



SOCIO-ECONOMIC STATUS OF DALIT WOMEN SANITARY WORKERS: A SOCIAL WORK PERSPECTIVE

KEYWORDS

Dalit Women Sanitary Worker, Social Work Perspective, India.

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ABSTRACT

The status of women in India has been subject to many great changes over the past millennia. Women in India are socially, politically and economically weaker than men. As per 2011 census, 15.4% of Indian women are economically active. Most dalit women are engaged in Sanitary Work. Sanitary. At the same time, a sanitary worker's life is prone to unhealthy conditions. They are also deprived of proper education and nutrition which has adverse effects on the sanitary workers especially women. In this context, the present study seeks to examine the socioeconomic status of women sanitary workers. The research was conducted in Tirupur Municipal Corporation where 257 women sanitary workers worked. Among them 154 women sanitary workers were randomly selected. Kuppuswamy Socioeconomic Status scale was used and information was elicited by means of personal interview with the respondents. Analysis revealed that more than 74% of the respondents did not have own toilet facilities, were married within 11-17 years, were from nuclear family, had family monthly income more than Rs.30,000 respectively. More than 47% of the respondents were illiterate, respondents' spouses used alcohol, were living without husband, did not have saving habit, had more than 11-20 years of experience respectively. Only 4% of respondent's family members completed post graduation and 34% of respondents are engaged in sanitary work for three generations. There is significant difference between education and socioeconomic status at 0.05 levels. The present study found that Social work practice would improve the quality of life among women sanitary workers.

Introduction

'Women' - The word sounds so powerful. Since eternity, women have played a role more important than men and that is no exaggeration. India has the world's largest number of professionally qualified women. The status of women in India has been subject to many great changes over the past millennia. Women in India are socially, politically and economically weaker than men. As per 2011 census, 15.4% of Indian women are economically active. Status of women has to start from the social framework, social structures, cultural norms and value systems that influence social expectations regarding the behavior of both men and women and determine women roles and their position in society. Income generation alone does not increase the economic equality of women in India. Socioeconomic forces combine to greatly influence the development of poor women in India.

The hardships of Dalit women are not simply due to their poverty, economic status, or lack of education, but are a direct result of the severe exploitation and suppression by the upper classes, which is legitimized by Hindu religious scriptures. According to India's Ministry of Labour, 85% of the Dalit women have the most formidable occupations and work as agricultural laborers, scavengers, sweepers, and disposers of human waste. Most dalit women are engaged in Sanitary Work. They are also deprived of proper nutrition, which has adverse effects on the sanitary workers especially women. Sanitation falls under the preventive type of public health. It is also another monopoly function to be undertaken by the municipality.

Sanitary condition in Tamil Nadu

The name 'scavenger' was replaced by sanitary workers as the Government order was called from 1995. In Tamilnadu after independence especially the government introduced change stating that all community people may join in this occupation. But those individuals from other communities engaged in sanitary work ask the Scheduled Caste instead people to work in there places and pay them an amount. Now a day some

Government of offices still practices this system which should be abolished. Among the Scheduled Caste those who are engaged in unclear occupation take sweeping and scavenging and those who are bonded labors, benefited tribes and nomadic tribes are classified as vulnerable groups.

In Tamilnadu government to eradicate the detestable practice of manual scavenging and rehabilitating those who were engaged in this profession, this government has been implementing rehabilitation schemes for manual scavengers. In Tamilnadu it is enumerated that there are 35,651 sanitary workers. There are 12 Municipal Corporations, 152 Municipalities and 561 Town Panchayats in Tamilnadu, most of the peoples are working as sanitary workers in local bodies.

Overview of Literature

From the studies of Raka Sharan (2005) Tiwari R.R (2008) and International Labour Organization (2012) it was observed that a study on Occupational health hazards in sewage and sanitary workers. An estimated 1.2 million scavengers 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. Apart from the social atrocities that these workers face, they are exposed to certain health problems by virtue of their occupation.

Raka Sharan (2005) conducted a survey on women workers employed in industrial and non-industrial organizations in Kanpur city. The main objectives of her study were to analyze the working conditions of women workers to measure their socio conditions states and to study their participation in trade union activities. Among the industrial and non-industrial women workers 80 percent were from the young category that is between 20 and 35 years. The non-industrial workers were more qualified, then the industrial workers. The working conditions of the women workers were far from satisfactory.

International Labour Organization (2012) observed that the practice of manual scavenging prohibited under the legislation, but still it continues across the country. The continuance of such discriminatory practice is a violation of the ILO's convention on discrimination in employment and occupation. Social exclusion due to these practices requires urgent attention to promote decent work and better employment conditions with dignity. In order to enhance the capacity of the trade unions and civil society organizations, etc.

Methods & Materials

The present study seeks to examine the socioeconomic status of women sanitary workers. The research design of the present study is descriptive. The dalit women sanitary workers who are working under Tiruppur Municipal Corporation are the Universe of this present study. Totally 257 dalit women sanitary workers are working under Tiruppur Municipal Corporation. From the list of dalit women sanitary workers it has been decided to randomly select the sample to conduct an in-depth study. Krejcie and Morgan (1970) have given a table to determine the size of the sample. The researcher chose the samples as per his guidelines.

Formula for determining sample size

$$s = X^2 NP(1 - P) + d^2 (N - 1) + X^2 P(1 - P)$$

s = required sample size.

X^2 = the table value of chi-square for 1 degree of freedom at the desired confidence level (3.841).

N = the population size.

P = the population proportion (assumed to be .50 since this would provide the maximum sample size).

d = the degree of accuracy expressed as a proportion (.05).

Source: Krejcie & Morgan, 1970

Accordingly 154 out of 257 respondents from the Municipal Corporation are to be selected as sample respondents. The sampling technique used in this study is a Simple random sampling. The lottery method used to collect the data. The research employed an interview schedule survey as the main tool to gather data. The schedule form comprised of two parts. The first part of the questionnaire contained the questions related to the personal and family profile of the dalit women sanitary workers. The second part consists of measuring the socioeconomic status of their families in urban communities. The researcher used a standardized scale developed by Kuppuswamy (1976) to the analysis.

Results & Discussion

Data obtained, for the personal and family profile information, were analyzed through percentage and frequency tables.

Table 1. Frequency and percentage distributions on personal profile (n=154)

Variable		Total	
		f	%
Age (In years)	<30	7	5
	31-40	26	17
	41-50	84	54
	50>	37	24
Educational Qualification	Illiterate	75	49
	Primary School	43	28
	Middle School	33	21
	Secondary School	3	2

Experience (In years)	1-10	36	23
	11-20	77	50
	21-30	32	21
	30>	9	6
Family Income (Per month)	Rs.8,637 - 12,954	18	12
	Rs.12,955 - 17,273	11	7
	Rs.17,274 - 34,546	98	64
	Rs.34,547 above	27	17
Savings Habit	Yes	75	49
	No	79	51
Generation of work	1st generation	22	14
	2nd generations	41	27
	3rd generations	53	34
	4th generations	38	25
Total		154	100

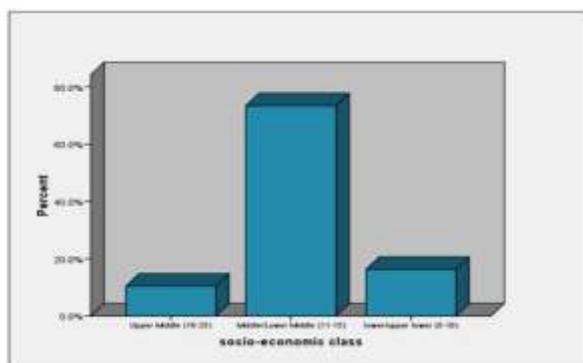
Source: Primary data.

Table 2. Frequency and percentage distributions on family profile

Variable		f	%	Total	
				f	%
Nature of family	Nuclear family	114	74	154	100
	Joint family	40	26		
Marriage age (In years)	11-17	113	74	154	100
	18-25	39	25		
	No marriage	2	1		
Life status	Husband alive	82	53	154	100
	Divorce	5	3		
	Widow	65	43		
	No marriage	2	1		
Educational status of family members	Illiterate	25	7	365	100
	Primary school	60	16		
	Middle school	111	30		
	Secondary school	80	22		
	Higher secondary school	42	12		
	Undergraduate	34	9		
	Postgraduate	13	4		
Usage of alcohol by Spouse	Yes	85	56	154	100
	No	68	44		
Toilet	Yes	33	21	154	100
	No	121	79		

Source: Primary data.

Chart No – 1 Distribution of the respondents by socioeconomic status



Source: Primary data.

Table No – 3 The Relation between Education and Socioeconomic status (One way ANOVA test)

Educational qualification	N	Mean	Std. Deviation	Std. Error	F	Significance
Illiterate	75	3.2800	0.45202	0.05220	14.434	P=0.00 P<0.05 Significant
Primary school	43	2.7209	0.50359	0.07680		
Middle school	33	3.0303	0.39409	0.06860		
Secondary school	3	2.6667	0.57735	0.33333		
Total	154	3.0584	0.51433	0.04145		

Source: Primary data.

Results & Discussion

According to the data in Table 1, more than 74% of the respondents did not have own toilet facilities, were married within 11-17 years, were from nuclear families, had family monthly income more than 30,000 Rs. respectively. The toilet facilities are directly influencing health conditions. The prevailing situation shows, 79% of the respondents are using the public toilet. So dalit women sanitary workers life is subject to unhealthy conditions. The majority (54%) of the respondents is in the age group of 41-50 years. The respondents' birth duration is 65's-70's. That period 70's-80's most of the marriages are child marriage. So 74 % of the respondents are married in the marriage age group of 11-17 years. The most of 77% of the respondents are leaving urban for the past several years.

According to the data in Table 2, The urban area, one of the most important characterize is a nuclear family system. So 74% of the respondents belong to the nuclear family. Family income per month, 64% of respondents earning amount of Rs. 17,274-34,546. This is because most of the respondents family member 1-2 persons working same government job. Most (49%) of dalit women sanitary worker are illiterate. This is because most of the respondents from the slum where there is less importance of education and at the same time less educational awareness for dalit community. Usage of alcohol by Spouse, 56 % of the respondent's spouse uses alcohol. They feel that are doing unclean jobs like cleaning/washing doing unhygienic jobs. Majority 47% of the respondents are divorcee and widows/were living without husband. Low level of divorce rate and high level of spouse death rate is sound. More than 56% of the respondent's spouses are alcoholic. With regard to saving interest,

51% of respondents no savings habit in this filed. There is less importance for saving awareness among the dalit women sanitary worker. Half of percentage of the respondents have 11-20 years of experience. Only 4% of respondent's family members completed post graduation and 34% of respondents are engaged in sanitary work for three generations. According to chart 1, Majority of the respondents (73%) has lower middle socioeconomic class.

According to table 3, The F value 14.434 which is significant at 0.05 level. There is a significant difference between education and socioeconomic status at 0.05 levels. Most (49 %) of respondents are illiterate (Mean=3. 28) and have upper middle class of socioeconomic status when compared to respondents completed their other class of education. This is because the majority of respondent is illiterate.

Sanitary Workers and Social Work Perspective

It is a critical to understand sanitary workers and the issues face by them under social work levels such as micro, mezzo, macro and meta levels. Social workers have the responsibility to understand and appreciate the full range of differences that exist among human beings and to explore any and all discrimination that result in oppressive and unjust treatment. Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, and exploited people and groups. At the community and policy making levels, inclusive environment and provision of access services should all be respected, valued and empowered. Social workers should be partnered with the dalit community to modify laws and policies, in ways that preserve and protect the quality of life. Social work methods is playing a major role in this community. The present study find out the problems on health problems, educational status, discrimination, working condition and working practices, social welfare security.

The social work primary method is playing and solving the following problems of sanitary workers. Social work is providing individual counseling /case work for respondent's spouse because 56% of the respondent's spouses use alcohol. To build awareness programs on health and safety, saving benefits and educational importance for sanitary worker is essential. Especially women sanitary worker is most affecting health problems because 54% of the respondents are in the age group of 41-50 years. Provide special medical camps for women sanitary worker in regular periods will prove to be useful. The government is must be providing basic educational teaching class at evening time for sanitary worker.

The social work secondary method is playing and solving the following problems of sanitary workers. The government has provided proper social welfare, security for sanitary workers through social welfare administration. Sanitary worker as well as dalit community directly or indirectly faced problems of discrimination under the employment, society level. Indian government established social legislation, rules and regulation for discrimination. Most of social legislation in the paper level only not in implementation level. Such as on situation non-dalit groups involved the discrimination actives for dalit community. The social work is providing awareness and social action for discrimination actives of dalit community. Social action helps to develop powerful social legislation and alleviate discrimination against dalit community. The social work research is provides evaluation and innovation of internal and external working condition, remove the bio-psycho-socio-spiritual barrier to directly affect the working involvement level in the sanitary worker.

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