

Ghettoization of Municipal Sanitation Workers in Mumbai: A Case of Occupational Segregation

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Abstract

The “religion” and “caste” identities are features of ghettoization in India. But its urban space has an added feature of occupational segregation, particularly the Municipal Sanitation Workers (MSWs) characterized by caste stereotype and socioeconomic adversity. An investigation on this count in Mumbai city reveals some stark realities. In an attempt to examine the possible ghettoization of MSWs in Mumbai, we gathered information from 540 MSWs in six municipal wards that asserts a majority of MSWs as migrants from various parts of India to Mumbai city. These workers reside in the ghettoized communities in Mumbai, particularly in labour colonies exclusively developed for them that not only have an unhygienic environment but also proximity to hazardous places. Characterization of this particular occupational group suggests an intersectionality of caste, migration and occupation resulting in their ghettoization. Evidence emerging from this enquiry suggests that sanitation workers have been ghettoized for generations and trapped in a vicious cycle of poor education, low living standards, deteriorating health condition, poverty and lack of alternative employment that have retained them in the same profession. This unfolds a need for understanding of sustained adversity and its implied clustering to imagine pathways of socio-economic mobility for certain occupations in urban India.

Keywords: Ghettoisation, sanitation workers, caste, migration, Mumbai, India.

I. Introduction

Ghettoization is the discriminatory procedure employed by authorities to isolate, contain and exploit a single ethno-racial group resulting in their social and spatial segregation from the mainstream society (Slater, 2020). In general, it is viewed in terms of spatial concentration of specific identities wherein certain racial groups, religious and caste categories, occupation and gender identity, economic class and other ethnic minorities are found in isolation. Such locational concentration otherwise termed as residential segregation in urban space in particular is often overlooked in the evolving urbanization process in India. Identity based concentration of inhabitation in urban space is normally class linked wherein we find the rich, the middle class and the poor have defined region of inhabitation that defines locality and its associated commercial and transactional features. However, this is not devoid of influence or power that makes certain location privileged in terms of access to services and amenities more than other locations and consequently people treated as inferior by the dominant group of peoples in the society. In India, the ghettoization process is particularly shaped in accordance with the social categories of the people such as “religion” and “caste”². Caste is defined as a social group having two prime features like membership by birth and forbidden by the social norm to exchange across other social groups through marriage (Ketkar, 2021). The caste system is a four-story closed-compartment building without the ladder for vertical mobility. People from the Brahmin community were placed at the top of the ladder, followed by Kshatriyas, Vaishyas and Shudras. Brahmins mainly had rights to knowledge and allowed to perform religious duties. Kshatriyas were considered to be protectors, warriors and rulers. The Vaishyas were involved in business and accumulation of wealth, whereas the Shudras were placed at the bottom to

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² The articles 341 and 342 of the Indian Constitution include a list of castes formerly known as the “untouchables,” which are practically referred to as the “Scheduled Castes” for special entitlements in national parliament, state legislatures, municipality boards, and village councils, and jobs in the public sector and higher education.

provide the support elementary services to the above three caste groups. Again, in the Shudra category, further subdivisions exist where sub-castes are assigned specific menial tasks or services and most of such services were deemed as impure or polluted by so-called societal standards. Some of the Shudra castes were traditionally designated to perform the left-out work including removing the dead animals in villages, handling the dead bodies on the funeral ground, playing musical instruments in cultural events, cleaning roads/lanes in villages and removing or manually cleaning the human excreta. This work was considered to be the most polluting in the society and, therefore, the group of people or their castes performing these tasks were considered as '*untouchable*' in the Indian society. Overtime, untouchables were isolated in the villages and most of the time they were located in the fringe or the peripheral areas of villages. Isolating them in the peripheral areas of the village deprived them from accessing the public amenities/facilities including a common water facility, religious places, participating in open markets and socializing with the mainstream residents of the village. Such inhibitions make them vulnerable to the natural calamities and disease due to isolation. They become the first to be attacked as and when a conflict takes violent shape as they used to reside in the area surrounding the main village. Historically, the caste system has been justified as the means of division of labour to decentralize work among the community. However, countering the theory of division of labour, scholars like Ambedkar reiterate it is not "merely a division of labour; but it is also a division of labourers" (Ambedkar, 2013). He emphasized that no civilized society would accept the division of labour accompanied by the unnatural division of labourers into watertight compartments.

In India, evidence revealed that untouchables used to reside in rural areas and were engaged in providing all necessary services to the society including maintaining cleanliness and sanitation in the villages particularly (Ambedkar 1990). Lower caste people engaged in sanitation work mainly migrated in large numbers to urban areas from the countryside and this period can be divided into three broad phases.

The first phase started during the Mughal Empire period when prisoners of war were forced to perform sanitation and menial work; and were forced to migrate to the different Mughal ruling areas for the same (Shaymlal, 1992; Khudshah, 2005).

The second phase was the British era where British colonization laid down the foundation for industrialization, developing transportation facilities including railways and other small-and-large industries, establishing army cantonment and providing associated services. During industrialization, urbanization increases the requirement of labour in towns to provide essential services offered by migrant labourers, specifically originating from rural areas who are under-privileged in the rural areas as relation to class/caste identity. First the time in Indian history, the British government institutionalized sanitation work and mainly the lower caste population got recruited officially to carry out the sanitation work (Ramaswamy, 2011; Khudshah, 2005).

In the third phase, they migrated to the big cities for employment during the late 19th century. Such migration took place on the premise that the urban areas were better places for employment and improving livelihood standards. Migration has been recognized as one of the important sources of coping mechanisms, accumulation of economic resources, and adaptive strategies for the marginalized people in India (ILO 2020). Particularly in the nineteenth century, people moved from place to place like never before. This movement was at the local level and a long-distance settlement for some seasons. It was voluntary on some occasions and forced migration otherwise in search of survival and livelihood. While urban migration is for providing essential services, the class/caste identity of migrant determined the kind of work they ultimately engage in. There is ample evidence to this effect that lower caste people who migrated to the urban areas were engaged in menial work, particularly in cleaning and sanitation (Shaban, 2008; Keshri & Bhagat, 2012; Kadam, Gawde & Darokar, 2023). Such migrants engaged in menial work are not only low-paid but also have a compromised living in isolated areas in urban spaces (Ayyar, 2013). The urban governance remains blind to their compromised living in ill-equipped settlements with a denounced identity of sanitation workers who eventually get ghettoized in the urban areas in terms of their caste and profession.

This commentary is an attempt at evaluating this undesirable feature of sanitation workers in Mumbai, a metropolitan city of India. Based on this case study, we seek to display the complex interplay of caste, occupation, migration and development in perpetuating spatial and social segregation in India. The pieces of evidence will provide inputs to the urban development and rehabilitation of sanitation workers in India.

II. Discussion

The history of sanitation work is as old as the human civilization. The manual cleaning and maintenance of open defecation areas were a practice everywhere in the society. Castes engaged in sanitation work belong to a well-defined group in the Indian social hierarchy. India has adopted numerous measures to eradicate and inhibit the practices that force people to perform menial work i.e., *Demanding, Dirty, Dangerous, and Drudgery* (Ministry of Law and Justice, 2013). However, the reform measures and deterrents do not seem to reflect in the domain of the sanitation workers. The stigma associated with menial work continues to remain and is defined with a particular caste group belonging to the lower rung in the social hierarchy in the rural setting. Such a sanction is expected to disappear in an urban space where participation in sanitation work can perhaps be like any other work. However, caste stereotype specific to sanitation work persists despite caste anonymity in the urban space. In fact, work related hierarchical structure in the urban space is defined in terms of educational attainment, skills and qualifications, etc. However, the migration of this class of individuals from the rural areas with low educational attainment and inadequate working skills often land up in jobs that are not preferred by many as a choice. A majority of the migrants with poor socioeconomic status and caste disadvantage were left without the option of sanitation work in urban areas.

This is a maiden attempt at understanding the migration pattern of sanitation workers and their ghettoization in the place of destination. This involves a survey of 540 sanitation workers in six municipal wards of Mumbai in 2018 based on a scientific method of sample design (Salve, 2018). The survey was conducted with due ethical approval obtained from the municipal corporation. The findings of the study reveal that a majority of the sanitation workers have migrated from various parts of India to Mumbai city. For instance, about 40 per cent of sanitation workers reported that their birthplace is different from that of Mumbai and Maharashtra state. At the same time, more than 60 per cent of sanitation workers in Mumbai were from Maharashtra state only (Graph 1). This composition of migrant sanitation workers in Mumbai city has an added feature of a lower caste predominance conveying the caste stereotype associated with sanitary work. Previous studies conducted in different cities support the finding that the majority of sanitation workers in urban areas migrated from other states in India (Darokar, 2009; Salve, Bansod & Kadlak, 2017).

While type of employment and the corresponding income level determine residential location and living condition in the city, there seems to be a clear concentration of poor and underprivileged in designated areas. Given the precondition of the migrant sanitation workers as regard poor socioeconomic condition, their residential settlement remains adverse. The sanitation workers routinely resided in the slums or peripheral areas of the city. Gradually, these residential places develop as ghettos because of the homogeneous nature of the population and their socioeconomic and occupational characteristics. In Mumbai, sanitation workers have been residing in identified labour colonies explicitly developed by the municipal corporation of Mumbai for them and these workers have been settled in unhygienic and hazardous places. The social mapping demonstrated that their housing settlements were in the proximity of local railway stations, fish markets, near abattoirs, in transit camps near landfill/dumping grounds, red-light areas (residential areas of women prostitutes), surrounded by chemical refineries and un-notified slum areas. Further such mapping indicates that the sanitation workers were isolated in hazardous residential places in Mumbai, particularly in labour colonies such as Ramabai colony aside of Chembur station exposed to the railway track as well as one of the biggest fish markets in Chembur slum area of Mumbai. Similarly, Bapji labour colony at Grant Road is close to the red-light area of Kamathipura, a transit camp near the Deonar dumping ground and labour colony near Deonar abattoir, etc.

The qualitative inputs received during interviews convey systematic residential segregation in Mumbai. For instance, *“Basically, the Bapiti colony was constructed as the residential apartment for municipal officials but due to proximity of the red-light area of Kamathipura, officials rejected housing societies and then that society was allocated to our sanitation workers. Now, more than 70 per cent of sanitation workers residing here belong to the second or third generation of sanitation workers. I don’t know how many more years this will continue”* says a 38-year-old sanitation worker. This input stands testimony to sanitation workers being unknowingly trapped under systematically segregated in some kind of ghettos in India. In this proximity, sanitation workers are relegated to live here together for generations with no prospect of socioeconomic and occupational mobility.

The study further revealed that eight out of 10 sanitation workers reported that they were second or third generation of sanitation workers recruited through the Preferential Treatment³ scheme of the government (Graph 2). Their family members too face the adversity of accessing the public facilities provided by the government including schools, health centres, public parks and a healthy environment. These residential areas are the main sources of regular supply of sanitation workers from the same social groups without any additional benefits. The findings of the study subscribe to the arguments that sanitation workers were isolated and segregated at least as regards their residential facilities in the city. Their ghettoization is apparent in Mumbai city. Further, these ghettos are also vulnerable to different health risks (endemic and pandemic) because of their engagement in sanitation work on the one hand and the exposure to the hazardous environment they live in on the other.

The recent pandemic is one of the instances exposing their greater vulnerability relative to the general population. For instance, maintaining the social distancing protocols of COVID-19 was impossible in closed settlements while utilizing the common household amenities in transit camps and residential colonies. Likewise, most of the slum settlements in Mumbai have common access to water and toilet facilities in the slum areas. Previous studies evidence that sanitation workers are among the most vulnerable front-line workers during medical and natural calamities in any country (Manecksha, 2011; Ayyar, 2013; Sharior et al., 2023; Salve & Jungari, 2020). These workers are not only vulnerable at the workplace engaging in risky jobs but in terms of their living environment in the proximity of hazardous surroundings. Besides the individual sanitary worker, his entire family/household is also at the receiving end of the associated health risks. The health of sanitation workers deteriorates owing to lack of protection at work as well the compromised living environment that takes a toll of premature deaths among them as well as the frequent chronic morbidities and related disabilities. Evidence to this effect was observed based on this study that observed morbidities arising out of their occupation and premature deaths due to communicable diseases in India (Salve, Bansod & Kadlak, 2017).

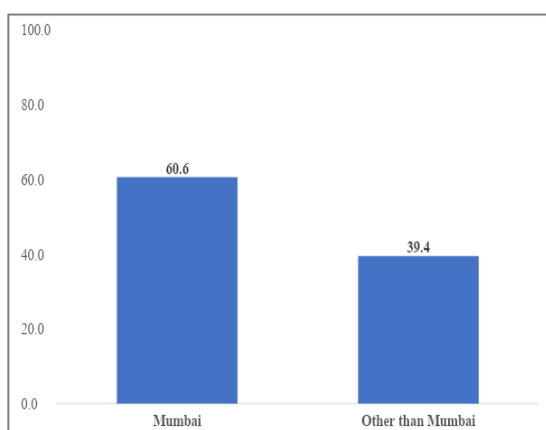
The residential segregation of this group and its implied socioeconomic isolation has a significant bearing on the health and demography of sanitation workers. They often remain excluded from the urban provisioning of basic services and there is no specific compensation and protection against the vulnerability of this occupation and their segregated living which amounts to unforeseen miseries despite their fundamental role in making urban living safe. The failure in mainstreaming this occupational class into urban living and subjugating them to isolation leads to their restrictive mobility and an identity of deprivation and despair across generations engaged in this profession. Evidence in literature hints at residential segregation based on ethnic identities causes poor demographic and health outcomes. The residential segregation of black and white communities demonstrated significant differences in the demographic indicators and life expectancy among the black and white populations in developed countries (Hendi, 2024; LaVeist, 2003; Collins & Williams, 1999; Williams & Collins, 2001; Karbeah & Hacker, 2023).

³ Under the preferential treatment scheme of government sanitation, workers can nominate his kin (wife, son/brother, unmarried or widowed daughter/sister, or any other dependent) to the post of sanitation workers after his retirement, death or permanent disability.

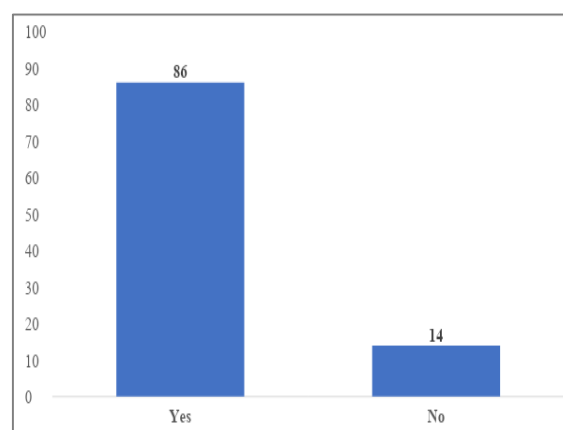
The adverse social and health outcomes including violence, substance abuse, occupational choice, mental health and poverty is largely shaped by the residential segregation of people. The evolving urban environments offer evidence on residential segregation based on the religious identity of the people (Gupta, 2015). However, implications of this evolving feature have not received the required attention in relation to its bearing on socio-economic betterment. Religion or caste identity based ghettoization in the urban environment defeats the principles of cosmopolitan environment and serves as the seed of intolerance that divides the society more than manifesting the desired togetherness despite diversity. (Gupta, 2015). In cities like Mumbai, Muslims mainly reside in slum areas with poor socioeconomic and living conditions.

In conclusion, overlooking this dimension of residential enveloping will emerge as a threat to coexistence and urban economic order of mutual responsiveness. This enquiry serves as an instance of recycling misery owing to ghettoized living of a particular occupation class in Mumbai city. In the absence of a detailed enquiry of ghettoized communities and their marginalization limits the inference as regard socio-economic exclusion and its potential bearing on denigrating an occupation. The limited evidence generated in this endeavour should sensitize the authorities of urban governance to imagine alternatives to mainstream this occupation with all possible security and protection along with the options to move out of this existential identity with all adverse features. Finally, no occupational identity deserves exclusion and more so this one ensuring a cleaner urban environment.

Graph 1: Place of birth of 540 Municipal Sanitation Workers in Mumbai, 2018



Graph 2: Preferential treatment received by Municipal Sanitation Workers who have been



Source: The author has prepared both the graphs based on primary survey data collected by him during 2016.

References

- Ambedkar, B. R. (1990). *Who were the Shudras? How they came to be the fourth varna in the Indo-Aryan society*. Government of Maharashtra.
- Ambedkar, B. R. (2013). *Annihilation of caste with reply to Mahatma Gandhi* (3rd ed.). Higher Education Department, Government of Maharashtra.
- Ayyar, V. (2013). Caste and gender in a Mumbai resettlement site. *Economic and Political Weekly*, 48(18), 44–55. <http://www.jstor.org/stable/23527308>
- Collins, C. A., & Williams, D. R. (1999). Segregation and mortality: The deadly effects of racism? *Sociological Forum*, 14(3), 495–523. <https://doi.org/10.1023/A:1021403820451>
- Darokar, S. (2009). Social exclusion, ghettoisation and identity. *Critical Enquiry*, 2(1), 98–113.
- Gupta, R. (2015). There must be some way out of here: Beyond a spatial conception of Muslim ghettoization in Mumbai. *Ethnography*, 16(3), 352–370. <https://doi.org/10.1177/1466138114552941>
- Hendi, A. S. (2024). Where does the Black–White life expectancy gap come from? The deadly consequences of residential segregation. *Population and Development Review*, 1–34. <https://doi.org/10.1111/padr.12625>

- International Labour Organization. (2020). *Road map for development of policy framework for the inclusion of internal migrant workers in India*. International Labour Organization. <https://www.ilo.org/publications/road-map-development-policy-framework-inclusion-internal-migrant-workers>
- Kadam, D. H., Gawde, N., & Darokar, S. S. (2023). “Sick guardians of public health”: A qualitative inquiry into caste, occupation and health among sanitation workers of solid waste management, Mumbai Municipal Corporation, India, from a social epidemiology lens. *Contemporary Voice of Dalit*. <https://doi.org/10.1177/2455328X231168782>
- Karbeah, J., & Hacker, J. D. (2023). Racial residential segregation and child mortality in the southern United States at the turn of the 20th century. *Population, Space and Place*, 29, e2678. <https://doi.org/10.1002/psp.2678>
- Keshri, K., & Bhagat, R. B. (2012). Temporary and seasonal migration: Regional pattern, characteristics and associated factors. *Economic and Political Weekly*, 47(4), 81–88. <http://www.jstor.org/stable/41419769>
- Ketkar, S. V. (2021). *History of caste in India*. Gyan Publishing House.
- Khudshah, S. (2005). *Safai kamgar samuday*. Radha Krishan Prakashan.
- LaVeist, T. A. (2003). Racial segregation and longevity among African Americans: An individual-level analysis. *Health Services Research*, 38(6), 1719–1734. <https://doi.org/10.1111/j.1475-6773.2003.00199.x>
- Manecksha, F. (2011). Pushing the poor to the periphery in Mumbai. *Economic and Political Weekly*, 46(51), 26–28. <http://www.jstor.org/stable/23065542>
- Ministry of Law and Justice. (2013). *The prohibition of employment as manual scavengers and their rehabilitation act, 2013*. Government of India Press. <https://nclsk.nic.in/sites/default/files/manualsca-act19913635738516382444610.pdf>
- Ramaswamy, G. (2011). *India stinking: Manual scavengers in Andhra Pradesh*. Navayana.
- Salve, P., Bansod, D. W., & Kadlak, H. (2017). Safai karamcharis in a vicious cycle: A study in the perspective of caste. *Economic and Political Weekly*, 52(13), 1–5.
- Salve, P., & Jungari, S. (2020). Sanitation workers at the frontline: Work and vulnerability in response to COVID-19. *Local Environment*, 25(8), 627–630. <https://doi.org/10.1080/13549839.2020.1792430>
- Salve, P. S. (2018). *Morbidity and mortality among municipal waste loaders and street sweepers in Mumbai* (Master’s thesis, International Institute for Population Sciences, Mumbai). <http://hdl.handle.net/10603/230413>
- Shaban, A. (2008). Ghettoisation, crime and punishment in Mumbai. *Economic and Political Weekly*, 43(33), 68–73. <http://www.jstor.org/stable/40277859>
- Sharior, F., Alam, M.-U., Zaqout, M., Cawood, S., Ferdous, S., Shoaib, D. M., Tidwell, J. B., et al. (2023). Occupational health and safety status of waste and sanitation workers: A qualitative exploration during the COVID-19 pandemic across Bangladesh. *PLOS Water*, 2(1), e0000041. <https://doi.org/10.1371/journal.pwat.0000041>
- Shyamlal. (1992). *The bhangi: A sweeper caste its socio-economic portraits*. Popular Prakashan.
- Slater, T. (2020). Ghettos. In *International encyclopedia of human geography* (pp. 161–167). <https://doi.org/10.1016/b978-0-08-102295-5.10467-6>
- Williams, D. R., & Collins, C. (2001). Racial residential segregation: A fundamental cause of racial disparities in health. *Public Health Reports*, 116(5), 404–416. <https://doi.org/10.1093/phr/116.5.404>