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Psychosocial Health of Women Liberated and Non-Liberated from Manual Scavenging in India

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CHAPTER 1

INTRODUCTION AND REVIEW OF LITERATURE

India, the largest democracy in the world, has achieved remarkable economic growth during the last two decades and has opened up several windows of opportunity for millions of Indians and even for foreigners. However, many are still left behind because they are forced to continue their caste based occupation (International Organisation of Labour, 2011). One such occupation is Manual Scavenging which is the filthiest, socially degraded, undignified and inhuman work mainly performed by the members of particular Dalit communities. The roots of manual scavenging in India emanate from centuries-old caste system and is perceived as a thing of the past but it is a reality that this inhuman practice exists even today, and several rules, provisions, Act, and Census data on this subject are witness to it. On 17th June 2011, Dr. Manmohan Singh, Former Prime Minister of India referred to manual scavenging as one of the 'darkest blots on India's development processes' and had asked all ministries in the country to pledge to eliminate this scourge from every corner of India by the end of 2011.

As India possess the largest population after China and even after seventy-two years of independence, the development of waste management is still not improved and we still practice manual scavenging in various parts of the country. Manual Scavenging concept was set up thousand years back and it's really unfortunate for us that this practice still exists. Manual Scavenging is as old as the growth of urban civilisation and is being known since the Indus Valley Civilisation. The people who are called scavengers are socially backward and economically weak. These people work in unhealthy and unhygienic working conditions.

In caste system, people who work as manual scavengers were usually Scheduled Caste belonging to the religion of Hindu, Muslim, Sikh and converted Christian. Some of subcastes of Schedule caste are Valmiki, Chuhada, Rokhi, Mehatar, Malkana, Lalbegi, and Halalkhor, Bhangi, etc. However, Dr. B. R. Ambedkar argued that in India no one is manual scavenger due to his profession; he is a manual scavenger because of his birth in one particular caste. Keeping in view the complexities of manual scavenging works and people involved in this occupation, government has defined who shall be called as manual scavengers.

1.1 Definition of Manual Scavengers

According to Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act 2013, Government of India Gazette has defined Manual Scavenger as:

Manual Scavenger means a person engaged or employed at the commencement of this Act or at any time thereafter, by an individual or a local authority or an agency or a contractor, for manually cleaning, carrying, disposing of, or otherwise handling in any manner, human excreta in an insanitary latrine or in an open drain or pit into which the human excreta from the insanitary latrines is disposed of, or on a railway track or in such other spaces or premises, as the Central Government or a State Government may notify, before the excreta fully decomposes in such manner as may be prescribed and the expression 'manual scavenging' shall be construed accordingly;

Explanation:

- a) 'Engaged or employed' means engaged or employed on regular or contract basis.
- b) A person engaged or employed to clean excreta with the help of such devices and using such protective gear, as the Central Government may notify in its behalf, shall not be deemed to be a 'manual scavenger.'

According to Socio Economic Caste Census – Rural, 2011

"Manual Scavenger is a person engaged in or employed by an individual or urban local body or any public or private agency, for manually cleaning, carrying or disposing or dealing in any other manner with human excreta of an individual or dry latrines"- Ministry of Rural Development, 2011.

Social activist and writer Basha Singh (2009) had also tried to define manual scavenging. According to her, manual scavenging is practiced in two ways. Firstly, by cleaning dry latrine/excreta at public/private with a broom, tin plate, stone, bamboo basket, plastic bucket, tin boxes and then disposing of the excrement. Secondly, by manual cleaning pits connected to toilets.

1.2 Difference between Manual Scavengers and Safai Karmcharis

Many a times manual scavengers and safai karmcharis are used interchangeably which is technically not correct but some safai karmcharis have reported performing as manual scavengers. Safai karmcharis include persons engaged as sweepers or cleaning workers in private offices and government municipalities. They may be direct

employees of the government/private sector, and municipalities or may be contract employees of these bodies.

Chaplin in her book titled 'The Politics of Sanitation in India: Cities, Services and the State' referred scavengers to people who are employed to manually clean dry latrines. She argued that both scavengers and sweepers fall under the broad category of 'bhangi.' She stated that scavengers and sweepers employed by municipal authorities are considered as 'safai karamchari' and there exists a hierarchy among them. Sweepers consider themselves superior to scavengers as they do not carry human excreta and municipal scavengers consider themselves to be superior to those who serve to clean private latrines because they receive a pension.

1.3 Current Situation of Manual Scavenging in India

To eradicate this inhuman practice, the government of India has set deadlines about 15 times but has never been able to meet them. 31st March, 2012 was the last such deadline for complete eradication of manual scavenging, but comprehensive data compiled by the 2011 Census of India on the types of latrine facilities within households reveals that there are over 7.95 lakh households across the country where 'night soil is removed by humans.' This does not include the households where 'night soil is disposed into open drain' (over 12.33 lakh households) and 'night soil is serviced by animals' (over 4.93 lakh) that are most likely to engage manual scavenging services subsequently. About 2.6 lakh households are still using dry (non-flush) latrines, employing manual scavengers directly or indirectly. However, some States like Chandigarh, Sikkim, Goa and Lakshadweep are the only regions in the country that do not have a single instance of manual scavenging.

The latest data by Socio-Economic Caste Census- Rural, 2011, Ministry of Rural Development, Govt. of India released on 3rd July 2015, revealed that 1,80,657 households are still engaged in this degrading work. Maharashtra, with 63,713, tops the list with the largest number of manual scavenging households, followed by Madhya Pradesh, Uttar Pradesh, Tripura, and Karnataka. However, the data was later revised due to some technical reasons and displayed 78465 manual scavengers' households in India with highest in Maharashtra (40,953) followed by Madhya Pradesh (15,451) and Uttar Pradesh (4921) although, civil society organisations and many activists working in this area have raised question mark on both coverage and quality of the data and its discrepancies.

For effective implementation of the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013 (MS Act), one of the actions taken by Central Government is a mandatory survey of insanitary latrines and identification of manual scavengers on a regular basis by the local authorities in States and Union Territories. The data compiled by the Ministry of Social Justice and Empowerment, Govt. of India revealed that as of 5th July 2017, there were 13368 manual scavengers in India (data available online). However, this data does not reflect the true picture of the total number of manual scavengers in India as most of the States have not identified manual scavengers from rural areas, except Uttar Pradesh (8576), Karnataka (429) and Punjab (5). Thus, a huge number of manual scavengers from rural areas are missing. This also shows a lack of commitment and seriousness on the part of the respective State governments in implementing the MS Act 2013.

1.4 Government of India Approach to Eradicate Manual Scavenging

As of now, government has adopted three kinds of strategies to eliminate manual scavenging from India, **Legal Approach**, that relies on legislative advocacy, **Rehabilitation Approach**, that advocates for policies of rehabilitation and **Technocratic Approach**, advocating for replacing dry latrines and constructing flush toilets. However, these approaches were not as successful as desired mainly because of their limited focus to abolish manual scavenging and treating manual scavenging as a form of work or employment only. Thus, were completely failed in addressing the issues of manual scavenging in broader social, cultural and political context. For example, under the National Scheme for Liberation and Rehabilitation of Scavengers (NSLRS), those engaged in this practice are being provided financial assistance for taking up alternative occupations and in all 7.70 lakh manual scavengers were identified during 1992-2005, out of which 4.23 lakh availed financial assistance under this scheme (Ministry of Social Justice and Empowerment Report, 2016-17). It was observed that 70 per cent of the people who were benefitted from rehabilitation schemes were not part of the manual scavenging community and many of them could not sustain alternative livelihood (UNDP & UN Solution Exchange 2012). It is evident from the literature that though many manual scavengers have ended manual scavenging as a form of employment, however, the stigma and discriminations attached to it makes difficult for them to sustain alternate livelihoods which again force them to return to manual scavenging work.

Even the recent MS Act 2013 which is punitive in nature, has not been fully

successful in abolishing manual scavenging from society. Therefore, this issue needs to be looked from a humanitarian perspective than from an economic subsidy or a sanitation issue. Moreover, these legislations and provisions hardly mentioned anything about the women who are primary members to perform this inhuman practice and face layers of discrimination and stigma from the society.

During the independence movement, M. K. Gandhi and Dr. B.R. Ambedkar took up the issue of untouchability and the eradication of the practice of manual scavenging from different perspectives. The former advocated a change of heart and morality on the part of the oppressor castes, while the later called for political praxis, agitation and legal intervention, especially by the victims of the caste system.

1.5 Problems of Manual Scavengers

Several research studies have been carried out to understand a bunch of problems of the people who were or still continuing manual scavenging works. Majority of research have been done in the areas of social and economic issues and their interaction with society. Prashanth et.al (2018) cites that manual scavenging is such a socio-economic problem which plagues the structure of the liberal society. Following are some of the important problems which were highlighted in research studies:

1.5.1 Discrimination: Raksha, 2014 finds that scavengers are a group which faces double layers of exclusion/discrimination, one from the dominant caste groups and the other from their own community, which is higher in the sub-caste categories. D'Souza Paul (2016) contradicts the assumption that discrimination does not exist in urban areas. He reports that forms of caste-based distinctions are widespread in the urban labour market, for which he uses the word 'white untouchability' which is coined to refer to the 'safe distances.' This form of untouchability is suggested to include hiring of workers from lower castes as safai karamcharis under public and private agencies. This study revealed that over three generations, agriculture workers who migrated from far off rural areas in search of better job opportunities landed up working as sanitation workers in urban areas. The complexities of involvement of caste with this inhuman occupation were also deeply studied by Shaileshkumar Darokar, 2020 while studying the multidimensional nature and extent of manual scavenging in Maharashtra. Based on existing data and lived experiences of manual scavengers, the study concludes that unless we address the fundamental issue of involvement of one particular caste engagement in cleaning the dirt produced by others it is difficult to alter the lives of these people.

Pandita (2017) found in his research how caste plays an important role in discrimination against Schedule Caste people working as sanitation workers. He highlights some form of discrimination like people maintaining distance when they speak to them, people not offering water to the sanitation workers, immediately washing taps with soap and water if workers touch taps.

J. Shah and S. Narula produced a 'shadow report' to the UN Committee on Elimination of Racial Discrimination (CERD). The paper recognised that Dalits are forced to work in 'polluting' and degrading occupations like manual scavenging and septic tank cleaning. Similarly, Gatade (2015) argued that notions of purity and pollution perpetuate the oppression of the 'lower castes,' which are being forced manually scavenge, unclog manholes and clean other people's filth. The paper posits that the availability of cheap Dalit labour, who are expected to do dehumanising work, is one of the primary reasons for neglecting the development of solid and liquid waste management in the country.

1.5.2 Stigma: Ziyauddin and Sanghmitra, 2005 have stated in their work that lower castes are stigmatised from birth as 'spirituality defiling.' Further they report that the dominant people of society have denied them the use of public wells as well as entry to shops, schools and have forced them to perform the most despised and defiling jobs of the society. Bhasha Singh, 2014 has mentioned in her book that since the roots of this occupation lie in the caste system, it implies that the child of a scavenger will continue to perform this inhuman practice of manual scavenging. Manual scavengers are also called as 'bhangi' which in Hindi means 'trash' and in Sanskrit, means 'broken.'

1.5.3 Slavery: Singh, 2014 has quoted in his work that Dr. Ambedkar believed that in the present social structure, unclean work has always been given to slaves and the practice of manual scavenging is a symbol of slavery. Siddharamu, 2013 also considered manual scavenging as slavery due to compulsive social sanctions that makes a particular community to continue the occupation of their ancestors.

1.5.4 Social and Economic Problems: International Organisation of Labour, 2011 mentioned in its report that the manual scavenging has undermined physical capacity and the feeling of vulnerability and hopelessness associated with this form of discrimination had triggered a vicious cycle of low educational attainment pauperisation and social immobility for manual scavengers and their families. Safai

Karamchari Andolan (2010), a movement of eradication of manual scavenging, considered it as one of the lowest, polluted and most degrading occupation. The caste system says that those born in a particular Dalit sub-caste should engage in manual scavenging and they should continue doing this undignified work throughout their lives which denies the right to lead a dignified life. Dalit communities engaged in manual scavenging are comparatively worse than the other Dalit communities. (Behar Das, 2007).

Almost all the scavengers are facing health-related concerns, discrimination, inbuilt stigma, lack of occupational safety measures, low pay and prejudice in the job which is further compounded by the workers' poor knowledge of existing policies and laws from the government agencies concerned. Kalpeshwar L Gupta (2015) mentioned in his study that many workers have complained about the stigma that has been attached with them due to the caste-based nature- they don't get jobs, their children don't get admission in schools and they are being treated as untouchables. Because of all these things, they have started doing this job.

Sathayaseelan (2013) carried out his study in the Karnataka, and found that out of 50 workers, 25 reported that their ancestors also did the same work and 20 confirmed that no other job was available to them.

Shri A B Shyam Lal (1992) studied the socio-economic conditions of the Bhangi community and stated that both social and economic conditions of this community was worse than any other community and are exposed to several deprivations.

Tata Trust, Mumbai commissioned a study by Shaileshkumar Darokar in 2014 to determine the exact numbers and socio-economic problems of manual conservancy workers of Mumbai Municipal Corporation in order to plan welfare interventions for them. The study enumerated 39729 as manual conservancy workers in Mumbai. Study highlighted that there is no change in their life in last 15 years, performing their duties without protective gears, facing several health hazards, how it is inherited from one generation to another generation, failures of legal measures, and limitations of MS Act 2013, etc., published in economic and political weekly 2018.

1.5.5 Health: Besides societal atrocities, scavengers are also exposed to several health problems by virtue of their work. Health is probably the most salient indicator of social exclusion among manual scavengers. It is the 'unfavourable inclusion' (which, according to Amartya Sen, is a form of exclusion) that forces them into a profession that adversely affects their health. Probably, the greatest risk of mental stress is felt by

manual scavengers whose daily living is based on cleaning human excreta and disposing of dead animals from the village setup. By virtue of their occupation, in day-to-day life, they are exposed to several health hazards including exposure to harmful gases such as methane and hydrogen sulphide which causes cardiovascular degeneration, musculoskeletal disorders like osteoarthritic changes and intervertebral disc herniation, infections like hepatitis, leptospirosis and helicobacter, skin problems, respiratory system problems and altered pulmonary function parameters (Rashtriya Garima Abhiyan, 2012-13, Annie Soju.et.al, 2015).

Above all, women are more vulnerable to face these health risks than men as they are engaged with filthiest jobs (direct contact to human excreta) than man and are also positioned lower than men in the society.

1.6 Government of India Initiatives to Eradicate Manual Scavenging

India has been trying to eradicate this problem of manual scavenging since 1947 when the government adopted legislative policies to end manual scavenging. Soon after independence, various committees were formed to understand the working conditions of manual scavengers and other aspects related to their wages, facilities at working sites and housing, etc. The following are the major initiatives of government of India:

1. *Scavengers Living Condition Enquiry Committee, 1949*: Committee was chaired by V. N. Barve. The committee submitted its report and recommended improvement in the working conditions and revision in the wages.
2. *Backward Class Commission, 1953*: Chaired by Kaka Kalelkar. Committee addressed that scavengers were living in subhuman conditions surrounded by filth. The commission suggested providing housing facilities and elimination of night soil disposed-off as head load and recommended to provide technologically advanced tools.
3. *Protection of Civil Rights Act, 1955*: Made it an offense to compel any person to practice scavenging.
4. *Scavenging Condition Inquiry Committee, 1957*: This committee was formed under the chairmanship of N. R. Malkani. The committee suggested the improvement in working conditions by providing tools and equipment, decent housing facility by constructing quarters for scavengers and revision in the wages as per the Minimum Wages Act, employees benefit such as working hours, unclean working allowances and leave, etc. (B. Asvini, 2017; Ibid, 2018).

5. *Pandya Committee, 1969*: Committee recommended establishing the law and enforcement mechanism to regulate the working conditions of sweepers and scavengers (Ibid, 2017;2018).
6. *National Scheme of Liberation and Rehabilitation of Scavengers (NSLRS), 1992* This scheme was launched by the government of India to provide alternative employment to the scavengers and their dependents. Under NSLRS, the scavengers and their dependents were trained in trades of their aptitude which could provide them alternate employment. Under NSLRS guidelines trainees are given a stipend up to Rs. 500 per month and for rehabilitation Rs. 50,000 as financial assistance.
7. *Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993*: This Act has criminalised the employment of manual scavengers to clean dry latrines. This law made employment for 'scavengers' and construction of dry toilets to be considered punishable and imprisonment up to one year and a fine of Rs. 2,000 (Ibid,1993). Despite these prohibitions, the law did not succeed in ending manual scavenging. This was a part of the federal structure of governance in India. After the implementation of these laws, the State had to take responsibility. In the last two decades, since the law passed, it was widely accepted that the State had not enforced the 1993 Act, as it was expected.
8. With the failure of State government in adopting and implementing the 1993 Act, Safai Karamchari Andolan, and six other organisations filed a writ petition in the Supreme Court of India in 2003 (Safai Karamchari Andolan, 2003). The petitioners requested the court to direct the central and State government to take time-bound steps to eliminate the practice of manual scavenging and consider it illegal and unconstitutional (Cleaning Human Waste, 2014). In April 2005, Supreme Court directed all State and central governments to file affidavits within six months reporting the prevalence of manual scavenging, use of funds earmarked for ending manual scavenging and its progress towards rehabilitating manual scavenging (Safai Karamchari Andolan & Ors Vs Union of India, 2005).
9. To eradicate this inhuman practice, the government of India has set several deadlines but has never been able to meet them. The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act came on 6th September, 2013 due to significant efforts from the manual scavengers and Dalit rights activists and the Indian Parliament enacted a new law to strengthen accountability mechanisms and shifted the focus of initiatives to end manual scavenging beyond sanitation in order to protect the dignity of the communities engaged in manual scavenging. The 2013

Act, recognised the obligations to correct historical injustices suffered by manual scavengers and their families by providing them alternative livelihood support and other assistances (Prohibition Act, 2013).

"The 2013 Act expands the definition of manual scavenging and promises rehabilitation, but the rules are very limited and will not succeed in ending manual scavenging. People who left manual scavenging since it was outlawed in 1993 are not covered by the rules, and the rules have no clear provisions for enforcing the laws in government institutions," says Ashif Shaikh, founder, and convener of Rashtriya Garima Abhiyan, 2014.

Though the 2013 Act had many loopholes, the important fact was that for the first time the definition of manual scavenger had been expanded. Now it includes, along with dry latrines, those who clean septic tanks, open drains and railway tracks. It meant that whoever is engaging with human excreta manually is a manual scavenger.

However, this Act also provided the most horrifying escape clause by stating that a person engaged or employed to clean human excreta with the help of such devices and using such protective gear as the Central Government may notify in this regard shall not be deemed as a manual scavenger. This can be used to keep all kinds of manual scavenging outside the purview of the law by just saying that they are using protective gear such as metallic plates or scoops, brooms, gloves, boots, masks, etc. This Act only talks about the rehabilitation of manual scavengers but utterly fails in granting it. Bhasha Singh has commented on MS Act 2013 that since it does not provide concrete deadlines for eradication of manual scavenging, it is still continuing.

10. *Swachh Bharat Abhiyan (SBA)*: In May 2014, Shri Narendra Modi, Prime Minister of India highlighted the importance of modernising India's sanitation system by building more toilets than the temples. While modernising India's sanitation, it is important to eradicate manual scavenging which is practiced by India's most marginalised communities and investment in sanitation alone is far from the social and economic exclusion faced by these communities. The government has made efforts in curbing this inhuman practice by implementing Swachh Bharat Abhiyan (SBA), where the government has taken initiatives to build toilets. The core focus of the scheme is on toilet construction at the household and community level and to bring attitudinal change at community level through behavioural change

communication strategies. Under SBA, dry latrines were being demolished but no other alternative livelihood was provided to the women who were dependent on manual scavenging. However, the big backdrop of the SBA was that there was no coordination with ministry of social justice and empowerment and other ministries to provide them alternative livelihood options for women who were depend on manual scavenging occupation for their survival.

1.7 Initiatives by Civil Society Organisations to Eliminate Manual Scavenging

Despite government of India's repeated attempts to eradicate manual scavenging through several legislative rules and provisions, this practice still continues to exist in the society and there are significant barriers to achieve the lasting change. However, there are several initiatives started by civil society organisations and community-based organisations in different States to combat these social evils. There are some efforts by district level administrations, also which have been successful in eradicating manual scavenging. One such initiative was taken up by the district administrations of Badaun district in Uttar Pradesh with the help of civil society organisation and local bodies and converted all dry latrines into pour flush latrines and liberated majority of women from scavenging with the slogan 'Daliya Jalo' (Burn wicker Basket) in almost all villages of Badaun district. However, the transfer of key actors (DM/DPRO) of the campaign was a big challenge and a major threat to drive.

As far as community-based organisations and individuals who are working with manual scavenging community are concerned, some of them have made significant change in the lives of manual scavengers and have been able to rehabilitate them with sustainable livelihood options. Some such organisations are Safai Karmachari Andolan (SKA), based in New Delhi, led by Shri Bezwada Wilson, winner of Roman Magsaysay Award. He has led a huge campaign against practice of manual scavenging across the country. This consistent efforts through movement --Safai Karmachari Andolan for years, 'The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act 1993' came into existence followed by 'The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013.'

Jan Shahas Social Development Organisation based at Bhopal, Madhya Pradesh is led by Shri Aasif Sheikh. This organisation is a coalition of 30 community-based organisations from 13 Indian States, that started a campaign called Rashtriya Garima Abhiyan in 2012-13 and encouraged female manual scavengers to voluntarily leave the practice. This Abhiyan has been successful in changing the mindset of women to leave

this inhuman practice permanently. Till date, more than 15,000 women have 'liberated' themselves from manual scavenging through this campaign and are living dignified lives. This organisation is continuously working to promote the development and protect the rights of socially excluded women, who are engaged in this inhuman practice. Navsarjan Trust based in Ahmedabad, Gujarat headed by Shri Manjula Pradip has been working since 1996 to end this inhuman practice in Gujarat. Their major achievement was the landmark Court victories resulting in the court demanding action from the Gujarat government for demolishing dry latrines and assuring minimum wage for sanitation workers.

1.8 Manual Scavenging and Women

There is a close relationship between manual scavenging work and women. International Labour Organisation (ILO) in the national conference conducted in Ahmedabad, mentioned that manual scavenging is being further subdivided on the basis of gender. Ninety-five per cent of women are engaged in cleaning dry toilets and public streets whereas the men of the scavenger community enter into a manhole, closed gutters, sewers and septic tanks for cleaning. Manual Scavenging work is not only rooted to the caste system but there is another additional layer of patriarchy wherein the most menial job of manual scavenging is assigned to women. Men are mostly working on railway tracks and sewages, where their wages are comparatively higher as compared to women who are cleaning open pits in houses.

Similarly, UNDP & UN Solution Exchange 2012 has also mentioned in a report that more than 95 per cent of the manual scavengers who clean dry latrines are women, and face layers of discrimination and stigma because of stiff societal norms and values positioned against them. Manual Scavenging is a classic example of both gender and caste construct. Thus, the burden of discrimination and stigma is more on women compared to men. The discrimination and stigma attached to women ultimately results in loss of their identity, dignity and self-respect, which further put them in poor psychosocial and physical health.

Chaplin (2011) in her book mentioned that women are considered to be at the bottom of the hierarchy as they are generally employed to scavenge private latrines. They are not considered 'strong' enough to do the heavy lifting associated with mechanised garbage collection or sewer cleaning. A report by Human Rights Watch, 2014 highlights the problems of women working as manual scavenging, that they receive little or no cash wages, reflecting long-established customary practices.

A study of 5209 households of manual scavengers in Maharashtra and Gujarat done by Beck H. and Shaileshkumar from Tata Institute of Social Sciences, Mumbai in 2005 reveals that women belonging to this occupation, in addition to their discrimination and stigma problems, face several physical health problems such as low life expectancy, skin disorders, communicable diseases, respiratory problems, parasitic diseases, diminishing vision, diminishing hearing and vision problems.

Jan Sahas Social Development Society had also done a study on 480 women from manual scavenging communities in nine districts of Bihar, Uttar Pradesh, and Madhya Pradesh in 2013. Supported and sponsored by UN Women, highlighted in their study that the direct handling of human excreta involved severe health consequences, including constant nausea and headaches, respiratory and skin diseases, anaemia, diarrhoea, vomiting, jaundice, trachoma, and carbon monoxide poisoning. These conditions are exacerbated by widespread malnutrition and inability to access health services. The report mentioned that 70 per cent of the studied women started this work after marriage while 30 per cent were forced into it since childhood. Only 25 per cent women from all three States had access to health services while 75 per cent were deprived of the health facilities.

It is evident from the above review of literature that manual scavenging still exists in India and has been shown by several data sources of government of India. Several studies have been done to understand the problems of people who are involved in manual scavenging but majority of them have focused on their social, economic and health aspects of life and have compared with general population. Studies have also highlighted how government can do much more work to bring them in mainstream society. It is clear from the review that the majority of people who work as manual scavengers more are women and hence the problems of manual scavenging are related more with women than men. Therefore, this study has focused on women. However, the need for the study will be discussed in the next chapter of the research methodology.

CHAPTER 2

RESEARCH METHODOLOGY

2.1 Need for the Study

It is clear from the studies and available data that more than 90 per cent of manual scavengers are women. So basically, the issue of manual scavenging in India is largely associated with women. Women face layers of discrimination and stigma because of stiff societal norms and values positioned against them (UNDP & UN Solution Exchange 2012). Manual scavenging is a classic example of both gender and caste construct. Thus, the burden of discrimination and stigma on women is much higher compared to men. The discrimination and stigma attached to women ultimately results in loss of their identity, dignity and self-respect which further puts them in poor psychosocial and physical health.

It is evident from review of literature that majority of the studies and interventions in the area of manual scavenging have either been related to livelihood issues, social or physical health. However, in addition to social, economic and physical health problems, manual scavengers also face a lot of discrimination, rejections, and stigma from society which leads to their poor psychosocial health. There is hardly any study on psychosocial health of female manual scavengers in India; and whether there is any difference in psychosocial health of manual scavengers who are liberated and the ones who are currently engaged in this occupation. More so, female manual scavengers who, being women and Dalit face double pressure of discrimination and rejection in comparison to men hence are more likely to face psychosocial health than men. Therefore, this study has focused on female manual scavengers.

Keeping in view the literature reviewed and interventions made by civil society organisations in this area, the study identifies the gap and need for carrying out research on psychosocial health of women who have been liberated and non-liberated from manual scavenging.

2.2 Objective of the Study

The main objective of the proposed study is to analyse the psychosocial health of female manual scavengers and to establish a link between psychosocial health and liberation from manual scavenging. However, the specific objectives of the proposed study are as follows:

1. To study the socio demographic and economic condition of the households of women liberated and non-liberated from manual scavenging.
2. To examine the psychosocial health of liberated and non-liberated women from manual scavenging.
3. To analyse the impact of liberation on psychosocial health of female manual scavengers.

2.3 Hypothesis

There is paucity of empirical studies on this particular subject. However, based on limited availability of literature and a-priory knowledge of the researcher pertaining to the subject proposed following hypothesis are formulated:

1. Women liberated from manual scavenging will tend to utilise health services more than the non-liberated women
2. Women who liberated from manual scavenging will tend to have better psychosocial health than non-liberated women

2.4 Operational Definition of Concepts

1. **Liberated women:** Women who were earlier working as manual scavengers but have now left manual scavenging and had not gone back to manual scavenging profession.
2. **Non-liberated women:** Women who are still continuing manual scavenging.
3. **Manual Scavenging:** Manual scavenging is defined according to definition of MS Act, 2013. If a woman is involved in carrying/cleaning human/animal excreta without any protective gears as prescribed by MS Act, 2013 have been considered as manual scavenging work.
4. **Psychosocial Health:** Psychosocial health of women was measured by using two scales; Social Well-being scale has used 12 items of seven different domains of social networking. Higher the score means lower the social well-being (social health) of the respondents. Second scale was developed to measure psychological health of respondents using 22 items on psychological problems such as stress, anxiety, confidence level, helplessness, depression, and insecurity. Higher the scores of the respondents on the scale means poorer the psychological health. The combined score of these two scales was used to explain the overall psychosocial health of women.

2.5 Methodology

2.5.1 Study Area

The present study was conducted in the States of Maharashtra and Madhya Pradesh where number of manual scavengers is higher than other States, according to SECC-Rural-2011 data. The reason for selecting these two States was the probability of getting more numbers of respondents for the study compared to other States was higher. After selecting States, the study area was chosen, however since reliable and updated data on the number of manual scavengers is not available with the concerned district offices, a decision was made to collect primary data. In such a situation where the spread of manual scavengers and their location at district level was not known, the study team decided to select the study area through the help of civil society organisations where their reach was good. Thus, the study team with the help of Janjagriti Aahwahan Bahuuddeshiya Samiti, Nagpur had selected a slum area of Nagpur city in Maharashtra for Non-Liberated women and Raisen district of Madhya Pradesh was selected for liberated women with the help Jan Sahas Social Development Society, Dewas, Madhya Pradesh. Both the groups had similar socio-cultural background.

2.5.2 Sample Design and Sample Size

The subject of the proposed study was very sensitive in nature therefore there was very high chance of refusal from women side to participate in the study. It was also informed by the civil society organisation that the outsiders are not easily welcomed by the people of these areas as they are already passing through so many problems in their life and carrying anger against the government agencies for not getting any substantial support from them. Therefore, the team accepted the suggestions of field social activists and decided to go along with them in the study area. The study team first decided to collect data from the non-liberated women of Slum area of Nagpur city. On the first day, the study team had just spent time with the people of study area in developing rapport with them. The presence of field social activists was very helpful and made our job easy to introduce the study team and objectives of the study to the people of study area. This has helped to build rapport with people of the study area.

After rapport building, sample design was finalised with the help of civil organisations. There were almost 800 households in the selected slum area of Nagpur city. Study has aimed to collect the data from at least 10 per cent of total households. Thus, almost all households were visited and only data from 117 women were collected as majority of them were leaving their houses early in the morning to perform manual

scavenging works and after coming back to their houses in afternoon they used to be busy in cooking food due to which it was very difficult to contact them. Therefore, study team decided to contact the respondents either in after lunch time or as time given by them. Despite visiting households as per the time given by the respondents, study team has faced refusal from many of the participants.

In Madhya Pradesh, Raisen district which is comparatively backward district was selected for liberated women. It was very difficult in Raisen district to contact these women as they were scattered across the Tehsils of Raisen district. So, with the help of Jan Sahas organisation, women were identified and selected using snow ball technique, and women were called in clusters at one place for administering interview schedule. The study has tried to select liberated women in equal number of non-liberated women with a margin of 10 women. Thus, total 118 women, who had left manual scavenging, were interviewed at Raisen district. Overall, total 235 women including liberated and non-liberated were interviewed in this study. Table 2.1 presents the details of sample distribution in the study area.

State	District	Liberated women	Non-Liberated women	Total Women
Madhya Pradesh	Raisen	118	0	118
Maharashtra	Nagpur	7	110	117
Total		125	110	235

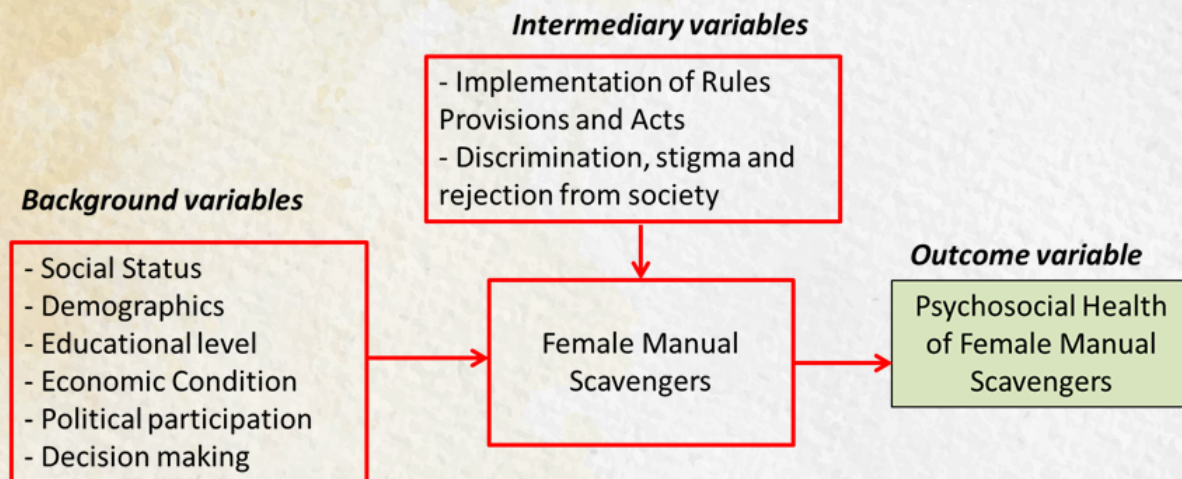
2.6 Statistical Techniques used for Data Analysis

2.6.1 Tools for Study

The study has collected both quantitative and qualitative information using structured interview schedule. The interview schedule used the open and closed ended questions to collect quantitative and qualitative information respectively. The Likert scale was also used to collect information on psychosocial health problems of the respondents. Observation and in-depth interviews with a few key persons were also done.

2.6.2 Conceptual Framework

The factors affecting the lives of female manual scavengers and their psychosocial health were thoroughly reviewed, based on review a conceptual framework was developed to show the interlinkages between the variables and psychosocial health of women. The conceptual framework is depicted as follows:



It is evident from the conceptual framework that a female manual scavenger faces problems from all the corners, right from her social identity that forces her to perform this inhuman practice leading to untouchability, discrimination and rejection from society. Society's discriminatory behaviour affects their livelihoods, demographic features, political participation and decision-making power both at household and society-level, etc. All these factors together lead to a poor psychosocial health in liberated and non-liberated women. Although the government has been making efforts through several schemes/programmes to eliminate and rehabilitate them from manual scavenging occupation. However, data reveals that there is still huge scope for both public and private agencies to address the issue of manual scavenging and manual scavengers holistically.

2.6.3 Analytical Framework:

Keeping in view the objectives and hypothesis of the study, analytical framework was prepared. The objectives of the study were mainly based on quantitative data and to achieve them, following statistical tools were used:

1. *Frequencies and Percentages:* To understand the facts based on number and percentages.
2. *Bivariate Analysis:* To understand the association between the variables.
3. *Chi-square test:* To test the strength of the association between the variables.
4. *T-test:* To test the statistical difference in the mean of two dependent variables.
5. *Z proportion test:* To test whether proportions of two dependent variables are significant or not.
6. *Principal Component analysis:* To construct the wealth index based on assets available in the households.

The statistical analysis was carried out through a statistical software - SPSS Version 19. In addition, qualitative data was also used to substantiate the findings of quantitative data. Likert's five-point scale was constructed using questions on social well-being and psychological problems to measure psychosocial health of women. The reliability of the scale was verified through Cronbach alfa value.

2.7 Pre-testing of Interview Schedule

The interview schedule was developed in English and then translated in Hindi language. It was ensured while translating from English to Hindi that questions should not lose their original meaning. Before final round of implementing the interview schedule in the study area, pre-testing of the interview schedule was done to ensure its validity, flow of the questions, comprehensibility, omission and deletions of questions and its acceptability by the respondents. The pre-testing was done in Sultan-Shahi area of Hyderabad city which is very backward area. Majority of residents of this place were belonging to Scheduled Caste community and were engaged in menial jobs for survival such as cleaning of toilets of individual households, drainages/nalas, manhole or working as sanitation workers. Total 30 women (15 each from liberated and non-liberated groups) were contacted for administering the interview schedule. Based on responses obtained from the respondents, necessary modifications in interview schedule were carried out and a final interview schedule was developed.

2.8 Interview Schedule

The objectives of the study were to assess the working conditions, health seeking behaviour and psychosocial health of Liberated and Non-liberated women. Keeping the objectives of the study in mind, the interview schedule was prepared broadly in following sections:

(1) Household Information, (2) Respondent's Information, (3) Engagement with Manual & Non-Manual Scavenging work, (4) Children's Information, (5) Women Decision Making Power, (5) Health-Seeking Behaviour, (6) Nutritional Status of Children, (7) Smoking and Drinking Behaviour, (8) Respondents' knowledge on Government Policies and Programmes, (9) Psychosocial Health of Women and (10) Behaviour of Society towards Manual Scavengers and Manual Scavenging Work.

2.8.1 Household Information

Household information was used to list the number of members in each sampled

household. Each person of the household was listed, starting with the head of the household. For each household member, following information was collected: age, sex, marital status, religion, caste, sub-caste, education completed, main occupation, monthly income, major illness, health services and health expenditure. This section had also covered information on types of schools, enrolment status and reason for not attending school for the children aged 4-18 years. The information on household amenities was also collected, which includes type of family, ownership of house, source of drinking water, source of cooking fuel, toilet facility, ownership of agricultural land, health insurance, owing BPL card, bank account and benefits from social assistance schemes.

2.8.2 Respondent's Information

The background information of the liberated and non-liberated women was collected under the respondent's information section. This section presents information on marriage age, motherhood age, current pregnancy status, ANC check-up, visit to health facility centre, work status during pregnancy, health problems during pregnancy, number of children alive or dead, marital status, if widowed reason for husband's death.

2.8.3 Engagement with Manual and Non-Manual Scavenging Works

This section had collected information on women's engagement with manual scavenging and non-manual scavenging works. This section explored in detail the history of their involvement with manual scavenging; both for women who had left and who are still continuing manual scavenging work. However, a few of questions were as such which were specific to liberated and non-liberated women. Following questions were asked under this section:

1. *Liberated Women:* Considering their liberation from manual scavenging, we had captured information on: number of generations involved in manual scavenging, number of years/months since they left manual scavenging, types of difficulties faced while leaving manual scavenging, help received (if any) from any NGO, any other work started post manual scavenging, any physical/sexual violence/abuse faced from their employer and knowledge regarding *Jajmani Practice*.
2. *Non-Liberated Women:* As these women were those who were practicing manual scavenging, we had captured information on: number of generations involved in manual scavenging, members involved, place of work, monthly income/earnings,

usage of protective gears, reason of not leaving manual scavenging, involvement in any other income generating work, any physical/sexual violence/abuse faced from their employment and knowledge regarding *Jajmani Practice*.

2.8.4 Health Seeking Behaviour

This section has focused on health seeking behaviour of both liberated and non-liberated women. The questions asked in this section were utilisation of health services, type of health facility visited, type of health problems faced, expenditure on treatment, burden of treatment, number of years those illnesses lasted. In addition to this, this segment had also covered information on family dietary pattern on various food items, nutritional status of children and women's smoking and drinking behaviour.

2.8.5 Psychosocial Health of Women

This section mainly covered information on psychosocial health of women to accomplish the second objective of the study. This section was divided into two parts: First section covered information on social well-being and second part collect information in psychological health. Total 35 questions have been asked for chapter seven covering both social well-being and psychological problems of women.

2.9 Time of the Study

The present study was conducted in two phases during May-June 2019. The data for non-Liberated women was collected in the first phase in the month of May 2020, while data for liberated women was collected in month of June 2020.

2.10 Recruitment and Training of the Interviewers

Nine field investigators were selected, with minimum qualification being graduate in any social science from each State. The field interviewers were selected locally from the study area itself keeping in view the sensitivity of the study and respondents' comfort level. For each State, a minimum of four field investigators were selected based on the eligibility. The study team had provided one-day training to the field investigators on both types of interview schedules (Liberated and Non-Liberated) and trained them on how to record the responses in the interview schedule. The field investigators had also given a Mock Test to familiarise themselves with the interview schedules and the sensitivity of the study before they started collecting data from the study area.

2.11 Problems Encountered during Data Collection

The study team had encountered several problems while collecting data from the study area. However, a few of problems which were more prone and evident are mentioned as follows:

- On the first visit to slum area of Nagpur city it was felt that there is anger/rage in the respondents towards government and other concerned agencies. They have huge expectations and demands from the governments to help them out from their problems. Therefore, whoever, particularly government officials, visits to their place have to face questions/demands raised by them hence, outsiders are not easily welcomed in these areas. Keeping this in view, the study team has taken help from the local organisation to enter into the study area.
- It was very difficult to find out graduate/post graduate candidates from the study area as field investigators to collect the data for the study.
- Another problem was the unavailability and refusal of women to participate in the study because the nature of job of the women was as such that they need to leave their houses early in the morning and will return back in late afternoon. Therefore, several visits were required to complete the interviews.
- In majority of the households' husbands were found inebriated hence female investigators faced difficulties in conducting interviews with women.
- In Raisen district, while identifying women who had left manual scavenging through snow ball technique for collecting data, many of them were under impression that this form (interview schedule) is being filled to give them some benefits. However, study team has made it clear to them about the objectives of this study before conducting the interviews.

CHAPTER 3

BACKGROUND CHARACTERISTICS OF THE STUDY HOUSEHOLDS

3.1 Background

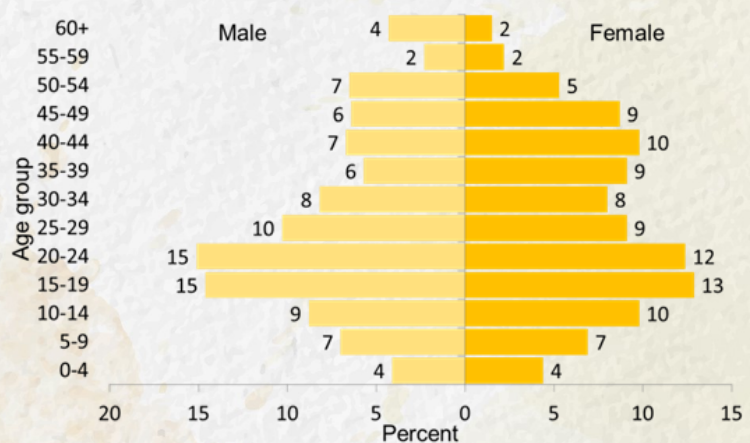
The chapter on review of literature has clearly shown that the people who are engaged with this inhuman task of performing manual scavenging face numerous problems in their lives. To understand the problems of manual scavengers in detail, one needs to explore the history /background of these problems. The background information enables us to understand and conceptualise the issue in totality. Therefore to make any decision on socio-economic aspects of a manual scavenger’s life, it is important to analyse his/her background characteristics such as his/her social belongingness (caste, sub caste, religion), family size, household members’ information on current age, schooling, occupation, marital status, ancestor occupation, income from occupation, health, availability of basic amenities in household such as toilet facility, drinking water, type of houses, electricity, fuel for cooking, economic condition of households, etc. This will provide a base for making higher level decision. In addition to this, the background information of households will also be required to accomplish the objectives of the study. Therefore, study has planned to have exclusively a full chapter on background characteristics of the studied households.

3.2 Household Characteristics

3.2.1 Age-Sex Distribution of Household Population

It is evident from the graph on age sex pyramid of the study area that the percentage share of 0-5 years and 55 and above was much lower in total population compared to population of other age categories. The proportion of study population aged 60 and above years was just 3 percentage compared to the national average of nine per cent. This

Figure 3.1: Population pyramid of the study area by age and sex



suggests that only three per cent of study population survives after age 60 years of age compared to nine per cent of general population. This highlights that the life expectancy of the study population is much lower than that of general population. Highest proportion of study population (38 per cent) was in age group of 15-24 years, while as high as 41 per cent population were in age group of 25-49 years. This shows high percentage of demographic dividend population.

Table 3.1: Percentage distribution of study population by their age and sex				
Age	Male	Female	Total Percentage	Total Population
<1	1.3	1.5	1.4	16
1-4	2.8	2.9	2.8	33
5-9	7.0	6.9	7.0	81
10-14	8.8	9.8	9.3	108
15-19	14.6	12.9	13.8	160
20-24	15.1	12.4	13.8	160
25-29	10.3	9.1	9.7	113
30-34	8.2	8.0	8.1	94
35-39	5.7	9.1	7.3	85
40-44	6.7	9.8	8.2	95
45-49	6.4	8.7	7.5	87
50-54	6.5	5.3	5.9	69
55-59	2.3	2.2	2.2	26
60+	4.3	1.5	2.9	34
Total	611	550	100.0	1161

3.2.2 Types of Families

In India, the joint family system has been prevailing since ancient times. However, with the passage of time, the joint families started disintegrating, giving rise to nuclear families. Table 3.2 reveals that 76 per cent of the total study households have a nuclear family system and remaining 24 per cent have a joint family system. The table highlights that the prevalence of nuclear family was higher among liberated households (82 per cent), as compared to non-liberated households (68 per cent). In other words, the proportion of joint family was higher in non-liberated households (32 per cent), compared to liberated households (18 per cent). The average family size of the study area was five (4.9) members.

Table 3.2: Percentage distribution of liberated and non-liberated households by their type of family

Type of Family	Non-Liberated Household	Liberated Households	Total Percentage
Joint family	31.8	17.6	24.3
Nuclear family	68.2	82.4	75.7
Total percentage	100.0	100.0	100.0
Total women	110	125	235
Average family size	4.8	4.9	4.9

3.2.3 Types of Houses

Housing is one of the most important components of life which provides shelter, safety and warmth. We have categorised the types of houses under three main categories, i.e., *pucca*, semi-*pucca* and *kutchha* house. This study reveals that out of the total households, 61 per cent households have *pucca* houses, seven per cent semi-*pucca* houses and remaining 31 per cent have *kutchha* houses. However, as far as houses by type of respondent are concerned it was observed that universally every non-liberated household had a *pucca* house, in comparison to only 27 per cent of liberated households. In addition to types of houses, the study has also tried to understand whether household environment within the house was hygienic/free of pollution or not. For this purpose, every household was asked whether household has separate kitchen for cooking and a small drainage for sending out waste water from kitchen. It is evident from Table 3.3 that as high as 63 per cent of non-liberated households had a separate room for kitchen in comparison to only 23 per cent of liberated households. With regard to small drainage, 73 per cent of non-liberated household had a small drainage connected to their kitchen for taking out waste water from kitchen compared to only 14 per cent of liberated households.

Table 3.3: Percentage distribution of liberated and non-liberated households by type of house, separate room for kitchen and drainage system for kitchen waste water

Type of Houses	Non-Liberated Households	Liberated Households	Total percentage	Total households
Pucca	100.0	27.2	61.3	144
Semi-Pucca	0.0	14.4	7.7	18
Kaccha	0.0	58.4	31.1	73
Total	100.0	100.0	100.0	235
Separate room for kitchen	62.7	23.2	41.7	98/235
Drainage system for kitchen waste water	72.7	14.4	41.4	98/235

3.2.4 Fuel Used for Cooking

In continuation to understanding the household environment, the study has further explored from each household about their main source of cooking fuel. Figure 3.2 shows that almost all households of non-liberated (96 per cent) were using LPG/natural gas as main source of cooking fuel in contrast coal/charcoal/ wood/kerosene which was the main source of fuel for cooking among liberated households (90 per cent). Only 10 per cent households of liberated women were using LPG for cooking. This indicates that *Ujjwala* scheme of Government has not reached the majority of households of women who had left the manual scavenging.

Figure 3.2 : Percentage distribution of liberated and non-liberated households by their main source of cooking fuel



3.2.5 Source of Drinking Water

The United Nations (UN) and other countries have declared access to safe drinking water as a fundamental human right, and an essential step towards improving living standards (Dinka, Megersa, 2017). The health and wellbeing of people is directly affected by the source of drinking water. The impact of un-purified and unhealthy source of water results in poor health. Keeping this in view, the main source of drinking water was asked to both non-liberated and liberated households.

Table 3.4: Percentage distribution of liberated and non-Liberated households by their source of drinking water facility and its purification

Source of Drinking Water Facility	Non-Liberated Households	Liberated Households	Total Percentage	Total Household
Piped water into dwelling	50.9	12.0	30.2	71
Piped water into yard/plot	28.2	8.0	17.4	41
Piped water with standpipes	13.6	36.0	25.5	60
Hand pump	2.7	44.0	24.7	58
Well	2.7	0.0	1.3	3
Fetch water from other HH	1.8	0.0	0.8	2
Total	100.0	100.0	100.0	235
Purification of Water	10.0	33.6	22.6	53/235

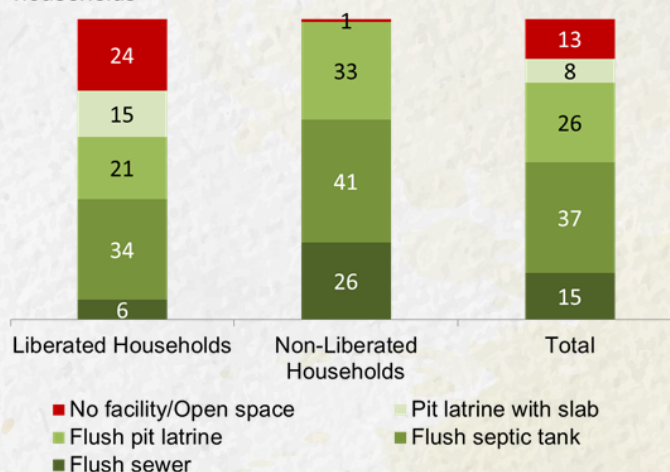
Table 3.4 reveals that 93 per cent of non-liberated households had the access of drinking water through piped water followed by hand pump and well (3 per cent each) and remaining two per cent fetch water from other households. Whereas only 56 per cent households of liberated households reported piped water as the main source for drinking water and remaining 46 per cent reported handpump as main source of drinking water.

Keeping in view the importance of purification of drinking water for good health, the study has also asked whether the respondents purify water before drinking or not. Table 3.4 highlights that only 23 per cent of total households were purifying their drinking water. Purification of water was found higher in liberated households (33 per cent) than the non-liberated households (10 per cent) mainly because of liberated households had contaminated ground water. Water from hand pump can be used for drinking purpose only if the water is boiled and filtered through clothes, as reported by respondents.

3.2.6 Type of Toilet Facilities in Household

Figure 3.3 clearly shows that overall, 79 per cent of households in the study area had improved type of toilet facilities (Flush sewer/flush septic tank/flush pit latrine/pit latrine with slab) in their houses. It is evident from the figure that that the percentage of improved type of toilet facility in non-liberated households was almost universal (99 per cent) in contrast to 61 per cent of liberated households. Moreover, it is interesting to mention here that a little more than one-fourth of the non-liberated household reported to have toilet facilities which were connected to sewerage system compared to 6 per cent of liberated households. In addition, it is also worth mentioning that despite a strong campaign of Swachh Bharat Mission, one-fourth of liberated households reported having no toilet facility in their houses and were using open areas for defecation. Another 15 per cent of liberated households reported having pit latrine with slab in their houses.

Figure 3.3: Percentage distribution of liberated and non-liberated households by type of toilet facility in their households



3.2.7 Agricultural Land

Agricultural land is one of the important sources of livelihood and is used for measuring the socioeconomic status of the people. Figure 3.4 depicts that only 4 per cent of study households had reported having agricultural land remaining 96 per cent did not have agricultural land. Those who reported having agricultural land were from the liberated households (10 households) only, and majority of them had dry land which was not useable for agricultural purposes.

Figure 3.4: Percentage of households having agricultural land



3.2.8 Household Benefited by Social Assistance Programmes

Government of India has been implementing several social welfare programmes and schemes for poor, marginalised and old age persons in order to help them survive with dignity. In this context, since people of manual scavenging profession are from the most marginalised community of our society the study wanted to know the extent of the benefit of the programmes and schemes reached to these people. Therefore, the study has gathered information on some selected schemes and asked whether any of the household members have benefited from these programmes/schemes or not.

It was disturbing to note that 91 per cent households of non-liberated group reported not received any benefit of the social assistance programmes (Table 3.5), and remaining 9 per cent received benefit under widow pension (2 per cent), old age pension, IAY/PMY and RSBY (one per cent each), and three per cent mentioned about retirement pension.

Type of Social Assistance Benefits	Non- Liberated Households	Liberated Households	Total Percentage
Widow Pension	1.8	14.4	8.5
Old Age Pension	0.9	8.8	5.1
Indira Awas Yojana	0.9	21.6	11.9
Rashtriya Swasthya Bima Yojana	0.9	0.8	0.9
Retirement Pension	2.7	1.6	2.1
MGNERGS	0.9	0.8	0.9
IHHL	0.9	2.4	1.7
Not Covered under Social Assistance	91.0	49.6	31.1

As far as liberated households are concerned, half of them did not receive any benefits from social assistance programmes. Those who had received, 22 per cent benefited by IAY/PMY, widow pension (14 per cent), old age pension (9 per cent), individual household latrine (2 per cent), retirement pension (2 per cent) and one per cent each by RSBY and MGNREGS.

3.2.9 Entitlement Documents of the Respondents

The study had also asked all the respondents whether they possess some select entitlement documents or not. These entitlement documents should be possessed by everybody, particularly by the marginalised and poor people, to claim the entitlements/benefits being provided by government of India. It is evident from Table 3.6 that almost every respondent has Aadhaar card. Election ID card was with 94 and 97 per cent of non-liberated and liberated women respectively. Bank accounts were found more among liberated women (98 per cent) than the non-liberated women (87 per cent). Caste certificate is the most important document for both types of women to avail the benefits of schemes and programmes which are specifically intended for only people engaged with manual scavenging profession. It is evident that 30 per cent liberated and 34 per cent of non-liberated women reported not having the caste certificate which might have restrained them to avail the benefits of schemes. It was disheartening to know that only 9 per cent of liberated households had BPL card while data of this study shows that almost all liberated households were from the poor economic category.

Type of entitlement documents	Non- Liberated Households	Liberated Households	Total Percentage
Aadhaar card	97.3	99.0	98.3
Election ID card	93.6	96.8	95.3
Bank account	87.3	97.6	92.8
Caste certificate	69.1	66.4	67.7
Ration card (BPL)	35.5	90.4	64.7

3.2.10 Educational Status of the Household Members

Education is considered as the mirror of society and the seed of socio-economic development. Education transforms human beings from shades of social backwardness to the light of social amelioration. Keeping the necessity of education, this study has explored the educational status of each household member. Table 3.7 clearly explains

that years of schooling completed by members of both the households is gradually decreasing as we move towards higher education. It is clear from the table that the overall educational status of the people of study area was low. Almost one-fourth of people of the study area were illiterate and another 27 per cent were educated only up to primary classes; 41 per cent had schooling between 6-10 standard and the remaining 8 per cent were educated above class 10 .

Education Level	Non-Liberated Households	Liberated Households	Total Percentage	Total Household Members
Illiterate	13.4	34.5	23.9	267
1-5	28.3	25.9	27.1	302
6-8	21.6	25.4	23.5	262
9-10	24.3	10.3	17.3	193
11-12	7.0	3.4	5.2	58
13-18	5.4	0.5	3.0	33
Total	100.0	100.0	100.0	1115

Overall, educational status was observed comparatively better in non-liberated households than the liberated households. Illiterate persons were more in liberated households (35 per cent) than the non-liberated households (13 per cent). Likewise, percentage of people completed higher education (above 12 years) among non-liberated households was higher than the liberated households (5 per cent vs. 0.5 per cent). A clear – cut difference in completing 9-12 years of schooling between liberated and non-liberated was also observed, 31 and 14 per cent members of non-liberated and liberated households respectively had 9-12 years of education. However, percentage of people who had completed either primary or up to class 8th education was found equal both in non-liberated and liberated households (50 vs 51 per cent). The reason for the difference in educational status between these two groups was due to exposure to mass media, accessibility and availability of educational facilities and availability of jobs which were not found in favour of liberated households.

3.2.11 Educational Attainment of the Children

Table 3.8 highlights that irrespective of age group of children; proportion of currently attending school was higher among non-liberated households than liberated households. Table 3.8 also reveals that the percentage of children attending school decreases as their age increases for both groups of households, but the gap was higher

among the children of liberated households. For example, it dropped from 96 per cent for children aged 4-8 years to 60 per cent for children aged 14-18 years among non-liberated households, and from 79 per cent to 32 per cent for the same age group of children of liberated households. The table also highlights that the proportion of children attending school was almost equal for both male and female children of non-liberated households, while in case of liberated households the percentage of children currently attending school was a little higher in girls than boys (63 Vs. 50 per cent).

Age of children in years	Children of Non-Liberated Households						Children of Liberated Households					
	Male		Female		Total		Male		Female		Total	
	Percentage	N	Percentage	N	Percentage	N	Percentage	N	Percentage	N	Percentage	N
4-8	100.0	11	92.3	13	95.8	24	71.9	32	86.4	22	77.8	54
9-13	94.1	17	100	16	97.0	33	77.8	36	80.0	30	78.8	66
14-18	62.1	29	57.1	21	60.0	50	21.1	57	44.4	54	32.4	111
Total	78.9	57	80.0	50	79.4	107	50.4	125	63.2	106	56.3	231

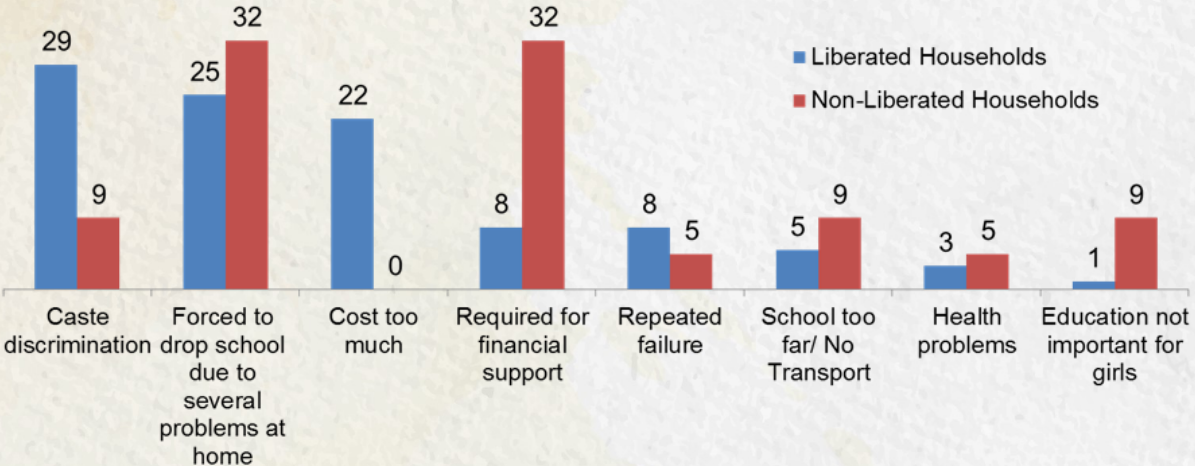
However, a sharp decline in dropping out of school was observed both in liberated and non-liberated households after children attain 13 years of age. It declined from 97 per cent to 60 per cent in non-liberated households and from 79 per cent to 32 per cent children in liberated households. Interestingly, drop outs from schools after age 13 years were higher for girls in non-liberated households, while in case of liberated households the drop outs were higher among boys.

3.2.12 Main Reason for Not-Attending Schools

Mothers were asked what was the main reason for children, in the age group 4-18 years, not attending school. It is evident from Table 3.8 that a significant proportion of children (20 and 44 per cent in non-liberated and liberated households respectively) were not attending school. The reasons for not attending school need to be interpreted cautiously in case of non-liberated households as the number of children dropped out of school was only 22. Whereas in case of liberated households, 101 children had dropped schooling. It is evident from Figure 3.5 that caste discrimination (29 per cent), high cost of schooling (22 per cent) and several other problems at household level (25 per cent) were major reasons for the children of liberated households to discontinue schooling. While in case of non-liberated households, the children were required to

support family financially (32 per cent) and were also forced to drop schooling due to problems at home (32 per cent) were the major reasons. In addition to this, repeated failure in schooling, school too far away/no transport facility, and education not considered important for girls were also reported by both types of households as reasons for children not continuing their education.

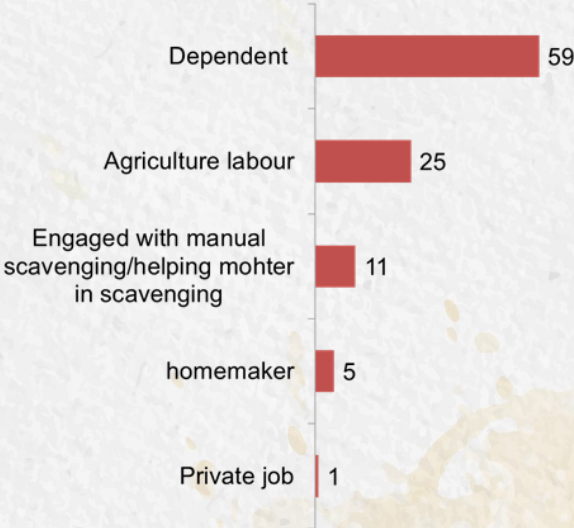
Figure 3.5: Percentage of children of liberated and non-liberated households with reasons for not attending school



3.3 Current Involvement of Children Who Dropped Out of School

The study has further explored about those children who had dropped schooling due to some or other reasons. The study has collected information on children’s engagement after dropping out from schooling. It is evident from Figure 3.6 that majority of children were simply dependent on their parent (59 per cent). However, of the remaining 41 per cent, one-fourth of them were working as agricultural labourers (25 per cent), 11 per cent were working as manual scavengers or helping their mother in scavenging works which is a matter of great concern for the policy makers, five per cent (mostly girls) were helping in household chores, and remaining one per cent were involved in private jobs.

Figure 3.6: Percentage distribution of children who dropped from schooling and their current engagement



3.4 Occupation of Household Members

To understand the economic condition of the study households in detail, the study has collected information on working status of each household member except for children who were currently attending school. This information has helped study to understand the involvement of each household member in economic activities at household level.

It is evident from Table 3.9 that that majority of household members were engaged with either manual scavenging work or as agricultural workers, together account for 63 per cent. It is disheartening to note that more than half of members of non-liberated households were involved in manual scavenging. This suggests that in addition to the respondents, other family members were also performing manual scavenging works. In case of liberated households, there were seven per cent household members who are still continuing manual scavenging which suggests that it is not necessary that if a woman is liberated the entire household is liberated from manual scavenging. Agricultural labour was the major source of livelihood for liberated households (65 per cent). About 12-14 per cent members of both the households were unemployed. Another 12 per cent were home makers. It is clearly visible from the table that only six per cent of the study population had a job (self-employed, private job, others, teacher). All other household members were not getting jobs other than agricultural labourer or manual scavenging works.

Table 3.9: Percentage distribution of household members (19 years and above) according to their work involvement				
	Non-liberated	Liberated households	Percentage	Total households
Manual Scavenging	54.8	7.0	32.0	250
Agricultural labour	0.0	64.5	30.7	240
Not employed	13.7	11.8	12.8	100
Homemaker	13.4	10.2	11.9	93
Self-employed	5.4	0.5	3.1	24
Construction labour	3.7	2.2	2.9	23
Private job	3.7	0.5	2.2	17
Retired from job	2.9	0.8	1.9	15
Aged person	0.7	2.2	1.4	11
Student and others	1.2	0.0	0.6	5
Teacher	0.5	0.3	0.4	3
Total	409	372	100.0	789

3.5 Wealth Quintile of the Households

Figure 3.6 presents the per cent distribution of liberated and non-liberated households by wealth quintiles. Wealth quintile (economic status) of the households is expressed in this report through wealth index. The wealth index has been developed and tested in a large number of countries in relation to inequalities in household incomes, use of health services, and health outcomes (Rutstein et al., 2000). It is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The wealth index is based on the following 25 assets and housing characteristics:

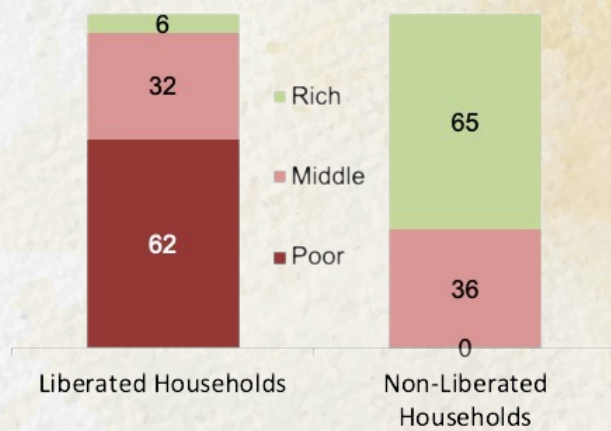
Own house, cooking fuel, source of drinking water, type of toilet facility, agricultural land ownership, electricity, and ownership of a mattress, a pressure cooker, a chair, a cot/bed, a table, a table fan, black & white television and a colour television, electric fan, a mobile phone, an air conditioner/cooler, a car/ tractor, a computer, an animal drawn cart, a sewing machine, a water pump, a thresher, a radio/transistor, a motor cycle, and a refrigerator.

Each household was assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores were standardized in relation to a normal distribution with mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household was then assigned a score for each asset and the scores were summed for each household. The households were then divided into quintiles, i.e., three groups with an equal number of households. The wealth index was developed for the whole sample (households). Thus, at the national level, 33.33 per cent of the households were in each wealth quintile. The methodology to construct wealth index was taken from the report of National Family Health Survey, III, 2005-06 hence the write up on wealth index construction was also followed in the pattern of NFHS-3 report.

Figure 3.7 clearly shows that economic condition of non-liberated women was much better than the women of liberated households. Sixty-five per cent of women of non-liberated households were in rich wealth quintile, which was 60 percentage points higher in comparison to the women of liberated households (6 per cent) and the remaining 35 per cent women were from middle wealth quintile. It is interesting to note that there were no households in non-liberated group which come under the poor category of wealth index. However, in contrast, the prevalence of poverty was significantly higher among liberated households; as high as 62 per cent women of

liberated households were poor, 32 per cent belonged to middle class of wealth quintile and remaining only 6 per cent were from rich category. The gravity of poverty of liberated women can be understood by the fact that out of 125 women, 100 women had only five assets (out of 25 assets) in their house and only 7 women had 10 or more assets in their house. This reflects the abject poverty among liberated women who had completely left the manual scavenging practice, but due to non-availability and uncertainty of jobs given to them, they were not able to earn money which was required for survival.

Figure 3.7: Percentage distribution of liberated and non-liberated households by wealth quintiles



CHAPTER 4

BACKGROUND CHARACTERISTICS OF WOMEN LIBERATED AND NON-LIBERATED FROM MANUAL SCAVENGING

4.1 Background

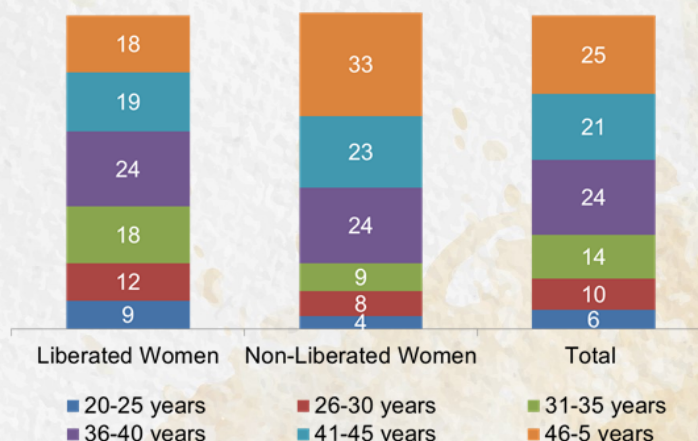
Although it is well known that the persons engaged with manual scavenging belong to the lowest rung of the caste hierarchy and economic strata of our society. But, in addition to caste identity and economic status, information on other background characteristics of the respondents is also needed in order to suggest evidence-based policy recommendations to the government for their holistic development. Besides, background characteristics of the respondents also helps in explaining the causal relationship between the factors. For example, how economic condition of the respondents affects utilisation of health services.

Keeping in view the above background, the study has made an effort to present the background information of 235 respondents (110 non-liberated and 125 liberated women) of the study area which will further help in understanding the psychosocial problems of the respondents.

4.2 Age of the Respondents

Age, as a demographic indicator, is an important indicator which explains the productiveness of a person and his/her suitability for other productive activities. It is evident from Figure 4.1 that majority of non-liberated women (55 per cent) were from age group 41 and above and remaining 45 per cent were from the age group 40 and below. Contrary to this, majority of liberated women (62 per cent) were from younger age group (20-40 years), which indicates that a large proportion of liberated women till recently were working as manual scavengers. Only 38 per cent of liberated women

Figure 4.1 : Percentage distribution of liberated and non-liberated women by their age category



were from age group 41 years and above. The average age of the study respondent was 40 years, and age of the respondents was found to vary between 20 to 50 years.

4.3 Marital Status of the Respondents

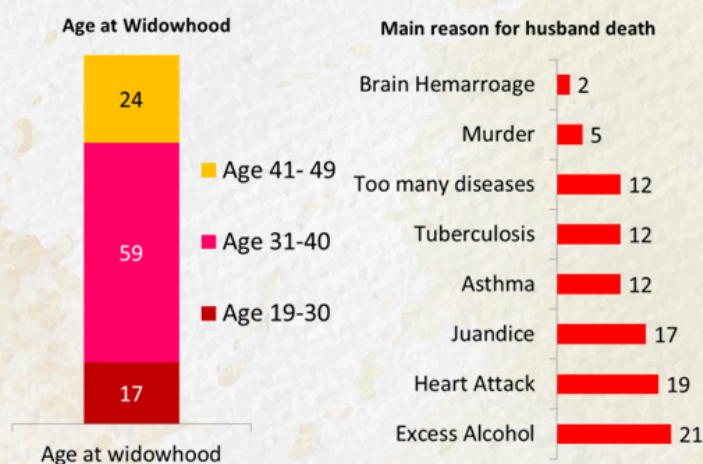
Table 4.1 highlights the parentage distribution of the respondents by their marital status. The table shows that majority of the respondents of the study area were currently married (80 per cent) at the time of the survey and remaining 20 per cent were ever married which includes widowed (19.6 per cent), separated (0.4 per cent) and deserted (0.4 per cent) women. The high percentage of widowhood in the study area indicates that their husbands were highly vulnerable to death. It is clearly evident in the table that the prevalence of widowhood was 8 percentage points higher among non-liberated women (24 per cent) than liberated women (16 per cent). The reason for high vulnerability to death among husband was due to their exposure to hazardous/fatal gases such as methane, carbon monoxide, hydrogen disulfide and ammonia while performing in cleaning of drainage, septic tank, sewerage lines, nalas, etc.

Marital Status	Liberated Women	Non-Liberated	Total Percent	Total women
Currently married	83.2	75.5	79.6	187
Widowed	16.0	23.6	19.6	46
Separated	0.0	0.9	0.4	1
Deserted	0.8	0.0	0.4	1
Total	100.0	100.0	100.0	235

4.4 Age at Widowhood and Reasons for Husband's Demise

It is evident from Table 4.1 that prevalence of widowhood in the study area was very high. Every fifth woman of the study was found widowed. Therefore, it was necessary to know the reasons of death of the husbands and what was her age when her husband died. It was disturbing to note that (Figure 4.2), 76 per cent of the respondents became

Figure 4.2: Percentage distribution of women according to their age of widowhood and reasons for their husband death



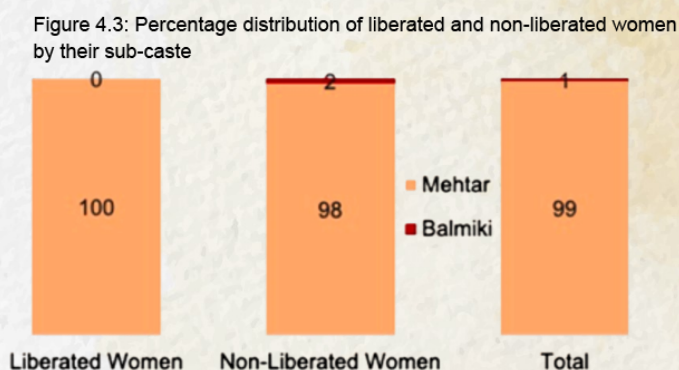
widowed at very young age, i.e., between 19-40 years and remaining 24 per cent at the ages of 41-49 years. Widowed women have also reported of misbehavior by employers and other people. The reasons for high incidence of widowhood in the study area was that the husbands of these women used to work as *safai karmacharis* to clean drainages, sewerage system, *nalas*, etc., and in absence of proper protective gears while performing these filthy tasks used to get exposed with deadly gases due to which they got infected with many diseases. It is clear from Figure 4.2 that majority of them died due to excess consumption of alcohol (21 per cent), followed by heart attack (19 per cent), jaundice (17 per cent), asthma (12 per cent), tuberculosis (12 per cent), other diseases (12 per cent), were murdered (5 per cent) and due to brain hemorrhage (2 per cent). Most of the diseases were preventable if treated at hospital, but due to high cost of treatment, many of them could not access the required medical treatment. The following verbatim of a young non-liberated woman who unraveled her ordeal of being widowed at young age helps to understand the severity of her situation in more clear way:

Case 1: Ordeal of a Widowed Non-Liberated Woman

Her name is X and she is 28 years old, primary educated and has two daughters. Her husband died when she was 24-years-old. *Talking about her husband, she said that he used to clean drainages, nalas, sewer pipes, manholes, etc., to earn money. However, he used to drink alcohol a lot due to which his liver got damaged. Many a times I asked him not to drink but he used to say that if he didn't drink, he would not be able to perform this filthy work. In addition to his liver problem, he was suffering from other health related issues as well, like skin problem, cough, breathing problem, high blood pressure, tuberculosis, etc. Somehow, he used to manage by taking some medicines. However, since he was a regular drinker, his liver stopped working, and a lot of money was spent on his treatment. But he could not be saved. I borrowed money for his treatment, and now I have to return all money with interest. After his death, I am facing so many problems. I am not getting any regular work. I am getting only menial jobs like cleaning latrines in other households, municipality, etc. Wherever I am going for work, people are teasing me, trying to touch me, seeing me with wrong intentions, passing lewd comments. During the night, people have knocked on my door, and I fear every night that someone would break the door. Both my daughters are also afraid. People whom I have borrowed money from; have also tried to take advantage of me. I don't know how to protect myself and my daughters, and I am afraid of asking help from others.*

4.5 Caste of the Respondents

Persistence of manual scavenging as work is a real time example of the existence of caste-based occupation in our society. All 235 women selected for the study were invariably belonging to Scheduled Caste community. There was not a single woman from any other caste category. Moreover, within the scheduled caste, women were either from *Mehtar* or *Balmiki* sub-caste category only. It is evident from Figure 4.3 that all liberated women were from *Mehtar* community, and in case of non-liberated women, two per cent were *Balmiki* and remaining 98 per cent were from *Mehtar* community. Of the total respondents, 99 per cent were from *Mehtar* and only one per cent were from *Balmiki* community. This highlights that even among Scheduled Caste, there is hierarchy of sub-caste categories, since *Mehtars* and *Balmikis* are on lowest rung of sub-caste categories in comparison to others who face discrimination of carrying out manual scavenging works.



4.6 Educational Status of the Respondents

Education leads to individual freedom and empowerment, which yields to significant societal development gains and makes an individual self-reliant and plays a pivotal role in improving the socio-economic condition of the individual. In this context, the study has tried to know the level of educational attainment of the respondents.

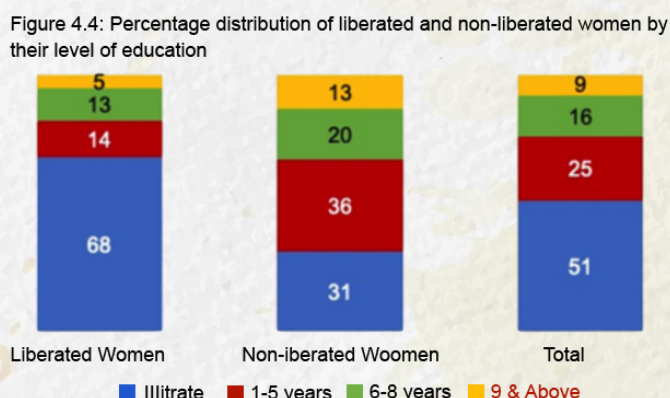


Figure 4.4 highlights that the educational attainment of the respondents was very low. It is apparent from the figure that a little more than half of the respondents were illiterate (51 per cent), 25 per cent were primary educated (1-5 years), another 16 per cent completed 6-8 years and remaining 9 per cent had completed schooling between

9-12 years. The average tenure of schooling among the respondents was only five years while median year of schooling was only two years.

As far as education by type of respondents is concerned, educational attainment was significantly lower among liberated women than non-liberated women. Illiteracy among liberated women was as high as 68 per cent compared to 31 percent of non-liberated women. Another 14 per cent of liberated women were educated only up to primary and remaining only 18 per cent had completed education between 6th to 10th standard. In contrast, 36 and 33 per cent of non-liberated women were educated up to primary classes and 6-12 years education respectively. Educational attainment was comparatively better among non-liberated women mainly because of their place of residence which was within the city of Nagpur, where they had easy access to both schools, along with availability of daily basis jobs in municipality. On an average, non-liberated women were two years more educated than liberated women.

4.7 Age of Respondents during Marriage

As per the 'Indian Marriage Act, 1875' the legal age of marriage is 18 years which is uniformly recognised for men and women. In case of women, it is a violation of their human rights if they get married before completing 18 years because it denies them their rights to attain educational standard and to attain a sound health. Keeping in view, the study aims to present the age at marriage of the respondents.

Marriage age	Liberated woman	Non-Liberated woman	Total percentage	Total Women
7-12	2.73	6.4	4.7	11
13-15	16.4	18.4	17.4	41
16-17	23.6	24.0	23.8	56
18	33.6	15.5	25.1	59
19 and above	17.6	41.8	28.9	68
Total	125	110	100.0	235
Mean age	17.26	18.36	17.78	

Table 4.2 reveals that the prevalence of child marriage in the study area was very high. Almost 46 per cent women reported that they got married before legal age of 18 years. Out of remaining 54 per cent, 25 per cent got married at exact age of 18 years and only 29 per cent got married at age 19 or above. As far as marriage by type of respondents is concerned, child marriage was little higher among non-liberated women (49 per cent) compared to liberated women (43 per cent).

4.8 Respondents' Age at Motherhood

Literature submits that if a mother conceives pregnancy at an early age, it affects both mother and child health (Gibbs, 2012). Focusing on this, respondents' motherhood age was collected. Table 4.2 depicts that a significant proportion of women under the study got married before 18 years, so it was very obvious that they would experience motherhood at early age.

Figure 4.5 : Percentage distribution of liberated and non-liberated women by their motherhood age

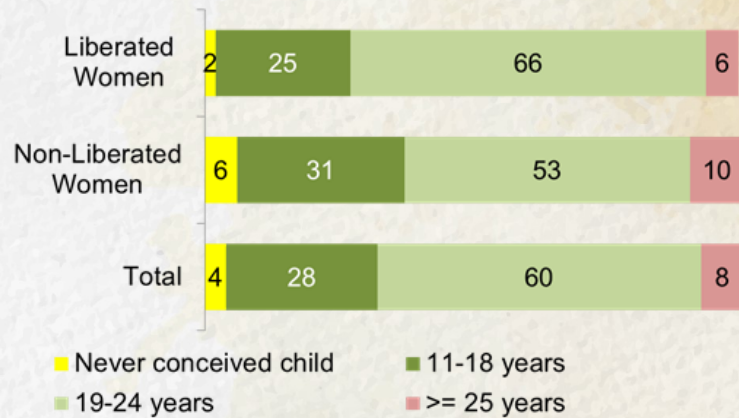
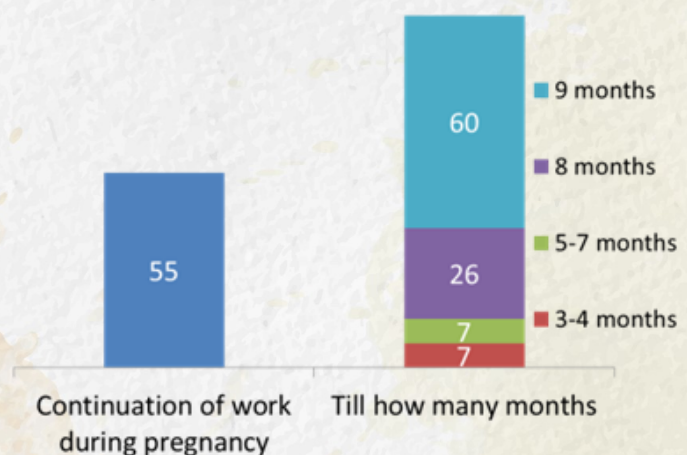


Figure 4.5 depicts the same, almost one third (31 per cent) of non-liberated women and one fourth of liberated women had already experienced motherhood before reaching 19 years which is really a matter of grave concern. While 72 and 63 per cent of liberated and non-liberated women respectively became mothers at age 19 or later years. Remaining four per cent of women of the study area were as such who could not experience motherhood.

4.9 Manual Scavenging Works during Pregnancy

The study had also asked to the respondents about continuation of manual scavenging work during their current and last pregnancy. It was surprising to know that 55 per cent women had continued manual scavenging work during their pregnancy. Those who continued, 60 per cent continued working till 9 months, followed by 26 per cent till 8 months, 7 per cent between 5-7 months and another 7 per cent continued working till 3-4 months of pregnancy.

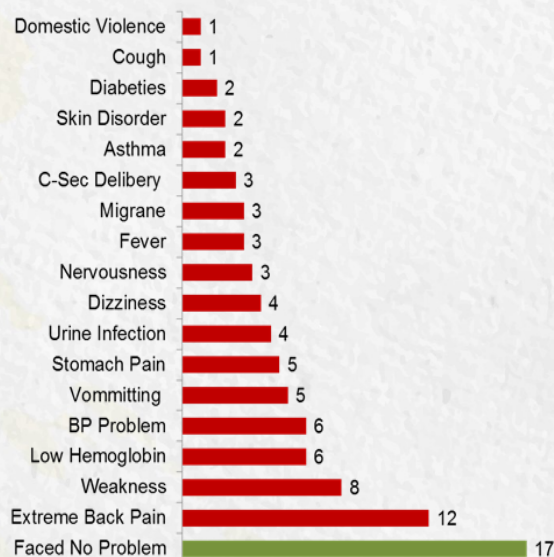
Figure 4.6: Percentage of women who continued manual scavenging work during pregnancy, and how many months worked



4.10 Problems Faced Due to Continuation of Manual Scavenging Work during Pregnancy

The study has further explored from the respondents whether they had faced health problems due to continuation of manual scavenging work during pregnancy. It was observed that 83 per cent women reported that they had faced health problems and remaining 17 per cent did not report about it. The health problems reported by respondents were extreme back pain (12 per cent), weakness (8 per cent), low haemoglobin and blood pressure (6 per cent each), vomiting (5 per cent). Other reported health problems were urine infection (4 per cent), stomach pain (5 per cent), dizziness (4 per cent), nervousness, migraine, and fever (3 per cent each), caesarean delivery, diabetes, Asthma and skin disorder each by 2 per cent each, and cough was reported by one per cent of women. It is clear from Figures 4.6 and 4.7 that more than half of women had continued manual scavenging works during their pregnancy and reported having faced so many health problems. Following is the verbatim of a respondent who shared her problems faced due to continuation of manual scavenging works during pregnancy:

Figure 4.7: Percentage of women by types of health problems faced due to continuation of manual scavenging work during pregnancy



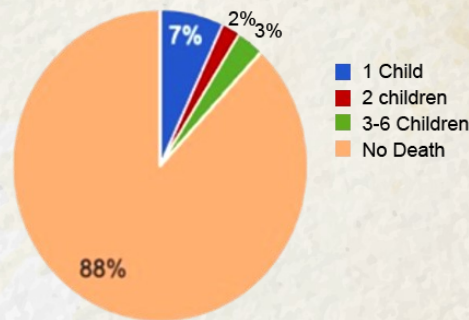
Case 2: Pregnancy Complications due to Continuation of Manual Scavenging

Her name is X aged 38 years, not educated, having 3 children, a resident of Raisen district. Both she and her husband are agricultural labourers. *Earlier I used to earn some money through cleaning of latrines in households of others to run my family. I used to go to clean latrines very early in the morning so that others do not see me while working, as this is the dirtiest of works, and is considered as the work of untouchables, hence nobody wants to see it. I used to work even till the last month of my pregnancy, because if I didn't, the owners of those households would have either cut my monthly income or would have handed over the work to other women. Therefore, I didn't have the choice of not working during my pregnancy. It was so painful to work during the last three months of pregnancy that I was not being able to bend while cleaning, because of which. I developed back pain, giddiness, weakness, and was not being able to breathe properly, due to the continuous exposures to the odor of gases. I lost my food taste hence didn't feeling like eating anything. I was suffering like anything but I continued working. Because of the continuous work during pregnancy I could not take care myself properly which has caused complications and my baby died just after the delivery of baby.*

4.11 Children Death during Delivery or Post-delivery

Since more than half of women had continued manual scavenging work during their last pregnancy and more than 80 per cent of them reported having faced health problems so naturally there would have been chances of negative impact on outcomes of pregnancy. Keeping this in view, study had asked women whether any of their children died during delivery or post-delivery. As expected, data shows high prevalence of child deaths in study area. Total 16 per cent of study women reported about death of their children (53 children deaths). Figure 4.8 shows that seven per cent of women reported about one child death, three per cent women have lost two children and remaining three per cent women have lost as high as 3-6 children during delivery or post-delivery.

Figure 4.8: Percentage distribution of women by their number of children's death



4.12 Decision-Making Power of the Women

Empowerment gives a legitimate power or authority to perform tasks independently. If women are empowered, they would be able to participate in planning and decision-making tasks at household level and hence will be able to contribute in the development of their family and for livelihood (Rathirane, 2013). Empowerment is defined as a process that helps women transform their self-confidence and make it equivalent to male. Although it does not sound good to talk about empowerment for those women who are discriminated on caste basis by society at large, but they are also discriminated within the household by family members and husband on gender basis. Therefore, they are given to perform the most inhuman tasks of manual scavenging than their male counterpart. Therefore, the study desired to examine the extent of empowerment a woman of this community has in terms of decision making at household level and whether there is gender discrimination at household level in making decision or not.

The decision-making power was assessed on seven household items which are as follows: purchase of large household assets, decision of continuing work, purchase of daily household assets, decision regarding schooling of children, decision of spending own income, visiting family or relatives' places and visiting to health facility centres.

Women were asked to respond whether the decision on above mentioned items is taken alone by themselves or by husbands, or jointly with husbands, or jointly with

Table 4.3: Percentage distribution of liberated and non-liberated women according to their response on who usually makes the household decisions				
Household Decisions	Alone	Only Husband and family members	Jointly with Husband and family members	Total
Liberated Women				
Purchase of major household assets	17.6	18.4	64.0	100.0
To continue this work	23.2	13.6	63.2	100.0
Purchase of daily household assets	28.0	32.8	39.2	100.0
Regarding schooling of children	23.2	21.6	55.2	100.0
Money earned by you who will how to spend	28.8	12.0	59.2	100.0
Visiting your family or relatives place	33.6	16.0	50.4	100.0
Visiting to health facility center	37.6	13.6	48.8	100.0
Non-Liberated Women				
Purchase of major household assets	34.5	19.1	46.4	100.0
To continue this work	50.0	11.8	38.2	100.0
Purchase of daily household assets	52.7	14.5	32.7	100.0
Regarding schooling of children	28.2	19.1	52.7	100.0
Money earned by you who will how to spend	62.7	9.1	28.2	100.0
Visiting your family or relatives place	54.5	11.8	33.6	100.0
Visiting to health facility centre	68.2	8.2	23.6	100.0

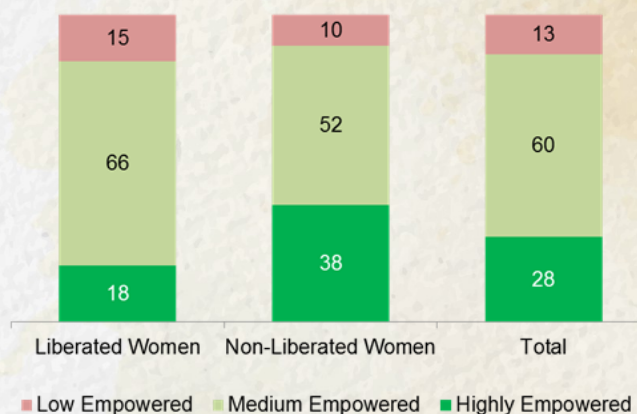
Table 4.3 shows the per cent distribution of liberated and non-liberated women according to their response on who in the household usually takes decision on seven household level decisions. The table clearly highlights that the decision on all seven items by respondents alone was significantly higher among non-liberated women than the liberated women. This was mainly because majority of non-liberated women were having direct access of money through their regular earnings which was not the case with the women of the liberated group.

It is evident from the table that non-liberated women were even more empowered than their husbands and other family members (decision either alone by husband/ family member or jointly with them) to make decisions alone on all seven household level items. However, on the other hand, liberated women were taking household level decisions jointly with husband and family members mainly because the entire household was in state of abject poverty and every household member was dependent on each other, therefore, decisions were taken jointly.

4.13 Women Empowerment Index

To understand the level of decision-making power of women, an empowerment index was constructed using the responses given by women against seven household decisions. The empowerment index was categorised into three categories, i.e., high, medium and low. The basis of index construction was as follows: households where at least four (4) decisions were taken either by husband alone or by other family members, women of that household were categorised as low empowered women, households where at least five (5) decisions were taken alone by respondent herself was categorised as high empowered women, and rest of the women were categorised as medium empowered women, i.e., neither belonging to low nor high category.

Figure 4.9: Percentage distribution of liberated and non-liberated women by their level of empowerment in making household level decisions



It is evident from Figure 4.9 that women belonging to non-liberated group were two times more likely to have higher level of empowerment (38 per cent) at household level than the women of the liberated group (18 per cent). While majority of women of both the groups had medium level of empowerment, and only 10 to 15 per cent women were low empowered. The result shows that majority women of both groups enjoy the gender equality as far as decision-making power at household level is concerned.

4.14 Decision-Making Power of Women According to Background Characteristics

It is evident from Figure 4.10 that the women who can take household level decisions alone were higher (38 per cent) among non-liberated women than the liberated women (18 per cent). However, it is also important to know the factors affecting the level of decision-making power of women in the household. Therefore, a bivariate analysis between the background characteristics such as educational status of respondents, marital status, husband education, occupation of husband standard of living index and level of women empowerment was carried out.

Table 4.4: Percentage distribution of women with their level of decision-making power in the household according to their background characteristics

Background Characteristics	Empowerment level of Women				Chi square p value
	High Empowered	Medium Empowered	Low Empowered	Total	
Respondent Marital Status					
Currently Married	17.0	67.0	16.0	187	0.00***
Ever Married	70.2	29.8	0.0	48	
Respondent Education					
Literate	29.3	57.8	12.6	119	0.836
Illiterate	26.1	61.3	13.2	116	
Husband education					
Literate	17.9	67.9	14.3	112	0.663
Illiterate	14.7	66.7	18.2	75	
Husband occupation¹					
Non-Manual Scavenging Work	3.2	84.2	12.6	95	0.000***
Manual Scavenging Work/ Safai Karamchari	33.8	47.9	18.3	71	
Not Employed/ Old Age	19.0	57.1	23.8	21	
Standard of Living					
Poor	18.7	66.2	15.1	139	0.000***
Rich	40.6	50.0	9.4	96	
Total	27.7	59.6	12.8	235	
Significant at $p \leq 0.001$ ***					
Note: ¹ Husband occupation and education does not include the information of total 48 women who were widowed/ deserted or separated group.					

It is evident from Table 4.4 that level of empowerment of women was found high among those women who were ever married (70 per cent), literate (30 per cent), husbands were literate (18 per cent), husbands having regular source of income (34 per cent) and women belonging to rich households (41 per cent) than those women who were currently married (17 per cent), illiterate women (26 per cent), husband being illiterate (15 per cent), husband having irregular source of income (3 per cent) or not employed (19 per cent) and women belonging to poor households (19 per cent).

Further to understand whether these background characteristics of the respondents were significantly associated with the level of women empowerment or not, Chi square test was applied. It was found in the analysis that among all the selected background variables only marital status, occupation of husband and standard of living status of household were highly significantly associated with the level of women empowerment. However, education of the respondents and their husbands did not emerge as a significant variable for women empowerment as the difference between the percentages of women who were literate and illiterate was very negligible.

CHAPTER 5

ENGAGEMENT OF WOMEN WITH MANUAL SCAVENGING AND NON-MANUAL SCAVENGING WORKS

5.1 Background

Manual Scavenging is an inhuman practice of cleaning human excreta by another human being which still exists till today in our society. This inhuman practice is being performed exclusively by a particular sub caste people of Dalit community. The very existence of manual scavenging in our society has been shown by Census of India data 2011 and subsequently by Socio Economic Caste Census- Rural and manual scavenging survey data by Ministry of Social Justice and Empowerment, Govt. of India. On 6th September 2013, Government of India committed to the nation to completely eradicate manual scavenging by implementing the Prohibition of Employment as Manual Scavengers and their Rehabilitation Act (2013), but even after six years of MS Act people are still engaged in this practice.

Further, there have been efforts to make such undignified lower-level works which involve drudgery and manual labour as dignified works through infusion of scientific and technological advancements. However efforts of bringing technological advancements in eradication of manual scavenging have been very limited and thus have left behind a huge scope in this area. Although, it is also true that in the last decade due to outstanding efforts by several agencies including government and non-government organisations manual scavenging practice is slowing down and people are leaving this practice, but complete eradication of manual scavenging is still distant.

Nevertheless, families who have left manual scavenging are living their life on par with other people? Are they part of mainstream of society? What kind of jobs has been offered to them, etc., are some of the important questions which need to be answered. Similarly, even in case of women who are still practicing manual scavenging, reasons for continuation, and not being able to leave it also need to be answered. Therefore, it is necessary to know in detail the background history of both types of households (who have left and who are still continuing manual scavenging) before we analyse social, economic and psychosocial health problems of the respondents in detail.

5.1.1 Number of Generations Involved in Manual Scavenging Works

This study has explored in detail the current and previous jobs of both liberated and non-liberated women. In this connection, both types of women were asked about how many generations of their family members were involved in carrying out manual scavenging. Table 5.1 reveals that 86 per cent women of the study area reported that their family members were involved in this profession from three or more generations, and remaining 14 per cent were involved from the last two generations. Moreover, 25 per cent of liberated women reported that family members were involved in this inhuman practice for more than five generations, while only one per cent of non-liberated women reported about the same. It is noticeable that the no family members of first generation of liberated women were involved in manual scavenging in contrast to three percentages of non-liberated women. The highest number of generations engaged in this profession was reported by liberated women (10 generations). The major reason for huge difference in the numbers of generation involved in this profession between liberated and non-liberated family was that majority of non-liberated families were migrated from north Indian states long ago and settled in slum area of Nagpur city. Therefore, it was difficult for them to recall more than four generations while in case of liberated women they were the permanent residents of their villages (Raisen district), hence could recall the number of generations involved.

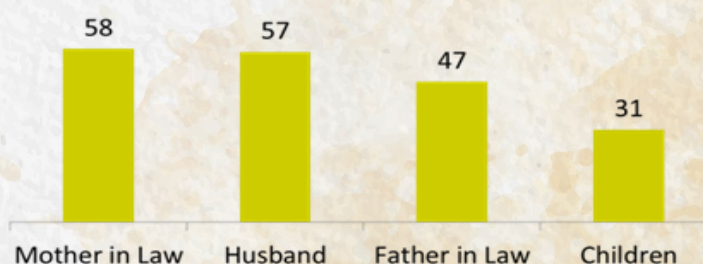
Table 5.1: Percentage distribution of liberated and non-liberated women according to their number of generations involved in manual scavenging work

No. of Generations	Liberated Women	Non-Liberated Women	Total
One	0.0	2.7	1.3
Two	16.0	9.1	12.8
Three	48.0	61.8	54.5
Four	11.2	25.5	17.9
Five or more	24.8	0.9	13.6
Total	125	110	235

5.1.2 Involvement of Family Members in Manual Scavenging Works

Apart from number of generations, study has also asked respondents to disclose who else in the family were

Figure 5.1: Percentage of women by the type of family members who were involved in Manual Scavenging work



involved in manual scavenging. Figure 5.1 shows mother-in-law was reported by highest percentage of respondents (58 per cent), followed by the husband.

5.1.3 Entry Age of the Respondents in Manual Scavenging Works

To understand at what age women were forced into this profession due to which their rights of schooling and good health were denied, a question on age at entry into manual scavenging was asked to both types of respondents. Table 5.2 highlights that overall, 28 per cent of study women were forced into manual scavenging before 18 years.

Table 5.2: Percentage distribution of liberated and non-liberated women by their age of entry into manual scavenging work			
Entry age in manual scavenging	Liberated Women	Non-Liberated Women	Total
<=10 years	7.2	1.8	4.7
11-15 years	16.0	2.7	9.8
16-17 years	15.2	11.8	13.6
18-20 years	48.0	20.0	34.9
21-25 years	10.4	30.0	19.6
26 years and above	3.2	33.6	17.4
Total	125	110	225

The situation was worse in case of liberated women, where almost every two in five women before reaching 18 years were forced into this practice compared to 16 per cent of non-liberated women. Moreover, 7 per cent liberated women started manual scavenging before the age of 10 years. This shows a complete violation of human rights of girls who have missed their schooling and childhood rights. Major proportion of liberated women (48 per cent) entered into this profession just after their marriage (18-20 years) while, in case of non-liberated women, majority of them (34 per cent) got involved at age of 26 or above. This is clear from the table that the entry age of liberated women in manual scavenging was at very young age compared to non-liberated women; 86 per cent liberated women involved in this profession before age 20 years compared to 36 per cent of non-liberated women. A verbatim of a respondent who expresses her memory of first day entry into this inhuman practice is as follows:

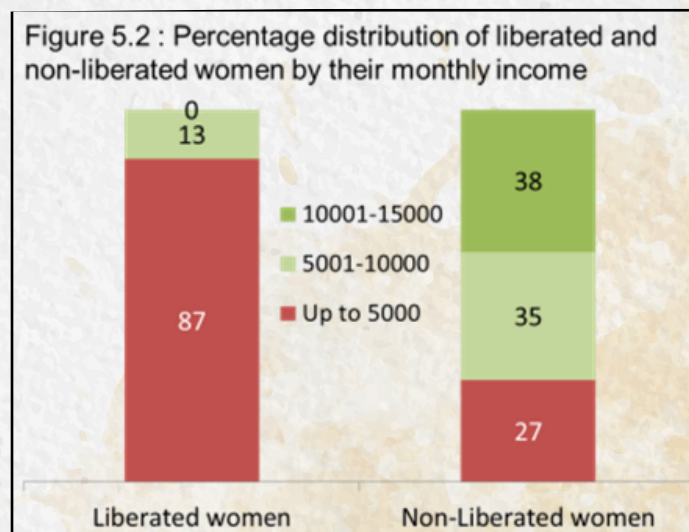
Case 3: Forced into Practice of Manual Scavenging at the Age of 10 Years

Her name is X, 40-year-old, primary educated, has two daughters and a son. Husband works as daily wage labourer doing menial jobs. She says *"I cannot forget the day when I was asked by my parents to start kamai work (manual scavenging work) with my mother. I was just ten years old and studying in class 4. I always used to think why my mother does this work? I was so ashamed of it. I never thought that one day my parents will ask me to do this dirty work. The moment I was asked to start accompanying my mother for this work, there was complete darkness before me and that whole night I could not sleep, thinking that next morning I have to go with my mother. The next morning, I was shivering and sweating however, my mother consoled me by saying that you just come with me and don't do the work. When I saw my mother cleaning latrines of other households for the first time, it was the most painful time for me, and I was not able to see my mother doing this inhuman work. I felt myself so humiliated and asked my mother not to do this work. However, she said that we don't get any other work, except this. I cannot explain to you the painful feelings which I was passing through on that day. Like that my mother used to take me along with her and slowly she put me in this job. I still get shivers when I remember my first day of manual scavenging. Though I could not continue my education but I will give everything to my daughter, so that she doesn't have to go through what I went through.*

5.1.4 Monthly Earning of the Respondents

The study has assumed that the women who have left manual scavenging will be having better economic condition than the women who are non-liberated. With regards to this, both liberated and non-liberated women were asked about monthly income. Figure 5.2 depicts the stark difference in the monthly earnings of liberated and non-liberated women. It is evident from Figure 5.2 that 87 per cent of liberated women were earning only up to Rs. 5000 per month, in contrast 73 per cent of non-liberated women were earning more than Rs. 5000 per month. Moreover, there were 38 per cent of non-liberated women who reported earning more than Rs. 10000-15000 per month.

To understand the statistical difference between these two groups in terms of their earnings, t-test was applied and result showed that there exist significant differences between these two groups as far as their monthly income is concerned. The difference in income was basically due to the easy availability of cleaning related jobs in the city of Nagpur for non-liberated women while job

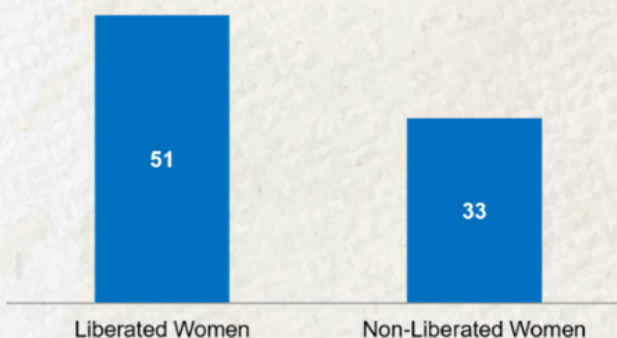


opportunities for liberated women residing in rural areas of Raisen district were very limited. Out of 125 liberated women, 98 women reported working at the time of survey remaining 27 opted to stay at home as they were not getting jobs other than manual scavenging, and some of them were not in good health.

5.1.5 Untouchable Practices by Employers with the Women

It is well documented by Bhasha Singh, 2012 in her book that women of this occupation face untouchability from society and from their employers. Keeping this in view, the study has explored whether respondents have been subjected to any form of untouchability by their employers or not. Figure 5.3 depicts that a little more than half of liberated women (51 per cent)

Figure 5.3: Percentage distribution of women reported untouchable practices by their employers



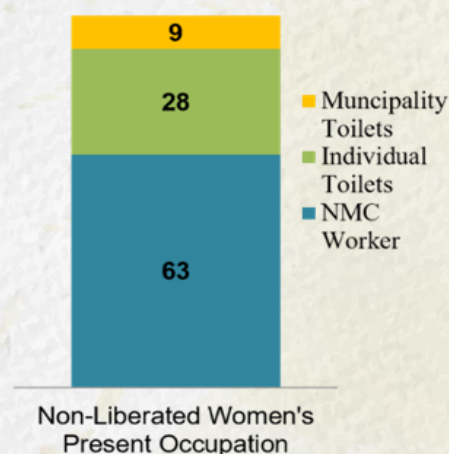
and 33 per cent of non-liberated women reported untouchability from their employers. Reporting of untouchability was less among non-liberated women as urban area provides comparatively better anonymity to its inhabitants than the rural areas.

5.2 Non-Liberated Women: Detailed Description of Manual Scavenging Works

5.2.1 Current Place of Manual Scavenging Works

Subsequent to age of entry into the manual scavenging, the current place of work was asked from all non-liberated women. Generally, there is a denial in society to accept that manual scavenging still exists. A close examination of the works being done by women in the name of cleaning related jobs engaged either with private or public agencies on contractual basis, are actually manual scavenging works, if we go by the protocols defined by MS Act, 2013. Therefore, the study has asked the place of manual scavenging work from all non-liberated women. It is easily evident from Figure 5.4 that 63 per cent of non-

Figure 5.4: Percentage of non-liberated women by their work place



liberated women were working as daily/contractual basis Safai karmchari without using any proper protective gear, 28 per cent involved in cleaning individual toilets, and remaining nine per cent reported cleaning municipality toilets.

5.2.2 Types of Untouchable Practices by the Employers

In continuation to the question whether employers has practiced untouchability or not, if yes, another question was asked on types of untouchable practice. Table 5.3 lists the types of untouchable practices that were practiced by the employer against non-liberated women. Those practices were, employer did not

Table 5.3: Percentage of non-liberated women who reported about types of untouchable practices practiced by their employers	
Type of Untouchability	Non-liberated women
Don't provide water	72.2
Don't allow to enter the household	52.8
Don't allow to touch Household material	8.3
Provide water in disposable glass	8.3
Total women	36

provide water (72 per cent), provided water in disposable glasses (8 per cent). In addition, non-liberated women also reported about not being allowed to enter the household premises (53 per cent), and if allowed, would not be allowed to touch household materials (8 per cent).

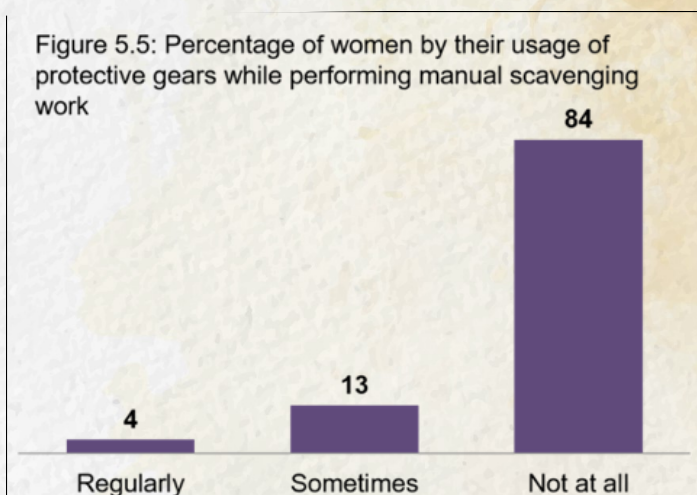
5.2.3 Harassment of Women at Workplace

Women have not only reported of untouchability but have also reported about harassment at the workplace by their employers. The study reveals that 26 per cent of non-liberated women reported that they had suffered either mental/physical/sexual violence or have been abused at the workplace by the employers. Sixteen per cent of respondents also reported that their employers addressed them by using abusive language, misbehaviour while providing monthly salary, physically abusing for not completing their work, etc.

5.2.4 Usage of Protective Gears during Manual Scavenging Works

According to the Manual Scavenging Act (2013), if a person is engaged or employed by any public or private agency in cleaning/sanitation related job he or she must be provided with protective gear or devices as prescribed in the MS Act, 2013. Therefore, to understand the usage of protective gear and devices by the respondents

who were deployed by these agencies to clean the drains, roads, toilets, excreta, etc., on roads, a question on protective gear was asked. Figure 5.5 reveals that 84 per cent of non-liberated women reported that they are performing these works without any protective gear or devices. Another 13 per cent reported that sometimes they use just cloth to cover their mouths from dust, dirt and foul smell, and only 4 per cent of the non-liberated women reported that they use apron as a form of protective gear to protect their clothes from dirt on a regular basis.



5.2.5 Reason for Continuing Manual Scavenging Works

In this section, the study has tried to understand the reasons for continuing this inhuman practice of manual scavenging by non-liberated women. Table 5.4 illustrates the reasons for continuation of manual scavenging reported by respondents: people do not give them any other work (44 per cent), caste identity as hurdle in getting other work (23 per cent), could not search other jobs because of poor economic conditions (19 per cent), lack of education because of which other jobs are not available to them (13 per cent), and remaining 6 per cent of women were forced by their household members to continue this work.

Table 5.4: Percentage of women with their reason for continuing manual scavenging work

Reason for Not leaving Manual Scavenging Work	Total percentage
No Other Option	43.6
Caste identity	22.7
Poor Economic Conditions	19.1
No job due to lack of education	12.7
Pressure from Household	6.4
Total	110

Following is the expression of a respondent for why she is continuing manual scavenging works.

Case 4: Reasons for Continuation of Manual Scavenging Works

Her name is X, 45 years old, not educated and has four children. Husband cleans drainages, nalas or any other menial job on contract basis. She says "we have been performing manual scavenging since generations. My fore fathers and father-in-law migrated to this area (slum area of Nagpur city) long back and I got married here only. After just a few days of marriage, my mother-in-law asked me to start this work. Since we belong to the lowest of the low caste – Mehtar, we are given only this work. Other community people will not do this work. Society knows which caste we belong to, because of which no other work is offered to us. They say that if you don't do this work then who will do? This is your job only. In absence of any other work for us, we are involved in this filthy work. Since nobody wants to do this cleaning/dirty work, this work is easily available for us. Therefore, for our survival we are continuing this work. We are very poor therefore we could not provide quality education to our children. Both my sons are 12th pass, but they are not getting any job and are simply sitting at home. One of them has done a course in photography, but he is also not getting any job. Sometimes they get drainage/nala cleaning related jobs just for two or three days. I get disturbed thinking what will happen to my children after me. We are looking for some help from the government but are not getting any. I don't want my children to suffer the way I did and I don't want cleaning jobs of municipality for my children. There is no respect in this job. Our caste identity and not having good education are major barriers to start any other job.

5.3 Liberated Women: Detailed Description on Present and Past Work Life

To understand the present and past lives of women who have left manual scavenging in detail, a series of questions similar to non-liberated women were asked.

5.3.1 Types of Work

Women who had left the manual scavenging work, 78 per cent reported working as agricultural labourers for about 3-4 months in a year. They are not getting work other than agricultural labour work. Remaining 22 per cent were not working either due to non-availability of work or poor health condition.

5.3.2 Years of Liberation from Manual Scavenging Works

In addition to the question on number of generations involved, family members' involvement, age at entry in manual scavenging, another important question when they left this profession was also asked. Figure 5.6 depicts that as high as 67 per cent of women had left manual scavenging recently, i.e.,

Figure 5.6: Percentage of liberated women by their years of liberation from Manual Scavenging

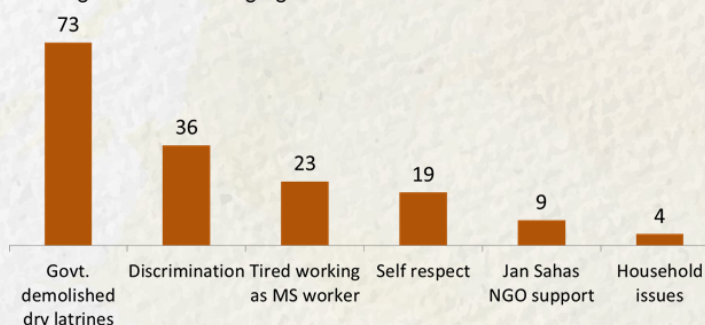


in last five years, and remaining 33 per cent left this profession more than six years ago. Percentage of women who left this practice in the last five years was twice high than the percentage of women who left this practice more than six years ago. This may be due to the aggressive campaign of Swachh Bharat Mission, a nation-wide initiative taken up by the government of India to demolish existing dry latrines and replacing them with flush latrines in order to make India free from open defecation.

5.3.3 Reasons for Leaving Manual Scavenging Works

Another important question was asked to all the liberated women on what triggered them to leave this practice. Figure 5.7 portrays the reasons reported by the liberated women. Majority of women reported reasons as, Govt. of India’s initiative of demolishing dry latrines (73 per cent), followed by discrimination by others (36 per cent), tired of working as manual scavengers (23 per cent), for self-respect (19 per cent), Jan Sahas initiative (9 per cent) and required to take care of households (4 per cent). However, 32 per cent of women also reported that when they were leaving manual scavenging, they faced problems from society.

Figure 5.7: Percentage of liberated women by their reasons for leaving manual scavenging works



5.3.4 Help by Government or NGO to Leave Manual Scavenging

The study has also captured information on whether any person from private organisation/NGO, civil society or from government sector has helped them in leaving this profession. Table 5.5 explains that majority of women 56 per cent) received help from private/NGO to leave this inhuman practice followed by Government support (40 per cent) and remaining four per cent did not get help from anyone.

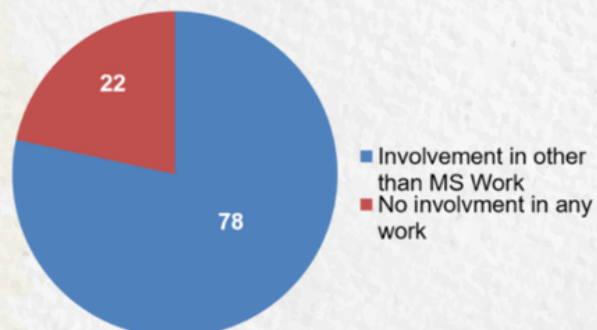
Table 5.5: Percentage of liberated women who received help from private/NGO and Government persons to leave manual scavenging work

Type of help	Percentage	Total
Any Pvt. organisation/NGO	56.0	70
Government Support	40.0	50
None	4.0	5
Total	100.0	125

5.3.5 Engagement with Other Works after leaving Manual Scavenging

The study also explored whether after leaving manual scavenging, women started doing any other work, and if yes, what was the nature of job, whether they continued this job, etc. The result shows that 78 per cent of them started doing some other works and remaining 22 did not. It is surprising to note that all 78 per cent women responded working as agricultural labourers with meagre wage as they did not get any other work. The women who did not start any other work after leaving manual scavenging were asked about the reasons, 48 per cent of them mentioned that their community/society refused to provide any other work, 33 per cent reported about poor health and remaining 19 per cent reported that they were required at home to take care of their children.

Figure 5.8: Percentage distribution of liberated women by their involvement in other than manual scavenging work



5.3.6 Untouchability and Harassment by Employers/Society

Those liberated women (78 per cent) who started working as agricultural labourer after leaving manual scavenging were also asked whether they had ever faced any form of untouchability from their employers. Data analysis shows that more than half of the liberated women (64 per cent) had faced some form of

	Total Percentage	Total Number
Women faced untouchability by employer	64.0	50/78
Types of untouchability faced by women		
Don't provide water	8.0	4
Permitted to do only outside works	26.0	13
Can't cross shadows	12.0	6
Not allowed to touch belongings	46.0	23
Others	8.0	4

untouchability from their employers and remaining did not. Of those who faced, 46 per cent of them were not allowed to touch any of the employer's belongings, 26 per cent were allowed to perform only outside work, 12 per cent mentioned that the employers would avoid to cross their shadows thinking that they will get impure if they do so, 8 per cent reported untouchability in getting drinking water from their employers, and rest eight per cent mentioned some other form of untouchability.

As far as harassment at workplace is concerned, 11 per cent of liberated women reported that they had faced mental/physical/sexual violence/abuse, and one-third of them mentioned that the behaviour of employer and other society people was discriminatory towards them. Discriminatory and harassing behaviour includes using abusive language, maintaining distance from them, etc.

5.4 Why Women are more in Manual Scavenging Works?

International Labour Organisation (ILO) mentioned in a national conference that the percentage of women in manual scavenging is more than men. With this context, all women were asked to opine why it is so that there are more women in manual scavenging than men. It is evident in Table 5.7 that 86 per cent of liberated and 76 per cent non-liberated women agreed that there are more women in this profession.

Table 5.7: Percentage of liberated and non-liberated women with their opinions on why women are more in manual scavenging job than men		
	Liberated Women	Non-Liberated Women
Women are more in MS work		
Women agreed	86.4	75.5
Women did not agree	13.6	24.5
Total women	125	110
Reasons, why women are more in MS work		
Household cleaning	25.6	12.7
Gender Inequality	40.8	38.2
Male are more in sewer work	0.0	5.5
Poor economic condition	20.0	19.1

Majority of the liberated women (41 per cent) said that it was due to the presence of gender inequality in the society, compared to 38 per cent of non-liberated women. Almost 20 per cent women of both the groups felt that it was due to poor economy of the households, while 26 per cent of liberated and 13 per cent of non-liberated women responded that because household cleaning is thought of as women's job that is why women are given this job.

5.5 Discrimination/Untouchability faced by the Children

This study has also tried to understand the extent of discrimination and untouchability faced by the children of liberated and non-liberated households. To understand this, following questions were asked; whether children have ever faced

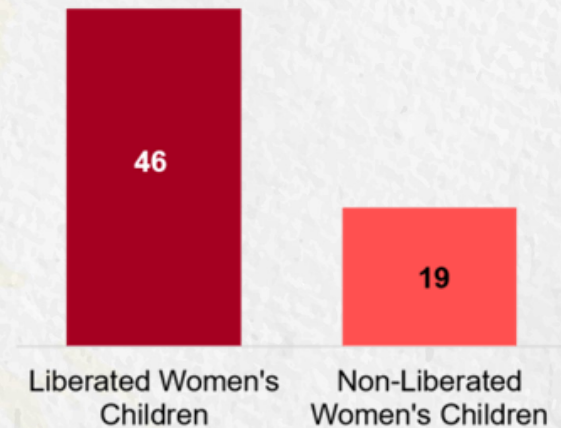
discrimination from society or school, if yes what types of discrimination was faced, and how did they make their child/children to cope up with this situation.

Figure 5.9 clearly depicts that the discrimination faced by children of liberated mothers was significantly higher (46 per cent) than the children of non-liberated mothers (19 per cent). Types of discrimination/untouchability faced by children in the society and schools were as follows: children were allowed to sit only in the last row of the classrooms, not allowed to have mid-day meals along with children of other castes, teachers performed purification (shudhikaran) with Gangajal if they are touched by children of this community, they were asked to clean

toilets, children were not allowed to drink water from the same hand pumps, mid-day meals was being served at a distance, not being allowed to be friends with other caste children, teachers misbehave with children of this community because of the involvement of their mothers in manual scavenging work.

In addition, women were also asked that how they had prepared their children to cope up with such situation of discrimination and untouchability. It was reported by women that in case of a girl child they asked to leave the school and join them in manual scavenging works. However, in case of boys, first mothers will ask them to ignore these discriminations and continue education but if discrimination continues, children would be asked to leave their schools and join hands with them. The following case study presents the narration of a woman who is describing how children of this community are facing discriminations from the society.

Figure 5.9: Percentage of liberated and non-liberated women whose children faced discrimination from the society/school



Case 5: Discrimination against Children

Her name is X, she is liberated from manual scavenging, 30 years old, primary educated, and has three children (two daughters and one son). Husband works as daily wage labourer. She explains the discrimination against her children in the following manner-
"Our society does not leave even our children. Though I have left manual scavenging but the stigma of being a manual scavenger still chases us wherever we go. My children complain that other children of the school bully him/her saying that his/her mother does this work. Nobody wants to be friends with them. They don't want to play with my children. Even school teachers also sometimes do not behave with them properly. They ask our children to sit in the last row of the classroom. If our children are not doing well in studies, the teachers do not put extra effort to help them improve, but discourage them instead. Children of upper caste people do not want to have lunch (mid-day meal) with our children. The food plate of our children will be kept separately. Other children of the village also avoid our children. Without any reason, children of other caste fight with our children so that they stop going to school. However, I ask my children to avoid these fights and manage it somehow so that you can continue schooling. If our children continue to complain about the behaviour of the teachers and other children then we ask them to discontinue school temporarily and start again after some time. However, there are parents who will ask their children to discontinue schooling permanently and contribute in family earnings. Our children are not being able to attain good quality education because of our caste, the stigma attached to it and poor economic condition. Our government should do something especially for our children so that they are also able to attain quality education. My children are good at studies, but I am not being able to provide them quality education.

CHAPTER 6

AWARENESS OF GOVERNMENT SCHEMES AND HEALTH SEEKING BEHAVIOUR

6.1 Background

The previous chapter of this report has presented in detailed the social and economic problems of liberated and non-liberated women. There have been several efforts by the government to support such families by rehabilitating them, extending alternative livelihood options, providing skill training, etc. While the aim of the Government is to eliminate manual scavenging from the society, it has been evident in studies and reports of the government that a significant proportion of people of this profession have not been benefited from the welfare-oriented programmes and schemes (Ministry of Social Justice and Empowerment, 2018-19) thereby living them with many socio-economic problems. One of the main reasons for not being able to take the benefits of these programmes and schemes is the lack of awareness and knowledge about these programmes/schemes.

As mentioned above, that many households involved in manual scavenging are still deprived of getting the benefits of welfare programmes, this has not only affected their social and economic lives but also adversely affects the health conditions of entire family members specifically to the woman who works as manual scavengers and faces risks of developing many health problems because of her direct contact to excreta, dead animals, and other dirt that release toxic gases like carbon monoxide, methane, hydrogen disulphide, ammonia, etc. (Watt, Monika 2017).

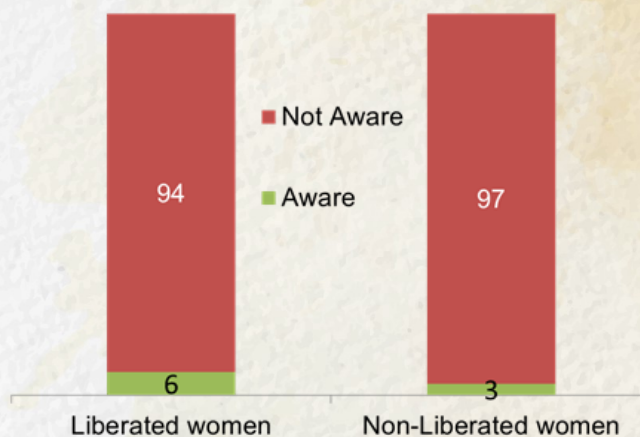
In this backdrop, the present study has tried to understand the level of awareness on schemes and health conditions of both liberated and non-liberated women. In addition, the study has also hypothesised based on existing review of literature that the women liberated from manual scavenging tend to utilise health services more than the non-liberated women.

6.2 Awareness of Government Schemes/Programmes

Figure 6.1 depicts a discouraging picture that almost all women of both the groups (94 per cent liberated and 97 per cent non-liberated) were not aware of any schemes or programmes of the government which are intended for them. Only 6 per cent of

liberated and 3 per cent of non-liberated women were aware of such schemes and programmes. Awareness was little higher among liberated women because they had left this work with the help of some NGO or government personnel, and in the process of leaving manual scavenging work they got to know about some schemes of the government. Those who knew about schemes were aware only about the skill development programmes, Indira Awaas Yojana, and safai karamchari schemes. The result on awareness by types of schemes is not shown here due to fewer frequencies.

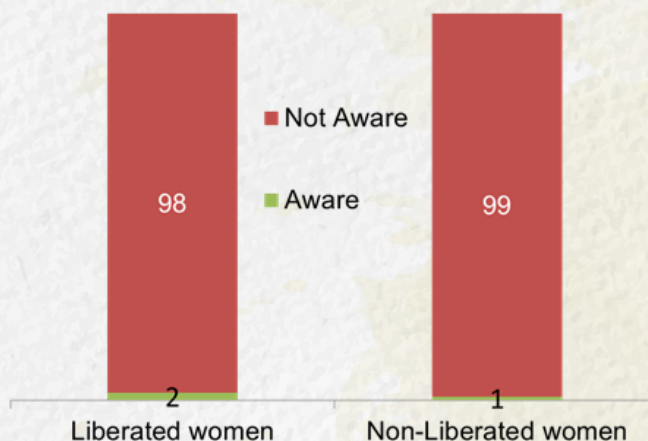
Figure 6.1: Percentage distribution of liberated and non-liberated women according to their awareness on Government schemes



6.2.1 Awareness of 'The Prohibition of Employment as Manual Scavengers and Their Rehabilitation, MS Act (2013)'

The government decided to enact a more punitive law to dismantle insanitary latrines and existing provisions under which people were deployed to perform manual scavenging. On September 2013, government implemented The Prohibition of Employment as Manual Scavengers and Their Rehabilitation Act which states that no person, local authority or any agency should construct an insanitary latrine or engage or employ either directly or indirectly in hazardous cleaning of

Figure 6.2: Percentage distribution of liberated and non-liberated women according to their awareness on Manual Scavenging Act, 2013



a sewer or a septic tank. Any local authority or a person or an agency whoever contravenes this act will be punished with imprisonment for a term of one year which may extend to five years or with fine starting with Rs. 50,000 which can be extendable to Rs. 2,00,000. Under the rehabilitation part of Act, people are entitled to get one-

time cash assistance, scholarships for children, alternative livelihood support, housing, and other legal assistances.

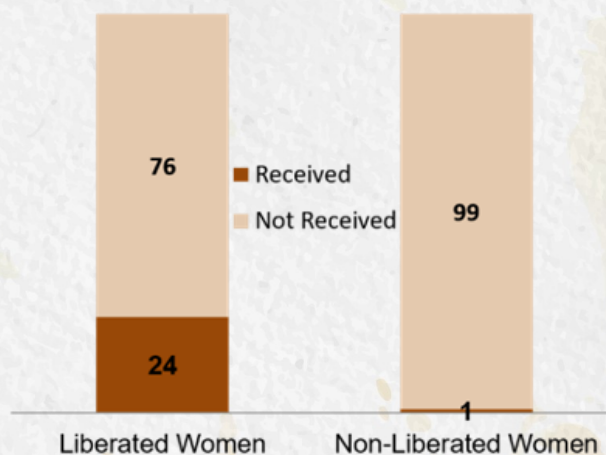
In view of the significance of this Act, study made an attempt to know whether women of the study were aware of this Act. If yes, the degree of awareness and its benefits were asked. It was disheartening to know that the awareness of this Act among the study women was not there (Figure 6.2). Out of 235, only 4 women (3 liberated and 1 non-liberated women) responded that they are aware about MS Act, 2013.

These four women were further explored about their levels of awareness on the MS Act. Non-liberated woman had just heard about MS Act and her knowledge about it was not correct. However, all three liberated women were aware about MS Act, according to them under this Act nobody can force anyone to perform manual scavenging works. In brief, it can be mentioned that the awareness on Manual Scavenging Act launched in 2013 has not yet reached the women of this group.

6.2.2 Access to the Benefits of the Government Schemes/Programmes

The government has been implementing many programmes and schemes to rehabilitate the people engaged with manual scavenging work. To understand whether the benefits of these programmes and schemes are reaching to the people of this group or not, a few of questions related to it were asked. Figure 6.3 highlights that a very small percentage of women had received any help from the government schemes (24 per cent liberated and just one per cent of non-liberated women). Out of 30 (24 per cent) liberated women, 17 received one room house, 12 have received toilet facility for their houses and remaining one woman has received scholarship for her children. While only one non-liberated woman reported receiving free services at hospitals. The result shows that the government has not been successful in extending the benefits of these schemes to the needy women.

Figure 6.3: Percentage distribution of liberated and non-liberated women based on the help they had received from the Government



6.2.3 Awareness and Knowledge of Swachh Bharat Abhiyan (SBA)

On 2nd October 2014 the Prime Minister of India had launched Swachh Bharat Abhiyan to accelerate the efforts to achieve universal sanitation coverage in India by October 2019 and make India free from open defecation. The major focus of SBA was to provide individual toilet facility to every household, replacing dry latrines with flush toilets, construction of community toilets, solid waste management, behavioural change among people, and improving levels of cleanliness in order to improve tourism in India. Keeping the significance of Swachh Bharat Abhiyan in view, study has tried to assess the respondents' awareness and knowledge on Swachh Bharat Abhiyan.

6.2.3.1 Knowledge of Swachh Bharat Abhiyan (SBA)

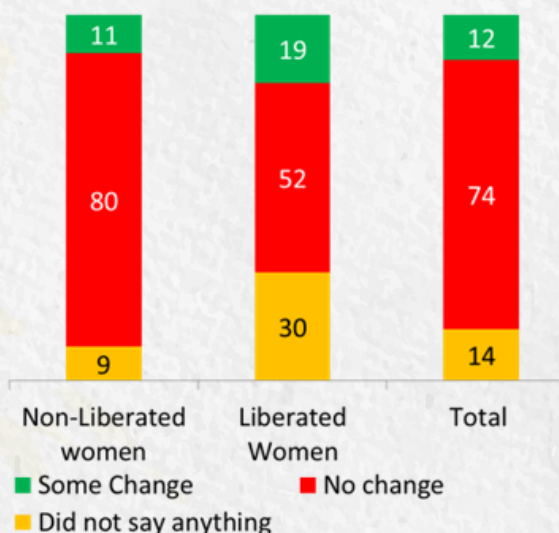
Table 6.1 depicts the percentage of women who said that they knew about SBA was higher among non-liberated women (78 percent) than liberated women (22 per cent), mainly because non-liberated women were the resident of urban slum areas where exposure to SBA was easier than for the liberated women of rural areas. Those who were aware about SBA were further questioned about what they know about SBA to check their level of knowledge on SBA. Table 6.1 reflects six types of knowledge which women had about it; keeping surroundings clean (41 Vs. 28 per cent), it is just another government scheme (33 Vs. 40 per cent), they were asked to clean city (7 Vs. 20 per cent), segregation of dry and waste garbage (19 Vs. 6 per cent), construction of new toilets (7 Vs. 20 per cent) was reported by liberated and non-liberated women respectively. While seven per cent of non-liberated women reported that it is an advertisement only.

Table 6.1: Percentage of liberated and non-liberated women by their knowledge on Swachh Bharat Abhiyan		
Knowledge of Swachh Bharat Abhiyan (SBA)	Non-Liberated women	Liberated women
Women know about SBA	78.0	22.0
What do they know about SBA		
Keeping surrounding clean	28.0	41.0
It is another government scheme	40.0	33.0
We were asked to clean city	20.0	7.0
Segregation of dry and waste materials	6.0	19.0
Construction of toilets	20.0	7.0
It is an advertisement	7.0	0.0

6.2.3.2 Impact of Swachh Bharat Abhiyan on Respondent's Life

The study has also tried to examine whether there is any impact or change in the lives of the study women due to Swachh Bharat Abhiyan. The study has asked the respondents to respond about how much change they had noticed in their lives due to the Swachh Bharat Abhiyan (SBA). Figure 6.4 shows that the almost 75 per cent women did not perceive any change in their lives due to SBA. However, comparatively higher percentage of non-liberated women (80 per cent) perceived that there is no change in lives due to SBA than liberated women (52 per cent). While, only 11 per cent of non-liberated and 19 per cent of liberated women reported some changes in their lives. Remaining, 9 and 30 per cent of non-liberated and liberated women respectively did not respond anything about this question.

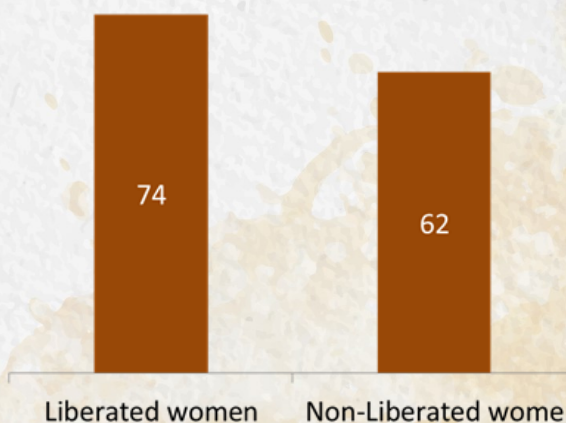
Figure 6.4: Percent distribution of Liberated and Non-liberated women by their response on changes in life due to SBA



6.3 Current Health Status of the Respondents

The first question on health-related issue to the non-liberated women was whether they faced health problems due to manual scavenging work. It is evident from Figure 6.5 that 62 per cent of non-liberated women had faced health problems due to manual scavenging. However, liberated women were asked whether there was a decline in health problems after leaving manual scavenging. The graph clearly shows that almost three-fifth of them reported decline in health problems after leaving manual scavenging work. The details about health problems will be presented later in this chapter.

Figure 6.5: Percentage of liberated and non-liberated women developed health problems due to manual scavenging works



6.3.1 Utilisation of Health Services

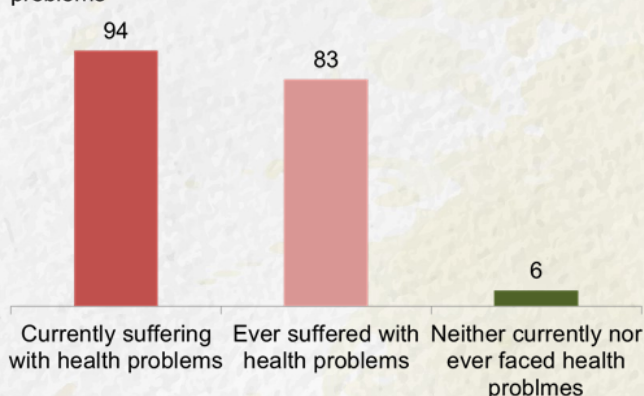
With regard to the health problems, the non-liberated women who reported about having faced health problems due manual scavenging and the liberated women who reported less health problems after leaving manual scavenging were further asked whether they had consulted any doctor for health problems. It is evident from Table 6.2 that the percentage of women consulting doctors was almost equal among liberated women (96 per cent) and to non-liberated women (93 per cent). However, majority of non-liberated women visited private health facilities (53 per cent), while liberated women visited public health facilities (74 per cent). However, those who could not consult doctor for their health problems reported poor economic conditions as one of the major reasons.

Types of health facility	Liberated Women		Non-Liberated Women		Total	
	Per cent	Number	Per cent	Number	Per cent	Number
Private Health Facility	22.0	20	52.9	36	34.8	56
Government Health Facility	74.0	69	39.7	27	59.6	96
Did not consult doctor	4.0	4	7.4	5	5.6	9
Total	100.0	93	100.0	68	100.0	161

6.3.2 Types of Health Problems Faced by the Respondents

It is well known that women engaged in manual scavenging face several health problems, mainly due to direct handling of filth, excreta and dead bodies of animals. Therefore, present study has also made an attempt to know the types of health problems faced by women. Women were asked about selected health problems which they have ever, currently or have never suffered with.

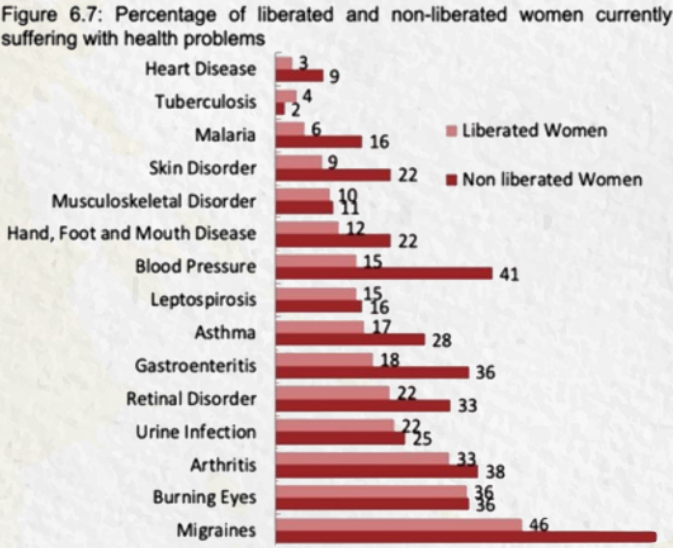
Figure 6.6: Percentage of women who reported currently suffering, ever suffered and did not suffer with health problems



In addition, duration of suffering with those health problems and the treatment sought for the same was also asked. It is evident from Figure 6.6 that 94 per cent women of study area were currently suffering with any of health problems. Further, women who were currently not suffering with any health problems were also asked

whether they had ever faced any health problem. It was found that 83 per cent of them had ever faced health problems. Thus, there were only six per cent of such women who were not suffering from any health problems either currently or ever. However, the percentage of women either currently or ever suffered from any health problems was higher among non-liberated women (98 to 95 per cent) compared to liberated women (90 to 71 per cent). This is mainly due to continuation of manual scavenging work by non-liberated women.

The respondents were asked about a total of 17 types of health problems to check whether they are currently or ever suffered from any. Figure 6.7 shows that the percentage of women reported currently suffering from these health problems was higher among non-liberated women compared to liberated women except for tuberculosis. Amongst all, migraine was reported by highest percentage



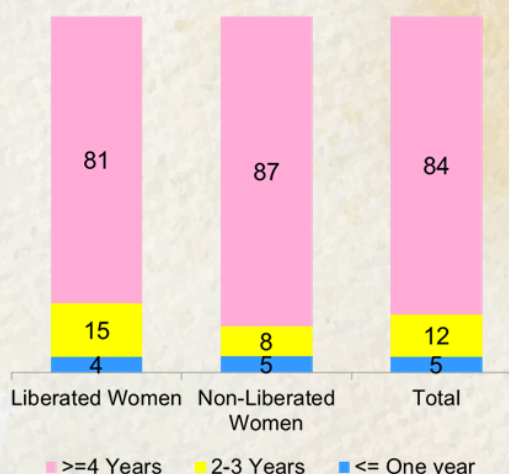
of both the women (non-liberated 72 per cent and liberated 46 per cent) followed by burning eyes 36 per cent by each type of women, arthritis (38 vs. 33 percent) urine infection (25 vs. 22 percent), retinal disorder (33 vs. 22 percent), gastroenteritis (36 vs. 18 percent), asthma (28 vs. 17 percent), leptospirosis (16 vs. 15 percent), blood pressure 941 vs. 15 percent), diseases of mouth, foot and hand (22 vs. 12 per cent), musculoskeletal disorder (11 vs. 10 per cent), skin disorder (22 vs. 9 per cent), malaria (16 vs. 6 per cent), tuberculosis (2 vs. 4 per cent), and heart disease (9 vs. 3 per cent) was reported respectively by non-liberated and liberated women. The analyses of women who have reported about ever faced health problems are not shown here separately due fewer numbers of frequencies.

6.3.3 Duration of Health Problems

To know the duration of health problems, a question on how long were they suffering from this problem was asked. Figure 6.8 highlights that the majority of women were suffering from health problems from long back. Eighty-four per cent of study women reported currently suffering from health problems for four or more years,

12 per cent were having health problems for last 2-3 years and remaining five per cent were suffering for last one year. As far as health condition by type of respondents is concerned, 81 per cent liberated and 87 non-liberated women were suffering from health problems for four or more years. Remaining 19 per cent of liberated and 13 per cent of non-liberated women reported suffering from health problems for the last three years. The figure shows that majority of women of study area were suffering from prolonged health problems which would have invited huge cost on treatment of these health problems.

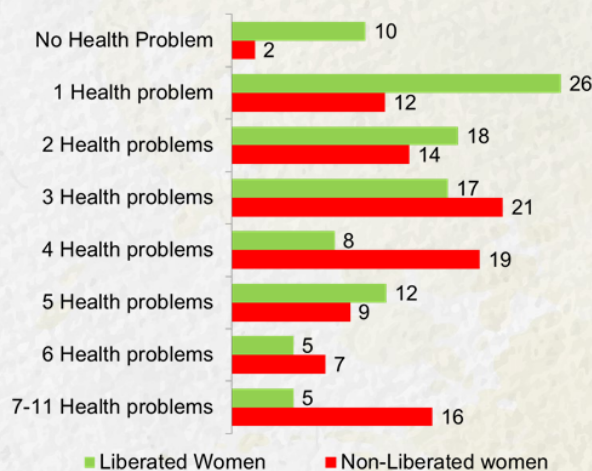
Figure 6.8: Percent distribution of Liberated and Non-liberated women by number of years suffered with health problems.



6.3.4 Number of Health Problems

In addition of the duration of health problems, the study has also collected information on the number of health problems liberated and non-liberated women are currently suffering from. Figure 6.9 illustrates percentage of women currently suffering with number of health problems was higher in non-liberated women compared to liberated women. For instance, 3-4 types of health problems were more among non-liberated women (40 per cent) than liberated women (25 per cent). Similarly, more than five health problems were also observed high in non-liberated women than the liberated women. The figure also highlights that although percentage of liberated women currently suffering from number of health problems is lower than the non-liberated women, however fact remains same that both types of women were currently suffering from more than one health problem. There were 16 per cent of non-liberated and 5 per cent of liberated women who were currently suffering with 7-11 types of health problems. This reflects the severity of problems of both types of women passing through in their lives.

Figure 6.9: Percent distribution of Liberated and Non-liberated women by number of health problems currently suffering with.



6.3.5 Treatment Sought for Health Problems

Those women who currently or had ever faced health problems were further asked about the treatment of those health problems. It is evident from Table 6.3 that 13 per cent of women have never sought any health treatment, and this percentage was higher among liberated women (23 per cent) than the non-liberated women (3 per cent). The study has asked treatment for each health problem women were suffering from. For instance, if a woman was suffering with four health problems, so the treatment seeking behaviour was asked for four health problems. Thus, the Table 6.3 presents the percentage of women sought treatment for number of health problems.

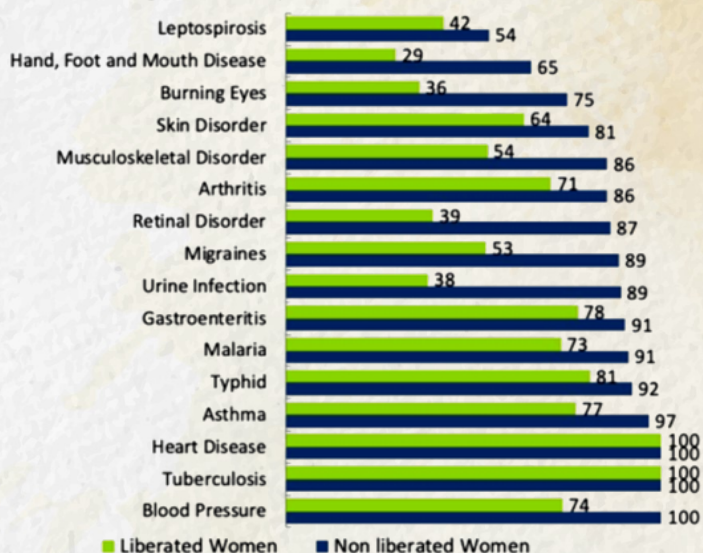
It is evident from the Table 6.3 that treatment seeking behaviour was better among non-liberated women than liberated women. Seven per cent of non-liberated women had sought treatment for 10-14 health problems compared to only one per cent of liberated women. Similarly, percentage of women sought treatment for more than 5 health problems was 3 times higher among non-liberated women than liberated women (32 Vs 11 per cent). Further, seeking health services for 2-4 health problems was again found higher among non-liberated (55 per cent) than liberated women (33 per cent). As obvious, the percentage who sought health services only for one health problem was higher among liberated women (34 per cent) than non-liberated women (11 per cent).

Table 6.3: Percentage distribution of liberated and non-liberated women by treatment sought for their health problems			
Treatment sought for health problems	Liberated women	Non-liberated women	Total
Treatment sought	87.0	97.2	86.9
Treatment did not sought	23.0	2.8	13.1
Treatment sought- Number of health problems			
One	33.6	11.1	22.6
Two	18.6	17.6	18.1
Three	8.0	17.6	12.7
Four	6.2	19.4	12.7
Five	4.4	11.1	7.7
Six	2.7	8.3	5.4
Seven	1.8	1.9	1.8
Eight	0.9	2.8	1.8
Nine	0.0	0.9	0.5
Ten to fourteen problems	0.9	6.5	3.6
Total	113	108	221

6.3.6 Treatment Sought for different Types of Health Problems

The previous section has explained about the health treatment sought for number of health problems by the study women. Figure 6.10 presents treatment taken for specific health problems by the respondents. It is evident from Figure 6.10 that the treatment seeking behaviour of non-liberated women for any type of health problems was significantly higher than the liberated women. For some of health problems such as disease and tuberculosis, treatment was

Figure 6.10: Percentage of Liberated and Non-liberated women by treatment sought for health problems



taken by all of them who were suffering from these health problems. Treatment for blood pressure was sought by all non-liberated women compared to 74 per cent of liberated women. Similarly, treatment for asthma was sought by 97 per cent of non-liberated and 77 per cent by liberated women, followed by typhoid (92 Vs. 81 per cent), malaria (89 Vs. 53 per cent), gastroenteritis (91 Vs. 78 per cent), urine infection (89 Vs. 38 per cent), migraines (89 Vs. 53 per cent), retinal disorder (87 Vs. 39 per cent), arthritis (86 Vs. 71 per cent) musculoskeletal disorder (86 Vs. 54 per cent), skin disorder (81 Vs. 64 per cent), burning eyes (75 Vs. 36 per cent), hand, foot, and mouth disease (65 Vs. 29 per cent), and leptospirosis (54 Vs. 42 per cent) respectively by non-liberated and liberated women.

6.3.7 Testing of Hypothesis

The present study based on review of literatures has formulated a hypothesis that the women liberated from manual scavenging will tend to utilise health services more than the non-liberated women. However, it was observed against the set hypothesis that (Table 6.3) utilisation of health services was higher among non-liberated women (97 per cent) than liberated women (77 per cent). Whether the difference between these two groups of women was statistically significant or not, z proportion test was applied. To make the analysis meaningful, women who had sought treatment only for one out of many health problems were merged with the women who could not seek

treatment for health problems. Thus, the analysis was carried out between women who either did not or had taken treatment only for one health problem considered as not taken treatment and women who had sought treatment for health problems.

Table 6.4 presents the percentage of women by status of treatment taken for their health problems, association between status of liberation and treatment sought, and p value of z proportion test to determine difference between these two groups of women to seek treatment for health problems. It is evident from Table 6.4 that treatment sought for any health problem was two times higher among non-liberated women (86 per cent) than liberated women (43 per cent) and treatment seeking behaviour was found to be significantly associated with status of liberation from manual scavenging (chi square $p < 0.001$).

Table 6.4: Percentage of liberated and non-liberated women by treatment sought for their health problems, and Chi square test (p value), Z proportion test (p value)					
Treatment sought for health problems ¹	Liberated women	Non-liberated women	Chi square test p value ¹	Z proportion test p value ²	Total Percentage
Treatment sought	43.4	86.1	0.000***	0.000***	64.3
No treatment	56.6	13.9			35.7
Total women	113	108			221

¹Chi square p value significant at *** $p \leq 0.001$
²Proportion of these two groups differ significantly; z-test ($p \leq 0.001$)

However, due to fewer frequencies with non-liberated women who did not seek treatment (3 in numbers) for health problems, it was decided to merge with those women who had sought treatment for only one health problem in order to ensure sufficient number of frequencies for analysis. Therefore, results of z proportion test should be cautiously interpreted.

As proposed, to determine whether the proportion of women who sought and who did not seek treatment differs significantly or not, z proportion test was applied. The z test result shows that the proportion of these two groups differs significantly ($p \leq 0.001$), which means that null hypothesis is rejected. But alternative hypothesis, i.e., that liberated women will tend to utilise health services more than the non-liberated women is negatively accepted as the proportion of utilising health services was significantly higher among non-liberated women.

6.3.7 Smoking Behaviour

It has been reported in studies that prevalence of smoking behaviour and consumption of alcohol is significantly high among the people who are involved in cleaning drainage, sewer line, manually cleaning the human excreta, and other sanitary related activities than the general population mainly because to avoid the odour/smell and gases generated out of shit/dirt and filth while performing these tasks. In a sense, they are forced to smoke and consume alcohol. In this context, the present study has also intended to know smoking habits of women. All women were asked whether they have the habits of smoking/chewing gutkha or consuming alcohol or not.

It is evident from Table 6.5 that 44 per cent of liberated women (42 per cent regular and 2 per cent occasional) and 31 per cent of non-liberated women (19 per cent regularly and 12 per cent occasional) reported that they consume khaini/gutka/tobacco/pudiya. However, only two women reported consuming of alcohol. The study had also enquired about the reasons for smoking habits.

Consumption of Tobacco/Khaini/ Gutkha/Pudiya	Liberated Women	Non- Liberated Women
Regularly	41.6	19.1
Sometimes	2.4	11.8
No consumption	56.0	69.1
Total in Numbers	125	110

It was observed that non-liberated women had reported that they cannot perform this filthy works unless they consume these products and in similar way liberated women also reported that to perform this task, we were forced to take these tobacco products and now since we are habituated and it is difficult to quit this behaviour.

CHAPTER 7

PSYCHOSOCIAL HEALTH OF THE RESPONDENTS

7.1 Background

It is evident from previous chapters that both liberated and non-liberated women were facing enormous problems in their lives mainly due to their association with manual scavenging work. For instance, women who have left manual scavenging work are still being denied by our society to do works other than cleaning related or agricultural labourer jobs, subject to discrimination and harassment at workplace, even their children are also subject to deprivation of good education and discrimination by classmates, etc. Likewise, those who are still continuing manual scavenging are also facing similar types of problems. However, difference between these two groups was observed only in terms of easy accessibility of manual scavenging jobs for non-liberated women being as resident of slum area of Nagpur city compared to liberated women of rural areas of Raisen district of Madhya Pradesh who had very hard time to get any type of job after leaving manual scavenging works.

It was observed through review of literature that majority of research and interventions in area of manual scavenging have been related to issues of livelihood, rehabilitation, social discrimination, etc. However, the social, economic, discrimination related problems of a female manual scavenger do not occur in isolation rather all problems are interconnected and affect each other, and most importantly altogether affect her psychosocial health. However, surprisingly there is hardly any study on psychosocial health of women who are involved in manual scavenging and who have left manual scavenging. Therefore, the present study has made an effort to understand the psychosocial health of both types of women who have been liberated and non-liberated from manual scavenging.

7.2 Scales to Measure Psychosocial Health of Liberated and Non-liberated Women

To understand psychosocial health of women in detail, women were asked to rate their opinions, based on past experiences, on two sets of statements which were on a five-point scale. The first set of statements intended to explore the perception of women on how society at large behaves with them on different occasions and events, i.e., it measures social health/ social well-being of the respondents. Total 12

statements/items were used for it and reliability test was applied to examine whether these statements were reliable in measuring for which it was intended to measure. The average inter-item correlation of the statements was 0.509 (Cronbach's alpha) which was statistically acceptable.

The second set of statements tried to understand the perception of women on their psychological problems which might be due to their daily lifestyle of being involved or had been involved in manual scavenging work. To examine the psychological problems of women, 22 items were chosen and the average inter-item correlation of the items/statements was found very high at 0.903 (Cronbach's alpha) in reliability test. The high value of Cronbach alpha proves that this scale measures what it intended to measure. The statements were prepared using five-point Likert Scale. Women were asked to rate their opinions against each statement on five points, i.e., strongly agree, agree, neutral, disagree or strongly disagree.

7.2.1 Domains of Scale to Measure Social Health/Social Well-Being

The first type of scale which intends to measure the perception of liberated and non-liberated women on their social well-being used 12 items on five domains of social networking which are presented in table given below:

Domain	Items	1	2	3	4	5
Cultural and religious activities	Other community people/neighbours avoid you in inviting marriage ceremonies	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	You have equal rights to worship in the same temple/church/mosque which is accessible by other people					
	Participation in religious activities of yours is as equal as other people					
	All the community members use the same cremation ground					
Social gathering	People respect your views in community meetings					
	You are more conscious about your identity/personality when you are in public assembly or in the community meeting					
	Because people know your caste, therefore, they discriminate you					
Economic activities	You can do all economic activities for livelihood which others can do					
	People believe that unclean occupation should be done only by scheduled caste people					
Political participation	People intentionally do not invite you to attend Gram Sabha meeting/ general public meeting/community meetings, etc.					
	You feel your political participation such as casting your vote, participation in political rallies and in political issues is restricted					
Government policies	Government is serious to eliminate the manual scavenging practices from India however implementation is not effective					

The perceptions of women against each statement were clubbed into different domains, hence are discussed domain wise.

7.2.1.1 Cultural and Religious Activities

The literature says that religious beliefs and their practices enhance an individual's health and wellbeing. The religious and cultural participation gives an opportunity to individual to widen his/her social network and to communicate with other community people. The religious involvement also means sharing the same place and materials that are accessible to people of other communities (Eckersley, R 2007).

Keeping in view the importance of cultural and religious beliefs in the social life of an individual, study has used four statements to understand the involvement of study women in religious and cultural activities.

It is evident from Table 7.1 that discrimination towards study women in involving/ inviting them to cultural and religious activities still persists in the society irrespective of their liberation status. But reporting of discrimination was observed high in liberated women compared to non-liberated women. For instance, 94 per cent of non-liberated women reported that they have equal rights to access same temple/church/mosque as others compared to only 44 per cent of liberated women. Similarly, accessibility to use community cremation ground was found higher among non-liberated women (94 per cent) than liberated women (80 per cent). Participation in religious activities was 10 percentage points higher among non-liberated women than liberated women (56 per cent). While, almost 53 per cent women of both liberated and non-liberated reported that people of other community residing in the same society avoid them in inviting to their marriage ceremonies.

Involvement in religious and cultural activities	Liberated Women			Non-Liberated Women		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
Other community people/neighbours avoid you in inviting marriage ceremonies	52.8	1.6	45.6	51.8	3.6	44.6
You have equal rights to worship in the same temple/church/mosque which is accessible by other people	44.0	1.6	54.4	93.6	0.0	6.4
Participation in religious activities of yours is as equal as other people	56.0	2.4	41.6	66.4	5.5	28.1
All the community members use the same cremation ground	80.0	0.0	20.0	93.7	1.8	4.5

7.2.1.2 Social Gathering

The second domain of this scale focuses on how women of this community perceive behaviour of the society towards them during social gathering. To understand it, three statements were asked to the respondents which are presented in Table 7.2.

It is clear from Table 7.2 that 50 per cent of liberated and 46 per cent non-liberated women opined that people do not respect their views in community meetings. Similarly, more than 60 per cent women of both categories reported that they become more conscious about their identities/personalities when they are in public assembly or in community meetings. More shockingly, caste-based discrimination was reported by huge percentage of women, 90 per cent of liberated and 76 per cent women of non-liberated agreed with the statement – “because people know your caste therefore, they discriminate you.”

Table 7.2: Percentage distribution of liberated and non-liberated women according to their opinion on social gathering						
Social Gathering	Liberated Women			Non-Liberated Women		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
People respect your views in community meetings	47.2	2.4	50.4	40.9	13.6	45.5
You are more conscious about your identity/ personality when you are in public assembly or in the community meeting	60.8	2.4	36.8	62.7	11.8	25.4
Because people know your caste, therefore, they discriminate you	89.6	0.8	9.6	76.4	5.5	18.2

7.2.1.3 Economic Activities

In chapter five, the socio-economic conditions of both types of study women have already been presented. Majority of non-liberated women despite their wish to quit this profession were forced to continue work because of their caste identity and unavailability of other jobs. Those who have left manual scavenging are living with extreme poverty due to non-availability of regular jobs or no jobs. Keeping this in view, the study has tried to know the respondents’ view point on the economic related problems. For this purpose, study has asked two statements to all women.

The Table 7.3 reveals that as high as 80 per cent of non-liberated and only 58 per cent of liberated women opined that they can perform all those economic activities for

livelihoods which others can do. However, 13 per cent non-liberated women 40 per cent of liberated women were also as such who disagreed with this statement. To examine that the caste identity was the main reason for not getting other than unclean works, women were asked to rate their opinion on a statement that “people believe that unclean occupation should be done only by scheduled caste people.” Ninety-two per cent of liberated and 50 per cent of non-liberated women have agreed to this statement.

Table 7.3: Percentage distribution of liberated and non-liberated women according to their opinion on economic problems

Economic issues	Liberated Women			Non-Liberated Women		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
You can do all economic activities for livelihood which others can do	57.6	2.4	40.0	80.0	7.3	12.7
People believe that unclean occupation should be done only by scheduled caste people	92.0	0.0	8.0	50.0	8.2	41.9

7.2.1.4 Political Participation of Liberated and Non-Liberated Women

Political participation includes a wide range of activities through which an individual develops his/her view or opinion about a country, its governance and how it is being governed, wherein an individual’s role is to shape the decisions of the government which ultimately affects their lives. India is a democratic country; every citizen has the right to participate, to contribute and to give their opinion on political issues.

In order to understand the political participation of the respondents, the study has asked women to opine on two statements as mentioned in Table 7.4. It is apparent from Table 7.4 that participation of both types of women in political activities was limited. The table shows that more than sixty per cent of both type of women opined that people intentionally do not invite them to attend Gram Sabha meetings/general public meetings or community meetings. While, 88 per cent of non-liberated and 65 per cent of liberated women felt that their political participation such as casting vote, participating in political rallies and activities was restricted which shows that political participation of liberated women was little better than non-liberated women.

Table 7.4: Percentage distribution of liberated and non-liberated women by their opinion on their political participation

Women's political participation	Liberated Women			Non-Liberated Women		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
People intentionally do not invite you to attend Gram Sabha meeting/ general public meeting/community meetings etc.	65.6 (82)	4.8 (06)	29.6 (37)	60.9 (67)	3.6 (04)	35.5 (39)
You feel your political participation such as casting your vote, participation in political rallies and in political issues is restricted	64.8 (81)	11.2 (14)	24.0 (30)	88.2 (97)	2.7 (03)	9.1 (10)

7.2.1.5 Opinion on Implementation of Government Policies

Government of India has been making efforts to eliminate this practice and to rehabilitate them through several welfare programmes. However, significant changes in the lives of these people are yet to come due to several reasons. Keeping this in view, the study has asked the respondents to rate their opinion on government's seriousness in implementing these programmes.

Table 7.5: Percentage distribution of liberated and non-liberated women according to their opinion on implementation of govt. policies to eradicate manual scavenging from society

Opinions on Government Policies	Liberated Women			Non-liberated Women		
	Agree	Neutral	Disagree	Agree	Neutral	Disagree
Government is serious to eliminate the manual scavenging practices from India; however, implementation is not effective	53.6	1.6	44.8	85.5	4.5	10.0

It is visible from Table 7.5 that as high as 86 per cent of non-liberated and 54 per cent of liberated women agreed that though the government is serious to eliminate manual scavenging practice from India but implementation is not effective. However, as expected 45 per cent women of liberated group were also as such who disagreed with this statement as many of them had left manual scavenging because dry latrines were demolished in order to eradicate manual scavenging from the society which was one of the objectives of Swachh Bharat Mission.

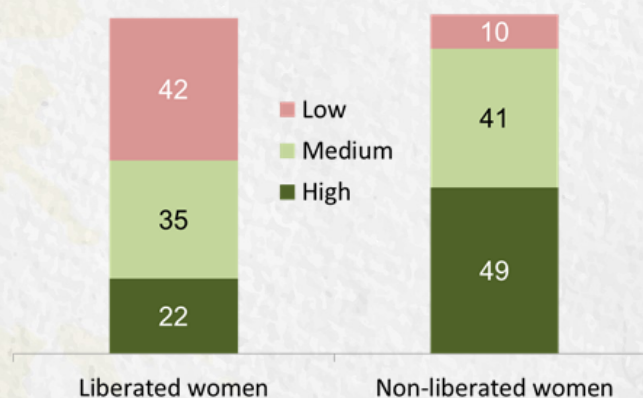
7.2.1.6 Level of Social Health/Social Well-being

An overall index of social well-being was also constructed by adding the scores of the respondents on all 12 statements. The scores were categorised into three levels, i.e., High, Medium and Low social well-being. The description of index is as follows:

High social well-being: scored less than equal 35.
 Medium social wellbeing: scored between 36-42, and
 Low social well-being: scored between 43 and above.

It is evident from Figure 7.1 that the scores of liberated women on social well-being index were poorer than women of non-liberated. The index of social well-being shows that almost half of the non-liberated women were found to have high social well-being compared to just 22 per cent of liberated women. And, medium level of social well-being was also observed better in non-liberated women than liberated women (41 Vs. 35 per cent respectively).

Figure 7.1: Percent distribution of liberated and non-liberated women by their level of social well being



Contrary to that, a high percentage of liberated women (42 per cent) had low social well-being in the society compared to only 10 per cent of non-liberated women.

7.2.1.7 Testing of Hypothesis: Social Health (Social Well-Being)

Based on the review of literature the study formulated a hypothesis that the women who got liberated from manual scavenging will tend to have better social wellbeing (a part of psychosocial health) than non-liberated women. To test this hypothesis an independent t test was applied wherein the difference in two independent mean scores (scores on social well-being of liberated and non-liberated women) were statistically tested. The Table 7.6 highlights that the mean score of liberated women on the social well-being scale was slightly higher (41) than the mean score of non-liberated women (36). Higher the mean score means poorer the social well-being. The t test result shows that there was a significant difference between the mean scores of liberated and non-liberated women ($p < 0.05$). This means that the difference in the scores of social well-being scale was not due to chance factor, hence null hypothesis was rejected and alternative hypothesis of the study was accepted but negatively, i.e., the social well-being of non-liberated women was found better than the liberated women.

Table 7.6: Results of t-test, mean of scores received on social well-being by liberated and non-liberated women					
	N	Mean	Std. deviation	t	Sig (2 tailed)
Non- liberated women	110	35.77	4.668	-7.334	0.000***
Liberated women	125	41.21	6.421		

*** significant at p <=0.001

7.2.2 Domains of Scale to Measure Psychological Health of the Respondents

The previous section has dealt with the social well-being (social health) of the respondents which is the first part of psychosocial health of the respondents. Although, the result has shown that the social well-being was better in non-liberated women than liberated women, but at large both liberated (77 per cent) and non-liberated women (50 per cent) did not have good social well-being. Literature says that if a person does not have good social well-being it may lead to stress, anxiety, depression, lack of confidence, insecurity, stress etc., in him/her which may affect his/her psychological health. Keeping in view the importance of social health in an individual's psychological adjustment, study has tried to understand the psychological health of liberated and non-liberated women for which a scale was developed by using 22 statements/items on psychological problems. These psychological problems chosen as items are the negative stressors which might be due to poor social well-being of the respondents. This scale intends to measure perception of liberated and non-liberated women on their psychological health. The 22 items/statements on the scale include stress, anxiety, confidence level, helplessness, depression, and insecurity of the respondents. Each are discussed in detailed in following sections.

7.2.2.1 Level of Stress

Stress can be mentally stimulating but too much pressure affects the thought processes and thinking of a person. The main effects of high level of stress are loss of high concentration, inability to reach satisfactory decisions and insomnia (Edworthy, A 2000). Keeping in view the negative impact of stress on physical health, study has asked few of statements related to stress to the respondents which are presented below:

Domain	Items	1	2	3	4	5
Stress	Lack of concentrate during work	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	You work under considerable mental tension					
	Due to excess of worriedness, you were unable to sleep					

The scores of respondents on stress scale varies between 3 and 15, further the scores were categories into three level, i.e.

High level stress: scored 9 and above

Medium level stress: scored between 6 and 8

Low level stress: scored less than equal to 5 scores

It is evident from Figure 7.2 that a high percentage of liberated (81 per cent) and non-liberated women (75 per cent) reported to have high level of stress. Remaining, 19 per cent of liberated and 25 per cent of non-liberated women reported medium or low level of stress. The figure also highlights that despite the fact that women have left manual scavenging; stress remains high in them mainly may be because of non-availability/ uncertainty of livelihood options in rural areas. Though the percentage of non-liberated women who reported to have high level of stress was little less than the liberated women but 75 per cent of them reported having high stress may be mainly because the manual scavenging jobs were disgraceful and uncertain in nature with low remuneration.

Figure 7.2: Percent distribution of liberated and non-liberated women by their level of stress



7.2.2.2 Level of Anxiety

Anxiety can lead to panic and disorder in an individual. He/she may not able to take decisions, can develop phobias and obsessive-compulsive disorder and also fear in an individual. All these collectively can develop excessive fear, apprehensive tense feelings, illness or difficulty in managing daily tasks in an individual (Neil A., 2005).

Keeping in view the nature of work of the respondents and reactions of people towards them, the study aimed to understand anxiety level of the respondents. For the purpose, study has asked five statements related to anxiety to the respondents which are presented in following table.

Domain	Items	1	2	3	4	5
Anxiety	Even during winters you tend to sweat a lot	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	Unable to decide what would be the best course of action for you					
	Often worry thinking that you may suffer from poor health					
	You feel frightened					
	Over-reactive on small issues					

The scores of the respondents on the anxiety scale vary between 5 and 25. Further, the scores were divided into three levels:

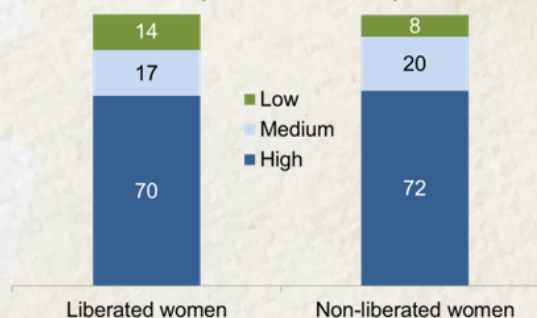
High level anxiety: scored 16 and above

Medium level anxiety: scored between 13 and 15

Low level anxiety: scored less than equal to 12

It is evident from Figure 7.3 that the prevalence of anxiety in the study area was very high; almost equal percentage of both liberated and non-liberated women (70-72 per cent) were found to have high level of anxiety. Only small percentage of both liberated (14 per cent) and non-liberated (8 per cent) women perceived having low level of anxiety and remaining had medium level of anxiety.

Figure 7.3: Percent distribution of liberated and non-liberated women by their level of anxiety



7.2.2.3 Level of Confidence

Confidence is linked with many factors. Few important factors are exposure to mass media, education level, type of jobs, inspiration, motivation, equal rights, etc. However, it was observed through the results of this study that educational attainment, exposure to mass media, equality in society, and dignified jobs was missing among the study women. Therefore, the study had asked few questions to understand the confidence level of the respondents.

Domain	Items	1	2	3	4	5
Confidence level	Often worry about people's opinion about me	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	You hesitate to start something new because of fear that people around you will not appreciate					
	You always feel low about your self esteem					

The scores of the respondents on the scale of confidence level varies between 3 and 15, further the scores were categories into three levels:

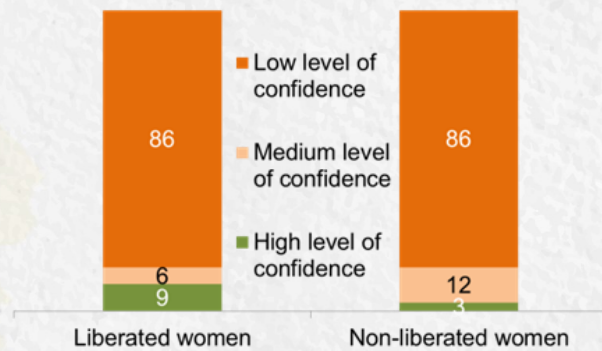
High level confidence: scored less than equal to 7

Medium level confidence: scored between 8-9

Low level confidence: scored 10 and above

Figure 7.4 reflects that 86 per cent of both liberated and non-liberated women rated themselves having low level of confidence, while high level of confidence was noticed slightly higher among liberated women (9 per cent) in comparison to 3 per cent of non-liberated women. Remaining 6 and 12 per cent of liberated and non-liberated women respectively, were observed having medium level of confidence on the scale.

Figure 7.4: Percent distribution of liberated and non-liberated women by their level of confidence



7.2.2.4 Level of Helplessness

Helplessness among the study women has already been discussed in the earlier chapters. Non-liberated women were asked the reasons for continuing the work of manual scavenging, and liberated women were asked the reasons for not getting other jobs in their area. Both type of women responded that due to their caste identity it was difficult to get any other job. So, they were helpless. Keeping in view the helplessness of the study women, a few of statements on helplessness were asked. Statements were as follows:

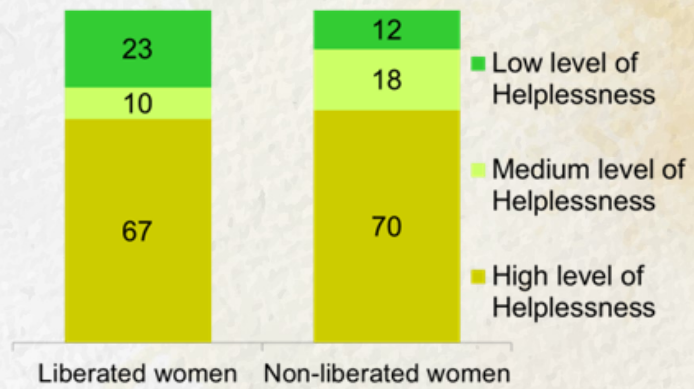
Domain	Items	1	2	3	4	5
Helplessness	Sometimes you feel you are absolutely useless	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	Often feel helpless					
	You do not aspire higher things to get in life					

The scores of respondents on the scale of helplessness vary between 3 and 15, further the scores were categorised into three levels:

- High level of helplessness: scored 10 and above
- Medium level of helplessness: scored between 8 and 9, and
- Low level of helplessness: scored less than equal to 7

It is clear from Figure 7.5 that helplessness among respondents was very high. More than two-thirds of the women of both groups have rated themselves on the scale of helplessness as high. This indicates that these women perceive themselves as absolutely useless, helpless, and do not aspire to get higher things in their lives. However, liberated women were slightly better on helplessness scale as almost one-fourth of them reported having low level of helplessness in comparison to only 12 per cent of non-liberated women.

Figure 7.5: Percent distribution of liberated and non-liberated women by their level of helplessness



7.2.2.5 Level of Depression

Depression is a common mental disorder which gets developed due to loss of interest. And, it decreases energy, disturbs sleep, appetite, mood, and generates feeling of guilt, starvation tendency and loneliness (Marcus, M., 2012). The study has tried to assess the depression levels of the respondents and has asked a few statements which are as follows:

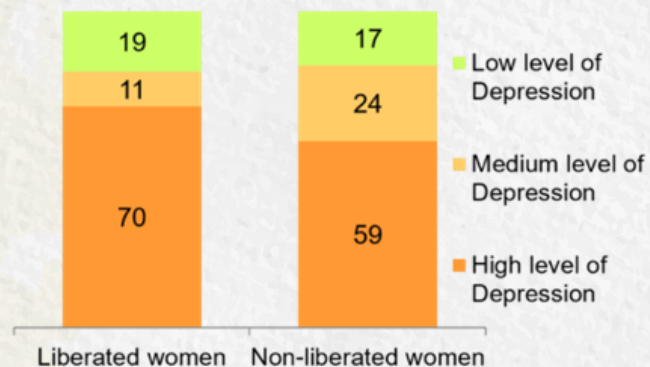
Domain	Items	1	2	3	4	5
Depression	Feel ashamed about work	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	You feel hungry but do not feel like eating					
	You often feel lonely, even when you are with people					
	Always feel like crying					
	You curse yourself quite often					
	You often feel depressed					

The scores of respondents on the scale of depression varies between 6 and 30, further the scores were categories into three levels:

- High level of depression: scored 20 and above
- Medium level of depression: scored 17- 19
- Low level of depression: scored less than equal to 16

Figure 7.6 depicts the level of depression of study women. It is interesting to note that almost only one-fifth women of both groups reported having less depression which means remaining 80 per cent of women had either high or medium level of depression. But a closer picture depicts that high level of depression was more among liberated women (70 per cent) than non-liberated women (59 per cent). Reason for high level of depression among liberated women may be due to lack of livelihoods option and low acceptance in the society.

Figure 7.6: Percent distribution of liberated and non-liberated women by their level of depression



7.2.2.5 Level of Insecurity

An individual develops feeling of insecurity within themselves when necessities of life are lacking, limited job opportunities and do not receive respect or acknowledgement at work place (Omonijo, D., 2017). Therefore, keeping in view high level of joblessness and peoples' behaviour towards women of this inhuman profession, study intends to understand the level of insecurity of these women. For this, study has used few statements on five-point scale to be responded by the study women.

The statements are as follows:

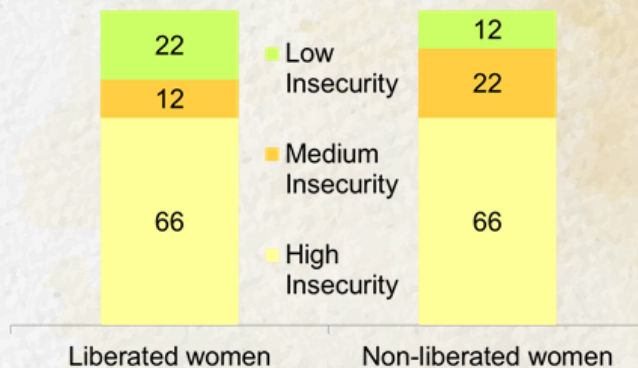
Domain	Items	1	2	3	4	5
Insecurity	You often feel insecure due to your work	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	This work brings inferiority complex in you					

The scores of respondents on the scale of insecurity vary between 2 and 10; further the scores were categories into three levels:

- High level of insecurity: scored 7 and above
- Medium level of insecurity: scored between 5 and 6, and
- Low level of insecurity: scored less than equal to 4

It is apparent from Figure 7.7 that 66 per cent of both liberated and non-liberated women had high level of insecurity. The main reason for high level of insecurity among liberated women was due uncertainty of getting jobs, whereas in case of non-liberated women, who were single breadwinner in majority of the study households, unavailability of jobs for their children. Another one-fifth women of non-liberated (22 per cent) were found to have medium level insecurity which was just 12 per cent in case of liberated households. Overall, insecurity feeling was more in non-liberated women (88 per cent) than liberated women (78 per cent).

Figure 7.7: Percent distribution of liberated and non-liberated women by their level of insecurity



7.2.2.7 Testing of Hypothesis: Psychological Health

The second part of hypothesis talks about psychological Health. Study has formulated hypothesis that women liberated from manual scavenging will tend to have less psychological problems than non-liberated women. To test this hypothesis independent t test was applied wherein differences in scores of two independent mean (scores on psychological problems of liberated and non-liberated women) were tested. The Table 7.7 highlight that the mean score of liberated women on the scale of psychological problems was slightly higher (81) than the mean score of non-liberated women (77). Higher the mean score means more psychological problems.

Table 7.7: Results of t-test, mean of scores received on psychological health scale by liberated and non-liberated women					
	N	Mean	Std. deviation	t	Sig (2 tailed)
Non- liberated women	110	77.43	10.474	-1.845	0.066
Liberated women	125	81.34	19.871		

The t test result shows that there was no significant difference between the mean score of liberated and non-liberated women. This means that the difference in the scores on psychological scale was just by chance factor, hence null hypothesis was accepted and alternative hypothesis of the study that liberated women will have less psychological problems than non-liberated women was rejected. It means both

liberated and non-liberated women of the study area were equally suffering with psychological problems in their day-to-day life irrespective of their liberation status. Though the mean value was four points higher among liberated women but statistically this was not a significant difference.

7.3 Testing of Hypothesis: Psychosocial Health

The present chapter has hypothesised based on review of literature that women liberated from manual scavenging will tend to have better psychosocial health than non-liberated women. The hypothesis has two components; first- social health and second- psychological health. Both components of hypothesis have been statistically tested separately. With respect to social health (well-being), it was observed that social health was significantly better in non-liberated women than liberated women; however psychological health was not good in both groups of women.

Study has also tried to examine the overarching hypothesis of the study, i.e., psychosocial health by combining the scores of social well-being and psychological health. Independent t test was applied to know whether there was any significant difference between mean scores of psychosocial health of liberated women and non-liberated women. Higher the scores mean poor is the psychosocial health of the women. The results of t test are as follows:

Table 7.8 highlights that overall score (mean score) of liberated women on the combined scale of social and psychological health was slightly higher (123) than the mean score of non-liberated women (113).

Table 7.8: Results of t-test, mean of scores received on overall psychosocial health by liberated and non-liberated women					
	N	Mean	Std. deviation	t	Sig (2 tailed)
Non- liberated women	110	113.20	12.55	-4.159	0.000***
Liberated women	125	122.55	20.43		
*** significant at p <=0.001					

According to interpretation of scores on scale, liberated women were found to have poorer psychosocial health than non-liberated women. But this difference was tested through t test also, and result shows significant difference between the mean scores of liberated and non-liberated women. It means the difference between the scores on psychosocial health was not just by chance factors, hence null hypothesis was rejected and alternative hypothesis was accepted, i.e., there exist significant

difference in psychosocial health of liberated and non-liberated women. However, since psychosocial health was found significantly better in non-liberated women than liberated woman, this was opposite to the study hypothesis. This result highlights that simply leaving this inhuman practice will not ensure that psychosocial health of liberated women will be better than the women who are still engaged with this inhuman practice. A case study of woman expressing her psychosocial condition is presented below which helps us to understand the complexities of her lives.

Case 6: Psychosocial Health of a Liberated Woman

Her name is X and she is 40 years old, not educated, and has three sons. Husband does not work as he is physically not fit. While asking questions on psychological health, she said *'we are born to serve others or in other words, you can also say that we are like slaves of others. Till the end of life, we have to do filthy work and are not permitted by the society to do any other work. If you do other work, the society stops you from doing that work. People do not appreciate us doing anything else, which forces us to do manual scavenging. That is why I said we are slaves. Because I belong to Mehtar caste, people of other caste do not mingle (avoid /maintain distance) with me or any person from my caste. I don't know who made this caste system, but our fate today is just because of this caste system only. People still practice untouchability with us. Sometimes I think that I am not a human being at all. When would we get to live like others? I sometimes get a strong urge to end my life but I restrain myself from doing so, because of my family and husband. Who will look after my sons when I am gone? My biggest worry is that my sons are unemployed and are fully dependent on me. What will happen to them when I am not there? These questions disturb me and make me think a lot, due to which I don't get proper sleep. Even a small thing irritates me and I get angry quite frequently. There are countless problems in my life. I am not even getting daily wage work on regular basis in my village and around it. People are not ready to give work other than manual scavenging, though I had left it four years ago due to the demolition of dry latrines by government. Government has not thought about us before demolishing dry latrines. They just left us helpless. Whom should we beg for jobs? Our survival is at stake. I don't know what I should do? Where should I go? Whom should I meet? At least manual scavenging, though offering minimal payment, was a permanent source of income for survival. But now, nothing is assured. We are living in dark. What will happen to us tomorrow is highly uncertain. Now, you may understand my mental status'*.

CHAPTER 8

CONCLUSIONS AND RECOMMENDATIONS

8.1 Conclusions

Manual scavenging is century old caste based inhuman practice of manually cleaning and carrying human/animal excreta by sub-caste people of scheduled caste community in India. But it is not a practice of past time rather its existence can be seen today across the India. Prior to release of Census of India 2011 data there was denial in the society to accept the existence of this inhuman practice because there was no evidence to prove it. Now, the annual report of Ministry of Social Justice and Empowerment and real time data on number of manual scavengers provided through manual scavenging survey monitored by Ministry of Social Justice and Empowerment are additional source to the evidence of existence of manual scavenging in India. Recently, in a response to question of Honorable Member of Parliament, Rajya Sabha in December 2019, Ministry of Social Justice and Empowerment has given data that as many as 282 people died while cleaning sewers and septic tanks in the country during 2016 to 2019. In the same response, the central government has put on record that there are about 60,440 manual scavengers identified across the country. However, the civil society organisations and social activists working hard to eradicate manual scavenging opined that the deaths and numbers are much higher than the officially reported data.

Several civil society organisations, social activists and individual people at their level have been making efforts to eradicate manual scavenging from society and pushing government as well to act as welfare state. Government of India has been making stringent efforts to combat manual scavenging through several provisions, legal protections, and assistance programmes since 1949. However, available literature show that despite having several provisions including the Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act, 1993 and the recent one Prohibition of Employment as Manual Scavengers and their Rehabilitation Act (MS Act), 2013 declaring it as an offence, manual scavenging still persist and were miserably failed to eradicate this inhuman practice of cleaning toilets, sewers, drainages and lifting human and animal excreta by hand. Though the MS Act is punitive in nature but till today not a single person is punished under this Act. It is contrary to note that one

side we have punitive MS Act for deployment of people as manual scavenger and another side government itself gives data of manual scavengers in India.

The possible reasons of why programmes and schemes of government have not been effective lie in the approach adopted by government. Basically, three approaches were adopted to eliminate manual scavenging; Legal Approach relying on the legislative advocacy, rehabilitation approach that advocates for policies of rehabilitation, and technocratic approach advocated for replacing dry latrines with constructing flush toilets. However, these approaches were not successful mainly because of their limited focus to abolish manual scavenging and treated manual scavenging as a form of work or employment only and, hence completely failed in addressing the issues of manual scavenging in broader social, cultural and political context.

Therefore, the issue of manual scavenging needs to be looked more from humanitarian perspective than only economic subsidy or a sanitation issue. Moreover, these legislations and provisions hardly mentioned anything about the women who are primary group of members to perform this inhuman practice and facing layers of discrimination and stigma from the society. It is well known that almost 90 per cent of manual scavengers in India are women. By virtue of occupation, in day-to-day life they are exposed to several health hazards and harmful gases. In addition, women are more vulnerable to face these health risks than the men as they are engaged with filthiest jobs (direct contact to human excreta) than men and are also positioned lower than men in the society, so faces double layers of discrimination. It is evident that many of women have ended manual scavenging as a form of employment, however, the stigma and discrimination attached with it makes difficult for them to sustain the alternative livelihood which again forces them to return to manual scavenging to support their families or survive in abject poverty.

It is evident from the chapter on review of literature that majority of work done in this area have either been related to livelihood issues, social or physical health. However, in addition to social, economic and physical health problems manual scavengers also face lot of discrimination, rejections, and stigma from society which leads to poor psychosocial health in them. And, there is hardly any study on psychosocial health of manual scavengers in India. Therefore, keeping in view the gaps as identified in review of literature section, the present study has proposed to carry out research on psychosocial health of women liberated non-liberated from manual scavenging. The specific objectives of the study are as follows:

Objectives

1. To study the socio demographic and economic condition of the households of women liberated and non-liberated from manual scavenging
2. To examine the psychosocial health of liberated and non-liberated women from manual scavenging
3. To analyse the impact of liberation on psychosocial health of female manual scavengers.

Hypothesis

There is paucity of empirical studies on this particular subject. However, based on limited availability of literature which are reviewed by researchers and a-priori knowledge of the researcher pertaining to the subject proposed following hypothesis are formulated:

1. Women liberated from manual scavenging will tend to utilise health services more than the non-liberated women
2. Women who liberated from manual scavenging will tend to have better psychosocial health than non-liberated women

The **third chapter** has made effort to accomplish the first objective of the study. This chapter basically focuses on household level information of the studied respondents and subsequent chapter four has focused on background characteristics of the respondents. Total 235 households (110 non-liberated and 125 liberated households) were contacted and it was observed that every household has on an average 4.9 persons in the family. As usual trends, the nuclear family system was rampant in the study area (76 per cent) than joint family.

It was observed that majority of members of both the households were in working age group (demographic dividend). But percentage of population above 60 year was as low as 3 per cent only compared to 9 per cent of national average which shows high incidence of mortality among population 60+ due to their nonstop involvement in manual scavenging works and suggests that only three per cent of study population survives after age 60 years dying. The overall sex ratio in the study area was not in favour of female, i.e., 900 per 1000 males.

As far as household assets are concerned, it was observed that household assets were either not there or were in very few numbers with liberated households compared to non-liberated households. For example, majority of liberated households (58 per

cent) did not have pucca house, only 10 per cent had LPG for cooking, 56 per cent access drinking water through piped water, 24 per cent uses open area for defecation, and only 8 per cent households reported having few acres of agricultural land. While majority of non-liberated households reported to have above mentioned assets in their house.

To understand the economic condition of the household wealth index was developed. The accuracy of wealth index result has been tested by many countries and found consistent with expenditure and income measures. Wealth index was developed by using 25 household assets and each asset is assigned a weight through principal component analysis. According to wealth index score, none of household of non-liberated households falls under poor category while contrary to it 62 per cent of liberated households were from poor category. More surprisingly, 65 per cent households of non-liberated were from rich category compared to only 6 per cent of liberated households. The study team while collecting data has observed abject poverty in liberated households. The main reason of their poverty was that they were not able to get jobs either in their area or nearby areas because of their caste identity.

Amongst other reasons for high prevalence of poverty in liberated household is that benefits of social welfare programmes were not reaching up to them. Almost half of liberated households reported that they did not receive benefit under any of social/economic assistance programmes. A house under Indira Awas Yojana was the only programme which was reported by highest percentage of liberated women (22 per cent) while benefits of social assistance programmes was not at all reaching to non-liberated households as reported by 91 per cent of them.

Now-a-days, the benefits of many programmes are directly being transferred to beneficiaries' bank account. But there are some schemes/programmes which are specifically meant for these people and to claim those benefits/entitlements they need to have caste certificate. It was observed that 34 per cent women of liberated and 30 per cent of non-liberated households did not have caste certificate. So, in absence of caste certificate, they were unable to get benefits of these programmes/schemes.

As far as education is concerned, the situation was very discouraging. Percentage of household members who were illiterate was very high in liberated households (35 per cent), another 26 per cent were educated only up to 5th standard and another 25 per cent were educated between 6-8 years. So, 86 per cent were either illiterate or educated up to 8th standard. Higher education was almost nil among liberated households. However, members of non-liberated households were little better in

attaining educational standards. Only 13 per cent were illiterate and there were 13 per cent household members who had completed higher education. The reasons for gap in educational status between both the groups were the exposure to mass media, availability of different jobs, and accessibility to education facilities nearby their place.

Educational attainment of children was also found poor in liberated households than non-liberated households. It was observed that percentage of children attending school decreases as their age increases in both types of households but number of children dropping from school as their age increases was higher in liberated households. Forty-seven per cent children of liberated households left the schooling at the age of 14-18 years in comparison to 36 per cent children of non-liberated households. The prime reasons cited for dropping the school was caste identity, too much cost, problems at home, children were required to support financially, school is too far and education not necessary for girls.

Chapter four also supports in accomplishing first objective of the study as it provides information on background characteristics of the respondents. Background information of the respondents helps in understanding the overall situation about respondents and it is also helps in understanding the relationship of background information with other variables. Majority of liberated women (62 per cent) were from young age group of 20-40 years which indicates that these women had recently left the manual scavenging works, while in case of non-liberated women majority were from above age 41 years which means majority of women engaged with manual scavenging were from old age group not from the young age group. The age of respondents was varying between 20 to 50 years maximum which shows low life expectancy among these women.

Almost 80 per cent respondents were currently married and remaining 20 per cent were widowed. The reasons for high percentage of widowhood in study was analysed and found that their husbands were also involved in manual cleaning of sewer system and drainage wherein they got exposed to harmful gases resultant affected badly their health and hence passed away at early ages. As it was obvious, prevalence of widowhood was observed high among non-liberated households (24 per cent) than liberated households because adult members were found working in nalas, sewer system and drainages, etc. All respondents were invariably belonging to scheduled caste category. Not a single woman was from other than scheduled caste. Moreover, within the scheduled caste category, 99 per cent were from Mehtar and remaining one per cent was from Balmiki sub-caste category.

Education which yields societal development and makes an individual self-reliant and plays a pivotal role in improving socio-economic condition of the individual was very low among respondents. More than half of respondents were illiterate and another one-fourth were educated only up to primary school (1-5 years). The average year of schooling in the study area was only five years. Education standard was even further lower among liberated women. Almost 70 per cent liberated women were illiterate compared to only 31 per cent of non-liberated.

With regard to age of marriage, majority of respondents (46 per cent) got married before the legal age of 18 years. Only 18 per cent of liberated women got married after age 18 years which was as much as 24 percentage points lower than non-liberated women (42 per cent). The average age of marriage among liberated women was 17 years compared to 18 years among non-liberated women. Because of early age marriage, almost 30 per cent of study women had already experienced motherhood between age group of 11-18 years which resulted in poor health. This was also noticed about 56 per cent of mothers had continued working as manual scavengers till the ninth month of pregnancy. Those who continued working during pregnancy, 83 per cent of them reported having faced health problems. It is obvious that if manual scavenging woman continues her working till ninth month of pregnancy will definitely have negative impact on her pregnancy outcome, same was observed in case of study women, 13 per cent women reported that they had lost their child during delivery or after delivery. Total 53 child deaths were reported by study women which is quite a high number. There were three per cent of such women who had lost 3-6 children.

How much a woman is empowered can be easily assessed by her stake of decision-making in household related issues. The study has examined the extent of empowerment a woman of this community has in terms of decision-making at household level and whether there is any gender discrimination at household level in this regard. The decision-making power was assessed on seven household level items which were as follows: purchase of large household assets, decision of continuing work, purchase of daily household assets, decision regarding schooling of children, decision of spending own income, visiting family or relatives place and visiting to health facility center. Women were asked to respond whether the decision on above mentioned items she can take alone, or by husband, jointly with husband, jointly with other family members or only by other family members. It was observed that the decision on all seven items by respondents alone was significantly higher among non-liberated women than liberated women. This was mainly because majority of non-

liberated women were having direct access of money through their regular earnings which was not the case with liberated women. It was also found that women of non-liberated category were two times more likely to have high level of woman empowerment than liberated women. However, majority of respondents take household level decision jointly with husband which indicates that the women of both groups enjoy gender equality as far as decision-making was concerned. As usual, high level of decision-making power of women was found significantly associated with ever married, respondent education, husband education, earning income and their belonging to rich economic status.

Chapter five has dealt with present and past involvement of liberated and non-liberated women with manual scavenging works. It also discusses the present work life of liberated women.

As result shows that the inhuman practice of manual scavenging in study area was carried solely by Mehtar sub-caste people of scheduled caste community from generations together, study has observed that only women alone rather 86 per cent of their family members were also involved in this profession from more than three generations. Number of family members involved in manual scavenging from more than five generations was higher among liberated households (25 per cent) than non-liberated households (14 per cent). Moreover, there were few liberated households who were involved in manual scavenging from last 10 generations. But most surprising was that three per cent women of first generation were found working as manual scavenging and 31 per cent women reported that their children are also involved in this practice which is matter of great concern for policy-makers.

It was discussed that majority of study women were either illiterate or had attained only few years of schooling and dropped out from schooling among their children was also found high. One of the reasons for not being able to attain full schooling was their early age entry into this profession. It was observed that 40 per cent of liberated and 16 per cent of non-liberated women had pressure from family members and entered into this profession before reaching to 18 years of age. Study had assumed based on status of liberation that the economic condition of liberated women would be better than the non-liberated women. However, result shows a different picture, as high as 87 per cent of liberated women were earning less than equal to Rs. 5000 per month while contrary to this 73 per cent of non-liberated women were earning more than Rs. 5000 per month. Moreover, of 73 per cent of non-liberated women, 38 per cent were earning rupees Rs. 10000-15000 per month. The major reason for difference in monthly

income was due to location of place of residence of the women. Non-liberated women were living in a slum area of Nagpur city where sanitary/cleaning/sewer/drainage/individual toilet related works of municipality were easily available whereas for liberated women availability of jobs in and around village was almost not there, secondly the identity of their caste played an additional role in not getting jobs.

At workplace, majority of respondents reported about facing untouchable practices by their employers. Untouchable practices were reported more by liberated women (51 per cent) than to non-liberated women (33 per cent). Some of untouchable practices includes drinking water was not given or disposable glasses were used, not allowed to come inside house, restriction to touch the household assets, etc. Some of women of non-liberated (26 per cent) have also reported about having faced harassment (mental/physical/sexual violence) by the employer in form of using slang languages, physically pushing them, ill-treat while providing salary, etc.

According to Manual Scavenging Act (2013), if a person is engaged or employed by any of public or private agencies in cleaning/sanitation related jobs, he or she must be provided with protective gear or devices as per the prescribed norms of Government of India. However, it was reported by 84 per cent of non-liberated women that they do not use any protective gear during their work as it has not been provided by their employers.

Many raise two pertinent questions - why these women still continue to work and what stops them from leaving it? All non-liberated women were posed this question and the responses on it were astonishing. Majority reported (44 per cent) that there is no other option for them in the society. People hesitate in giving them other jobs the moment they get to know their caste. So, discrimination based on caste identity is prevalent in study area therefore 23 per cent women reported due caste identity it is highly difficult for them to leave this occupation. Another 20 per cent reported that due to abject poverty in family there is no time to search new livelihood, hence we are forced to continue this profession. Those who can get some other jobs are being rejected because of lack of required educational qualifications and skills (13 per cent). So, in brief, problems of people involved in manual scavenging are multifaceted and multidimensional, it is not as easy as we think. We need to have such policies/programmes which can ensure holistic development of people involved in this profession.

On other side, in those women who had left manual scavenging it was observed that majority of them (66 per cent) had left this work in recent past, i.e., in last five years

only and remaining 33 per cent had left this work six or before six years. The reasons for high percentage of women left this work in the last five years may be mainly due to aggressive campaign of Swachh Bharat Abhiyaan.

Liberated women were also asked for reasons of leaving manual scavenging. It was found that government initiative of demolishing dry latrines under Swachh Bharat Abhiyan played a crucial role in forcing women to leave this profession (76 per cent). In addition, discrimination by society, to earn self-respect, tired of working as manual scavengers, and support from Jan Sahas NGO were the other reasons for leaving this profession, were reported. However, after leaving manual scavenging it was very difficult for them to get other jobs. As high as 78 per cent women reported that society people were offering them only low paid agricultural labour jobs just for short period of time which was not sufficient to survive.

Similar to liberated women, non-liberated women also mentioned about harassment at workplace and faced untouchable practices from employer and society. Forty-nine per cent of liberated women reported about untouchable practices by their employer which includes water was not given, allowed to work outside home, restriction to cross shadow, etc. In addition, 11 per cent mentioned that employers have harassed them at work place.

The literature says that more than 90 per cent of people involved in manual scavenging were women. The study women were asked whether they agree with this fact or not, and if yes why. Majority of liberated (86 per cent) and non-liberated (76 per cent) women reported their agreement to this fact and major reasons cited by them was that men are more in sewer and drainage related works because it requires physical strength. In addition, a few women also reported about gender inequality and pressure from household.

In addition to women, children were also subjected to several types of discrimination at schools by teachers and fellow classmates. Discrimination at school was reported as one of the important reasons for children to dropout of schooling or not completing education. Discrimination towards children was reported significantly by higher percentage of liberated mothers (46 per cent) than non-liberated mothers (19 per cent), mainly because the direct form of casteism/discrimination are more visible in rural areas than in urban areas. The types of discrimination faced by children includes they were allowed to sit only in the last row of benches, rejected to have mid-day meal with other caste children, shudhikaran (purification) with Gangajal by teachers upon touched by these children, asked to clean the toilets of school because they

belong to manual scavengers community, not allowed to drink water from the common hand-pump, mid-meal was served at distance, cannot have friendship with children of other caste, teachers misbehaved with these children because their mothers are involved in manual scavenging work, etc.

To summarise chapter five, it discusses in length the problems and issues of respondents related to their engagement with manual scavenging and non-manual scavenging works. Government of India has been implementing several schemes and programmes to help this community to come out from this inhuman occupation. However, the annual report of Ministry of Social Justice and Empowerment 2018-19 reveals that still significant proportion of people of this community has not been able to receive those benefits of the programme/schemes.

Chapter six presents about knowledge and awareness of the respondents on government schemes and programmes, and their health seeking behaviour. It was very discouraging to know that knowledge and awareness of the respondents about government schemes and programmes was at very low level. Only three per cent of non-liberated and six per cent of liberated women found to know about few of government schemes and programmes such as skill development programme, awas yojana, and safai karamchari scheme. More surprisingly, almost none of women (97 per cent) were aware about Manual Scavenging Act, 2013 (MS Act), a recent Act which prohibits the agencies to employ people as manual scavengers. Awareness about schemes and programmes matters a lot, one can only avail or claim the benefit of programmes if he/she is aware of it. So, there is great scope for the government agencies to disseminate about the available programmes and schemes through different means among the people of this community.

Government has been implementing rehabilitation programmes for them since 1993, however result of the present study is disheartening, only 24 per cent of liberated and only one per cent of non-liberated women reported to receive some help from rehabilitation programmes of the Government. Those who had received majority of them mentioned about getting a one room house.

Swachh Bharat Mission, which focusses on cleanliness, health and social awareness through behavioural change communication, awareness about it was observed very low among liberated women but was high among non-liberated women. The reason being high awareness among liberated women was their place of residence, i.e., urban location. Those who were aware of SBM were further explored about knowledge on SBM. They knew SBM as keeping surroundings clean, this is just another programme of

government, we were asked to clean city, segregation of dry and waste materials, and SBM is just an advertisement only.

Study has also tried to know whether SBA has made any difference in the life of people who were involved in manual scavenging or not. Those who know about SBM, 74 per cent of them reported that there is no change in their life due to SBA. The reporting about no change in life due to SBA was significantly high among non-liberated women (80 per cent) than liberated women (52 per cent). However, there were 19 per cent of liberated and 11 per cent of non-liberated women also who reported some change in the life due to SBA and remaining women did not say anything in response to this question.

It is clear from the result that majority of study women have not been benefited by welfare programmes of government resultant this has only deprived them from improving their socio-economic condition, also negatively affected their physical health which is largely being neglected as a subject of study. The present study has focused on this aspect also. Study observed that the physical health status of liberated women was better than non-liberated women. Sixty-two percentage of non-liberated women reported that due to manual scavenging work were suffering from multiple health problems. While, almost 75 per cent of liberated women reported about reduction in health problems after leaving manual scavenging work. However, 94 per cent of study women, irrespective of liberation status, were currently suffering with some health problems.

As expected, prevalence of currently suffering with any of health problems was higher in non-liberated women than liberated women due to their involvement in manual scavenging work. As reported, women of study area were currently suffering with health problems including migraines, blood pressure, gastroenteritis, arthritis, burning eyes, urine infection, leptospirosis, skin disorder, heart disease, musculoskeletal disorder, asthma, retinal disorder, tuberculosis, etc. The duration of suffering with these health problems were incomparable to general population. It was disturbing to know that 84 per cent of women were suffering with some of health problems from four or more years and expenditure on treatment of health problems was much higher than their earnings. Therefore, this finding suggests that the health system should scrutinise the women of this community who are in urgent need of medical facilities with help of local level government and extend all the required medical support to them.

Since majority of study women reported suffering with health problems, study also explored their health seeking behaviour. Data shows that 13 per cent of women had never ever sought any treatment for their health problems, and this percentage was significantly higher among liberated women (23 per cent) than non-liberated women (3 per cent). Those who sought treatment, majority of them could seek treatment only for two- three health problems. None of women could seek treatment for all the reported health problems. While it was observed that health seeking behaviour was better in non-liberated women than liberated women, however, study has hypothesised that the utilisation of health services will be better in liberated women than non-liberated women. This hypothesis was statistically tested using z proportion test. Result shows that though there exist significant difference in utilising health services between two groups ($p < 0.001$) but in favour of non-liberated women. Thus, the null hypothesis was rejected and alternative hypothesis was accepted but negatively. The reason for better utilisation of health services in non-liberated women was their better economic status than the women liberated from manual scavenging. It implies that merely leaving manual scavenging work will not change the socio-economic status; therefore, government has to proactively come with some sustainable solutions to the problems of these women.

The previous section has discussed in detailed the physical health problems of the respondents and treatment seeking behaviour for the same. However, in addition to social, economic and physical health problems, women of this community also face several other types of discrimination and rejection from the society which affects their psychosocial health badly, which have hardly been studied by any researcher in India. Therefore, the present study had proposed to study the psychosocial health of both types of women who have left and who are still continuing manual scavenging work.

Chapter seven presents the psychosocial health of the respondents. To measure psychosocial health of the respondent two types of psychological scales were developed - the Social Health/Social Well-being Scale and Psychological Health Scale. Social Wellbeing scale was developed by using 12 statements to understand the perception of the respondents on how society behaves with them at different occasions and events, while 23 statements were used in developing Psychological Health scale to understand perception of the respondents on their psychological problems. The reliability of both the scales was measured through Cronbach alpha score and both the scales were found reliable as Cronbach alpha value was more than 0.50.

To measure social well-being status of the respondents 12 statements from different domains of social networking were taken. These domains were cultural and religious activities, social gathering, economic activities, political participation, and government policies. Overall, it was observed that significant proportion of both liberated and non-liberated women reported having faced discrimination on all domains from the society. However, the discrimination or exclusion by society on all seven domains was higher for liberated women than to non-liberated women.

An overall index on social well-being by adding scores obtained by respondents on 12 statements was constructed and divided into three categories as good, medium, and low social well-being. It was found that the majority of liberated women (42 per cent) were in category of low social well-being compared to just 10 per cent of non-liberated women, and in-contrast to it, majority of non-liberated women had high social well-being. This means that social well-being (social acceptance/inclusion) of non-liberated women was higher than the liberated women. This difference in level of social wellbeing between these two groups was also statistically tested through t test. Though, study has hypothesised that the social well-being of liberated women will be better than the non-liberated women. Result of t test showed that there was significant difference in the mean score of social well-being of liberated and non-liberated women ($p < 0.001$). However, this significant difference was observed opposite to set hypothesis, i.e., social well-being was found better in non-liberated women not in liberated women. Hence, null hypothesis was rejected and alternative hypothesis was accepted but negatively. The possible reason may be the place of residence of non-liberated women that is slum area of Nagpur city and in cities the social discriminations and rejections are not as directly visible as in rural areas.

Although, social well-being was comparatively better in non-liberated women, but large proportion of both liberated (77 per cent) and non-liberated women (50 per cent) had reported having poor social well-being. The outcome of poor social well-being results into a negative stressor which leads to psychological problems or poor psychological health. To measure psychological health of women in the study, a psychological health scale was developed covering different types of psychological problems of day-to-day life such as stress, anxiety, confidence level, helplessness, depression, and insecurity. It was observed that the problem of stress and depression was reported by higher percentage of liberated women while helplessness was found high among non-liberated women. Problem of anxiety, confidence and insecurity was reported by equal percentage of both groups of women. Psychological health was found marginally better in non-liberated women. The difference in psychological

health of these two groups of women was not as evident as with social well-being.

To understand about the level of psychological health of these women, the present study formulated a hypothesis based on existing literature that the psychological health of the liberated women will be better than the non-liberated women. To test this hypothesis independent t test was applied and it was observed that there was no significant difference between the mean score of liberated and non-liberated women. Hence, null hypothesis was accepted and interpreted that the difference in the mean values of these two groups of women was just by chance factors, i.e., both liberated and non-liberated women are equally suffering from the psychological problems. It may be concluded that psychological health status of women remains same irrespective of their liberation status.

Finally, study has examined the overall Psychosocial Health of the study women by combining social wellbeing/health and psychological health together. It was hypothesised that psychosocial health of the liberated women will be better than the non-liberated women. To test this hypothesis, independent t test was applied. Scores obtained by the respondents on social well-being and psychological health scale were merged together. Higher the score means poor the psychosocial health of the women. Results of t test show that the mean score of liberated women was higher than the non-liberated women and the difference in the mean scores of these two groups were significant ($p \leq 0.001$). Hence the null hypothesis was rejected and alternative hypothesis was accepted but negatively, i.e., psychosocial health was found better in non-liberated women as against the liberated women who were hypothesised for having better psychosocial health.

Based on above discussion and results, it may be concluded that majority of women from both groups are not having good social well-being and psychological health irrespective of their liberation from manual scavenging. However, comparatively, social well-being of non-liberated women was found better than liberated women. It was mainly because the non-liberated women were living in an urban slum of Nagpur city due to which their exposure to outer world was more. Secondly, social networking or social acceptance of these women was better as social discrimination and casteism in urban areas are not as directly practiced as in rural areas. While, with regard to liberated women who had left the manual scavenging had very poor social well-being/health mainly because their identity (caste) and occupation (manual scavenging) attached to them was already known to the people of village; therefore, the acceptance of these women in the mainstream society was a difficult task for them hence their social networking in the village was limited which resulted

into poor social-well-being/Social-health. This reflects the strong presence of caste and occupation-based discrimination against these women in the villages. In nutshell, despite women have left manual scavenging their social well-being status in the villages remained poor which needs strong interventions from the government in this area.

It is assumed that the better social well-being leads to a better psychological health in the people. This assumption was also studied and it was observed there was no significant association between social well-being and psychological health of the study women. Both liberated and non-liberated women reported to have poor psychological health. However, results of comparative analysis show that non-liberated women were slightly better in psychological health than liberated women but no-significant difference between them was found in statistical test. This interprets that both non-liberated and liberated women were equally suffering from psychological health problems. The possible major reasons for non-liberated women suffering with psychological health problems were due to their huge expenditure on treatment of several health problems, adult educated children were sitting at home without job or were getting only cleaning of drainages/nalas/manhole related jobs. Parents do not wish that their children or further generation be involved in this unclean/stigmatised occupation, hence parents were worried about future of their children and their survival after them. In case of liberated women, the situation was worst compared to non-liberated women. One of the major reasons for poor psychological health of women who had left the manual scavenging was the non-availability of jobs for them which has pushed them to the extreme level of poverty (62 per cent). As already discussed, these women were not getting other types of jobs because of their social identity and previous occupation. Therefore, discriminatory behaviour of the society was the root cause of the poor psychological health in liberated women. Other factors were similar to the women of non-liberated households. One of the evident differences in the psychological health of these two groups of women was the source of income. Though the hypothesis test reveals that both groups of women were equally suffering from poor psychological health but on absolute terms psychological health was found slightly better in non-liberated women as non-liberated women had some sort of assured income through easy availability of unclean occupations in slum area of Nagpur city compared to liberated women who did not have access of jobs at all after leaving manual scavenging. While, hypothesis of the study anticipated that psychological health of liberated women will be better as they have left the humiliating job of manual scavenging. Similarly, overall psychosocial health, which was analysed by

combining both social and psychological health of women to understand psychosocial health in totality, was also found significantly better in non-liberated women as against the set hypothesis that women liberated from manual scavenging will have better psychosocial health.

To summarise, the findings of the study highlight that efforts of women to leave manual scavenging alone is not enough to bring significant change in their life especially in psychosocial health in a situation where discrimination exist and accessibility to jobs depends on social identity. Therefore, it is expected from the government to provide and ensure permanent source of dignified livelihoods, not on temporary basis, to all the identified households who have left manual scavenging and simultaneously social engineering activities aiming to sensitise the society towards manual scavenging issues and families associated with this inhuman practice can be organised. In short, to eliminate manual scavenging from the society and to ensure the dignified life of people who were/are involved in this inhuman practice of manual scavenging, holistic effort with humanitarian approach is needed from the government, civil society organisations and other concerned agencies.

8.2 Recommendations

It is evident from the results that psychosocial health of study women was found very poor irrespective of their current engagement with manual scavenging. Both types of women were found suffering from stress, anxiety, low confidence, helplessness, depression, and insecurity. Similarly, social well-being/social health among these women was also observed poor. Therefore, based on results, the study recommends following points to be considered for improving the life of women who had left and who are still engaged with manual scavenging occupation:

1. MS Act, 2013 must be strictly implemented. The real time-based data on number of manual scavengers in rural and urban areas provided by Ministry of Social Justice and Empowerment must be taken in cognisance by concerned state and district agencies to act against those who have violated this Act.
2. Gram Panchayat being constitutional body must be made accountable in MS Act if someone is found engaged in manual scavenging.
3. Swachh Bharat Mission (BM) has been successful to a great extent in minimising/eliminating manual scavenging from society through demolition of insanitary latrines and replacing it with improved/modern latrines. However, in the process of eliminating manual scavenging from the society majority of households where women, they were the single breadwinner in the family and were performing

manual scavenging for survival. All of a sudden became jobless and were pushed back to extreme poverty. It would have been ideal if SBM would have ensured alternative livelihoods for these families in coordination with department of social justice and empowerment and other concerned ministries before demolition of insanitary latrines.

4. Change in behaviour through BCC strategies is one of the objectives of SBA which should also be rolled out for all those households where manual scavenging is still being practiced and who have left manual scavenging in order to reorient and motivate them for engaging with other than manual scavenging jobs.
5. SBA has been successful in replacing insanitary latrines to sanitary latrines in majority of households of rural areas, however SBA needs to be implemented more rigorously, keeping in view the alternative livelihoods option, because significant proportion of liberated households of study area are still using open defecation.
6. There is grave lack of awareness among women about government schemes and programmes. The information about these programmes and schemes should be easily available at Gram Panchayat office in rural areas and ward level in urban areas.
7. People of this occupation have been least benefited from development programmes therefore, keeping this in view it is recommended that irrespective of liberation status, households of this community must be ensured and given first priority to reap the benefits of all rural development and other social development programmes.
8. To provide sustainable jobs to women of this community, all women should be compulsory covered under National Rural Livelihood Mission. These women must be provided training/skills on those sectors/enterprises which are of their interest and minimum two years handholding support in establishing their enterprise must be ensured by government agencies.
9. The children of this community aged below 18 years who had dropped schooling due to some or other reasons must be provided another opportunity to pursue their study under pre and past matric scholarship scheme available for scheduled caste and scheduled tribes' students.
10. One of the most important reasons for poor psychosocial health of women of study was their worriedness about non-availability of jobs to their children. The family does not want to push their children in this inhuman occupation however at the same time other jobs are not easily available for their children because of their caste identity. Therefore, all unemployed youths of this community should be identified

and provided skill training under DDU-GKY and placement must be ensured later on.

11. A model of training programme on an exposure cum training programme on livelihoods diversification for women liberated from manual scavenging has already been developed by NIRDPR which can be rolled out by State Institute of Rural Developments in association with RETI/RUDSETI.
12. There has to be a regular programme on current issues and challenges of manual scavenging in order to sensitise district and Panchayat level officials.
13. To avail the benefits of some of schemes of Ministry of Social Justice and Empowerment, caste certificate is one of the mandatory documents. However, it was observed that many women were failed to get their caste certificate hence could not avail the benefits. Therefore, the efforts should be made to minimise the required paper work in order to enable them to avail the benefits of the schemes.
14. There has to be sincere effort to make sanitation and cleaning related job as a dignified job. For instance, there should be a decent salary, no direct human intervention, complete mechanisation, etc., so that stigma attached to sanitation related works can be eliminated and people from across community may get attracted to this occupation and may come forward to join this work.
15. Findings suggest that the public health system should scrutinise the women of this community who are in urgent need of medical facilities with help of local level government and extend all the required medical support to them. All the households involved in manual scavenging must be compulsory covered in Ayushman Bharat scheme to make them to avail the benefits.
16. However, unless the human intervention in sanitation related jobs is eliminated it is impossible to abolish manual scavenging from society. Therefore, mechanisation in the field of sanitation related jobs is the need of the hour. Otherwise in the name of use of protective gears and other equipment the agencies will keep exploiting human being for these tasks.
17. Women of study area have demanded that if mechanisation takes place their positions, then their children should be given first preference in getting those jobs.
18. Social health or social well-being of the respondents were found very poor therefore, the general population need to be sensitised towards them using different modes of mass communication. Gram Panchayat may play an important role in it.
19. In nutshell, the holistic and humanitarian approach is required from the government agencies to abolish manual scavenging from the society.

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ANNEXURE 1: SURVEY INTERVIEW SCHEDULE

Psychosocial Health of Women Liberated and Non - Liberated from Manual Scavenging in India

GENERAL INFORMATION:

State:	Madhya Pradesh	1	Maharashtra	2		
District:	_____					
Tehsil/Taluka:	_____	Primary Sample Unit:	Rural	1	Urban	2
Ward:	_____					
Area name (in case of Urban):	_____					
Block (in case of Rural):	_____					
Gram Panchayat Name:	_____	Village Name:	_____			

HOUSEHOLD INFORMATION:

Household Number:	_____							
Name of Head of Household:	_____							
Sex of the Household:	Female - 1		<input type="checkbox"/>	Male - 2		<input type="checkbox"/>		
Religion of the Household	1-Hindu	2-Muslim	3-Christian	4-Sikh	5-Buddhist	6-Others	7-No religion	
Caste of the Household:	1-Scheduled caste		2-Scheduled Tribe		3-OBC	4-Others		
Sub-caste:	_____							
Location of the Household:	_____							
Concrete road connected to the village	Yes-1		<input type="checkbox"/>	No-2		<input type="checkbox"/>		
Concrete road connected to the resident of manual scavengers	Yes-1		<input type="checkbox"/>	No-2		<input type="checkbox"/>		
Name of the respondent	_____							
Type of respondent	1-Non- Liberated Woman			<input type="checkbox"/>	2-Liberated Woman			<input type="checkbox"/>
Type of respondent's house	1-Pucca		2-Semi Pucca		3-Kachha			
Contact number of the respondent	_____							

INTERVIEW INFORMATION:

	Visit Day 1	Visit Day 2	Visit Day 3	Final Visit
Date				
Time				
Interviewer's name				
Result				
Next visit date				

Result code: Complete-1, Respondent not available at the time of interview-2, Entire household absent for extended period of time- 3, Postponed – 4, Refused – 5, Others specify - 6

National Institute of Rural Development & Panchayati Raj
(Ministry of Rural Development, Govt. of India)
Rajendranagar, Hyderabad-500030

Namaste. My name is _____ and I am working with National Institute of Rural Development and Panchayati Raj, Hyderabad. We are conducting a survey in two states of India to understand about the psychological health of rehabilitated and non - rehabilitated women from manual scavenging. In addition, we are also collecting information on socio demographic and economic conditions of the households of women and her family members. We would very much appreciate the participation of your household in this survey. The survey usually takes about 20 minutes to complete. Information provided by you will be used for research purpose only and will be kept strictly confidential.

Participation in this survey will be voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important for the research.

At this time, do you want to ask me anything about the survey?

In case you need more information about the survey, you may contact at the following:

Centre for Human Resource Development
National Institute of Rural Development and Panchayati Raj
(Ministry of Rural Development, Govt of India)
Rajendranagar, Hyderabad – 500030
Contact at: 040-24008457

May I begin the interview now? Yes No

QUESTIONNAIRE

I. HOUSEHOLD INFORMATION

SI.	Name of Household members: (Start with Head of Household) घर के सदस्यों के नाम (शुरुआत घर के मुखिया से करें)	Sex लिंग M-1 F-2 (In years)	Age उम्र (सालों में)	Marital Status वैवाहिक स्थिति	Age 4 years or above चार या उससे अधिक उम्र वालों के लिये	For Age 4-18 years (Both ages are inclusive) 4-18 वर्षों वाले व्यक्तियों के लिये						11 मुख्य व्यवसाय	12 Monthly income of members कमाने वाले सदस्यों की मासिक आय	13 (ii) If yes who are those? यदि हाँ, वो कौन हैं ?	14 What has happened to him/her उन्होंने क्या हुआ था? Major (illness) मुख्य बीमारी	15 Sought health services from govt./pvt. hospital इलाज अस्पताल से कराया Govt - 1 Pvt. - 2	16 How much health expenditure इलाज करने में कतना खर्चा हुआ?
						Is he/she going to school? क्या वह स्कूल जा रहे/रही है? Yes-1 No-2 → Col 9	Currently which standard attending? वर्तमान में कौन से कक्षा में पढ़ रहे/रही है? Go to → col 10	Type of School स्कूल का प्रकार Govt-1 Pvt-2	If No in Col. 6 Main reason for not going to school स्कूल नहीं जाने का मुख्य कारण क्या है?	In addition to schooling, is (name) involved in any paid or unpaid economic activity? स्कूल के अलावा, क्या वह कौनसी वेतन या अवेतनिक आर्थिक कार्य में लगे हुए हैं Yes-1 No-2	Main Occupation मुख्य व्यवसाय						
1																	
2																	
3																	
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Codes for Marital Status
 1-Married, 2-Widowed, 3-Divorced, 4-Separated, 5-Deserted, 6-Unmarried
 0-Illiterate, 97-Can read and write, 98-, Kindergarten

Codes for Education:
 1-School too far away, 2-Transport not available, 3-Further education not considered necessary, 4-Required for household work, 5-Required for work on farm/family business, 6-Required for outside work for payment in cash or kind, 7- Costs too much, 8-No proper school facilities for girls

Codes for Reason for Not Attending School:
 9 Not safe to send girls, 11-Required for care of siblings, 12-Not interested in studies, 13-Repeated failure, 14-Got married, 15-Did not get admission, 16-Teacher discriminates, 17-Caste identity, 18-Bullied by classmates

Codes for Main Occupation:
 1-Agriculture Labour, 2- Non-Agriculture Labour, 3-Farmer/ Cultivator, 4-Contractor, 5-Manual Scavenging, 6-Safai Karamchari-pvt, 7- Artesian, 8-Self-Employed
 9-Student, 10-Dependent Child, 11-Homemaker, 12-Aged Person, 13-Business, 14- Safai karamchari-Govt., 15- helping mother in safai work, 16- Teacher, 17- Individual cleaning toilet, 18- Safai Karamchari-contract, 19- Not employed, 20- Retired, 21- Nurse, 22- Private job, 23- Watchman

II. HOUSEHOLD AMENITIES

Now, I would like to ask you some questions about your household and household amenities.

अब मैं आपसे आपके घर और घर की सुवधाओं के बारे में कुछ प्रश्न पूछना चाहूँगी/चाहूँगा।

Q.	Items	Response Category	Skip to Q.								
2.1	Type of family परिवार का प्रकार	Joint family.....1 Nuclear family.....2 Extended Family.....3									
2.2	Are you permanent resident of this area or migrated from other place and settled here? क्या आप इस जगह के स्थाई निवासी हैं या आप बाहर से आकर यहाँ बस गए हैं/रह रहे हैं?	Permanent resident.....1 Migrated from other place.....2									
2.3	It is your own house or rented? क्या यह घर आपका अपना है या कराए का है?	Own house.....1 Rented house.....2 Municipal Quarter3 Municipal Quarter of family member.....4 Sharing.....5									
2.4	Number of rooms in household? घर में कमरों की संख्या?	Number: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
2.5	Total area of living rooms रहने वाले कमरों का आकार/क्षेत्रफल कतना है?	Square feet: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
2.6	Do you have separate room for cooking? क्या आपके पास खाना पकाने के लिए अलग कमरा है?	Yes.....1 No.....2									
2.7	Do the household have small kitchen and bathroom drainages to drain the leftover/waste water? क्या आपके घर में रसोई और स्नान घर के बचे हुए/बैकार पानी को निकालने के लिए छोटी ना लयाँ हैं?	Yes.....1 No.....2									
2.8	Main source of cooking fuel खाना पकाने के लिए मुख्य ईंधन का स्रोत	Electricity.....1 Kerosene.....2 LPG/ Natural Gas.....3 Coal/Ignite.....4 Charcoal.....5 Wood.....6 Dung Cakes.....7 Others (specify) _____									
2.9	Main source of drinking water पीने के पानी का मुख्य स्रोत	Piped water into dwelling.....1 Piped water into yard/plot.....2 Piped water stand pipes.....3 Hand pump.....4 Well.....5 Others specify _____									
2.10	Do you purify the water before drinking? क्या आप पानी को पीने से पहले शुद्ध करते हैं?	Yes.....1 No.....2									
2.11	What type of toilet facility in your household? आपके घर में किस प्रकार की शौचालय सुवधा है?	Flush-Sewer.....1 Flush-Septic Tank.....2 Flush-Pit latrine.....3 Pit latrine with slab.....4 Pit latrine without slab.....5 No facility/Open space.....6 Dry Latrine.....7 Any other (specify) _____									
2.12	Do you have your own agriculture land? क्या आपके पास अपनी खुद की खेती के लिए जमीन है?	Yes.....1 No.....2	→ 2.14								
2.13	How much your household has its own agricultural land? आपके पास अपनी खुद की खेती के लिए कुल कतनी जमीन है?	In acres: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">Dry</td><td style="text-align: center;">Wet</td><td style="text-align: center;">Total</td><td></td></tr></table>					Dry	Wet	Total		
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2.15	Do you or any of your household member is covered under any health insurance scheme? क्या आप या आपके घर का कोई भी सदस्य किसी भी स्वास्थ्य बीमा योजना के अंतर्गत आता है?	Yes.....1 No.....2																																																																																																				
2.16	Are you or any of your household member has been benefited by any of these social assistance schemes? क्या आपको या घर के किसी भी सदस्य को समाजिक सहायता करने वाली इनमें से किसी भी योजना/स्कीम का लाभ मिला है? (Multiple response are allowed)	<table border="1"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>Widow pension</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Old age pension</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Indira Awas Yojana</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Rashtriya Swasthya Bima Yojana</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Retirement Pension</td> <td>Y</td> <td>N</td> </tr> <tr> <td>MGNERGA</td> <td>Y</td> <td>N</td> </tr> <tr> <td>IHHL</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Any other (Specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>		Y	N	Widow pension	Y	N	Old age pension	Y	N	Indira Awas Yojana	Y	N	Rashtriya Swasthya Bima Yojana	Y	N	Retirement Pension	Y	N	MGNERGA	Y	N	IHHL	Y	N	Any other (Specify) _____																																																																											
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III. RESPONDANT'S INFORMATION

Q	Items	Response Category	Skip to Q
Now I would like to ask you some questions on your personal life. If you don't wish to answer, you may stop me. अब मैं आपसे आपके व्यक्तिगत जीवन के बारे में कुछ प्रश्न पूछना चाहूँगी। जिन प्रश्नों का उत्तर आप नहीं देना चाहती आप मुझे रोक सकती हैं।			
3.1	At what age you got married? आपकी शादी कस उम्र में हुई थी?	Age at marriage (years)	
3.2	After how many years of marriage you experienced first time motherhood? आप शादी के कतने सालों बाद पहली बार माँ बनीं?	Age at first birth (years)	
3.3	It is said that in your community there is a practice of handing over some of latrines owned by family of girl side to the boy as a dowry in the marriage. Have you heard of this practice? ऐसा कहा जाता है क आपके समुदाय में शादी के समय एक रिवाज है जिसमें लड़की के घर वाले लड़के को लेट्रीन साफ करने वाले उन कुछ घरों को दहेज में देते हैं जहाँ पर वे काम करते हैं। क्या आपने इस रिवाज के बारे में सुना है ?	Yes.....1 No.....2	→ 3.5
3.4	Did your parents follow the same practice in your marriage? क्या आपके माता-पता ने भी आपकी शादी में इस रिवाज का पालन किया था?	Yes.....1 No.....2	
Questions no. 3.5 to 3.8 should be asked ONLY to women of age group 15 – 49 years (Other than widowed women) → 3.9			
3.5	Are you currently pregnant or were pregnant in the last one year? क्या आप अभी गर्भवती है या पछले एक साल में गर्भवती हुई थी?	Currently pregnant .....1 Pregnant in the last one year.....2 Not pregnant.....3	→ 3.9
3.6	Have you visited health facility centre for your ANC check-up क्या आप अपनी प्रसव पूर्व जाँच के लए स्वास्थ्य सु वधा केंद्र गई थी?	Yes.....1 No.....2	→ 3.8
3.7	Have you received any of the following health check-ups even once during your ANC visit to health facility centre? क्या आपको प्रसव पूर्व जाँच के समय इनमें से कोई भी कम से कम एक बार जाँच किया गया है? (Multiple responses are allowed)	3 or more ANC visit.....1 TT injections.....2 Iron folic tables or syrup.....3 Weight measured.....4 BP checked.....5 Blood Test.....6 Urine Sample.....7 Abdomen Check- up.....8 Advices on nutrition.....9	
3.8	Did you continue manual scavenging work during pregnancy? क्या आपने हाथ से मैला उठाने के काम को गर्भवस्था के दौरान भी जारी रखा था?	Yes.....1 No.....2	→ 3.11

Q	Items	Response Category	Skip to Q
3.9	Have you continued working during your previous pregnancy? क्या आपने अपनी पछली गर्भवस्था के दौरान इस काम को जारी रखा?	Yes.....1 No.....2	→ 3.11
3.10	Till how many months of pregnancy you continued working? गर्भवस्था के कतने महीनों तक आपने काम करना जारी रखा?	Number of Months.....	
3.11	What type of problems have you faced during pregnancy? गर्भवस्था के दौरान आपको कौन-कौन सी समस्याओं का सामना करना पड़ा?	..... .....
3.12	In addition to the total children, did any of your children died either during pregnancy or after birth? इन बच्चों के अतिरिक्त, क्या आपके कसी भी बच्चे की मृत्यु गर्भवस्था के दौरान या जन्म के पश्चात हुई थी?	During Pregnancy .....1 After Birth.....2 No death took place .....3	
3.13	How many of your children died? आपके कुल कतने बच्चों की मृत्यु हुई है?	Total Miscarriages..... Total Death: M <input type="checkbox"/> F <input type="checkbox"/>	
Check Box: Current Marital Status, If widowed <input type="checkbox"/> ask Q. 3.14 to 3.15 , other than widowed <input type="checkbox"/>			→ 4.1
3.14	What was your age when your husband died? आपके पति की मृत्यु के समय आपकी उम्र क्या थी?	_____ (In years)	
3.15	What was the reason of your husband's death? आपके पति की मृत्यु का कारण क्या था?	..... .....

IV. (i) ENGAGEMENT WITH NON-MANUAL SCAVENGING WORKS (Liberated Women)

You have already told me about your present work in beginning, but now I would like to ask you some questions related to your previous work i.e manual scavenging work and also about your present work. आप मुझे अपने वर्तमान काम के बारे में बता चुकी है ले कन अब मैं आपके पछले काम जो क हाथ से मैला उठाने का था उसके और वर्तमान काम के बारे में वस्तार से जानना चाँहूँगी।

Q	Items	Response Category	Skip to Q
4.1	How many generations of your family carried out manual scavenging work? आपके परिवार की कतनी पीढ़ियाँ इस काम को करती आई हैं?	Number of generations:	
4.2	In total, how many people in your family were involved in this work and who are they? कुल मलाकर, आपके परिवार के कतने लोग इस काम से जुड़े थे और वे कौन लोग हैं? (Multiple responses are allowed)	Total number : _____ Myself.....1 Mother in law.....2 Father in law.....3 Husband.....4 Children.....5	
4.3	What was your age when you started doing manual scavenging work? आपने जब यह काम करना शुरू किया था उस समय आपकी उम्र क्या थी?	Age at work started: _____	
4.4	How many years/months back you left manual scavenging work? आपने कतने वर्षों/महीने पहले इस काम को छोड़ा?	Years/Months: _____	
4.5	What were the reasons due to which you decided to leave this work? वे कौन से कारण थे जिसकी वजह से आपने इस कार्य को छोड़ने का निर्णय लिया?	..... .....
4.6	Have you faced any difficulty in leaving this work? क्या आपको इस काम को छोड़ने में कसी तरह की कठिनाई का सामना करना पड़ा?	Yes.....1 No.....2	→ 4.8
4.7	What were those difficulties, please explain वो कौन सी कठिनाईयाँ थी, कृपया वस्तार में बताएँ	..... .....
4.8	Did any private organisation/NGO have helped you in leaving this work? क्या कसी भी निजी संगठन/संस्था ने आपकी इस काम को छोड़ने में सहायता कया?	Yes Pvt. Organisation.....1 Yes Ngo.....2 Both Pvt. organisation &NGO.....3 None.....4	→ 4.10
4.9	What type of help private organisation/ NGO had provided you in leaving this job? इस काम को छोड़ने के लिए निजी संगठन/संस्था ने आपको कस तरह की सहायता दिया?	..... .....

Q	Items	Response Category	Skip to Q
4.10	Did you start doing any other work after leaving manual scavenging work? क्या आपने हाथ से मैला उठाने के काम को छोड़ने के बाद कोई अन्य काम करना शुरू किया?	Yes.....1 No.....2	→ 4.14
4.11	Which type of work you started doing? आपने कस प्रकार के काम को करना शुरू किया?	..... .....
4.12	Are you currently doing same work or different work? क्या आप वर्तमान में वही काम कर रही है या कोई अन्य काम कर रही है?	Continuing same work.....1 Different work.....2 Not working.....3	→ 4.15
4.13	Why did you leave your previous work? आपने अपना पछला काम क्यों छोड़ा?	People denied other than M.S work.....1 Other Specify.....	→ 4.15
4.14	Why didn't you start doing any other work? आपने कोई अन्य काम करना शुरू क्यों नहीं किया?	..... .....	→ 4.21
4.15	What is your monthly income/ earning from this work? इस काम से आपकी महीने की आमदनी/ कमाई कतनी है?	Income (in a month):..... Kind (in a month):.....	
4.16	Does your employer practice/d untouchability with you? क्या आपके मा लक आपके साथ छुआ- छूत का व्यवहार करते हैं?	Yes.....1 No.....2	
4.17	What type of untouchable practices he/she has practiced with you? वह कस तरीके के छुआ- छूत का व्यवहार करते हैं?	..... .....
4.18	After leaving manual scavenging work, have you ever faced mental/ physical/sexual violence/abuse from the employer? हाथ से मैला उठाने के काम को छोड़ने के बाद, क्या आपने कभी भी अपने मा लक द्वारा कार्यस्थल पर मान सक/शारीरिक/यौन हिंसा/दुर्व्यवहार का सामना किया है?	Yes.....1 No.....2	→ 4.22
4.19	Please explain the types of mental/ physical/ sexual violence/abuse you have faced? आपने कस प्रकार की मान सक/शारीरिक/यौन हिंसा/दुर्व्यवहार का सामना किया है, कृपया उसको वस्तार में बताएँ।	..... .....
4.20	After leaving manual scavenging work, have you ever observed that the employer's behaviour towards you was discriminatory in comparison to others? हाथ से मैला उठाने के काम को छोड़ने के बाद, क्या आपने कभी भी ऐसा अनुभव किया क आपके मा लक का व्यवहार आपके प्रति दूसरों की तुलना में भेदभावपूर्ण रहा हो?	Yes.....1 No.....2	→ 4.22
4.21	How does the employer discriminate you? Please explain. आपके मा लक आपके साथ कस तरिके का भेदभाव का व्यवहार करते हैं, कृपया उसे वस्तार में बताएँ।	..... .....
4.22	It is seen that in this occupation women are more in comparison to men. In your opinion why it is so? ऐसा देखा गया है क इस व्यवसाय में महिलाएँ पुरुषों से अधिक हैं. आपकी राय में, ऐसा क्यों है?	..... .....
4.23	Do you know about Jagirdari or Jajmani practice? क्या आप जा गरदारी या जजमानी प्रथा के बारे में जानती हैं?	Yes.....1 No.....2	→ Sec:V
4.24	Do Jagirdari or Jajmani practices exist today? क्या जा गरदारी/जजमानी प्रथा आज भी चल रही है?	Yes.....1 No.....2	

IV. (ii) ENGAGEMENT WITH MANUAL SCAVENGING WORKS (Non-Liberated Women)

Now, I would like to ask you some questions related to your work. अब मैं आपसे आपके काम के संबंध में कुछ प्रश्न पूछना चाहूँगी।			
Q	Items	Response Category	Skip to Q
4.1	How many generations of your family have been carrying out this work? आपके परिवार की कतनी पीढ़ियाँ इस काम को करती आ रही हैं?	Generation number:	
4.2	In total how many people from your family are currently involved in this work and who are they? कुल मिलाकर, आपके परिवार के कतने लोग वर्तमान में इस काम से जुड़े हैं और वे कौन लोग हैं? (Multiple responses are allowed)	Total number : _____ Myself.....1 Mother in law.....2 Father in law.....3 Husband.....4 Children.....5	
4.3	What was your age when you started doing this work? आपने जब यह काम करना शुरू किया था उस समय आपकी उम्र कतनी थी?	Age at work started: _____	
4.4	On an average, in how many households you work in a day? औसतन, एक दिन में कुल कतने घरों में आप काम करती हैं?	Number of households:	
4.5	Where do you work? आप कहाँ काम करती हैं?	Pvt. Institutions.....1 Govt. Institutions.....2 Individual Toilets.....3 Community toilets.....4 Other (specify).....	
4.6	What is your monthly income/ earnings from this work? इस काम से आपकी महीने की आमदनी/ कमाई कतनी है?	Income (in a month): Kind (in a month):	
4.7	Have your employer has ever practiced untouchability with you? क्या आपके मा लक ने कभी भी आपके साथ छुआ-छूत का व्यवहार किया है?	Yes.....1 No.....2	→ 4.9
4.8	What type of untouchable practices he has practiced with you? वह कस तरीके के छुआ- छूत का व्यवहार करते हैं?	..... .....
4.9	Do you use any protective gears to protect yourself while performing this work? क्या आप इस काम को निष्पादित करते समय अपने आप को सुरक्षित रखने के लिए कसी तरह के सुरक्षात्मक उपकरणों को उपयोग करती हैं?	Regularly.....1 Rare.....2 Sometimes.....3 Alternative days.....4 Not at all.....98	→ 4.11
4.10	What type of protective gears you use to protect yourself? आप अपने-आप को बचाने के लिए कस प्रकार के सुरक्षात्मक उपकरणों का उपयोग करती हैं?	Headgear.....1 Hand gloves.....2 Breath Mask.....3 Safety gumboot.....4 Apron.....5 Any Other _____	
4.11	Why don't you use protective gears while performing this work? आप इस काम को निष्पादित करते समय सुरक्षात्मक उपकरणों का उपयोग क्यों नहीं करती हैं?	..... .....
4.12	Have you ever faced mental/physical/sexual violence/abuse at work from your employer? क्या आपने कभी भी अपने मा लक द्वारा कार्यस्थल पर मानसिक/शारीरिक/बौद्धिक हिंसा/दुर्व्यवहार का सामना किया है?	Yes.....1 No.....2	→ 4.14
4.13	Please explain the types of mental/ physical/ sexual violence/abuse you have faced? आपने कस प्रकार की मानसिक/शारीरिक/बौद्धिक हिंसा/दुर्व्यवहार का सामना किया है, कृपया उसको विस्तार में बताएँ।	..... .....
4.14	Why you chose only this job for your survival? आपने अपने जीवन निरवाह के लिए इसी काम को क्यों चुना?	.....

Q	Items	Response Category	Skip to Q
4.15	Have you ever tried to leave this work? क्या आपने इस काम को छोड़ने का प्रयास कभी किया था?	Yes.....1 No.....2	→4.17
4.16	Why you could not leave this work? आप इस काम को क्यों नहीं छोड़ पाईं?	.....
4.17	It is seen that in this occupation women are more in comparison to men. In your opinion why it is so? ऐसा देखा गया है कि इस व्यवसाय में महिलाएँ पुरुषों से अधिक हैं। आपकी राय में, ऐसा क्यों है?	.....
4.18	Do you do any incoming generating work other than manual scavenging work? क्या आप हाथ से मैला उठाने के आलावा, पैसा कमाने के लिए कोई अन्य काम करती हैं?	Yes.....1 No.....2	→ 4.19
4.19	Do you know about Jagirdari or Jajmani practice? क्या आप जागरदारी या जजमानी प्रथा के बारे में जानती हैं?	Yes.....1 No.....2	→Sec:V
4.20	Do Jagirdari or Jajmani practices exist today? क्या जागरदारी/जजमानी प्रथा आज भी चल रही है?	Yes.....1 No.....2	

V. CHILDREN INFORMATION

Now, I would like to know in detail about the schooling of your children and behaviour of society towards your children.
अब मैं आपके बच्चों की शिक्षा और समाज के लोगों का आपके बच्चों के प्रति व्यवहार के बारे में विस्तार से जानना चाहूँगी।

Q	Items	Response Category	Skip to Q
5.1	Do your household child/children face discrimination from the society/school? क्या आपके घर के बच्चे/बच्चों को समाज/स्कूल से भेदभाव का सामना करना पड़ता है?	Yes.....1 No.....2	→ 6.1
5.2	What are those discriminations practiced by the society/school? समाज/स्कूल द्वारा किए जाने वाले वो भेदभाव कौन से हैं?	.....
5.3	How do you prepare your child/children to cope up with discriminations practiced by school/ society? आप अपने बच्चे/बच्चों को स्कूल/समाज द्वारा किए गए भेदभाव से समझलने के लिए किस प्रकार तैयार करती हैं?	.....

VI. DECISION MAKING

Now, I would like to ask you some questions related to who makes the decision at household level for the following issues:
अब मैं आप से कुछ उन मुद्दों पर प्रश्न पूछना चाहूँगी कि उसका निर्णय घर में कौन लेता है?

Who makes the decision in your household for following items आपके घर में इन मुद्दों पर निर्णय कौन लेता है?		Alone	Only husband	Jointly with husband	Jointly with other family members	Only other family members
6.1	Purchase of major household assets महंगे सामानों की खरीदारी	1	2	3	4	5
6.2	To continue this work इस काम को जारी रखने का निर्णय	1	2	3	4	5
6.3	Purchase of daily household assets घर के रोजाना चीजों की खरीदारी	1	2	3	4	5
6.4	Regarding schooling of children बच्चों की शिक्षा के संबंध में	1	2	3	4	5
6.5	Money earn by you who will decide how to spend आपके द्वारा कमाए गए रुपए/पैसे को कैसे खर्च किया जाए का निर्णय	1	2	3	4	5
6.6	Visiting to your family or relatives place आपके मायके या रिश्तेदारों के घर जाने का निर्णय	1	2	3	4	5
6.7	Visiting to health facility centre स्वास्थ्य सुवधा केंद्र जाने का निर्णय	1	2	3	4	5

VII (A). HEALTH SEEKING BEHAVIOUR

Q	Items	Response Category	Skip to Q																																																																																																																																																																																																																																																																					
7.1 (LW)	After leaving manual scavenging work, do you face less health problems as compare to before? क्या इस काम (हाथ से मैला उठाने का) को छोड़ने के बाद आपकी स्वास्थ्य समस्याओं में कमी आई है?	Yes.....1 No.....2	→ 7.7																																																																																																																																																																																																																																																																					
7.1 (NLW)	Do you face health problems because of manual scavenging work? क्या आपको इस काम की वजह से स्वास्थ्य समस्याओं का सामना करना पड़ता है?	Yes.....1 No.....2	→ 7.7																																																																																																																																																																																																																																																																					
7.2	Did you consult a doctor for these health problems? क्या आपने इन स्वास्थ्य समस्याओं के लिए डॉक्टर से परामर्श किया था?	Pvt. health facility doctor.....1 Govt health facility doctor2 Didn't visit a doctor.....3	→ 7.5 → 7.4																																																																																																																																																																																																																																																																					
7.3	Why didn't you visit to govt. health facility? आप सरकारी स्वास्थ्य सुवधा केंद्र क्यों नहीं गईं?	→ 7.5																																																																																																																																																																																																																																																																					
7.4	Why didn't you visit a doctor? आप डॉक्टर के पास क्यों नहीं गईं?																																																																																																																																																																																																																																																																						
7.5	Did you borrow money for your treatment? क्या आपने अपने इलाज के लिए पैसा उधार लिया था?	Yes.....1 No.....2	→ 7.7																																																																																																																																																																																																																																																																					
7.6	How much money you borrowed for treatment? आपने इलाज के लिए कतना पैसा उधार लिया था?	Rupees: _____																																																																																																																																																																																																																																																																						
7.7	<p>Now I will ask about your illness. Are you suffering/has suffered from any of these illnesses in the last 5 years? अब मैं आप से आपके रोगों के बारे में पूछूंगी/गा। क्या आप इन में से किसी भी बीमारी से अभी पीड़ित हैं या कभी भी पीड़ित रही है ?</p> <table border="1"> <thead> <tr> <th rowspan="2">Name of the Illness</th> <th colspan="2">Presently Suffering</th> <th colspan="2">Ever Suffered</th> <th colspan="7">For how many years?</th> <th colspan="2">Treatment taken</th> </tr> <tr> <th>Yes-1→cl.4</th> <th>No-2→ cl.3</th> <th>Yes-1→cl.4</th> <th>No-2→ q 7.8</th> <th><1</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5+</th> <th>Yes- 1</th> <th>No- 2</th> </tr> <tr> <th>(1)</th> <th colspan="2">(2)</th> <th colspan="2">(3)</th> <th colspan="7">(4)</th> <th colspan="2">(5)</th> </tr> </thead> <tbody> <tr> <td>TUBERCULOSIS</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>MALARIA</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>GASTROENTERITIS</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASTHMA</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>SKIN DISORDER</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEART DISEASE</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>ARTHRITIS</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>MIGRAINES</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>TYPHOID</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>MUSCULOSKELETAL DISORDER</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEPTOSPIROSIS</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEPATITIS A</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAND, FOOT AND MOUTH DISEASE</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE INFECTION</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>RETINAL DISORDER</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> <tr> <td>BURNING OF EYES</td> <td>1</td> <td>2</td> <td>1</td> <td>2</td> <td><1</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5+</td> <td>1</td> <td>2</td> </tr> </tbody> </table>			Name of the Illness	Presently Suffering		Ever Suffered		For how many years?							Treatment taken		Yes-1→cl.4	No-2→ cl.3	Yes-1→cl.4	No-2→ q 7.8	<1	1	2	3	4	5+	Yes- 1	No- 2	(1)	(2)		(3)		(4)							(5)		TUBERCULOSIS	1	2	1	2	<1	1	2	3	4	5+	1	2	MALARIA	1	2	1	2	<1	1	2	3	4	5+	1	2	GASTROENTERITIS	1	2	1	2	<1	1	2	3	4	5+	1	2	ASTHMA	1	2	1	2	<1	1	2	3	4	5+	1	2	SKIN DISORDER	1	2	1	2	<1	1	2	3	4	5+	1	2	HEART DISEASE	1	2	1	2	<1	1	2	3	4	5+	1	2	BLOOD PRESSURE	1	2	1	2	<1	1	2	3	4	5+	1	2	ARTHRITIS	1	2	1	2	<1	1	2	3	4	5+	1	2	MIGRAINES	1	2	1	2	<1	1	2	3	4	5+	1	2	TYPHOID	1	2	1	2	<1	1	2	3	4	5+	1	2	MUSCULOSKELETAL DISORDER	1	2	1	2	<1	1	2	3	4	5+	1	2	LEPTOSPIROSIS	1	2	1	2	<1	1	2	3	4	5+	1	2	HEPATITIS A	1	2	1	2	<1	1	2	3	4	5+	1	2	HAND, FOOT AND MOUTH DISEASE	1	2	1	2	<1	1	2	3	4	5+	1	2	URINE INFECTION	1	2	1	2	<1	1	2	3	4	5+	1	2	RETINAL DISORDER	1	2	1	2	<1	1	2	3	4	5+	1	2	BURNING OF EYES	1	2	1	2	<1	1	2	3	4	5+	1	2
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SKIN DISORDER	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
HEART DISEASE	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
BLOOD PRESSURE	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
ARTHRITIS	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
MIGRAINES	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
TYPHOID	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
MUSCULOSKELETAL DISORDER	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
LEPTOSPIROSIS	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
HEPATITIS A	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
HAND, FOOT AND MOUTH DISEASE	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
URINE INFECTION	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
RETINAL DISORDER	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												
BURNING OF EYES	1	2	1	2	<1	1	2	3	4	5+	1	2																																																																																																																																																																																																																																																												

7.8 I would like to know some details on dietary pattern of your family on the following food items?
अब मैं आप से आपके परिवार के खान-पान से सम्बंधित कुछ प्रश्न पूछना चाहूँगी/गा।

Food Items	Every day	Twice a week	Thrice a week	Weekly	Once in a month	Twice a month	Thrice a month	Not at all
Pulses	1	2	3	4	5	6	7	8
Rice	1	2	3	4	5	6	7	8
Roti /paratha/bread	1	2	3	4	5	6	7	8
Milk	1	2	3	4	5	6	7	8
Eggs	1	2	3	4	5	6	7	8
Leafy or green vegetables	1	2	3	4	5	6	7	8
Chicken/ meat/ fish	1	2	3	4	5	6	7	8
Fruits	1	2	3	4	5	6	7	8
Milk products(Ghee, curd, cheese)	1	2	3	4	5	6	7	8

Check Box: Only for children between 0-7 years.

Q	Items	Last Child	Next to last child	Skip to Q
7.9	According to you, the height of your household children is as per his/her age? आपके अनुसार, क्या आपके घर के बच्चों की लंबाई उसकी उम्र के मुताबिक है?	Yes.....1 No.....2	Yes.....1 No.....2	
7.10	According to you, the weight of your children is as per his/her height? आपके अनुसार, क्या आपके घर के बच्चों का वजन उसकी लंबाई के मुताबिक है?	Yes.....1 No.....2	Yes.....1 No.....2	
7.11	According to you, the weight of your children is as per his/her age? आपके अनुसार, क्या आपके घर के बच्चों का वजन उसकी उम्र के मुताबिक है?	Yes.....1 No.....2	Yes.....1 No.....2	
7.12	According to you how is the nutritional status of your children in comparison to the children of the same age? आपके अनुसार, आपके घर के बच्चों की पोषण की स्थिति उसके उम्र के बच्चों की तुलना में कैसी है?	Very Good.....1 Good.....2 Average.....3 Poor.....4 Very Poor.....5	Very Good.....1 Good.....2 Average.....3 Poor.....4 Very Poor.....5	

VII (B). SMOKING & DRINKING HABIT

Do you? \ क्या आप?	Yes			No	If yes, why do you smoke/ chew gutkha/ panmasal or drink alcohol अगर हाँ, आप धूम्रपान/गुटका/ पानमसाला और शराब क्यों पीती हैं?
	Regularly	Occasionally	Sometimes		
Smoke <i>bidli</i> /cigarette बीड़ी/सगरेट पीती हैं	1	2	3	9	
Chew Gutkha/ Tobacco/ khaini/ Pudiya Panmasala/ गुटका चबाना/सम्बाखू/खैनी/ पानमसाला/पु ड्या चवाती हैं	1	2	3	9	
Alcohol शराब पीती हैं	1	2	3	9	

VIII. KNOWLEDGE REGARDING GOVERNMENT POLICIES/ SCHEMES

Now I would like to know about your awareness regarding government schemes and programmes that are especially meant for people who are involved in manual scavenging. अब मैं उन सरकारी योजनाओं और कार्यक्रमों के बारे में आपकी जानकारी जानना चाहती/ता हूँ जो विशेष रूप से उन लोगों के लिए बने हैं जो हाथ से मैला उठाने का काम करते हैं।

Q	Items	Response Category	Skip to Q
8.1	Do you know any scheme, programme of the government which is especially for manual scavengers? क्या आप सरकार की किसी भी योजना/कार्यक्रम को जानती हैं जो विशेष रूप से हाथ से मैला उठाने वालों के लिए है?	Yes.....1 No.....2	→ 8.3
8.2	What are those schemes/ programmes? वो कौन सी योजना/कार्यक्रम हैं?	..... .....
8.3	Do you know about Prohibition of Employment as Manual Scavengers and their Rehabilitation Act (MS, Act), 2013? क्या आप हाथ से मैला उठाने वाले कर्मियों के नियोजन का प्रतिषेध और उनका पुनर्वास अधिनियम, 2013 के बारे में जानती हैं?	Yes.....1 No.....2	→ 8.5

Q	Items	Response Category	Skip to Q
8.4	What do you know about this act? आप इस एक्ट के बारे में क्या जानती है?	.....
8.5	Do you or any of your household members has ever received any help from the government scheme/ programmes? क्या आपको या आपके घर के कसी भी सदस्य को कभी भी कसी सरकारी योजना/कार्यक्रम से कोई सहायता मली है?	Yes.....1 No.....2	→ 8.7
8.6	What kind of help you/your household members received from government? आपको आपके घर के कसी भी सदस्य को सरकार से कस तरह की सहायता मली है?	.....
8.7	Do you know about Swacch Bharat Abhiyan (SBA)? क्या आप स्वच्छ भारत अभियान के बारे में जानती है?	Yes.....1 No.....2	→ Sec:IX
8.8	What do you know about Swacch Bharat Abhiyan (SBA)? आप स्वच्छ भारत अभियान के बारे में क्या जानती है?	.....
8.9	What has changed in the lives of manual scavengers because of the Swachh Bharat Abhiyan (SBA)? स्वच्छ भारत अभियान की वजह से हाथ से मैला उठाने वाले व्यक्तियों के जीवन में क्या बदलाव आया है?	.....

IX. PSYCHOSOCIAL HEALTH: (A) Social Issues

Now, I would like to know your opinion about how society behaves with you on following issues. Please rate your opinion on five point scale whether you are strongly agree/agree/ neutral/disagree/strongly disagree on following statements which I am going to ask you. अब मैं आपकी उस बारे में वचार जानना चाहूँगी/गा क समाज के लोग आपके साथ कैसा व्यवहार करते हैं। कृपया आप अपने वचारों को इन मुद्दों के लए पाँच बिन्दुओं पर जैसे क आप अत्याधक सहमत/सहमत/निष्पक्ष/असहमत/अत्यधक असहमत पर दे सकती है।

Q	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9.1	Other community people/neighbours avoid you in inviting marriage ceremonies. अन्य समुदाय के लोग/पड़ोसी आपको शादी समारोह में बुलाने में अनदेखी करते हैं।	1	2	3	4	5
9.2	People intentionally do not invite you to attend Gram Sabha meeting/general public meeting/community meeting etc. लोग जानबूझ कर आपको ग्राम सभा/सामान्य जन सभा/सामुदायिक बैठकों में आमंत्रित नहीं करते।	1	2	3	4	5
9.3	You feel your political participation such as casting your vote, participation in political rallies and in political issues are restricted. आपको लगता है क आपकी भागीदारी राजनीति में जैसे क वोट डालना, राजनैतिक रैलियों में जाना या फर राजनैतिक मुद्दों पर चर्चा करना कम है।	1	2	3	4	5
9.4	You have equal rights to worship in the same temple/ Church/ Mosque which is accessible by other people. आपको समाज के अन्य लोग जिस मंदिर/मस्जिद/चर्च में पूजा करते हैं उसी मंदिर/मस्जिद/चर्च में पूजा करने के सामान अधकार प्राप्त है।	1	2	3	4	5
9.5	People respect your views in community meetings. समुदायिक बैठकों में आपके वचारों को लोग सम्मान करते हैं।	1	2	3	4	5
9.6	You are more conscious about your identity/personality when you are in public assembly or in community meeting. आप जब आम सभा या सामाजिक बैठकों में होते हैं तो आप अपनी पहचान/व्यक्तित्व को लेकर सजग होते हैं।	1	2	3	4	5
9.7	Because people know your caste therefore they discriminate you. क्यूं क लोग आपकी जाति को जानते हैं इ सलए वे आपके साथ भेद-भाव करते हैं।	1	2	3	4	5
9.8	Participation in religious activities of yours is as equal as others people धार्मिक क्रिया कलापों में आपकी भागीदारी उतनी ही होती है जितनी क अन्य लोगों की।	1	2	3	4	5
9.9	All the community members use same cremation ground. समाज के सभी लोग एक ही शमशान भूमि का इस्तेमाल करते हैं।	1	2	3	4	5
9.10	You can do all economic activities for livelihood which others can do. जीवन चलाने के लए आप उन सभी कार्यों को कर सकते हैं जो की अन्य लोग कर सकते हैं।	1	2	3	4	5
9.11	People believe that unclean occupation should be done only by scheduled caste people. लोग ऐसा मानते हैं क सभी अशुद्ध (गंदा) व्यवसाय केवल अनुसूचित जाति के लोगों को करना चाहिए।	1	2	3	4	5
9.12	Government is serious to eliminate the manual scavenging practices from India however implementation is not effective. सरकार हाथ से मैला उठाने की प्रथा को देश से उन्मूलन करने के लए गंभीर है परन्तु इसके लए कार्यवाही प्रभावकारी नहीं है।	1	2	3	4	5

IX. PSYCHOSOCIAL HEALTH: (B) Psychological Problems

After knowing the behaviour of the society with you, now I would like to know your opinion on some of your personal problems which might be due to manual scavenging job. These problems are related to mental tension, stress, confidence, motivation etc. which you might be facing in your day to day life. Now I will read out few statements and you have to give your opinion on scale of five, whether you are strongly agree, agree, strongly disagree, disagree or neutral. समाज का आपके प्रति व्यवहार जाने के बाद, अब मैं आपकी कुछ व्यक्तिगत समस्याओं जो की हाथ से मैला उठाने की वजह से हो सकता है, उस पर आपकी राय जानना चाहूंगी/गा। ये समस्याएँ मान सक तनाव,दबाव,आत्म वशवास,प्रेरणा, चंता इत्यादि से सम्बन्धित है जिसे आप अपनी रोजाना के जिंदगी में झेल रही होंगी। अब मैं इसी से सम्बन्धित कुछ वाक्यों को पढ़ूंगी/गा और आप को अपनी राय पाँच बिन्दुओं पर जैसे क आप अत्या धक सहमत/सहमत/ निष्पक्ष/असहमत/अत्या धक असहमत पर देनी होगी।

Q	Items	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
9.13	Lack of concentration during work. आपको अपने कार्यों में ध्यान केन्द्रित करने में बाधा आती है।	1	2	3	4	5
9.14	Often worry about people's opinion about me. लोग आपके बारे में क्या राय रखते हैं इसकी चंता अक्सर आपको होती रहती है।	1	2	3	4	5
9.15	Even during winters you tend to sweat a lot. ठंडीयों के मौसम में भी आपको बहुत पसीने आते रहते हैं।	1	2	3	4	5
9.16	Due to excess of worriedness you are unable to sleep. इस कार्य से अत्य धक चंता होने की वजह से आपको नींद नहीं आती है।	1	2	3	4	5
9.17	You work under considerable mental tension. आप काफी मान सक तनाव के तहत काम करती हैं।	1	2	3	4	5
9.18	Feel ashamed about work. आपको अपने कार्य को लेकर ग्लानी होती है।	1	2	3	4	5
9.19	You hesitate to start something new because of fear that people around you will not appreciate. आपको कसी नए कार्य को शुरू करने में हिच कचाहट होती है इस डर क वजह से की आसपास के लोग इसे सराहेंगे नहीं।	1	2	3	4	5
9.20	Unable to decide what would be the best course of action for you. आपको लए सही रास्ता क्या होगा इसका निर्णय आप नहीं कर पाती हैं।	1	2	3	4	5
9.21	Sometimes you feel you are absolutely useless. कभी कभी आपको ऐसा लगता है क आप कसी लायक नहीं हैं।	1	2	3	4	5
9.22	Often worry thinking that you may suffer from poor health. आप अक्सर ऐसा सोचती है क आगे आने वाले समय में आप बीमार पड सकती है।	1	2	3	4	5
9.23	Often feel helpless. आप अक्सर असहाय महसूस करती हैं।	1	2	3	4	5
9.24	Over-reactive on small issues. आपको छोटे छोटे चीजों पर गुस्सा आ जाता है।	1	2	3	4	5
9.25	You feel hungry but don't feel like eating. आपको भूख लगती है पर खाना खाने का मन नहीं करता।	1	2	3	4	5
9.26	You often feel lonely, even when you are with people. लोगों के साथ होने पर भी आपको अकेलापन लगता है।	1	2	3	4	5
9.27	You feel frightened. आपको हमेशा डर लगा रहता है।	1	2	3	4	5
9.28	You often feel depressed. अक्सर आपको अपना मन उदास लगता है।	1	2	3	4	5
9.29	You often feel insecure. आपको अक्सर असुरक्षा की भावना महसूस होती है।	1	2	3	4	5
9.30	Don't aspire to get higher things in your life. आप अपने जीवन में कुछ बड़ी चीजें पाने की इच्छा नहीं करती।	1	2	3	4	5
9.31	You always feel low about your self esteem. आपको अपने आत्म सम्मान में हमेशा कमी लगती है।	1	2	3	4	5
9.32	Always feel like crying. आपको हमेशा रोने का मन करता है।	1	2	3	4	5
9.33	You curse yourself quite often. अपने आप को हमेशा कोसते रहना।	1	2	3	4	5
9.34	You have an inferiority complex in you. आप में हीनता की भावना उत्पन्न करती है।	1	2	3	4	5

X. ATTITUDE TOWARDS YOUR SOCIETY AND ABOUT YOUR WORK

Q	Items	Response Category	Skip to Q
10.1	Have you got acceptance from the society, after leaving manual scavenging work? क्या आपको हाथ से मैला उठाने का काम छोड़ने के बाद, समाज से स्वीकृति मल गई है?	Yes.....1 No.....2	→ 10.3
10.2	How did you ensure yourself that you have got acceptance in the society? आपने यह कैसे सुनिश्चित किया क समाज से आपको स्वीकृति मल गई है?	..... .....

Q	Items	Response Category	Skip to Q
10.3	According to you, why you have not got acceptance from the society? आपके अनुसार, समाज से आपको स्वीकृति क्यों नहीं मली है?	..... .....
10.4	Do you know anyone, other than you, who has left manual scavenging work permanently? क्या आप अपने अलावा कसी और को जानती है जिसने इस काम को पूरी तरह से छोड़ दिया है?	Yes.....1 No.....2	→ 10.6
10.5	According to you, why manual scavenging work still exists? आपके अनुसार, हाथ से मैला उठाने का काम समाज में अभी भी क्यों मौजूद है?	..... .....
10.6	According to you, can we eliminate manual scavenging from the society? आपके अनुसार, क्या हम हाथ से मैला उठाने के इस काम को समाज से पूरी तरह से खत्म कर सकते है?	Yes.....1 No.....2	→ 10.8
10.7	According to you, what need to be done to eliminate manual scavenging from the society? आपके अनुसार, हाथ से मैला उठाने के इस प्रथा को खत्म करने के लिए हमें क्या करने की जरूरत है?	..... .....	→10.9
10.8	Why do you think that the manual scavenging cannot be eliminated from society? आप ऐसा क्यों सोचती है क हाथ से मैला उठाने की प्रथा को समाज से नहीं खत्म कया जा सकता है?	..... .....
10.9	Will you ever start doing manual scavenging work in future? क्या आप कभी भी भ वष्य में हाथ से मैला उठाने का काम करेंगी?	Yes.....1 No.....2	
10.10	Do you encourage other people to leave manual scavenging work? क्या आप अन्य लोगों को इस काम को छोड़ने के लिए प्रेरित करती है?	..... .....

Thank you so much for your kind cooperation and support in completing this interview.

ANNEXURE 2

PHOTOS TAKEN DURING COLLECTION OF DATA



Study team imparting training to research investigators



Group discussion with local stakeholders



A research investigator interviewing a respondent



A 5-year-old girl with the big broom stick used by her mother



House of a non-liberated woman



Study team poses for a group photograph with field investigators

Cover Design: V. G. Bhat



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