

Struggles Behind Clean Streets: A Gendered Analysis Of The Challenges And Realities Of Women Sanitation Workers In Coimbatore

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Abstract

Women sanitation workers form the backbone of urban cleanliness in Coimbatore, yet their contributions are often overlooked. This study investigates the gendered challenges they face, based on a survey of 357 respondents. Using structured questionnaires, the research examines socio-economic status, workplace conditions, health concerns, and social perceptions.

The findings highlight persistent issues such as low wages, absence of social security, inadequate safety measures, and significant health risks from continuous exposure to hazardous environments. Gender-specific challenges—including social stigma, limited career advancement, and balancing household responsibilities—further compound their struggles. Despite these barriers, the resilience and dedication of these workers remain evident, underscoring their indispensable role in sustaining public health. The study calls for gender-sensitive interventions, including better wages, provision of protective equipment, access to healthcare, and formal recognition of their contributions. These measures are essential to ensure dignity, safety, and equality for women sanitation workers.

Keywords: Women sanitation workers, gendered study, Coimbatore, occupational health, urban sanitation.

INTRODUCTION

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Sanitation work forms the foundation of urban health and hygiene, yet the individuals engaged in this essential service often remain invisible within policy and public discourse. In India, women sanitation workers occupy a significant portion of this workforce, particularly in municipal and contractual roles. Their contribution to maintaining clean streets and public spaces is critical, but it is frequently undervalued due to prevailing socio-economic hierarchies and gender-based marginalization.

In Coimbatore, a rapidly growing urban center, women sanitation workers face complex challenges shaped by intersecting factors of gender, caste, economic status, and occupational hazards. Despite their indispensable role, these workers often

experience poor working conditions, minimal job security, inadequate protective gear, and limited access to healthcare. Added to these are gender-specific burdens, including the dual responsibility of income generation and household duties, social stigma attached to sanitation work, and restricted opportunities for upward mobility.

While existing research on sanitation work in India largely addresses occupational safety and health, gendered perspectives remain insufficiently explored. This study aims to bridge this gap by examining the lived realities of 357 women sanitation workers in Coimbatore. Through a gender-focused lens, the research seeks to understand their socio-economic conditions, workplace struggles, and resilience, while also identifying policy measures that can enhance their dignity, safety, and recognition within the urban sanitation framework.

REVIEW OF LITERATURE

Sanitation work, particularly performed by women, is an area of growing academic interest due to its intersection with gender, health, and socio-economic issues. **Bhattacharya and Srinivasan (2020)**¹ highlight the occupational health risks sanitation workers face, noting a high incidence of respiratory and musculoskeletal disorders. Their study underscores the critical need for protective measures and healthcare access.

In a regional context, **Kumar and Das (2019)**² explore the gender dynamics of sanitation work in South India, revealing how social stigma and gender-based discrimination exacerbate the vulnerability of women workers. Similarly, **Nair (2018)**³ discusses the invisibility and social exclusion faced by sanitation workers, stressing the societal neglect of their labor despite its essentiality.

Government reports from Tamil Nadu (2023)⁴ provide official statistics on sanitation workforce demographics, wages, and occupational hazards, reinforcing findings from academic research regarding low wages and poor working conditions. **Zafar and Gupta (2021)**⁵ further explore coping mechanisms among female sanitation workers, including peer support networks and informal financial assistance, highlighting resilience despite adverse circumstances.

The World Health Organization (2017)⁶ offers a global perspective on health risks and policy frameworks designed to improve sanitation workers' conditions. Their recommendations align with findings from Nair (2018) and **Bhattacharya and Srinivasan (2020)**⁷, emphasizing the importance of gender-sensitive policies and social security measures.

Additional studies (**Patel, 2019; Singh & Mehta, 2020; Roy, 2022; Thomas, 2017; Verma, 2018; Chatterjee, 2021; Dasgupta, 2019; Mukherjee, 2020**)⁸⁻¹³ have contributed insights into issues ranging from psychological stress, work-life balance, to the impact of urbanization on sanitation services, all of which inform the understanding of women sanitation workers' challenges in urban India.

RESEARCH METHODOLOGY

This study used a descriptive approach to understand the challenges faced by women sanitation workers in Coimbatore. Data was collected from 357 women using questionnaires. The participants were selected carefully to represent different parts of the city. The information was analyzed using basic statistics to find patterns and important relationships. This method helps to clearly show the problems and needs of these workers.

Research Design

The study adopts a **descriptive research design** to examine the socio-economic conditions, occupational challenges, and gender-specific struggles of women sanitation workers in Coimbatore. The descriptive approach is suitable as it facilitates the systematic collection, analysis, and interpretation of data to understand the prevailing conditions of the target population.

Population and Sample Size

The population for this study comprises all women sanitation workers employed in municipal and contractual roles in Coimbatore. A sample of **357 respondents** was selected using **purposive sampling**, ensuring adequate representation from different zones of the city.

Data Collection Method

Primary data was collected through a **structured questionnaire**, which included both closed-ended and open-ended questions. The questionnaire covered the following aspects:

- ☒ Socio-demographic profile (age, marital status, education, family size, income)
- ☒ Employment details (type of work, duration of service, working hours)
- ☒ Occupational challenges (health issues, safety measures, job security)
- ☒ Gender-specific issues (work-life balance, social stigma)

Secondary data was obtained from municipal reports, government publications, previous research articles, and relevant policy documents.

Tools for Analysis

The collected data was analyzed using **descriptive statistics** (mean, percentage, frequency distribution) to summarize demographic and employment patterns. **Inferential statistical tools** such as **Chi-square test** and **ANOVA** were applied to identify significant associations between socio-economic variables and work-related challenges.

Scope and Limitations

The study is limited to women sanitation workers in Coimbatore, and the findings may not be generalized to other regions. Self-reported data could involve response bias, though efforts were made to ensure accuracy through confidentiality and rapport building.

Hypotheses Of The Study

Hypothesis Type	Hypothesis Code	Hypothesis Statement
Null Hypotheses (H ₀)	H ₀₁	There is no significant association between the socio-economic profile of women sanitation workers and their perceived occupational challenges.
	H ₀₂	There is no significant relationship between marital status and work-life balance among women sanitation workers.
	H ₀₃	There is no significant difference in health issues faced by women sanitation workers based on years of work experience.
	H ₀₄	There is no significant association between access to safety equipment and the occurrence of occupational health problems.
Alternative Hypotheses (H ₁)	H ₁₁	There is a significant association between the socio-economic profile of women sanitation workers and their perceived occupational challenges.
	H ₁₂	There is a significant relationship between marital status and work-life balance among women sanitation workers.
	H ₁₃	There is a significant difference in health issues faced by women sanitation workers based on years of work experience.
	H ₁₄	There is a significant association between access to safety equipment and the occurrence of occupational health problems.

Hypothesis	Statistical Test	Calculated Value	p-Value	Inference
H ₀₁ : No significant association between socio-economic profile and occupational challenges	Chi-Square Test	$\chi^2 = 18.46$	p < 0.05	Rejected Significant association exists -
H ₀₂ : No significant relationship between marital status and work-life balance	Chi-Square Test	$\chi^2 = 14.21$	p < 0.05	Rejected Significant relationship exists -
H ₀₃ : No significant difference in health issues based on years of work experience	ANOVA	F = 4.87	p < 0.05	Rejected Significant difference observed -
H ₀₄ : No significant association between access to safety equipment and health problems	Chi-Square Test	$\chi^2 = 16.32$	p < 0.05	Rejected Significant association exists -

Interpretation:

All null hypotheses are rejected, indicating that socio-economic factors, marital status, work experience, and safety equipment availability have significant influence on the occupational challenges and health risks faced by women sanitation workers.

Data Analysis And Results

Objective	Statistical Tool Used	Result Summary
To examine socio-economic profile	Descriptive Statistics (Mean, Percentage, Frequency)	Majority aged 31-45 years; 78% married; 62% with primary education; average monthly income ₹8,000-₹10,000.
To identify occupational challenges	Frequency & Percentage Analysis	85% report health issues (back pain, respiratory problems, skin infections); 73% lack adequate safety equipment.
To explore gender-specific struggles	Cross-tabulation & Chi-square test	Significant association between marital status and work-life balance challenges ($\chi^2 = 14.21$, p < 0.05).

To analyze coping strategies	Percentage Analysis	68% rely on peer support; 54% depend on informal financial help during crises.
To suggest policy measures	Interpretive Analysis (Based on Responses)	Strong demand for better wages, health insurance, safety gear, and social recognition.

Key Results

1. Socio-Economic Profile

- ☑ Majority of respondents (78%) are married women with primary education.
- ☑ Average work experience: 9 years; income level remains low despite tenure.

2. Occupational Challenges

- ☑ High exposure to unhygienic conditions without adequate protection.
- ☑ Health problems include musculoskeletal pain, respiratory ailments, and fatigue.

3. Gender-Specific Issues

- ☑ Social stigma attached to sanitation work persists.
- ☑ Work-life balance is a critical concern due to domestic responsibilities.

4. Coping Mechanisms

- ☑ Informal peer networks and personal resilience play a key role in sustaining employment.

5. Policy Recommendations from Respondents

- ☑ Implementation of regular health check-ups.
- ☑ Provision of protective gear and safe working conditions.
- ☑ Wage revision and social security benefits.

Findings

1. Socio-Economic Profile:

The majority of women sanitation workers surveyed were between 31–45 years old, married, and had primary-level education. Their average monthly income ranged between ₹8,000 and ₹10,000, highlighting their economic vulnerability despite years of service.

2. Occupational Challenges:

A significant portion of respondents reported health issues such as back pain, respiratory problems, and skin infections due to prolonged exposure to unsanitary conditions. Most lacked adequate safety equipment and social security benefits.

3. Gendered Struggles:

Women sanitation workers face societal stigma associated with their occupation, along with difficulties balancing domestic responsibilities and demanding work hours. Marital status showed a significant impact on work-life balance challenges.

4. Coping Strategies:

Informal peer support networks and personal resilience were key mechanisms helping workers manage occupational and social challenges.

5. Policy-Related Insights:

Respondents strongly emphasized the need for improved wages, access to healthcare, protective gear, and formal recognition to enhance their work dignity and safety.

SUGGESTIONS

1. Provision of Protective Gear:

Authorities should ensure consistent supply of adequate personal protective equipment (PPE) to reduce health risks.

2. Healthcare Access and Insurance:

Regular health check-ups and health insurance coverage must be provided to women sanitation workers to address occupational hazards.

3. Social Security and Wage Enhancement:

Implementation of social security schemes and a revision of wages to meet living standards is crucial.

4. Gender-Sensitive Policies:

Policies should acknowledge the dual burden women face and provide flexible work hours or support systems to help manage family and work responsibilities.

5. Awareness and Social Recognition:

Public awareness campaigns can help reduce stigma and elevate the social status of sanitation workers.

6. Skill Development and Career Advancement:

Training programs should be introduced to enhance skills and open avenues for upward mobility.

CONCLUSION

This study highlights the complex gendered struggles faced by women sanitation workers in Coimbatore, encompassing occupational health risks, socio-economic vulnerabilities, and social stigma. Despite their indispensable role in maintaining urban hygiene, these women often operate under hazardous conditions with limited institutional support. The significant associations found between socio-economic factors, marital status, and occupational challenges underline the need for gender-sensitive interventions.

Addressing these issues requires a holistic approach involving provision of safety equipment, improved healthcare, wage reforms, and social recognition. Empowering women sanitation workers not only improves their quality of life but also strengthens the foundation of public health in rapidly urbanizing cities like Coimbatore. This research contributes critical insights for policymakers and stakeholders aiming to foster dignity, safety, and equity for women in this essential yet marginalized workforce.

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