

Unhygienic Spaces and Invisible Exclusion: A Phenomenological Study of Municipality Sanitation Workers in Doda Town, (Jammu & Kashmir)

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Abstract: This study employs a phenomenological approach to examine the lived experiences of sanitation workers in Doda Town, Jammu and Kashmir, India. Municipal sanitation workers perform essential labour for public health and urban hygiene, yet their work is marked by hazardous conditions, insecure employment, and persistent social stigma. The study focuses on 21 sanitation workers from the Shaikh (Wattal) Muslim community, selected through purposive sampling, to explore how they experience their occupation, social position, and everyday struggles. Data were collected through semi-structured interviews and analysed using reflexive thematic analysis following Braun and Clarke's six-phase framework. Seven interrelated themes emerged: trapped livelihood, unsafe workspaces, social stigma, healthcare bias, emotional erosion, systemic neglect, and the struggle for dignity. The findings show that sanitation work in Doda is shaped not only by occupational risk and economic precarity but also by a distinct form of intra-religious marginalisation. Although the community is not formally classified within official Muslim caste categories, the data suggest that their experiences can be meaningfully understood through the broader lens of Muslim social stratification and Arzal-like marginality. The study argues that policy responses must move beyond infrastructure-centred sanitation planning to include labour protection, occupational safety, healthcare access, and measures to challenge social stigma and institutional neglect.

Keywords: phenomenology; sanitation workers; occupational health; social exclusion; stigma; municipal hygiene

1 Introduction

Municipal sanitation workers provide essential services for public health and urban functioning, yet this work frequently comes at the cost of workers' health, safety, and dignity. Across contexts, sanitation and hygiene workers are exposed to biological and chemical hazards, injuries, and chronic health problems, often without consistent access to protective equipment or formal labour protections (ILO, 2019). Alongside physical risks, sanitation labour is widely associated with 'dirty work' stigma—work perceived as physically or socially tainted—producing disrespect, social distancing, and barriers to services (Bhakta et al., 2022, 2024; Ngatia et al., 2024; Tolera et al., 2023). In especially in developing countries, these workers often face compounded vulnerabilities due to informal employment, inadequate legal protections, and precarious financial situations (Andrianisa et al., 2022).

International evidence identifies sanitation work as high-risk labour characterised by exposure to pathogens, toxic gases, sharps, and injuries, musculoskeletal strain, and psychosocial stress (Oza et al., 2021; Tolera et al., 2023). Studies from multiple low- and middle-income countries highlight gaps in occupational safety training, limited access to personal protective equipment, and weak enforcement of safety standards (Alam et al., 2022). In Pakistan, the development

and municipal enforcement of standard operating procedures have been highlighted as an important mechanism for reducing preventable harms (Abbasi & Badruddin, 2019). Sanitation workers frequently engage in hazardous cleaning of sewers and handling toxic waste without requisite safety gear, thereby increasing the chances of illness (Gautam et al., 2021). Further, workers in sanitation are also unrecognised socially and unrepresented legally despite being integral to preserving public health and the environment (Tolera et al., 2023).

Like in India and parts of Africa, sanitation work is associated with lower castes or ethnic groups, leading to stigmatization (Bhakta et al., 2022; Saldanha et al., 2022). This stigma is perpetuated by socio-cultural norms that define sanitation work as dirty and degrading. This social exclusion rubs off on the mental health, self-esteem, and lives of workers (Pal, 2015; Soral et al., 2021). The persistent entanglement of ritual purity and labour hierarchy continues to undermine the dignity of sanitation workers worldwide. Moreover, studies highlight how the manifestation of "untouchability" and appearance-based discrimination function as a universal mechanism for social exclusion, often mediated by systemic failures in urban planning and policy (Shanmugasundaram, 2024). Global literature increasingly identifies the devaluation of sanitation labour through the lens of intersectional identity, where gendered appearance and minority status create parallel experiences of systematic marginalization. Studies show that for essential service workers in non-caste societies, marginalization is often driven by the convergence of religious discrimination, minority status, and the societal devaluation of work deemed inherently polluting (Aftab et al., 2024).

Furthermore, studies into Water, Sanitation, and Hygiene reveal that current policy frameworks frequently prioritize technological interventions while neglecting the diverse identity-based challenges and labour rights of the workers themselves (Bhakta et al., 2022). By integrating these global experiences, the literature highlights how modern urban development often reinscribes traditional hierarchies, masking the exploitative extraction of labour behind the facade of technological progress (Kashwan, 2022). The transnational diffusion of these hierarchies allows discriminatory practices to persist, as existing legal frameworks often struggle to address caste-based social exclusion given their primary focus on domestic categories of inequality.

This discourse is further complicated by the fact that sanitation labour is frequently stigmatized through its association with religious, racial, or ethnic minorities in diverse regions, ranging from tribal groups in Ghana to Black employees in the United States. These hazardous conditions are exacerbated by the scarcity of empirical research in the Global South, which frequently fails to document the intersection of informal labour structures and the lack of protective social policy. Furthermore, in the South Asian region, colonial administrative legacies continue to institutionalize these exclusions by cementing enduring connections between waste work and specific subaltern social categories, thereby shaping the contemporary trajectories of urban sanitation economies (Butt, 2019).

Consequently, the interplay between colonial-era bureaucratic frameworks and contemporary neoliberal paradigms creates a double bind, where administrative outsourcing is weaponised to strip labourers of their agency and simultaneously insulate states from accountability regarding workplace fatalities. These intersecting historical and economic conditions necessitate a robust, intersectional analysis to fully capture how "dirty work" remains embedded in the construction of social hierarchies (Rabelo, 2017).

1.1 Sanitation workers, social exclusion and stigma in India

The experience of sanitation workers across different states of India is characterized by a combination of ritualized caste stigma, economic disenfranchisement, and structural exclusion from state protections. While the nature of this stigma varies slightly by region and religion, the fundamental experience remains one of "social closure" and "intimate untouchability" (Lee, 2017; Sujood et al., 2023). In India, sanitation labour is a hereditary occupation performed by specific sub-castes within the Scheduled Caste category (Khandare & Salve, 2023). However, SC and Scheduled Tribe individuals constitute the overwhelming majority of those engaged in casual labour, which includes sanitation work. This group experiences perpetual discrimination rooted in historical caste hierarchies (Pandoh & Singh, 2025). The stigma attached to "unclean" labour often results in social segregation and limited mobility, even as workers perform essential urban maintenance. A study of Safai Karmacharis in **Mumbai** highlights that these workers, categorized as "Ex-Untouchables", often lack basic social determinants of health, such as access to adequate medical facilities and protective infrastructure (Khandare & Salve, 2023).

Studies reveal that the rigid social stratifications rooted in notions of purity and pollution dictate the labour of marginalised castes, effectively relegating them to the most hazardous sanitation roles (Shekhar & Dwivedi, 2024). This structural marginalization is reinforced by judicial interpretations that increasingly define the practice of manual scavenging as a profound violation of the constitutional guarantees of justice and equality (Wankhede & Kahle, 2023). Manual scavenging, a type of sanitation work, is still common in India, despite 2013 legislation to end the practice and offer a safer working environment (Wankhede & Kahle, 2022). These workers, from the lowest castes, are denied protective equipment, and their work is considered degrading and untouchable.

The urban infrastructural violence on the health workers gets manifested under the dire economic condition of those engaged in sanitation work in urban India, who work on contractual bases and thus, are deprived of occupational benefits e.g., healthcare, paid-leave, pension, which make them more vulnerable (Gada et al., 2023; Kumar, 2025). Stigma is also a recurrent feature of sanitation work. Workers may be treated as socially 'polluting' and excluded from public spaces and services, compounding health and livelihood vulnerabilities (Bhakta et al., 2022). In India, stigma has been documented not only as workplace discrimination but also as a family and intergenerational issue, including impacts on children's education and social mobility (Walters, 2019).

Furthermore, scholars emphasize that this systemic caste-based disadvantage is sustained through everyday power relations, resulting in material inequalities that leave Dalits disproportionately represented in precarious, low-wage manual labour (Karamchedu, 2025). The expansion of this critical inquiry necessitates a look at the Indian diaspora, where these inequities are exported, demonstrating that the caste-based subordination of sanitation labourers is not merely a regional phenomenon but a global social challenge (Anthony, 2024). In examining this transnational dimension, researchers increasingly utilize intersectionality theory to map how caste identities interact with socioeconomic vulnerability, complicating the access of Dalit migrant populations to social security and legal protections (Gürsoy, 2023), (Shrestha & Siwakoti, 2025).

However, sanitation workers have to encounter health inequalities as they do not get easy access to medical facilities, especially in small towns and remote places. They even get refused by the healthcare providers due to social discrimination, imposing a threat to their health (Husain et al., 2023) (Ramitha, 2023). The available data indicates that despite regional variations, the

institutionalization of waste work frequently reflects caste-coded occupational rigidities and precarious labour conditions (Schwarzkopf et al., 2021).

For instance, in states like Uttar Pradesh, the persistence of manual scavenging continues to expose workers to hazardous environments, direct contact with sewage, and the constant risk of infectious diseases (Rastogi & Singh, 2023). Similarly, ethnographic accounts in urban centres reveal that municipal sanitation systems frequently rely on the informal labour of Dalit communities, often organizing these workers into roles that deny them permanent employment status (Christensen & Vendelø, 2021; Shankar & Swaroop, 2021). Despite these documented realities, government and municipal agencies frequently adopt a stance of denial regarding the continued existence of manual scavenging, hindering the effective implementation of protective labour policies (Saldanha et al., 2022). Furthermore, the reliance on caste-specific labels—such as ‘Bhangis’ in Uttar Pradesh or ‘Arunthathiyar’ in Tamil Nadu—serves to essentialize these identities, reinforcing a social hierarchy that justifies the continued exploitation of these labourers within modern municipal frameworks (Raj et al., 2024).

This occupational stratification is further compounded by the upper-caste aversion to direct contact with human waste, which delegitimizes the labour of those responsible for urban cleanliness while simultaneously cementing their status at the base of the societal hierarchy (Shekhar, 2023). According to the “State of India’s Sanitation” report (2021) of the Ministry of Jal Shakti, although the construction of toilets and sewage treatment plants has expanded, the situation of sanitation workers has deteriorated because of the unavailability of safety measures and poor knowledge concerning their rights (Kumar, 2025).

Additionally, recent ethnographic evidence suggests that the state often responds to these entrenched vulnerabilities by delegating sanitation responsibilities to other marginalized, indigenous communities, inadvertently creating new tiers of precarious labour (Guschke, 2021). This pattern of substitution echoes broader trends observed in Nepal, where gendered and caste-based barriers systematically obstruct access to safe sanitation for marginalized groups like Madhesi Dalit women (Shrestha & Siwakoti, 2025).

Sanitation workers as a class are not just victims of social stigma; they are also victims of government neglect. In contrast to diverse policies and welfare measures for improving sanitation, working conditions, and welfare for workers in the sanitation sector do not receive enough attention. (Misra et al., 2023; Acharya, 2022). With programs like Swachh Bharat Mission (since 2014), the emphasis has been on building infrastructure rather than on those who operate the sanitation system. These programs have made inroads in tackling sanitation infrastructure in cities, the plight of sanitation workers, particularly those engaged in manual scavenging, who live in inappropriate and unhealthy conditions, remains unattended (Darokar, 2019).

Nevertheless, a few positive developments have occurred in the last few years. A few states are gradually taking steps in this direction, like the Delhi Government (2020), which announced worker welfare schemes that provided health insurance, regular medical checkups, and compensation for job-related injuries (Kumar, 2025). However, such schemes are inconsistent and only implemented in big cities, neglecting sanitation workers in smaller cities and rural areas, where sanitation workers experience exploitation (Shaikh, 2024). The increased societal acceptability and legal protections are necessary to break the stigma and discrimination associated with sanitation labour (Monteiro, 2023).

1.2 Muslim Caste Hierarchy and Sanitation Work

In states like Maharashtra and Uttar Pradesh, workers from Dalit and Muslim "Arzal" communities (e.g., Halalkhor, Mehtar) face social distancing despite performing essential intimate cleaning (Khandare & Salve, 2023; Lee, 2017). They are often restricted from shared communal spaces and commensality (eating together) (Ahmad, 1978; Nair, 2025).

The experience of sanitation workers within Muslim communities in India is defined by a paradox where the egalitarian theology of Islam clashes with a lived reality of deep-seated caste-like social stratification (Levesque, 2005). These workers, often referred to as "Arzal" (the lowest) or part of the broader "Pasmanda" movement, experience systematic exclusion that mirrors the ritualized "purity and pollution" concepts of the Hindu caste system (Alam, 2022; Pandoh, 2024; Bhakta et al., 2022; Khandare & Salve, 2023). This gap is particularly evident in the analysis of the Halalkhore community, where the intersection of Islamic identity and caste-based exclusionary practices necessitates a more nuanced ethnographic lens (Lee, 2017). By situating the 'Arzal' category within the broader framework of Muslim social stratification, this research interrogates how historical occupational associations with sanitation continue to enforce systematic exclusion (Ahmad, 2023). Such exclusionary dynamics are further exacerbated by the socio-economic precarity faced by these groups, where limited access to institutional support structures reinforces their status at the periphery of both communal and national spheres (Kumar, 2025; Nadaf & Soans, 2022).

Consequently, understanding these dynamics requires examining how the internal hierarchical divisions—analogue to broader Indian social structures—dictate the limits of agency and social mobility for individuals operating within these marginalized occupational niches. (Shireen, 2025; Jacobsen, 2016) Moreover, the tendency among marginalized Muslim subgroups to engage in *Ashrafization* often renders the specific grievances of those engaged in polluting occupations invisible within the dominant discourse of communal identity (Ahmad, 2025). This discursive silencing is compounded by the oscillation between reformist rhetoric, which emphasises Islamic egalitarianism, and the pragmatic instrumentalization of caste identifiers to secure state-mandated affirmative action (Chambers, 2020).

This contradictory state of affairs reflects a deeper tension between internal communal politics and the external legislative mechanisms designed to mitigate caste-based disadvantages (Chatterjee et al., 2023). Consequently, the lived realities of these workers reveal a complex interplay where state policy often fails to penetrate the deeply entrenched, non-legal boundaries of community-based stratification (Azam, 2023). This ethnographic investigation aims to bridge this analytical divide by examining how the localized Hadi community navigates these overlapping structures of marginalization that persist despite broader social shifts (Ziyauddin, 2022). By documenting the daily negotiations of the Hadi, this study highlights how traditional notions of hierarchy are reconfigured through the prism of contemporary political discourse (Lévesque & Niazi, 2023). Additionally, the analysis situates these community-level negotiations within the broader Pasmanda critique of *ashrāf* hegemony, which asserts that religious egalitarianism is frequently weaponized to obscure the persistence of sub-caste hierarchies (Ansari, 2018).

This critical perspective underscores the urgent need to address how the (non-)addressability of the state and the ghettoization of specific groups perpetuate these entrenched social divisions (Ohm, 2024). Furthermore, by contextualizing these localized experiences within the wider Pasmanda movement, this inquiry illuminates how the conceptualization of Muslim identity

has historically served to marginalize those who inhabit the intersections of labour, ritual impurity, and socio-religious exclusion (Ansari, 2023, 2024).

1.3 Research Context

This study was conducted in Doda Town, located in the Union Territory of Jammu and Kashmir, India. The sanitation workforce in this town is predominantly drawn from the Shaikh Muslim community, locally identified with the **wattal** group, a socially marginalized community historically associated with sanitation-related labour. Doda Town, the district headquarters, is one of the principal urban centres in the district. Although the district is known for its scenic landscape, it also faces considerable social and economic challenges. In this context, the town relies heavily on sanitation workers for the maintenance of public health, hygiene, and urban cleanliness.

Despite the indispensable role they play in sustaining the town's sanitation system, these workers continue to face multiple forms of marginalization. Their everyday lives are shaped by social stigma, economic insecurity, occupational hazards, emotional strain, and physical vulnerability. These disadvantages are not merely occupational but are deeply embedded in the social perception of sanitation work itself, which continues to be treated as degrading and stigmatized labour. At the same time, there is little evidence of any systematic institutional strategy aimed at safeguarding the welfare, dignity, or long-term well-being of these workers.

The Shaikh Muslim community in the study area has historically been associated with sanitation work and related forms of labour, and this occupation continues to carry forms of stigma similar to those attached to “untouchable” work in other parts of India. Although a slight shift in social attitudes has emerged in recent years, the occupational and symbolic burden of this work remains largely intact. While caste-based sanitation labour is often discussed in relation to low-caste Hindu communities and, within Muslim social stratification, to Pasmanda groups, communities such as the Shaikh Muslims of Doda remain insufficiently examined in formal academic and policy categories. This study therefore seeks to understand this community through the lens of Pasmanda Muslim stratification, particularly the category of Arzal, in order to examine their social positioning, occupational experiences, and features of exclusion (Lee, 2017; Alam, 2022; Ahmad, 2023).

The study also engages with the broader institutional setting of municipal sanitation. Municipal bodies are central to solid waste management, and their policies directly influence the working conditions, safety, and dignity of sanitation workers. In Doda, one of the defining characteristics of the sanitation workforce is its contractual and daily-wage status, along with a clear intra-religious division of labour. Most workers are employed as daily wagers rather than as regular municipal employees, which excludes them from formal employment protections and welfare entitlements. As a result, they often lack access to healthcare, occupational safety measures, job security, and other social protections. Their precarious employment status intensifies their exposure to health risks and reinforces their broader vulnerability, especially in comparison to workers in more formalized sectors.

1.4 Objectives and rationale

Although some studies have examined Muslim waste pickers within the informal economy, such work does not fully address the concerns of the present study. This research is specifically concerned with sanitation workers whose labour is embedded in municipal structures, caste-like occupational hierarchies, and intra-Muslim social marginalization. While sanitation labour

in India has historically been associated with low-caste Hindu communities and marginalized Pasmada Muslim groups, the experiences of the Shaikh Muslim community in Doda remain underexplored, particularly in context to Arzal–Dalits Muslim. This study therefore examines this community through the conceptual lens of **Pasmada**, particularly the category of **Arzal**, in order to understand its social location and lived realities with in Muslim community (Lee, 2017; Alam, 2022; Ahmad, 2023).

The specific objectives of the study are:

1. To explore the lived experiences of Muslim sanitation workers identified with the Arzal/Pasmada social location in relation to their occupation and societal perceptions in an urban setting.
2. To understand the persistence of social exclusion in the lives of sanitation workers, including how such exclusion shapes their opportunities, aspirations, and experiences of alternative occupations.

2 Methodology

This study adopted a phenomenological approach, to examine the lived experiences of sanitation workers in Doda Town, Jammu and Kashmir. A phenomenological framework was appropriate because the study sought to understand not only the material conditions of sanitation work but also how workers themselves experience, interpret, and assign meaning to their occupation, stigma, and social exclusion. The focus, therefore, was on participants' subjective accounts of work, dignity, risk, and marginalization.

2.1 Research Design

The study employed qualitative design to explore the lifeworld of sanitation workers as they experience it in everyday life. This design was suitable because sanitation work in study area is not merely an occupational activity; it is also shaped by social stigma, precarious employment, and caste-like intra-community hierarchies. A phenomenological approach enabled the study to centre workers' own voices and to capture the meanings they attach to their labour, social identity, and everyday struggles. This helped to ensure that the findings remained grounded in participants' experiences rather than being shaped by preconceived interpretations.

2.2 Participants and Sampling

Participants were selected through purposive sampling, which is appropriate in qualitative research when respondents are chosen for their direct experience of the phenomenon under study. This method was justified because the study required participants who were actively engaged in sanitation work and could provide rich accounts of its occupational, social, and emotional dimensions.

The study included 21 sanitation workers employed in the municipal sanitation system of Doda Town. To ensure sufficient experiential depth, only workers with at least three years of work experience were included. This criterion enabled the study to capture sustained experiences of work, exclusion, and occupational continuity.

The sample included participants from different age groups (17 to 50 years), allowing the study to consider generational variation in the experience of sanitation work. All participants belonged to the Shaikh Muslim (Watal/Arzal) community, which was significant to the study because it enabled focused examination of sanitation labour within the context of Muslim social

stratification and Pasmanda/Arzal marginality. Below Table 1 describes the socio-economic profile of respondents.

Table 1: Socio-economic profile of respondents

Respondent Code	Age Group	Employment Types	Years Of Work Experience	Income Level	Family Influence	Education Level
R1	50 years	Daily wagers	5+ years	Low income	Family members also work in sanitation	Illiterate
R2	17 years	Daily wagers	3+ years	Low income	Family members also work in sanitation	Illiterate
R3	50 years	Daily wagers	10 years	Low income	Family members also work in sanitation	Illiterate
R4	30 years	Daily wagers	6 years	Low income	Family members also work in sanitation	Illiterate
R5	50 years	Daily wagers	10 years	Low income	Family members also work in sanitation	Illiterate
R6	50 years	Daily wagers	15 years	Low income	Family members also work in sanitation	Illiterate
R7	20 years	Daily wagers	3 years	Low income	Family members also work in sanitation	Primary education
R8	18 years	Daily wagers	3 years	Low income	Family members also work in sanitation	primary education
R9	50 years	Daily wagers	7 years	Low income	Family members also work in sanitation	Illiterate
R10	26 years	Daily wagers	4 years	Low income	Family members also work in sanitation	Primary education
R11	28 years	Daily wagers	3 years	Low income	Family members also work in sanitation	Primary education
R12	30 years	Daily wagers	6 years	Low income	Family members also work in sanitation	Primary education
R13	19 years	Daily wagers	3 years	Low income	Family members also work in sanitation	Primary education
R14	24 years	Daily wagers	3 years	Low income	Family members also work in sanitation	Illiterate
R15	50 years	Daily wagers	12 years	Low income	Family members also work in sanitation	Illiterate
R16	30 years	Daily wagers	5 years	Low income	Family members also work in sanitation	Illiterate
R17	20 years	Daily wagers	4 years	Low income	Family members also work in sanitation	Primary education

R18	30 years	Daily wagers	8 years	Low income	Family members also work in sanitation	Illiterate
R19	50 years	Daily wagers	14 years	Low income	Family members also work in sanitation	Illiterate
R20	20 years	Daily wagers	3 years	Low income	Family members also work in sanitation	Illiterate
R21	30 years	Daily wagers	3 years	Low Income	Family members also work in sanitation	Primary

Source: The data were collected from the field between July–Sep 2024

The above Table 1 depicts the key observations from the socio-economic profile of the respondents, reveal that the majority of sanitation workers are young (under 30) and come from the Shaikh (Watal/Arzal) Muslim community, with aspirations to transition into other sectors like auto driving, construction, or government jobs. However, these aspirations are hindered by social stigma, which is compounded by intra-community discrimination and a lack of education and opportunity. Despite their desire for upward mobility, most are contractual workers, meaning they have no access to formal benefits like healthcare or job security, exacerbating their vulnerability to health risks. The presence of elderly workers in the group highlights the generational nature of sanitation work, with families often passing down this occupation due to a lack of alternatives, which further reinforces the cycle of poverty and marginalization for these workers.

2.3 Data Collection

Data were collected between July and September 2024 through in-depth semi-structured interviews. This method was chosen because it allowed participants to narrate their experiences in their own words while also ensuring that the main themes relevant to the study objectives were covered across interviews. The semi-structured format provided both flexibility and comparability, making it well suited to a phenomenological inquiry.

Each participant was interviewed individually in a setting that ensured privacy and confidentiality, which was important given the sensitivity of the topics discussed. The interview guide covered major themes such as: (1) work tasks and occupational hazards; (2) access to protective equipment and training; (3) experiences of stigma in public spaces and within the Muslim community; (4) healthcare access and treatment experiences; (5) family background and intergenerational pathways into sanitation work; (6) aspirations, mobility, and constraints; and (7) suggestions for policy and practice.

Each interview lasted approximately 40 to 60 minutes. The interview was conducted in local language (Saraji, Kashmiri, Urdu), with participants' consent, all interviews were audio-recorded and later transcribed verbatim. Verbatim transcription helped preserve the authenticity of participants' accounts and strengthened the reliability of the analysis.

2.4 Data Analysis

The data were analysed using thematic analysis following **Braun and Clarke (2009)**. This method was selected because it offers a systematic yet flexible procedure for identifying and interpreting patterns across qualitative data. It was particularly appropriate for this study because it allowed the researcher to retain the richness of participants lived experiences while organizing the data into analytically meaningful themes.

The analysis was conducted in several stages. First, the transcripts were read repeatedly to develop familiarity with the data. Second, initial codes were generated from significant statements and recurrent issues related to the research questions. Third, similar codes were grouped into broader themes. Fourth, these themes were reviewed against the full dataset to ensure that they accurately reflected participants' accounts. Finally, the themes were refined into higher-order categories that captured the broader structure of workers lived experiences.

The final themes highlighted interconnected dimensions of sanitation workers' lives, including economic pressure, social marginalization, occupational health risks, psychological burden, and the aspiration for dignity and mobility.

2.5 Ethical approval

The author was not associated with any institution during the data collection so unable to take ethical approval from any ethical board. However, the study followed established ethical standards for qualitative social research. Participants received information about the study aims, voluntary participation, and the right to withdraw at any time without consequence. Written or recorded verbal informed consent was obtained prior to interviews. Given potential risks of workplace repercussions and community stigma, interviews were conducted in private locations, and identifying information (names, precise work sites, and personal identifiers) was removed from transcripts. Audio files and transcripts were stored securely on password-protected devices accessible only to the research team.

3 Findings

The findings present the main accounts from the interviews with sanitation workers in present study, with their responses on the themes emerging from the narrations. Each theme is accompanied by recent studies to reinforce the point under discussion. This brings out the point that occupation-based discrimination can also be seen in religious societies, and not just among castes. The entrenched mindset stopping workers from going to other professions is like intra-community discrimination; in fact, it is nothing different than the caste-based exclusion practised in some parts of India.

3.1 Trapped livelihood

The manual scavengers and sanitation workers are frequently bound to this type of work because of either a lack of education or societal attitudes, for alternate employment options and as a consequence of systemic exclusion. Despite being low-paid and posing huge risks, the workers continue to work in the sector as they have no other viable economic option (Shaikh, 2024).

I've never had a choice about it; it was the family occupation for generations. I grew up with my father and uncles, who left our house every morning to clean the streets. We have nothing else in this small town and would starve without it." I've looked for other work, but nothing has panned out. No one would hire me, because I don't have any skills, education, or a network to speak of." It seems like the only thing I can do, even though I wish there were other options. - **R1**

It's difficult work and the pay is low, but what else can I do? My children will probably have to do the same work, since we have no other. Then they can have a good life, but how can they? This is all we know. Even if they wanted to try something else, the society we live in doesn't do much to support that. A lot of shame comes with this job, and I don't

know if they're ever going to be able to break out of the cycle, just as I haven't been able to either. - **R2**

This job feels like a chain. I was born into this and have no way out. I see no escape for my family, and breaking the cycle is difficult. The community looks at us as if we are stuck in a lower class, and sometimes I wonder if things will ever change. My father worked as a sanitation worker, and his father before him. It's hard to see a future where my children can escape this, even if I want them to. I'm just trying to provide for them, but I know this is not the life I dreamed of. - **R3**

The theme trapped livelihood shows the socio-economic distress of the sanitation workers. The respondents predominantly belong to the Shaikh (Watal) community, a Muslim community that encounters substantial hurdles despite wanting to quit the sanitary work. The "Trapped-livelihood" factor goes with their hereditary occupations displayed not only by this particular group but also across the region. Many respondents, especially the younger ones, dream of shifting to alternative work such as driving autos and being a mason (Mistri). However, they are hindered by societal perceptions that box them into sanitation work.

3.2 Unsafe workspaces

Sanitation workers' workplace safety has drawn recent attention in studies (Bhakta et al., 2022; Nisar et al., 2025; Tolera et al., 2023). Sanitation workers are prone to harmful waste and toxic chemicals on a daily basis without any safety gear. The inability to provide protective gear results in high injuries and long-term health issues among these workers (Bowen & Gamuo, 2026).

We don't have gloves or masks. I've cut myself many times on broken glass while cleaning, and there's no one to help me. I have also been exposed to waste, which can easily lead to infections. The environment is so dangerous, and the municipality offers nothing. I am aware of the risks that I take every day, but I have no other option but to keep working. It breaks my heart to watch my colleagues go through the same, and no way to protect ourselves. - **R4**

The toxic chemicals I touch every day are affecting my skin. I've got rashes, they don't treat us well, and we don't get the safety equipment we need. I have watched others acquire respiratory issues as they breathed the dust and fumes. But I simply meant to soldier on, through anything. They are trying to set us up for failure due to these unsafe conditions. The work is dangerous in and of itself, yet here we are left out without any shield. - **R5**

I've suffered a few injuries—getting cut by sharp objects while working, and there's no protective gear provided. It's risky, but what can I do? I need the money. I have told to pick up trash with our bare hands, no gloves, and there's no one here to show us. I have thrown my back out so many times dragging heavy bags of garbage around, and still, we're supposed to do more? It's frustrating to feel like my safety isn't as important, but the city's cleanliness and job are important, so we have to do it. - **R6**

The sanitation workers work as daily wage earners without protection or resources. The absence of safety gear and exposure to the waste are not confined to Doda; sanitation workers across the world are dealing with similar issues but in study area, the sanitation workers plight is compounded by the fact that their employment is informal. Because they are daily wagers, the

respondents were often not considered for institutional protections that formal employees enjoy, including protective equipment, health insurance or job benefits.

These daily wageer's identity is not only insecure, but it also exposes them further to exploitation. Second, the stereotype that sanitation work is unclean and unsafe contributes to a broader public discomfort in legitimizing these workers as deserving of safer conditions. The fact that these workers come from the Arzal community further complicates things, for social customs and histories, as it appears, have bound them even more deeply into dangerous work with no end in sight.

3.3 Social stigma

Being involved in sanitation work is often considered social stigma in society (Shepherd et al., 2021; Soral et al., 2021). Sanitation workers are often ostracised and stigmatised since "cleanliness" in the dependent society of peasants is intrinsically connected to untouchability. The stigma is compounded by caste-based discrimination and therefore adds to the exclusion and shame (Lee, 2021).

In my own neighbourhood, people call me 'untouchable (not directly but through gesture).' It's really humiliating, but what can I do?" I tell myself to ignore it, but the ache persists. My kids are taunted at school, and it can be very hard. It's not enough that we are doing a necessary job; we must bear the burden of society's shame on our shoulders. It's a curse that I can't get away from. - **R7**

My neighbours don't even want to be in touch with me because of this job. They act as if I make them embarrassed, and I am just trying to get them respect. I am looked down upon because of what I do. This stigma has affected me and my entire family. People glance at us and look at us differently, and it's just so hurtful that all we do is work in sanitation and people judge us. - **R8**

Some people don't come near us in our social functions/ gatherings (like marriage/funeral). They call us dirty, and I don't feel we matter. I attempt to convey that yes, I'm working on something important, but I feel like nobody hears me. It's tiring having to argue to be treated with respect, particularly when people already have their preconceived ideas of us. I never thought doing a job to keep the city clean would leave me hated by society. - **R9**

It is analysed that in Doda, stigma committed to sanitation work in Doda is predominantly multifaceted because of the intersection of religion, caste and the nature of the occupation. Unlike much of India, where sanitation labour is primarily dominated by Dalits or "untouchables", in Doda it is predominantly lower caste- Arzal Dalit Muslim community who carry out cleaning and sanitation work. The paradox of the situation exists in that even among the Muslim community, there is a stigma associated with the profession; thus, it cuts across the more straightforward concept of caste-based labour segregation. As the narratives of the respondents show, they are treated as outsiders even as Muslim people.

3.4 Healthcare bias

Healthcare discrimination is a common experience for sanitation workers (Negarandeh et al., 2024; Ranjithkumar, 2024; Shaikh, 2024). The sanitation workers receive meagre treatment in hospitals and are not provided with timely medical help (Monteiro, 2023). The healthcare professionals often stigmatize the sanitation workers by assuming their work to be unhealthy, thus disallowing them access to care (Ranjithkumar, 2024).

Once I had to go to the hospital with a nasty infection, and they said to go home and clean myself up, and only then would they treat me. They looked at me as if I were carrying a disease only because of my work.” It was embarrassing to be treated this way, and I felt they might think I was not worth their time. I’ve never felt so down in my life. - **R10**

Doctors make me wait longer than others when I go to the clinic. I feel like they are treating me differently because of my job. I’ve sat there as patients with less serious problems have been seen ahead of me. It’s one that happens a lot, which I grow immune to, but it doesn’t hurt any less. "All of us deserve the same respect and care as everybody else. - **R11**

I was told there was no place for me in the hospital because I am not cleaning myself. The nurse said I may have brought 'diseases' with me from the sanitation work. They didn’t even want to heal me. I have experienced this many times being disrespected just because of my job. It’s demoralizing to be discriminated against when what you desperately want is to be well and to be treated as any other human being would be. - **R12**

The sanitation workers experienced healthcare bias that adds to their social exclusion and humiliation. Their work is so risky that the workers are vulnerable to infections, respiratory diseases, and even injuries, though they often have to deal with stigmatization from healthcare providers. Compounding the problem is that these workers are from the Shaikh community, a social minority within the Pasmenda Muslims community, and it reactivates other prejudices when they visit the healthcare providers for assistance.

This discrimination is not only physical, but also psychological. In this study, where there is a pronounced community divide, the healthcare workers may view these individuals through the lens of their sanitation work and their social position as members of a lower Muslim caste. This intersection of occupation and social status reinforces the systemic neglect of their health needs.

3.5 Emotional erosion

The emotional toll of sanitation work is a vital problem (Monteiro & Nalini, 2021; Nisar et al., 2025). It is determined that sanitation workers perceive greater self-stigma and depression when society attaches shame to their work. It also emphasises the mental stress due to chronic exposure to filth and stigma, leading to anxiety, depression, and isolation (Kumar, 2025).

Every day, I feel like I’m losing myself. The shame of this work gnaws at me. It is hard to prove what I am doing when everyone looks down on me. I attempt to smile and continue, but I’m dying internally. I am a person without an identity, who fights every day just to survive, and nobody gets it. - **R13**

I’m always anxious. I’m just trying to mind my own business but feel invisible as a member of society, and no matter how much work I put in, I will never be respected for it. The emotional toll is heavy. People need to know how much it takes from our mental health, this job. It’s tiresome to have to act like everything’s fine when it’s not. - **R14**

If you’re in a job and everybody else thinks it’s dirty, it’s hard to get satisfaction out of it. I make an effort and keep a positive attitude, but the emotional weight is too much. Sometimes I feel I just want to give up and I don’t, but who knows if I can keep this up. My family depends on me. But the psychological cost of being treated as if I’m not worth anything is unbearable.” - **R15**

The vicarious trauma felt by sanitation workers in the study is a result of the combined scourges of stigma, hazardous working environment and indignity. The stories betray frustration, disappointment, and shame. It reveals that respondents feel despair at their situation, particularly among the younger sanitation workers, who dream of leaving this job but are dragged back into an occupation that is presented as the only option open to them. This psychic trauma is further compounded by their belief that they are born inferior by virtue of their hereditary occupation. The emotional labour explained by the respondents is not only related to their professions but also to perpetual social denial.

3.6 Systemic neglect

Systemic neglect of sanitation workers has been explained by various studies (Dwivedi et al., 2023; Monteiro, 2023). It has been revealed that sanitation workers do not have access to state welfare programmes or labour rights (Kumari & Banerjee, 2025). Sanitation workers are mostly invisible in the eyes of policymakers, who conveniently ignore them (Chawla, 2024).

We don't have any support from the government at all. When we get sick or injured, we have no safety nets. We don't have any insurance, pension plans, nothing. We hustle, but we have nothing to show for it. The system doesn't even recognize us. I have been working as a daily wage earner for 20 years - **R16**

I've called for better working conditions, but there's no change. The authorities never hear us. We're invisible to them. They're going to talk about cleanliness and how important our work is, but they never address the real issues that we have to deal with every day. It seems we are left behind. Many times, in a strike, I have beaten myself with my shoes (a self-punishment for government acknowledgement) and my head got injured, but still goes in vain. - **R17**

We are left to suffer. And despite doing the essential work, we're not entitled to the same benefits as other workers. No health care of their own, no financial help, no acknowledgement. Nobody in the government is helping us, and it's a shame because we are treated like we don't count. - **R18**

Systemic neglect is an overarching issue throughout the experience of sanitation workers in Doda. They are neglected in terms of basic social security, job benefits, and welfare protections despite being crucial factors in ensuring public health. Because they are classified as daily wagers, they are not entitled to the benefits that formal employees receive, including health insurance, paid time off or a pension. The compounded neglect of the workers due to their 'Arzal' identity, where the socio-economic marginalisation affects not only their livelihoods but also denies them access to vital services. The fact that the government has not been able to ensure these basic minimal protections further underscore the deep systemic challenges that persist for sanitation workers in recognition and protection.

3.7 Dignity struggle

The battle for dignity is a concern for all sanitation workers. Sanitation workers predominantly experience disrespect and degradation due to their occupation. The importance of dignity and the consequences of being deprived of it, which affect workers' mental and emotional well-being, leading to feelings of worthlessness (Ngatia et al., 2024).

I want to be respected. I work just like everyone else, and I am entitled to respect like anyone else, but society does not see me that way. We work to keep the city clean, and

are treated as undeserving of even any human decency. Most of the time, I'm invisible. - **R19**

"I feel like I don't matter. No one ever sees the work that I do, and I never get credit for it. I would just like to be perceived as a human being doing a real job. But the absence of recognition stings. Some time I feel like I am not even part of society." - **R20**

What I'm doing is crucial, but no one acknowledges it. I feel completely worthless, and the way society treats me reflects that. I know I'm working for a cause that is for the good of all, but I don't get credit for that work. It feels like we're merely invisible workhorses." - **R21**

Identity and dignity are at the core of the sanitation workers' experience in Doda, especially because they belong to the Shaikh community, a lower caste Muslim group. Their job, useful though it may be, is treated as an object of scorn and derision by their own community and society at large. The desire for recognition, respect, and to be treated fairly is a vital issue. Respondents, particularly the younger generation, feel a desperation for respect, which their occupation has taken away from them. The workers are fighting not only for their dignity in relation to their jobs, but also for a position in the community. The Arzal community, which traditionally is not even the upper echelon among Muslims, as is the case elsewhere in India, is still relegated to the sanitation profession, which is a reflection of the intra-community discriminatory practices that have been evident in caste-based discrimination in other parts of the country.

3.8 Discussion

The findings of this study locate sanitation work in present study within a wider structure of 'Arzal' category, which is characterised by occupational stigma, labour precarity, and social exclusion, and which also points to an important regional and sociological specificity. Existing literature has consistently shown that sanitation workers perform indispensable labour for public health and urban life, yet remain exposed to unsafe working conditions, limited labour protections, and persistent social devaluation (Andrianisa et al., 2022; Tolera et al., 2023). The present study confirms these broader patterns, but it also extends them by showing how such exclusions are lived by sanitation workers from the Shaikh/Wattal Muslim community, which falls in 'Arzal' category but non-existent in existing literature.

A central finding is the intergenerational character of sanitation work. Respondents' narratives suggest that sanitation labour is not simply taken up as one occupation among many; rather, it is experienced as a historically inherited role, reproduced through family trajectories, restricted opportunities, and socially enforced occupational boundaries. This finding aligns with scholarship on sanitation labour in India, which shows that the concentration of marginalized groups in sanitation work is sustained through long-standing structures of hereditary labour and caste-coded occupational role (Khandare & Salve, 2023; Pandoh & Singh, 2025; Shekhar, 2023). What emerges from the present case is that similar mechanisms operate even where the local social context is not formally described through the same caste categories used elsewhere in India. The respondents' aspiration to enter auto-driving, construction, or government service indicates that sanitation work is not embraced as a preferred identity; rather, it is retained because social mobility is blocked.

Thus, heredity, in this context, is not merely a matter of family continuity, but a form of structural closure that narrows access to alternative livelihoods. This pattern becomes especially

significant when the literature on Muslim caste hierarchy and the Pasmanda/Arzal framework, which often represent Muslim social formations in India through an egalitarian religious ideal, even though social practice may reproduce distinctions analogous to caste hierarchy (Alam et al., 2022; Ansari & Suransky, 2023; Kumar & Pandey, 2024). The present findings support this line of argument. Although the Shaikh/Wattal community in study area may not be formally classified in local administrative or public discourse as “Arzal,” their association with stigmatized sanitation labour, their restricted social interaction, and their reduced status within the broader Muslim social field make the Arzal lens analytically useful.

The point here is not to impose an external label uncritically, but to use the category heuristically to understand how occupational degradation and intra-religious marginality intersect. In this regard, the study resonates with scholarship showing that Muslim groups associated with polluting or intimate labour often occupy the lowest position in everyday social hierarchies, despite the absence of formal recognition of such hierarchy in dominant communal discourse (Ahmad, 2023, 2025; Lee, 2021, Acharya, 2017)

The findings therefore complicate any assumption that sanitation stigma in India is reducible to Hindu notions of purity and pollution alone. Respondents described exclusion not only from the wider urban society but also, in varying ways, from within the Muslim community itself. This suggests that caste-like processes of social distancing, devaluation, and symbolic contamination can operate across religious contexts when specific communities become historically tied to labour deemed dirty or polluting. Such a result is consistent with literature that identifies sanitation work globally as a form of “dirty work” that attaches stigma to both the labour and the labourer (Bhakta et al., 2022). It also supports the argument that marginalization among Muslim sanitation workers must be understood through the intersection of work, community hierarchy, and the politics of recognition. The study is especially important because it shows how these hierarchies can remain socially powerful even in places where they are weakly documented or under-theorised.

Another major finding concerns the emotional and psychological burden of sanitation work. The respondents’ accounts of shame, frustration, social withdrawal, and diminished self-worth indicate that stigma is not an external label alone; it becomes internalized in ways that shape subjectivity and aspiration. This aligns with studies showing that the social devaluation of sanitation labour affects workers’ mental well-being, self-esteem, and everyday social belonging (Pal, 2015; Soral et al., 2021). The study suggests that this psychological burden is intensified when workers are unable to escape inherited occupational identities despite expressing a clear desire to do so. Younger respondents in particular appeared caught between aspiration and immobility: they imagined other futures, yet encountered barriers rooted in reputation, educational disadvantage, and community-based stereotypes. The findings, therefore, reinforce the argument that stigma functions as a material force. It does not only humiliate but also constrains mobility by influencing how others perceive workers’ suitability for other occupations and how workers themselves imagine their own possible futures.

The discussion of working conditions further places the present findings within the broader literature on occupational risk and institutional neglect. Respondents reported exposure to sharp objects, dust, waste, and chronic health risks while lacking basic protective equipment. This closely mirrors international and Indian evidence that sanitation workers are regularly exposed to pathogens, harmful substances, injury, and long-term bodily strain, often without adequate safety gear or training (Gautam et al., 2021; Oza et al., 2021; Tolera et al., 2023). The striking feature in the present study is not simply the existence of occupational danger, but the

normalization of that danger. Workers appeared to understand risk as a routine part of the job, and some suggested that suffering was implicitly treated as natural to people in their line of work.

This normalization reflects what broader sanitation scholarship has described as the social devaluation of labouring bodies: sanitation systems rely on marginalized workers while rendering their injury, illness, and exhaustion administratively ordinary and politically invisible (Bhakta et al., 2022; Kashwan, 2022). Their precarious employment status deepens this vulnerability. The predominance of contractual and daily-wage work in the study area shows how sanitation labour remains essential but insufficiently formalized. Respondents' limited access to job security, healthcare support, and employment benefits aligns with studies showing that sanitation workers in India are often excluded from labour protections precisely because municipal systems rely on casualization and informalized arrangements (Kumar, 2025; Misra & Baheti, 2023). This supports the argument that urban sanitation governance often prioritizes cleanliness outcomes while displacing responsibility for workers' welfare. In that sense, the conditions described by respondents are not accidental failures but products of a labour regime that treats sanitation workers as necessary yet disposable.

The findings on healthcare discrimination deepen this argument. Several respondents described dismissive or degrading treatment when seeking medical care, suggesting that occupation-based stigma travels beyond the worksite and enters institutions meant to provide care and relief. This echoes studies indicating that sanitation workers, especially in smaller towns and marginalized regions, may face unequal access to health services and even discriminatory treatment by healthcare providers (Husain et al., 2023; Ramitha, 2023; Shanmugasundaram, 2024). The consequences are severe: workers face occupational illness and injury on the one hand, and stigmatized treatment when seeking care on the other. This double burden underscores that exclusion is not confined to labour relations; it is reproduced across institutional domains.

Finally, the study shows that sanitation workers' struggle is fundamentally a struggle for dignity. The respondents did not speak only of wages, safety, or mobility; they repeatedly articulated a desire for recognition as human beings whose labour sustains the town. This finding strongly echoes literature arguing that the denial of dignity is one of the defining features of sanitation work in unequal societies (Ziyauddin, 2022; Bhatkal et al., 2024). It also speaks directly to critiques of sanitation policy in India, where infrastructure expansion has often received more attention than the labour rights and lived realities of those who maintain the system (Darokar, 2019; Masuki, 2022). In this study, the lack of institutional support, social respect, and meaningful pathways out of stigmatized work suggests that the problem is not only one of poor implementation but of a deeper social order that continues to rank some lives and forms of labour as less worthy than others.

Taken together, these findings show that the Shaikh/Wattal sanitation workers of the study area can be understood through an Arzal/Pasmanda analytical lens, even where such categories are not explicitly used in local discourse. Their lived experiences reveal a pattern of occupational inheritance, caste-like intra-Muslim exclusion, labour precarity, and denied dignity that is fully consistent with the broader scholarship on marginalized Muslim sanitation communities in India (Alam, 2022; Ansari, 2018, 2023, 2024; Lee, 2017). The study, therefore, adds to the sociology of sanitation by showing that small-town Muslim sanitation workers occupy a neglected but analytically crucial position in debates on caste, religion, labour, and urban inequality.

4 Conclusion

This study highlights the layered vulnerabilities that shape the lives of sanitation workers in Doda Town, particularly those from the Shaikh (Wattal) Muslim community. The findings show that sanitation work is embedded not only in hazardous labour conditions but also in occupation-based stigma, intergenerational continuity of work, precarious employment, and social exclusion. Although these workers perform an essential public service, they continue to occupy a marginalized social position, with limited access to labour protections, healthcare, and opportunities for upward mobility.

The study further demonstrates that the experiences of these workers cannot be understood solely through conventional caste frameworks. Rather, the findings suggest that the social location of the Shaikh (Wattal) community may be meaningfully interpreted through the broader lens of Muslim social stratification, particularly in relation to Arzal-like marginality. Their narratives reveal how sanitation work is associated with diminished dignity, restricted social interaction, emotional strain, and institutional neglect.

Overall, the study underscores the need to move beyond infrastructure-centred approaches to sanitation and to recognize sanitation workers as rights-bearing workers deserving of safety, respect, and social recognition. Addressing their conditions requires a broader structural response that includes labour protection, healthcare access, educational opportunity, and efforts to break the cycle of hereditary occupational exclusion.

5 Research implications

This study has important implications for policy, practice, and future research on sanitation workers, especially those belonging to marginalized Muslim communities in small-town settings such as Doda.

5.1 Policy implications

The findings call for stronger policy measures to improve the working and living conditions of sanitation workers. Municipal and district-level authorities should ensure access to protective equipment, regular health check-ups, health insurance, and basic labour rights, particularly for contractual and daily-wage workers. There is also a need for policies that recognize sanitation work as essential labour and address the stigma attached to it through inclusion, welfare support, and equal access to social mobility.

5.2 Practical implications

The study suggests that local institutions, civil society organizations, and community leaders have a crucial role to play in improving the well-being of sanitation workers. Practical interventions should include provision of adequate safety gear, awareness regarding occupational health, and support for workers' access to healthcare and alternative livelihood opportunities. In addition, religious and community leaders can contribute by challenging intra-community discrimination and promoting the principles of equality, dignity, and social justice.

5.3 Future research

Future research may extend this study by examining sanitation workers in other urban and rural settings to compare how caste-like and intra-religious hierarchies operate across contexts. Further studies could also explore gendered dimensions of sanitation work, the role of education in enabling occupational mobility, and the long-term effects of stigma, healthcare discrimination, and precarious labour on mental health and social mobility. Comparative work

on Muslim sanitation communities across regions would be especially valuable in deepening understanding of their place within the broader discourse on Pasmanda and Arzal-like marginality.

Table 2: The Conceptual model of thematic analysis and its illustration

Theme	Subtheme	Key Quotes	Issues	Illustrations
Trapped Livelihood	Economic Constraints	"I never chose this job; my family has been doing it for generations. We have no options here, and without it, we would starve."	Lack of alternative employment options; inherited occupation.	Generational continuity of sanitation work in families.
	Limited Social Mobility	"The community sees this as our destined role, and no one expects us to do anything else."	Restricted upward mobility; limited job opportunities outside sanitation.	Youth aspiring to work in auto-driving or construction but failing due to social stigma.
Unsafe Workspaces	Lack of Safety Equipment	"We don't have gloves or masks. I've cut myself several times on broken glass while cleaning, and there's no one to help me."	Hazardous work environment; exposure to health risks without protection.	Workers are dealing with toxic chemicals and sharp objects without adequate gear.
	Exposure to Health Risks	"The toxic chemicals we deal with daily affect my skin. I've had rashes, but we don't get proper treatment."	Chronic health issues and diseases are caused by sanitation work.	Workers are suffering from skin diseases and respiratory problems.
Social Stigma	Intra-community Discrimination	"Even my family looks down on me for doing this job. They tell me it's not worthy of their time."	Marginalization within own community; societal rejection.	Family members refusing to acknowledge the worker's job.
	Stigma of "Dirty Work"	"People treat us like we are untouchables. They don't even want to shake our hands."	Being treated as inferior due to the nature of the job.	Workers experiencing social isolation and exclusion.
Healthcare Bias	Denial of Treatment	"Once, I went to the hospital with a bad infection, and the doctor told me to go home and clean myself first before they would treat me."	Healthcare professionals' biased attitude toward sanitation workers.	Healthcare professionals refusing treatment based on occupation.
	Disdain from Healthcare Providers	"When I go to the clinic, the doctors make me wait longer than others. It feels like they are treating me differently because of my job."	Discrimination in healthcare settings; lack of equal treatment.	Workers being made to wait longer or dismissed for their job background.
Emotional Erosion	Loss of Self-Worth	"Every day, I feel like I'm losing myself. The shame of this job eats at me."	Decreased self-esteem and emotional distress due to societal rejection and occupation stigma.	Younger workers struggling with feelings of hopelessness and worthlessness.
	Shame and Hopelessness	"I'm always anxious. I feel invisible in society, and no	Psychological toll of social exclusion and emotional strain.	Emotional struggles due to constant social

		matter how hard I work, I'll never be respected for it."		stigma and lack of recognition.
Systemic Neglect	Exclusion from Welfare Programs	"We don't have any kind of support from the government. There are no safety nets for us when we get sick or injured."	Lack of institutional support and welfare protections for sanitation workers.	Workers lacking healthcare, insurance, and job security.
	Informal Employment	"I work as a contractor with no benefits. No one is there to protect us from accidents or illnesses."	Informal employment status leading to exploitation and lack of protections.	The absence of formal contracts and benefits like healthcare or paid leave.
Dignity Struggle	Desire for Respect and Recognition	"I just want to be treated with dignity. I work hard, and I deserve respect like anyone else, but society doesn't see me that way."	Lack of recognition for essential work; desire for social respect and acknowledgment.	Workers wanting to be treated equally despite their profession.
	Loss of Identity	"Sometimes, I wonder if this will ever get better, but then I realize that nothing ever changes."	Loss of personal identity and dignity due to occupation-based devaluation.	Struggling with feelings of inferiority and emotional degradation due to stigma.

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Conflict of Interest

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