



A STUDY ON HEALTH HAZARDS OF COIMBATORE CORPORATION SANITARY WORKERS, TAMILNADU, INDIA

Dr. R. Baskar¹ and Anupiriya V.²

¹Assistant Professor, Department of Social Work, Bharathiar University, Coimbatore.

²MSW Student, Department of Social Work, Bharathiar University, Coimbatore.



ABSTRACT

The working conditions of the sanitary workers have remained unchanged for over a century. India has a serious sanitation challenge; around 60 per cent of the world's open defecation takes place in India. The issues of poor sanitation, which seep into every aspect of life – health, nutrition, development, economy, dignity and empowerment. The sanitary workers faces many difficulties during work because of various factors that create severe psychological and health issues because of their unhygienic work environment. The Objectives of the Study is to understand the Socio Demographic Profile and Economic Status of the Sanitary Workers in Coimbatore, to find out Health Status of the Corporation Sanitary Workers, to know about the Occupational Safety of the Sanitary Workers. The researcher conducted the study in the central zone of the Coimbatore Corporation which is the second major city in the Indian state of Tamil Nadu. Accidental Sampling method was used in this study.

KEYWORDS: Sanitary worker, Occupational Safety, hygiene practices, health hazards.

INTRODUCTION :

A Sanitary worker is a person employed by a public or private enterprise to collect and remove, waste from residential, commercial, industrial or other collection site for further processing and disposal. An estimated 1.2 million sanitary workers in the country are involved in the sanitation of our surroundings. The working conditions of these sanitary workers have remained virtually unchanged for over a century. In the context of Indian society sanitary worker comes under the urban informal and occupational hierarchy at lowest. A sanitary worker can be a person who is employ by Municipal Corporation or any private company for the collection, and disposal of garbage.

SANITATION ISSUE IN INDIA

India has a serious sanitation challenge; around 60 per cent of the world's open defecation takes place in India. Even today, only around 28,000 gram panchayats out of 2.5 lakh in India have achieved the Nirmal Gram (open defecation free village) status. Poor sanitation causes health hazards including diarrhea, particularly in children under 5 years of age, malnutrition and deficiencies in physical development and cognitive ability.

We have to work with children and communities to realize their right to clean and adequate qualities of drinking water, sanitation and hygiene since they have direct bearing on the right to life and dignity. Lack of these entitlements and services in the communities put children at risk of disease and mortality. When access to water is difficult or schools are without toilets, many children (especially girls) face increased burdens on their time and risks to their learning and safety.

The issues of poor sanitation, which seep into every aspect of life – health, nutrition, development, economy, dignity and empowerment. It perpetuates an intergenerational cycle of poverty and deprivation. To meet the country's sanitation and hygiene challenge there is an urgent need to focus on triggering the demand for improved sanitation facilities, ensuring their quality, use and maintenance. This is achieved by creating a culture of "social sanctions" that challenges the acceptance of open defecation once and for all. Making this happen requires substantial resource and time investment to inculcate a lasting change in behavior and adoption of key hygiene practices at the community and household level.

CATEGORIES OF SANITARY WORKERS

Manual Scavenger means a person engaged or employed on regular or frequent basis by an individual or a local authority or a public or a private agency, for manually cleaning, carrying, disposing of, or otherwise handling in any manner, human excreta in an insanitary latrine or in open drain or pit into which human excreta from insanitary latrines is disposed of, or on a railway track, before the excreta fully decomposes.

Safaikaramcharis or sanitary workers normally include persons engaged as 'Sweepers' or 'sanitation/cleaning workers' in municipalities, government and private offices. They may be direct employees of these bodies or may be on contract. Contract employees are employed for collection and disposal of garbage.

Manhole workers-Most of the municipalities in India are not equipped with the latest machines to clean the sewage system and therefore, sewage workers employed under compulsion to enter the underground sewerage lines through the manhole and cleanse them wherever the lines are clogged for whatever reason. The job of the sewer worker is to inspect and maintain the underground network pipes that make up sewerage system. Sewage workers have to remove solid substance wastes which responsible for blockage of flow of fluid waste in sewage system. For that sewage workers regularly entered into manholes which contain very poisonous gases.

Welfare Schemes for Manual Scavengers

1. Self-Employment Scheme for Rehabilitation of Manual Scavengers (SESRMS):

The objective of the scheme is to assist the scavengers and their dependents for rehabilitation irrespective of the income, who are yet to be provided assistance under any scheme of Government of India/State Government. The identified scavengers will be provided training, loan, and subsidy. Credit will be provided by the banks, which will charge interest from the beneficiaries at the rates prescribed under the scheme.

2. National Scheme of Liberation and Rehabilitation of Scavengers (NSLRS):

This scheme was launched by the Government of India in March, 1992 to provide alternate employment to the scavengers and their dependents.

3. Pre-matric Scholarships for the Children of those Engaged in Unclean Occupations:

The objective of this scheme is to provide financial assistance to enable the children of scavengers of dry latrines, tanners, flayers and sweepers who have traditional links with scavenging to pursue pre-matric education.

4. National SafaiKaramcharis Finance and Development Corporation (NSKFDC):

This corporation acts as an apex institution for all round socio-economic upliftment of the safaikaramcharis and their dependents throughout India and to extend concessional financial assistance to the safaikaramcharis beneficiaries for establishment of income generation projects.

REVIEW OF LITERATURE

Rangamani S et al (2015) carried out a study to understand the nature of health problems of sanitation workers using a lay epidemiological process. Descriptive analysis was done to map the occupational health status, health care seeking practices and the social support mechanisms in place.

Injuries and chest pain were the most commonly reported illnesses. Most workers continued to work without appropriate treatment as they ignored their illness, and did not want to miss their wages or lose their job. Self-medication was common. Intake of alcohol was prevalent to cope with the inhuman task of cleaning filthy sewage, and as a modality to forget their health problems. The pattern of illnesses reported during monthly monitoring was also reported as long-standing illnesses. Health and safety mechanisms at workplace did not exist and were not mandated by regulatory bodies.

Anbarasu J D and Narmadha S (2015) conducted a study among sanitary workers in Trichy. The sanitary workers have no promotions and job enrichment till their retirement. The study was to know the reasons. The main barrier was their complacency. They were happy with what they possess. The municipal corporation has the policy to promote the lower level workers to the higher level jobs, if the employees are equipped with training and additional qualifications. However, the sanitary workers are not willing. On the other hand, they want to be skilled workers. Though several studies have focused on sanitary workers all over India, the researcher made an attempt to analyze the lifestyle of sanitary workers living in Sengulam colony, Tiruchirappalli.

Statement of the Problem

Various studies have already confirmed that sanitary workers comprise one of the most marginalized sections of the urban poor. Sanitary workers have poor social protection and their working conditions on the streets expose them to several safety and health issues. The sanitary workers faces many difficulties during work because of various factors that creates severe psychological and health issues because of their unhygienic working environment. The working conditions of the sanitary workers have remained virtually unchanged for over a century. Using only a stick broom and a small tin plate, the sanitary workers clear feces from public and private latrines onto baskets or other containers, which they then carry on their heads to dumping grounds and disposal sites. A few, however, are provided with wheelbarrows or carts by the municipal authorities.

Apart from the social atrocities that these workers face, they are also exposed to certain health problems by virtue of their occupation. These health hazards include exposure to harmful gases, cardiovascular degeneration, musculoskeletal disorders, infections, skin problems and respiratory system problems.

OBJECTIVES OF THE STUDY

- To understand the Socio Demographic Profile and Economic Status of the Sanitary Workers in Coimbatore.
- To find out Health Status of the Corporation Sanitary Workers.
- To know about the Occupational Safety of the Sanitary Workers.

AREA OF THE STUDY

The researcher conducted the study in the central zone of the Coimbatore Corporation. Coimbatore also known as Kovai is a major city in the Indian state of Tamil Nadu. It is the second largest city in the state after Chennai and 16th largest urban agglomeration in India. It is one of the fastest growing tier-II cities in India and a major hub for textiles, industries, commerce, education, information technology, healthcare and manufacturing in Tamil Nadu.

As per provisional reports of Census India, population of Coimbatore in 2011 is 1,050,721; of which male and female are 526,163 and 524,558 respectively. Although Coimbatore city has population of 1,050,721; its urban / metropolitan population is 2,136,916 of which 1,071,435 are males and 1,065,481 are females. Total no. of Slums in Coimbatore city numbers 34,343 in which population of 129,181 resides. This is around 12.29% of total population of Coimbatore city.

Research Design

A Research design is the specification of methods and procedures for acquiring the information needed. The Researcher undertook the Descriptive Research Design. Since it is the study concerned with describing the characteristics of Sanitary Workers.

Pre-Test

The researcher initially selected 10 respondents to find out the suitability of the items in the tool and the feasibility of the study. This pretest enabled the researcher to gain more insight about the respondent's response towards the various items.

Universe and Sample Size of the Study

The Sanitary workers who are working under Coimbatore Municipal Corporation central zone who are 600 in numbers constitute the Universe of the study. The researcher collected the data during the month of December, 2017. From the Universe the researcher has taken 51 sanitary workers as sample for the study.

Sampling Procedures

A Sample design is a definite plan for obtaining a sample from a given population. It refers to the technique or procedure the researcher adopts in selecting items for the sample. The sampling technique used in this study was Accidental Sampling which comes under Non-Probability Sampling Method.

Tools of Data Collection

In the present study, **Self- Structured Interview Schedule** method was used for the data collection. The interview schedule consists of personal profile of the respondents like age, educational status, monthly income and the expenses and their economic earning position, reason for choosing this job and the various health practices and occupational safety of the sanitary workers.

Limitation of the Study

- Some of the sanitary workers were resistant to share their feelings, so they were not forced to participate in the study.
- Some of the sanitary workers cannot be able to respond due to work, and so the researcher did not mean to disturb those sanitary workers.

Results

General Socio-demographic details of the respondents

- More than half (59%) of the respondents belong to the age group of 45-60, 84% of the respondents were male and 92% of them belong to Hindu Religion.
- More than half (53%) of the respondents has completed their primary schoolings.
- Majority (96%) of the respondents were married. And 71% of them live in a nuclear family.
- 74% of the respondents were garbage workers and 78% of them get their monthly income between Rs.6000 to 16000
- Majority (94%) of the respondents were the bread winner of the family and 72% of them chose this job on their own interest for family maintenance.
- 67% of the respondents have their own house, 78% of the respondents live in a tiled house, and 57% of the respondents' house has two rooms
- All (100%) of the respondents have electricity facilities, Majority (90%) of the respondents have good water facilities, 76% of them have toilet facilities and 82% of them have separate kitchen facilities in their house.
- 71% of the respondents are not able to save money.

- Nearly three fourth (73%) of the respondents gets leave during workdays.

Health condition of the respondents

- Majority (94%) of the respondents' family members have no disability.
- 72% of the respondents works for 7 to 8 hours per day
- 96% of the respondents goes for regular medical checkup.
- More than half (57%) of the respondents were affected by respiratory illness, 77% of the respondents has heavy sweating during work, 73% of the respondents has thirst during work and 80% of the respondents has muscle cramps.
- Majority (82%) of the respondents has been advised to take leave due to illness.
- More than half (53%) of the respondents was addicted to alcohol.

More than half (69%) of the respondents has no dizziness.

Nearly three fourth (71%) of the respondents has no headache.

Majority (86%) of the respondents has no nausea or vomiting.

Majority (90%) of the respondents has no fainting.

Majority (88%) of the respondents has no exhaustion.

Majority (90%) of the respondents colleagues were not affected by cancer.

Occupational safety of the respondents

- More than half (61%) of the respondents' view is that they had moderate work load.
- Majority (82%) of the respondents use gloves during work 76% of them use mask during work, 69% of them use shoes during work, 65% of the respondents use helmet during work, 77% of them use apron during work.
- Majority (96%) of the respondents says that their workplace is safe, 67% of the respondents has availed no medical leave.
- Majority (84%) of the respondents works for 6 days in a week, 92% of the respondents has no additional work, 84% of the respondents start their work by 6 am and almost all (98%) of the respondents were satisfied with this job.

SUGGESTIONS

They study gives some suggestions to improve the Sanitary workers livelihood. The Government should provide commercial staying houses or buildings to sanitary workers for monthly low rent. Government should take some action against those people who exploit these sanitary workers. The working conditions are very dangerous to their health. Hence, the government should provide Special Health schemes, Welfare Schemes for the sanitary workers. The sanitary workers should be educated to inculcate the habit of savings to improve their economic conditions.

Social Work Intervention with Sanitary Workers

Social work is a professional and academic discipline that seeks to improve the quality of life and subjective well – being of individuals, families, couples, groups, and communities through research, policy, community organization, direct practice, crisis intervention and teaching for the benefit of those affected by social injustice, including violations of their civil liberties and human rights. The profession is dedicated to the pursuit of social justice and the well – being of oppressed and marginalized individuals and communities.

Social Case Work

Social Case Work is one of the primary methods of social work where an individual is focused to solve his problem. Case worker helps the total individual, i.e., with every aspects of his life (psychological and environment social & physical factors). The social worker can provide psychological support to sanitary workers, thereby improving the strength and social adjustment.

Social Group Work

The social worker conducts group work as an intervention for the sanitary workers. Both the Government and Non –Government organization strives for helping the sanitaryworkers. The sanitary workers areformed and helped to solve their own problems. The Government groups are formed in order to make them understand the problems faced by them and also Government authority will take initiative to solve their problem by formingspecial act and providing assistance to them.The social worker can also conduct group activity and health education etc. for the sanitary workers. The social worker can organize the recreational programmes for the respondents to bring relaxation to them.

Community Organization

The social worker conducts awareness programmes for sanitary workers and theirlivelihood and challenge. The social workers can conduct the community awareness programmes for creating awareness and enriching knowledge among the sanitary workers about the health hazards they face during the time of work.The social worker can do research regarding them which helps in special policy making for the sanitary workers.

CONCLUSION

Sanitary workers are also the integral part of human society. These people are to be looked after by individual, groups, and communities. Even though they have this type of occupation, their day to day life is not so safe because of the threats due to their workingconditions. Government should take active roles to implement the policies effectively. As professional social workers, it is our duty and obligation to work for the well – being of the sanitary workers.

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Dr. R. Baskar

Assistant Professor, Department of Social Work, Bharathiar University, Coimbatore.