014) states that manual scavenging deals with cleaning human excreta from dry-latrines, collecting it in baskets, and then carrying it away for disposal. She points out that Dalit women who are forced to do this degrading work remain invisibles, and are thus relegated to the margin of the society. Her findings reveal that despite the law banning the practice of manual scavenging, the dehumanising practice continues to sustain across most parts of the country.

Pandita (2017) discusses the plight of sewage workers who are engaged in hazardous sanitation works, e.g. septic tanks or sewage cleaning. At work, these workers have to drink country liquor to bear feel of excreta against their bare bodies. In what follows, the author describes the process of cleaning the septic tanks or unclogging the sewer. The author states that the workers have to wait for the gas to release before they get into cleaning septic tank; sometimes, a lot of gas is formed inside that a person may die immediately if they just peep into it. He further highlights the caste-based humiliation faced by these sewage workers. The sewage workers are mostly belonging to Dalit community; the people who hire these workers maintain some distance while communicating with them; and they do not even offer some water to the people who clean their septic tanks; if they touch the tap, the householder instantly cleans it with soap and water. The article by Pandita (2017) argues that the government disguises these manual scavengers by defining them in neutral term, say sanitation workers.

Up until now, we have discussed academic researches that focus upon social, economic issues as well as working and living conditions of Dalits engaged in manual scavenging occupation. In what follows, we review discuss health issues of manual scavengers who because of their work are more prone to several infectious agents and thus more vulnerable to numerous illnesses.

Beck and Darokar (2005) took an account of the impact of manual scavenging on health status of manual scavengers in Maharashtra. Analysing 2,753 Dalits engaged in manual scavenging, they found that about 24 per cent of these manual scavengers were found to be suffering from diseases of one kind or the other. Their study also highlights that the common diseases found among manual scavengers are skin disorders, communicable diseases, respiratory disorders, parasitic disorders, diminishing vision, diminishing hearing, both diminishing vision and hearing and so on; while most of these manual scavengers are found to be suffering from skin disorders, respiratory diseases, communicable disorders and diminishing vision (Beck and Darokar, 2005, p. 47).

Similarly in the case of Gujarat, Darokar and Beck (2006) interviewed 2456 scavengers, of which 22.5 per cent are noticed to have suffered from at least one type of disease as mentioned above; around 10 per cent of the interviewed scavengers were reported to be suffering from respiratory problems such as breathlessness and continuous cough. In addition, 23 per cent interviewed scavengers in Gujarat were not able to convey the magnitude of health problem they are suffering from, though they are suffering from at least one disease or the other (Darokar and Beck, 2006).

Rashtriya Garima Abhiyan (2013) particularly reported the health issues of women engaged in the most-filthy task of manual scavenging. The study notices that women manual scavengers suffer from a number of health problems, e.g. nausea and headaches, anaemia, diarrhea, vomiting, jaundice, tuberculosis, skin infections, and so on. It further stresses that these women face the double burden of illness owing their engagement in manual scavenging. After carrying the heavy basket full of garbage or human excreta on their head on a daily basis they do not feel like taking any food which results in the reduction of their daily food intake (Rashtriya Garima Abhiyan, 2013).

Another report for the UN Committee on the Elimination of Racial Discrimination (CERD), prepared by Barbour *et al.* (2007) acknowledges that Dalits are generally compelled to take up the polluting and degrading jobs such as manual scavenging and septic tank cleaning. According to the report, manual scavenging is defined to be a practice in which Dalits are forced to clean excreta from private and public

latrines and carry them to the dumping areas or disposal sites. The report highlights that people engaged in manual scavenging come in close contact with human as well as animal wastes as they are not provided with the basic safety measures like protection of masks, uniforms, gloves, shoes, appropriate buckets, and mops and so on; and as a consequence these people are bound to suffer from several health problems. The report finds that the majority of people engaged in manual scavenging suffer from anaemia, diarrhea and vomiting; 62 per cent are reported to have suffered from respiratory diseases, 32 per cent from skin diseases, and 23 per cent from trachoma.

In a study of street sweepers in Nagpur Municipal Corporation, Nagpur, Maharashtra, Sabde and Zodpey (2008) highlighted the role of sweepers in maintaining the health and hygiene within the cities; this work makes the street sweepers exposed to a variety of risk factors such as dust, toxins and diesel exhaust pollution, which make them vulnerable to several health problem. Their study documented some important morbidity among these sweepers which are anaemia, hypertension, upper respiratory tract infections (URTI), chronic bronchitis, bronchial asthma, pterygium and conjunctivitis; and the authors attributed these diseases to the nature of occupation. In addition, the authors particularly stressed the problem of chronic bronchitis, which was found to be significant among these workers, and this problem is likely to be attributed to the occupational exposure to dust and smoking habit among these workers.

A report titled 'Dying to keep city sewer clean', published by *Economic and Political Weekly* in 1988 evaluated the sewer works in BMC and effect of this work on the health of the sewer workers. The report interviewed 200 sewer workers aged between 25-29 years. They entered sewer only with a pair of shorts, and worked in darkness without any headlamps. The study revealed that 25 per cent of the workers interviewed were reported injuries at work, 67 per cent complained to have experienced choking, breathlessness and severe burning and redness of eye; and 44 per cent reported to have diminished vision. It further revealed that the sewer divers needed to fully submerge themselves to clear a water chock and they were not provided with any appropriate clothing and breathing apparatus for the task. The study puts forward that these workers reported to have endured

occupational hazards ranging from insomnia because of the continuous night shift to death due to exposure to poisonous gas, drowning and sinking.

In addition to the discussion with respect to health issues of individuals engaged in manual scavenging, there are some scholarly studies or reports, which focus as well as evaluate the policy measures for rehabilitation of people engaged in inhuman manual scavenging in India. Now what follows is the discussion of studies based on policy aspects of problems of manual scavenging in India.

A study by Sinha and Ghosh (1991) evaluates the intervention of Gujarat government for converting dry latrines into the low cost, pour-flush latrines. It also assesses the status of rehabilitation of manual scavengers into the alternative occupations in Gujarat. The manual scavengers, as defined by the authors, comprise individuals who are engaged in cleaning dry latrines. Using data on beneficiaries of pour-flush latrines from Municipal Corporations, survey of 200 households across five towns of the states (Bharuch, Godhra, Wadhwan, Rajkot and Jetpur) and caste studies of 160 manual scavengers – mostly belonging to Dome and Mehtar castes – the study revealed effective implantation of dry-latrines conversion in Gujarat. It however stresses that people who were earlier engaged in cleaning dry latrines are found to be continuing in sanitation related works – mostly employed as sweepers under municipal corporations. In conclusion, the authors state that economic rehabilitations of manual scavengers into other occupations, which are not related to sanitation works, remain unachieved in Gujarat.

Institute of Social Development (2007) evaluates the implementation of The National Scheme for Liberation and Rehabilitation of Scavengers (NSLRS) in two districts of Rajasthan – Ajmer and Udaipur. Analysing 554 beneficiaries¹¹ and

¹¹ Beneficiaries are the liberated manual scavengers (individuals who stopped himself/herself from manual scavenging) who participated in individual beneficiary oriented programmes of rehabilitation through self-employment or wage-employment (Institute of Social Development, 2007, p. 20).

138 non-beneficiaries¹² selected from these two districts, the study finds that both beneficiaries as well as non-beneficiaries are continued to be employed in cleaning of dry latrines in smaller towns and villages. The report highlights prevalence of different kinds of manual scavenging like cleaning of excreta from drains, sewers and road in these districts of Rajasthan. It reports that only small percentage of beneficiaries were rehabilitated into other occupations, e.g. craft work and shop keeping.

In the similar line, another study by Deviprasad (2007) discusses the working and living conditions of manual scavenging community, namely, Relli, Madiga, Mala and Yanadi, in different areas of Andhra Pradesh. It presents the outline of government schemes for removal of scavenging and rehabilitation of manual scavengers. The author points out the need to generate awareness among the scavenging community about the programmes for their benefits; he stresses the highest priority to the education of scavengers' children; and also emphasises the preparation of schemes for the rehabilitation of scavengers in consultation with political leaders and non-governmental organisations. In addition, this study puts emphasis on developing women-specific programme to deal with the problem of manual scavenging as there is high concentration of women in this occupation; and in order to improve the working conditions of the scavenging, the author emphasises the introduction of modern technologies.

Sathayaseelan (2013) is very much critical about the 'Prohibition of Employment as Manual Scavengers and their Rehabilitation Act 2013'. The act is very narrowly centred on manual scavenging, not much attention has been given to the job of sewage workers who are involved in most hazardous occupations, and are more prone to accident and death whenever they get into the work. The present act on manual scavenging, as argued by the author, does not include individuals, i.e. sewage workers, who are cleaning excreta with the help of *protective gear*, hence

¹² Non-beneficiaries comprise liberated as well as non-liberated scavengers who did not participate in individual beneficiary oriented programmes of self-employment or wage employment initiated under the scheme of rehabilitation of liberated scavengers (Institute of Social Development, 2007, p. 20).

they are not entitled to avail the rights and opportunities offered under the act. As further argued by the author, the act does not define the protective gear; and it possibly will be understood as mere gloves or protective clothing, thereby providing loopholes in the law, which will sustain the practice with a little insufficient change in the apparel. The study puts forward that the liberation of sewage workers will come about when we have the necessary technologies, which will make the occupation humane, dignified and safe in a way that will totally keep the workers away from the contact with excreta. Along with the above, the study underscores the necessity of a meticulous road map for meaningful rehabilitation of sewage workers as proposed for manual scavengers.

Teltumbde (2014), in his piece on *Swachh Bharat Abhiyan* of the Prime Minister (Narendra Modi), argues, “Bharat will not be *swachh* unless the caste ethos is completely eradicated” (p. 11). He states that *caste culture* in India outsources the responsibility of maintaining cleanliness to a particular caste, e.g. Bhangi, and stigmatizes the work as unclean or filthy and workers as untouchables. He argues that the upper-castes people derive a sense of privilege or superiority in littering and expecting it to be cleaned by the lower-caste people, i.e. manual scavengers. The biggest flaw of the Swachh Bharat Abhiyan, as pointed out by the author is that unless the caste culture in India is eradicated and unless people understood the responsibility towards *swachhata* or cleanliness, India cannot be cleaned.

Similarly, Gatade (2015) is also very much critical about Swachh Bharat Abhiyan (SBA) as it delinks caste from sanitation. Hindu notion of purity and pollution, as asserted by the author, perpetuate the oppression of the polluted castes that are forced to take up manual scavenging, unclog manholes and clean other people’s filth. According to the author, the availability of cheap Dalit workers to do the dehumanising jobs (e.g. manual scavenging) is one of the reasons why development of toilet facilities and a modern garbage and sewage management system have so far been neglected. Furthermore, as asserted by the author, so long as the SBA disassociates the relationship between caste and sanitation, the dream of a clean India will remain far from the reality.

National Round Table Report (2012), prepared by UN Solution Exchange (Gender Community of Practice) along with United Nations Development Programme,

discusses the concerns of manual scavengers in the lens of human dignity and it argues for policies to focus on rehabilitation of manual scavengers into alternative livelihoods. It defines manual scavengers as persons, mostly women, who are into cleaning of dry latrines. The report is not in support of the popular prescription – i.e. conversion of dry latrines into water-flush latrines; instead it suggests that there must be policies focussing upon the economic rehabilitation of manual scavengers into other occupations’.

2.5. RESEARCH GAPS

These committees, taskforce, legislative efforts, government schemes and scholarly studies have largely focussed on highlighting the problems, living conditions, and working conditions of sub-castes of Dalits who are engaged in the dehumanising task of manual scavenging and also have emphasised upon the application of new technologies to improve the working conditions of these people. These studies have focussed on several rehabilitation measures to free people from in manual scavenging to other dignified occupations.

As already discussed, manual scavenging is largely a women-centric job and how the traditional jagirdari and patriarchy enforced the women from Dalit community to engage in the work of manual scavenging. As claimed by Rashtriya Garima Abhiyan (2013), most of the dry latrines and public streets are cleaned by women manual scavengers in India. Notwithstanding the overwhelming presence of women in the manual scavenging occupation, they have received very little attention from the mainstream media and academic and politician. The several committees’ reports and policies thus far have largely tilted towards the manual scavengers in general and male manual scavengers in particular. The women engaged in the degrading occupation have not got any focussed attention from the government bodies or political parties in India.

In the backdrop of above discussion, this study intends to fill the research gap by Women manual scavengers are bound to face triple burden

CHAPTER THREE

RESEARCH METHODOLOGY

The review of literature covered in the preceding chapter has majorly propped up the socio-economic and health issues of mostly Dalit women who are pushed into the task of manual scavenging. Hence, in this chapter we discuss the research methodology to analyse the socio-economic and health issues of these women manual scavengers. This chapter is organised into four sections. Section 3.1 conceptualises the research problems of the study. Section 3.2 and section 3.3 presents the research questions of the study and research objectives of the study respectively. The last section of the chapter discusses the methodology adopted to understand the issues of women manual scavengers employed in Nagpur Municipal Corporation (NMC) of Maharashtra.

3.1. CONCEPTUALISING THE RESEARCH PROBLEM

Manual scavenging is the by-product of Indian (Hindu) caste-system. Thus, it cannot be understood without touching upon the Caste-system. The Hindu (Indian) Caste-system, a millennia-long system, determines the occupation and socio-economic position of an individual in the society. It is a religious sanction that divides the society into *four-varnas or Chaturvarna* – Brahmin, Kshatriya, Vaishya, and Shudra. The supreme position in the society is occupied by Brahmins who are into the profession of priesthood and teaching; Kshatriyas secure the second societal status as they exercise control over military and defence services; the third societal position is secured by the Vaishyas who are into the job of trading and business; and the fourth position is held by the Shudras, the survival class whose duty is to serve the upper three varnas – the upper castes¹³. Besides the four varnas, there is a fifth category, known as *Atishudra (Dalits or outcaste)*, which is located outside the caste-system. Dalits are placed at the bottom of caste-hierarchy and they are forced to take up demeaning jobs – e.g. manual scavenging, leather

¹³ The caste-system has not only divided the society into four varnas or castes, it has further divided each caste into thousands of sub-castes or jatis.

works, disposing dead animals and so on – which are viewed as deplorable or deemed to be menial by the upper caste groups.

The caste system has the roots of evil practices such as Sati system, enforced widowhood and child marriage and these practices came into being to protect as well as to preserve endogamy (intra-caste marriage) that is to maintain the purity of the caste system (Ambedkar, 2016). Endogamy is one of the major contributing factors that strengthen the boundaries of particular caste features. This is a strongly influential determinant, which prevents diffusion across boundary lines of different castes and results in social disintegration. According to Ambedkar (2016), the domination of endogamy over exogamy is the beginning of the caste system in India. He said that the endogamy is the only characteristic, which is peculiar to caste; and each caste in India has its own system of marriage in which endogamy is strictly followed. Even in these days, although inter-caste marriages are taking place, they are not the accepted practice in general and their influence is very low in particular. The caste-based hatred is so strong in the Indian society that in many cases inter-caste marriages lead to honour killing, i.e. those who dare to do inter-caste marriage are brutally killed mostly by the kin of the individuals.¹⁴ The atrocities on untouchables are very rampant, but the hardly report these incidence. Nevertheless, the caste system has many defenders even today, and it is defended on the ground that caste system is another name for division of labour. In this context, Babasaheb Ambedkar argued the following:

...the Caste System is not merely a division of labour. It is also a division of labourers. Civilised society undoubtedly needs division of labour. But in no civilised society is division of labour accompanied by this unnatural division of labour into watertight compartments. The Caste System is not merely a division of labourers which is quite different from division of labour – it is a hierarchy in which the division of labourers are graded one above the other. In no other country

¹⁴ Mahajan, N. (2018). Honour killing continues unabated in Haryana. *The Pioneer*, Monday, 27 August 2018, Chandigar. Retrieved from: <https://www.dailypioneer.com/2018/state-editions/honour-killing-continues-unabated-in-haryana.html>

is the division of labour accompanied by this gradation of labourers. (Ambedkar, 2016, p. 47)

Ambedkar underscored that the savage characteristic of social relations (i.e. the graded division of labourers), in which the Dalits or untouchables, who are condemned permanently to the lowest position (e.g. menial servants or slaves), are treated with social derision and are stamped with an enduring hereditary mark of being polluted and bearing the dreadful capacity to pollute others (Ambedkar, 1990, p. 266; Valaskar 2016). Valeskar (2016) noted that the system of occupational gradation, an integral component of the caste-feudal mode of production, which worked at the village-level via *jajmani*, the caste-defined organisation and division of labour. Omvedt (as cited in Valeskar, 2016, p. 400) underscored that “the system creates permanent classes of servile menial labour and also makes permanent cleavages within the exploited labouring/toiling classes, of which the untouchable communities are the most oppressed.”

Among the menial tasks imposed upon the Dalits, manual scavenging is the most-menial and most-dehumanising one, and as already discussed, individuals engaged in manual scavenging are considered untouchables among the untouchables or Dalits. The caste-designation of Atishudra or Dalits (e.g. manual scavengers) in effect renders them polluted or untouchables and they are thus forced to face discrimination and exclusion at every sphere of their life (Bob, 2007). While discussing the correlation between caste and scavenging community, Babasaheb Ambedkar pointed out the iconicity of caste and violation of human dignity; and he underscored “in India a man is not a scavenger because of his work. He is a scavenger because of his birth irrespective of the question whether he does scavenging or not” (Ambedkar, 1990, p. 292).

Manual scavenging occupation, as already evident from Chapter 1, is largely a women centric job. As already mentioned, the graded division of occupations in the society works through the *jajmani system*, like property right system which assigns rights to clean some fixed number of dry latrines to a scavenging household; and these rights can be bought and sold, always connected to the women of the household (Singh, 2014). Further, since time-immemorial, the women’s labour process has been controlled by placing women under regimes of

marriage, social construct and intense forms of discipline (i.e. patriarchy) (Harris and Young, 1981).¹⁵ Furthermore, the caste-based division of labour, gendered in nature, has got different implication for women from different caste-classes – women located at the upper end of caste-hierarchy are stripped of productive work and resources whereas women at the lower end of caste-hierarchy, the labour caste-classes, are levied with the menial tasks (e.g. manual scavenging), eventually become the forced labours or slaves (Valaskar 2016, p. 402). Women belonging to the lowest rung of the society are imposed with the sub-human task of manual scavenging and they are compelled to inherit this practice from their mother-in-law when they are married.¹⁶ Therefore, overwhelming presence of women in menial jobs like manual scavenging is mainly attributed to the jajmani system and the patriarchal Indian society.

Women manual scavengers are most vulnerable because they are women, because they are Dalits, and because they are manual scavengers. They have to bear the double burden of doing the household chores and working as manual scavengers. As shown by the survey of Rashtriya Garima Abhiyan (2011), they are subjugated, oppressed, marginalised and victimised in both social and household spheres of their life; and the girl children of manual scavengers face serious discrimination at all level of life and are generally forced to take up the occupation after the marriage.

The sub-castes of Dalit community engaged in manual scavenging invariably face discriminations, which make them socially, economically and politically excluded from the mainstream economy. This forced dehumanising occupation also makes

¹⁵ The caste-based division of labour is gendered in nature and it has different implication for women from different caste-classes – women at the upper end of the caste hierarchy are stripped to productive work and resources, whereas women located at the lower end, the labouring caste-classes, become the part of forced labour (Valaskar 2016).

¹⁶ A survey of 480 women from nine districts of from three states of India viz. Bihar, Uttar Pradesh, and Madhya Pradesh, conducted by Jan Sahas Social Development Society (2013), found that 70 per cent of respondents from these states became involved in manual scavenging after marriage whereas 30 per cent entered the practice before marriage.

the manual scavengers and women manual scavengers in particular suffer from a number of health issues.

As discussed, Maharashtra has the third largest number of households engaged in manual scavenging for survival. Some specific sub-castes belonging to Dalit community are engaged in manual scavenging; they are Mehtar, Valmiki (Balmiki), sweeper, Bhangi, and Mahar. The first four sub-castes are traditionally engaged in manual scavenging occupation; whereas the last one, i.e. Mahar, whose entry into manual scavenging is the recent history, as understood from our filed research.

The practice of manual scavenging is found both in rural and urban Maharashtra. In rural Maharashtra, the people located at the lowest rung of the caste-hierarchy who are economically vulnerable and weak are forced to take up the caste-based occupation, e.g. manual scavenging. Similarly to rural area, the urban area also imposes manual scavenging upon these people who are migrated from rural area to urban area in search of a better livelihood opportunity; instead they end up taking similar kind of job, i.e. manual scavenging, which they do in the rural set-up. The type of work that these sub-castes do in rural is not entirely different from the work they do in urban set-up which is apparent from Table 3.1. People engaged in cleaning-carrying-disposing of human excreta in rural area are called manual scavengers; however, in urban areas, the people who largely do the same sort of work are considered as sanitation workers or Safai Kaaramchari.

Table 3.1: Tasks performed by women manual scavengers in rural and urban Maharashtra

Rural-Maharashtra	Urban-Maharashtra
Cleaning of dry latrines in private households	Cleaning of public toilets
Cleaning of common areas and premises in village	Cleaning the ward areas including the housing area, main roads, public parks, market area, hospital side area etc.,
Cleaning, carrying and disposing of all the dirt including garbage, wastes, animal and human excreta	Cleaning, carrying and disposing of all the dirt including garbage, waste , animal and human excreta, dead animal (e.g. dead dog, cat, rat etc.,)
-	Cleaning of small open drainage in near hosing area

In order to understand the social and economic issues of women manual scavengers the present study has focussed upon Nagpur city of Maharashtra which is third largest populated city after Mumbai and Pune. As already covered in the previous chapter, there are some studies focussing upon manual scavengers or Safai Karamchari in Mumbai and Pune. However, there is hardly any academic research conducted to understand the issues or problems of manual scavengers in Nagpur district. To the best of our knowledge, there is almost no study, which has analysed problems of women manual scavengers in urban Nagpur, i.e. NMC.

3.2. RESEARCH QUESTIONS

From the above discussion, we are arrived at the following research questions, which can be further explored to understand the problems of women manual scavengers in India.

1. What are the social and economic issues of women who are engaged in the occupation of manual scavenging?
2. What are the working conditions of women manual scavengers?

3. What are lived experiences of women manual scavengers?
4. What are the health issues of women engaged in manual scavenging?
5. Whether women engaged in manual scavenging are able to access the available health care services or not?
6. Are women manual scavengers are discriminated while accessing or buying the health care services?
7. What are the type of policies and schemes introduced for liberation and rehabilitation of women manual scavengers in India?

3.3. RESEARCH OBJECTIVES

The main objective of the study is to analyse the social as well as economic issues of women who are engaged in the task of manual scavenging in Nagpur district of Maharashtra. In addition, the study also aims at delineating the health issues or problems of these women in Nagpur. The detail division of these broad objectives are as follows:

1. To highlight the demographic features of women manual scavengers in Nagpur district of Maharashtra
2. To analyse the socio-economic issues of women manual scavengers in Nagpur district of Maharashtra
3. To analyse the working conditions of women manual scavengers in Nagpur district of Maharashtra
4. To analyse the health issues of women manual scavengers in Nagpur district of Maharashtra
5. To examine the utilisation of health care services by the women manual scavengers in Nagpur district of Maharashtra
6. To delineate the living conditions of the women manual scavengers in Nagpur district of Maharashtra

3.4. METHODOLOGY

3.4.1. Operational definition

Manual scavenging, as defined by this study, deals with manually cleaning, carrying and disposing of human excreta, animal excreta, waste, garbage, and so on. Particularly, it comprises of removal of human excreta from public streets (e.g. open defecation)¹⁷ and public toilets, removal of waste, garbage, and animal excreta, removal of dead animals (e.g. dead dog and dead cat, etc.), cleaning of small open drainages in housing areas and so on. These tasks are mostly imposed upon the women belonging to Dalit community.

3.4.2. Research Design

The aim of our research is to undertake an in-depth study on the lives of Dalit women who are involved in the degrading work of manual scavenging in Nagpur district of Maharashtra. Particularly, our research intends to examine the socio-economic issues and health issues of women manual scavengers in the NMC. Also, it takes an account of lived experience of these women employed in NMC. For these objectives, we rely on primary survey since there is limited information available from the conventional sources with respect to Women Manual Scavengers (hereafter WMS). In addition to the primary survey, we have also resorted to some secondary data sources, which have complemented our research.

The study employs the descriptive research design to delineate the socio-economic and health problems of WMS employed under the NMC

3.4.3. Research Setting

The research was set in two zones of NMC of Maharashtra. The Census 2011 registers that the total population of Nagpur district is 4,653,570; and the urban Nagpur has a population of 2,523,911. According to the City of Nagpur

¹⁷ Open defecation, i.e. defecation on roads and plots that needs manual disposal. "A 2010 report from the World Health Organization and the United Nations Children's Fund (UNICEF) found that 665 million Indians—more than half the population—practice open defecation" (Bhattacharjee, 2014, p. i).

Corporation (CNC) Act, 1948, the key responsibility of providing basic services to citizens of Nagpur lies with the NMC. These services are water supply, sewerage, waste management, land use planning, slum improvement, street lighting, construction and maintenance of internal roads, maintenance of parks and gardens, providing primary education and health facilities, etc. The NMC coordinates with various other government organizations such as Nagpur Institution Technology (NIT), Maharashtra Housing and Area Development Authority (MHADA), Maharashtra State Road Transport Corporation (MSRTC), the Traffic police, Maharashtra Pollution Control Board (MPCB) etc., for delivering these basic urban services.

Ten zones come under the NMC. Each zone is distributed into some wards or prabhags. Each ward is represented by a corporator; and the NMC has 136 corporators, most of them are elected in the local election. In the NMC, both men and women manual scavengers are levied with their respective works. Men manual scavengers are involved in sewage and drainage cleaning work and collecting the garbage and waste from every zone; whereas women engaged in manual scavenging are largely into the cleaning of roads, park, public toilets, open drain (gutter) colony space and open space of the local area and so on. These manual scavengers are mostly hailing from the marginalised section of the society, i.e. the scheduled castes or Dalits.

3.4.4. Type of Data Collected

To understand the issues of women manual scavengers employed in the NMC, the study has used qualitative as well as quantitative information collected from the primary survey. The study has utilised a semi-structured questionnaire to achieve the quantitative information in line with the stated objectives; and personal interviews have been undertaken to obtain qualitative data for the study. Like quantitative information, the qualitative data has been given equal amount of importance, as certain aspects of the study are very difficult to capture through the quantitative data. For example, to analyse the lived experience of Dalit women engaged in manual scavenging – i.e. their experience with dehumanising working conditions, their deplorable living conditions and the stigmatizing attitude or

perception of the society on them and so on – we require personal interactions with these WMS.

3.4.5. Sample Design and Procedure

As already mentioned, there are ten zones, which come under the NMC. Each of these zones is divided into four *Prabhag* (ward) except two zones viz., Dhantoli and Satranjipura¹⁸; and each ward is assigned with its own administrative structure including staffs for day-to-day civic and administrative functions. The details of zone and ward population are presented in Table 3.2.

Table 3.2 :Ward-wise distribution of population across zones

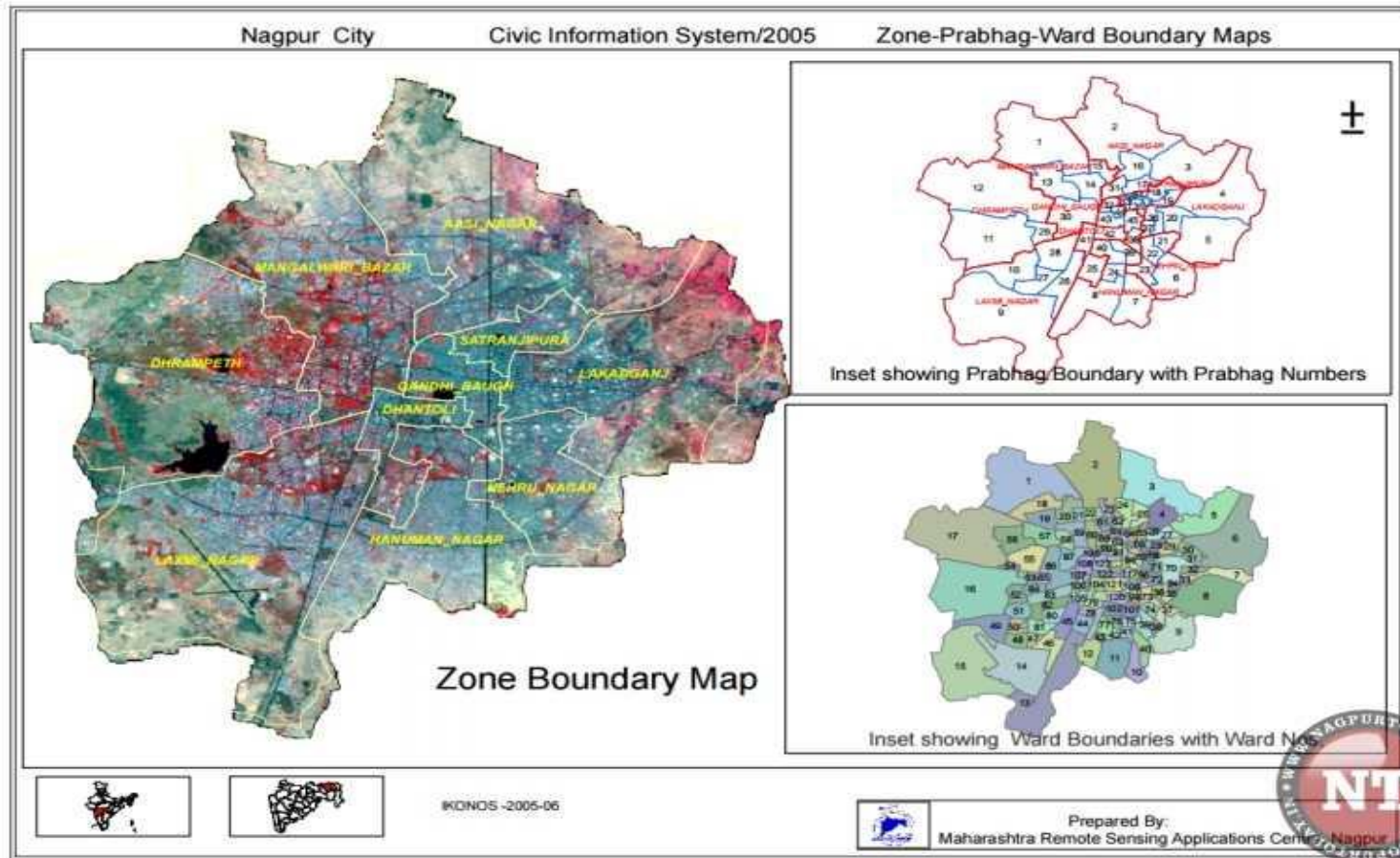
Name of zone	Ward-wise distribution of populations			
Laxminagar	(16) 20,286	(36) 15,741	(37) 15,525	(38) 14,046
Dharmpeth	(12) 23,948	(13) 36,763	(14) 28,736	(15) 19,176
Hanuman Nagar	(31) 15,709	(32) 17,233	(34) 16,703	(29) 27,887
Dhantoli	(17) 16,019	(33) 20,263	(35) 13,093	-
Mangalwari	(01) 33,995	(09) 20,884	(10) 18,065	(11) 16,491
Gandhibagh	(08) 19,835	(18) 14,707	(19) 15,307	(22) 18,153
Satranjipura	(05) 20,134	(20) 16,679	(21) 16,030	-
Nehru Nagar	(27) 22,053	(28) 32,801	(30) 19,948	(26) 17,927
Lakadganj	(23) 15,318	(24) 15,604	(25) 18,700	(04) 60,949
Ashi Nagar	(02) 31,716	(03) 26,809	(06) 17,428	(07) 18,244

Note: Figures in the parentheses are ward numbers of the zone

Source: Chakraborty (2017)

¹⁸In a block of each ward, NMC has write ward name as a 'Prabhag'.

Figure 3.1: Nagpur city map



Source: <https://studychacha.com/discuss/361204-nagpur-municipal-corporation-zones.html>

The Nagpur District map and demographic profile data of all ten zones provide overall idea about the location of these zones. The five zones, viz., Laxmi Nagar, Dharampeth, Hanuman Nagar, Dhantoli and Mangalwari are located in civil line area; whereas the other five zones, viz., Gandhibagh, Satranjipura, Lakadganj, Ashi Nagar and Nehru Nagar are located in more congested area and covered with slums. These zones are thus classified into two areas – civil line area and slum area (See Table 3.3)

Table 3.3: Classification of zones by area (civil or slum)

Civil area (Clean and posh environment)	Congested area (Slums)
Laxmi Nagar	Gandhibag
Dharmpeth	Satranjipura
Hanuman Nagar	Nehru Nagar
Dhantoli	Lakadganj
Mangalwari	Ashi Nagar

Since it is beyond our limit to study the entire ten zones of the NMC, we have selected two zones – one zone from civil line area and another from slum area. These two zones, viz., Ashi Nagar and Mangalwari, which are purposively chosen to undertake main survey for the research.

In NMC, the civic works are distributed among workers including permanent and contractual workers (male and female workers). We have however focussed upon the contractual women workers who are basically substitute workers, work on a contract basis. These women mostly do manual scavenging tasks. Then simple random sampling technique had been employed to select 152 women manual scavengers from the chosen zones under NMC – particularly, 76 WMS were selected from Ashi Nagar zone and other 76 WMS were from Mangalwari zone of NMC (See Table 3.4 for detail).

Table 3.4: Selected zones Sample collections from two

Areas in Mangalwari Zone	Sample	Areas in Ashi Nagar Zone	Sample
Chawani, Durga Mata Mandir	3	Baba Buddhist Nagar	3
Azad Nagar, Gittikhadan	19	Bhawani Chowk Pardi	3
Panchsil Nagar, Gittikhadan	2	Bhimchowk, BadaIndora	1
Kamgar Nagar, Near Urdu School	1	Farukh Nagar, PiwaliShala	5
Manglwari Bazar OCW	9	Indora, Barakholi	1
MankapurTalkizChowk, Gadgebaba Society	2	Jaripataka, Corporation Hospital	1
Nani Nani Garden, Chawani	1	Jaripatka Police Station	7
Police Line Takli, Katol Road	3	Jaripataka, Near Maharashtra Bank	1
Rahbhawan Garden, Sadar	1	Jay Bhim Chowk, Baba Buddhaji Nagar	1
Ramai Nagar	3	Kamal Chowk	5
Gandhi Chowk, Sadar	15	Kapil Nagar, Near School	1
Tipu Sultan Chowk, Yashodara Nagar	17	Near Ambedkar Hospital, Kamttee Road	15
		Near Samta Maidan (Ground)	19
		Panchasil Nagar	2
		PatankarChowk, Power grid	1
		Sugat Nagar, Power Grid	4
		Vaishali Nagar	6
Total	76	Total	76

3.4.6. Process of Data Collection

The primary data was collected from 8 wards of the two selected zones – Ashi Nagar and Mangalwari zone. Before collecting data, the interviewer visited the selected zones and obtained necessary permission from the NMC to conduct a study. After getting permission, the process of collection of primary data was initiated. The data collection process began with Ashi Nagar zone from ward number 02, then we moved towards ward-03 and ward-06 and finally the ward-07 of Ashi Nagar was covered. After done with the filed survey at Ashi Nagar zone, we moved to another zone named Mangalwari Zone, in which we first opted ward-01, and then ward-09, ward-10 and ward-11 were undertaken for the collection of primary data.

However, the data collection of the present study was conducted in two phases. During the first phase, a pilot survey of 30 women manual scavengers who were working on a contractual basis in all zones was undertaken. In the second phase, the main survey comprising of 152 woman manual scavenging working on a contractual basis was conducted in two selected zones of NMC. The entire data collection process including pilot survey took almost two years to complete, because the schedule of data collection and visiting respondents were not conformed a priori and could not be decided by us. The process collection of data (both pilot and main survey) were in fact totally conditional upon the permission from NMC officers, the circumstance created by winter assembly, and NMC election which in effect delayed the entire process of data collection. In what follows, we have presented the detail about pilot survey and main survey.

3.4.6.1. Pilot Survey

The prepared questionnaire was tested on selected respondents in research area (i.e. NMC). Initially, the pilot study was conducted with 30 women manual scavengers from all zones in NMC. The objective of the pilot survey was to gain familiarity with the women manual scavengers, their work pattern and work environment, other staffs' behaviour with them, their perceptions about the work and their life. More specifically, the survey was aimed at getting an overview of social, economic and health composition of the women manual scavenger in terms

of caste, occupational status and health issues. The survey specifically focused on establishing the understanding of caste and work relation. Moreover, the pilot survey data provided the background information against the backdrop of the study setting in which an in-depth study was carried out. The pilot survey was appeared useful in the selection of the two zones for in-depth study in main survey. After the pilot study, necessary modification was done on specific objective, improvised the questions on some sections, and later incorporated such changes in the questionnaire.

3.4.6.2. Main Survey

For main survey, we had to visit each places and area of selected location of our study. WMS at the selected locations were interviewed at their working places as well as at their home. The study intended to understand the work of WMS and the effect of the work on their health. Therefore, we required intensive quantitative and qualitative data on women manual scavengers to understand their nature of work, social cost of their work, and their social acceptance and so on. Our study required a comprehensive and detailed collection of data on context of women manual scavengers, their experiences, experiences and events to yield an in-depth understanding of the phenomena under this study. We therefore decided to do an intensive survey of two zones chosen out of ten zones of NMC, which would yield complete and reliable information with respect to WMS from the areas selected for exploration. Because of the complexity of data as well as because of in-depth of interview on WMS, a number of visits to the study areas were made. The study also required an adoption of multiple tools for data collection. It was our understanding that more rich, authentic and comprehensive data, even if it covers from a limited sample, is more important and crucial from the point of view of addressing the complex connections between occupation and health that we intended to discover in this study.

3.4.7. Tools of Data Collection

The semi-structured interview schedule for primary tools of data collection was used in this research. The semi-structured interview schedule was administered to all respondent in the selected two zones of NMC. The aim was to seek all

information through the questions with both structured and open-ended response categories. Information on some selected socio-economic and health indicators like, age, marital status, ownership of the house, caste and work relation, occupational health.

In addition, review of secondary literature had used to develop a broad historical view of the area. Details of these findings were given along with the explanation of secondary sources used for this research.

The researcher had collected the primary data from using interview schedule, case study, informal discussions, and filed observation. For the present study, the researcher collected the data from women manual scavengers who are working at NMC as a contractual basis.

3.4.7.1. Interview Schedule

For the primary data collection, we have used the tool of the semi-structured interview schedule. The interview schedule comprises close ended as well as open-ended questions. The various variables included in the interview schedule in order to study the social discrimination related to caste, gender and their occupation and other aspects pertaining to the lives of women manual scavengers and their issues. The daily work schedule of the WMS and their health problems are also captured through the interview schedule. Information on such as age, marital status, family income, health awareness and health care practices, addiction of *tambakhu* (Tobacco) and *gutkha*, and occupational history are also compiled in order to understand interlinks of health problems. In social aspect, we had to cover the question such as caste, religion and educational profile, etc.

3.4.7.2. Case Study

Case study method seemed productive to bring the unseen aspects of women manual scavengers pertaining to their lives. This method revealed the factors responsible for their occupational challenges and health status; for this purpose, five individuals were selected as cases of the study, which had significance in terms of the manifestation of the higher morbidity rate. The data collected was about their living conditions, health seeking behaviour and utilisation of health services, about their employment and housing problem.

3.4.7.3. Informal Discussion

Informal discussion with staff and people assembled at open spaces in the park, open ground (where they work), colony premises, and teashops near the working area and so on provided us a lot of general information on the women manual scavengers and regarding their issue and conditions. The informal discussion participants were included like, supervisor, male sewage workers, permanent staff of NMC, local residence etc. These discussion yielded data on the respondents' (women manual scavengers) information schedule and provided insights, which were useful in designing the second phase of the study.

3.4.7.4. Field Observation

In some cases, the interviews schedule and guides could not cover all the relevant information for the study. Further, in many cases, the interviewers tend to reveals some important information, which is not connected to the prepared interview schedules. Therefore, one also needs to focus on personal filed observation to obtain relevant and additional knowledge and information related to the research. Therefore, for our study, the working conditions of women manual scavengers were observed to obtain first-hand information on occupational issues. The health issues, type of tools used by WMS, the work clothes and other safety measures opted during work, the availability of toilet facility for them, shelter for emergency etc., were few of the many aspects observed in the field research. The housing condition, rooms in house, ventilation, water facility in home, environment near residential place as well as neighbourhood tidiness were also observed.

3.4.8. Secondary Data

The secondary data or information is very crucial in building strong knowledge base on the purposed research. At the initial stage, it provides basic idea and helps develop interest on the broad areas and however after the literature review, the researchers certainly gain a lot of knowledge in related subjects. The secondary databases always offer clarity with respect to the historical details and the understanding of current scenario to develop a link with the selected research and essentially to develop the research hypothesis for the study. For our study, we have collected the secondary data from several sources such as books, published

research works, reports prepared for governmental and non-governmental organisations as well as for the ministries, and other published materials pertaining to women manual scavenging in South Asian countries and in India.

3.4.9. Data Analysis

The collected data has been used for qualitative as well as for quantitative analysis for the purposed research. The qualitative information have been analysed by forming themes, which have emerged from the narratives of different informal interviews and interactions. In the case of quantitative data, we have manually codified the collected data, and entered it into Microsoft Excel spreadsheet and then imported the data into the Statistical Package for Social Sciences (SPSS) as well as into STATA software for better data analysis.

3.4.10. Ethical Consideration

Confidentiality

Information collected from respondents is not shared with anyone else. The researcher has maintained the confidentiality of all the respondents by changing the names while analysing data and writing the final thesis.

Informed Consent

Prior to the process of the interview, the researcher ensured that the respondents were taken into confidence and build some amount of mutual trust. The respondents were also informed about the purpose of the research and their consent was taken before interviewing them.

3.4.11. Limitations

The main limitation of the primary data collection was the difficulty in getting permission to undertake interview of women manual scavengers in the selected municipal zones. The interviews of contractual WMS were difficult to obtain since the administrative staffs in the local governing bodies were not at all needful and supportive in facilitating the primary survey. They were *more or less* satisfied with the existing government policies and they did not want anybody to question as well as to interpret the current pattern of works and working conditions set up by

the existing policymakers. The primary survey was based on issues of WMS, particularly issues of contractual WMS—who never get any kind of government benefits—the NMC staffs and officials were scared to share any information with us. The NMC officials showed less interest in helping us with our research on WMS. In this way, the primary data collection became a time-consuming process and emotional draining for us to seek permission to conduct the field survey.

The second limitation of the data was the unavailability of WMS in selective wards. Our research survey was intended to cover 200 WMS from the selected zones of NMC, because of the unavailability of women engaged in manual scavenging we are forced to restrict the study sample to only 152. Majority of these women often tend to shift to different places as per order of the supervisor. The visits to home of WMS were also not successful because they come late from the work and they had to do the household chores and some personal works. Nevertheless, we tried to visit the work stations and homes of these WMS repeatedly to get their interviews.

Furthermore, despite their willingness to participate in the interview, the WMS could not talk to us openly and freely which brought about difficulty for us to meet the answer for few questions in the interview schedule, which in effect forced us to miss some important aspects of the study.

*'We all came from one place and leave for the same, frivolity of caste, class, gender
came in in between to ruin us.'*

~Sant Kabir (A mystic poet of 14th century)

CHAPTER FOUR

DEMOGRAPHIC AND SOCIO-ECONOMIC CONDITIONS OF WOMEN MANUAL SCAVENGERS IN NAGPUR DISTRICT, MAHARASHTRA

The preceding chapter has discussed the research methodology to study the problems of women manual scavengers in Nagpur district of Maharashtra. This chapter analyses the demographic and socio-economic issues of the women manual scavengers in the study area. In this chapter, an attempt has been made to highlight the overall population of Maharashtra along with a brief demographic profile of Nagpur district and the NMC. In addition, the chapter also discusses the demographic distribution of the women manual scavengers in the study area. An important focus of the chapter is to analyse the socio-economic conditions of the women manual scavengers in the study area of Nagpur. It focuses on age, religion, caste along with the sub-caste information, marital status, type of family, land ownership, place of origin of WMS, educational details of family members, occupational details of WMS and their family members, nature of work, working conditions of the WMS, income, indebtedness, awareness about government benefits and schemes for manual scavengers etc.

This chapter is organised as follows. Section 4.1 discusses the demographic profile of Maharashtra and Nagpur city in particular. Demographic distribution of women engaged in manual scavenging in the study is presented in Section 4.2. Section 4.3 analyses the socio-economic conditions of women manual scavengers from the study area; in this section, the focus is on land-holding, housing status, education, occupation profiling, working conditions of the women involved in the hell of manual scavenging. The last section presents the summary of the chapter.

4.1. DEMOGRAPHIC PROFILE OF MAHARASHTRA

According to the Census 2011, Maharashtra has the total population of 11.24 crores, an increased from 9.69 crores in 2001.¹⁹ Of the total population, 5.8 crores are male and 5.4 crores are female. Maharashtra is one of the leading states in terms of revenue and contribution to the Gross Domestic Products (GDP) of the country. Mumbai of Maharashtra is the financial capital of the country. It has a population of over 100 million, and it is one of the populous cities in India. The other important cities of Maharashtra are Pune, Nagpur, and Nashik, which are also more populated than other areas of the state. There are 35 districts in Maharashtra. People from different parts of the country have been migrated to the different cities of Maharashtra, particularly in search of livelihood, since long time. Therefore, the state is composed of the heterogeneous people, representing different kind of cultures, traditions, beliefs and faiths, which are common in India. Topographically, the state of Maharashtra is divided into three parts, viz., Maharashtra Plateau, the Sahyadri Range and the Konkan Coastal Strip (Census of India, 2011).

The state has places of national and international importance; it owns some of the prime ports and airports of India. Maharashtra is surrounded by five states, viz., Gujarat, Madhya Pradesh, Chhattisgarh, Telangana and Karnataka. The major languages spoken in the state are Marathi, Hindi and English.

The literacy rate in Maharashtra, according to the Census 2011, is 82.34 per cent, of which the male and female literacy are 88.38 per cent and 70 per cent respectively; and the sex ratio of the state is 929 in 1000 male, which is below the national average of 940.

Like other regions of India, the Caste-system is also common in Maharashtra. Caste is the basic unit of Indian society and it is found in Urban as well as in rural parts of Maharashtra. The caste is considered broadly as proxy to measure the socio-economic status and poverty of the country (Nayar, 2007). In the identification of

¹⁹ The Census 2011 documents that around 45 per cent of the total population of Maharashtra live in urban areas and the rest live in rural areas (<https://indikosh.com/st/553027/maharashtra>).

the poor and vulnerable, especially the scheduled caste (SC) and Scheduled Tribes (ST) are considered socially disadvantaged groups who have the higher chance of living under the adverse conditions and poverty (Nayar, 2007). Therefore, before understanding the socio-economic issues of the women engaged in manual scavenging, it is also wise to know the distribution of population based on caste.

As apparent from Table 4.1, the SC and ST have the substantial share in the total Indian population and they have also got substantial share in the population of Maharashtra, as in 2011 SC has around 10.2 per cent share in the state's population and ST has around 9 per cent population share in the state.

Table 4.1: Distribution of SC and ST population in Maharashtra

Year	State	Total population	SC population (%)	ST population (%)
1991	Maharashtra	78,937,187	8,757,842 (11.0)	7,318,281 (9.0)
2001	Maharashtra	96,878,627	9,881,656 (10.2)	8,577,276 (8.9)
2011	Maharashtra	96,878,627	9,881,656 (10.2)	8,577,276 (8.9)
2011	India	1028,737,436	166,635,700 (16.2)	84,326,240 (8.2)

Source: Census of India (2011)

4.1.1. Demographic profile of Nagpur District

Nagpur is the winter capital of Maharashtra, and it is a fast growing metropolis and third largest city in Maharashtra after Mumbai and Pune. The Nagpur Metropolitan Area is the 13th largest urban conglomeration in India. Recently, it has been ranked as the cleanest and the second greenest city of India. Nagpur is a major political centre of the Vidarbha region of Maharashtra, and it is known as the "Orange city" of the country because of being the major producer and trader of orange.

The population of Nagpur according the Census 2011 is 46,53,570, of which 51 per cent are male and 49 per cent are female. Nearly 23.8 lakh (68.30 per cent) of Nagpur's population are located in the urban Nagpur. 72 per cent of the population of the district are from general caste (including other backward caste), 19 per cent are SC and the rest are ST

(<https://indikosh.com/dist/563515/nagpur>). The sex ratio of Nagpur district is 951; and the literacy rate of the district is 88 per cent, of which male literacy rate is 92 per cent and female on is 85 per cent (<https://indikosh.com/dist/563515/nagpur>).

4.1.2. Nagpur Municipal Corporation (NMC)

In 1864, the Municipal Council for Nagpur was set up and during that time, the area under the Municipal Council of Nagpur was 15.5 square kilometres, and the population of the area was 82,000 (<https://www.nmcnagpur.gov.in/about-nmc>). For the proper functioning of the Municipal Council, the Central Provinces and Berar Municipalities Act was devised in 1922. The duties entrusted to the Nagpur Municipal Council were maintaining cleanliness, installing streetlights, and supplying water with help of the government. The Central Provinces and Berar Act No. 2 was published in the Madhya Pradesh Gazette on the second January 1950; this act was known as the City of Nagpur Corporation Act 1948 (the CNC Act, 1948) (<https://www.nmcnagpur.gov.in/about-nmc>). Eventually, the Municipal Corporation came into being in March 1951, and development plan for the Nagpur city was prepared in 1953. Further, in 1956, under the state reconstitution, the Berar province was merged into the state of Maharashtra, wherein Mumbai was recognised as its capital and Nagpur became the second capital of the state in 1960 (<https://www.nmcnagpur.gov.in/about-nmc>).

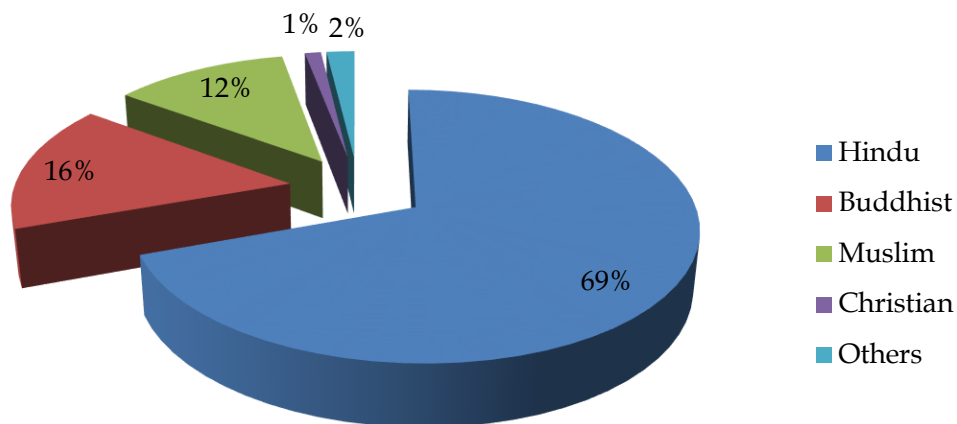
According to the CNC Act, 1948, the primary job of the NMC is to provide the basic urban services to the people of Nagpur. These services are water supply, sewerage cleaning, waste management, slum improvement, construction and maintenance of internal roads, slum improvement, land use planning, maintenance of park and garden, street lighting, providing primary health and education facility and so on (<https://www.nmcnagpur.gov.in/about-nmc>).

The NMC co-ordinate with various other government organization for maintain the city good and healthy, the co-ordinate groups like Nagpur Improvement Trust (NIT), Maharashtra State Road Transport Corporation (MSRTC), Maharashtra Housing and Area Development Authority (MHADA), the Traffic Police and

Maharashtra Pollution Control Board (MPCB), etc. for delivering these basic services to the people of Nagpur (<https://www.nmcnagpur.gov.in/about-nmc>).

As majority of Nagpur population (i.e. 68 per cent) live in urban Nagpur, the Nagpur city is the home of about 24.1 lakh population. It comprises of different religious belief. As apparent from the Chart 4.1, 69 per cent of Nagpur population are Hindu, followed by 16 per cent Buddhist, 12 per cent Muslim, 3 per cent Christian and other religions.

Chart 4.1: Religion-wise distribution of Population of Nagpur (2011)



Source: Chart prepared using data from <https://indikosh.com/city/564872/nagpur>

Further, the caste-wise distribution of the city's population shows that the SC has a substantial share of around 20 per cent in the population of the city and the ST has around 7.5 per cent share in the city's population (see Table 4.2). In addition, there is little difference in male and female population across caste groups in the Nagpur city, as obvious from Table 4.2.

Table 4.2: Caste-wise male and female population 2011 Nagpur City
(Percentage)

Gender	SC	ST	General	Total
Male	238,629 (19.47)	94,638 (7.72)	892,138 (72.80)	1,225,405 (100)
Female	236,796 (20.06)	90,643 (7.68)	852,821 (72.26)	1,180,260 (100)
Total	475,425 (19.76)	185,281 (7.70))	1,744,959 (72.54)	2,405,665 (100)

Source: Calculated using data from <https://indikosh.com/city/564872/nagpur>

4.2: DEMOGRAPHIC PROFILE OF THE WMS IN THE STUDY AREA

4.2.1. Caste and religion

We have undertaken interview of 152 women manual scavengers from two zone areas, i.e., Ashi Nagar and Mangalwari of Nagpur district of Maharashtra. 76 WMS from each zone have been interviewed. Table 4.3 documents the sub-caste-wise distribution of women manual scavengers in study area. It is seen that these women manual scavengers are from two religions – Hindu and Buddhist. Among sub-castes, Mahar are mostly Buddhist whereas Mehtar, Pardesi, Sweeper, and Balmiki (here after MPSB) and others (Other Backward Class) are from Hindu religion. It is to note that Mahar who are into manual scavenging are not historically belonging to manual scavenging while MPSB are historically engaged into manual scavenging occupation. As Table 4.3 indicates, Mahar sub-caste comprises about 59 per cent of the sample followed by MPSB with 39 per cent and others with 2 per cent.

Table 4.3: Women manual scavengers by sub-caste

Sub-caste	Frequency	Percentage
Mahar (Buddhist)	90	59.21
MPSB (Hindu)	59	38.82
Others (Hindu)	3	1.97
Total	152	100.00

Note: MPSB includes sub-castes, viz., Mehtar, Pardesi, Sweeper and Balmiki; Others includes only the Other Backward Class (OBC).

Table 4.4 highlights that 54 per cent of Mahar are working in Ashi Nagar zone and the rest are in Mangalwari zone. In the case of MPSB, around 58 per cent are working in Mangalwari zone and rest 42 per cent are in Ashi Nagar zone; and OBCs are very meagre representation in manual scavenging occupation, two are working in Ashi Nagar and one is in Mangalwari zone.

Table 4.4: Sub-caste-wise distribution of women manual scavengers across zone (percentage)

Sub-caste (religion)	Zone Area		Total
	Ashi Nagar	Mangalwari	
Mahar (Buddhist)	49 (54.4)	41 (45.6)	90 (100)
MPSB (Hindu)	25 (42.4)	34 (57.6)	59 (100)
Others (Hindu)	2 (66.7)	1 (33.3)	3 (100)
Total	76 (50.0)	76 (50.0)	152 (100)

4.2.2. Age and marital status

Of the total 152 women manual scavengers interviewed, majority of them (68 per cent) belong to the age group of 41 to 50; 23 per cent are below 40 years; and a meagre percentage (8.55 per cent) falls in the age group of 51 to 60 (see Table 4.5). These facts shows that women engaged in manual scavenging mostly do not work

after the age of 50 and perhaps, they are not physically fit to continue the job of manual scavenging after they attend 50 years.

Table 4.5: Age group of manual scavengers

Sub-caste	Age Groups			(Percentage)
	30-40	41-50	51-60	Total
Mahar	17 (18.89)	65 (72.22)	8 (8.89)	90 (100.00)
MPSB	18 (30.51)	36 (61.02)	5 (8.47)	59 (100.00)
Others	0 (0.00)	3 (100.00)	0 (0.00)	3 (100.00)
Total	35 (23.03)	104 (68.42)	13 (8.55)	152 (100.00)

It is observed that these manual scavengers are either married or widowed which is apparent from Table 4.6. 66 per cent of women manual scavengers are married, which is followed by 27 per cent of widowed women. In addition, compared to Mahar women manual scavengers, majority of traditional women manual scavengers (73 per cent) are married. It is to note that out of 42 widow manual scavengers, majority of them (66.66 per cent) are belonging to Mahar and around 30 per cent are belonging to MPSB. It can be therefore said that since Mahar community are not historically into the task of manual scavenging, women from these community after the death of their spouses are getting into this dehumanizing occupation. Among the WMS, two were unmarried and seven were separated. The separation from the husband, as revealed by the separated women, is mainly because of the following reasons: torture and abuses by the husbands; alcohol addiction and external affairs of the husbands; and the torture of the in-laws.

From the above, it is clear that the life expectancy of the husbands of the traditional WMS is higher than that of the non-traditional WMS (Mahar). The reason for this is as follows. Since the practice of work which the traditional WMS see and experience from their childhood and they inherit this practice from their parents, they are more habitual to accept this work without any hesitation and they do it

easily. That is why the WMS from these particular sub-castes (MPSB) replied that their family members do the same work and they do not feel ashamed of doing this work because they are used to this work since their childhood. On the other hand, the non-tradition WMS (Mahar and OBC) revealed that they are from the second-generation who have been into this task of manual scavenging.

Table 4.6: Marital status of manual scavengers

Sub-caste	Marital status				Total
	Married	Unmarried	Separate	Widow	
Mahar	57 (63.3)	2 (2.2)	3 (3.3)	28 (31.1)	90 (100)
MPSB	43 (72.9)	0 (0.0)	4 (6.8)	12 (20.3)	59 (100)
Others	1 (33.3)	0 (0.0)	0 (0.0)	2 (66.7)	3 (100)
Total	101 (66.4)	2 (1.3)	7 (4.6)	42 (27.6)	152 (100)

It is further observed from Table 4.7 that the widows who are forced into manual scavenging occupation largely belong to the age-group of 41-50; and it is also observed that out of 104 women manual scavengers, belonging to age-group 41-50, majority (70 per cent) are married and a sizeable number (27 per cent) are widowed. The reasons for widowhood can be traced to the occupation of their spouse. The husbands of WMS are also engaged in similar sort of occupation like cleaning the sewage. This has been discussed in detail in the sixth chapter.

Table 4.7: Marital status by age group

Marital Status	Age Groups			(Percentage)
	30-40	41-50	51-60	Total
Married	23(22.77)	71(70.30)	7(6.93)	101(100)
Unmarried	1(50.00)	1(50.00)	0(0.00)	2(100)
Separate	3(42.86)	4(57.14)	0(0.00)	7(100)
Widow	8(19.05)	28 (66.67)	6(14.29)	42(100)
Total	35(23.03)	104(68.42)	13(8.55)	152(100)

4.2.3. Migration: Place of origin of the WMS

Since the women manual scavengers are coming from different places, Table 4.8 documents the place of origin of these women manual scavengers; and Table 4.9 captures the type of migrants. It is seen from Table 4.8 that majority of manual scavengers interviewed (60.5 per cent) are from same state, i.e., Maharashtra and 39.5 per cent are from other states, namely Uttar Pradesh, Madhya Pradesh and Rajasthan. Two more things are very much apparent that manual scavengers with Mahar sub-caste are mostly from Maharashtra and the manual scavengers with sub-castes namely Mehtar, Pardesi, Sweeper and Balmiki (MPSB) are from other states. In others, which comprise OBC, having very little presence in manual scavenging, two are from same state and one is from other state. Having discussed the origin state of migrants, in what follows we discuss whether manual scavengers are from rural areas or urban areas. Table 4.9 shows Mahar are mostly from Urban area as 86 per cent of Mahar working as manual scavengers are from Urban area; whereas MPSB are basically from rural areas of other states since 85 per cent of them are migrated from rural area of other states, as already aforementioned.

Table 4.8: Place of origin of women manual scavengers by sub-caste

(percentage)

Name of Sub-caste	Origin of Migrants		Total
	Same state	Other state	
Mahar	88 (97.8)	2 (2.2)	90 (100)
MPSB	2 (3.4)	57 (96.6)	59 (100)
Others	2 (66.7)	1(33.3)	3 (100)
Total	92 (60.5)	60 (39.5)	152 (100)

Table 4.9: Origin of migrants by sub-caste

(percentage)

Sub-caste	Come from		Total
	Rural	Urban	
Mahar	13 (14.4)	77 (85.6)	90 (100)
MPSB	50 (84.7)	9 (15.3)	59 (100)
Others	1 (33.3)	2 (66.7)	3 (100)
Total	64 (42.1)	88 (57.9)	152 (100)

The WMS who are from the other state revealed in what follows the reasons for why they are migrated to Nagpur city. Absence of job opportunity at home states and the low level of literacy are common reasons among others are responsible for their migration. The major push factor of their migration, as revealed from the discussion with them, are the following. They used to live in the outskirts of the village, they do not own any land, and they used to live on the mercy of the village people, in this situation they had only one option to move away from those places and to live in a good place, not again at the outskirts of the urban area.

Another important reason for the migration of these WMS to Nagpur city is as: the head of family member (father in-laws or other relatives) moved years ago from their own place to the current city and they started working in the city and were settled; and after some years of stay, they got the permanent job in the NMC. Once

they were settled, they brought their family members here. Most of the WMS revealed that their husbands were young when they came to Maharashtra/Nagpur along with their parents and some of them were born in Maharashtra only. When they grew up they saw their mother, father and even elder family members including siblings were working in this occupation and they joined the work of manual scavenging, sweeping, collecting garbage from home etc.

With respect to their entry into work of manual scavenging, half of the WMS responded that they joined the work before the marriage and another half replied they got into manual scavenging after their marriage.

4.2.4. Family profile

Table 4.10 shows that the majority of women manual scavengers (i.e. 72 per cent) are coming from nuclear family and the rest are from joint family. In Mahar community, 80 per cent have nuclear kind of family whereas in the case of MPSB 59 per cent have nuclear family and around 41 per cent have joint family.

Table 4.10: Family type of manual scavengers

Sub-caste	Household type		(Percentage)
			Total
	Nuclear	Joint	
Mahar	72 (80.0)	18 (20.0)	90 (100)
MPSB	35 (59.3)	24 (40.7)	59 (100)
Others	2 (66.7)	1 (33.3)	3 (100)
Total	109 (71.7)	43 (28.3)	152 (100)

As the Table 4.11 shows, the majority of family members (i.e. around 45 per cent) are belonging to age group of 15-30 year, followed by 23 per cent belonging to age group of 46-60 year; 16 per cent falls in the age group of 31-45 and 14 per cent family members are in children age group of 1-14 years. It is to be noted that a meagre percentage of 2 per cent lives beyond 60 years, which indicates that most of people in scavenging community dies around the age of 60 years.

It is found that out of 710 family members of women manual scavengers interviewed, 386 (i.e. 54 per cent) are female and 324 are male members of household (see Table 4.11)

Table 4.11: Age of family members by gender-wise

Sex	Age group					Total
	1-14	15-30	31-45	46-60	61-80	
Female	56(14.5)	159(41.2)	78(20.2)	80(20.7)	13(3.4)	386 (100)
Male	43(13.3)	163(50.3)	33(10.2)	81(25.0)	4(1.2)	324(100)
Total	99(13.9)	322(45.4)	111(15.6)	161(22.7)	17(2.4)	710(100)

4.3. SOCIO-ECONOMIC CONDITIONS OF WOMEN MANUAL SCAVENGERS

This section deals with understanding of socio as well as economic conditions of women who are engaged in the inhuman manual scavenging job. Dalits because of this polluting nature of job bear the severe social and economic consequences since time immemorial. If one picks any indicators such as housing, education, nature of scavenging activity and so on to see the social and economic condition, s/he will certainly experience very deplorable conditions of women manual scavengers in India. In what follows we unravel the deplorable socio and economic conditions of women engaged in the job of manual scavenging.

4.3.1. Land-holdings

Land-holding is an important factor associated with the socio-economic problem of the marginalised section of the society, as owing a piece of land reduces the dependency of this section on the privileged section of the society for the livelihood. Table 4.12 shows that the most of the women engaged in manual scavenging do not own a piece of farmland, which could have reduced reliance of them on the manual scavenging occupation. It is evident that around 93 per cent of the WMS do not have any farmland holding, and there is not much difference between the traditional and non-traditional manual scavenging with respect to the farmland holdings. It is clear from the above that absence of land holding is an

important factor, which is in effect forcing the Dalit women in and the Mahar women in particular to take up the degraded task of manual scavenging as a livelihood opportunity.

Table 4.12: Sub-caste-wise farm-land holding

Sub-Caste	Farm-land holding		(Percentage)
			Total
	Yes	No	
Mahar	5 (5.6)	85 (94.4)	90 (100)
MPSB	5 (8.5)	54 (91.5)	59 (100)
Others	0 (0.0)	3 (100.0)	3 (100)
Total	10 (6.6)	142 (93.4)	152 (100)

4.3.2. Housing conditions

Among the women manual scavengers interviewed, majority of them (83 per cent) own a house and 14.5 per cent live in a rented house (see Table 4.13). In addition, majority of these people live in pucca and semi-pucca house, as Table 4.14 indicates, 64 per cent live in pucca house where the house is with slabs followed by 28 per cent whose housing status is semi-pucca which is basically half of the house from down are constructed with bricks and the upper part covered by tin sheet.

Table 4.13: Ownership status of housing

(Percentage)

Sub-caste	Ownership status				Total
	Rented	Owned	Office accommodation	Others	
Mahar	12 (13.3)	77 (85.6)	0 (0.0)	1 (1.1)	90 (100)
MPSB	10 (16.9)	46 (78.0)	2 (3.4)	1 (1.7)	59 (100)
Others	0 (0.0)	3 (100.0)	0 (0.0)	0 (0.0)	3 (100)
Total	22 (14.5)	126 (82.9)	2 (1.3)	2 (1.3)	152 (100)

Table 4.14: Housing status of manual scavengers

(Percentage)

Sub-caste	Housing type			Total
	Katcha	Pucca	Semi-pucca	
Mahar	9 (10.0)	53 (58.9)	28 (31.1)	90 (100)
MPSB	4 (6.8)	42 (71.2)	13 (22.0)	59 (100)
Others	0 (0.0)	2 (66.7)	1 (33.3)	3 (100)
Total	13 (8.6)	97 (63.8)	42 (27.6)	152 (100)

It is clear that most of the women engaged in manual scavenging live in pucca and semi-pucca house, nevertheless they are compelled to live in congested situation, as majority of them (i.e. 80 per cent) live in 1-2 room house (Table 4.15). It is to note that most of Mahar community engaged in manual scavenging happened to live in more congested housing compared to the MPSB community, which is apparent from Table 4.15.

Table 4.15: Number of rooms owned by manual scavengers

Sub-caste	No. of rooms			(Percentage)
	1-2	2-4	more than 4	Total
Mahar	77 (85.6)	13 (14.4)	0 (0.0)	90 (100)
MPSB	43 (72.9)	14 (23.7)	2 (3.4)	59 (100)
Others	2 (66.7)	1 (33.3)	0 (0.0)	3 (100)
Total	122 (80.3)	28 (18.4)	2 (1.3)	152 (100)

Table 4.15 shows the number of rooms owned by the women manual scavengers in the study area. More than 80 per cent of the WMS live in 1-2 rooms house, that is, the majority of the women engaged in manual scavenging are living in a very congested house of 1-2 rooms. 18 per cent live in the house of 2-4 rooms and the meagre per cent (1 per cent) have more than 4 rooms housing conditions. To note that these families of these WMS have to live in a very congested housing condition of one to two rooms; and as observed from the field, the most of the WMS do not have a separate space for cooking inside the house. The Mahar WMS are found be living in more congested housing condition compared to the traditional WMS.

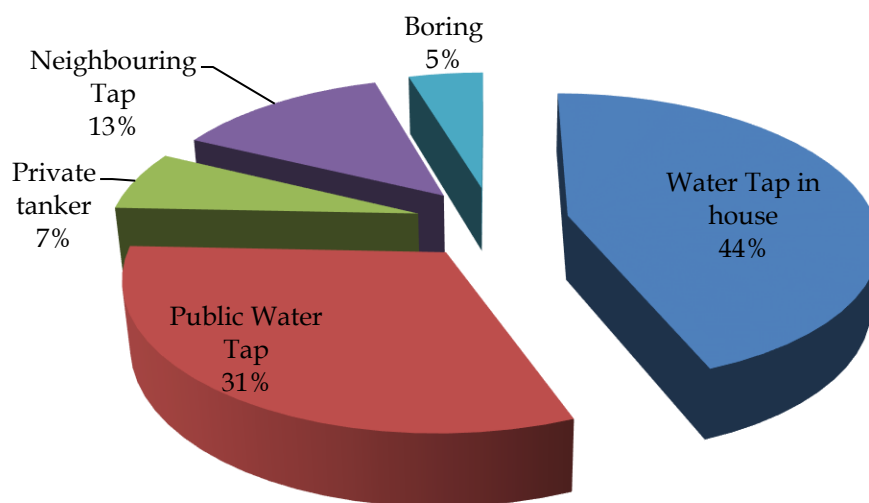
Housing and living conditions are important factors to the growth and development of the human beings; the worse housing and living can have detrimental effect on the health and development of the individuals. Nevertheless, the women who are engaged in maintaining cleanliness of our surrounding so that we can have a healthy life are living in a very precarious housing condition.

It was found from the primary data that the WMS in Nagpur have very small area for their living. Most of the WMS have to share the basic and necessary things with others like the toilet and drinking water facility. These women have to fetch drinking water and use the public utility sources from the nearest places. There are provisions under the NMC to make a good and health environment for the marginalised section of the society; they hardly are implanted to provide a clean settlement to the people who are forced into the dirtiest job of manual scavenging.

There are countless issues of the urban settlements developed for the marginalised section who are basically into the menial jobs or other polluted jobs like manual scavenging. Most of the residential areas do not accept the manual scavenging community in their location; therefore, the manual scavenging community live in one common place. The NMC provides the housing facilities to the permanent workers of the MNC, not to the contractual workers. Now the questions arise: Are the houses of permanent workers good? What is the idea based on which the NMC has constructed the housing or colonies for the manual scavengers? What kind of area they select to build colonies for them? These questions are important to understand the basic residential area and surrounding near the colonies. As observed from the field, that the colonies of manual scavengers are mostly located in areas where there are open drainage, open defecation, absence of medical facility, absence of good grocery shop, no anganwadi and convent school, no pucca road and so on. In addition, the name of these colonies are so degrading and humiliating such as *chamar nala*, *sweeper basti*, *sweeper colony*, *pardesi moholla*, etc. These terminologies operationalise the popular imagination of the residential areas of the community. This further concretises the image of the area that is habited by filthy and unworthy people and becomes a means for stigmatisation.

4.3.3. Sources of drinking water facility

Chart 4.1: Sources of drinking water at the living are



The colonies, which become the source of future production of degrading work like manual scavenging, cleaning and other menial jobs, get little attention from the local bodies. Even though proper housing facilities are assured the officials lack inclination of following up.

The drinking water is the major problem of the slums in Nagpur. Chart 4.1 shows detail of the sources of drinking water for the women manual scavengers at their residential area. As apparent from Chart 4.1, most of the scavenging households (i.e. about 51 per cent of the total 152 WMS) rely on the public water tap, private tanker and neighbouring tap for drinking water. The reason is that the water pipe line system is not fixed in these places and the underground pipeline has been in incomplete state for many years in these areas. The drinking water is the main problem for these people in their residential area. 44 per cent of the WMS have the drinking water facility at their house, 5 per cent rely on boring water. Further, as reported by the WMS, 31 per cent who rely on the public water tap have to travel more than half a kilometre to fetch the drinking water every day. Nevertheless, these women do not get clean and safe drinking water, as most of the public water taps are located near open drainage and the garbage dumping places. Early in the morning, a long queue for fetching water from public tap is the part of the daily routine of these WMS and their family members. The women and their young daughters have the responsibility of fetching water from the public tap. In this regard, Nanda, 46 year-old, WMS, shared her daily experience of fetching the drinking water from the public tap.

Every day I have to wake up early in the morning to fetch drinking water from the public tap. After the heavy workload at the workplace, I come home and do the household chores such as washing clothes, cleaning room, and preparing dinner for the family and so on. I feel so tired, no one, except my younger daughter, understands me and offers help to me. My younger daughter helps me in the household chores; otherwise, my son and my husband have never helped me even fetching water for everyone. Every night before going to sleep, I need to keep it in mind that I have to wake up early to fetch water for the house. (Nanda, age 46)

Similar to the case of Nanda, about 31 per cent of the WMS in the selected study area, as mentioned above, have to go through difficulties in fetching water for their households.

4.3.4. Education profile

Most of the women manual scavengers are literate which is evident from Table 4.16. Around 92 per cent of the total interviewed WMS are literate, only around 8 per cent had not attended any school. Moreover, there is not much variation across the traditional scavenging community and Mahar community with respect to literacy. However, the education level of these women manual scavengers is not much, as none of them have completed more than 10-years of education. As apparent from Table 4.17, 22 per cent of women manual scavengers interviewed completed up to 5 years of education; 13 per cent completed 5 to 8 years of education; and around 56 per cent completed 8 to 10 years of education.

Table 4.16: Literacy of manual scavengers

Sub-Caste	Attended school		Total
	Yes	No	
	Mahar	84 (93.33)	6 (6.67)
MPSB	53 (89.83)	6 (10.17)	59 (100)
Others	3 (100.00)	0 (0.00)	3 (100)
Total	140 (92.11)	12 (7.89)	152 (100)

Table 4.17: Years of education completed by manual scavengers

Sub-Caste	Years of education completed				Total
	1-5 years	5-8 years	8-10 years	0 years	
	Mahar	17 (18.89)	13 (14.44)	54 (60.00)	6 (6.67)
MPSB	15 (25.42)	7 (11.86)	31 (52.54)	6 (10.17)	59 (100)
Others	2 (66.67)	0 (0.00)	1 (33.33)	0 (0.00)	3 (100)
Total	34 (22.37)	20 (13.16)	86 (56.58)	12 (7.89)	152 (100)

However, out of 140 women manual scavengers who attended school, 62 per cent could not continue their education and thus dropped out of school. To note, dropout rate is higher among the traditional manual scavenging community compared to Mahar community in the study area (See Table 4.18). Poor financial condition is majorly responsible for these dropouts among women manual scavengers, as observed in Table 4.19.

Table 4.18: Caste-wise dropout of school

(Percentage)			
Sub caste	Dropout of school	No dropout of school	Total
Mahar	49 (58.3)	35 (41.7)	84 (100)
MPSB	36 (67.9)	17 (32.1)	53 (100)
Others	2 (66.7)	1 (33.3)	3 (100)
Total	87 (62.1)	53 (37.9)	140 (100)

Table 4.19: Reasons for not-enrolled or dropped out of school

(Percentage)				
Sub Caste	Reasons for dropped out or non-enrolment			Total
	Poor financial condition	Because of marriage	Failed	
Mahar	33 (67.3)	5 (10.2)	11 (22.4)	49 (100)
MPSB	20 (55.6)	3 (8.3)	13 (36.1)	36 (100)
Others	0 (0.0)	0 (0.0)	2 (100.0)	2 (100)
Total	53 (60.9)	8 (9.2)	26 (29.9)	87 (100)

The level of education of family members is very abysmal which is indicative from Table 4.20. Only 18 per cent of total 710 family members of women manual scavengers have attended a highest level of education such bachelor degree, engineering degree, medical, master/PhD, MBA and Diploma; and majority of the

family members do not have any of the abovementioned degree. To note that only 14 per cent family members have bachelor degree, 1.4 per cent has engineering degree, followed by 1.1 per cent with MBA, 1 per cent with Diploma, and less than 1 per cent with master or PhD degree.

Table 4.20: Highest level of education of manual scavenging households

Sub-caste								(Percentage)
	Bachelor	Engineering	Medical	Master/Ph D	MBA	Diploma	NA	Total
Mahar	68 (17.8)	9 (2.4)	1 (0.3)	3 (0.8)	8 (2.1)	7 (2.0)	286 (74.9)	382 (100)
MPSB	29 (9.2)	1 (0.3)	0 (0.0)	3 (0.9)	0 (0.0)	1 (0.3)	282 (89.2)	316 (100)
Others	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	0 (0.0)	12 (100)	12 (100)
Total	97 (13.7)	10 (1.4)	1 (0.1)	6 (0.8)	8 (1.1)	8 (1.0)	580 (81.7)	710 (100)

Note: Bachelor degree: BA/BSC/B.Com/BCA/BBA; Engineering: BE/B-Tech; Medical degree: MBBS/BAMS

4.3.5. Occupation profile

Manual scavenging, as discussed in the literature review, is the most degraded occupation and the people belong to this community are considered as unclean, dirty and defiled by other castes in the society. The some section of the Dalit community who are engaged in manual scavenging in various ways are forced to do work for more the standard working hours, i.e. 8 hours a day; and most of them do not get any social security benefits and other benefits from the government of India. As far as the issues of the WMS are concerned, the Industrial Disputes Act 1947, the minimum wages Act, 1948, and so on are hardly materialised into reality by the NMC. By not translating these acts into reality, the NMC has thus far deprived the basic legitimate rights of the manual scavengers in general and women manual scavengers in particular (Vivek, 2000).

Out of the 710 family members of women manual scavengers, 372 (52 per cent) are found to have employed in the following occupation namely government job, owning shop, private job, and manual scavenging.²⁰ Table 4.21 shows that a mere 2 per cent of the employed family members are into in the government jobs; 3 per cent are into the small business by owning a shop, 37 per cent are found to be doing some private jobs. However, the majority of the employed family members (i.e. 57 per cent) are engaged in the job of manual scavenging. To note that the female members of the employed family members are highly concentrated in the job of manual scavenging whereas the male members are highly concentrated in the private jobs (see Table 4.21).

²⁰ The rest of the family members i.e. around 48 are not employed, and they comprises of children, young daughters, and old persons who are not into any kinds of job (see Table 4A.2 in Annexure to Chapter 4).

Table 4.21: Gender-wise distribution of work profile of family members of WMS
(Percentage)

Sex	Govt. job	Own shop	Private work	Manual scavenging	Total Employed
Female	2 (1.06)	0 (0)	34 (17.99)	153 (80.95)	189 (100)
Male	7 (3.83)	12 (6.56)	104 (56.83)	60 (32.79)	183 (100)
Total	9 (2.42)	12 (3.23)	138 (37.10)	213 (57.26)	372 (100)

Across the sub-caste, as is observed, the family members of traditional manual scavenging community (i.e. MPSB) have the higher representation in the job of manual scavenging compared to the family members of Mahar community, who are more into private job (Table 4.22). However, the traditional manual scavenging community have less representation in private jobs compared to the Mahar community, which seems that Mahar community is forced to take up manual scavenging because of the absence of other occupational opportunities.

Table 4.22: Sub-Caste-wise distribution of work profile of family member of WMS
(Percentage)

Sub-caste	Govt. Job	Own shop	Private work	Manual scavenging	Total
Mahar	1 (0.49)	10 (4.88)	101 (49.27)	93 (45.37)	205 (100)
MPSB	8 (5.03)	2 (1.26)	32 (20.13)	117 (73.58)	159 (100)
Others	0 (0)	0 (0)	5 (62.5)	3 (37.5)	8 (100)
Total	9 (2.42)	12 (3.23)	138 (37.10)	213 (57.26)	372 (100)

The caste-based distribution of works explains why a specific community does a particular type of work from generation to generation. For example, manual scavenging, as already discussed, is the caste-based imposition on some sub-castes of the Dalit or SC community who has traditionally been doing this since more than millennia. However, the Mahar (a sub-caste of the Dalit community) has a substantial representation in the job of manual scavenging (i.e. 45 per cent), though

they are not traditionally assigned to take up this job. Some important factors such as poverty, absence of alternative job opportunity, *inter alia*, determine how the Mahar are into the manual scavenging just few generations ago.

It is understood from the aforementioned discussion that majority family members of women manual scavengers are employed in manual scavenging and the female members have higher representation in the job of manual scavenging compared to male members of the scavenging families. In what follows, we discuss reasons for women to take up manual scavenging as an occupation.

Table 4.23: Rationale for choosing manual scavenging as an occupation

(Percentage)

Sub-caste	Rationale for opting manual scavenging job				Total
	After husband death I took up this job	Family condition is not good	I got job from ward member (card by member)	Traditionally working	
Mahar	15 (16.7)	61 (67.8)	14 (15.6)	0 (0.0)	90 (100)
MPSB	1 (1.7)	1 (1.7)	1 (1.7)	56 (94.9)	59 (100)
Others	1 (33.3)	0 (0.0)	2 (66.7)	0 (0.0)	3 (100)
Total	17 (11.2)	62 (40.8)	17 (11.2)	56 (36.8)	152 (100)

It is very much clear from Table 4.23 that the women from traditional manual scavenging community are into the job of manual scavenging because it is their traditional caste-based assignment imposed by the caste-system. However, in the case of Mahar community, the poor financial conditions of their families is forcing most of the Mahar women to join the dehumanising manual scavenging. As shown in Table 4.23, around 68 per cent of Mahar women are engaged in manual scavenging owing to poor family condition; and around 17 per cent are into this job after their husband death. It is thus understood that the deplorable family conditions is inducing especially the Mahar women to opt manual scavenging as a livelihood strategy.

Table 4.24: Sub-caste-wise distribution of secondary occupation

Sub-Caste	Secondary occupation?		(Percentage)
			Total
	Yes	No	
Mahar	11 (12.22)	79 (87.78)	90 (100.00)
MPSB	5 (8.47)	54 (91.53)	59 (100.00)
Others	0 (0.00)	3 (100.00)	3 (100.00)
Total	16 (10.53)	136 (89.47)	152 (100.00)

In addition to poor financial conditions, the absence of alternative livelihood opportunities also makes them do manual scavenging as is obvious from Table 4.24, which shows that around 89 per cent of women manual scavengers interviewed do not have access to any secondary occupation.

It is understood from the above discussion that the WMS those who are traditional manual scavengers are getting into the manual because of their hereditary call. On the other hand, the Mahar—the non-traditional manual scavengers are into manual scavenging because of their poor economic conditions. Apart from the poor financial condition, these WMS do not have any other livelihood assets such as land-holding, as already mentioned in 4.3.1, the majority of WMS interviewed (i.e. 93 per cent) do not own a piece of farm land-holding which could have the chance of diversifying them into the farming. Moreover, the majority of the WMS even do not have engagement with any secondary occupation. Therefore, the weak economic condition, lack of any livelihood asset, and the absence of alternative livelihood opportunity are in fact pushing the WMS in general and the Mahar in particular into manual scavenging occupation.

Now question arises: *Is the poor economic condition or poverty the solely driving the WMS into the manual scavenging? Why is there no alternative livelihood opportunity for these WMS? Why are they taking up only manual scavenging, why not any other jobs? Why is the absence of any livelihood asset also responsible for the involvement of these people in manual scavenging?* The discussion with the women engaged in manual

scavenging in the study area however reveals the following explanation to the aforementioned question.

When these people, i.e. the people who are engaged in manual scavenging, after getting educated, enter the labour market, they try their best to get the dignified jobs, but all of their efforts go waste, as they do not get any job because of their indelible tag of caste (Dalit). If they were from the upper-caste families they would not have undergone the discrimination and deprivation and they would not have thus ended up doing menial jobs like manual scavenging. The birth-identity (i.e., caste) is in effect assigning the caste-based occupations like manual scavenging, to the Dalit, even though they have all the capability and merit to get a respectful job.

The link between poverty and caste has the significant bearing on the life of the manual scavengers. In a border context, it is easy to understand how the poverty affects everyone; but, when the poverty comes along with caste, the complexity of intersectionality expands and adds more problems to the Dalits, who are located at the lowest rungs of the society. The poverty, caste, and Dalits (especially manual scavengers) are very much inter-linked; each one of them thus cannot be discussed independently.

As discussed, the undignified manual scavenging which is a caste-based imposition on Dalits makes them poor and vulnerable and thus plant them under the line of poverty. The poverty along with caste-discrimination, as will be discussed in Chapter 6, does not allow them take education. When they are not educated, they end up doing the menial jobs like manual scavenging. Moreover, if there are educated, as already mentioned, they will not get a respectable job because of his or her caste-affiliation; they are thus forced to take up the menial occupations like manual scavenging even though the job will take his life.

The government of India needs to maintain the cleanliness in the country, but the question arises: *who will clean of dirt of the country?* Then the answer of the government is the marginalised section of the society, who does not have any other livelihood opportunity. The society and the government, rather than generating new avenue for these people, are in fact forcing them to take up the caste-based forced occupations like manual scavenging.

There many women manual scavengers (interviewed) who are trapped into the above mentioned process of intersectionality. In this regards, Chanda, 38 year-old woman engaged in manual scavenging, has mentioned that “this work is the only work that we do not have to find, instead, people find us to do the work.” Today, even though poverty is an issue, the issues of caste and caste-based poverty are much bigger. It is still possible to somehow fight and win against poverty because there are no social shackles attached to it. A person is free to do whatever job she likes to earn her livelihood. However, when it comes to caste-based poverty, the social shackles are much harder to break which therefore makes a specific community, say manual scavengers, tied to the degraded task of manual scavenging.

4.3.6. Working conditions of WMS

There is no uniform process of manual scavenging undertaken by the manual scavengers in different Indian states. In the absence of any uniform practice, the women engaged in this work are treated as slaves who have to do whichever work is assigned to them and they have to complete the work without any complaint. There is no fixed-working hours for work of the women manual scavengers. The workload is arbitrarily fixed and it depends on the mood of the supervisor. During the election time, when there are election rallies or programmes of the politicians or other important persons, the WMS are called for extra works and even they are called for work at night-time if there are any programmes of the local governing bodies at night. They are never paid extra allowance and compensatory leaves for these over work-burden. When there are any religious festivals and programmes, these women are again over burdened with the extra works. Often one women manual scavenger has to shoulder the burden of the work of at least two-three WMS when the above-like situation comes. Moreover, the distribution of work and the time schedule of work are conditional upon the decision of the supervisor, other NMC members and local governing bodies. Despite the technological advancement in India, it is unfortunate that no attention has been paid to introduce machinery gadgets to reduce the burden of WMS and rehabilitate them from the inhuman work of manual scavenging.



Figure 4.1: Women manual scavenger at workplace



Figure 4.2: Woman manual scavenger at workplace



Figure 4.3: Woman manual scavenger with a loaded cart

4.3.6.1. Unscheduled Working Hours

The working hours of women manual scavengers differ from place to place; often it depends upon the supervisor and zone officer of the NMC. Most of the supervisors and officers hardly follow any rules or regulations of the government and the NMC. The scheduling and fixation of working hours is done in so irrational manner that these WMS hardly get enough time to take care of themselves as well as of their children. Anjana, aged 36, one among these WMS who shared her experience of abrupt working hours and its impact upon her family.

Any time whenever I am called for work, I have to go, since I am working on a contractual basis. Often during the festival times, I have to do overtime without any extra payment; hence, I cannot cook twice a day and as per my convenience, I cook once a day. Many a times, we have to take the stale food at dinner because I become so tired after the heavy workload at the workplace and I cannot prepare dinner. Further, when I do overtime I reach home late night; we have no option but to eat the old food cooked in the morning time. My children eat the same food; and they have to eat the stale food most of time, which tend to make them fall sick. (Anjana, age 36)

The unscheduled working hours have serious impact on the health of the WMS. The NMC and local bodies should fix the working hours according to the labour law and they must follow it. If there are any emergency-like situations the NMC should devise some alternative mechanism so that that these WMS will not suffer because of the abrupt working hours. The problem of unscheduled working hours is common to WMS in the selected area of the study. Most of the WMS shared that there is no fixed time at which they can go home; but for working time, they have to be more punctual, otherwise, they would be fired from work by their supervisor. It causes tension among all WMS if they do not reach to the work on time.

4.3.6.2. Long commuting distance to work

All interviewed WMS from the two zones are from different places of the Nagpur district. The NMC does not have any special logic of allocating working area to the women who travel a long distance to reach the workplace on time every day. The main attention here is to understand the difficulties of covering long commuting distance between home and workplace without getting late to the work. From the discussion with the WMS, it is understood that the commuting distance for most

of the women engaged in manual scavenging is around 10 to 12 kilometres every day. Many a times, these women need to a family member to take them to the work. Because of the long commuting distance, if any day they come late to the work, they have to bear the humiliations from the supervisors, as will be discussed in Chapter 6; they sometimes bear the salary-cut for the delay to the work owing to the long commuting distance. The WMS who commute very less kilometres every day are very less in number; these women commute between 1 to 3 kilometres every day.

In 2018 Dalip Hathbede, the member of 'Rashtriya Safai Karmachari Ayog' directed the Maha Nagar Palika to make the 'Samiti' for manual scavengers; and the major point he emphasised is to re-implement Dr Ambedkar Shram Safalya Yojana' to help the manual scavengers get their houses near their workplaces (<https://ournagpur.com/committee-for-problems-of-cleaning-workers>). The intension of the committee is good, but it would be more fruitful if it is actually implemented for the manual scavengers.

4.3.6.3. Safety measures or equipment provided to the NMC

As understood from our primary survey, the working condition of the women manual scavengers is precarious, as they do not apply any safety measure while working as manual scavenger. As Table 4.25 documents, the majority of women manual scavengers (i.e. 91 per cent) do not have any protective gear while doing the task of manual scavenging. However, there are some variations found across zones. In Ashi Nagar zone, around 15 per cent out of 152 women manual scavengers interviewed use protective gear whereas in Mangalwari zone only 3 per cent have protective headgear.

Also, the women manual scavengers from study area mostly are not given any mask to cover their faces; they rather use their own scarf to cover up their face, as shown in Table 4.26, which documents that around 95 per cent of women manual scavengers interviewed do not get anything to protect their face while doing the manual scavenging work.

Table 4.25: Protective gear provided by the NMC to the WMS

Zone Area	(Percentage)		
	Yes	No	Total
Ashi Nagar	11 (14.5)	65 (85.5)	76 (100)
Mangalwari	2 (2.6)	74 (97.4)	76 (100)
Total	13 (8.6)	139 (91.4)	152 (100)

Table 4.26: Safety measures adopted during work by the WMS

Safety measures	(Percentage)		Total
	Zone Area		
	Ashi Nagar	Mangalwari	
Not using anything to protect	4 (5.3)	3 (3.9)	7 (4.6)
Using own scarf to protect face	72 (94.7)	73 (96.1)	145 (95.4)
Total	76 (100)	76 (100)	152 (100)

4.3.6.4. Facilities at the Workplaces

There are no toilet and water facility at workplace for the women manual scavengers in the study area. Out of total women manual scavengers interviewed, 92 per cent and 94 per cent do not have access to toilet and water facility respectively at the work place, as shown in Table 4.27. However, the condition of toilet and water facility is worse at Ashi Nagar zone, compared to Mangalwari zone.

Table 4.27: Toilet and water facility at work place

Toilet facility at work place	Zone Area		Total
	Ashi Nagar	Mangalwari	
	Yes	2 (2.6)	
No	74 (97.4)	66 (86.8)	140 (92.1)
Total	76 (100.0)	76 (100.0)	152 (100)

Water facility at work place	Zone Area		Total
	Ashi Nagar	Mangalwari	
	Yes	2 (2.6)	
No	74 (97.4)	69 (90.8)	143 (94.1)
Total	76 (100.0)	76 (100.0)	152 (100.0)

The condition of women manual scavengers gets worse when they do not have any changing room and resting room facility at work place. It is quite apparent from Table 4.28 and Table 4.29 that 98 per cent and 97 per cent of total women manual scavengers interviewed for the study do not have access to changing room facility and resting room facility respectively at the work place. Especially, during the monsoon and summer seasons, the absence of changing room and resting room facility worsens the conditions of women manual scavenging in the study area.

Table 4.28: Changing room facility at work place

Changing room facility	Zone Area		Total
	Ashi Nagar	Mangalwari	
	Yes	1 (1.3)	
No	75 (98.7)	74 (97.4)	149 (98.0)
Total	76 (100.0)	76 (100.0)	152 (100)

Table 4.29: Special facility (resting room) available at work place

Special facility at work place	Zone Area		Total
	Ashi Nagar	Mangalwari	
Yes	0 (0.0)	5 (6.6)	5 (3.3)
No	76 (100.0)	71 (93.4)	147 (96.7)
Total	76 (100.0)	76 (100.0)	152 (100.0)

4.3.7. Monthly Income of the WMS

The income from the job of manual scavenging is not satisfactory and sufficient to meet the needs of the families of the women manual scavengers in the study area. Table 4.30 captures the monthly income of the women engaged in manual scavenging in the study area. It shows that around 43 per cent of the total WMS interviewed have the monthly income in the range from Rs.3000 to Rs.4000, which is hardly enough to meet the monthly requirements of the family of a WMS. As shown in Table 4.30, 49 per cent have the monthly income ranging from of Rs.5000 to 6000, which is again not sufficient to feed a family of four to five members of a woman who is engaged in manual scavenging occupation. As apparent from Table 4.30, almost 93 per cent of the WMS interviewed area are found to have earned a maximum amount up to Rs.6000 per month which is inadequate to meet their monthly expenses including medical and commuting charges.

Table 4.30: Monthly income of the WMS

Income range (Rs.)	Frequency	Percentage	Cumulative Percentage
3000 to 4000	66	43.4	43.4
5000 to 6000	75	49.3	92.8
7000 to 8000	11	7.2	100.0
Total	152	100.0	

The insufficient earnings of the women engaged in manual scavenging occupation in fact make them borrow from the informal sources, as they cannot afford to

provide any collateral to avail loan from the formal sources. As understood from the discussion with the women engaged in the task of manual scavenging, during the emergency (e.g. medical emergency) they tend to borrow from the informal moneylenders at a very unreasonable high rate of interest, which in turn make these poor women indebted.

4.3.8. Indebtedness

Women engaged in manual scavenging occupation are found to be burdened and indebted. Limited or fixed income from manual scavenging job is not sufficient to meet various needs or requirements of the women manual scavengers, they tend to borrow or take loan from various informal sources and thereby become over-burdened or indebted. As documented by Table 4.31, around 68 per cent of total women manual scavengers interviewed are found to have borrowed mainly for health issues, children-marriage, and other family needs. Moreover, these borrowings are mainly from informal sources; and of the total women manual scavengers interviewed, 30 per cent borrowed without any mortgage and around 38 per cent borrowed with mortgage. It is important to note that these borrowings are taken at very unreasonable high rate of interest (i.e. 10 per cent) which is in effect accentuating the indebtedness of women manual scavengers.

Table 4.31: Borrowings by sub-caste

Sub-caste	Type of borrowings			Total
	Borrowed without mortgage	Borrowed with mortgage	Not borrowed	
Mahar	24 (26.7)	37 (41.1)	29 (32.2)	90 (100)
MPSB	19 (32.2)	21 (35.6)	19 (32.2)	59 (100)
Others	2 (66.7)	0 (0.0)	1 (33.3)	3 (100)
Total	45 (29.6)	58 (38.2)	49 (32.2)	152 (100)

So far, the indebted WMS have not paid their debt completely. Out of these WMS, only 29 per cent cleared their debt; the majority have however not cleared their

debt completely – as documented in Table 4.32, 34 per cent cleared the half of their total debt, 25 per cent are paying some amount every month, and around 12 per cent have not paid any amount thus far.

Table 4.32: Repayment of debt by sub-caste

(Percentage)

Sub-caste	Amount debt repaid				Total
	Fully	half /less than half of total amount	Repaying every month some amount	Not repaid anything	
Mahar	16 (26.23)	24 (39.34)	15 (24.59)	6 (9.84)	61 (100)
MPSB	12 (30.00)	11 (27.50)	11 (27.50)	6 (15)	40 (100)
Others	2 (100.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (100)
Total	30 (29.13)	35 (33.98)	26 (25.24)	12 (11.65)	103 (100)

4.3.9. Government schemes or benefits

Both permanent and contractual woman manual scavengers in the NMC face challenges. Nonetheless, those on contractual basis have more problems such as lack of pension benefits, no health insurance, inadequate information about the available schemes or provisions for them, and most importantly the absence of union among the WMS, which could take up the issue of the women engaged in manual scavenging. There are unions for men to address the issues of men manual scavengers; however, there are no union of women manual scavengers to deal with their problems.

The women manual scavengers are also not found to have benefited from the government schemes and other benefits. The women who are engaged in manual scavenging occupation are not beneficiaries of various policies or schemes initiated for manual scavengers. For example, as Table 4.33 shows, the family members of women manual scavengers are not largely benefitted from pension scheme as only 16 per cent of total 710 family members are found to have availed the pension benefit. In addition, women manual scavengers are not aware of the several

policies or schemes designed for manual a scavenger, which is apparent from Table 4.34.

Table 3.33: Sub-caste-wise pension benefits received

Sub-caste	(Percentage)		
	Getting pension	No pension	Total
Mahar	48 (12.6)	334 (87.4)	382 (100)
MPSB	64 (20.3)	252 (79.7)	316 (100)
Others	2 (16.7)	10 (83.3)	12 (100)
Total	114 (16.1)	596 (83.9)	710 (100)

It is seen that around 97 per cent of women manual scavengers interviewed are not aware of any governmental scheme meant for them. Almost all the women manual scavengers from traditional manual scavenging community are unaware of any such schemes to be benefitted from.

Table 4.34: Awareness of any government scheme for manual scavengers

Sub-Caste	(Percentage)		Total
	Aware of govt. schemes		
	Yes	No	
Mahar	5 (5.6)	85 (94.4)	90 (100)
MPSB	0 (0.0)	59 (100.0)	59 (100)
Others	0 (0.0)	3 (100.0)	3 (100)
Total	5 (3.3)	147 (96.7)	152 (100)

4.4. SUMMARY OF THE CHAPTER FOUR

The sample of the study reveals that the WMS are mostly coming from two religious groups – Hindu and Buddhist. These women are largely hailing from the Dalit or SC community, and the OBC has infinitesimal presence in the manual scavenging occupation. Of the Dalit community, Mehtar Pardesi, Sweeper, and Balmiki (MPSB) who are the traditionally involved in the work of manual scavenging, are belonging to the Hindu religion whereas Mahar, the non-

traditional manual scavengers, are the Buddhist. The Mahar WMS has the major representation, i.e. 59 per cent in sample of the study, which is followed by the traditional WMS with 39 per cent and the OBC with 2 per cent.

With respect to their dwelling, these women are living in very deplorable conditions. Since they are not accepted by the mainstream society, they are destined to live in the much segregated and secluded colonies with degrading names such as *Chamar nala*, *sweeper basti*, *sweeper colony*, *pardesi moholla* and so on. These humiliating names of their colonies in effect perpetuate the stigmatisation of the women engaged in manual scavenging occupation.

The most of the WMS reported to have their own houses, which are pucca and semi-pucca in nature. Nonetheless most of the WMS are living in a very congested housing condition as they are forced to live in one-two room housing and do not have the separate space for cooking facility. These houses of these women are located in areas where there are open drainages, open defecation, absence of medical facility, absence of anganwadi and convent school, no pucca roads and so on which make the life of these people very deplorable, the similar housing condition of the manual scavengers was highlighted by the report of Participatory Research In Asia (2018).

In addition to the deplorable living premises, there is inadequate drinking water facility at these living areas. Most of the families of WMS (around 51 per cent of the total sample of WMS) rely on public water tap, private tanker and neighbouring water tap for the drinking water. Further, the public water taps are located near the drainage, which reduces the quality of the safe drinking water.

The education level of the women engaged in manual scavenging is very abysmal, as the majority of them have not completed beyond 10th years of education. The poor education of these women was mainly attributed to their poor financial condition. Not only do these women lack good education, but they do also not have any livelihood asset such as land-holding which is obvious from the fact that more than 93 per cent of WMS interviewed lack the firm-land holding that could have expanded their livelihood opportunity.

With regard to the occupation detail, the majority family members of the WMS are found to be employed in the task of manual scavenging; the female members of these families are more into manual scavenging compared to male members who are mostly into other private occupations, which are again menial in nature. Besides, the traditional manual scavenging community has more representation in the manual scavenging compared to the Mahar community. As observed from our analysis, three factors such as absence of firming-land, poor financial conditions of family and absence of any alternative livelihood opportunities owing to indelible caste-tag tend to force the Mahar women to take up the manual scavenging as a livelihood option. The similar to our finding, the studies by Wilson and Singh (2017) and Singh and Ziyauddin (2009) established how the caste-tag of the Dalit-women is not allowed them to switch over to other dignified jobs.

Women manual scavengers have very risk and vulnerable working conditions at work place. As observed from our analysis, because of unscheduled working pattern of the NMC, most of the time, the WMS are forced to do overtime for which they do not receive any extra payment. Further, the women engaged in manual scavenging tend to commute long distance every day, as the NMC does not have any logic of allocating working area among the WMS. Most of the WMS interviewed do not get any protective gear or safety measures from the NMC for the work of manual scavenging; and they instead use their own scarf to cover their face while doing the work. Furthermore, there are no toilet facility, (drinking) water facility, resting or changing room facility at workplaces of the WMS, which tend to make them prone to several gynaecological problems such as UTI and other urine related health problems.

As far as earning from the manual scavenging is concerned, the monthly income of the WMS is very abysmal, as around 43 per cent of the WMS who were interviewed are found to have the monthly income ranging Rs.3000 to Rs.4000. Almost 93 per cent of them are found to have earned a maximum monthly income up to Rs.6000. This insufficient earning is in fact inadequate to meet the monthly expenses of the WMS including medical and commuting charges which in effect makes them remain indebted as around 68 per cent of the total sample WMS are found to indebted to the informal lending sources.

Finally, the women engaged in manual scavenging are not benefited from the government schemes. Almost 97 per cent of the interviewed WMS from the study are even unaware of any government scheme devised for them. The information asymmetry with regard to the government schemes in effect make the WMS deprived of the several public schemes or polices devised for them.

CHAPTER FIVE

HEALTH ISSUES OF THE WOMEN MANUAL SCAVENGERS AND THEIR UTILIZATION OF HEALTH SERVICES

This chapter details the health issues – illnesses which women manual scavengers face, safety measures adopted by these women, and how the nature of work makes them addicted to tobacco and other intoxicants. It deals with how the women manual scavengers are accessing and utilising the health care services, and discusses the problems that they face.

This chapter is organised as follows. Section 5.1 and 5.2 analyse the health issues faced by women engaged in manual scavenging; and here we discuss the hazardous exposure and related health problems, and gynaecological and pregnancy related health problems of women engaged in manual scavenging. Age and mortality of the WMS in the study area are presented in Section 5.3. Section 5.4 reports the kind of safety measures adopted by women manual scavengers. Section 5.5 analyses how the WMS tend to get addicted to intoxicants (e.g. tobacco or *gutkha*) Access and utilisation of health services by the WMS employed in the NMC are studied in Section 5.6. The health insurance among the WMS is discussed in Section 5.7. The last Section summarises the findings of this Chapter.

5.1. HAZARDOUS EXPOSURE AND RELATED PROBLEMS

The task of manual scavenging and the close contact with excreta, garbage, waste, etc., exposes the WMS to hazardous substances and several dangerous or infectious bacteria and thus makes them contract a number of health problems. The interviews bring out the misery of the women engaged in manual scavenging. While explaining the relationship between manual scavenging and their illness Shiela (age 49) aptly stated, “When we do Chappan (fifty-six) kinds of work, we are bound to contract chappan (fifty-six) kinds of sickness. From head to toe the whole body is full of diseases.” These lines indicate that the women engaged in manual scavenging are bound to suffer from several diseases since they come in touch with a variety of waste or garbage while doing the manual scavenging. In a similar line, Shyamala explained:

Dirt and sickness are twins. For many females like us some or the other kind of sickness is inevitable and it won't leave us till our death....Cold, cough, and injury are persistent. During monsoons cold, cough and fever and during summers we are affected with heat and burning of urinary tract. (Shyamala, age 37)

As apparent from the above narrations, the WMS cannot escape from the illness since they have the daily association with dirt. These women face a number of illnesses because of their work. We however try to capture quantitatively the recent morbidity that the women manual scavengers faced. Thus, only one sickness is considered which was of major concern to them in the recent past.

Table 5.1 shows a number of health problems in the recent past that affect the women manual scavengers employed in the NMC. Around 28 per cent of total women manual scavengers are found to have suffered from skin infection, followed by 22 per cent who have experienced urine infection, 15 per cent have severe body ache, 14 per cent have the eye-infection; 13 per cent experienced headache, and the rest happened to have fever, cold and cough.

Table 5.1: Health problems among women manual scavengers

Type of illness	Frequency	Percentage
Skin Infection	42	27.6
Body ache	23	15.1
Eye Infection	22	14.5
Headache	20	13.2
Fever, cold and cough	12	7.9
Urine infection	33	21.7
Total	152	100.0

In what follows, we present the some narrations with respect to these illnesses experienced by the women engaged in manual scavenging in the NMC.

5.1.1. Skin Infections

The major health problem seen among the individuals engaged in manual scavenging is skin infection as found by studies Ramaiah (2007), Singh and Ziyauddin (2009), and Darokar (2005), among others.

In our primary survey, 42 women involved in manual scavenging, as mentioned above, shared their experience of manual scavenging and the resultant skin infection. These women are found to have experienced several skin infections because of their occupation of cleaning dirt or filth on roads and other public places (e.g. public toilets, small open drainages and so on). We present some cases of skin infection experienced by women manual scavengers in the NMC. One woman named *Vimala* who works in the NMC as a manual scavengers (or safai karamchari) shared the following experience.

When I clean public toilets, all the dirty water falls on me. The public toilets are very small where I have to clean excreta; and it is very difficult to do cleaning in such a small place. I have been cleaning the toilets since a long time; now there are big patches on my hand. These patches are very painful and unbearable; most of the time I have to scratch them to get relief. Not only are there patches on my hands, I also have patches on my legs; and they there are itchy. Sometimes, I feel so itchy that I cannot bear, I have to apply comb to rub my hands and legs to get relief from the itching. I consulted a doctor who gave me some medicine; when I told the doctor about my work, I did not receive any kind response from him. The medicine prescribed by the doctor is so expensive which I cannot afford to buy it always. Now the situation is worse, maybe this infection will go along with my death only. (Vimala, age 53)

Similar to the experience of *Vimala*, some women who are engaged in cleaning open drainage in the Ashi Nagar zone have expressed their problems of skin infection as follows.

Ankita (age 36), Sudha (age 45), Suman (age 48) and Lata (age 52) shared:

The whole area of Samta Nagar where we work has the open drainage system in which residents litter all waste and garbage. We are assigned to clean these drains every day. No

male worker comes to clean the drainage as they are deployed to clean big open drainage and sewage. Without any protective instruments, we clean public streets and drainages, which make us vulnerable to skin-infection and skin-diseases.

The skin diseases are generally caused by viruses, bacteria, germ and fungi which live in drainage water and dirty garbage. The WMS are likely to be infected by the aforementioned items and are thus bound to have several skin-injuries and skin-infections such as patches on their hands and legs, boils on skin, reddish skin with rashes and dryness, patches with deep injuries, skin scrapes and allergies and bruises and so on. There are some cases of skin-infection wherein the WMS failed to sustain as manual scavengers because of severe skin-disorder. In what follows, we present one of such cases. Shanti, a manual scavenger from Ashi Nagar zone says:

I have been working in NMC as a contractual worker for the last 22 year. My work was to clean the road and hospital-side area; after collecting the waste from these places I had to pull the cart loaded with dirt and garbage to the dustbin collecting place. Near the hospital area, most of the wastes were empty medicine bottles, medicine rapper, broken injection, needles, syringe and some packets of waste. I used to collect these wastes and put them in cart for disposal. Many a time, I came in contact with medical waste (e.g. some kind of liquid) while collecting these wastes; and I used to get hurt and irritation because of my association with the medical waste; and I tended to neglect this problem, which resulted in occurrence of boils on my face, hand, legs and stomach. Earlier, these boils were so smalls, gradually when they grew bigger; they are so painful and unbearable. When I consulted a doctor, I came to know because of my association with the poisonous liquid while collecting medical waste I got these boils on my body. Now the situation is worse; I am suffering from these boils on my body; I am no longer able to do any work. It has been long time since I took leave from the work; I am sure I am not going to get the work again. I am also not able to work in this situation; my life is spoiled. (Shanti, age 49)

5.1.2. Urine infection

Urine infection is the second most prevalent health problem seen among the women manual scavengers interviewed in the NMC. There are three reasons such as lack of drinking water facility, absence of toilet facility and usage of sanitary

napkin for longer hours, which are seen to have caused urine infection among the reported women manual scavengers. These reasons are described below:

Lack of drinking water facility

Inadequate water intake is one of the major reasons for urine infection among the WMS. The WMS who had urine infection reported that they do not have access to drinking water near the working area. Although they carry water bottles, it is difficult to manage with one bottle of water throughout the working hours; and they hardly get a shop or other household nearby to fill water. The insufficient water intake among the WMS leads to serious health problems. The women engaged in the task of manual scavenging throughout the year. However, during summer, these women tend to face serious health problems such as kidney stone, Urinary Tract Infection (UTI), burning sensation while urinating and so on.

The women manual scavengers who suffered from the urine infection reported the unavailability of water to be the primary reason for the same. In this regard, a WMS has following to say:

In summer, I cannot bear the burning sensation while urinating. Sometimes, I feel I should not go for urination, as it is difficult to tolerate the pain. Many a time, the water gets over then where we will get it. The government has not opened any drinking water tap for us near the working places. Some good people sometimes offer water to us; however, no one does charity every day; and particularly in the case of manual scavengers, people even hesitate to offer water when they see us. (Kavita, age 44)

Water and food are the basic necessities for human beings. There is difference between drinking water and safe drinking water. The data and responses from the field setting found that there is visible distinction between the availability of drinking water facility for the WMS at work places. It has been observed from the field that the WMS have the access to drinking water from the water tap located in open space and consumption of direct tap water further accentuates the health issues of the WMS. This tap water does not fit the classification of safe drinking water system. This reason among others could be associated with UTI suffered by the reported WMS in the study area, i.e. NMC.

Absence of toilet facility

It has already discussed in Chapter four that there is hardly any toilet facility at the workplaces of the women engaged in manual scavenging. Absence of toilet facility at the workplaces affects the health of women manual scavengers very badly. Like men, women do not exercise the freedom of urinating anywhere in the open spaces because of the cultural imposition; the absence of toilet facility in effect makes them resort to the open and unhygienic space for urination which results in several urine-related health problems, say UTI. For instance, these women while cleaning dirt or waste from the road tend to use unhygienic space which is the cause of urine infection among 22 per cent of total WMS interviewed, as documented in Table 7.1.

With regard to the absence of toilet facility near the workplaces, we have however presented some narrations of the WMS who happened to have suffered from UTI.

We clean dirt of the society, but for us there no toilet facility at our working places. When I got UTI I consulted a doctor and she suggested me to use clean toilet; I did not say anything to her; but I thought when we do not get even toilets at the workplace; what is the point of talking about the clean or dirty toilet. It does not matter to us whether the toilet is clean or dirty, as we do not have toilet facility at work. This is our situation that is the cause of frequent UTI among us; and because of the UTI I often lost wages as I was not able to work, and there is no toilet at the work place. Partibha, age 42)

There is one public toilet at my working place which does not have any water facility; and the condition of other public toilets is the worst. I had UTI six times; each time I took medicine and took rest at home. When the situation is severe, I cannot bear the pain then I stay at home, otherwise I usually go for the work. Many a time, I suffered from stomach pain and bled while urinating because of the UTI. My friends and relatives say 'I do not have child because of the persistent UTI'. I have also undergone a lot of treatment; still I do not have any child. (Muniya, age 38)

These narrations explain how the absence of toilet facility has led to frequent UTI problems among the women engaged in manual scavenging at the NMC. Again, the absence of hygienic toilet facility is another important factor accentuating the problem of UTI among these women.

Usage of sanitary napkin for longer hours

The usage of sanitary napkin for longer hours was cited as an important cause of UTI among the WMS employed in the NMC. The usage of sanitary napkin for longer hours leads to itching around vagina, reddish and swelling near urine place, and lower abdominal pain. The WMS use the sanitary napkin for longer time because of the absence of toilet facility and resting rooms at the workplace they cannot change their sanitary napkins which leads to serious urine infection, UTI and other urine-related diseases among them. The following are some narrations with respect the problem of urine-infections among the WMS. Kanchan (age 42) says that

I have been in this job since last 15 year. I come by a bicycle to the work routinely. I have got urine infection many a time which I cannot count. When go a severe urine infection for the first time, I consulted a female doctor. She explained me that 'since I am not changing pad frequently during the menstruation I get this urine infection'. I come to the work at 6 am in the morning and work till 5 pm in the evening; and I hardly change the pad during this period. I observed that when I use the same pad for the whole day, I tend to get bad smell from my vagina and irritation around the urinal area. The urine infection is so irritating and painful as I get burning sensation while urinating. Initially I was thinking I am getting the urine infection because of my regular cycling to work. But, from the doctor I understood it is because of the usage of sanitary napkin for the long time at the work place I am getting this urine infection.

Similar to the case of Kanchan, many other WMS who have experienced the painful urine infection, and Kiran (age 36) is one among them who shared her experience with UTI.

I have been working as a manual scavenger since last 10 year. Initially I used to use cloth during my menstruation period; when I found difficulty in changing the cloth during the working hours, as there is not toilet facility at the work place, I shifted to using sanitary pad. After some months, I got urine infection, and I could not find the reason for it. Later I thought maybe it was the quality of sanitary pad which caused the problem; then I shifted to using another brand sanitary pad. Nevertheless I faced the same problem; I felt terribly burning sensation when went for urination. When the situation was out of my control, I went to see a doctor who prescribed me some medicine. I took the medicine then I was okay. Again when I had the urine infection, then my colleagues told me that they also faced this

problem; and they told the reason for this problem is the using of sanitary pad for longer time period.

Many other WMS who reported to have faced the problem of UTI or urine infection have also cited the three aforementioned reasons behind the urine infection among the WMS employed in the NMC. They also asserted that the urine-related problems are the by-product of their association with the dirtiest job of manual scavenging.

5.1.3. Body ache

Body ache is another health problem, seen among 15 per cent of total WMS interviewed for the study. These WMS clean the long distance road, colony areas, school and hospital premises, slum area and so on, and they collect waste, garbage and dirt from these areas and load them into the cart, and then finally pull the loaded cart to the main garbage collecting centre which is very far from the working places. Every day they have to walk a long distance in pulling the heavy loaded cart of garbage; and because of this strenuous job they tend to suffer from severe body ache or pain and some of them mentioned that they find it difficult to move their legs for some time. A WMS, named Seema (age 46) narrated this problem as follows:

The garbage collector is so heavy since it is made of iron; then we pull all the garbage including deal animals, wet garbage, waste-vegetables, wet leaf etc. We have to pull this heavy loaded cart for a long distance. After cleaning all the roads and streets, we become very tired, still we have to carry this heavy loaded cart through a long and damaged road. This is a very worse situation that we have to face every day. The carrying of heavy-loaded cart creates serious health problem among the WMS. Similar to my case, many of the WMS cannot sleep at night because of the body pain, many a time, the body pain is worse; we cannot sense our legs or fingers, which become senseless.

This kind of response comes from the WMS who have undergone severe body ache because of the over burden of work. Along with the heavy workload, inadequate and improper food intake in effect worsens the situation of women engaged in manual scavenging. Another WMS also shared her excessive workload as well as her severe body ache due to the workload.

Kamal (age 42) said:

Compared to construction workers, we do more work every day. We clean the long roads and other public premises and collect all garbage and waste from each place and load them into the cart; then pull the loaded cart for disposal at the dumping place which is far away from our workplaces. We have to do this work in all the seasons without compromising the quality of work. At the end of the day, I feel as if I have broken my body completely; I feel so weak and body pain is unbearable; but whom to tell. If the NMC allocates the work in a reasonable manner, it would reduce our body little bit. Instead of reducing the excess load of tasks, it imposes a lot of cleaning tasks on us.

Further, one more case has captured the suffering of women involved in the extreme workload of cleaning and sweeping at the NMC.

Every day, after collecting waste, we have to pull the cart loaded with garbage from our workplaces to the dumping zone where again we load the waste into the garbage truck for final disposal. Because of the heavy workload, my whole body aches, and I cannot sleep at night; now I am habituated with this body pain. If the NMC could arrange one garbage vehicle for each area, the vehicle could collect garbage directly from our working site, then it would reduce our workload and body ache as well. (Durga, age 51)

There are many other cases which have also showed the health problems (body ache) of women who are engaged in sub-human manual scavenging.

As already observed, around 14.5 per cent of WMS happened to have eye-infection. These women because of the task of sweeping and cleaning they are more exposed to dust on the roads and other public premises that in fact lead to eye-irritation and eye-infections among these women. In addition to the above health problems, there are some WMS interviewed (around 13 per cent) who experienced severe headache; and around 8 per cent happened to have suffered from persistent cold, cough and fever. As understood from the interactions with the WMS who have undergone these health problems, particularly headache, cold, cough and fever reveal that because of their work they are exposed to waste, garbage, excreta and bad weather that in fact make them prone to several infections and thus make them suffer from these health problems stated above.

In addition to the above discussed health problems, other health hazards which a woman engaged in manual scavenging can get are the musculoskeletal disorder and cuts and injuries which are discussed as follows.

5.1.4. Musculoskeletal Disorder

As quantitatively observed from the primary survey, there are around 34 per cent of the WMS interviewed happened to have suffered from the occupational hazards such as musculoskeletal disorder.²¹ These WMS experienced the musculoskeletal problems, viz., osteoarthritic changes and intervertebral disk herniation. These are medical terms where the weakness and injury can cause the inner portion of the disc to protrude through the outer ring. This is more popular as a known as a herniated and prolapsed disc which cause pain and discomfort.

They become very weak because of the workload and pulling of heavy cart loaded with garbage for long time, and they tend to experience this musculoskeletal disorder problem. With regard to this health hazard, the WMS shared the following.

The way I am working every day, I know what would happen to my life at the end. I am now used to the painful and hard work. I have the leg-ache or leg-pain every day. I work all the day from morning to evening with all situations; when I go to bed, I get the worse pain in my body which is difficult to tolerate. I cannot sleep at night, as the pain keeps me awake. I cannot ignore the pain which is killing me every moment. (Kanta, age 48)

The problem of musculoskeletal disorder among the WMS is connected to their dehumanising working conditions. The manual scavenging is a danger and very risky job, and particularly manual scavenging like entering manholes and sewage are most dangerous in nature. The manual scavengers are said to have experienced fractures, sprains, dislocation and direct blows to the muscles that can lead to musculoskeletal disorder.

²¹ Musculoskeletal Disorder comprises the injuries and disorders which affect body movement or musculoskeletal system (i.e. muscles, ligaments, nerves, discs, blood vessels, and so on) of an individual.

5.1.5. Cuts and Injuries

Cuts and injuries is the another occupational health hazard faced by the women engaged in manual scavenging work. When the WMS were asked about what kind of health hazard they encounter while working, around 22 per cent reported the experience of cuts and injuries caused by broken glass pieces, rusted nail, pin, used injections, needles, blades and sharp metal pieces etc.

People throw everything including all broken glasses and injection syringe. They never think these are harmful to others. One day while cleaning and collecting garbage from the road my hand was cut by the broken glass. I started having very bad bleeding and I was in so much pain. My colleague immediately called our supervisor. I got permission from the supervisor to go to hospital, and I went to the hospital for treatment. The doctor gave me on injection and applied bandage on my injury. The good thing was that two of my colleagues accompanied me to the hospital and they helped me to stop the bleeding from my hand. Now if you check you will find the tattoo of cuts on my hand. This is the memory with me. (Devi, age 40)

Like the above case, many other women have expressed that the hazardous working conditions have adversely impacted their life. The difference between major and minor injury depends on the healing process time and how long the injury has influenced the health status of women manual scavengers. However, few experiences can clarify the difference between major injury and minor injury.

When I am at work I usually get minor cuts in my hand and legs; especially when I collect the garbage and waste manually by hand from the local places I tend to get cuts in my hands. I remember, once while collecting garbage from the colony premises, I accidentally cut my hand; it was a serious cut which took long time to be healed. I had to visit doctor every day for dressing of my wound. I was not able to work because of the wound, I had however no option but to continue work with that injury. (Sheelpa, age 30 year)

Like Sheelpa, there are few more incidences shared by WMS when they got major injuries that took long time to recover from the injuries. In what follows, we present some more narrations.

When I was working at Pardi side, my main job was to collect all the waste and garbage from the market area where hardware and motor repairing shops were mostly located. Usually we clean the road in the evening and we collect the garbage in the morning. It was winter time, in the early morning when I went to dump the garbage at one pit I accidentally injured my foot

with a sharp object as could not see the pit. I was in great pain and I felt like dying of the pain. Then, the other co-workers come they took me out of the waste dump; I saw the skin of my foot was torn apart as one big tin piece was inserted into my foot. I could not bear the pain and felt unconscious. The supervisor took me to the Meyo hospital. The foot injury led to a lot of bleeding and I was not well for several weeks. I could not work for two weeks; even after two weeks, I was not able walk properly; but due to the fear of losing job, I had to continue the work. (Sushila, age 46)

Sushila shared her health problem which made her incapable to walk properly even after ten years of the accident. As mentioned, the injuries and cuts are seen to have experienced by more than one-fifth of the sample members of the study because these women start the work in the early morning and they are supposed to present on time, otherwise they may lose their job. The fear of losing their job forces these people to come to the work in the early morning and thus make them suffer from the above stated incident. There could be possibility of meeting accident (e.g. a vehicle can hit them) when they begin their work early in the morning.

It is apparent from the above examples that individuals, particularly women, engaged in manual scavenging tend to suffer from several occupational hazards, which can affect their family and health very badly.

5.2. GYNAECOLOGICAL AND PREGNANCY RELATED HEALTH PROBLEMS

Enabling a health-friendly environment for women, especially because of their biological cycles such as pregnancies and menstruation, has been discouraged by the government for women manual scavengers. All the WMS interviewed responded negatively when they were asked about whether their gender disable them at work. However, a different picture emerged when they were asked about how they are coping up with their menstrual cycles at work, and how these cycles have impact on their health. In what follows, we are going to present some cases which show the major lacuna of the NMC, the Maharashtra government, and Nagpur health system which are completely ignoring the health concern of WMS.

5.2.1. Menstruation Problem

As already discussed, around one-fifth of the total WMS interviewed are seen to have had several urine-related health issues because of unavailability of water and toilet facility at work places; and they even do not get any reprieve from the workload when they have their menstrual cycle. The following includes some narrations of the WMS with regard to their menstruation problem.

During the menstruation period, for the first time when I had to hold the cart, my hands trembled, I did not know it would be so heavy. However, after some time, I became used to pulling the heavy cart. Now I can pull something heavier than I can even during my monthly period. (Savita, age 39)

Like the above case, many other WMS have undergone serious physical and mental pain during their menstrual cycle. In what follows, we present how the WMS are dealing the task of manual scavenging while having their painful time of menstrual cycle.

In the beginning of my period I have felt pain; but, for the last few years I have started experiencing so much pain during my menstruation period; for the first two-three days, I am getting stomach cramps which I cannot bear; sometimes I am so scared lest I fell down because of the dizziness, I would meet with an accident then what would happen to me. Sometimes I get so heavy haemorrhage (flow of blood), and I need to change pad for four to six times a day; but the question is where I will change my pad since there is no toilet facility at the workplace, and no one will always allow us to use her washroom. In this situation, we do not have any option; most of us therefore go to bushes near the working area to change the pad. Anjana, age 36)

Menstruation period brings a lot of difficulty; we have to work throughout the day. Many a times, during summer, because of sweating our vaginas and vaginal area become swelled; it becomes itchy and we feel burning sensation while urinating. (Seema, age 38)

A WMS also mentioned that when during her menstruation time has to change the sanitary pad; unfortunately, she does not get a break to change a sanitary napkin or pad. This in fact worsens her health as she is going through the monthly period. First, she tends to request the other WMS to do her job for few hours so that she can go and change her clothes; but the threat of the supervisor never allow the co-worker to help her during the menstruating period. With respect to the

menstruating problem of women involved in manual scavenging, she shared with us the following:

That day I felt worse than I have ever felt before. Without informing the supervisor, I left the work place and went home. I was so scared because I did not inform my supervisor, but the humiliation owing to the stain on clothe was worse than the scolding from the supervisor. Next day, when I joined the work, the supervisor scolded me very badly and deducted my one-day salary. He said if you cannot work, sit at home, why are you troubling us. That day, I felt so insulted but I did not reply to the supervisor because I needed the job. (Vimala, age 41)

The psychological pressure, which is borne by a woman, is not a new thing at all. However, for women engaged in manual scavenging, when the situation as stated above occurs, nobody can understand how he or she feel humiliated and tortured physically and mentally. At least, they can think about the burden of dirt they clean; however, when the time comes for cleaning their body dirt, they cannot think about it; and nor they have right to take a break to do so.

The discussion with the WMS reveals that they really find it difficult to work during their menstrual cycle as they tend to get stomach cramps, rashes because of longer usage of sanitary napkin, urine infection, dizziness, weakness and so on; nevertheless, they are bound to do manual scavenging, there is no relief from the work irrespective of their health situation.

Before the onset of menstrual cycle and during the cycle, the WMS are reported to have several problems such as problem of white discharge, itching, burning, irritation and so on.

5.2.2. White discharge Problem

Among the various gynaecological problems, the second important problem is the white discharge, a serious health issue which has been found among the WMS interviewed at the survey area. It is a serious disease seen among the women. Few gynaecological surveys show that all type of white discharge are symptom of disease but they differ in severity and the signs of seriousness of comprises yellow and red discharge, profusion, foul-smell and its presence in urine (Gittelsohn *et al*, 1994). Gittelsohn *et al* (1994) regard white discharge as a chronic disease, which

drains off energy and blood from the body, leading to severe weakness and eventually to death.

The WMS have shared their experience and perception about the white discharge problem, and how they deal with this health problem. Most of the women manual scavengers who were interviewed revealed some terms for 'white discharge', viz., *pandhara pani*, *angawar jane*, and *kapda jane*, which are referred for white discharge problem. We in what follows present the brief description of these terms which are otherwise referred for white discharge.

Pandhara pani: The Marathi name '*Pandhra Pani*' itself explains the white discharge problem. It is whitish in colour and it is a heavy flow coming out of the body. This *pandhra pani* leaves white stain on clothes and it makes the underclothes wet and have very bad smell.

Angawarun jane/Kapda jane: *Angawarun jane* or *Kapde Jane* are also referred for the white-discharge problem and they have got similar symptoms like *Pandhra pani*.

The above terms are locally referred to understand the problem of white discharge in Nagpur district of Maharashtra. When the WMS from the study area were asked about this gynaecological health problem, i.e. white discharge, some of them shared their experience as to the problem of white discharge. Most of these WMS reveal the following causes of the problem of white discharge among the WMS at the study area.

- i) Weakness (*Kamjori*): Most of the WMS reveal the similar causes for white discharge problem. The heavy workload and unhygienic place for urinating are the exclusive reasons behind the white discharge problem among the WMS. Since the WMS, as already mentioned, generally use the open and unhygienic place for urinating, they tend to come in close contact with a lot of bacterial infection which makes them suffer from serious gynaecological problems, say white discharge.
- ii) Excess heat (*Ushnta*): Some WMS responded that excessive heat may be caused by inherent body constitution. Some women tend to have a lot of heat in the stomach which results in white discharge.

- iii) Childbirth and abortion: Some WMS said that white discharge often starts after the childbirth and abortion. The loss of blood after the childbirth or abortion and eventual weakness leads to the problem of white discharge among these women.
- iv) Tension and stress (*Chinta ani Aswasthata*): A few WMS mentioned that the stress and tension are also major cause of white discharge. As revealed by them, when they are so tensed and stressed, they happen to suffer from serious white discharge problem.

Most of women manual scavengers felt shy to discuss about the white discharge problem openly. Though they discussed about the menstruation problem and their reproductive health issues openly, they hesitated to reveal the issue of white discharge (*Pandhra pani*). One WMS was very shy and felt guilty about sharing the problem of white discharge, nonetheless, she revealed meekly about the problem:

For many days I had white discharge, I felt so weak. I could not share this with any one because I did not know the mentality of people, how they would react to it. If I share this with my husband he will start living with other women. This is the reason why I did not tell anyone about the problem of white discharge. When I started getting bad smell coming while urinating, I became very weak; the situation was going out of my control, then I decided to tell my colleague. I spoke to her very reluctantly ('Bhit, bhit bolale'). First, we visited a private hospital where we did not get a lady doctor to see my problem; then we tried with other option as we wanted to see a lady doctor with whom I can share my health problem without any hesitation. I consulted a gynaecologist near my working area and I took treatment from her. However, prior to visiting a doctor, I applied home remedy (e.g. gharguti or gawathi upay) like juice of leaf to my vagina. (Kaveri, age 43)

The aforementioned narration shows overall lack of social understanding and negative perception about some illnesses which are genuinely serious in kind; and every woman should be aware of it and need to be open to discuss the problem like white discharge. The perception of WMS with respect to white discharge issue is not different from other women, but the impact of this health problem is more dangerous if they do not discuss it with anyone. When few WMS were asked about why they did not talk about the white discharge with anyone, and why they did not consult a doctor who are available near their home or working area; they replied in the following manner:

“This is very shameful thing, how will we discuss with anyone. In addition, what is the guaranty that the person with whom I share my problem will keep it confidential? Even I am not sure about my families how they will take my problem and how they will response me. I am feeling afraid and not interested in discussing it with anyone except the female doctor and she should not familiar with others then at least I can share my problem with her”. Reena, age 48)

It is understood from the above that women manual scavengers are scared to share their gynaecological problem with any familiar individual, but they can share it with the doctor since the doctor is a stranger and will maintain secrecy about their health problem.

5.2.3. Miscarriage

The gynaecological illness is accorded very little importance in our society because it is a women-specific health issue, and our culture gives more space to man who takes all the decision of woman including her health problem, it does not give any space to woman, even to take decisions about her health problems. That is why most of the women who face reproductive health issues never talk about them openly. Pregnancy and miscarriage are important health issues among WMS. In this regards, Vanita, 38 year-old manual scavenger, shared her painful experience here:

In the third month of my pregnancy, I became very weak, still I had to clean so many places in a day, and to pull heavy loaded cart from one place to another. One day when I was at work, I started getting heavy bleeding and pain in my uterus, I was so scared, and I was taken to hospital. When I reached hospital, I found my sari completely wet by blood. The doctor did the check up and I came to know that I lost my baby. That day, I thought that if I did not pull the heavy cart at work and took care of myself I could have saved my child. After the incidence, my husband scolded me and he did not talk to me for many days. However, the second time when I got pregnant, I took care of myself and I delivered a boy. (Vanita, age 38)

It is seen that WMS carry *topali* (tokari) loaded with all garbage and pull the heavily loaded cart every day. Even during their pregnancy, they are not spared; they have to do all such hard work which leads to several health problems such as fever,

weakness, breast abscess, anaemia, heavy-bleeding, less-appetite, miscarriage and premature delivery and other gynaecological problems.

5.3. AGE AND MORTALITY

The primary data shows that most of the women involved in manual scavenging hardly continue working after the age of 50 as they are unable to do manual scavenging after reaching old age. Table 5.2 that documents the age of the women engaged in manual scavenging profession. It is seen that 68 per cent of total WMS interviewed belong to the age-group of 41-50 year, followed by 23 per cent who are in the age-group of 30-40 year and the rest around 9 per cent come under the age-group of 51-60. It is understood that the WMS cannot work after the age of 50 year. This has also been corroborated by the following narrations provided by the WMS.

At my age, no woman can do manual scavenging work; and it is difficult to sustain as manual scavengers after fifty. Only few women of my age continue to do manual scavenging; otherwise, most of the women manual scavengers fall sick and are not able to do hard work. Like me, the few others of my age are into the manual scavenging for the little money; there is no one to take our care if we drop the job. I am doing this job so that I can feed myself and help my family. (Ranubai, age 54)

Table 5.2: Age group of women manual scavengers

Age group	Frequency	Percentage
30-40 years	35	23.03
41-50 years	104	68.42
51-60 years	13	8.55
Total	152	100.00

Ranubai is not only woman who is working at the age of 54. She mentioned that few other women who were working with her however they died around 50. According to her, since they are engaged in the filthy or dirty job which is the cause of their major health problems. She said:

When I joined this work, two other women also joined along with me and we worked together for more than 25 years. Both of them died two years ago as they were suffering from some health problems. One of them used to have heart pain and breathing problem, and the other one was diagnosed with a tumour in her stomach. They were taking medication, though not from good hospital. They are also addicted to tobacco and gutka. They did not have enough money to get better treatment; otherwise, they could have been alive. We are poor and vulnerable, we are into this slave like job and therefore we will die early. (Ranubai, age 54)

These responses make us clear that because of the job of manual scavenging these women fail to keep well and die early after they attain the age of fifty. Similarly, in one more case, a woman engaged in manual scavenging asserted that their work and age are connected to each other. She shares how the job of manual scavenging has an irreparable impact upon their life.

We do this job daily, we are exposed to dust and several bacterial infections how we will protect us from several illnesses. We do not have any health facility at work; most of the times we tend to spend from our pocket to buy some protective stuff, e.g. scarf and shoe. We are always vulnerable and prone to several catastrophic health shocks because of our association with this dirtiest profession. This situation certainly leads us to our early death. Normal people never try to understand our situation as well as our problems. However, they tend to create problem to us and tend to complaint against us for our work. (Tkshshila, age 47)

I have been working since last 17 years and I have observed that women who were working in this field cannot continue to work beyond the age of 50. The reason is that most of them tend to get some major health problems and die eventually. I know three to four WMS who died because they were suffering from cancer, asthma and other health issues. Our life is completely in danger as we are into the sub-human job of manual scavenging. If the government paid some attention to us and provided us some basic safety gear, protective gear, pension and free medical facility, then no women engaged in manual scavenging would die at an early age. (Saroja, age 42)

The above cases and many other cases of the WMS in the study area reveal that these manual scavengers tend to fall sick severely after the age of fifty. And, because of poverty and financial vulnerability they cannot afford to get good treatment and eventually die early. Table 5.3 documents the deaths occurred in the last four years across sub-castes. Around half of the total women manual scavengers reported death in their families. Irrespective of the category, both

traditional and non-traditional women manual scavengers reported almost same percentage of death during the last four years.

Table 5.3: Death occurred during the last four years

Sub-caste	Death during last 4 years?		(Percentage)
			Total
	Yes	No	
Mahar	43 (47.78)	47 (52.22)	90 (100)
MPSB	29 (49.15)	30 (50.85)	59 (100)
Others	1 (33.33)	2 (66.67)	3 (100)
Total	73 (48.03)	79 (51.97)	152 (100)

5.4. SAFETY MEASURES

Notwithstanding their involvement in hazardous work of manual scavenging, the WMS are not provided with the required safety tools or equipment. The mandated safety measures for the WMS are as: (1) three sarees, blouses and petticoats along with cap and headgear; (2) pair of slipper; (3) mask; (4) hand gloves; 5) soaps for bathing and washing their cloths; (6) brooms; (7) pair of ankle-high rubber shoe; (8) Pair of woollen cloth such as sweaters or jackets during winter; (9) Rain coat and caps during rainy season (Ramaiah, 2007). Every manual scavenger has the right to get all the safety measures and the government and municipal corporation are supposed to provide all the safety measures to the manual scavengers.

Women manual scavengers are exposed to raw garbage or waste owing to the absence/inadequacy of safety gears or equipment's, they are more prone to several infections and thus to numerous health problems. On a regular basis, as discussed by Darokar (2018), the manual scavengers are not provided with any safety gears such as globes, masks, and aprons; and sometimes the protective equipment's that are given to them are outdated, damaged, inadequate and ineffective in protecting their bodies.

In chapter four, we have seen the deplorable working conditions of women who are into the job of manual scavenging. It is seen that more than 91 per cent of women manual scavengers interviewed were not provide any protective gear; 95 per cent (145) were not given any mask or anything to cover their, they instead use their own scarf to protect their face while doing the task of manual scavenging. In addition, the nature of work, places of works and the absence of basic facilities at workplaces are found to have affected the physical and mental health of women manual scavengers, as observed from the field interview. As discussed in preceding chapter, most of women engaged in manual scavenging 90 per cent, reported the lack of basic amenities such as toilet, water and resting room facilities at work places which is worsening the health conditions of these women they fail to maintain hygiene at work place. Out of 152 women manual scavengers identified, 92 per cent reported the absence of toilet facility at work place, 94 per cent reported the lack of water facility at work places which the health condition of women manual scavengers as they cannot maintain hygiene at work place. Further, of the total women manual scavengers considered for the study, 98 per cent complained there is no changing room facility at workplaces, and 97 per cent reported there is complete absence of resting room facility at workplaces, which affected the health of these women very badly, and eventually they tend to suffer from several diseases.

5.5. ADDICTION

Manual scavengers are generally addicted to intoxicants or alcohol; and they are not to be blamed for the addiction to intoxicants, rather the nature of works that makes them addicted to tobacco or alcohol. As noted from our survey, the WMS are not seen to be taking alcohol they are rather addicted to tobacco and gutkha. These women while cleaning, carrying and disposing of the wastes and garbage are forced to inhales the stink of these wastes; and in order to get rid of this horrible smell they tend to take tobacco and eventually get addicted to it. Therefore, these women invariably take tobacco before the commencement of the work. Our primary data shows that around 27 per cent of total women manual scavengers are addicted to tobacco; around 9 per cent take tobacco sometimes; 2 per cent takes

tobacco rarely (see Chart 5.1 and Table 5.4). The addiction of tobacco, which is seen among more than one-fourth of the WMS, can have worse impact them.

As already discussed, the nature of work in fact makes the WMS more prone and vulnerable to numerous of diseases and the nature of work along with the addiction to tobacco further push them into various diseases.

Chart 5.1: Addiction to tobacco in women manual scavengers

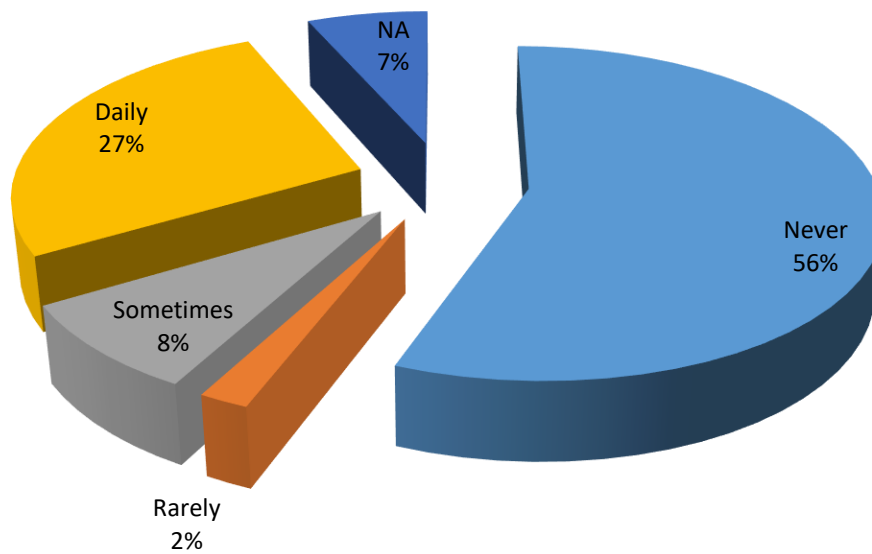


Table 5.4: Tobacco usage by sub-caste

(Percentage)

Sub-caste	Tobacco usage					Total
	Never	Rarely	Sometimes	Daily	NA	
Mahar	51(56.67)	3(3.33)	5(5.56)	25 (27.78)	6 (6.67)	90 (100)
MPSB	34(57.63)	0 (0.00)	7 (11.86)	14 (23.73)	4 (6.78)	59 (100)
Others	0 (0.00)	0 (0.00)	1(33.33)	2 (66.67)	0 (0.00)	3 (100)
Total	85 (55.92)	3 (1.97)	13 (8.55)	41 (26.97)	10 (6.58)	152 (100)

However, the addiction to tobacco is not just similar across different sub-castes, as Mahar women manual scavengers are more addicted to tobacco compared to the traditional women manual scavengers, which is apparent from Table 5.4. Mahar community has not been traditionally into this profession, and it would be difficult for women from this community to do manual scavenging if they do not take any tobacco or gutkha. They therefore more addicted to tobacco as compared to women from traditional manual scavenging community. Table 5.4 reveals that around 38 per cent of total WMS are users of tobacco, though all of them do not take regularly. These women tend to take tobacco before getting into their work in the NMC area.

Now in what follows, we present the narration of a case which analyses how women involved in manual scavenging job tend to get addicted to tobacco or gutkha. In this regards, Usha, a 33-years-old woman said:

I did not take gutkha or tobacco before getting into the job of manual scavenging. However, when I entered into this work; I had to clean and carry all the dirt including dead animals; one day, I had to clean and carry a dead dog manually from the road, thereafter cleaning the dead dog, I did not feel like eating anything for two days. Then, some of my co-workers suggested me to keep a small amount of gutkha in the mouth and then you do work; and accordingly I started taking gutkha, and slowly I started taking it every day. Now my condition is that I cannot live without eating gutkha. (Usha, age 33)

Like Usha, there are similar experiences of how women engaged in manual scavenging are become used to tobacco and gutkha. The reason for presenting these experiences of getting addicted to tobacco or gutkha is the following. Most of the women manual scavengers are not the users of gutkha from their childhood or before joining this occupation; they however become addicted to this gutkha or tobacco once they get into this profession. The profession in fact makes these women addicted to this type of intoxicants, e.g. tobacco or gutkha.

5.6. ACCESS AND UTILISATION OF HEALTH SERVICES

As already emphasised, the nature of work, workplaces, and absence of basic facilities at workplaces are indeed the causes of several diseases faced by women manual scavengers. These diseases are of two kinds—short-term one and long-

term in nature. Now in what follows, we wish to discuss how they take treatment for these health issues.

5.6.1. Health care for short-term morbidity

The WMS can both use government hospital and private hospital for their illnesses. Nevertheless, majority reported to have utilised the services of private hospital instead of going to government hospital for the short-term morbidity, which is quite apparent from the Table 5.5. The Table shows that majority of women manual scavengers, i.e. around 79 per cent are found to have taken the services of private hospital for their short-term illness, and around 21 are seen to have opted government hospital for their illnesses that are short-lived in nature. Further, across the sub-caste line, we have not seen any apparent variation with respect to utilisation of health services from private hospitals in the study area (see Table 5.5).

Table 5.5: Sub-caste-wise preferred hospital for short-term morbidity

(Percentage)

Sub-caste	Preferred place for short-term morbidity		Total
	Govt. hospital	Private Hospital	
Mahar	20 (22.2)	70 (77.8)	90 (100)
MPSB	12 (20.3)	47 (79.7)	59 (100)
Others	0 (0.0)	3 (100.0)	3 (100)
Total	32 (21.1)	120 (78.9)	152 (100)

Table 5.6: Reasons for preferred hospital for short-term morbidity

(Percentage)

Preferred hospital	Nearer	Get relief soon	Reasonable	Total
Government Hospital	1 (3.1)	2 (6.2)	29 (90.6)	32 (100)
Private Hospital	39 (32.5)	77 (64.2)	4 (3.3)	120 (100)
Total	40 (26.3)	79 (52.0)	33 (21.7)	152 (100)

Table 5.6 shows that majority of women manual scavengers with a view to get instant relief from the short-term health issues prefer private hospital over government hospital. The fact shows that 64 per cent of women manual scavengers who use private health care services are taking private health care services to get quick relief from the short-term morbidity; and 32.5 per cent of total users of private health care are resorted to private hospital because of private hospital is nearer to her residence (see Table 5.6). It is understood from the above that the WMS in the study area are forced to prefer private hospital over government hospitals for short-term morbidity; and these facts do not have any answer to these behaviour of women manual scavengers with respect to choosing health care service. In what follows, we have some narratives, collected from the field, which delineate why most of the women manual scavengers are opting private hospitals for short-term morbidity.

The majority of WMS are found to have opted for private health care services for the short-term morbidity. The most common reason for not using government or public health care services is the following. The working hours of women manual scavengers begins at 6.30 am, and continues until 4 pm in the evening. The government hospital OPD opens at 8.30 am and closes at 1 pm, and though the opening time of this government OPD is fixed, but the closing time is not fixed, sometimes the OPD is closed before the closing time. Since, the OPD timing in public hospitals does not match with the working hours of the WMS, they prefer going to private hospital for the treatment of short-term morbidity. Further, these

women are always overburdened with a lot task that they have to finish every day, otherwise, they may receive abuses or scolding from the supervisors, and sometimes there are threats to their jobs if they fail to accomplish the unfair assignment of work. Their jobs are not secured, even though they are very much sincere and regular with their jobs; even if they fall sick or they have any kind of emergency, they do not have the option to take off or leave from the work. Sometimes, if they have good bonding with other co-workers and if the supervisor is benevolent, they get off from the work to go the preferred place for their short-term illness or morbidity.

Largely, they do not have opportunity to use government health care services; they are forced to take health care services from the private hospitals where they are charged unreasonably high compared to what they would have been charged if they had the option to go to the public hospitals. The very nature of work is in fact making them financially more vulnerable; they are nevertheless satisfied with their own answer that:

There is no issue if I lose money; at least I receive better treatment near my home and I can see the doctor as per my convenience. Mostly I pay 50 or 100 bucks towards doctor's consultation-fee and pay 100 to 300 bucks for medicines. However, the convenient thing is that I can manage to see the doctor any time in the evening as the hospital is near to my place. (Angira, age 38)

Practically, these women have no option to choose public health care services, and they avail expensive private health care services, which makes them more vulnerable economically. Sometime, because of severe work pressure they tend to ignore or to pay less attention to their health problems that worsens their health problems, leading to undesirable health consequences.

5.6.2. Health care for long-term Morbidity

A different story emerges with respect to the accessing health care services for the long-term morbidity. Chart 5.2 shows that around two-third of total women manual scavengers is observed to have accessed the government health care services for the long-term morbidity, and the rest resorted to private hospital for the same. Table 5.7 has presented the rationale for major selection of government health care services over the private one. It is seen that the government hospitals

are economical and cheaper for long-term morbidity or major morbidity; this is why the majority of women engaged in manual scavenging preferred government hospital, though better treatment is provided by private hospitals.

Chart 5.2: Preferred health care services for major morbidity

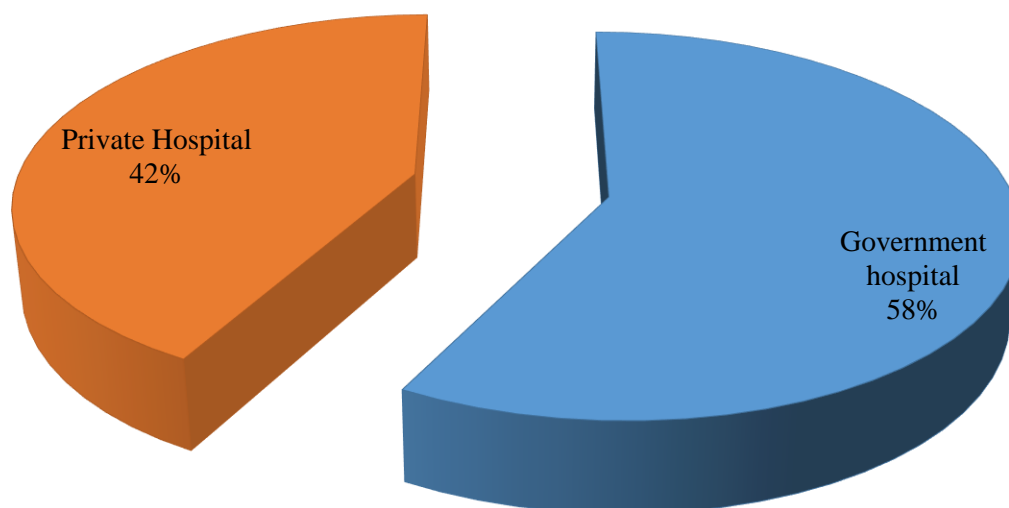


Table 5.7: Reasons for choosing specific service for major morbidity

Preferred place	(Percentage)		
	Reasonable	Good treatment	Total
Govt Hospital	88 (100.0)	0 (0.0)	88 (100.0)
Private hospital	0 (0.0)	64 (100)	64 (100.0)
Total	88 (57.9)	64 (42.1)	152 (100.0)

The private hospitals are good places for the major morbidity; however, most of the WMS choose the public health care services. Although the private hospitals are good place for the long-term morbidity, they nonetheless charge unreasonably high price for the treatment. These women engaged in manual scavenging are financially and economically very fragile in nature, and they cannot afford to pay for the treatment offered by private hospitals; they are therefore forced to choose the public health care services for the major morbidity.

To note further, around 42 per cent of total women manual scavengers are found to have utilised the private hospital for the major morbidity. These women are not financially sound; nonetheless, they are choosing private health care services in lieu of government of health care services for the major morbidity. In what follows, we present some narrations to understand why these women are utilising a particular health care service – public or private – for the major morbidity.

Urmila, a 51-years-old women manual scavengers (Zingabai Takli), working in Ashi Nagar zone, has the following experience with respect to government health care services:

My son once met with an accident, some people took him to the Mayo Hospital (a govt. hospital) and they got him admitted there. When I came to know about his accident, I rushed to the hospital and I saw he was not provided a bed to lie down, he was lying on the floor, and the blood was still flowing from his injured leg. When I approached the doctor and nurse to see my son, they did not pay any attention to me, rather they yelled at me to keep silence in the hospital, and the nurse told me when the doctor is free he will come to see you son. Then I was so petrified, therefore I scolded and shouted at people who took my son to the government hospital. That day, I waited for a long one and half hours, and then a junior doctor came to see my son and prescribed him some medicines and a bandage on his injury. After suffering from for one and half hours, my son got a bandage to his injury. It was my worst experience with the government hospital. Then, the next day, I borrowed some money from my friend to take my son to a private hospital for further treatment. (Urmila, age 49)

Similarly, Anita, a 46-years-old woman, who works in Magalwari zone, once in the early morning, when she was on work, got hit by a four-wheeler which made her injured very badly. When the jamadar (the supervisor) took her to the Mayo hospital, she was not so conscious, she said.

My saree (clothe) was completely wet with blood when the jamadar took me to the government hospital. When I was admitted in the hospital, the doctor did not come to see me to do the check up, but the nurse came and did the bandage to my injury. The doctor came to see me after a long time, around the evening time, and prescribed me the medicine. By that time, the Jamadar left and he informed my son about my accident. My son came and bought medicine for me and the doctor discharged me in the evening. (Anita, age 46)

Because of this kind of behaviour from doctor and other staff at the government hospital, the women manual scavengers are hesitating to utilise the government health care services for any kind major morbidity. Along with these two cases of Urmila and Anita, there is another case detail in which Sheela, a women manual scavenger, whose husband was using the public health care service for TB. Sheela narrates her how she faced discrimination from doctors, and how the absence of proper care and treatment led to the death of her husband.

Sheela, a 53-years-old women manual scavenger from Shanti Nagar, who works in Ashi Nagar, shares the following:

I admitted my husband to Mayo Hospital at night when he was suffering from Tuberculosis (TB). He was admitted at the hospital for four days. First day, a doctor came and without doing the check up, he gave medicine to my husband and left. Next day morning, another doctor come and just asked what his problem is, and then he prescribed some medicines to him. When my husband condition became so critical, one doctor asked us to do the x-ray and we did the x-ray. Nonetheless, my husband died after the four days. My husband died because of the lack of proper treatment and care from the doctor. I remembered when the doctor came to see my husband; he inquired about his profession, when he came to know my husband was working as manual scavenger who cleans sewage, his behaviour towards us was changed; he rather shouted at my husband and me and did not communicate with us properly. That day I was so angry, and I was thinking, we clean these people dirt, and then we have to bear the bad behaviour of these people; If we were in a good job these people would not have treated us inhumanly.

Like Sheela, Anita and Urmila, we have so many examples and their experiences with the government health care services. Nevertheless, the financial weakness is forcing most of these women manual scavengers to go for the public health care services, as observed in Chart 5.2. And, whoever is opting for the private health care service, they also have financial fragility, but for better medical care during emergency, they are borrowing money to meet the expenses of private hospital which is in fact driving them into the burden of debt.

Although the government hospitals are reasonable place to go for major morbidity, but they do not have adequate and good infrastructure facility, and they do not have enough doctors to see huge number of patients. The poor women manual scavengers cannot expect good medical care from the public health care centres. It

is seen that the doctors from the government hospitals hardly pay any attention or care to the patients who are coming from the poor or marginalised section of the society. Therefore, these poor women manual scavengers feel hesitant to utilise any service from the government hospitals, instead they tend to borrow to get a good medical care from private hospitals, which is further worsening their financially conditions.

5.6.3. Health care services at workplace

As already discussed, the nature of work makes the women manual scavengers more prone to various kinds of illnesses, for which they cannot afford good health care services most of the time. These people should get good medical and emergency services. However, as observed in the study area, only 20 per cent of manual scavengers interviewed are found to have availed the medical services at the emergency; 80 per cent are reported to have not availed the emergency medical service at workplace (see Table 5.8). One more thing, we have observed that women manual scavengers from Managlwari zone more deprived of medical emergency services compared to Ashi Nagar zone.

Table 5.8: Availing medical emergency service

Zone Area	Availing medical emergency service		(Percentage)
	Yes	No	Total
	Ashi Nagar	22 (28.9)	54 (71.1)
Mangalwari	8 (10.5)	68 (89.5)	76 (100)
Total	30 (19.7)	122 (80.3)	152 (100)

The medical emergency service by the NMC means during the working hours if anyone has any medical emergency, then the supervisor at the workplace is supposed to take the person in emergency condition to the hospital only, and not to do anything thereafter. Nevertheless, of the total 152 interviewed women manual scavengers, only 20 per cent are found to have availed the aforementioned

emergency services by the supervisor of NMC. As mentioned above, the supervisor feels his responsibility is to drop the patient at the hospital, but they do not take care of any health expenditures, which is generally borne by the family of the women manual scavenger.

It is apparent from Table 5.8 that most of women manual scavengers from the study area are not getting any medical emergency service at the workplace. Further, the women annual scavengers interviewed are not seen to have received any reimbursement of their medical expenditures from the NMC, which is obvious from the fact that around 99 per cent of these women are not reported to have get reimbursement of their health expenditures (see Table 5.9). We have however not observed any variation across zones with respect to the reimbursement of medical expenses.

Table 5.9: Zone-wise reimbursement of health expenditures

Zone area	Reimbursement of health expenditures		Total
	Yes	No	
Ashi Nagar	1 (1.3)	75 (98.7)	76 (100.0)
Mangalwari	0 (0.0)	76 (100.0)	76 (100.0)
Total	1 (0.7)	151 (99.3)	152 (100.0)

5.7. HEALTH INSURANCE

As already emphasised, women engaged in the manual scavenging are more exposed to various kinds of infections and prone to a number of diseases, which makes them economically vulnerable. Nevertheless, most of these women are not protected by any health insurance which is evident from Table 5.10. This table shows that a large chunk of women manual scavengers interviewed (about 68 per cent) are not secured by any health insurance, and across sub-castes, we have not observed any disparity with respect to health insurance.

Table 5.10: Sub-caste-wise health insurance

(Percentage)

Sub-caste	Health insurance		Total
	Yes	No	
Mahar	28 (31.1)	62 (68.9)	90 (100.0)
MPSB	20 (33.9)	39 (66.1)	59 (100.0)
Others	0 (0.0)	3 (100.0)	3 (100.0)
Total	48 (31.6)	104 (68.4)	152 (100.0)

5.8. SUMMARY OF THE CHAPTER FIVE

This chapter has dealt with the health issues of women manual scavengers and the utilisation of health care services by them. The sub-human nature of work of the WMS tends to affect their health. The WMS come in close contact with excreta, garbage, waste, etc., which expose the WMS to the hazardous substances and several infectious bacteria and thus make them contact a number of health problems.

Of the sample of 152 WMS, around 28 per cent are found to have experienced skin-infection, which is followed by the urine infection (22 per cent), body ache (15 per cent), eye infection (14 per cent), headache (13 per cent), and fever, cough and cold (8 per cent). The exposure to the hazardous substances and infectious agents are the causes of the skin-infection, eye-infection, headache, fever-cough and cold experienced by these WMS. These findings are going in line with the findings of Beck and Darokar (2005) and Darokar, and Beck (2006) in the studies of Maharashtra and Gujarat respectively.

The absence of toilet facility, lack of water facility, and absence of resting room facility at workplaces are the prime reasons for the urine infection experienced by 22 per cent of women manual scavengers. The heavy workload of cleaning and

carrying of waste and garbage are found to have made the 15 per cent of the total sample of WMS suffer from severe body ache every day.

In addition, it is also seen that 22 per cent of the total sample of WMS have the experience of cuts and injuries caused by broken glass pieces, rusted nail, pin, used injections, needles, blades and sharp metal objects etc.

The WMS really find it difficult to cope up with the workload during their menstrual cycle. Around one-fifth of the women interviewed for the study are seen to have had the urine-related health problem. Because of the unavailability of toilet and resting room facilities at workplace they tend to use the sanitary pad for a long time during their menstrual cycle, which result in severe urine-infection, say UTI among these women. These women undergo serious mental and physical stress during their period. Further, because of the heavy workload they tend to bleed more and get stomach cramp and dizziness during the menstrual period. Furthermore, the heavy work pressure and unhygienic place of urination lead to white discharge health problems among these women.

In addition, the WMS are not even spared from the heavy workload when they are pregnant; as a result, there are miscarriage of babies, premature delivery and death of babies among these women.

Another implication of the manual scavenging is the addiction to intoxicants like tobacco or gutkha. Around 27 per cent of the total WMS selected for the study are found to be addicted to tobacco. These women while performing the task of manual scavenging are forced to inhale the stick of the garbage and waste; hence, to cope up with the horrible smell, they tend to chew gutkha or tobacco and eventually get addicted to it. This addiction further accentuates their likelihood of getting several health issues, say stomach pain and others. The similar results were also found by the study of Rashtriya Garima Abhiyan (2013).

The women in the age group of 50-60 have less representation in the work of manual scavenging compared to the younger age groups. As revealed by the study, most of the WMS when they reach their 50's are seen to be doing manual scavenging because of their sickness; they tend to die very early due to the sickness.

As understood from the above, the Dalit women because of their involvement in the dirtiest job of manual scavenging tend to suffer from the numerous health problems, now in what follows, we summarise how they are dealing their health problems. In other words, we want to show the utilisation of health care services by these women in the study area of Nagpur.

The study has found, as far as short-term morbidity is concerned, the women manual scavengers are largely seen using private health care services. Though the private hospital is not reasonable place to go, these women are using the private health care services for short-term illness because the task of manual scavenging from morning to evening preoccupy them, hence they cannot afford time to go to the government hospital.

On the other hand, we found in study, in the case of long-term morbidity, most of these women using the government health care services and it largely because they are economically very poor and vulnerable; they thus cannot afford to pay for treatment at private hospital. Further, these people tend to be discriminated or do not get proper care and treatment at the government health care centres because of their nature of work and identity, which is thus making them discouraged to go to a government hospital to get a treatment for their long-term morbidity. Therefore, notwithstanding the financial fragility, around two-fifth of total women manual scavengers are found to have borrowed to get better treatment at private hospital.

Finally, as found from the study, most of the women manual scavengers interviewed are not found to have received any services from the NMC if they encounter any medical emergency. Because of the nature of their work, they are prone to several kinds of illnesses; nonetheless, they do not get any health insurance and medical reimbursement from the NMC.

CHAPTER SIX

LIVED EXPERIENCES: STIGMATISATION, HUMILIATION AND DEHUMANISATION OF WOMEN MANUAL SCAVENGERS

The last chapter of the thesis deals with the health issues of women manual scavengers in the study area of Nagpur, and discusses the utilisation of health care services by the women engaged in manual scavenging occupation. The present chapter analyses the lived experiences of women engaged in the dehumanising task of manual scavenging. The focus of the chapter is to delineate the everyday living experience of discrimination, humiliation, stigmatisation and dehumanisation of the women who are engaged in the task of manual scavenging in the NMC of Maharashtra. The analysis of the chapter is divided into two parts – first part analyses the lived experiences of the women manual scavengers while they are at work; the second parts analyses the lived experiences of the WMS in the society where they live.

This chapter is organised into three sections. Section 6.1 deals with the discrimination, humiliation, stigmatisation of the WMS while they are at workplace. This section covers discrimination, humiliation, and exploitation of the WMS by the supervisors and officers, stigmatised attitude of people at the workplace and stigmatised attitude of public whom they come across while commuting to work. Section 6.2 presents the discussion of lived experiences of the WMS in the society where they live. This section discusses the living conditions of the WMS: discriminations and harassment they face from the neighbours, tied to manual scavenging, negative perceptions about remarriage of widow-manual scavengers; caste-discrimination and dropping out of their children from schools, the domestic violence and atrocities suffered by them. Section 6.3 presents the summary of the chapter.

6.1. LIVED EXPERIENCES AT THE WORKPLACE

6.1.1. Discrimination and humiliation at workplace

Because of the nature of work and their identity (caste), the women engaged in manual scavenging are said to have experienced discrimination and humiliation from their upper caste supervisors or officers at workplaces. The kind of discrimination these women face is not easy to comprehend through the academic language; hence one needs to get the narratives from the field and adopt principles from the different disciplines to understand the emotions and pain of the WMS. The following Chart 6.1 prepared using the field information quantitatively depicts the level of discrimination and humiliations experienced by the Dalit women engaged in slavery like profession, i.e. manual scavenging.

Chart 6.1: Experience of discrimination and untouchability from the upper-caste officers at the workplace

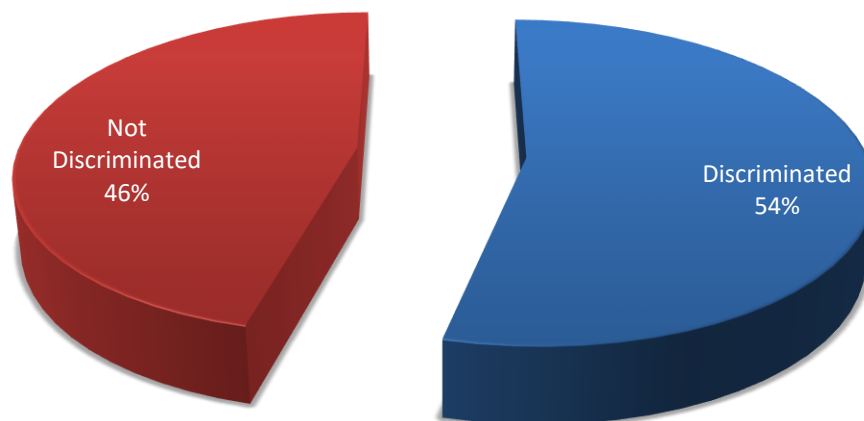


Chart 6.1 depicts data on experience of caste discrimination and untouchability from the upper class and caste officers at the workplace. As the Chart shows, about 54 per cent of the total WMS interviewed are found to have experienced discrimination and untouchability at the workplaces, especially from the senior officers who belong to the upper castes and upper class. The rest of the WMS are not seen to have experienced discrimination and untouchability at the work places

from the upper caste officers. Nevertheless, a sizable proportion, i.e. more than half the sample of the study are seen to have been discriminated at the work place.

The above quantitative information only quantifies binary question of whether a WMS is discriminated or not; but it does not go beyond this quantification. It in fact fails to comprehend the experience of humiliation and discriminations which a woman has to deal with in her everyday life. In what follows, we therefore present some narrations which capture the intensity and severity of how they are being discriminated or humiliated just because of their work and caste-designation.

Sushila (a WMS, age 44) shares her experiences of caste-discrimination and humiliation at workplace from her boss from upper caste community.

Two year ago, I started my work here; prior to this place, I was working at other places. When I joined here, I experienced the taunt of the health inspector on my caste identity. He is not good-behaved person. He is not a good person; he always tries to humiliate me in front of other co-workers. I remember, one day, after finishing my work I went to have lunch with other women manual scavengers; it was lunch time when he came and shouted at me in front of others and he also yelled at other women. For no reason, he shouted at me and scolded me; I was already done with the assigned work; nevertheless, he was ordering me to others' work. I argued with him and denied to do others' work, and the other WMS did not say anything, as they were all powerless or helpless. However, my argument with him made him normalised. After that day, he has invariably been trying to humiliate me for no cause; and he is always in search of my mistake to fire me from the job.

Sushila is not the only woman who shared the experience of getting humiliated by the health inspector. There are many others who were humiliated and discriminated by their senior staffs, particularly who are belonging to experienced humiliation and discriminations few incidences of women manual scavengers who shared their experience of how they even faced the discrimination by senior staff who is an upper caste.

The ward officer, an upper caste fellow, usually take a round of the worksite to observe our work every day. Whenever he comes to the working area he tends to scold all women manual scavengers and threat us to fire us from the work. We are all upset with his cruel behaviour. Many a time, he has shouted at us by our caste name. One day, he was trying to fire a WMS

because she argued with him. Whenever we request him for a break to take rest at one place, he tends to reply that your caste people have been taking rest since your birth; and now also you want to take some rest; if you are not able to work then go home and do not come again. Sometimes, he tries to misuse his power to abuse us, the women manual scavengers. Every day, we face humiliation and harassment from a senior officer. Sometimes he was trying to misuse his position to abuse the women manual scavengers. He is not at all a nice human; he does not look at us in a civilised manner. He is an upper caste fellow having a sick mentality. We are better than him as we have humanity, while he does not. (Sangita, age 50)

I remember, I was working in the Laghuwetan colony; one day the supervisor came to my house and asked me to come with him to a worksite for cleaning; and he said "he already called another woman who could give support you". I agreed to go with him and he took me to a garden area and told me "we could sit her for a while till the other woman come". I could not understand his intention and I sat with him. After a few minutes, he started touching me as if I was his dear one, and he also started telling me vulgar things. I was so scared, and I forced him to drop me or allow me to go home. I understood what his intention was; but I could not take any action against him as we are poor and I need this job. I did not tell anyone about this incidence. After that day onward, I have been trying to avoid him. (Ambika, age 41)

This indicates that women involved in the menial job of manual scavenging are economically vulnerable, and are dependent upon the upper caste supervisors or officers who not only humiliate them and discriminate against them but also sexually abuse them.

The caste-based discrimination is the major problem which the WMS have to deal with in their professional life. Only few of the WMS understand this discrimination; most of them do not even realise when they are getting discriminated against. When they were asked about their day-to-day life they replied they are okay with their work and they do not have any issues. These women however shared some incidences with us which indicate that they are being discriminated against, which they fail to decipher as caste-based discrimination. The following are some examples to provide a clear idea about the caste-based discrimination faced by the WMS.

Sunita, (a WMS, aged 33), whose husband is a manual scavenger, has been in the manual scavenging since the last 10 year. She said that everyone at her workplace is okay with work and no one has got any business with the others. Nevertheless,

when she was asked about the workload as well as about taking off for any reasons without informing the supervisor, she replied as follow:

Once or twice, when I was not well, and I was not able to for the work, hence I did not go for the work. Then, the supervisor called and scolded him very badly. He told my husband that we are born only to do this job then what is this sickness business, and whatever may be the condition you (my husband and I) should do this job. My husband was very angry after listening to my supervisor and told me not to go for work; but what to do, both of us are working on a contractual basis; hence, we have to continue with the current job. Next day, I resumed the work. The supervisor yelled at me and told me "why you came to work; you should not continue the work as you are making excuse for leave". That day I felt so bad; otherwise, everything is okay and when the supervisor is in good mood, he talks to us nicely. (Sunita, age 33)

It is thus apparent from the above narration that the women who are in a denial about their experience of caste-based discrimination and humiliation and fail to understand them are indeed discriminated and humiliated at the workplace.

One WMS revealed that how she is scared to use the technological object (e.g. mobile phone) openly, and it is understood from her that the stigmatised notion of the senior staffs and the society are making them less confident and demoralised to use modern gadget, say mobile, publicly. The following case in fact presents the above more clearly.

My struggles in life began right at my birth, just by being born into the Dalit community. But I had to face many more hardships after my marriage when after six-year, my husband suddenly abandoned my children and me. I became the sole provider of my family, and I had to take up the work that was considered "dirty." This work fed my children and me. But, what's important to note is that in bearing the entire burden for many years, I could not focus on myself or the growth of my personality. Without caring for whether I liked that work or not, and by neglecting my self-respect and sense of self-worth, I continued to do the work because I fetched some money for our survival. Moreover, despite paying for it myself, I could not feel confident or comfortable in using any modern object out in public. (Chanda, age 38)

This is an important example of how she continued to keep herself afloat in this fast-moving world. This shows how a caste-based occupation can stigmatize a person so much that even though Chnada can buy things that can make life a bit

convenient and comfortable, but she can never feel confident to use them openly. This is the way caste and poverty combines to make a person kill all her desires and her self-confidence.

Among all the respondents, it was commonly found that even though they had a mobile phone, they left it behind at home. When inquired, they (Pratibha, Lata, Chanda and Savita) replied “someone will say to us that we have fancy phones and we pretend to be poor. We do not like it if some sahab (sir) says so, we are scared. What if they say we roam around with mobile?”

In this regards, another Dalit women manual scavenger shared why she does not use a small mobile phone when she has it.

One day one WMS got a call from her home during work hours. When she took out the phone to receive the call, the supervisor said, “Are bare, mahanga phone” (my god, expensive mobile), you all also use the new and expensive phone. The way he mocked at me was very humiliating. Next month, that woman received fewer wages and was vaguely told that her salary was deducted and he didn’t explain the reason. We are very scared of such behaviour. Since then we have not been bringing our phones, and even if we do, we keep it hidden from the sahab (Senior). (Ratna, age 38)

This may look like a small matter to some, but for the Dalit women manual scavengers, this has been a reason for continuous mental stress. This has also been an issue of dignity wherein they may feel that they have no right to use any object or facility that provides convenience and comfort, only because they are from a particular caste and perform particular task that is commonly considered as “low.” Furthermore, it is not the case that all the officers and supervisors that supervise these women are only from “higher” castes. Some of them must be from Dalit communities, but the combination of wanting to behave like the “higher” castes and their patriarchal mind-set leads to domination over the women. No matter what the form of domination, whether physical or mental, a woman has to face more difficulties than a man does, and if she is from “lower” caste, then there is no doubt that the difficulties are many more.

Difficulties like these continue to force Dalit women manual scavengers to kill all their wishes and desires. There are multiple discourses on difficulties those women in the face. Many feminists have, depending on their framework of feminism, have

engaged with this question of whether the difficulties women face are different or the same. Authors have pointed out various roots and reasons for these difficulties, but when we talk about the cleaning work, it is quite apparent that the issues are much bigger. In addition, to understand them better, we need to see every aspect of the life of these women.

Looking at this aspect of women manual scavengers' life, it is evident how deeply entrenched caste-based discrimination still is in Indian society. That is also in a big city like Nagpur, which boasts of growth and progress. Despite having an international airport and various international hubs, the city still witnesses caste-based division of labour. WMS of this city live and battle everyday against a life full of poverty, untouchability, disgust, addiction, illiteracy, diseases, and filth.

The above experiences are showed the sequence and evidence of discrimination and humiliation during working and other times also.

6.1.2. Humiliation & exploitation because of minor mistakes & absence from the work

Not only the women engaged in manual scavenging face discrimination owing to their caste-identity, they are also humiliated and exploited because of their small mistakes and absence from the work. Since these women do the least-dignified job, they also receive the least respect or dignity from the officers and supervisors at the work places. They invariably are humiliated and disrespected even for a small mistake and sometimes for no reason, the supervisor or other officers tend to misuse their power to exploit and humiliate the WMS who are socially and economically located at the bottom of the society. In what follows, we present some examples of how these women are humiliated and exploited because of the very small mistake and because of their absence from the work.

I have been working as manual scavenger since the last 30 years; but I have hardly received any respect from any supervisor. As I am getting older, I am not able do any work quickly; nevertheless, I always try to finish the task by the time. I cannot recall how many times the senior officer and the supervisor have scolded me for a minor mistake. At least they should think about my age and experience in this filed. They hardly care whether we are young or

*old; they however know how to humiliate the women engaged in manual scavenging work.
(Prabhadevi, age 56)*

The above case shows that the upper-caste supervisors and officers treat these women manual scavengers as less than human. Because of their stigmatising attitude towards these WMS, they tend to humiliate and ill-treat even an old woman manual scavenger at the workplace for a little mistake. There are many other cases of humiliation of WMS at workplace by their upper caste officers or supervisors. The following are some examples related to the above case.

I belong to Balmiki community. I have been working here since the last 12 years. I have observed that we are invariably punished or humiliated for minor mistakes. Sometimes the officers or supervisors come, intentionally search even a very little mistake in our work, and thus shout at us badly. The NMC gives us a cart when we joined the work and we use it to collect waste, garbage, excreta and so on. If the supervisors find any damage in it he scolds us very badly and cuts our salary. Very often, we have gone through these kinds of experience. Even though it is not our fault, still we have to face the punishment. (Savita, age 41)

There are also some cases which show the humiliating experience women manual scavengers when they reached slightly late to work. This is captured by the following narration provided by Shubhangi.

One day I was just 10 minute late for my work. The supervisor took attendance of all the WMS. When I reached at the workplace, the supervisor came and scolded me publicly in front of other local people. He indeed humiliated me and ordered me to do overtime since I came late to the work. I did not have any option, I was helpless, I did not want to argue with him, and hence I agreed to do overtime. However, the worst thing came about in the month end when my salary was cut since I was late to work for one day. Despite doing the overtime, I had to lose my salary for a day. I was so angry and I asked him why he cut my salary. He replied that since I came late to the office on that day and I did not write my name in the attendance register, therefore the salary department cut my salary for that day. It was his fault but I got punishment. I know he did it deliberately; I could not do anything, as I was helpless. (Shubhangi, age 46)

The women who are engaged in manual scavenging are giving their life to the society; the society however gives them only insult, discrimination, harassment and humiliation. The supervisors and officers of these women are

from the same society that imposes the caste-based forced occupation to the socially marginalised community. The people who have the stigmatising attitude towards the WMS never hesitate to punish or exploit the manual scavengers very badly for small mistakes or for slight delay to the work.

According to the factories act, 1948, a labour is entitled to avail sick leave during his/her illness. The following the narration shows how the women manual scavengers are exploited by the upper caste supervisors whenever they fall sick and take leave from the work.

Six months ago, a four-wheeler while working at the Powergrid Chowk hit me; my right leg was fractured, I could not walk at all. I had to undergo two week medical treatment. I resumed the work after the recovery. I was shocked when got my salary which was very less. When I asked the supervisor about the salary, he said that since I was absent from the work for two weeks they cut my salary. I was so upset because I got the accident while I was at work, they should have given me some compensation, however they deducted my monthly salary. I did not give up, I fought with my supervisors and other officers, but nothing did work, they instead fired me from the work. Then, after a lot of fight with the NMC administrative, I got my job back; however, they shifted me to another place that is so congested, and slum type area where it is not easy to work. This is how the supervisors and the officers misuse their power to exploit us who hail from the lowest rung of the society. (Sangita, age 36)

Like Sangita, Sheela, Sadhan, Mangla, and Reena had the similar experience when they happened to have physical health problems at the workplace, they did not receive any compensation from the NMC, rather experienced salary-cut.

These women engaged in manual scavenging are socially and economically vulnerable and dependent on these upper-caste supervisors and officers for their livelihoods. Therefore, even though they are humiliated and discriminated against by these people, they have very little power to protest or to get their rights ensured.

6.1.3. Stigmatised attitude of public towards WMS

The (women) manual scavengers give services to the society by keeping it clean and thus help in maintaining a healthy environment; however, they in turn receive humiliation, discrimination, and stigmatisation from the society. What follow is

the narrations of some WMS, detailing the stigmatisation they have suffered at the hands of the society where they work.

Ragubai, Savita, Lakshmi, Padma, and Sunita are working on contractual basis in the same area, and they have been engaged in the manual scavenging job for more than 15 years. They mentioned;

If people do not know our name then they can call us sister, but except few, almost all people from working area call us by the name of like Sweeper bai (Sweeper lady),hey corporation wali bai (corporation lady), Safai wali bai (cleaner lady), Kachryawali bai (garbage lady), Zadu wali bai (broom lady), etc. Don't we have name? Are we born without any name? We eat and earn with honesty. We never earn by fraud. In any situation, we do hard work in any condition. We maintain to clean this city, and then people are always complaining to us. We feel so bad and painful when without expecting, we do this hard work for the society, and it gives us back only the bad words.

These women are working near Gittikhadan area, which is located in the civil line. This area is economically better off as most of the residents of this locality have a decent work/business position. However, even in this well-off locality, the behaviour of educated and elite people towards the women manual scavengers is extremely bad. The women manual scavengers are engaged in the work of cleaning and protect people from the dirt, and they are entitled to live a respectful life like other people, but unfortunately, they invariably are humiliated and discriminated from the society. There are numerous accounts that capture how the women manual scavengers face humiliation in their everyday life. Rita, Anita, and Pratibha shared their experiences below.

When we were working in Ashi Nagar Zone, we requested a family nearby our working area to keep our basic working-equipments (viz., broom, tin and a basket) outside their house, since it was difficult for us to carry these equipments from home to working place every day. But, we got a very harsh reply from the family and they did not allow us to keep our things outside their house. However, a few families initially allowed us to keep our equipment-stuffs at their places, but after some days they told us very rudely not to keep the dirty things at our house premises. After that day, we thought, we clean the whole areas and common spaces for their healthy life, and we clean the tin, basket properly in a way that it should not harm other; the households and the society should cooperate with us, then only we can work towards

the cleanliness of the society. The households in the society have however not been nice to us and have been behaving very rudely and offensively whenever we ask them for any cooperation from them.

This was the kind of humiliating experience that was shared by the few WMS. Further, there are some other evidences which capture the violence inflicted upon the WMS when they requested some families in the locality where they work, to keep the sweeping equipment, viz., zadu (broom), tinpatri (tin plate) and topali (Basket) at their house premises.

Anita, one WMS from the above group, shared:

I got a very bad response from one family in my working area, when we request the family to keep our stuffs outside their house. They literally came to beat me. I just said the family, "we are working to maintain cleanliness of you locality, but you people are not behaving nicely with us", then they scolded me very badly and the lady of that family came to beat me as if I committed a big blunder. When we informed the supervisor about the incidence, he did not speak to the family, instead supported the family, and told us "we are workers; we have to deliver whatever the society asks us". My colleagues and I felt like slaves, who are less than human who could not have dignity like other people. After that day, we never talk to these houses and we just do our work. But, the problem is, we always try to plead some families to keep our working instruments, because the NMC does not provide any office place where we can keep our stuffs and where we can change our uniforms as well.

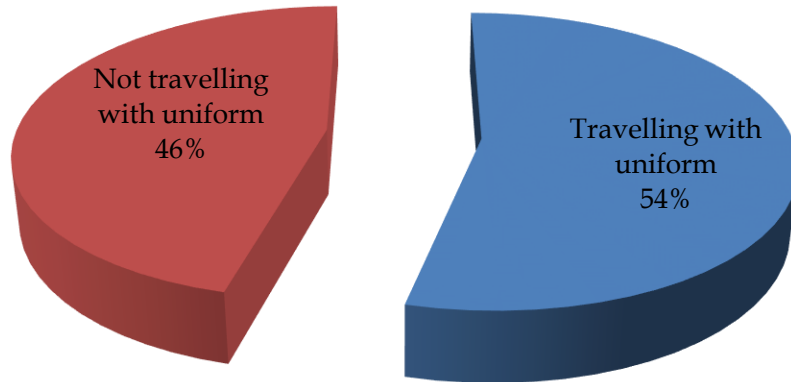
The NMC has the provision for one office and one restroom for all sanitation workers including women manual scavengers. In few wards, offices were established where the WMS could have lunch and keep their work equipments. However, these offices, which were constructed for use by WMS, have mostly been converted into home-structure for the supervisors and officers. Supervisors and officers never allow them to use these offices, though they are made for the WMS. This situation can be found in most of the wards and zones under the NMC.

6.1.4. Humiliation and discrimination because of their uniform

As apparent from Chart 6.2 that about 54 per cent of the total WMS in the study area are in working uniform while commuting between their home and workplace. Since there is no changing room facility, as already mentioned in Chapter 4, these WMS are forced to come to work with the working uniform. The intention for

presenting this information is to know whether the WMS are comfortable with the uniform while commuting to work.

Chart 6.2: WMS travelling with scavenging uniform



In order to analyse the perception of the people on the WMS with working attire, I have employed the *Likert scale* to measure the attitude and perception of public with respect to the WMS who are in working uniform. The scale is divided into four categories, viz., very bad, bad, normal and good. These categories are in fact try to measure the perception of public on the women manual scavengers who are in working uniform.

Chart 6.3: Perception and attitude of public towards the WMS with working uniform

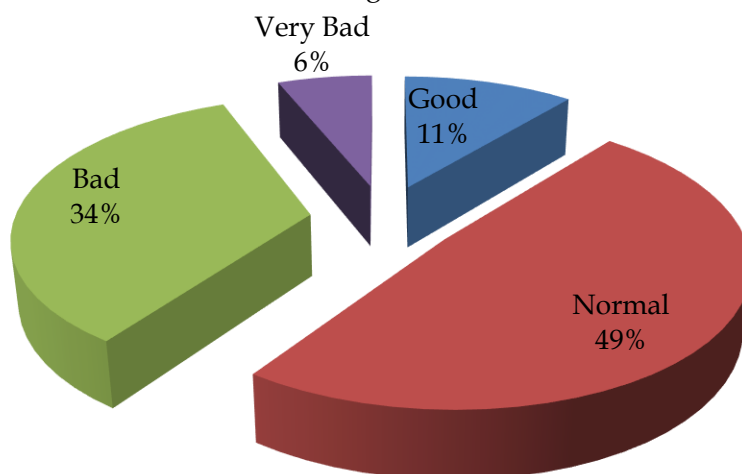


Chart 6.3 captures the perception and attitude of the public towards the WMS who are in working uniform. It is apparent that about 40 per cent of WMS who are in the working attire are found to have received bad response and reaction from the public who travel along with them; and who come across them while roaming around the market or other public places.

The quantification of the perception of public about the WMS who are in the working uniform cannot only be captured by the quantitative figure, we need to support the quantification by some qualitative information collected from the field. Here we present some narrations which help us understand the perception of the public or the society about the WMS in the study area of Nagpur.

One WMS who happened to have experienced the discrimination because of her appearance (dress, uniform), mentioned:

Whenever I travel by an auto-rickshaw with the working attire or uniform, the co-passengers invariably creates some scene that they do not like me at all, and their hatred towards me is apparent from their face; I always feels humiliated while commuting to work. So many times, I go on arguing with the co-passengers whenever they create a humiliating situation for me. I usually tell them that you are paying the fare and I am also paying the fare, I am not taking the free service; if you have any problem of travelling with me you can get down from the auto, why should I do? (Sushila, a WMS, age 45)

This is the reaction and response of the public at the WMS when they commute to work. These women undergo this humiliation every day while commuting to work. In addition, in the places like markets and other public places, these WMS tolerate the hatred, humiliation and dehumanising behaviour of the people towards them. In this regard, we have following anecdotal evidence of three women manual scavengers (the Padma, Pratima, and Lata) who felt humiliated many times at some particular shops (e.g., Snacks and tea corner) by the owner of shops and they eventually stopped going to those shops. They still remember the incidences, and they were very aggressive and showing their anger on the shopkeeper while sharing the incidence of it. Padma 35, Pratima 47, and Lata 42 say:

It was election time when we were working at Ramdaspedh. There was a shop named Agarkar snacks and teashop located at Ramdaspedh. We were in our uniform and had to work late at night because of election time. One day, after finishing the work, we three of us

went to the shop to eat something. We entered the shop and sat on the chair inside. After some time, a man came and told us "do not sit here, these seats are for customers. If you want to order something, go and sit outside where we have kept tables. Go and sit there; we will send someone to take your order." Then we felt very angry, and immediately we replied to the man "are not we, your customers? Have we come to eat free?" But, the man still insisted us to sit outside the shop. Then we felt so angry and left that place. We were so angry and just discussed the incidence and questioned ourselves, are not we human? Do we look like animals that are always covered with mud and dirt? I was wondering how people are behaving with us. Are we really going to pollute other customers if we sit inside the shop? We were so shocked at the behaviour of the shop owner. And, we were more shocked to think about how society is treating us like a dirty animal.

The above qualitative information along with the quantification shows the stigmatising notion of the public or the society on the women engaged in manual scavenging job. These women in their everyday life experience the hatred, humiliation, and dehumanising behaviour from the public or the society. This shows the sick mentality of the society who offers dehumanising treatment to the fellow human beings who are engaged in cleaning profession to keep the society clean and hygienic. The WMS because of their work and their caste-association are invariably stigmatised, humiliated, and dehumanised in their daily lives.

6.2. LIVED EXPERIENCE IN THE SOCIETY

6.2.1. Living conditions of WMS

The life of women manual scavengers in Nagpur, as far as the working condition is concerned, has not been improved over the years. The working pattern and conditions of manual scavenging, as reported by women manual scavengers, remain the same over the last many years, but the quantum of work has increased. Over the years, there have not been any apparent changes in their living conditions. Neither their housing streets have changed nor have their lives changed. Most of the women manual scavengers, as discussed in the earlier chapter, are found to be living in a small-congested room.



Figure 6.1: Living area of WMS adjacent to dumping area



Figure 6.2: Living area of WMS at open drainage

While discussing the living condition and its reflection on their personal life, Savita, 46 years said;

“Sometimes, I felt so bad for my family. I could not give a good education to my children. We (six people) have been living in a small house, but I could not make any change to my housing. Because of this, my children are always making an allegation against me for not providing good things to them, which makes me feel sadder. Now, for my children, I am into this occupation. I did not do this before my marriage, but the job crisis of my husband forced me to take up this job to support my family. However, I know when children are grown up; they will feel uncomfortable in the small housing condition”.

Sheela, a 36 year-old woman manual scavenger, employed in the NMC, shared her deplorable living condition as follows:

I have been living in the Pardi Naka area since my marriage. Excepting a bear shop, there has not been any apparent change in the locality since I came here. If anyone comes to see my house and the locality, they will get an idea in which condition we are living here. We are really living in a very deplorable condition here. We do not have water facility here. We have to fetch water from the public tap for drinking, bathing and cooking; and the lack of water facility at home in effect force us to do open defecation. In addition, there is an open drainage outside of my house, everyone throws wastes at the drain; we are in fact exposed to these wastes as well as to the mosquito owing to the waste-water near our house and we thus fall sick invariably. Another important problem is the presence of the bear-shop at our locality, which makes every man including my husband addicted to alcohol, and the addicted men thus tend to inflict violence upon their women.

Nagpur district is the third populated district in Maharashtra. Vidharbha region of Maharashtra has 11 districts and Nagpur is one of the important districts, famous for producing the electricity for nearly all villages and urban areas. Most of the population is settled in a slum and civil line areas. The population living in slums is poorer and economically deprived. Some of the residents have small private and government jobs that are not enough to give them a basic standard of life to them. Another group of people lives in the slum area, they are economically poor, but along with that they come from marginalized sections like lower caste and within that caste also they are working in group four jobs like manual scavenging, labour work, rag picking, etc.



Figure 6.3: Housing of woman manual scavenger

The living condition of manual scavengers is the worst, and the environment of their locality is dirtier. Based on the primary data major findings have arrived from the interview:

- Significant majority of manual scavengers are living in the same settlement.
- Children of this community go to government schools for their primary education.
- Significant majority of the male members of this community, including the sons of WMS, are engaged in the manual scavenging work in various departments.
- Conditions of their houses are most filthy and dirty.
- Open drainage and the small open *miles* (Gutter) are found in their living places.
- Except for a few places, no *kachra kundi* (Garbage dustbin) can be found.

The living condition of Savita and Sheela is not at all different from other women manual scavengers in Nagpur district. For WMS in an urban area, the load of work is not much like rural women manual scavengers who are traditionally into this profession and are cleaning the dry toilets and roadside dirt including human excreta. Nevertheless, the load of the burden of caste is the same because both bear

the burden of the dehumanizing task of carrying the filth or waste to meet the survival needs.

Figure 6.4: House of a WMS at (sewage) dumping yard



The questions arise: are these women not able to get any other livelihood opportunity for their survival? Or do they really like to do these tasks? Or are they feel comfortable with this work? It may be likely that thus far they have not realized about their work and their caste relation with the work.

Among all the women manual scavengers working in two zones of Nagpur, few said that they feel disgusted by the work they do. A major reason behind this is, even today most women are still so engrossed and occupied in this caste-based work that they do not realize that they can do other work to make their lives better. Stigma rules over their mind. And, even if some women want to speak out, the fear of losing the work keeps them silent.

6.2.2. Discrimination and harassment from the neighbours

When we asked some WMS whether they have ever experienced discrimination in their neighbourhood, they replied they have not faced any kind of discrimination and harassment from the neighbours. Particularly, Chanda (age 36), Geeta (age 41), and Sudha (age 50) responded to our question that “where we live, people from all castes and classes live, and nobody discriminates. Everyone talks nicely.” This answer may appear to show that this women manual scavengers and their family did not face any discrimination, but when a similar question was asked differently, then their answers were also different. When these women were asked if they were ever invited to any functions such as marriage, birthday, and any religious occasions by their neighbours, they replied *“We people are never invited. Whenever there is any function, those people never invite anyone from our community. Yes, if there is any cleaning work to be done after the program, then they call us to do that.”*

It is thus clear that the WMS are never invited to participate in the merry-making party of their upper-caste neighbours, but they are needed to clean the mess created by these neighbours. These WMS apparently are discriminated by their neighbour; they however fail to make out this as discrimination. There are many cases which tell how the women engaged in manual scavenging are getting discriminated at their living area. Prabha Devi (age 50), among others, has experienced the harassment and discrimination by her neighbours. She shared her experience below.

Few years ago, we were living in Pardi Naka, where some upper-caste families were also living there. Except a few families, all other families knew about my work. There upper caste neighbours used to create a lot of problem for us. When I reach home, they will call me to clean the small open drainage; and usually when I was not at home, they will call my son and husband to clean the drainage. I was pissed off many a time, and one day I told them "we are not staying here to clean you dirt. If you need cleaning, you can call the NMC workers and get it cleaned by them. This is not my duty." After my reply to them, they threatened me that they would not allow me live there. I was shocked at their behaviour, how can they not allow us to stay in my own house. After some time, all the upper-caste families came to us, abused us physically and orally, and tried to throw us out of our own house. That was terrible experience with these upper-caste neighbours. However, because of my children I did not want to lodge a police-complaint against them. My husband and I decided to leave that locality and sold our house at a very cheap rate. Now we are living here in a rented house. (Prabha Devi, age 50)

Not only does this occupation makes them live in a deplorable living condition, but also exposes them to discrimination and harassment from the people around them.

6.2.3. Caste-discrimination and dropout of the children of WMS

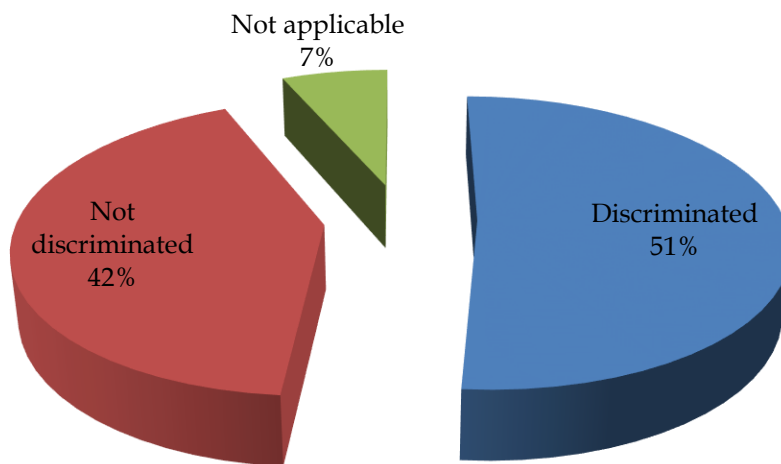
The majority of the women engaged in manual scavenging reported that their children happened to be discriminated and humiliated by their schoolmates and teachers at school. This is quite apparent from Chart 6.4 which shows that about 51 (i.e. 78 WMS) per cent of women said that their sons or daughters have experienced discrimination at school by their teachers as well as by their fellow students. Further, 64 WMS mentioned that their children never faced any kind of discrimination in school or colleges. However, the quantitative representation of data in fact does not capture the reality of the problem faced by these people who claimed their kids have never experienced discrimination at schools.

This caste-discrimination or humiliation in school has in effect forced the children of the WMS to discontinue their schooling.

In this regards, Surekha, a women manual scavenger, 47 year-old woman manual scavenger who narrated her case how the caste-based discrimination forced her son to quit schooling forever.

I am belonging Mehtar community. When I was working in a hospital, I was on the post of sweeping-job. I used to clean the hospital and hospital premises. That time all the senior doctors and all the staff called me by the name of 'sweeper bai.' Since these educated people were calling me by this name, I thought, I was identified as 'sweeper' in the official document. When my son had to go to school, the administrative person asked me the name of my caste, and then I told him it was sweeper as all the educated people at the hospital used to call me sweeper bai. After some years of schooling, my son did not want to go to school, when I inquired I came to know everybody including teacher and students were teasing him by his caste identity. When I went to ask his teacher; he scolded me and told me "sweeper is not a caste, you, illiterate person, belonging to the dirtiest community, do not you know what caste name is." I felt so humiliated that day, and realised how my son tolerated the humiliation every day when his schoolmates along with his teachers teased and treated him inhumanly. They used to insult him like, "hey boy, what is your caste. You do not know, you are a sweeper or Mehetar." My son never went to school after the eighth standard and I even did not force him to go school. I contemplated, if these people had not called me by my occupational name, my son would not have discontinued his education. Today my son is not educated because of my mistake; he had some dreams which could not have been fulfilled. (Surekha, age 47)

Chart 6.4: Discriminated by students and teachers at school



The above narration has indeed captured the reality of caste-based discrimination which the children of majority of WMS happened to have gone through because of the occupation of their parents as well as because of their caste-identity. This

discrimination and humiliation are in fact found to have deprived these poor children from their rights to education.

When we asked them differently with respect to the experience of caste-discrimination at school, they were quite confused and replied that their children did experience less discrimination and untouchability in the school, as they are mostly friendlier with the children of their community. When we asked, whether your children have ever shared about the discrimination at school, few of them answered the following:

Most of the friends of my children are from our community only and their parents are also doing the same work. Therefore, there is very less possibility to be discriminated from their friends whose parents are also into manual scavenging.

Some of them who claimed that her children are not experienced discriminations however replied us the following.

My daughter is going to a private school. I have never seen any friend of my daughter coming to my house up until now. However, whenever I asked her about her friends, she always replied, 'mala maitrini Nahi awadat' (I do not like friends).

The above answers are clear enough to indicate that how the WMS who are in denial that their children have never experienced caste-discrimination at school fail to understand the different forms of discrimination faced by their kids.

As already discussed, the caste-segregated Indian society does not teach the upper-caste people to treat the lower caste people, e.g. Dalit, humanely. The caste-based division of the society in fact breeds hatred towards people who are relegated to the bottom of society. Therefore, the upper-caste teachers and children of upper-castes are in fact taught not to behave nicely with the children of the lower-caste families.

6.2.4. WMS are tied to manual scavenging

6.2.4.1. The reality of caste and relation of work

It is seen that most of the women manual scavengers interviewed have revealed their hatred towards manual scavenging, as apparent from Table 6.1, which shows that around 74 per cent women engaged in manual scavenging do not like to do

manual scavenging at all. These women are not happy to work as manual scavengers, but as it will be seen in the subsequent paragraph, because of their (caste-) Dalit-identity, they are not getting any dignified job or respectful job, and are forced to take up the work of manual scavenging.

Table 6.1: Hatred towards the work of manual scavenging

Sub-Caste	(Percentage)		
	Hatred for work	No hatred for work	Total
Mahar	69 (76.67)	21 (23.33)	90 (100)
MPSB	41 (69.49)	18 (30.51)	59 (100)
Others	2 (66.67)	1 (33.33)	3 (100)
Total	112 (73.68)	40 (26.32)	152 (100)

It is clear that the majority of WMS interviewed have a lot of hatred towards the job they do, they deal with the problems of manual scavenging every day, nevertheless they are trapped into same occupation. The manual scavenging, as already emphasised, a caste-based imposition upon some specific castes which are located at the bottom of the caste-hierarchy. As understood from the discussion with the WMS from the study area, they deal with the slavery-like job and live in the hatred-society. They always think about how they got involved in this work, and whether their children will be able to come out this trap; whether they will be able to get a dignified job which is not connected to their caste. There are many questions that come to their mind.

In this regards, the two brief cases of woman manual scavengers, namely Leena (33 years old woman manual scavenger) and Sheela (56 years old women manual scavenger), clearly present the idea to understand how they are forced to do same job which they have been trying to quit. Leena said:

We do not want to do this work. If I get any other job, I will definitely quit this job. It is very hard to work during summer and monsoon. I receive only 4000 rupees per month; I spend 1000 rupees for my daily commuting to work; most of the time I take advance from the supervisor for my family-needs, as with this money it is difficult to manage the family for an entire month. (Leena, age 33)

It is apparent from the above that it is really difficult to manage the family for the entire month with the limited salary, and especially it is more challenging to survive when the male members of the family find it difficult to get a job, say sewage cleaning. In that situation, the WMS is the only hope to feed the family, and even though she does not like the job, she cannot imagine leaving the task of manual scavenging. Leena is educated and belongs to new generation who is able to realize why women like her are involved in this occupation. She also shares her experience and her husband's experience as manual scavengers.

Even after taking education, my husband does not get any good job, and, thus, he is forced to take up the job of a security guard in an apartment. Prior to the job of a security guard, he was driving auto-riksha, but owing to some health problem, he stopped driving auto and joined the job of a security guard. With the little money earned by my husband, it is difficult to run the family; and to support my family I tried to get some job, but no one offered any job to me; then I was forced to take up this cleaning job. (Leena, age 33)

Similar to the case of Leena, many women who are trapped into the job of manual scavenging because of the family. Now the question arises: Is poverty the only reason that compels women to take up manual scavenging? The poverty is not the only reason which pushes these women into the hell of manual scavenging; it is indeed beyond poverty, otherwise, the so-called upper-caste poor who are located at the highest layer of the caste-hierarchy would have been in manual scavenging; they are however are not found in this occupation. Leena understands and realizes why women like her are into the inhuman occupation. Perhaps, like her, there are very few who can realize why they are not getting any respected job and why they are doing the cleaning job instead. She said:

I know, I belong to lower caste because of that my husband and I did not get any good job. We do not have money to start any small business like others; but for family needs and for the education of children, we are doing this work even though we are not interested in the job. (Leena, age 36)

Because of the caste-identity, Leena's husband, despite being educated, did not get a good job; he is more frustrated as he is unable to give anything to his family. To get rid of this tension, he resorted to the addiction of alcohol and tobacco. Leena further said:

Because of tension, my husband takes alcohol and tobacco every day. When I asked him to stop this addiction, he replied to me that it is better to die than doing nothing, there is no use of my education if I am not able to provide good food to my family. I am worried for him; I do not say anything to him because I am scared if he does anything wrong. (Leena, age 36)

Another case can give more reflection the issue of caste and caste based work compulsion on family who really wants to change their and their family's life. Sheela, a 56 years-old woman manual scavenger, from the study area, shared her following experience of how she and her family are tied into the task of manual scavenging even though they have a lot of hatred towards this work.

I have been in this job since the last 40 years. Before coming to Nagpur city, my husband and I were working in our village, which is in Uttar Pradesh. We used to do all the work, including, cleaning the village every day, we had to clean the toilet. I was especially going to 14 to 15 houses to clean their dry toilet. My duty was to wake up early in the morning and go with my husband to clean the whole village. My son was helping us to clean the road, open drainage, and all roadside garbage, waste and everything whatever the village people throw out of their home. Even we have to clean and carrying all dead and decomposed animal to outside the village. After this task, I have to go to all the houses and clean their dry toilets. I have to carry the all human shit in one toakri (basket) and then decompose in one place which was located outside the village. After that, I used to return home, wash myself and then make food for my family. I have one daughter, but we never take her to the cleaning work in the village because in our relative one girl while cleaning the road along with her mother was sexually assaulted by the upper-caste boys and her family could not do anything against the perpetrators. After that incidence, we decided not to take our daughter anywhere. Because of daily work, I felt so sick and then I was unable to go for toilet cleaning. Then my sister in laws used to go but she had to go for clean the houses toilet in village. Therefore, she was not able to do every time. Most of the time, my relatives were trying to push my daughter into this profession; but my husband and I were completely against putting our daughter into this profession. There were continuous pressures from our relatives as well as from the upper-caste families to send our daughter to clean the village toilets. However, we declined to do so, and decided to leave the village. Though there was pressure from our relatives for not to leave the villages as the burden of cleaning entire village would fall on them, still we left the village forever. However, after coming to this city I was thinking that here we may not have to face any kind of discrimination. However, the thing is the same here. We wanted to leave manual

scavenging work. My husband also tried so hard to find a different job, but he was not able to get any other job. Everyone just asked him to come for sewages cleaning work because they asked previous work history. So finally, he also understood this is our traditional occupation, and we have to do this only because this society does not provide the right to choose other occupation and then he and even I started to work in manual scavenging in Nagpur city. Now my son is also working in a sweeper position in NMC. My daughter did not complete her education after 10th, but sometimes she also comes to help me here. We are doing the same work in the city, but the only thing is we are secured here compare to the village. We are facing humiliation and discrimination here but not facing so much as we were facing in the village every day. I know the humiliation and harassment happened with us, but I am ok with that because I already faced a lot of harassment, humiliation, and discrimination by upper caste in our village. Now we never go back in our village, the good thing is my brother-in-law, and their family have left the village now only one family is there from my sweeper community, but I know they have a lot of burden now. I wish they also should leave that village as soon as possible.

It is understood from the above narration that manual scavenging is a caste-based occupation imposed largely upon the Dalit women; and the occupational mobility of these women is almost forbidden because of their caste-tag. Even though they have a lot hatred for the humiliating job of manual scavenging they have to continue with the job as they do not get any other livelihood opportunity because of their identity. Therefore, the caste-based occupational stigma is indelible for women who belong to the Dalit community. The society calls them untouchable who cannot touch anyone and nor anyone touches them. Even though they wish to leave the caste-based occupation to take up any other dignified jobs, they are, as highlighted in the above case, failing to do so because of their permanent of stain of caste-affiliation.

6.2.4.2. Jajmani and women manual scavengers

Apart from the caste, there is another system called *jajmani* or *jagirdari* that in fact ties the Dalit women into the slavery of manual scavenging. From the field interaction with these women engaged in manual scavenging we get to know how the *jajmani* along with caste bounds the Dalit-women to the dehumanising task of manual scavenging. The WMS who were interviewed revealed how the *jagirdari* custom forced them to take up manual scavenging. Shakuntala, a 55 year-old

WMS, who struggles in her life of slavery, i.e. manual scavenging, to which she was tied at an early age. She shared:

My age is 55 now. I got married when I was just 17 years old. Just after class tenth, my father did not allow me study further, instead got me married to a 22 year old man who was a permanent employee at the NMC. My mother-in-law was also a manual scavenger at the Corporation, and she used to do the work of cleaning roads, colonies, schools, etc. In the beginning it was all fine. In the first year of marriage, I used to do only household works and did not go out for working. After some time my mother-in-law was shifted to the work of cleaning the public toilets. Since she was on contractual basis, there was a fear of losing the job if refused, so she had to work no matter what. During that time, I also had a baby girl. Then, after one and half years, my mother-in-law had severe pain in the stomach along with vomits. She had become very weak and kept on working. Then my father-in-law, mother-in-law and husband decided that I should take my mother-in-law's position. They thought that if she died then it would be difficult to get the job so it would be better to take it now. Without consulting or asking me for my consent, I was made to start the work. At that time my daughter was very small, and I had to leave her with my mother-in-law to be able to go to work. I still remember the first day of my work. My mother-in-law gave her jhaadu (broom) in my hand. She also came along with me to show and to teach me the work. I was very scared of the work, but was more scared of my husband's orders. That day my mother-in-law showed me with a lot of pride and arrogance how to clean the public toilet. She ordered and I did. It was a very congested and filthy area where the public toilet was located. It was being used all the time by people because most of them did not have private toilets in the slum. That was the reason why it was very dirty. It had very bad stench. (Shakuntala, age 55)

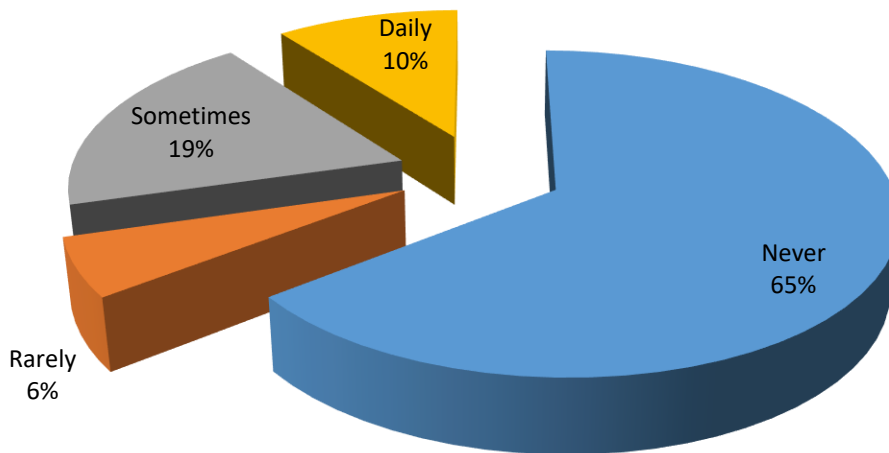
It is followed from the above discussion that the caste along with the jajmani trapped the Dalit women into the hell of manual scavenging. This trap of manual scavenging is similar for all the Dalit women who despite realising this slavery are unable to break if and forced to accept this caste-based occupation. No matter how much this affects their mental and physical health, they are left with no other choice but to take up this work. How difficult it must be, to see each day get reduced from your life, and live with the fear that what if your children also have to do this work. Most of the respondents said that because there was no other work available, they accepted this work for survival. But when asked about how many daughters have been engaged in this work as compared to sons, then most of them

said that the daughter can study as much as they can, and when they cannot then they do other works such as tailoring or beautician. The WMS said that they do not want their daughters to join this work like they had to, as long as the daughters were with them. After marriage, it was considered the daughter's fate. However, very few of them said that they would not marry their daughters with someone who was a manual scavenger or a sewage worker. Therefore, while there is some change in terms of not wanting to make daughters do the cleaning work when she is unmarried, the circumstances after marriage remain the same. The effective change for the next generation can only happen with the help of social cooperation and equality, without the women will not be able to do much.

6.2.5. Domestic violence on WMS

Men manual scavengers tend to get intoxicated or addicted to intoxicants or alcohol; as already discussed, they are not to be blamed for the addiction to intoxicants, rather the nature of works that makes them addicted to tobacco or alcohol. The husbands of the WMS are engaged in sewage cleaning and cleaning of septic tanks which in effect make them addicted to alcohol. It is apparent from the above that about 35 per cent of total men in the families of women manual scavengers tend to take alcohol before getting into the work of sewage cleaning or septic tank cleaning. This usage of alcohol among the men of the WMS tends to inflict violence upon the women of the manual scavenging households.

Chart 6.5: Alcohol usage among the male members



In order to understand the implication of alcohol-addiction on women manual scavengers, we documents some cases which capture how the addiction to alcohol has ruined their family completely. Sharda, 38 year-old WMS, shared how the alcohol addiction has almost spoiled her life and her children’s life.

In the early days of our marriage, my husband was not taking alcohol at all. After some time, he started drinking daily; when I asked “why is he drinking so much” he replied that “if he is not drunk how he can manage to enter into the sewage as it stinks.” He further said that “no one will ever dream to do this job; for livelihood, I am doing this dehumanising work.” I always curse my life; I am very scared that my husband may die as his liver is already damaged; the doctor suggested him, he must stop alcohol now, otherwise he will die soon. He has already damaged his liver because of his addiction to alcohol. He is so addicted to alcohol, he cannot live without it. I am completely worried what I will do; whenever I try to stop him from drinking I get beaten like animal; and when I did not allow him to drink he beat me and fractured my hand. I am alive and living with my husband only for my children; and I am doing this manual scavenging on a contractual basis again because of my children. (Sharda, age 38)

The aforementioned narration can explain the mental and physical pain of Sharda; and there are so many WMS who have got the similar experiences of how alcohol-addiction has ruined their families. The life of these WMS revolves around the

caste-identity, manual scavenging, and death, which have serious bearing on the future of their children.

Here, there is another case of domestic violence on women engaged in manual scavenging occupation. Shankutala, age 55, shared her experience how her husband forced to push into the profession of manual scavenging; when she declined to do the hell of manual scavenging she had to get beating from her husband mercilessly. She shared her experience below.

I have been in this job since the last 36 years. I was really disgusted by the work of cleaning the toilet because I had never done it before. In my mother's house, I did not clean even our own toilet. But it was as if I was married only to clean toilets! My appetite suffered, and I couldn't eat much after coming home from work. This was a reason why I could not breastfeed my daughter properly. My weakness led to her weakness. She had to be admitted to a hospital because of being undernourished. I was very worried, and one day out of anger, I told my husband that I didn't want to do this work. He fought a lot with me and said that even my father did this work. He said I was not from a royal family that I would die doing this work. He added that when he and his family did not die, why I would die. When the fight got intensified, my husband beat me up. That was the first time I faced domestic physical violence, and that too for this work. From then on, without saying much, I have been cleaning toilets. The only difference is that earlier I felt very disgusted, but now I do not. Life keeps moving. (Shankutala, age 55)

From the experience of Shankutala, it is evident that the WMS were violently forced to take up the arduous manual scavenging job. They do not have the right to dissent against the imposition of jajmani-manual scavenging upon them.

6.2.6. Perception of remarriage of widow-manual scavengers

It is already discussed that the caste-system in India is largely based on the principle of endogamy, that is, it does not promote the inter-caste marriage, stresses on intra-caste marriage. All the castes people follow this endogamy strictly. Like all other castes, the manual scavenging community also follows the intra-caste marriage in which a boy engaged in manual scavenging generally marries a girl from the manual scavenging community only. The men from the manual scavenging community are mostly into work of sewage cleaning and

cleaning of septic tanks, because of this work they tend to die early. The death of man involved in manual scavenging has an irreparable loss to his wife;

With respect to the remarriage of widow-manual scavengers, we have the following narration provided by them.

The man I married suddenly left us and never came back to ask how we are living. My parents got rid of their burden by sending me into this hell. I am living with my two children. If I were married again, even that man would have been into cleaning work. What if he also got sick or died because of this work? My life would become hell again. Every man of our community does only this work, and men from other communities will not marry a mehtrani (manual scavenger) like me. (Chanda, age 38)

Sanghalata, a 49 year-old WMS, whose husband died just two year after her marriage shared why she did not marry again.

I never thought to marry again. My parents made me married to a person who was a sewage worker and was also addicted to alcohol, and my husband died very early after my marriage because of his illness. He left me alone with one child. After the death of my husband, my parents insisted me marry again, but I declined to do so because I knew any one whomever I marry again would be definitely involving in this ganda kam (dirty work). Now I am old and I do not have any regret to remain as a single mother.

Similarly, one more case of a widow-WMS shared the somewhat same view why she did not get married again after the death of her husband.

My husband was a worker in the NMC. He died because he was suffering from tuberculosis (TB). The doctor suggested us that if he continued the sewage cleaning work he would die, and eventually he died because he could not stop the work. My husband died ten year ago, I am still alone. I would be happy to remarry if the person whom I would marry is not into the job of sewage cleaning. However, I would not find any of my choice, and not anyone from other caste would marry me since they think we are not part of their society. This is wrong, we are also human, and everybody has an equal right to marry anyone. Our society however does not understand and it would not accept us. (Anita, WMS, age 35)

It is clear from the above narration that the fear of remarriage that is very strong among the widow manual scavengers. The reasons for their course of action can be summed up as follows. Firstly, the life expectancy of manual scavengers is low *ipso facto* the second marriage is also likely to be short-lived. Secondly, if the

widow-WMS wishes to marry someone from non-manual scavenging community she is restricted by the strict endogamic system.

This signifies how the caste-based societal structure and its rigid rules relegates some to the occupation that one despises and at the same time hinders the individuals from inter-marrying outside the community that would give them respite from the caste-based occupation.

6.3. SUMMARY OF THE CHAPTER

This chapter has discussed the lived experience of women engaged in manual scavenging occupation. It has analysed the experience of discrimination, humiliation, stigmatisation and dehumanisation by the women manual scavengers in the study area of Nagpur. The women engaged in manual scavenging go through these experiences at two places – one at the workplace and another at the society where they live. In what follows, the findings of this chapter are summarised.

The primary data shows the evidence of discrimination and untouchability experienced by the WMS from the upper caste and class officers at work place. The quantitative information shows that about 54 per cent of the total WMS interviewed are reported to have experienced untouchability and discrimination at work place. In order to capture the different form of discrimination and humiliations faced by the WMS and to complement the quantitative data we have collected qualitative information. It is seen from the data derived from the field that the WMS who are in denial about the experience of the discrimination and humiliation at work are found to have been humiliated and discriminated by the upper-caste supervisors and officers. The taunts received by them are entirely due to their caste position.

Our finding also shows that as the WMS are dependent on their supervisors for work, the cases of sexual harassment by the latter go unreported. Apart from sexual harassment, the women manual scavengers also experience humiliation and discrimination from the supervisors for minor faults; they face a cut in their wages for absence from the work or delay for work. Further, the WMS have deep-

seated stigma in them that they do not have confidence to use an electronic gadget, say mobile phone publicly.

The study also shows the modalities of humiliation the WMS face from the local community they work in. Many a times when the WMS requested the local families to keep their working equipment at their premises, they were not only refused but also abused by the local families.

Furthermore, the other space of humiliation faced by them is on their way to work. The uniform becomes the means through which their identity is publicly revealed. As a result, they are ill-treated and humiliated at the tea shops and other public places. Even though they can afford to buy anything to eat, they are not treated respectfully like other people.

Apart from the discrimination and humiliation they face at the work place and other public spaces, they also tend to face the similar conditions at their living place. The living condition of these WMS is deplorable as they live in congested place, mostly located near slum and open-drainages. Even though they clean the toilets, they lack toilet facility and water facility at their houses.

The WMS women also face everyday discrimination from their neighbours. They are excluded from merry-making and religious events because of their caste identity. Unsurprisingly, the exclusion is restricted to celebrations only. The WMS are called to clean up the filth after the events. They are also forced to clean the open drains of their neighbours and are harassed in case they dare to refuse.

The chapter reveals the ways in which the WMS are tied to manual scavenging. It is seen that around 74 per cent of the total WMS interviewed have the serious hatred toward the task of manual scavenging, nevertheless they are stuck to the manual scavenging. The caste-tag is found to have closed the door for other dignified livelihood opportunities. It is seen that the caste-discrimination and humiliation by the fellow schoolmates and teachers at school actually lead to drop out of the children of the WMS. In addition, even though the individuals from the manual scavenging community have the eligibility for the respectful job, they are not offered the job because of their caste identity; instead, they are offered to the menial jobs like manual scavenging. In addition, the jajmani system forces the

women to take up the job of manual scavenging just after their wedding. As also understood from the literature, the caste and the jajmani system in fact tie the generations of Dalit women into the dehumanising manual scavenging.

Some women manual scavengers are found to have faced domestic violence, as the husbands of the WMS are users of and addicted to alcohol because of their involvement in the barbaric work of sewage cleaning.

The chapter finds that around 27 per cent of widows in the total WMS are suffering from the hell of loneliness in their life. These women are scared to remarry a manual scavenger, as the chances of his death are high due to the nature of the job; and marrying outside the community, as Babasaheb Ambedkar had proposed to break the caste system, still does not seem to be an option. Thus, the life of a Woman Manual Scavenger is no less than a hell.

CHAPTER SEVEN

DISCUSSION AND CONCLUSION

7.1. RESEARCH ISSUES ADDRESSED IN THE STUDY

Manual scavenging is a millennia-long occupation deeply rooted in most parts of the country. It is the most-dehumanising occupation that deals with cleaning and collecting of human and animal excreta and waste manually with the help brooms and small tin plates and carrying them in baskets for disposal at the dumping area, located far away from the living area (Bhattacharjee, 2014). This caste-based occupation is imposed upon some specific sub-caste of the Dalit (the SC community). The manual scavenging is a women-centric job as around 95-98 per cent of the total manual scavengers in India are women (Singh, 2014).

Up until now, the practice of manual scavenging has been unabated despite the several constitutional provisions and legislatures (e.g. the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993 and the Prohibition of Employment of Manual Scavengers and their Rehabilitation Act, 2013). The heinous practice of manual scavenging is largely imposed upon the Dalit women of this country; as a result, these women are stigmatised, humiliated, discriminated and deprived in their socio-economic domain of their life. In addition, every day these women come in close contact with excreta, waste and garbage that make them prone to a number of health problems and thus make them suffer from numerous health problems. Though the effect of manual scavenging on socio-economic life as well as on health of the manual scavengers are largely discussed, still these issues pertaining to women manual scavengers are largely under-researched by the academia and scholars. In this study, we have therefore made an endeavour to analyse the socio-economic as well as health issues of the women engaged in manual scavenging profession in the Nagpur district of Maharashtra. We have however studied the following specific objectives:

- 1) To analyse the demographic and socio-economic conditions of women manual scavengers in Nagpur district of Maharashtra

- 2) To analyse the health issues of women manual scavengers in Nagpur district of Maharashtra
- 3) To delineate the living conditions of women manual scavengers in Nagpur district of Maharashtra

7.2. DATA AND METHODOLOGY EMPLOYED IN THE STUDY

This study was based on Nagpur district of Maharashtra. Following the simple random sampling method, we selected 152 sample of WMS from two zones under the NMC. These women were contractual workers under the NMC. We employed the interview schedule method to collect the data from the selected zones of the study area. We employed the SPSS software to analyse the quantitative data, and for qualitative data analysis, we manually decided the qualitative data themes.

7.3. DISCUSSION OF THE FINDINGS

The objective of the study was to examine socio-economic and health issues of the women manual scavengers in Nagpur district of Maharashtra. In what follows, we have discussed major findings of the study.

In Nagpur district, the Dalit women are mostly engaged in the most-dehumanised manual scavenging in India. They do not possess good education as none of the family members of the scavenging households are not seen to have studied beyond 10-year of schooling. The lack of good education among the women manual scavengers is mainly because of the poor financial conditions and caste-based discrimination at school or other educational organisation.

Most of these women do not have any livelihood asset (e.g. farmland) that could have given them the edge to switch over to some other dignified jobs. Almost 93 per cent of the total interviewed WMS do not own any farmland that could have helped them liberate from manual scavenging and rehabilitate them into any respectful occupation.

The Dalit women receive abysmal earnings from the job of manual scavenging, which is insufficient to meet their family needs including medical and commuting charge to work. Moreover, most of these women do not have any alternative source

of livelihood opportunity or income, as reported in analysis. Therefore, they tend to borrow from the informal sources to meet these needs, which make them remain indebted.

Finally, the government's schemes or provisions do not benefit these women employed in the NMC, as almost 97 per cent of the total sample of WMS reported not to be aware of any government schemes or provisions meant for them. The asymmetric information with respect to the schemes make these women deprived of several schemes devised to liberate or rehabilitate them from the manual scavenging.

As far as living condition is concerned, the WMS in the study area live in a very deplorable condition. They live in congested place of two-room house with no separate cooking space in it. Since they lack toilet facility, they defecate in open space. There is no water facility at their housing area; the most of the scavenging households rely on public water tap and private tanker for drinking water. The living areas of the women manual scavengers mostly are located near open drainage and open defecation area. They are not accepted by the urban mainstream society of Nagpur, they are thus forced to live in a segregated and secluded colony with humiliating names such as *chamar nala*, *sweeper basti*, *pardesi mohalla* and so on which further perpetuate the stigmatisation of these people.

Not only are the living conditions of women engaged in manual scavenging very deplorable in nature but also their working condition is also deplorable. The women engaged in manual scavenging in Nagpur city have to do the heinous manual scavenging without any safety measure such as hand globe, protective mask, uniform, shoes, headgear, etc. The absence of these safety measures at the workplace make these women expose to hazardous substances, and infectious agents. As a result, they face the numerous health problems such as skin-infection, eye-infection, body ache, cold, cough, headache, fever and so on as they are more expose to hazardous substances, and infectious agents. Beck and Darokar (2005) and Darokar and Beck (2006) reported the similar kinds of illness in their studies of manual scavengers in Maharashtra and Gujarat.

The absence of toilet, absence of resting room or changing room, and unavailability of water facility at workplace have serious bearing on the health of the women engaged in manual scavenging. Lack of the abovementioned facilities at work place causes several urine-related health problems like UTI and others urine-related problem among the women manual scavenger in the study area. For example, the absence of toilet facility at work forces these women to resort to open and unhygienic place for urination which accentuates their likelihood of getting urine-infection. Also, owing to absence of toilet and resting room at workplace they are forced to use the sanitary pad for a long time during the menstrual cycle which result in severe urine-infections among these women

Apart from the deplorable living and working conditions, as presented above, the women engaged in manual scavenging often face stigmatisation, humiliation and discrimination at the places where they work, public places and the place where they live. We discuss these lived experience of women engaged in manual scavenging in Nagpur district of Maharashtra.

As learnt from our study, the women manual scavengers are humiliated and discriminated at workplaces for tiny mistake or little delay to work by the supervisors and other officers. They even face sexual harassments from the supervisors, which go unreported because they are very much dependent on these supervisors for their livelihood. These people do not have alternative employment opportunity because of their lower caste-affiliation. They are so ingrained into manual scavenging that even though they could realise the discrimination and harassment they face, they are hapless to do anything against these experiences.

In public places such as teashops, market, restaurants, buses or other travelling vehicles (e.g. auto-rickshaw), these women are humiliated or discriminated because of their attire or working-uniforms.

In addition to the workplace and public places, these women tend to face discrimination from the doctors and nurses whenever we use the services of government hospitals. Often these doctors do not offer proper diagnosis and care to the WMS because of their works and caste-tags.

As observed from the WMS from the Nagpur district, the women who do manual scavenging tend to face discrimination and harassment from their neighbours in the living area. Nevertheless, they are helpless or powerless to do anything to safeguard their dignity, as they have to rely on these upper caste people for their daily bread.

Humiliation, harassment and discriminations are entangled with the work and caste-identity of the women engaged in manual scavenging. The humiliation and discrimination tend to follow these women wherever they go, wherever they live, and wherever they work. Around 74 per cent of total WMS interviewed have the serious hatred towards the task of manual scavenging; nonetheless, they are entangled with it that they cannot escape from it.

From the above discussion, we have disclosed the following characteristics of the women engaged in manual scavenging profession in Nagpur district of Maharashtra.

- ✓ Belonging to the lowest rung of the society
- ✓ Less education
- ✓ No livelihood asset (e.g. farmland holding)
- ✓ Abysmal income from manual scavenging
- ✓ No alternative livelihood opportunity
- ✓ Stigmatised, humiliated and discriminated in every sphere of the life

Now, we will explain why they are ingrained into the degraded manual scavenging. These women own no education, no wealth, no livelihood asset, and no alternative employment opportunity because of their caste-affiliation. Though these elements explain the involvement of men into manual scavenging, it still does not explain the engagement of women into manual scavenging. Along with the abovementioned factor, there is a prominent practice, i.e. *jajmani*, among the manual scavenging community, through which, the daughter-in-law is forced to inherit the job of manual scavenging from the mother-in-law. Similar explanation was provided by Singh (2014) and Wilson and Singh (2017) for concentration of women in manual scavenging.

In addition, there has not been any proper implementation of policies and programmes, designed for the manual scavengers. As a result, the practice of manual scavenging goes on unabated and rope the marginalised women into it. Furthermore, these women because of less education are so ignorant about the available policies and provisions, devised for them. Their ignorance about these schemes and policies is further not helping them liberate and rehabilitate into other dignified jobs.

7.4. POLICY SUGGESTIONS

7.4.1. Effective implementation of the policy

As understood from the literature, that the policies on manual scavengers has hardly been implanted and prosecuted any individual who employ manual scavengers. The policies, especially the recent policy on manual scavengers, need strict implementation to end or reduce the practice of manual scavenging as well to rehabilitate the manual scavengers into some dignified occupations. Further as argued by Sinha and Ghosh (1991) and Institute of Social Development (2007), the rehabilitation of (women) manual scavengers should not be into the sanitation related job, should rather be into some respectful jobs, which would take them out of the trap of the socio-economic vulnerability.

7.4.2. Application of modern technology to do manual scavenging

As found in the study-area that the women manual scavengers are forced to clean small open drainages, which are full of human excreta and waste that are flushed away from the private pour-flush toilets. Hence, there should be application of machine or technology to clean these waste or excreta from the open drainage.

7.4.3. Special legislature for women manual scavengers

Manual scavenging is a women centric job as the women manual scavengers clean most public toilets and public spaces in India. Nevertheless, the policy makers or legislatures have largely titled the legislative efforts or policies on manual scavengers towards men manual scavengers and the issues of women manual scavengers have almost ignored or overlooked. Therefore, there must be some

special provisions or policies devised to address the several socio-economic and health problems of the women manual scavengers.

7.4.4. Committee of women manual scavengers

Form our study we have discovered that the women who are engaged in manual scavenging tend to be exploited and humiliated at work place by their supervisors and other officers. Unlike men, the women manual scavengers do not have any union to deal with their problems. Hence, there must be committee of women manual scavengers at every municipal corporation to address their problems at work.

7.4.5. Safety measures for women manual scavengers

The women engaged in manual scavenging invariably get in close contact with hazardous substances, infectious agents and bacteria and so on because of the their nature of manual scavenging; and, they are likely to get hit by vehicles while cleaning the main roads and other streets. The municipal corporation must provide adequate safety measures such as headgear, protective mask, shoes or long gumboot, good quality hand gloves, uniform, raincoat, winter clothes, proper apron, and so on to the WMS in order to safeguard them from several health problems, which they are prone to.

7.4.6. Toilet, resting room and water facility at work

As noticed in our study, 22 per cent of the total interviewed women manual scavengers often get the urine-infection (e.g. UTI), which is primarily because of the absence toilet facility and resting room or changing room facility at workplace. The urine infection of these women further worsens when do not get the drinking at workplace. The municipal corporation should install the toilet and resting rooms near the working area; and most importantly should facilitate the water facility at work, which would then reduce these women's chance of getting urine-infection.

7.4.7. Health insurance and medical reimbursement:

In study area, the contractual women manual scavengers are socially as well as economically marginalised section of the society, whenever they fall sick or meet

any medical emergency, they fail to meet their catastrophic medical shocks, as they do not avail any health insurance from the NMC. The municipal corporation must provide health insurance, reimbursement of medical expenses and dispensary facility and so on to the women engaged in manual scavenging.

BIBLIOGRAPHY

- Akram, M. (2015). *Sociology of Sanitation*. Delhi: Kalpaz publishers.
- Ambedkar, B. (1990). *Writings and speeches*. Maharashtra: Education Department, Government of Maharashtra.
- Ambedkar, B. R. (1916, May 9). *CASTES IN INDIA: Their Mechanism, Genesis and Development*. Paper presented at an Anthropology Seminar taught by Dr. A. A. Goldenweizer Columbia University. Retrieved from http://www.columbia.edu/itc/mealac/pritchett/00ambedkar/txt_ambedkar_castes.html
- Ambedkar, B. R. (1982, 1989, 2010). Caste in India; Mechanism, Genesis and Development. In In B.R. Ambedkar. *Babasaheb Ambedkar: Writings and Speeches*. Mumbai: Material Publication Committee, Government of Maharashtra.
- Ambedkar, B. R. (1982, 1989, 2010). Annihilation of caste: The annotated critical edition. In B.R. Ambedkar. *Dr. Babasaheb Ambedkar Writings and Speeches* (pp.3-23; 25-96). Maharashtra: Material Publication Committee, Government of Maharashtra.
- Ambedkar, B. R. (2010). *Writings and Speeches, Dr. Babasaheb Ambedkar Vol.1*. Mumbai: Material Publication Committee, Government of Maharashtra.
- Ambedkar, B. R. (2011). *Achut Kaun Aur Kaise?*. In B.R. Ambedkar. *Dr. Babasaheb Ambedkar Writings and Speeches*. Maharashtra: Education Department, Government of Maharashtra.
- Ambedkar, B. R. (2013). *National Conference on Community in Manual Scavenging: Problems, Dynamics & Way Forward*. Mumbai: Tata institute of Social Science.
- Ambedkar, B. R. (2016). Annihilation of Caste with a reply to Mahatma Gandhi. In B.R. Ambedkar. *Dr. Babasaheb Ambedkar Writings and Speeches Vol.I* (pp.23-96). Maharashtra: Education Department, Government of Maharashtra.
- Asian Human Rights Commission. (2009). Caste based discrimination: the continuing curse of manual scavenging.

- Asian Human Rights Commission. (2009). *Caste based discrimination: the continuing curse of manual scavenging*. Retrieved from: http://idsn.org/uploads/media/Caste_based_discrimination_-_the_continuing_curse_of_manual_scavenging__AHRC_2009_.pdf
- Bainiwal, M.C. (2013). *NarakPesha, MailaPratha: Sir Par MailaDhonaNiyatiBani (Hindi)*. SamyakPrakashan, New Delhi.
- Bakshi P.M & Kashyap C.S. (2010). *The Constitution of India, as amended by The Tamil Nadu Legislative Council Act*. New Delhi Universal: Law Publishing Co.Pvt.Ltd (pp 3-4).
- Barbour, S. T., T. Palikovic, J. S., and Narula S. (2007) *Hidden Apartheid: Caste discrimination against India's Untouchables*. [Shadow Report to the UN Committee on the Elimination of Racial Discrimination (CERD)]. New Delhi: Centre for Human Rights and Global Justice and Human Rights Watch.
- Baru, R., Acharya, A., Acharya, S., Shiva Kumar, A.K., & Nagraj, K. (2010). Inequities in Access to Health Services in India: Caste, Class and Region. *Economic & Political Weekly*, 14(38), 49-59.
- Baruah, A. (2014). The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013: A Review. *Space and Culture, India*, 1(3), 9-17.
- Basu, S. K. (1991). *Report of the Task Force for tackling the problems of scavengers and suggesting measures to abolish scavenging with particular emphasis on their rehabilitation*. New Delhi: Government of India, Planning Commission.
- Beck, Darokar. (2005). *Report of the Survey Conducted for Identifying Existing Dry Latrines in Maharashtra and Socio-economic status of scavengers engaged in Manual scavenging*, Tata Institute of social sciences, Mumbai (pp 47-100).
- Bhasha Singh. (2012). *Unseen: The Truth about India's Manual Sc*. New Delhi: Penguin.
- Bhattacharjee, S. S. (2014). *Cleaning Human Waste:" manual Scavenging," Caste, and Discrimination in India*. United States: Human Rights Watch.

- Bhattacharya, S. & Bawane, D. (2014). Valmiki of Gujarat: An Existence in the Lap of Daily Exclusion. *Indian Journal of Dalit and Tribal Social Work*. 2 (5), 49-70.
- Bhoi, S. (2011). *The Supreme Court of India Judgement: Delhi Jal Board versus National Campaign for Dignity and Rights of the Sewerage and Allied Workers & Others*. New Delhi: Human Rights Law Network.
- Bindeshwar, P. (1991). *Road to Freedom: a Sociological Study on the Abolition of Scavenging in India*. Delhi: Motilal Banarsidass Publishers.
- Bob, C. (2007). Dalit Rights Are Human Rights: Caste Discrimination, International Activism, and the Construction of a New Human Rights Issue. *Human Rights Quarterly*, 29(1), 167-193.
- Borooah, V. K., Sabharwal, N. S., & Thorat, S. (2012). *Gender and caste-based inequality in health outcomes in India*. Indian Institute of Dalit Studies.
- Bryman, A. (2008). *Social Research Methods*. Oxford: Oxford University Press UK.
- Chatterjee, P., Dasgupta, J., Rangamani, S., & Patel, J. (2012). Work, Health and Rights. *Medico friend circle bulletin*, 352-354.
- Cox, O. C. (1944). Class and Caste: A Definition and a Distinction. *The Journal of Negro Education*, 13(2), 139 -149. \
- D'Souza, P. (2016). Clean India, Unclean Indians Beyond the BhimYatra. *Economic & Political Weekly*, 51 (26/27), 22-25.
- Daily News Analysis (2010, January 29) Death of manual Scavengers due to Unhygienic working condition. *Daily News Analysis*.
- Darokar and Beck (2006). *Study on Practice of Manual Scavenging in the State of Gujarat*. Mumbai: Tata Institute of Social Sciences.
- Darokar, S. (2018). Manual scavengers: A blind spot in urban development discourse. *Economic and Political Weekly*, 53 (22).
- Darokar, S.K.(2008).Nagratik Karnacha Imala, Jati Vyavastacha Paya Adhunik Sharathil "Vitalnare" vyavasai va safai kamgar(In Marathi). *Samaj Prabodhan Patrika*, 87-95.
- Deliege, R. (2001). *The Untouchables of India*. New York, US: Berg publishers.

- Gatade, S. (2015). Silencing Caste, Sanitising Oppression: Understanding Swachh Bharat Abhiyan. *Economic and Political Weekly*, 50 (44), 29-35.
- Ghose, Sagarika (2003). The Dalit in India. *Social Research*, 70(1), 83-109.
- Ghosh, S. (2017). Women in National Parliament: An Overview. *Journal of Politics & Governance*, 6(1), 5-11.
- Gittelsohn, J. (1994). *Listening to women talk about their health: Issues and evidence from India*. Har-Anand Publications.
- Gopal, M. (2013). Ruptures and reproduction in caste/gender/labour. *Economic and Political Weekly*, 48(18), 91-97.
- Government of Maharashtra (2019). *History, District Nagpur*. Retrieved from <https://nagpur.gov.in/history/>
- Government of Maharashtra (n.d). *The Minimum Wages Act, 1948*. Retrieved from <https://maitri.mahaonline.gov.in/pdf/minimum-wages-act-1948.pdf>
- Gupta, A. (2016). Manual Scavenging: A case of denied rights. *Indian Law Institute*.
- Harris, O., & Young, K. (1981). Engendered structures: some problems in the analysis of reproduction. In J.S.Khan & J.R. Llobers (ed.). *The Anthropology of pre-capitalist societies* (pp. 109-147). London: Palgrave.
- Harvey, D. (1998). The Body as an Accumulation Strategy. *SAGE Journals*, 16(4), 401-421.,
- Horekens, C., Khan, S., & Sidhu, S. (2014, July 17) *Women Champion their Liberation from Manual Scavenging in India*. Retrieved from <http://asiapacific.unwomen.org/en/news-and-events/stories/2014/7/women-champion-their-liberation-from-manual-scavenging-in-india>
- Indikosh (n.d.). *Nagpur District*. Retrieved from <https://indikosh.com/dist/563515/nagpur>
- IndiKosh. (n.d.). *Nagpur Municipal Corporation*. Retrieved from <https://indikosh.com/city/564872/nagpur>

- Indikosk (n.d.). *Maharashtra State*. Retrieved from <https://indikosh.com/st/553027/maharashtra>
- Ingole, Angha, (2016). Scavenging for the State: Manual Scavenging in Civic Municipalities. *Economic and Political Weekly*, 51(23).
- Institute of Social Development (2007). *Impact of Scheme of Training and Rehabilitation on Socioeconomic Improvement of Scavengers in Rajasthan*. Draft Report, prepared by Institute of Social Development, Udaipur, Rajasthan. Retrieved from http://planningcommission.nic.in/reports/sereport/ser/ser_istr.pdf
- ISDN (2012). *Background Note*. National Conference on Promotion of Equality at Work in India: Manual Scavenging Project, "Background". Retrieved from http://idsn.org/wp-content/uploads/user_folder/pdf/New_files/Key_Issues/Manual_scavenging/2012/Background_note_on_ILO_conference.pdf
- Jan Sahas Social Development Society (2014). *Socio Economic Status of Women Manual Scavengers, UN Women, Fund for Gender Equality*. Retrieved from www.unwomenindia.org
- Jha, M. (1997). *Schedule Caste Today*. New Delhi: M.D. publications pvt, ltd.
- Kadlak, H., Salve, P. S., & Karwade, P. (2019). Intersectionality of Caste, Gender and Occupation: A Study of Safai Karamchari Women in Maharashtra. *Contemporary Voice of Dali*, 1-9.
- Kalaiyarsan, M., & Kumar, S. (2014). A Study On Socioeconomic Conditions Among Scavengers With Special Reference To Ganeshapuram, Thiruvearampur Block, Truchirappalli District. *Indian Journal of Applied Research*, 4(12).
- Kannabiran, K., & Singh, R. (Eds.). (2008). *Challenging The Rules (s) of Law: Colonialism, Criminology and Human Rights in India*. New Delhi: SAGE Publications Inc.
- Katiyar, S. P. (2014). Manual Scavenging: Retrograding Policy and Sustained Discrimination. *Indian Journal of Human Development*, 8(1), 111-146.

- Kaulagekar, A. & Radkar, A. (2007) . Social status makes a difference: Tuberculosis scenario during National Family Health Survey. *Journal of Tuberculosis*,54, 17-23.
- Khobragade, K.S. (2016). Issues of dalit women: Untouchability and violence against manual scavengers in India. *Human Rights International Research Journal*, 4(1).
- Khurana, I., Ojha, T., & Singh, B. (2009). *Burden of Inheritance: Can we stop manual scavenging? Yes, but first we need to accept it exists*. New Delhi: Water Aid India.
- Kothari, C.R. (2007). *Research methodology methods and techniques*. Jaipur: New age international (p) limited.
- Kumar, K.S. (2018). A study on occupational hazards faced by manual scavengers: with special reference to social work intervention. *National Journal of Multidisciplinary Research and Development*, 3(2), 41-44.
- Kumar, R. (1994). *Scavengers of Patna: A Study of Their Socio-Economic Status*. Mumbai: Tata Institute of Social Science.
- Kumar, V. (2014). Scavenger Community at the Crossroads: reflection on State Intervention, Welfare and Abstruse Welfarism. *Indian Journal of Dalit and Tribal Social Work*, 2(1).
- Mahajan, N. (2018, August 27). Honour killing continues unabated in Haryana. *The Pioneer*. Retrieved from: <https://www.dailypioneer.com/2018/state-editions/honour-killing-continues-unabated-in-haryana.html>
- Makar E. M. (2008). *An American's Guide to Doing Business in India*. New Delhi: Adams Media
- Malkani, N.R. (1960). *Report of the Scavenging Conditions Enquiry Committee*. New Delhi: Ministry of Home Affairs, Central Advisory Board for Harijan Welfare.
- Mander, H. (2010). 'Words from the Heart': Researching People's Stories. *Journal of Human Rights Practice*, 2(2), 252-270.

- Manual Scavengers: Welfare and Rehabilitation. (2013). Lok Sabha Secretariat Parliament Library and Reference, Research, Documentation And Information Service (Larrdis).Retrieved from <http://164.100.47.193/intranet/Manual%20Scavengers%20welfare%20and%20Rehabilitation.pdf>
- Manual scavenging is illegal but still persists. (2016, May 27). *Business Standard*. Retrieved from <https://www.business-standard.com/>
- Maurya, H., & Arshad, M. (2018). Manual scavenging in India: issues and challenges. *Research journal of social sciences*, 9(9).
- Mehta, V. (2015). *Caste, Urban Spaces and the State: Dalit in Telangana* (Report No. 9). Retrieved from The Hindu Centre for Politics & Public Policy website: https://www.thehinducentre.com/migration_catalog/article22982283.ece/BINARY/Policy%20Report%20No.9
- Michael, S. M. (2007). *Dalits in modern India: vision and values*. New Delhi: SAGE Publications India. pp. 11-35
- Ministry of Health and family Welfare (MoHFW). (2011). *Annual Report to the People on Health*. New Delhi: Government of India, Ministry of Health and family Welfare.
- Ministry of Labour and Employment (n.d.). *The Industrial Disputes Act, 1947*. Retrieved from <https://mahakamgar.maharashtra.gov.in/images/pdf/industrial-disputes-act-1947.pdf>
- Ministry of Law and Justice (2013). *The Prohibition of Employment as Manual Scavengers and heir Rehabilitation Act, 2013*. Retrieved from <http://socialjustice.nic.in/writereaddata/UploadFile/manualsca-act19913635738516382444610.pdf>
- Mohanty, M.(2004). *Class, Caste, Gender*. New Delhi: Sage Publications India Pvt Ltd.
- Nagpur City Map, Retrieved from <https://studychacha.com/discuss/361204-nagpur-municipal-corporation-zones.html>

- Nagpur Municipal Corporation (n.d.). *About NMC*. Retrieved from <https://www.nmcnagpur.gov.in/about-nmc>
- Nagpur Municipal Corporation, Retrieved from <https://www.nmcnagpur.gov.in/>
- Narayanan, A. (2013, August 29). *A Discussion on Manual Scavenging at IIT, Madras*. Retrieved from Nirmukta: <http://mrmukta.com/2013/08/29/a-discussion-on-manual-scavenging-at-iitmadras/>
- Nayar, K.R., (2007.) Social exclusion, caste & health: A review based on the social determinants framework. *Indian Journal of Medical Research*, 126,355-363.
- Niazi, S., & Lys, A.(2008, July 21). A Nation's Lowest Women Work under Severe Degradation. *Women News Network*, Retrieved from <https://womennewsnetwork.net/2008/05/12/a-nations-lowest-women-work-under-severe-degradation-123/>
- Nigam, D.D. (2014). I, a Manual scavenger, not your vote bank. *Economic and Political Weekly*, Vol. XLIX (41).
- Noronha, K., Singh, T., & Malik, M. (2018). *Manual scavenging in India: A literature review & annotated bibliography*. New Delhi: Centre for Policy Research.
- Ournagpur (2018, Spetember 1). *Safai kamagaranchya samsyansati samanvay Samiti Gatith Kara. Ournagpur*, Retrieved from <https://ournagpur.com/committee-for-problems-of-cleaning-workers/>
- Panda, P., & Agarwal, B. (2005). Marital violence, human development and women's property status in India. *World development*, 33(5), 823-850.
- Pandita, R. (2017). *Manual Scavenging: The Struggle to Stay out of Pits*. *Open The Magazine*, 08 September 2017. Retrieved from <https://www.openthemagazine.com/article/society/manual-scavenging-the-struggle-to-stay-out-of-pits>
- Parameshwara, S. (2013). *The role of BBMP in the rehabilitation of Pourakarmikas in Karnataka- special reference to Bangalore city - A sociological study*. PhD

- thesis submitted to Bangalore University. Retrieved from <https://shodhganga.inflibnet.ac.in/handle/10603/70243>
- Participatory Research in Asia (2018). *Bodies of Accumulation: A study on Women Sanitation Workers in Jhansi, Uttar Pradesh*. New Delhi: PRIA.
- Pathak,B.(2015). *Sociology of Sanitation: Environmental sanitation, public health and social deprivation*. New Delhi: Kalpaz publication.
- Penchansky, R., Thomas, W. (1981). The concept of access: definition and relationship to consumer satisfaction. *MED Carevol*, 19(2), 127-140.
- Phuley, J., (2002). "Slavery," in G.P. Deshpande (ed.) *Selected Writing of Jotirao Phule*. New Delhi. ISBN 978-81-89524-371.
- Planning Commission (2000). *Maharashtra State Development Report*. Mumbai: IGIDR Planning Commission and Government of India.
- Ponnuchamy, M (2014). *Social outrage of manual scavenging in Tirunelveli District Tamilnadu* (Doctoral dissertation). Manonmaniam Sundaranar University, Tirunelveli, Tamil Nadu, India. Retrieved from <https://shodhganga.inflibnet.ac.in/hande/10603/135557>
- Pradhan, S., & Mittal, A. (2019). Ethical, health, and technical concerns surrounding manual scavenging in urban India. *Journal of Public Health: From Theory to Practice*. <https://doi.org/10.1007/s10389-01389-019-010397>
- Prasad, B. D. (2007). Scavengers and scavenging in Andhra Pradesh. *Indian Journal of Social Work*, 68(2), 189-203.
- Prasad, V. (2000). *Untouchable freedom: A Social History of a Dalit Community*. New Delhi: Oxford University Press.
- Praxis Institute for Participatory Practices (2014). *Down the Drain: A study on occupational and health hazards and the perils of contacting faced by sewerage workers in Delhi*. New Delhi: Praxis.
- Pria. (2018). *Bodies of Accumulation: A study on women sanitation workers*. Research Report.

- Qadeer, I. (2012). *AshaKillaru Dalit Mahilaokaswasthaevam Adhikar*. New Delhi: Panos Institute.
- Ramaiah, A. (2007). *Dalits' Physical and mental health: Status, Root causes and Challenges*. Mumbai: Tata institute of Social Sciences.
- Ramaiah, A. (2015). Health status of Dalits in India. *Economic and Political Weekly*, 50(43), 70-74.
- Rashtriya Garima Abhiyan (2011). Eradication of human practice of Manual Scavenging and Comprehensive Rehabilitation of Manual Scavengers in India. Retrieved from https://www.indiawaterportal.org/sites/indiawaterportal.org/files/Eradication_Inhuman_Practice_Manual_Scavenging_India_Rashtriya_Garima_Abhiyaan_2011.pdf
- Rashtriya Garima Abhiyan (2013). Violence against manual scavengers: Dalit women in India. A Report submitted to Un Special Rapporteur on violence against women (During her visit to India between 22 April - 1 May 2013). Retrieved from <http://www.dalits.nl/pdf/violenceagainstmanualscavengers.pdf>
- Ravichandran, B. (2011). Scavenging profession: Between class and caste? *Economic & political weekly*.46 (13) 21.
- Sabde, Y. D., & Zodpey, S. P. (2008). A study of morbidity pattern in street sweepers: a cross-sectional study. *Indian journal of community medicine: official publication of Indian Association of Preventive & Social Medicine*, 33(4), 224.
- Safai Karmachari Andolan (2007). A Movement to Eradicate Manual Scavenging in India.
- Salve, P., Bansod, D., & Kadlak, H. (2017). Safai karamcharis in a vicious cycle: A study in the perspective of caste. *Economic & Political Weekly*, 52(13), 38-41.
- Sankaran, S. N. (2008). Social Exclusion and Criminal Law. In K. Kannabiran, & R. Singh (Eds.), *Challenging the Rule(s) of Law Colonialism, Criminology and*

- Human Rights in India* (pp. 121-141). New Delhi: Sage Publications India Pvt. Ltd.
- Sathayaseelan, S. 2013. Neglect of Sewage Workers: Concerns about the New Act. *Economic and Political Weekly*, 48 (49), 33-37.
- Selvamani. R. & Rajan. D. (2015). Socio-Economic Status of Dalit Women Sanitary Workers: a Social work Perspective. *Indian Journal of Applied Research*, 5(12). ISSN- 2249-555X.
- Shahid, M. (2015). Manual scavenging: Issues of caste, culture and violence. *Social Change*, 45(2), 242-255.
- Sharma, R. (1995). *Scavenger in Indian society: Marginality, identity and politicization of the community*. New Delhi: M.D. publications pvt, ltd.
- Singh, B. (2012). *Unseen: The Truth about India's Manual Scavengers*. New Delhi: Penguin group.
- Singh, R. & Ziyauddin (2009). Manual scavenging as social exclusion: A case study. *Economic and Political Weekly*, 44 (26-27), 521-523.
- Singh, R. K. (2009). Manual scavenging as social exclusion: A case study. *Economic and Political weekly*, 521-523.
- Sinha, B. and Ghosh, A. (1991). *Sanitation and Environment: Evaluation of Low Cost Sanitation in Gujarat*. New Delhi: Arnold Publishers.
- Srinivas, M. N. (1955). *India's villages*. New Delhi: Asia Publishing House.
- Srivastava, B.N. (1997). *Manual Scavenging in India: A Disgrace to the Country*. New Delhi: Concept Publishing Company. ISBN 81-7022-639-2
- Srivastava, V. K. (2014). On Sanitation: A Memory Ethnography. *Social Change*, 44 (2), 275-290.
- Swaminathan, H., Lahoti, R., & Suchitra, J. Y. (2012). Gender Asset and Wealth Gaps: Evidence from Karnataka. *Economic and Political Weekly*, 59-67.
- Tandon, D. & Basu, B. (2016, April 23). Manual Scavenging Must End. *Economic and Political Weekly*, Vol. 51, pp.4-5.

- Teltumbde, A. (2014). No Swachh Bharat without annihilation of caste. *Economic & Political Weekly*, 49(45), 11.
- Teltumde, A. (2014). No Swachh Bharat without Annihilation of Caste. *Economic Political Weekly*, 49 (45), 11- 12.
- Thakur, A., & Khadas, M. (2007). *Narak Safaichi Gosht (Marathi translation*, pp. 54-58). Pune: Sugava Publication. ISBN 978-81-88764-97-6.
- The Bounded labour (Abolition) Act, 1976. Retrieved from [https://labour.gov.in/sites/default/files/TheBondedLabourSystem\(Abolition\)Act1976.pdf](https://labour.gov.in/sites/default/files/TheBondedLabourSystem(Abolition)Act1976.pdf)
- The City of Nagpur Corporation Act, 1948, Retrieved from <http://www.bareactslive.com/MAH/mh650.htm>
- The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993. Retrieved from <https://labour.gov.in/sites/default/files/TheEmploymentAct1993.pdf>
- The Industrial Disputes Act, 1947, Retrieved from <https://mahakamgar.maharashtra.gov.in/images/pdf/industrial-disputes-act-1947.pdf>
- The Protection of Civil Rights (PCR) *Report of the Protection of Civil Rights Act, 1955*. Retrieved from <http://socialjustice.nic.in/writereaddata/UploadFile/The%20Protection%20of%20Civil%20Rights635748995396817343.pdf>
- Thekaekara, M. M. (1999). *Endless Filth: The Saga of the Bhangis*. Bangalore: Books for Change.
- Thorat, A., & Joshi, O. (2015). The continuing practice of untouchability in India: Patterns and mitigating influences. *India Human Development Survey Working Paper*, (2015-2).
- Thorat, S., (2010). *Caste, Social Exclusion and Poverty Linkages – Concept, Measurement and Empirical Evidence*. New Delhi: Indian Institute of Dalit Studies.

- Thorat, S.K., (2009). *Dalits in India* (pp.110-120). New Delhi: Sage Publications India.
- Tondon, D. and Basu, M. (2016). Manual Scavenging Must End. *Economic and Political Weekly*, 51 (17), 4-5.
- UNDP and UN Solution Exchange (Gender Community of Practice) (2012). *Social Inclusion of Manual Scavengers: A Report of National Round Table Discussion*.
- United Nations Development Programme & UN solution Exchange (2012). *Social inclusion of manual scavengers*. National Round Table Discussion organised by United Nations Development Programme and UN Solution Exchange (Gender Community of Practice), Retrieved from <https://www.undp.org/content/dam/india/docs/pub-povertyreduction/Social-inclusion-of-Manual-Scavengers.pdf>
- Velaskar, P. (2016). Theorising the interaction of caste, class and gender: A feminist sociological approach. *Contributions to Indian Sociology*, 50(3), 389-414.
- Venkat, V. (2015, July 09). Manual scavenging still a reality. *The Hindu*. Retrieved from <https://www.thehindu.com/>
- Vibhawari Kamble (n.d.). *Steps toward the Elimination and Eradication of Manual Scavenging Practice: Advocacy Manual for NGO's, CBO's and other related organizations*. Retrieved from org/uploads/media/Manual_for_advocacy_2.doc (accessed August 3, 2014).
- Vivek, P.S. (2000). Scavenger: Mumbai's Neglected Workers. *Economic & Political Weekly*, 35.
- Welchman, L. & Hossain, S. (2005). *Honour: Crimes, paradigms and violence against women*. London and New York: Spinifex Press.
- Wilson, B. (2015). *Interview with Bezwada Wilson* (interview by Abhimanyu Kumar for YouthKiawaaz). Retrieved from <https://www.youthkiawaaz.com/2016/01/interview-with-national-convenor-safai-karmachari-andolan/>

Wilson, B., and Singh, B. (2016). *India Exclusion Report 2016* (pp.298-319). New Delhi: Yoda Press.

Ziyauddin, K. M., & Sanghmitra, S. A. (2006). Dalit Question: Some Concerns about Work and Health. *International Journal of Rural Studie*, 15(2), 11-7.

Zurbrigg, S. (1984). *Rakku's Story Structures of Ill Health and the Source of Change*. Bangalore: Centre for Social Action.

भगवन दास. (१९९६). बाबा साहेब भीमराव अंबडेकर और भंगी जातीया. दलित टुडे प्रकाशन.

भगवन दास. (२०१२). बाल्मीकि जयंती और भंगी जातीया. गौतम बुक सेंटर.

रमणिका गुप्ता, सुशिला टाकभौरे. (२०१५).मॉल मूत्र ढोता भारत; विचार की कसौटी पर. शिल्पायन प्रकाशन.

डॉ मंजुला सहदेव (१९९६) महर्षि बाल्मीकि के उपदेश . पंजाब यूनिवर्सिटी प्रेस.

विद्रोहीवाल्मीकि :विश्वनाथ मिश्र १६-२.मंजरी प्रकाशन सलेमपुर, देवरिया.

१८५७ की क्रांति का जनक नागवंशी भंगी मातादिन हेला १६६८ इ..मिलन प्रकाशन.

डी. पि. शील. (२००४). वाल्मीकि जाती का दर्द. पंचशील प्रकाशन.

संजीव खुदशाह. (२००५). सफाई कामगार समुदाय. राधाकृष्ण प्रकाशन.

मलूक चाँद बेनीवाल. (२०१५).ओमप्रकाश वाल्मीकि कृत जूठन के दो चहरे. पुष्पांजलि प्रकाशन

बौद्धाचार्य एस राव संजीवन नाथ. (१६६७).भंगी जीवन गाथा/ आज के दलित शूद्र .मिलान प्रकाशन.

देव कुमार. (२००४).हाँ हाँ हाँ में भंगी हु. प्रभु प्रकाशन, दलित फाउंडेशन दिल्ली.

भगवान् दस. (१९८१).में भंगी हु . गौतम बुक सेंटर.

मलूकचंद बेनीवाल. (२०१३). सीवर में जिन्दा लाशें. सम्यक प्रकाशन.

मलूक चाँद बैनीवाल. (२०१३). नरक पेशा, मैला-प्रथा; सीर पर मैला ढोना नियति बनी. सम्यक प्रकाशन.

एस. एस. गौतम, अनिल कुमार. (२०१२). वाल्मीकि जाती;उदभव, विकास और वर्तमान समस्याएं.

गौतम बुक सेंटर.

भगवन दास. (२००९). सफाई कर्मचारी दिवस ३१ जुलाई . सम्यक प्रकाशन.

के. एस. तूफान. (२०१०). सफाई का नरक (दलित विमर्श). लता साहित्य सदन.

ANNEXURES

ANNEXURE TO CH. 4

Table 4A.1 : Religion-wise distribution of population in Nagpur according Census 2011

Religion	Male	Female	Total	Share (%)
Hindu	8,53,897	8,17,035	16,70,932	69
Buddhist	1,87,754	1,86,783	3,74,537	16
Muslim	1,47,286	1,40,150	2,87,436	12
Christian	13,416	14,153	27,569	1
Others	23052	22139	45,191	2
Total	12,25,405	11,80,260	24,05,665	100

Source: <https://indikosh.com/city/564872/nagpur>

Table 4A.2: Employed family members of the WMS

Sex	(Percentage)		
	Employed	Not Employed	Total
Female	189 (48.96)	197 (51.04)	386 (100)
Male	183 (56.48)	141 (43.52)	324 (100)
Total	372 (52.39)	338 (47.61)	710 (100)

ANNEXURE TO CH. 5

Table 5A.1: Tobacco usage by age groups

(Percentage)

Age group	Tobacco usage					Total
	Never	Rarely	Sometimes	Daily	NA	
30-40 years	20 (57.14)	1 (2.86)	2 (5.71)	9 (25.71)	3 (8.57)	35 (100)
41-50 years	56 (53.85)	2 (1.92)	10 (9.62)	30 (28.85)	6 (5.77)	104 (100)
51-60 years	9 (69.23)	0 (0.00)	1 (7.69)	2 (15.38)	1 (7.69)	13 (100)
Total	85 (55.92)	3 (1.97)	13 (8.55)	41 (26.97)	10 (6.58)	152 (100)

Table 5A.2: Death occurred during the last four years

(Percentage)

Sub- caste	Age group								Total
	10-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	
Mahar	1 (2.33)	3 (6.98)	5 (11.6)	10 (23.3)	11 (25.58)	5 (11.63)	5 (11.63)	3 (6.98)	43 (100)
MPSB	1 (3.45)	4 (13.79)	3 (10.34)	6 (20.7)	9 (31.03)	4 (13.79)	2 (6.90)	0 (0.00)	29 (100)
Others	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (100)	0 (0.00)	0 (0.00)	1 (100)
Total	2 (2.74)	7 (9.59)	8 (10.9)	16 (21.9)	20 (27.4)	10 (13.7)	7 (9.59)	3 (4.11)	73 (100)

Table 5A.3: Government insurance benefits

Sub-caste	Getting any government insurance		Total
	Yes	No	
	Mahar	1(1.11)	89(98.89)
MPSB	1(1.69)	58(98.31)	59(100.00)
Others	0(0.00)	3(100.00)	3(100.00)
Total	2(1.32)	150(98.68)	152(100.00)

ANNEXURE TO CH. 6**Table 6A.1: People's reaction at the WMS with uniform**

Sub-caste						(Percentage)
	Good	Normal	Bad	Very Bad	NA	Total
Mahar	6 (6.7)	21 (23.3)	9 (10.0)	1 (1.1)	53 (58.9)	90 (100.0)
MMSB	3 (5.1)	18 (30.5)	18 (30.5)	4 (6.8)	16 (27.1)	59 (100.0)
Others	0 (0.0)	1 (33.3)	1 (33.3)	0 (0.0)%	1 (33.3)	3 (100.0)
Total	9 (5.9)	40 (26.3)	28 (18.4)	5 (3.3)%	70 (46.1)	152 (100.0)

Table 6A.2: Alcoholism in scavenging households

(Percentage)

Sub-caste	Drinking Alcohol				Total
	Never	Rarely	Some time	Daily	
Mahar	103 (70.55)	6 (4.11)	21 (14.38)	16 (10.96)	146 (100)
MPSB	83 (60.58)	11 (8.03)	30 (21.90)	13 (9.49)	137 (100)
Others	0 (0.00)	0 (0.00)	4 (80.00)	1 (20.00)	5 (100)
Total	186 (64.58)	17 (5.90)	55 (19.10)	30 (10.42)	288 (100)

QUESTIONNAIRE

PARTICIPANT INFORMATION SHEET

Title of the Research:

Socio-economic and Health issues of Women Manual Scavengers: A case study of Nagpur District, Maharashtra.

Name of the Researcher:

Manisha S. Meshram

Centre for Social Medicine and Community Health,

School of Social Sciences,

Jawaharlal Nehru University.

INFORMED PATIENT/GUARDIAN CONSENT FORM

PART I

		Explained in Detail	Subject's Response if any
1.	Purpose of the Study	[]	Caste and class are social realities in Indian social system. The research is an attempt to emphasize on their social exclusion, which is based on the socio-economic issues, mainly focusing on the important of health of women manual scavengers. The perception of manual scavengers about themselves; society's perception about their work and its willingness to contribute to their upliftment.
2.	Study Procedures	[]	The study procedures includes interviews with only women manual scavengers who's working as contract basis in NMC (Nagpur Municipal corporation) It will also include focused group discussion with other workers (including male and female/ contract workers and permanents).
3.	Risk of the Study	[]	There is no risk to the participants as it mainly involves their experience sharing.

4.	Benefits from the Study	[]	Major concern of this study is to understand the degree and process inequality because of specific work and aspire to open new avenues of further academic research in this field. Additionally it will also try to contribute valuable inputs to knowledge pool of eradicate this inhuman practice or policy framework for their safety and rehabilitation.
5.	Complications	[]	There is no anticipated complication as such.
6.	Compensations	[]	There will be no compensation given for participation in the study.
7.	Confidentiality	[]	The personal information given by the participants will be kept confidential and will not be revealed to anyone at any stage.
8.	Rights of Participants	[]	Anyone selected as respondent for the study may refuse to participate in the study if he or she does not wish to do so. Even after consent, if they wish to terminate the interview in between they are free to do so. This decision is taken to secure right of participants and will have no negative effect on them.

PART II RESPONDENT CONSENT

Name of the Subject:

Signature of Patient/Guardian:

Relationship to Subject:

Date:

Statement of the Investigator:

I, the undersigned have explained to the parent/guardian in a language she/he understands the procedures to be followed in the study and risks and benefits.

Signature of the Investigator

Date:

Name of the Investigator:

Signature of the Witness:

Date:

Name of the Witness:

QUESTIONNAIRE (IN ENGLISH)

SOCIO-ECONOMIC AND HEALTH ISSUES OF WOMEN MANUAL SCAVENGERS: A CASE STUDY OF NAGPUR DISTRICT, MAHARASHTRA

SECTION I: SOCIO-ECONOMIC PROFILE

A. PROFILE OF THE STUDY AREA

Date: _____

Place: _____

1) Household interview Schedule No.: _____

2) Name of the Mohalla/Locality: _____

3) Number of urban block: _____

4) Name of Zone area: _____

5) Name of the City: _____

6) Name of the State: _____

B. RESPONDENT PROFILE

1) Name of the respondent: _____

2) Age: _____

3) Sex: Male-1, Female-2, Other-3

4) What is the religion of the respondent?

Hindu=1 Buddhist=5

Muslim=2 Jain=6

Christian=3 Tribal=7

Sikh=4 Others=8

5) Sub-caste: _____

6) Marital status Married-1 Unmarried-2 Divorce-3

Separated-4 Widow-5

7) Which language you and your family speak?

Marathi=1 Hindi=2

Gond=3 Others=4

8) What is your mother tongue?

Marathi=1 Hindi=2

Gond=3 others=4

9) Type of household Nuclear-1 Joint-2

10) How many year ago did your family come to this city/ zone/ area?

5 to 10 years = 1 30 to 40 years = 4

10 to 20 years = 2 More than 40 years=5

20 to 30 years = 3

11) From where did the family come?

Same state, same district = 1

Same state, another district = 2

Another state = 3

Any other country = 4

12) Name of State/ District/ Village where did your family come from.

13) Was this a rural or an urban (Village /Urban)?

Rural = 1

Urban = 2

14) Do you have farmland at your native place? Yes=1 No=2

15) If yes, do you do farming? Yes=1 No=2

16) If you are not doing farming? Mention the reason for why you are not doing farming _____

17) Primary occupation of the household head _____

C. HOUSEHOLD INFORMATION

1. All those who live under the same roof and share the same kitchen during last year.

Sr. No	Please tell the name of all the people who live and take meals In this house	Age	Sex	Relationship of the respondent

Head=1

Wife/Husband=2

Son/Daughter=3

Brother/sister=4

Daughter-in-law/Son-in-law=5

Grandchild=6

Father/Mother=7

Father-in-law/Mother-in-law=88

Nephew/Niece=9

Sister-in-law=10

Other relatives=11

Others=12

2. Tobacco and Alcohol Use

Name of person	Relation with respondent	Age	Smoke cigarettes? Never=1 Rarely=2 Sometimes=3 Daily=4	Bidis or Hookah? Never=1 Rarely=2 Sometimes=3 Daily=4	Tobacco or gutkha? Never=1 Rarely=2 Sometimes=3 Daily=4	Drink alcohol Never=1 Rarely=2 Sometimes=3 Daily=4

D. EDUCATION: ALL HOUSEHOLD MEMBERS

Sr No.	Name of the family members including respondent	Has ever attend school? Yes=1 No=2	How many standard years has completed? 1st to 3rd =1 3 rd to 5 th =2 5 th to 8 th =3 8 th above=4	After secondary high school what did?	If dropped out or not enrolled, then please mention the reason	What sub did study after high school	Did ever attend college or technical school? Yes=1 No=2	What is the highest level of education has completed	What class/division did get?

Attend regular school/college=1

Studying private=2

Distance education/open university/correspondence =3

Technical degree/diploma in private=4

Technical degree/diploma in gov. =5

Dropped out/ Not enrolled=6

Arts=1

Commerce=2

Science=3

Engineering=4

Agriculture=5

home science/craft/design=6

Others=7

BA/BSC/B.COM/BCA/BBA =1

BE/B.Tech= 2

MBBS/BAMS= 3

Master degree/Ph.D.= 4

Professional/MD.Law/MBA.CA =5

Diploma= 6

Incomplete= 7

Others=8

E. HOUSING AND LIVING CONDITIONS

1) What is the ownership status of your house you live?

Rented= 1

Owned= 2

Office accommodation= 3

Others= 4

2) How long have you been living in this locality? _____

3) House type:

Kaccha =1

Puccka=2

Semi-pakka=3

Any other (specify)=4

4) No. of rooms: _____

0 to 1= 1

1 to 2= 2

2 to 3= 3

3 to 4= 4

More than 4 =5

5) Do you have Kitchen/cooking space? Yes=1 No=2

6) If yes, then where:

Separate space inside the house=1

Others=3

7) Cooking fuel used: Electric heater=1, Solar heater=2

LPG=3, Kerosene stove=4

Wood=5, Coal=6

Cow dung=7, other (specify)= 8

- 8) Drinking water availability: Yes=1, No=2
- 9) Sources of drinking water:
- Tap in House=1
 - Public Tap=2
 - Private tanker=3
 - Use neighbors tap water = 4
 - Any other (specify) =5
- 10) Duration of water supply: _____
- 1 to 2 hours=1,
 - 2 to 4hours=2,
 - 4 to 6 hours=3,
 - More than 6 hours=4
- 11) Toilet facility:
- Within the house=1
 - Open Fields=2
 - Public Toilet/NMC=3
 - Other (specify)=4
- 12) Availability of water in the toilets: Yes=1, No=2
- 13) Electricity Availability in house: Yes=1, No=2
- 14) Drainage near house: Yes=1, No=2
- 15) If yes, type of drains near house:
- Covered =1
 - Open=2
 - Any other (specify)=3
 - None =4

16) Where do you dispose household waste?

In the open space outside the house=1

In the open space away from house=2

In the garbage bin provided by municipality=4

Any others=4

17) How often is the garbage collected from the municipal dustbin by the sanitary workers?

Daily=1,

More than twice a week=2

Week=3,

Once a week=4,

Other (specify)=5

F. WORK PROFILE (WAGE AND SALARY WORK PROFILE)

1) Job of each family member of the women manual scavenger?

Name of the member in house	Work profile	Nature of a Job work Permanent =1 Private/ contract base=2 NGO=3 Others=4	How many days you have to work in a month? 1-15 days=1 1-20 days=2 1-25days=3 1-30 days=4	How many hours did work in a usual day? 1-4hours=1 1-8hours=2 1-12hrs=3 More then 12hours=4	Frequency of payment Daily=1 Weekly=2 Monthly=3 Annual (to be calculated)=4	Have you received any bonus (Including overtime and other clothes or any other items)? Yes=1, No=2

- 2) What is the nature of your work?
- Clean drainage =1
 - Clean road/streets=2
 - Cleaning sewer system=3
 - Clean other toilets=4
 - Garbage=5
 - Clean community toilet=6
 - Clean/removing dead animal and bodies=7
 - Any other (specify)=8
- 3) Do you get job for the entire year? Yes=1 No=2
- 4) If No, what do you do during the non-working days?
- 5) What is the reason for selecting this particular work or is it traditional work?
- 6) Do you have any secondary occupation? Yes =1 No=2
- 7) If Yes, which.....
- 8) How many hours do you work for secondary job?
- 1 to 2 hours=1
 - 1 to 4 hours=2
 - 1 to 6 hours =3
 - 1 to 8 hours =4
 - More than =5
- 9) On what basis do they pay you?
- Daily=1
 - Weekly=2
 - Monthly=3
 - Annually =4
 - Any other (specify) =5
- 10) How much are paid for the secondary occupation?
- 11) Have you done work for your community? Or, during any emergency do you work in your area?
- Yes=1, No=2
- 12) Do the community members pay you for your work?

Yes=1, No=2

13) If yes, how much do you receive per work?

14) Are you getting any protective gear?

Yes=1, No=2

15) If yes, please mention the name of protecting gears

Uniform=1

Gloves =2

Helmet=3

Mask=4

Broom=6

Any others (specify)=7

16) How long does it take to get the protection facility from the NMC?

Once upon a time the work

has been settled =1

Within 3 to 6 month=2

Within 1 to 3 year=3

Within 3 to 6 year=4

Within 10 years =5

17) If you do not get a self-protection equipment, how you protect yourself?

.....

18) Do you have emergency medical services at workplace? Yes=1 No=2

19) Do you face any problem in getting these services? Yes=1, No=2

20) If yes, how do you overcome? Please describe?

21) Toilet facility available at the job place? Yes=1 No =2

22) For changing uniform, are there resting room available at workplace?

Yes=1 No=2

23) If not, how do you change your uniform?

24) Is there any water facility at workplace? Yes=1 No=2

25) If not, how do you manage?.....

26) At the workplace, is there any facility available for your protection from

hard summer and monsoon? Yes=1 No=2

27) If not, how do you manage?

G) INSURANCES FACILITIES

- 1) Do you get any below social security?
 - a) PF: Yes=1, No=2
 - b) Bonus: Yes=1, No=2
 - c) If yes, how much do you get? _____
 - d) Reimbursement of health expenditure: Yes=1, No=2
 - e) If Yes, what kind of _____
- 2) Do you know any government schemes providing for women manual scavengers? Yes=1, No=2
- 3) If yes, have you ever benefitted from it? yes=1, No=2
- 4) If no, please mention reason _____

H) GOVERNMENT SCHEMES AND BENEFITS

- 1) Do you have Ration card? Yes=1, No=2
- 2) If yes, type of ration cards
BPL=1, APL=2,
AAY=3, Other (specify)=4
- 3) Do you have Voter ID card? Yes=1, No=2
- 4) Do you or any of your family member get the pension benefits
Yes=1, No=2
- 5) If yes, then which:
Old age=1,
Widow pension=2,
Others=3, & No benefits=4

I) HEALTH AND OTHER SCHEMES OF INSURANCE

- 1) Do you or any family member have health insurance Yes=1, No=2

- 2) If yes, what is it?
- 3) What is the providing agency? _____
- 4) Do you get benefit of Indira Awas Yojana Yes=1 No=2
- 5) Do you get any other insurance from government? Yes=1 No=2
- 6) If yes, please mention the name of the insurance _____

J) MEMBERSHIPS AND POLITICAL ACTIVITY

Now, I would like to know about the groups or organization that you
(Respondent) belong to.

- 1) Mahila Mondal? Yes=1, No=2
- 2) Self Help Groups? Yes=1,
No=2
- 3) Employee union or professional groups? Yes=1, No=2
- 4) Religious group? Yes =1,
No=2
- 5) Caste association? Yes=1, No=2
- 6) Political Party? Yes=1, No=2
- 7) Have you attended a public meeting called by the nagarpalika/ward
committee in the last year? Yes=1, No=2
- 8) You or is anyone in the household a member of the Nagarpalika/Ward
committee? Yes=1, No=2

K) SOCIAL (LOCAL) ISSUES AND CONFLICT

- 1) If there are small children in the house, then do you have the option to look
after them when you are at work? Yes=1 No=2
- 2) If not, what do you do for them?
We tell the neighbors to watch them=1
We left them alone in home=2

We tell them to take care of them self =3

Others=4

- 3) In neighborhood, do people generally get along with each other or is there some conflict or a lot of conflict?

Lot of conflict=1

Some conflict=2

No conflict=3

- 4) In your area, other caste people lived or only your caste people lived?

All caste people=1

Only my caste people=2

Few specific caste people=3

Other =4

- 5) In your area, do some members practice untouchability? Yes=1, No=2

- 6) In your household, have some members experienced untouchability in the last one year? Yes=1 No=2

- 7) Did you ever experience caste / untouchability discrimination from upper class and caste officers at work place? Yes=1, No=2

- 8) If yes then, how do you react or what was your reaction to them?

I had given answer =1

I was silent =2

Mentally disturbed =3

Others =5

- 9) In your children's school, do teachers and other students have idea about your work?. Yes=1 No=2

- 10) If yes then, how do they react and behave with your children in school and college after knowing about your work?

Good =1 Not good=2 Favorable = 3 Do not like it at all =4

- 11) Do you wear your uniform from home? Yes=1 No=2
- 12) If not, then please explain the reason.....
- 13) Have you ever traveled by wearing a uniform? (From Job place to home or somewhere) Yes=1 No=2
- 14) During the journey, how did people react to you because of your uniform?
Good=1 Normal =2 Bad=3 Very Bad=4
- 15) Do you ever go to the market by wearing a uniform? Yes=1 No=2
- 16) If yes, how did you get feedback and response from marketers and sellers?
Good=1 Normal =2 Bad=3 Very Bad=4
- 17) Did you ever hate your own work? Yes=1 No=2
- 18) If yes then, please mention the reason.....

SECTION II: HEALTH PROFILE

1) What do you do for following illness?

Type of illness	AYUSH	Chemist	Private Clinic	Govt. clinic/PHC/ CHC	Home remedy	Traditional Healer	Other
Cold							
Prolonged cold							
Cough							
Prolonged Cough							
Diarrhea							
Fever							

1) Morbidity Pattern and Treatment Since Last Six Months

Respondent and household	Reported illness	Duration	Mode of Treatment	Place of treatment (Name &)	Cause of choosing	No. of time	Whether hospitalize	Expenses incurred	No. of work days lost due to	Mode of Transport	Expense for Medicine	Total expenditure	Got satisfied services or
1)	2)	3)	4)	5)	6)	7)	8)	9)	10)	11)	12)	13)	14)

2. Name the reported illness/disease, which occurred during last six months. (Fever=1, Malaria=2, Cough and Cold=3, Diarrhoea =4, Dysentery =5, Typhoid=6, Vomiting= 7, Pneumonia=8, Kalazar=9, Ear discharge=10, Night blindness=11, Skin disease=12, Chicken pox=13, Worms=14, Problem of teeth=15, Pain in stomach=16, Fracture=17, Specially women related disease=18, Complications in pregnancy and child birth=19, Problems of new born baby=20, T.B=21, Filarial=22, Leprosy=23, Jaundice=24, Arthritis=25, Polio=26, Others=27

4. Allopathic=1, Ayurvedic=2, Homeopathic=3, Home remedy=4, Local Vaidya= 5, Others=6

5. Government hospital=1, Private hospital=2, Others=3 (Full address of the place where treatment has been availed)

6. Nearby=1, Better facilities=2, Less waiting time=3, Easy to reach=4, Less expensive=5, Affiliation as employee=6, Health insurance=7, Others=8

- 2) If the respondent or family members went to private clinic/ hospital, give the reason.
- 3) If the respondent or family member went to government hospital, please give us the reason?
- 4) Do you always get treatment from here? (Private/ Government) Yes=1, No=2
-
- 5) If yes, then why?
- 6) Did you change your health service / treatment provider during the treatment of your illness?
Yes=1, No=2
- 7) If yes- why? _____
- 8) Who accompanied with you for the treatment?

- 9) What is your preferred place of seeking care? (for short term morbidity)
Government Hospital=1
Private hospital =2
Other=3
- 10) Why? _____
- 11) Whether you were able to take treatment from place of your choice during the last illness episode? (for short and long term morbidity)
Yes=1, No=2
- 12) If no, what is the reason? _____
- 13) Whether women doctor available in the government hospital when you required?
Yes=1, No=2
- 14) If yes, then do you always receive treatment from female doctors? (keep this open ended)

- 15) If no, did you have to visit private because of that? Yes=1, No=2
- 16) Do you have any hesitation / fears or concerns in accessing health services whenever needed because of your work or caste? Yes=1, No=2
- 17) If yes, then what? _____

18) Whether you could take the complete treatment prescribed, when you visited Government and Private hospital?

Particular	Government		Private	
	Yes	Reason if no	Yes	Reason if no
Treatment				
Medicine				
Diagnostics test				
Follow-up				
Referral				

19) In the last six month did your fall sick and were hospitalized? Yes=1, No=2

20) If yes, specify

Sr.no	Type of illness	Mode of treatment	Transportation sources	Total cost
ri				

21) What is the cause of your illness which the doctor revealed to you?

22) If during last 6 months you or your family members did not get hospitalized then, when the last time did you or family members fall ill and got hospitalized and what the illness. (Major morbidity requiring IPD treatment)

Sr.no	Type of illness	Mode of treatment	Transportation sources	Total cost
Government=1, Private=2, Others=3 Auto-rickshaw=2, Rickshaw=3, Walk=4, Cycle=5, Two wheeler=6, Car=7, other= 8				

23) What is your preferred place for major morbidity/ major illness?

Government Hospital =1

Private Hospital =2

Other=3

24) Why? _____

25) Whether you were able to take treatment from the place of your choice during last illness episode for hospitalization? Yes=1, No=2

26) If no, then why? _____

27) Support services during hospitalisation

Only applicable if the respondent or any family member was admitted in the hospital in government or private

Sr.No	Facility	Government (Yes=1,No=2)	Private (Yes=1,No=2)
	Bedding and linen		
	Seating Arrangements		
	Safe drinking facility		
	Free food facility for patient		
	Free medicine		
	Toilet		

28) Mortality and Cause of Mortality

1) If there occurred a death in the household since last 4 years

Yes=1, No=2

2) If yes, then Age and Sex of the decease

Age_____

Sex_____

3) Reported Cause of death _____

4) If not, then please mention reason _____

29) How you paid the fee and other cost (total cost)

1) Please describe about the life time episode/disease in brief (if any in your family)	
2) Did you ever borrow money/take lone for treatment of illness since last two year	Didn't borrow=1, Borrowed without mortgage=2, Borrowed with mortgage=3, loan from bank=4, loan from money lender=5, others=6
3) Give details of the disease episode and amount of money borrowed	
4) Amount of money repaid	Fully repaid=1, half or less than half of total amount=2, others=3

SECTION III

GUIDELINE FOR FGD

- 1) No of Participants:
- 2) Moderator:
- 3) Oral Consent:
 - A) Starting the discussion: -
 - i) Introduction of participant to each of them
 - ii) Introduction of the moderator
 - iii) Summarising the purpose of the study
 - iv) Obtaining informal consent
 - v) Encourage confidentiality
- 2) Conducting the discussion
- 3) End of discussion
 - i) Summarizing the discussion
 - ii) Thanking the participant

QUESTIONNAIRE (IN MARATHI)

दिनांक :

स्थान :

क) प्रोफाइल अभ्यास क्षेत्र

गुती मुलाखत वेळापत्रक :

मोहल्ला / परिसर नाव:

शहरी ब्लॉक संख्या:

क्षेत्र नाव:

शहर नाव :

राज्य नाव:

कार्यस्थल मुलाखत वेळापत्रक :

ब्लॉक क्रमांक :

परिसर नाव / वॉर्ड नाव :

शहर नाव :

राज्य नाव :

ख) प्रतिवादी प्रोफाइल

१) प्रतिवादी नाव:

वय :

लिंग :

प्रतिवादीचा धर्म काय आहे?:

हिंदु =१ बुध्द धर्म =५

मुस्लिम =२ जैन =६

ख्रिस्ती =३ आदिवासी=७

सिख =४ अन्य =८

उपजाती:

वैवाहिक

स्थिती:

विवाहित=१ अविवाहीत =२

घटस्फोटित=३ वेगळे=४ विधवा= ५

तुम्ही आणि तुमचा परिवार घरी कुठली भाषा बोलतात ?

मराठी =१ हिंदी =२ गोंड =३ अन्य =४

तुमची व तुमच्या परिवाराची बोलीभाषा/ मातृभाषा कोणती आहे?

मराठी =१ हिंदी =२ गोंड =३ अन्य =४

घराचा प्रकार: विभक्त=1 संयुक्त=2

तुम्ही अथवा तुमच्या परिवार या ठिकाणी/क्षेत्रात किती वर्षांपासून राहत आहात?

५ ते १० वर्ष

१० ते २० वर्ष

२० ते ३० वर्ष

३० ते ४० वर्ष

४० वर्ष पेक्षा जास्त

तुमच्या परिवार कोणत्या क्षेत्रातून या ठिकाणी स्तलांतरित झाला आहे?

त्याच राज्य, त्याच जिल्ह्यात = 1

त्याच राज्यातून परंतु दुसऱ्या जिल्ह्यातून=2

दुसऱ्या राज्यातून =३

इतर देशातून =४

जिल्हा / राज्य / गाव नाव, कुटुंब कोठून आले:

ज्या ठिकाणाहून स्थलांतरित झाला आहात ते ठिकाण ग्रामीण होते कि शहरी ?

ग्रामीण =१

शहरी =२

ज्या ठिकाणावरून स्थलांतरित झालात तिथे शेती आहे का?

होय =१ नाही =२

जर असेल तर तुम्ही ती शेती करायला जाता का?

होय =१ नाही=२

जर तुम्ही शेती करायला नसेल जात तर न जाण्याचे कारण नमूद करावे?

घरगुती प्रमुख च्या प्राथमिक उद्योग काय आहे?

ग) घरगुती माहिती

१) (त्यांचा करीतI जे गेल्या एका वर्षापासून एकाच छताखाली राहतात आणि स्वयंपाक एकाच छताखाली बनवतात)

अनु क्रम.	या घरात राहणाऱ्या जे कि एकाच स्वयंपाक घरात जेवण करीत असेल त्या सर्व व्यक्तीची नावे सांगा	वय	लिंग	प्रतिवादी संबंध

प्रमुख =१ पणती =६

पत्नी /पती =२ आई /वडील=७

मुलगा /मुलगी =३ सासू/ सासरे =८

बहीण / भाऊ=४ भाचा/ भाची=९

सून/ जावई =५ मेव्हनी अन्य =११

२) तंबाखू आणि दारू सेवन करणारे

व्यक्तीचे नाव	प्रतिवादी संबंध	वय	धूर सिगरेट ? कधीही नाही=१ क्वचितच =२ कधी कधी=३ दररोज =४	बिडी किंवा हुक्का ? कधीही नाही=१ क्वचितच =२ कधी कधी=३ दररोज =४	तंबाखू किंवा गुटखा ? कधीही नाही=१ क्वचितच =२ कधी कधी=३ दररोज =४	दारू पिणे ? कधीही नाही=१ क्वचितच =२ कधी कधी=३ दररोज =४

घ) शिक्षण: सर्व घरगुती सदस्य

10	कुटुंबाच्या सदस्यासहित प्रतिवादीचे नाव	कधी शाळेत गेलेले आहेत का? होय =१ नाही=२	किती मानक वर्ष पूर्ण केली आहेत? १ ते ३ =१ ३ ते ५ =२ ५ ते ८=३ ८ वि पेक्षा जास्त =४	माध्यमिक हायस्कूल नंतर काय केले?	जर शाळा सोडली असेल किंवा शाळेत नोंदणी नसेल केली तर कृपया करून कारण नमूद करावे आर्थिक स्थिती खराब असल्यामुळे =१ लग्न झाल्यामुळे=२ घरच्याची परवानगी नसल्यामुळे=३ इतर=४	हायस्कूल नंतर काय विषय अभ्यास केला	कधी कोलेज किंवा तांत्रिक शाळेत प्रवेश घेतला होता का? होय=१ नाही =२	कुठले उच्च शिक्षण तुम्ही पूर्ण केले आहेत	कुठली वर्ग/ विभागणी मिळाली

Attend regular school/college (नियमित शाळा / महाविद्यालय उपस्थित) =1

Studying private (खाजगी अभ्यास)=2

Distance education/open university/correspondence (खुले विद्यापीठ) =3

Technical degree/diploma in private (तांत्रिक पदवी)=4

Technical degree/diploma in gov. =5

Dropped out/ Not enrolled=6

Arts (कला)=1

Commerce(वाणिज्य)=2

Science (विज्ञान) =3

Engineering (अभियांत्रिकी) =4

Agriculture (कृषी)=5

home science/craft/design=6

Others=7

Others= 8

BA/BSC/B.COM/BCA/BBA =1

BE/B.Tech= 2

MBBS/BAMS= 3

Master degree/Ph.D.= 4

Professional/MD.Law/MBA.CA =5

Diploma= 6

Incomplete= 7

च) गृहनिर्माण व राहणीमान

१) आपण ज्या घरात राहतात त्याची मालकी स्थिती काय आहे ?

भाड्याने = १
मालकी = २
कार्यालय निवास व्यवस्था = ३
इतर = ४

२) किती वर्षांपासून तुम्ही या परिसरात राहता?

१ ते ३ = १
३ ते ६ = २
६ ते १२ = ३
१२ ते २४ = ४
२४ पेक्षा जास्त = ५

३) घराचे प्रकार

कच्चा = १
पक्का = २
अर्ध कच्चा = ३
सरकारी घरकुल योजने अंतर्गत घर = ४
अन्य = ५

४) खोल्या संख्या _____

५) स्वयंपाक घर/ स्वयंपाक जागा आहे का?

होय = १
नाही = २

६) होय असल्यास कोठे?

घरात वेगळ्या जागेत = १
घराबाहेर वेगळ्या जागेत = २
अन्य = ३

७) स्वयंपाकाकरिता कोणते इंधन वापरता?

इलेक्ट्रिक हीटर = १

सोलर हीटर = २

गॅस = ३

केरोसीन स्टोव्ह = ४

लाकूड = ५

कोळसा = ६

गाईचे शेण = ७

इतर (स्पष्ट करा) = ८

पिण्याचा पाण्याचे स्रोत आहे का?

होय =१

नाही =२

८) पिण्याच्या पाण्याचे स्रोत कोणते आहेत?

घरातच नळ =१

सार्वजनिक नळ =२

प्राइवेट टँकर =३

आजूबाजूचा लोकांचा नळातून =४

अन्य =५

पाणी पुरवठा कालावधी?

९) शौचालय सुविधा?

घरात शौच सुविधा =१

खुल्या जागेत=२

सरकारी/ NMC =३

अन्य =४

१०) शौचालय मध्ये पाण्याची उपलब्धता ?

होय =१

नाही =२

११) घरात वीज उपलब्धता ?

होय =१

नाही =२

१२) गटारे घराजवळ

होय =१

नाही =२

जर होय तर घराजवळील नाल्यांचे प्रकार ?

झाकून =१

खुले =२

अन्य =३

कोणतेही नाही =४

१३) तुम्ही घरगुती कचरा शिळे अन्न कुठे टाकता ?

घर बाहेर मोकळ्या जागेत =१

दूर घरातून खुल्या जागेत =२

नगरपालिकेच्या कचरा पेटित =३

इतर =४

१४) किती वेळा महानगर पालिकेचा कचरा पेटीतून स्वच्छता कामगारांनी कचरा काढून नेला आहे ?

दररोज =१

आठवड्यातून दोनदा =२

आठवड्यातून एकदा =३

इतर =४

छ) कार्य प्रोफाइल (वेतन आणि पगार काम प्रोफाइल)

१) परिवारात राहणाऱ्या प्रत्येक व्यक्ती चा बाह्य कार्याबद्दल माहिती (ज्या माध्यमातून पैसे येतात) ?

परिवारातील सदस्याचे नाव	प्रोफाइल कार्य	कामाचे स्वरूप स्थायी =१ खाजगी/ कंत्राट =२ NGO/ युनियन =३ अन्य =४	एका महिन्यात तुम्ही किती दिवस काम केले आहे ? १ ते १५ दिवस=१ १ ते २० दिवस =२ १ ते २५ दिवस =३ १ ते ३० दिवस =४	एका सामान्य दिवसात तुम्ही किती घंटे काम करता ? १ ते ४ तास =१ १ ते ८ तास =२ १ ते १२ तास =३ १२ तास पेक्षा जास्त =४	पैसे वारंवारता किंवा पैसे मिळण्याचे प्रकार रोजंदारी =१ साप्ताहिक =२ मासिक =३ वार्षिक (गणना करणे) =४	कोणत्याही प्रकारचे बोनस तुम्ही प्राप्त केले आहे का? (जादा कामाचा मेहनताना आणि इतर कपडे किंवा इतर कोणत्याही आयटम समाविष्ट?)

2) आपल्या कामाचे स्वरूप काय आहे?

नाली साफ / स्वच्छ करणे =१

रस्ते स्वच्छ करणे (रस्त्यावरील सर्व घाण, मेलेले जनावर तसेच रस्त्यावरील विष्टा समावेश) =२

झाकलेली गटार प्रणाली/ साफ करणे =३

दुसऱ्यांकडले शौचालये साफ करणे =४

वस्तीतील कचरा साफ करणे व उचलणे =५

सार्वजनिक शौचालये साफ करणे =६

मेलेले जनावरे व शरीर काढणे/ उचलणे व साफ करणे =७

अन्य =८

संपूर्ण वर्ष काम मिळते काय?

होय =१ नाही =२

पूर्ण वर्ष काम मिळत नाही तर काम नसलेल्या दिवसांमध्ये आर्थिक उत्पन्न मिळविण्यासाठी काय करता?

कामाचे स्वरूप पारंपरिक आहे का किंवा ज्या स्वरूपाचे काम आहे ते काम निवडण्याचे कारण काय?

६) तुमच्या दुय्यम व्यवसाय कुठला आहे का

होय=१ नाही =२

जर असेल तर कोणता?

जर दुसरा व्यवसाय करत असेल तर तुम्ही किती तास काम करता?

१ ते २ तास =१

१ ते ४ तास =२

१ ते ६ तास =३

१ ते ८ तास =४ इतर =५

कोणत्या प्रकारे तुम्हाला तुमच्या मोबदला मिळतो?

दररोज =१

साप्ताहिक =२

मासिक =३

वार्षिक =४

इतर =५

तुमच्या दुसऱ्या व्यवसायाच्या तुम्हाला किती मोबदला मिळतो?

८) राहत्या ठिकाणी आपत्कालीन स्थितीत/ गरज पडल्यास काम करता का?

होय =१

नाही =२

९) समुदायातील लोक तुम्हाला तुमचा कामाचा मोबदला देतात का ?

होय =१

नाही =२

१०) जर होय असेल, तर प्रत्येक काम मागे किती पैसे देतात ? _____

११) तुमचा संरक्षणासाठी तुम्हाला कुठले संरक्षण साधन मिळाले आहेत काय?

होय =१

नाही =२

१२) होय असल्यास स्वरक्षण साधनाचे नाव नमूद करा?

गणवेश =१

हातमोजे=२

हेलमेट= ३

मुखवटा=४

झाडू= ५

अन्य = ६

संरक्षण सुविधा तुम्हाला किती दिवसातून मिळतात?

कामावर रुजू झाले तेव्हा पासून एकदाच =१

३ ते ६ महिन्यातून =२

१ ते ३ वर्षातून =३

३ ते ६ वर्षातून =४

१० वर्षातून एकदा=५

स्व संरक्षण साधन मिळत नसेल तर तुम्ही स्वसंरक्षण कसे करता, सविस्तर नमूद करणे

आपत्कालीन वैद्यकीय सेवा तुम्हाला उपलब्ध (मिळत) आहेत का?

१३) आपल्याला या सुविधा प्राप्त करतानी कोणती समस्या जाणवली का?

होय =१

नाही =२

१४) जर होय तर कोणती समस्या व या समस्येला कसे सामोरे जात अथवा कुठला मार्ग शोधता, वर्णन करा?

कामाच्या ठिकाणी शौचालयाची व्यवस्था आहे का ?

तुम्हाला गणवेश बदलवायला कामाच्या ठिकाणी फ्रेश अप रूम आहे काय?

होय =१ नाही =२

जर नाही तर तुम्ही तुमच्या गणवेश कुठे बदलवता?

तुमच्या कामाच्या ठिकाणी तुम्हाला पिण्याच्या पाण्याची सोय आहे काय?

होय =१ नाही =२

जर नाही तर तुम्ही पिण्याचे पाणी कुठून आणता?

पावसाळ्यात अथवा उन्हाळ्यात तुम्हाला कामाच्या ठिकाणी थांबण्यास काही सुविधा किंवा विश्रांती ची सुविधा उपलब्ध होते काय?

होय =१ नाही =२

जर नाही तर तुम्ही त्या वेळेला कसे सामोरे जाता?

ज) विमा सुविधा

१) खाली दिलेल्या पैकी कुठली सामाजिक सुरक्षा तुम्ही प्राप्त करता का?

क) पीएफ होय =१ नाही =२

ख) तुम्हाला बोनस मिळते काय होय =१ नाही =२

ग) होय असल्यास, किती रुपये मिळते _____

घ) आरोग्य खर्च प्रतिपूर्ती होय =१ नाही = २

च) जर होय असेल, तर कुठल्या प्रकारचे _____

२) महिला स्वच्छताकामी करित कुठल्याही सरकारी योजना तुम्हाला माहित आहे का ?

होय =१

नाही =२

३) जर होय, तर तुम्ही कुठली योजना वापरली आहे _____

४) जर नाही वापरलेली असेल, तर कृपया करून कारण सांगा _____

झ) शासकीय योजना आणि फायदे

१) तुमच्या जवळ रेशन कार्ड आहे काय

होय =१ नाही=२

२) होय असल्यास, कोणत्या प्रकारचे (जर उत्तर ना मिळाल्यास रंग विचारून स्पष्ट करणे)

बीपीएल =१, दारिद्र्य रेषेखालील =२,

अंत्योदय = ३, इतर (स्पष्ट करा) =४

३) तुमच्या कडे मतदान ओळख कार्ड (व्होटर आयडी कार्ड) आहे काय

होय=१ नाही =२

४) तुम्ही किंवा तुमचा घरातील कुठल्याही व्यक्तीला पेन्शन चा लाभ प्राप्त होतो काय

होय=१ नाही =२

५) जर होय, तर कुठली

वृद्ध = १

विधवा पेन्शन = २

इतर (नाव स्पष्ट नमूद करणे)=३

कोणतेही लाभ नाही =४

त्र) स्वास्थ्य आणि इतर विमा योजना

१) तुमचा किंवा कोणत्याही कुटुंब सदस्यांचा आरोग्य विमा आहे का? /

होय=१ नाही =२

२) जर होय, तर कुठला

३) कोणती एजन्सी देत आहे

४) आपण इंदिरा आवास योजनेच्या लाभ घेतला आहे का?

होय =१ नाही =२

५) आपण सरकार कडून मिळणाऱ्या कुठल्याही विमा योजनेचा लाभ घेता काय

होय =१ नाही =२

६) जर होय, तर कृपया नाव नमूद करा _____

ट) सदस्यता आणि राजकीय क्रियाकलाप

१) तुम्ही कुठल्या गट किंवा संस्था चे सदस्य किंवा भाग आहेत का जे खाली नमूद केलेले आहेत त्यापैकी?

क) महिला मंडळ

होय =१ नाही=२

ख) स्वमदत गट

होय =१ नाही =२

ग) कर्मचारी केंद्रीय किंवा व्यावसायिक गट?

होय =१ नाही =२

घ) धार्मिक गट

होय =१ नाही =२

च) जाती संघटना

होय =१ नाही =२

छ) राजकीय पक्ष

होय =१ नाही =२

२) तुम्ही गेल्या एका वर्षात नगरपालिका/ वॉर्ड समिती द्वारा बोलावलेल्या कुठल्याही बैठकीत भाग घेतला आहे का?

होय =१ नाही=२

३) आपण किंवा घरातील कोणीही नगरपालिक / प्रभाग समिती सदस्य आहे का? होय =१ नाही =२

ड) सामाजिक (स्थानिक) मुद्दे आणि मतभेद

घरात लहान मुले असतील तर तुम्ही कामावर जाता त्यावेळी त्यांच्याकडे लक्ष राहण्याच्या दृष्टीने काही सोय आहे काय?

होय =१ नाही =२

जर नाही असेल तर, तुम्ही त्यांच्या करिता काय करता ?

शेजारच्याना सांगून जातो लक्ष ठेवायला =१

घरात एकटे सोडून जातो=२

त्यांना त्यांची काळजी स्वतः करायला सांगतो =३

इतर =४

तुमच्या शेजारील लोक एकमेकांशी मिळून मिसळून राहतात कि त्यांच्यात विरोधाभास किंवा जास्त प्रमाणात मतभेद आहेत?

खूप जास्त प्रमाणात मतभेद=

काही प्रमाणात मतभेद =२

कुठलेच मतभेद नाहीत =३

तुमच्या राहत्या क्षेत्रात इतर जातीचे लोक पण राहतात कि फक्त तुमचाच जातीचे लोक राहतात?

सर्व जातीचे लोक=१

फक्त माझा जातीचे लोक= २

काही विशिष्ट जातीचे लोक=३

इतर =४

तुमच्या राहत्या क्षेत्रात काही लोक अस्पृश्यता किंवा जाती भेदभाव करतात काय?

होय =१ नाही =२

गेल्या वर्षभरात तुमच्या घरातील कुठल्या व्यक्तीला अस्पृश्यता भेदभाव चा अनुभव आला का?

होय =१ नाही=२

कामाच्या ठिकाणी उच्च वर्गीयांकडून जातीभेद/ अस्पृश्यतेच्या अनुभव तुम्हला कधी आला काय?

होय =१ नाही =२

आल्यास तुमच्या प्रतिक्रिया काय होत्या?

उत्तर दिले =१ शांत राहिले=२

मानसिक त्रास=३ इतर=४

तुमच्या मुलांच्या शाळेत तुमच्या कामाविषयी शिक्षकांना व विद्यार्थ्यांना कल्पना आहे काय?

होय =१ नाही =२

जर होय, तर त्यांच्या तुमच्या मुलामुलींन बरोबर व्यवहार अथवा प्रतिक्रिया कुठल्या प्रकारच्या आहेत?

साधारण =१

इतर विद्यार्थ्यांन सोबत असतात तसेच =२

वाईट =३

अतिशय वाईट =४

इतर =५

तुमच्या मुलांना शाळेत अस्पृश्यता किंवा जाती भेदभाव इतर विद्यार्थी किंवा शिक्षक किंवा इतर कर्मचारी

करतात काय?

होय =१ नाही =२

तुमच्या मुलांच्या तुमच्या कामाविषयी प्रतिक्रिया काय आहेत?

चांगल्या =१ नकोश्या =२

अनुकूल =३ अजिबात न आवडणे =४

कामावरील गणवेश तुम्ही घरूनच घालून येता काय?

होय =१ नाही =२

जर नाही तर कारण सांगणे?

तुम्ही कधी कामावरच्या गणवेश घालून प्रवास केला का (कामावरून घरी अथवा कुठे जाण्याकरिता) ?

होय =१ नाही =२

प्रवासा दरम्यान तुम्हाला तुमच्या गणवेशामुळे लोकांकडून कशी प्रतिक्रिया कशी मिळाली?

चांगली =१ साधारण =२

वाईट =३ अतिशय वाईट =४

कधी कमावरचा गणवेश घालून तुम्ही बाजारात गेलेत काय?

होय =१ नाही =२

जर होय तर बाजारातील लोक व विक्रेत्यांकडून तुम्हाला काय प्रतिक्रिया मिळाल्या?

चांगली =१ साधारण =२

वाईट =३ अतिशय वाईट =४

तुम्हाला कधी स्वतःच्या कामाच्या तिरस्कार आला काय?

होय =१ नाही =२

जर होय तर का, कारण सांगणे?

ढ) आरोग्य प्रोफाइल

१) खालील आजारांकरिता तुम्ही काय करता ?

आजारांचे प्रकार	अयुष	दवाईचे दुकान	खाजगी दवाखाना	शासकीय दवाखाना / प्राथमिक आरोग्य केंद्र/CHC	घरगुती उपाय	पारंपरिक पद्धतीने रोग बारा करणारा	अन्य
सर्दी							
सर्दी दीर्घकाळापर्यंत							
खोकला							
प्रदीर्घ खोकला							
अतिसार							
ताप							

गेल्या सहा महिन्यात झालेला आजार आणि त्यावर घेतलेले उपचार

प्रतिवादी आणि घरागुती सदस्य	अहवाल आजार (6 महिन्यांच्या संदर्भ कालावधी)	कालावधी	उपचार प्रकार	उपचार स्थान (नाव व पत्ता)nt (Name & address)	उपचार निवडून कारणthat treatment	आरोग्य सुविधांचा भेट दिल्याची संख्या visited to the health facility	रुग्णालयात कधी दाखल झालेत का, जर होय तर किती दिवस sed, If yes then for how many days	खर्च	आजार झाल्यामुळे गमावले काम दिवस क्रमांकdays lost due to illness	आरोग्य सेवा कशीत वापरलेली वाहतूक प्रकार	चिकित्सा खर्च फक्तMedicine only	एकूण खर्च (रोख रक्कम समावेश कामाचे दिवस आणि माल)ure (including	आरोग्य सेवा प्राप्त केल्यावर समाधानी झाले कि नाही services or not
2	2)	3)	4)	5)	6)	7)	8)	9)	10)	11)	12)	13)	14)

२) गेल्या सहा महिन्यात झालेल्या आजाराचे नाव सांगा ज्याची नमूद तुम्ही दवाखान्यात केली असेल.. (ताप = १, मलेरिया = २ सर्दी/ खोकला = ३, अतिसार = ४, आमांश/ आव = ५, विषमज्वराच्या = ६, उलट्या = ७, न्यूमोनिया = ८, Kalazar = ९, कान स्नाव = १०, रातांधळेपणा = ११, त्वचा रोग = १२, चिकन पॉक्स = १३, वर्स (किडे) = १४, दातांची समस्या = १५ पोटातील वेदना समस्या = १६, फ्रॅक्चर = १७, विशेष महिला संबंधित रोग = १८, गर्भधारणा आणि बाळंतपण = १९, नवजात बाळाची समस्या = २०, टीबी = २१, Filarial = २२, कुष्ठ रोग = २३, कावीळ = २४, संधिवात = २५, पोलिओ = २६, इतर = २७

४) एलोपैथिक = १, आयुर्वेदिक = २ होमिओपॅथी = ३, घर उपाय = ४, स्थानिक वैद्य = ५, इतर = ६

५) शासकीय रुग्णालयात = १ खासगी रुग्णालयात = २ अन्य = ३ (उपचार केलेल्या जागेचा पूर्ण पत्ता)

६) ज्वळपासची = १, उत्तम सुविधा = २, कमी प्रतीक्षा वेळ = ३, -सुलभ पोहोच = ४, कमी खर्चाचा = ५, कर्मचाऱ्यांचा रूपात संबंदात = ६, आरोग्य विमा = ७ अन्य = ८

११) बस = १, ऑटो-रिक्षा = २, रिक्षा = ३, पायी चालणे = ४, साइकिल = ५, दुवाही = ६, कार = ७, अन्य = ८

३) जर तुम्ही किंवा परिवारातील कुणी व्यक्ती खाजगी रुग्णालयात गेले असाल तर कृपया करून कारण सांगणे?

४) जर तुम्ही किंवा परिवारातील कुणी व्यक्ती शासकीय रुग्णालयात गेले असतील तर कृपया कारण सांगणे?

५) तुम्ही किंवा तुमच्या परिवारातील व्यक्ती नेहमीच इथून उपचार घेता काय? होय =१ नाही =२

६) जर होय तर कृपया कारण सांगणे

७) तुम्ही तुमच्या आजाराचा उपचाराचा दरम्यान तुमची स्वास्थ्य सेवा बदलली होती काय ?

८) जर होय असेल, तर कृपया करून कारण नमूद करावे

९) उपचाराकरिता तुमचा सोबत कुणी येते काय? होय =१ नाही =२

१०) अल्पकालावधी करीत होणाऱ्या आजारांकरिता तुम्ही कुठल्या आरोग्य केंद्राला प्राधान्य देता ?

११) काय कारण आहे/ का _____

१२) शेवटच्या आजाराच्या वेळेस तुम्ही तुमच्या आवडीच्या जागी उपचार करण्यास सक्षम होतेकाय ?

होय =१ नाही =२

१३) जर नाही, तर कृपया कारण सांगणे _____

१४) जेव्हा तुम्हाला गरज असते तेव्हा महिला डॉक्टर शासकीय रुग्णालयात हजर असते काय ?

होय =१ नाही =२

१५) जर होय असेल, तर तुम्ही काय नेहमी महिला डॉक्टर कडून उपचार घेण्यास सक्षम असता काय?

(खुलेवर्णनउत्तर)

१६) जर नाही, त्या कारणांनी तुम्ही खाजगी रुग्णालयात जातI काय?

होय =१ नाही =२

१७) तुम्हाला कधी असे वाटले काय कि तुमच्या व्यवसायामुळे अथवा जातीमुळे कधी कोणतीही स्वास्थ्य सुविधा स्वीकारतानी तुम्हाला डॉक्टर अथवा नर्स पुढे भीती अथवा मनाची द्विधावस्था झाली आहे?

होय =१ नाही =२

जर होय, तर कुठल्या प्रकारचे कृपया स्पष्ट करा _____

१९) जेव्हा तुम्ही शासकीय व खाजगी ओपीडी मध्ये गेले होते तेव्हा लिहून दिलेले व सांगितलेले पूर्ण उपचार केले होते काय जे काही खालील प्रमाणे आहेत..

विवरण	शासकीय		खाजगी	
	होय	नाही असल्यास कारण	होय	नाही असल्यास कारण
उपचार				
औषधी				
निदान चाचणी				
पाठपुरावा				
रेफरल				

२०) गेल्या सहा महिन्यात तुम्ही किंवा तुमच्या कुटुंबातील सदस्य आजारपणामुळे रुग्णालयात भरती झाले होते काय?

होय =१ नाही =२

२१) जर होय असेल तर,

अ क्रं.	आजाराचा प्रकार	उपचार प्रकार (शासकीय / खाजगी)	प्रवास खर्च	उपचाराचा खर्च (औषधी, तपासणी सर्व मिळून)

शासकीय =१ खाजगी =२ अन्य =३
सायकल=४

ऑटो रिक्शा =१ रिक्शा =२ पायदळ=३
दुःवाचक गाडी =५कार =६ अन्य =७

आजाराचे कारण डॉक्टरांनी काय सांगितले होते?

२२) जर नाही असेल तर तुम्ही किंवा तुमच्या कुटुंबातील सदस्य आजारपणामुळे रुग्णालयात भरती कधी झाले होते व आजार काय होता?

अ क्रं.	आजाराचा प्रकार	उपचार प्रकार (शासकीय/ खाजगी)	प्रवास खर्च	उपचाराचा खर्च (औषधी, तपासणी सर्व मिळून)

शासकीय =१ खाजगी =२ अन्य =३

३) मोठ्या आजाराच्या उपचाराकरिता तुम्ही कुठल्या प्रकारच्या व कुठल्या जागेवरच्या सुविधेला प्राधान्य देता?

२४) का, कृपया कारण नमूद करावे,

२५) आपण दवाखान्यात भरती असताना शेवटच्या आजारपण दरम्यान आपल्या पसंतीच्या ठिकाणी उपचार घेण्यास सक्षम होते काय ?

किंवा

तुमच्या रुग्णालयात भरती होण्याचा शेवटचा आजारांकरिता तुम्ही तुमच्या पसंतीच्या रुग्णालयात भरती होण्यास सक्षम होते काय?

होय =१ नाही =२

२६) जर नाही, तर कृपया करून कारण नमूद करणे,

रुग्णालयात भरती दरम्यानचा आधार सेवा

२७) फक्त त्यांच्याकरिता जे खाजगी व शासकीय रुग्णालयात भरती झाले होते, अशील व अशिलाच्या कुटुंबातील सदस्य.

अ.क्र.	सुविधा	शासकीय होय =१ नाही=२	खाजगी होय =१ नाही= २
१	पलंग		
२	बसण्याची व्यवस्था		
३	स्वच्छ पिण्याचे पाणी		
४	रुग्णांकरिता मोफत जेवण		
५	मोफत औषध		
६	स्नानगृह/ शौचालय		

ण) मृत्यु दर आणि मृत्युला कारण

१) गेल्या चार वर्षात तुमच्या घरात कुणाच्या मृत्यू झाला का?

होय =१ नाही =२

२) जर होय, तर मृत्यू गेलेल्या व्यक्तीचे वय आणि लिंग कृपया करून सांगावे?

वय: _____

लिंग : _____

अशीलाशी संबंध: _____

३) मृत्यूचे कारण नोंदविले आहे काय?

होय =१ नाही =२

जर नाही , तर कारण नमूद करणे

त) रुग्णालयातील फी आणि इतर खर्च (एकूण खर्च) कसे अदा केले?

<p>१) कृपया संक्षिप्त रूपाने झालेल्या रोगाबाबतीत कालानुक्रमाने वर्णन करावे (जर तुमच्या कुटुंबात कुणी असेल तर)</p>	
<p>२) गेल्या दोन वर्षात तुम्ही कधी उपचाराकरिता किंवा आजारांकरिता पैसे उधार किंवा लोन घेतले का?</p>	<p>उधार नाही घेतले=१ काहीच गहाण न ठेवता उधार घेतले=२ गहाण ठेऊन उधार घेतले=३ बँकेतून कर्ज=४ सावकाराकडून कर्ज=५ अन्य =६</p>
<p>३) झालेल्या रोगाबाबतीत सविस्तर माहिती तसेच उधार घेतल्यास त्याची माहिती नमूद करणे</p>	
<p>४) किती राशी (पैसे/ उधार) तुम्ही परत केले आहे</p>	<p>पूर्ण रक्कम परत केले =१ अर्धी रक्कम परत केली अर्धी परत करायची आहे=२ अन्य =३</p>