Key Findings from a Community Led Study on Mental Health of Sanitation Workers.

Based on a study led by:

South Asian Sanitation Worker and Labour Network (SASLN)

Acknowledgements

The South Asian Sanitation Worker and Labour Network (SASLN) extends its heartfelt gratitude to all the sanitation workers and their families who generously gave their time, shared their experiences, and contributed to the development of this report.

We would like to express our special thanks to Dr. Parth Sharma and Dr. Akshithanand for their invaluable support in the preparation of this report. We are also grateful to Dr. Anant Bhan and Raman V for his expert guidance, which significantly shaped the direction and depth of our research.

Our sincere appreciation goes to Partho Mukherjee and Shrutika Murthy from The George Institute for their thoughtful inputs and support throughout the process. We are especially thankful to the team at Partners in Change and Dr. Sarah Hyder Iqbal for their unwavering cooperation and continued support during every stage of this journey.

This report is the result of a collective effort, and we are truly grateful to everyone who contributed their time, knowledge, and solidarity.

Research Team

Lead Research Team
Anil Kumar Balmiki
Jogendra Singh Parihar
Neha Narayanan
Pradeep Narayanan
Ranbir Kumar Ram
Sarah Hyder Iqbal
Tarini Shipurkar

Data Collection Team
Anju Kumari
Dinesh Hela
Gurpreet Kaur
Ishwar Waghela
Jai Gopal
Kamaljeet Kaur
Ramkui Kachui
Seema Sapriban
Sudha Jhinjot
Vikesh Kumar

Data Collation
Neha Narayanan

Data Analysis Team
Akshithanand
Anil Kumar Balmiki
Anju Kumari
Athena Rose Joseph
Dinesh Hela
Gurpreet Kaur
Ishwar Waghela
Jai Gopal
Jogendra Singh Parihar
Kamaljeet Kaur
Neha Narayanan
Parth Sharma
Pradeep Narayanan
Ramkui Kachui
Ranbir Kumar Ram
Rohit Basfore
Sarah Hyder Iqbal
Seema Sapriban
Sudha Jhinjot
Tarini Shipurkar
Themyophi KH
Vikesh Kumar

Report Writing Team
Juilee Sanjeev
Neha Narayanan

Report Designing Team
Nafeesa Khan
Neha Narayanan

Index

Introduction

Sanitation workers in India, predominantly from marginalized communities, play a critical role in maintaining public health and ensuring the cleanliness of urban and rural environments. However, despite their essential contributions, they endure deeply entrenched social, economic, and psychological challenges that severely affect their overall well-being. A key driver of this systemic disadvantage is the caste system, a long-standing social hierarchy that dictates the roles and rights of individuals based on their birth. Historically, individuals from the Dalit community, who occupy the lowest strata of this system, have been relegated to occupations deemed "unclean" and "polluting," such as sanitation work. This institutionalized oppression continues to shape the lives of millions of sanitation workers, subjecting them to inhumane working conditions, low wages, social stigma, and lack of access to healthcare, all of which significantly impact their mental health.

The caste system in India classifies individuals into four main varnas—Brahmin, Kshatriya, Vaishya, and Shudra—where the latter, particularly the Dalit community, faces systematic exclusion and discrimination. While the Constitution of India has made strides in recognizing and safeguarding the rights of Scheduled Castes and Scheduled Tribes, the social and economic oppression faced by Dalits remains pervasive, particularly in the sanitation sector. This sector, which includes tasks like sewer cleaning, manual scavenging, and garbage collection, is still dominated by individuals from the Dalit community, often under coercive circumstances. They are typically relegated to these roles due to a lack of other employment opportunities, perpetuating generational cycles of poverty and marginalization. Sanitation work, by nature, is fraught with hazardous conditions, including exposure to toxic substances, pathogens, and physical strain. The toll these conditions take on workers' physical health is well-documented, but the mental health consequences are equally, if not more, significant.

In 2014, the Indian government launched the "Swachh Bharat Abhiyan" with the aim of achieving an open defecation-free India. The campaign emphasized cleanliness and sanitation, positioning the government as a champion of public health. However, sanitation workers, particularly those from Dalit backgrounds, were left to shoulder much of the campaign's burden

without adequate support or compensation. Despite playing a critical role in this initiative, workers received neither fair remuneration nor job security. Furthermore, the campaign's focus on image-building, rather than addressing the real needs of sanitation workers, exacerbated the hardships faced by these individuals. Long working hours, inadequate protective gear, and a lack of healthcare services further compounded the physical and mental toll of the work. This lack of recognition and support has led to growing frustration and disenchantment among sanitation workers, who continue to be marginalized and stigmatized.

The COVID-19 pandemic exacerbated the already precarious situation of sanitation workers. Though hailed as "COVID warriors" for their critical role in mitigating the spread of the virus, sanitation workers were not given the necessary protection, training, or financial support. The pandemic intensified their exposure to physical and mental health risks as they worked long hours under hazardous conditions, often without adequate PPE or healthcare provisions. The financial strain resulting from delayed payments, job insecurity, and limited access to resources added to their stress, creating an environment of constant psychological strain. During this time, sanitation workers, who already faced significant barriers to mental health care, were left without access to mental health services, further deepening their vulnerabilities.

Despite legislative protections such as "The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act 2013," which aims to protect the dignity of sanitation workers and eliminate practices like manual scavenging, the reality on the ground remains grim. The law is often poorly enforced, and the practice of cleaning latrines by hand continues in certain parts of the country. Additionally, the absence of alternatives for many Dalits means they are still confined to sanitation work, often under duress. This situation perpetuates a cycle of social exclusion, economic insecurity, and mental distress, contributing to high levels of anxiety, depression, and other mental health issues among workers.

The mental health of sanitation workers is a critical yet often overlooked issue. The stigma associated with their work, coupled with the physical and psychological demands of their tasks, exposes them to chronic stress, burnout, and emotional trauma. Factors such as social exclusion, discrimination, job insecurity, inadequate healthcare access, and poor working conditions

contribute to a high prevalence of mental health disorders among these workers. Despite the important role they play in society, sanitation workers continue to suffer from a lack of adequate support, leaving them vulnerable to both physical and psychological harm.

In light of these challenges, it is essential to recognize the importance of mental health in the overall well-being of sanitation workers. While addressing physical health and safety concerns is critical, equal attention must be given to the mental health of workers to ensure their holistic well-being. The stigma, discrimination, and social exclusion they face not only perpetuate their marginalization but also contribute significantly to their psychological distress. Addressing these issues through policy reform, improved working conditions, better access to healthcare, and mental health services is crucial for creating a healthier, more equitable environment for sanitation workers. Only by acknowledging the mental health challenges faced by sanitation workers can we hope to truly improve their quality of life and ensure their dignity and well-being.

Objectives

To Assess the Accessibility, Quality, and Affordability of Mental Health Support for Sanitation Workers

Historically, the "depressed classes" in India have faced systemic oppression and exclusion, with limited access to resources and opportunities. Despite this, the mental health challenges of sanitation workers, who predominantly come from these marginalized communities, remain largely overlooked. While physical and occupational health concerns are frequently addressed, mental health support continues to be marginalized. This study aims to assess the accessibility, quality, and affordability of mental health services available to sanitation workers.

To Evaluate Awareness Levels of Mental Health Issues Among Sanitation Workers

Mental health conversations are still limited in scope, especially when it comes to sanitation workers from marginalized communities. This study seeks to examine the level of awareness among sanitation workers regarding mental health challenges, their ability to recognize mental health issues, and their understanding of the available resources for diagnosis and treatment. Understanding the

awareness of these workers is crucial for identifying potential barriers to seeking help and improving overall mental health support systems.

To Identify Gaps in Employer Practices Regarding Mental Health Support for Sanitation Workers

Despite legislative efforts such as *The Prohibition of Employment as Manual Scavengers and their Rehabilitation Act 2013*, sanitation workers continue to face hazardous, often dehumanizing working conditions, low wages, and minimal access to both physical and mental health care. This objective aims to explore the role of employers in providing mental health support to sanitation workers. By identifying gaps in employer practices related to mental health services, the study intends to highlight areas where improvements are needed to ensure the well-being of sanitation workers.

To Inform Interventions and Advocate for Improved Mental Health Support Nationwide

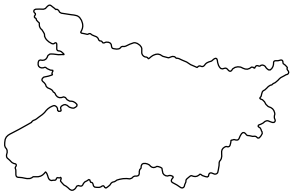
Sanitation workers play a crucial role in ensuring public health and cleanliness, yet they remain marginalized and vulnerable to various mental health challenges. By collecting data from diverse regions across India, this study aims to inform policy interventions and advocacy efforts that seek to improve mental health support for sanitation workers. The data will be used to advocate for policy changes, raise awareness, and call for the inclusion of mental health services as a core component of workplace health initiatives for sanitation workers across the country. The ultimate goal is to contribute to national discussions on the importance of mental health care for these workers and to push for actionable change.

Timeline

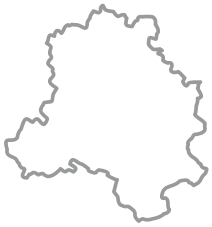
Activity	Explanation	Dates
Questionnaire Development	A structured questionnaire was developed using literature review and expert consultation.	June 2024
Tool Pre-testing	The tool was pretested on 10 people for face validity following which necessary modifications were made.	June 2024
Data Collection Training	Training for data collection was conducted online across 5 sessions.	June 2024
Data Collection	The questionnaire was used to collect data on sociodemographic characteristics, working conditions, exposure to occupational hazards, access to PPE, and accessibility of mental health services.	1st to 25th July, 2024
Transcription and Translation	For qualitative data, the interviews were transcribed in local language and then translated into English following which thematic analysis was conducted.	July 2024
Data Analysis	The data was analyzed using Kobo Toolbox and Microsoft Excel to identify trends, correlations, and key factors contributing to the OESH and mental health issues.	July 2024

Geography

ASSAM
49 Participants

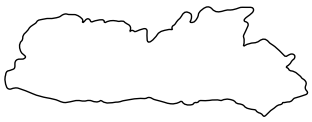


BIHAR
55 Participants



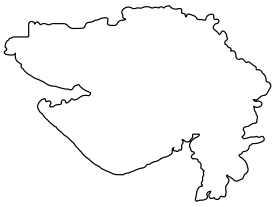
DELHI
50 Participants

MANIPUR
51 Participants



MEGHALAYA
50 Participants

PUNJAB
50 Participants



GUJARAT
55 Participants

WEST BENGAL
50 Participants

UTTAR PRADESH
52 Participants

UTTARAKHAND
50 Participants

Methodology

A **mixed methods cross-sectional study** was conducted across 10 states in India. The survey design, as well as the localization and translation of the questionnaire, was carried out in collaboration with key partners.

These partners ensured that the survey was accessible and understandable for participants across various regions, helping to address linguistic and regional diversity.

Sampling

Purposive sampling was done to include at least 49 participants from each state. Inclusion criteria for the study were participants who were above 18 and those who were employed as sanitation workers in one or more of the following categories - sewer cleaning and emptying, latrine cleaning, fecal sludge handling, septic tank desludging, sewage treatment plant/dumping area work, community and public toilet keeping, school toilet cleaning, sweeping and drain cleaning, railway track cleaning and domestic work.

Tool Development

A structured questionnaire was developed using literature review and expert consultation. It included **39** close-ended questions and **2** open-ended questions. This approach allowed for a balance between quantitative data and more detailed, qualitative insights. The tool was pretested on **10** people for face validity following which necessary modifications were made.

Data Collection

Training for data collection was conducted online across **5** sessions in June 2024. Data collection was done by SASLN team members across **10** states from 1st to 25th July, 2024. The survey was conducted both online and in person to ensure maximum accessibility and participant convenience. Data was recorded using KOBO Toolbox. Verbal consent was sought from the study participants and their responses were recorded.

Data Analysis

Quantitative Data

Descriptive statistical methods were used (frequencies, percentages, means, and standard deviations, median and inter quartile range) depending on whether the variables were categorical or continuous.

Mean and standard deviation (SD) was used for variables with a Gaussian distribution and median and interquartile range (IQR) for variables with a skewed distribution. All analysis was done in SPSS Ver 25.0.

Qualitative Data

The interviews were transcribed in Hindi and then translated into English following which thematic analysis was conducted. To analyze the in-depth interviews, a coding scheme was developed based on the themes emerging from the data to examine the challenges faced by patients in completing the diagnostic process and starting treatment across different healthcare settings in the Indian health system. Coding was done manually.

Key Findings

Demographics and Socioeconomic Characteristics

Age of Participants

Age Group	Frequency (Percentage)
20 to 29	76 (14.84%)
30 to 39	202 (39.45%)
40 to 49	178 (34.77%)
50 to 59	47 (9.18%)
⩾ 60	9 (1.76%)
Mean (SD)	38.69 ± 8.65

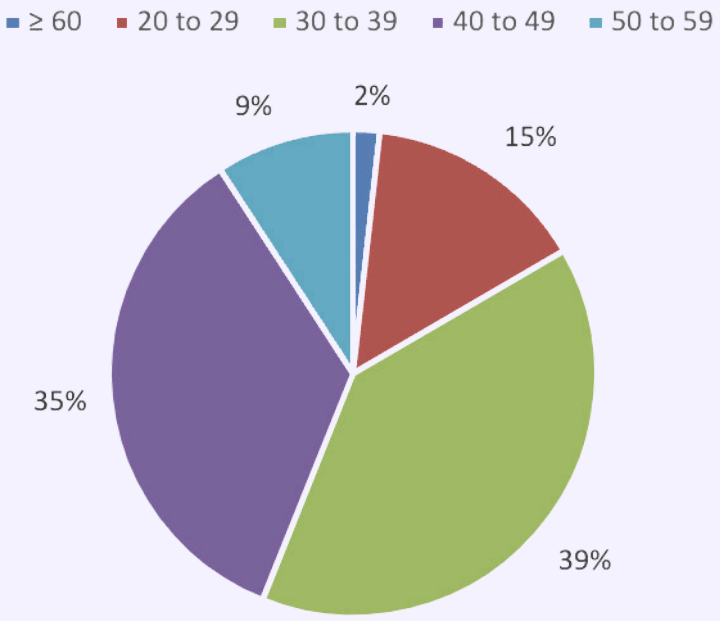


Fig.1: Distribution of participants by Age Groups in years (N=512)

The age distribution of respondents in the study reveals a significant concentration in the 30 to 39 age group, which accounted for **39.45%** of the total respondents. This was followed by the 40 to 49 age group, representing **34.77%**. A smaller proportion of participants were in the 20 to 29 age group (**14.84%**), while only 9.18% were aged 50 to 59. The number of respondents aged 60 and above was relatively low, comprising just **1.76%** of the total sample. The mean age of the participants was **38.69** years, with a standard deviation of **8.65**, indicating a moderately varied age range among the respondents.

Gender

The gender distribution of respondents shows a slightly higher proportion of male participants, who made up **55.66%** of the total sample. Female respondents accounted for **44.34%**, indicating a fairly balanced representation, with a marginal difference between the two genders.

This suggests a relatively equal participation of both male and female sanitation workers in the study.

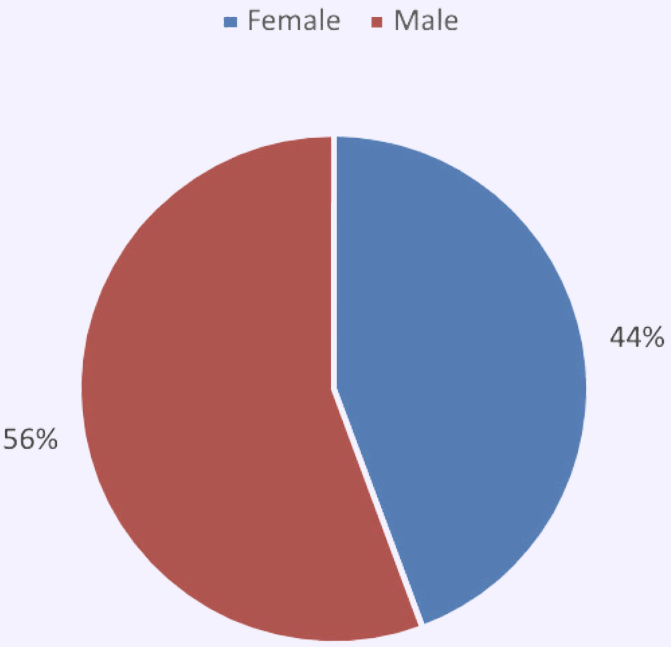


Fig.2: Distribution of participants by Gender (N=512)

Marital Status

Marital Status	Frequency (Percentage)
Divorced/ Separated	6 (1.2%)
Married	420 (82%)
Unmarried	55 (11%)
Widow/ Widower	31 (6.1%)

The marital status of the respondents reveals that the majority were married, comprising **82%** of the total sample.

A smaller proportion of participants were unmarried, accounting for **11%.** Additionally, **6.1%** of respondents were widowed or widowers, while a minority of **1.2%** were either divorced or separated.

Age of Participants

Number of Family Members	Frequency (Percentage)
⩽ 5	316 (61.72%)
6 to 10	188 (36.72%)
> 10	8 (1.56%)
Mean(SD)	5.29 (1.90)

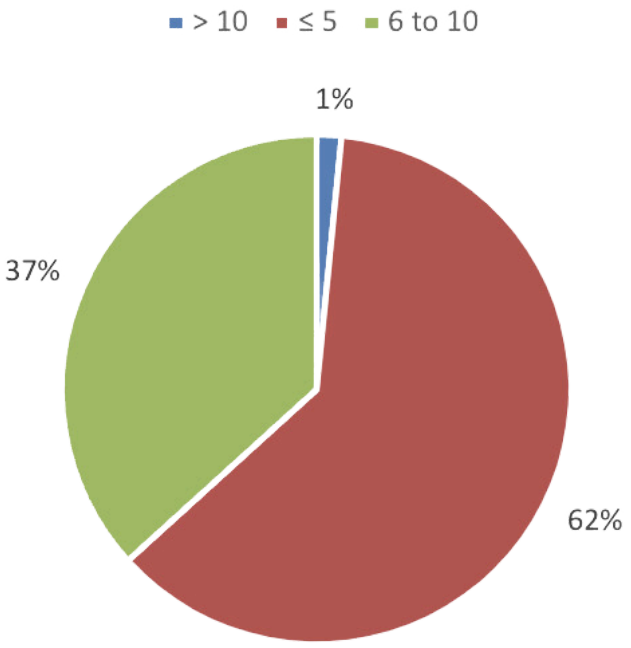


Fig.3: Distribution of participants by the number of family members (N =512)

The number of family members living with each respondent varied, with the majority of participants (**61.72%**) having five or fewer family members. A smaller proportion of respondents (**36.72%**) reported having between six to ten family members. Only **1.56%** of respondents had more than ten family members. The mean number of family members per respondent was **5.29**, with a standard deviation of **1.90**, suggesting that most participants lived in smaller household units.

Number of Children

The number of children per respondent varied, with a majority of participants (**59.18%**) having two or fewer children. A smaller proportion (**40.82%**) had more than two children. The mean number of children across all respondents was **2.29**, with a standard deviation of **1.47**, indicating that most participants had a moderate number of children, with a few having larger families.

Number of Children	Frequency (Percentage)
⩽ 2	316 (61.72%)
> 2	188 (36.72%)
Mean(SD)	5.29 (1.90)

Employment Status and Type

Number of Employment Years

Number of Years	Frequency (Percentage)
⩽ 10	284 (55.47%)
11 to 20	169 (33.01%)
> 20	59 (11.52%)
Mean (SD)	11.91 (7.45)

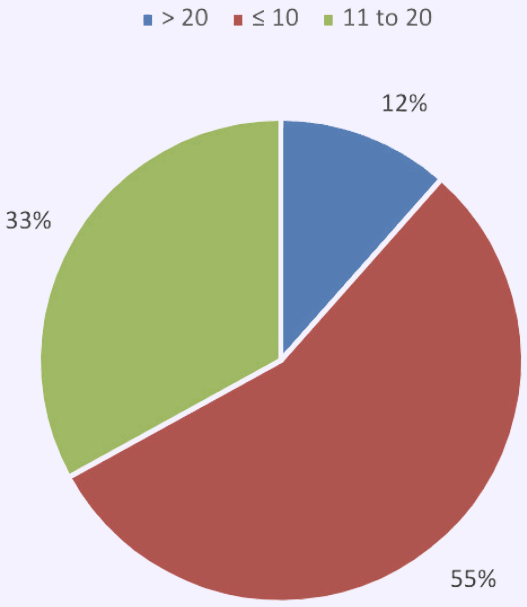


Fig.4: Distribution of participants by the number of years worked

The number of years respondents had worked in sanitation varied significantly.

The majority of participants (**55.47%**) had been employed for 10 years or less. A substantial portion (**33.01%**) had between 11 and 20 years of experience, while **11.52%** had been working in sanitation for more than 20 years. The average length of service was **11.91** years, with a standard deviation of **7.45**, suggesting a broad range of experience levels among the workers.

Employment Type

The employment type of sanitation workers shows that the majority are employed in the private sector, with 8**1.64%** of respondents working for private companies.

A smaller portion, **11.72%**, are employed in semi-government roles, while just **6.64%** work for government organization

Employment Type	Frequency (Percentage)
Government	34 (6.64%)
Semi-Government	60 (11.72%)
Private	418 (81.64%)

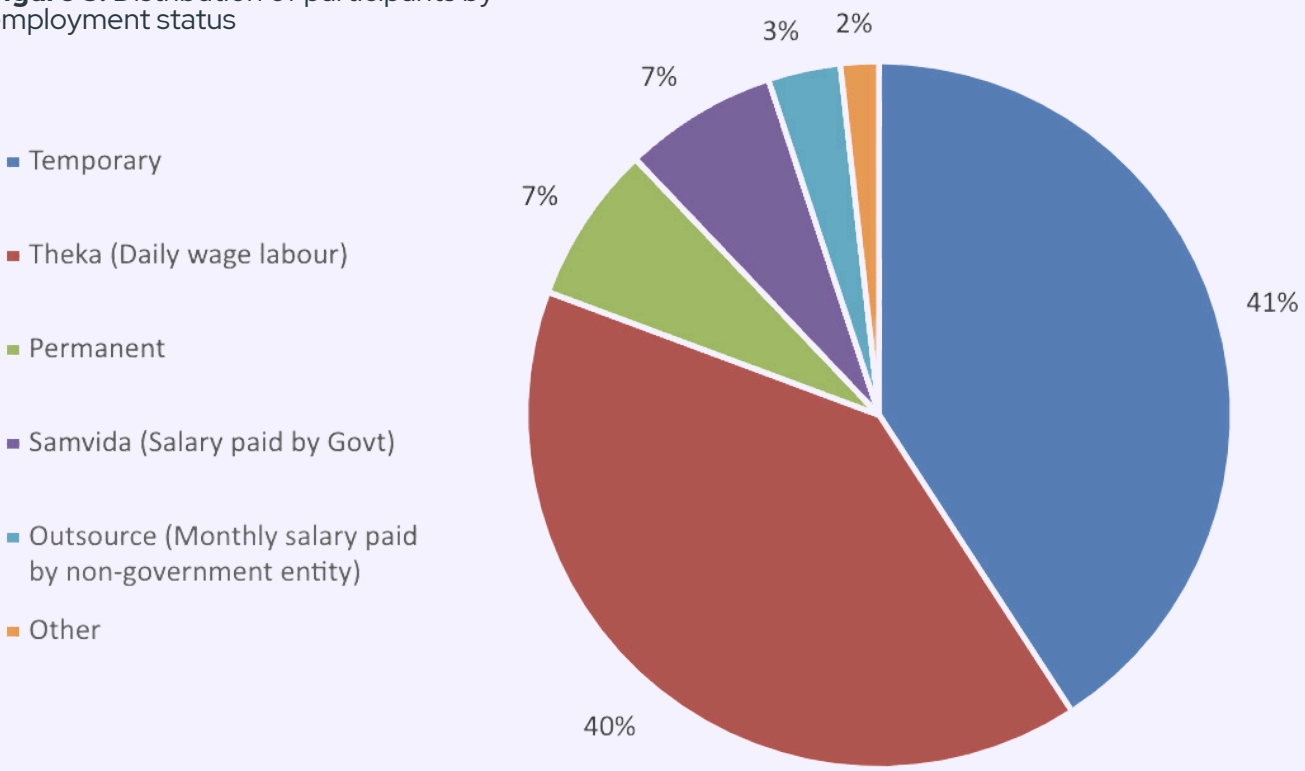
Employment Status

Employment Status	Frequency (Percentage)
Temporary	209 (40.82%)
Theka (Daily wage labour)	204 (39.84%)
Permanent	37 (7.23%)
Samvida (Salary paid by Govt)	36 (7.03%)
Outsource (Monthly salary paid by non-government entity.	17 (3.32%)
Other	9 (1.76%)

The employment status of sanitation workers varied widely. The majority were employed on temporary contracts (**40.82%**) or as daily wage laborers (**39.84%**), reflecting the prevalence of unstable and informal employment in the sector. A smaller proportion held permanent positions (**7.23%**) or worked as government employees (**7.03%**).

Additionally, **3.32%** were outsourced employees under non-government entities, while **1.76%** fell into other employment categories. This highlights the precarious nature of employment for many sanitation workers, with most facing irregular or non-permanent job conditions.

Figure 5: Distribution of participants by employment status



Monthly Income

The monthly income of sanitation workers varies significantly, with the majority (**64.84%**) earning between 5,000 and 10,000 INR. A smaller proportion of workers earn less than 5,000 INR per month (**20.70%**). Only **11.33%** of respondents have a monthly income between 10,000 and 20,000 INR, while just **3.13%** earn more than 20,000 INR.

This distribution highlights that most sanitation workers receive low wages, with only a small percentage earning higher amounts.

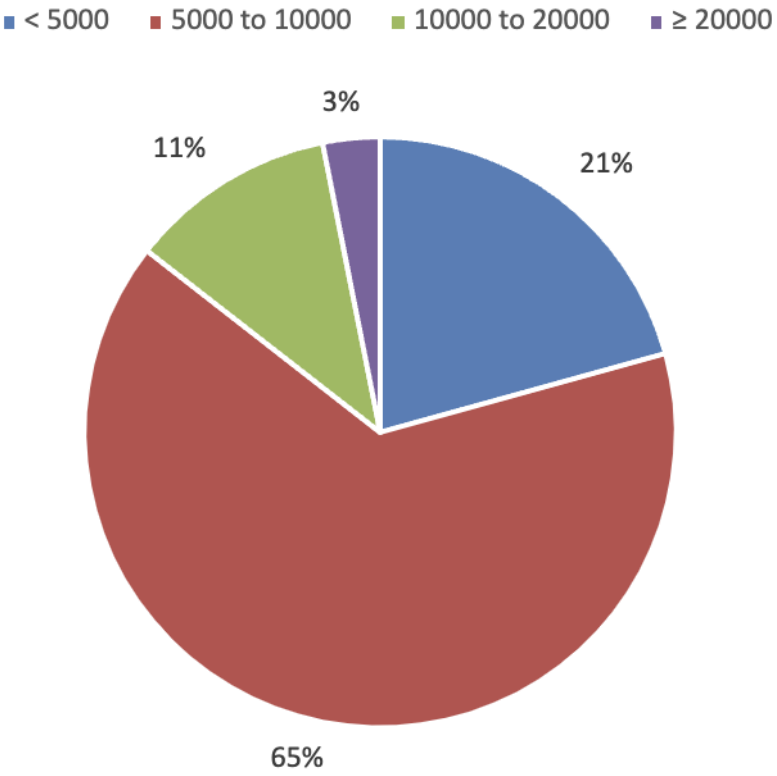
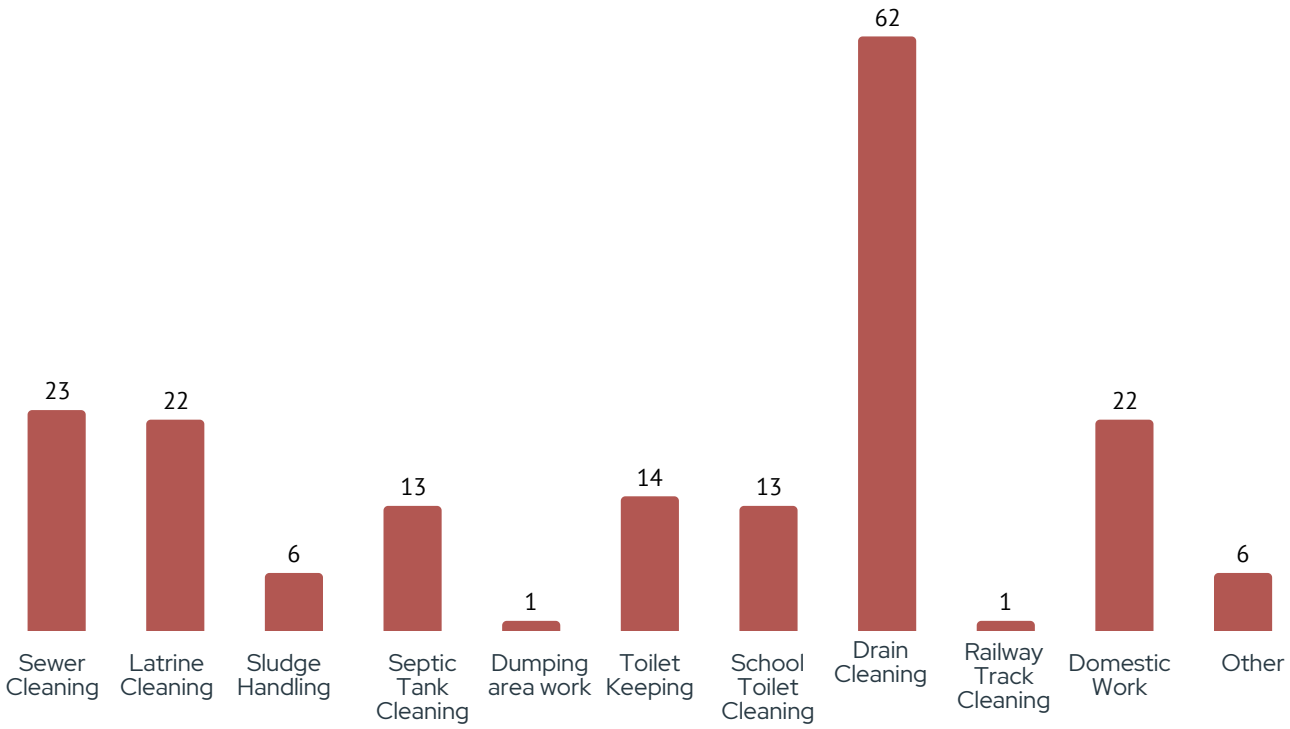


Figure 6: Distribution of participants by their monthly income

Type of Sanitation Work

The type of sanitation work undertaken by participants varied widely, with many workers engaged in multiple tasks. The most common activity was drain cleaning, performed by **62.30%** of respondents, followed by sewer cleaning (**22.85%**) and latrine cleaning (**22.46%**). Septic tank cleaning was reported by **13.09%** of workers, while toilet keeping and school toilet cleaning were each performed by around **13%** of respondents. Other tasks included sludge handling (**6.25%**), domestic work (**22.46%**), and dumping area work (**1.37%**). A small number of workers (**0.98%**) were involved in railway track cleaning, and **6.25%** undertook other unspecified sanitation tasks. The data is non-mutually exclusive and many participants engaged in multiple forms of sanitation work.

Figure 7: Distribution of participants by their type of work* (N = 512)



*Not mutually exclusive

Access to Social Security Measures

Access to Social Security

Access to social security measures among sanitation workers was notably limited, with the majority (**71.09%**) reporting the absence of such benefits. Only **28.91%** of respondents had access to some form of social security, highlighting a significant gap in support for workers in the sanitation sector.

This disparity underscores the vulnerability of sanitation workers, who often lack essential safety nets that could provide financial security and protection against health risks.

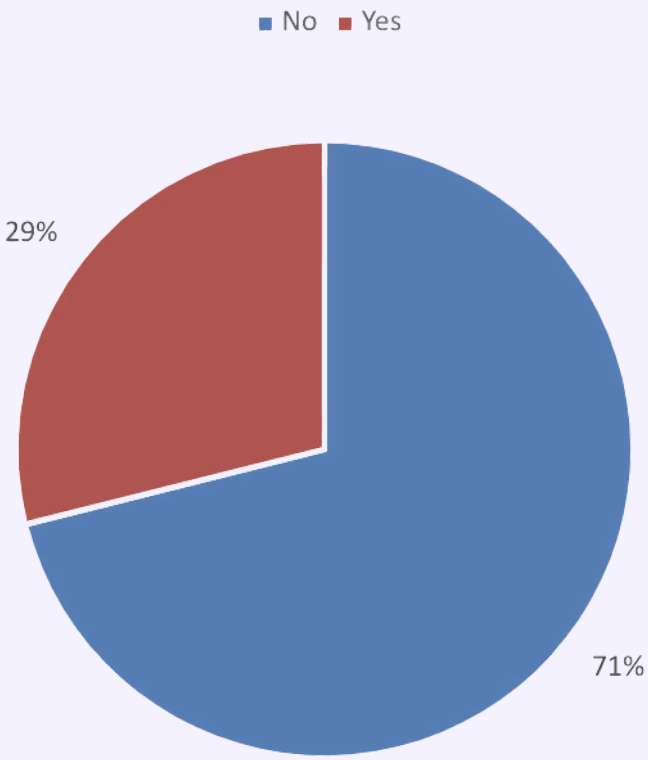


Figure 8: Access to social security among the study participants

Social Security Schemes Utilised

Sanitation workers utilize a variety of social security schemes, though participation in these programs is relatively low. The most commonly used scheme is the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), which **17.97%** of workers have access to. Other state-specific schemes were utilized by **5.47%** of respondents. Additionally, **4.49%** of sanitation workers benefit from ESIC (Employees' State Insurance Corporation), while **2.93%** have an E-Shram card. RSBY (Rashtriya Swasthya Bima Yojana) is used by **1.17%** of respondents, and a very small number of workers (**0.20%**) benefit from Jeevan Jyoti or LIC (Life Insurance Corporation) schemes.

This non-mutually exclusive data shows that while some sanitation workers access various social security programs, a significant portion still lacks coverage.

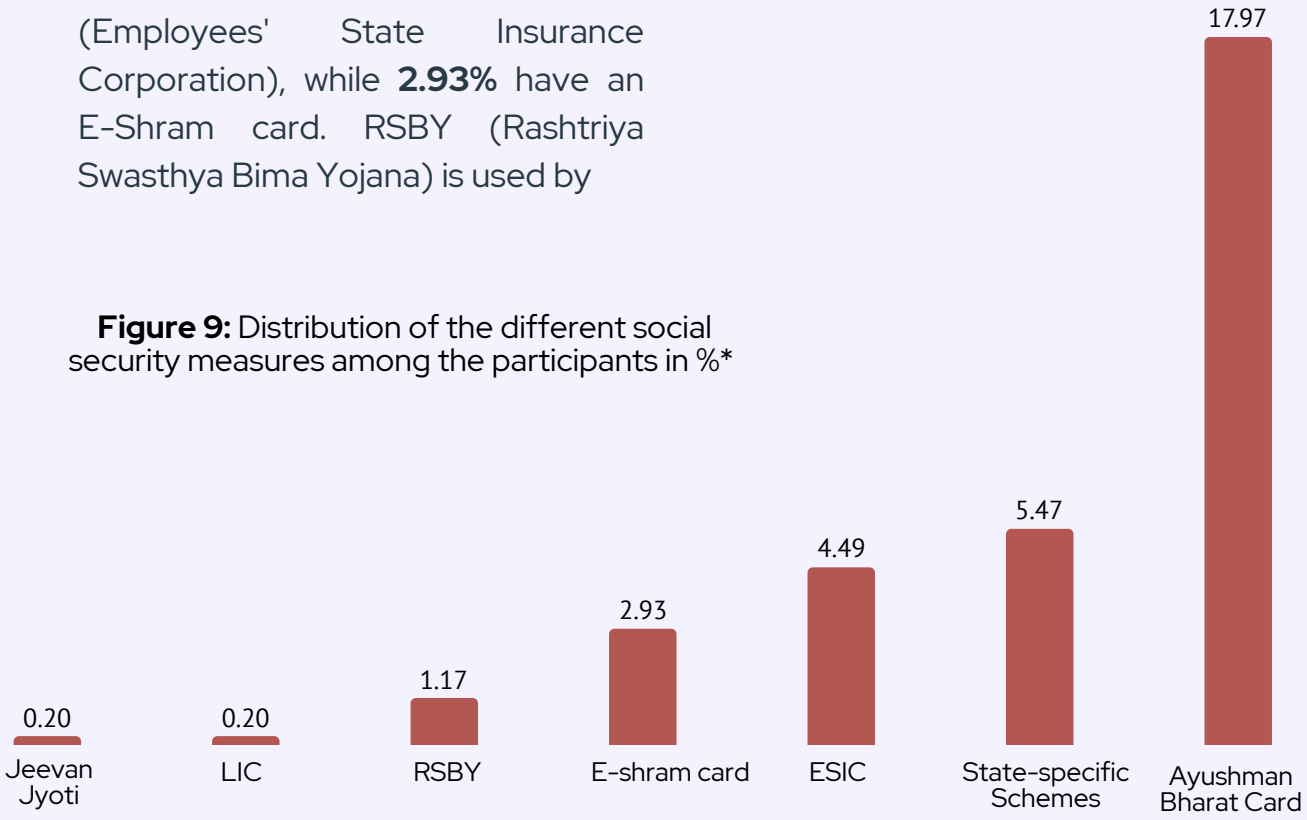


Figure 9: Distribution of the different social security measures among the participants in %*

*Not mutually exclusive

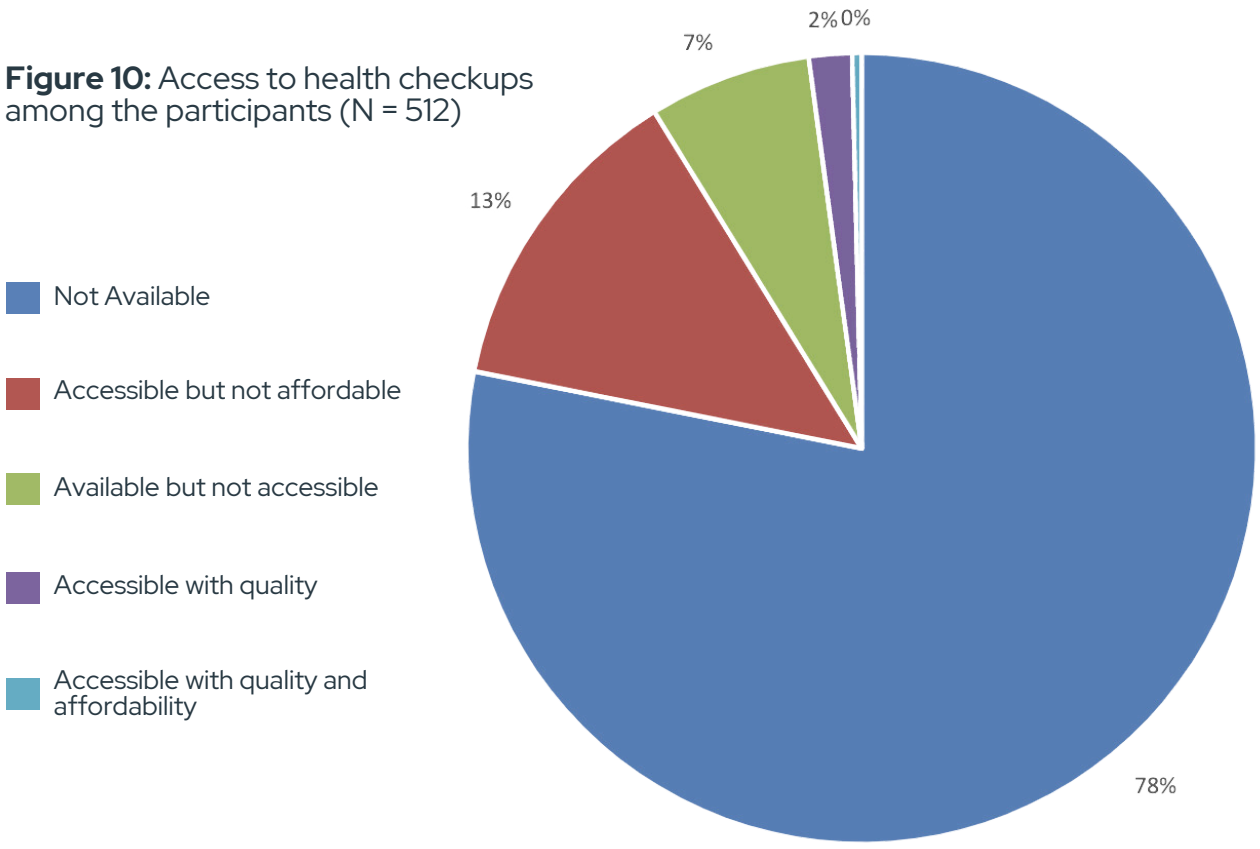
Access and Barriers to Healthcare Services

Health Checkups

Access to health checkups for sanitation workers is largely limited. A significant majority (**78.13%**) reported that health checkups were not available to them. For those with some form of access, **13.09%** found health services to be accessible but not affordable, while **6.64%** noted that services were available but not accessible due to geographical or logistical barriers.

Only a small fraction (**1.76%**) had access to quality health checkups, and an even smaller number (**0.39%**) had access to both quality and affordable health services. This data underscores the substantial challenges sanitation workers face in obtaining adequate healthcare, with the majority unable to access essential health services.

Figure 10: Access to health checkups among the participants (N = 512)



Mental Health Counselling

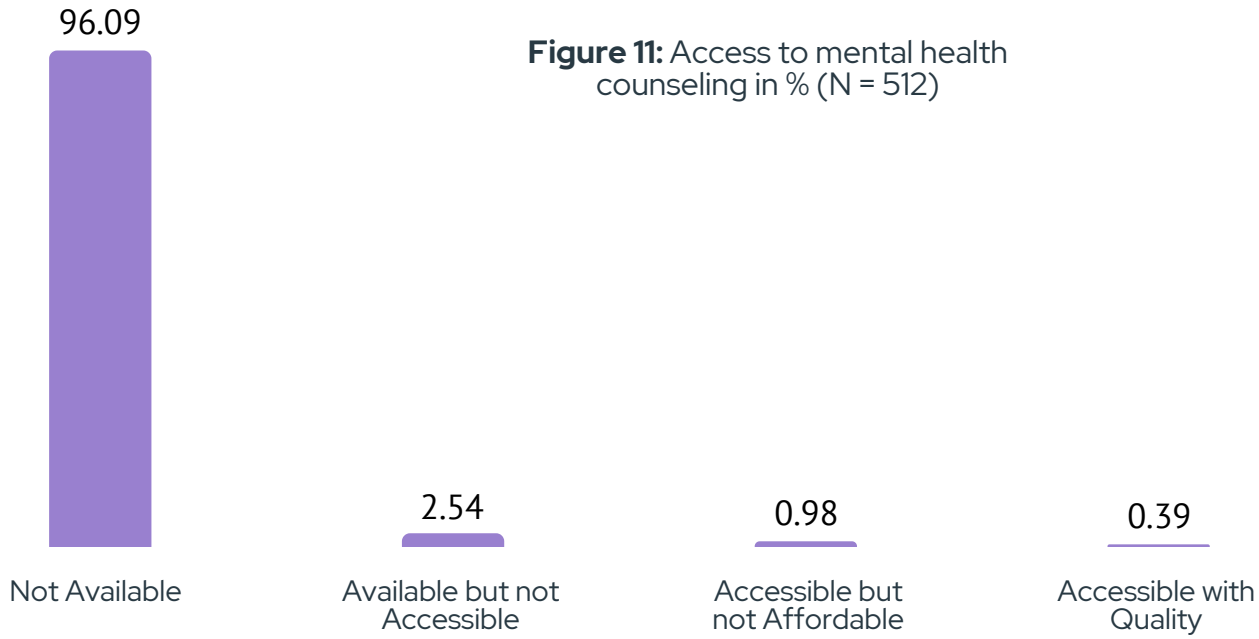


Figure 11: Access to mental health counseling in % (N = 512)

Access to mental health counseling for sanitation workers is extremely limited. The vast majority (**96.09%**) reported that mental health counseling was not available to them. A small portion (**2.54%**) indicated that such services were available but not accessible, likely due to geographical or logistical barriers. Even fewer (**0.98%**) noted that mental health services were accessible but not affordable, while only a tiny fraction (**0.39%**) had access to quality mental health counseling. This data highlights the significant gap in mental health support for sanitation workers, with most lacking both availability and access to essential mental health services.

Frequency of Health Check-ups Provided by Employer

The frequency of medical health check ups provided by employers to sanitation workers is overwhelmingly infrequent. A large majority of respondents (**87.30%**) reported never receiving medical checkups through their employers. For those who did have access to health checkups, **9.57%** only received them when they fell ill. A very small proportion (**1.76%**) had checkups once a year, while only **1.18%** reported receiving checkups on a more regular basis—either once every three months (**0.98%**), every six months (**0.20%**), or even monthly (**0.20%**). This data highlights the inadequate provision of regular health checkups for sanitation workers, with most of them left without routine medical care.

Health Check ups Provided by Employer	Frequency (Percentage)
Never	447 (87.30%)
Whenever fall sick	49 (9.57%)
Once in a year	9 (1.76%)
Once in 3 months	5 (0.98%)
Once in 6 months	1 (0.20%)
Monthly	1 (0.20%)

Frequency of Health Check-ups Availed by the Participants

Health Check Ups Availed by Participants	Frequency (Percentage)
Never	7 (1.37%)
Monthly	1 (0.20%)
Once in 3 months	8 (1.56%)
Once in 6 months	5 (0.98%)
Once in a year	9 (1.76%)
Whenever fall sick	482 (94.14%)

The frequency with which sanitation workers avail health checkups is largely dependent on illness. A vast majority (**94.14%**) reported seeking medical care only when they fell sick. Very few participants had regular health checkups, with only **1.76%** having check ups once a year, **0.98%** once every six months, and **1.56%** once every three months. A tiny fraction of workers (**0.20%**) sought monthly checkups, while **1.37%** had never availed any health checkups.

This data reveals that most sanitation workers lack access to regular preventive healthcare, often resorting to seeking care only when health issues arise.

Facilities used for Health Check-ups

Sanitation workers utilize a variety of healthcare facilities for their health checkups, with government hospitals (including CHCs, PHCs, district hospitals) being the most common choice, accessed by **57.81%** of respondents. Private clinics or hospitals were used by **13.87%**, while mohalla clinics (unlicensed) were frequented by **12.89%**. A smaller proportion of workers relied on medical shops (**11.52%**) for health needs, and only **3.91%** used ESIC hospitals. This distribution suggests that while government healthcare facilities are the primary source of medical services for most sanitation workers, there is also significant reliance on private and informal healthcare options.

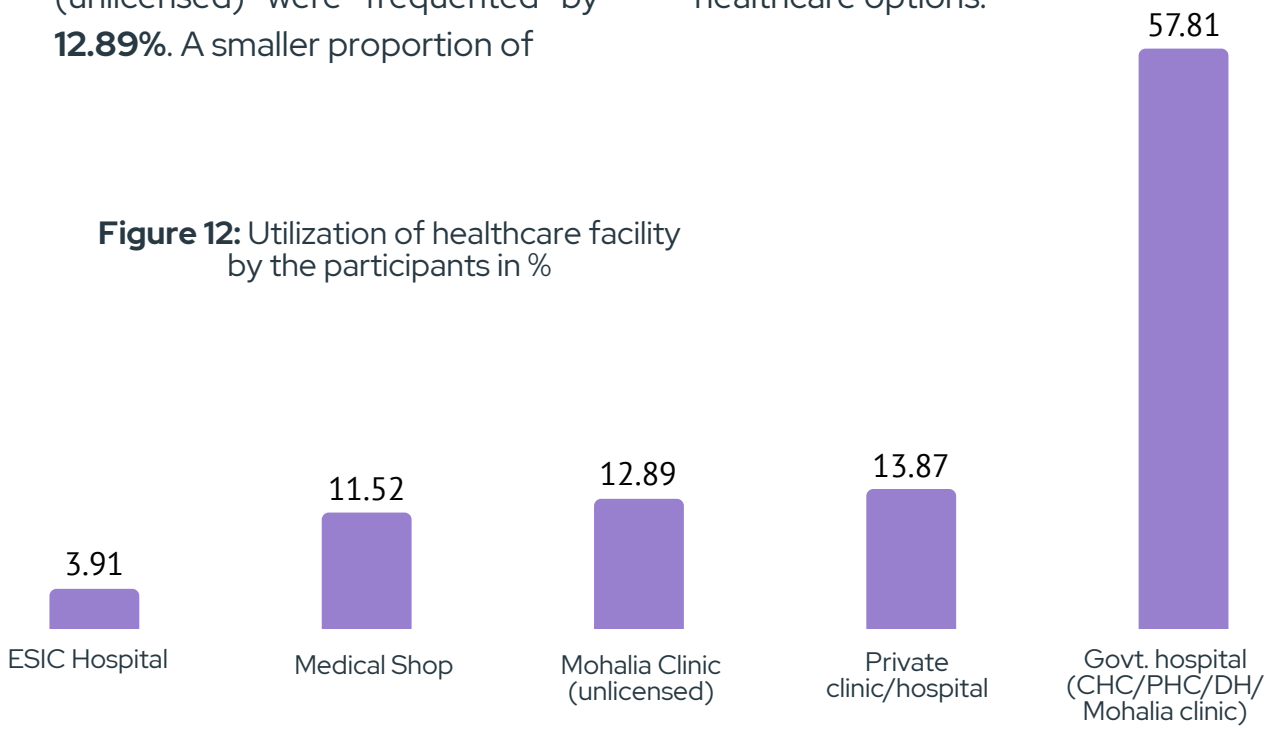


Figure 12: Utilization of healthcare facility by the participants in %

Provision of Information about Healthcare Services by Employers

The information related to healthcare and check-ups provided by employers to sanitation workers is largely limited. A significant majority (**82.62%**) reported that they rarely received information about healthcare services or check-ups from their employers. A smaller proportion (**8.59%**) indicated that such information was provided sometimes, while **8.40%** reported receiving it frequently. Only a very small percentage (**0.39%**) stated that they never received any information. This data highlights the lack of consistent communication from employers regarding healthcare services, which may further contribute to the limited access and awareness among sanitation workers about healthcare services.

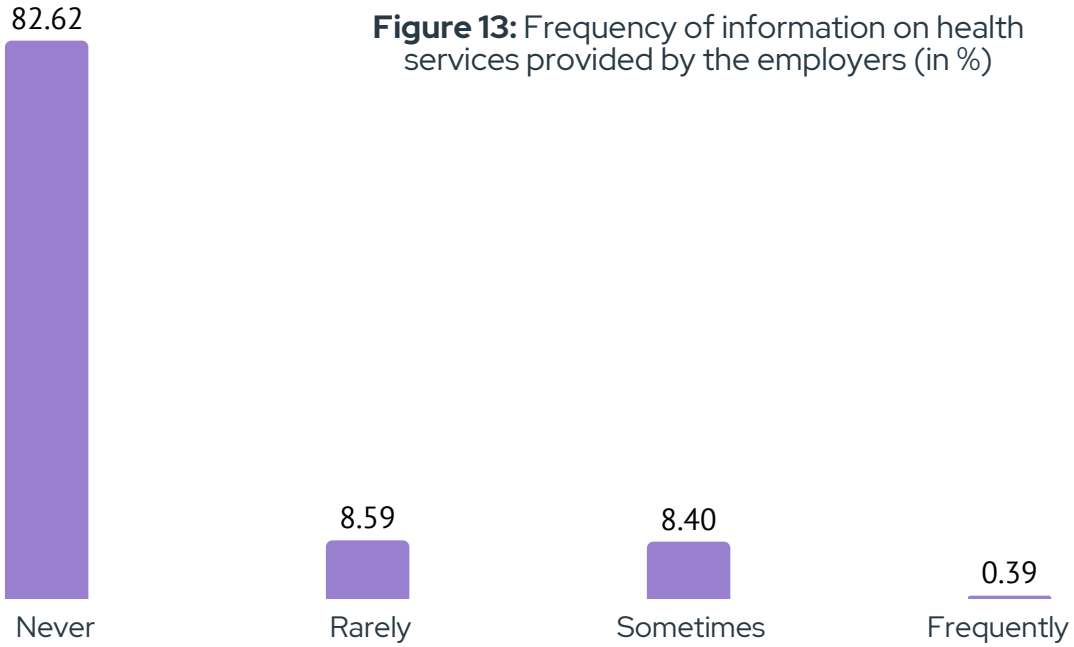


Figure 13: Frequency of information on health services provided by the employers (in %)

Barriers to Availing Healthcare Services

Sanitation workers face several barriers when attempting to avail healthcare services. The most common barrier is a lack of awareness, reported by **52.34%** of respondents, indicating that many workers are unaware of available healthcare options. Inconvenient hours for accessing healthcare were cited by **24.41%**, while stigma and discrimination were experienced by **10.94%** of workers, making it harder for them to seek medical help. A smaller proportion (**0.59%**) identified other barriers, and **11.72%** of respondents reported facing no barriers to accessing healthcare.

These findings underscore the need for increased awareness, better access, and more inclusive healthcare services to remove the obstacles sanitation workers face in seeking medical care.

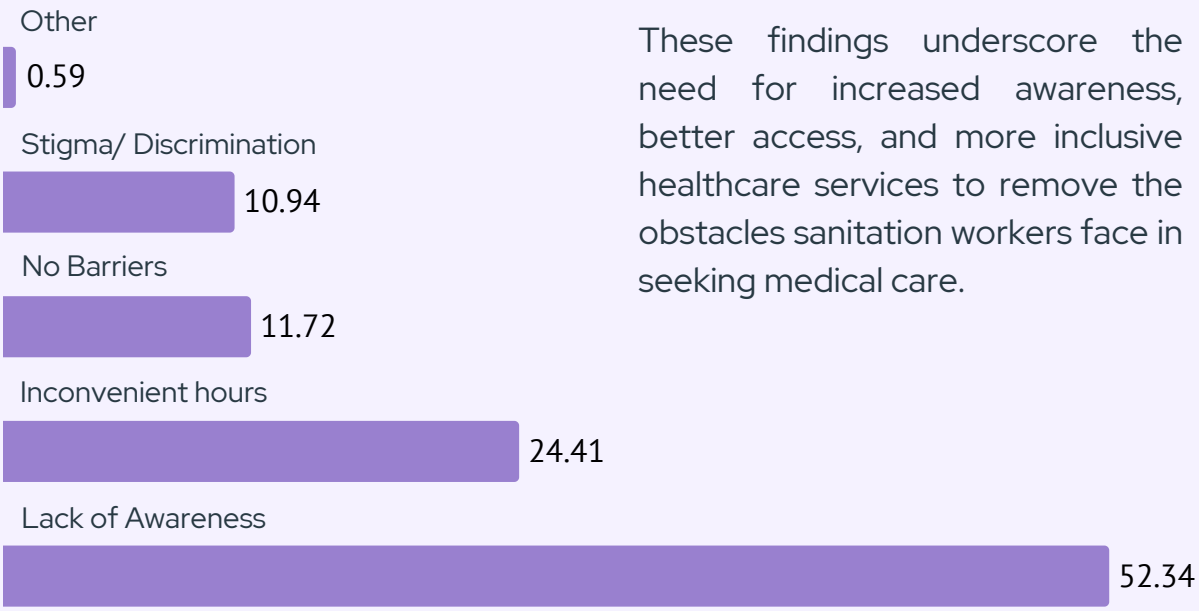


Figure 14: Barriers to availing healthcare services (in %)

Reasons for Mental Distress

The data reveals that the primary sources of mental distress among sanitation workers are largely linked to their financial and work-related conditions. The most significant contributing factor is low wages, reported by **92.38%** of respondents, highlighting the widespread issue of inadequate compensation for these essential workers. In addition, **73.63%** of workers face delays in receiving their wages, further exacerbating their financial instability and mental stress. Discrimination, particularly due to caste-based prejudices, affects **43.36%** of the workers, adding a layer of social injustice to their already burdensome work lives. The heavy workload, reported by **63.87%** of workers, emerges as another major stressor, leading to physical and emotional exhaustion. A small percentage, **0.98%**, cited other factors as contributing to their distress. This non-mutually exclusive data underscores the complex and multifaceted nature of the mental health challenges faced by sanitation workers.

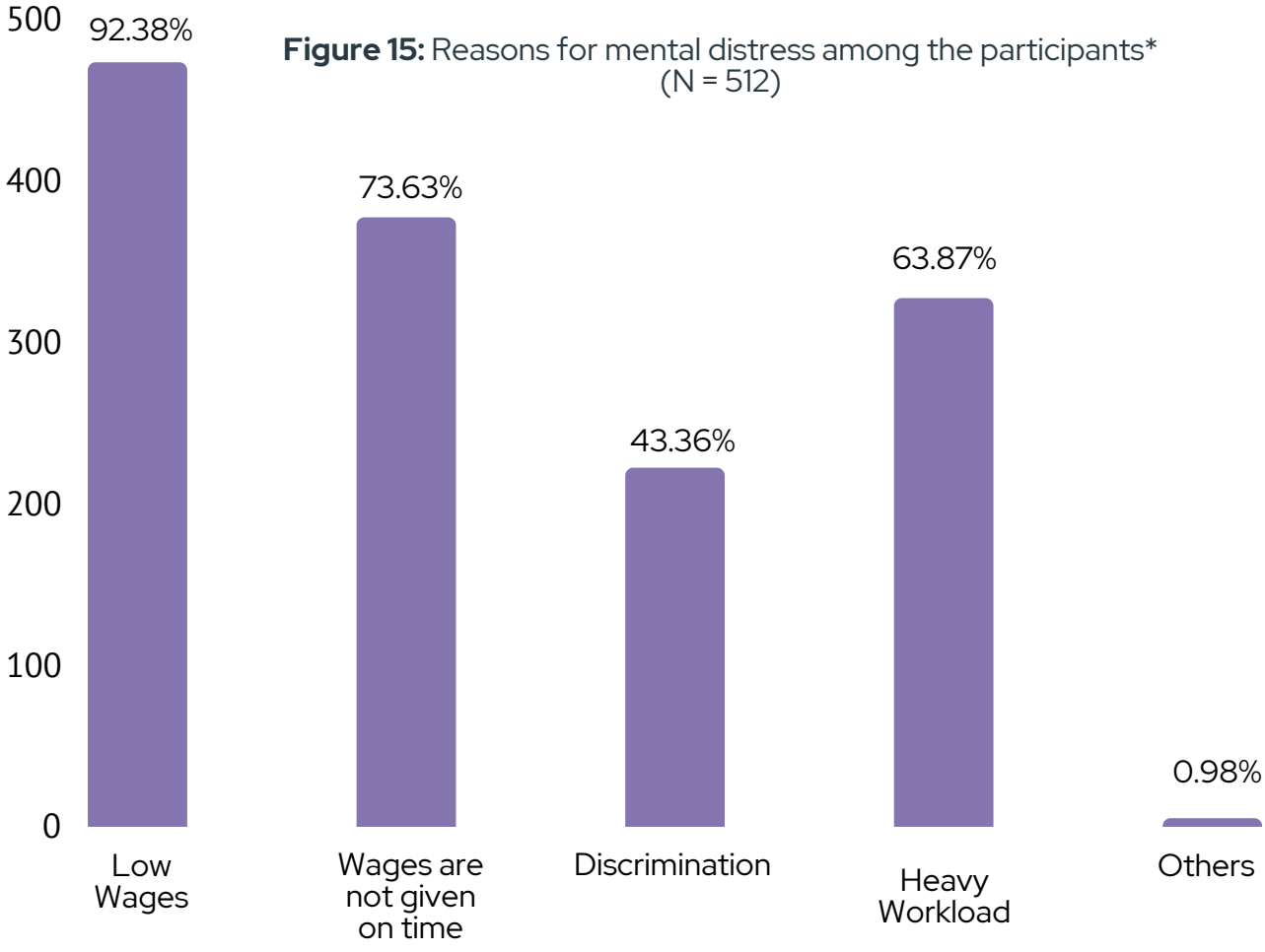


Figure 15: Reasons for mental distress among the participants* (N = 512)

*Not Mutually Exclusive

Access to Mental Health Services

Access to Individual Counselling

The data on access to individual counseling for sanitation workers highlights a significant gap in mental health support for this group. An overwhelming majority, **91.21**%, of respondents reported that they do not have access to individual counseling, which points to a critical lack of mental health services available to these workers. Only a small fraction, 0.20%, indicated that they have access to such services, illustrating the limited resources allocated for their mental health care. Furthermore, **8.59**% of workers expressed uncertainty about whether counseling services are available to them, suggesting a lack of awareness or communication regarding mental health resources.

Access to Individual Counselling	Frequency (Percentage)
Don't know	44 (8.59%)
No	467 (91.21%)
Yes	1 (0.20%)

Access to Group Therapy

The data on access to group therapy for sanitation workers highlights a severe gap in mental health services. A large majority, **89.26**% of respondents, reported that they do not have access to group therapy, underscoring the lack of structured mental health support systems in place for these workers. Only **0.39**% of respondents indicated that they have access to group therapy, a figure that points to the extreme scarcity of communal mental health

Access to Group Therapy	Frequency (Percentage)
Don't know	53 (10.35%)
No	457 (89.26%)
Yes	2 (0.39%)

resources. Additionally, **10.35**% of respondents were unsure about the availability of such services, which could reflect either a lack of awareness or confusion about what mental health services are available to them. This lack of group therapy options is particularly concerning, as group therapy can offer sanitation workers a vital space to share their experiences, build solidarity, and process the collective trauma associated with their work, which often involves hazardous conditions, social stigma, and discrimination.

Access to Stress Management Workshops

An overwhelming **88.48%** of respondents indicated that they do not have access to stress management workshops. Only 0.59% of respondents reported having access to such workshops, underscoring the rarity of initiatives aimed at equipping sanitation workers with tools to cope with the mental and emotional challenges of their work. Additionally, **10.94%** of workers were unsure about the availability of stress management workshops, possibly reflecting a lack of communication or awareness regarding the mental health resources that may or may not be accessible to them. The absence of structured stress management support further exacerbates the mental health challenges faced by sanitation workers, leaving them without the necessary coping mechanisms to address work-related stressors.

Access to Stress Management Workshops	Frequency (Percentage)
Don't know	56 (10.94%)
No	453 (88.48%)
Yes	3 (0.59%)

Access to Physical Fitness Training

The data on access to physical fitness training for sanitation workers highlights a striking lack of resources aimed at promoting physical well-being. An overwhelming **90.39%** of respondents reported that they do not have access to physical fitness training, which suggests that opportunities for improving physical health are severely limited for sanitation workers. These workers, who often engage in strenuous, physically demanding

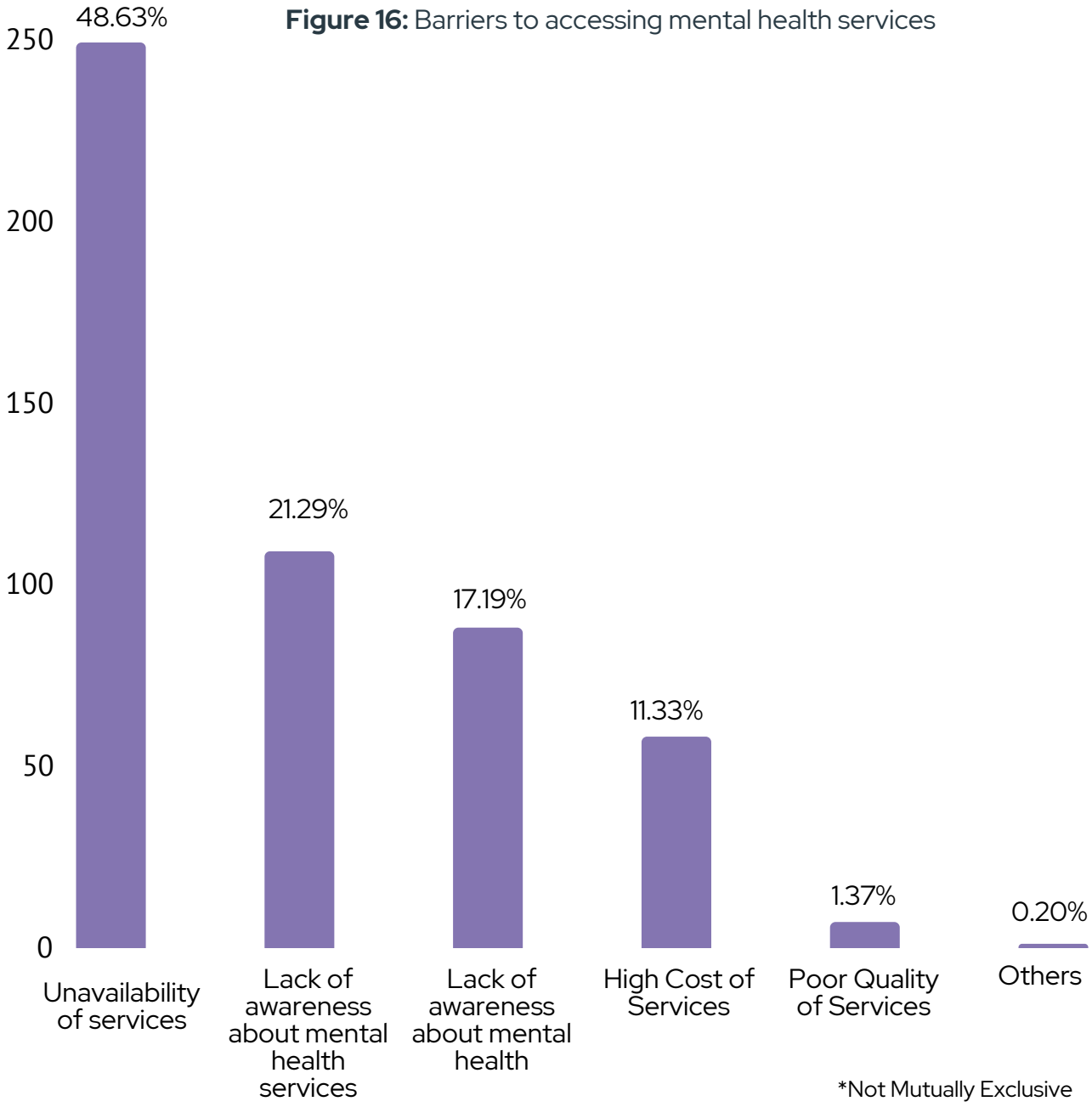
tasks, would benefit greatly from structured fitness programs to prevent injury and improve overall health, including mental health. Only **0.59%** of respondents indicated having access to such training. Additionally, **9.02%** of workers were unsure whether physical fitness training was available, which may point to a lack of communication or awareness about potential wellness programs. The lack of access to physical fitness training further compounds the risks sanitation workers face in terms of physical health and mental well being.

Access to Physical Fitness Training	Frequency (Percentage)
Don't know	46 (9.02%)
No	461 (90.39%)
Yes	3 (0.59%)

Main Barriers to Mental Health Services

The data on barriers to accessing mental health services for sanitation workers reveals several significant challenges that hinder their ability to receive the care they need. A considerable **48.63%** of respondents cited the unavailability of mental health services as the primary barrier, indicating that there is a severe shortage of accessible mental health resources for this group. This is compounded by a lack of awareness, with **21.29%** of workers unaware of the mental health services available to them, and **17.19%** not fully aware of the mental health issues they may be facing. These gaps in knowledge and access likely contribute to the underutilization of mental health services, further exacerbating the workers' vulnerability to mental health challenges. Another key issue is the high cost of services, reported by **11.33%** of respondents. This suggests that even when mental health services are available, they may not be affordable for sanitation workers, many of whom live in precarious financial situations due to low wages and job insecurity. Only a small proportion of workers (**1.37%**) reported poor quality of services as a barrier, which may indicate that where services do exist, they are often not perceived as adequate or helpful. Additionally, a very small number of workers (**0.20%)** mentioned other barriers, which could include factors such as stigma or logistical challenges in accessing care.

Figure 16: Barriers to accessing mental health services



*Not Mutually Exclusive

Key Learnings and Inferences

The data reveals critical insights into the mental health struggles faced by sanitation workers in India, highlighting both the severity of their mental health challenges and the significant barriers they encounter in accessing support. A substantial number of sanitation workers report experiencing mental distress due to a combination of low wages, delayed payments, heavy workloads, and discrimination. These factors appear to create a toxic cycle of financial and emotional strain, which exacerbates the mental health burdens that many workers face. The overwhelming stress of their working conditions—combined with the social stigma tied to their caste and occupation—further deepens the psychological toll, making mental health issues like anxiety, depression, and burnout prevalent among sanitation workers.

One of the most telling findings is the almost universal lack of access to mental health support services. The vast majority of sanitation workers are not only unaware of available mental health services, but they also report being unable to access any form of individual or group counseling, therapy, or stress management programs. This points to a systemic failure to prioritize the mental health needs of this critical workforce. While many workers acknowledge the existence of mental health challenges, they are largely left to navigate these issues without professional guidance or support, which leads to the invisibility of mental health struggles in this sector.

Moreover, the barriers to accessing mental health services are multi-faceted and entrenched. Chief among these barriers is the unavailability of services, which prevents workers from even considering mental health care as an option. When services are available, workers often face a lack of awareness about what is available, how to access it, or even what constitutes a mental health issue. For many workers, the issue is compounded by the high costs associated with mental health services, which makes them out of reach for those already grappling with financial instability. Additionally, there are significant gaps in the quality of services, which further alienates workers from seeking help.

These findings suggest that **sanitation workers are caught in a vicious cycle of mental distress, compounded by their socio-economic realities and exacerbated by institutional neglect.** The absence of meaningful support systems, combined with the stigma surrounding mental health and the low priority given to their well-being, reflects a broader systemic issue that needs urgent attention. The lack of access to counseling, stress management programs, and physical fitness training further limits their ability to cope with the severe mental and physical stress they face in their daily work. In summary, the data underscores the critical need for targeted interventions to improve mental health support for sanitation workers. Addressing these challenges will require not only the provision of accessible and affordable mental health services but also efforts to raise awareness, reduce stigma, and ensure that these workers are provided with the resources they need to cope with the immense emotional and physical pressures they face on a daily basis.

Key Recommendations

Increase in Wages:

An increase in wages for sanitation workers is essential to alleviate the constant financial insecurity and distress that many of them experience. Low wages, compounded by irregular payment schedules, create a cycle of financial instability that exacerbates mental health struggles such as stress, anxiety, and depression. By ensuring a fair and consistent income, sanitation workers can focus on their well-being and reduce the constant pressure to meet basic needs. Adequate compensation not only improves their quality of life but also reduces the risk of burnout and enhances overall job satisfaction. A wage increase should be implemented in a manner that reflects the importance and value of the work sanitation workers perform, aligning their compensation with the demands of their physically and mentally taxing roles.

Timely Wages:

The timely disbursement of wages is a critical factor in reducing mental distress among sanitation workers. Delays in salary payments lead to significant stress and anxiety, as workers are unable to meet their financial obligations, which can affect both their personal lives and their mental health. Ensuring that workers times. These basic facilities promote hygiene and can also protect workers from preventable diseases and infections. Additionally, all workstations should be equipped with well-maintained first aid kits to provide immediate relief in case of injuries.

Monthly Mental Health Camps and Check-ups:

Implementing monthly mental health camps and regular check-ups for sanitation workers is a key step in addressing their mental health needs. Regular check-ups will allow for early diagnosis of mental health conditions and provide timely interventions, reducing the risk of long-term psychological distress. These camps will also serve as a platform for increasing awareness about mental health issues, encouraging workers to

seek help and reducing the stigma associated with mental health. Additionally, providing mental health check-ups can create a culture of support within the workforce, where mental health is recognized as a legitimate and vital part of overall well-being. These camps could be conducted at regular intervals in collaboration with mental health professionals, ensuring that all sanitation workers have access to care and resources that can help them manage stress, anxiety, and other mental health concerns.

Systemic and Societal Change:

In addition to providing immediate support to sanitation workers, a fundamental shift is needed on both a societal and institutional level to address the deep-rooted discrimination and stigmatization that this community faces. The systemic oppression linked to the caste system has perpetuated inequities in employment, education, healthcare, and basic dignity for sanitation workers, especially those from marginalized castes like Dalits. To dismantle this long-standing discrimination, it is essential to foster societal change that recognizes sanitation workers as integral to society's well-being and deserving of respect, fairness, and equal opportunities. It is crucial that employers, government bodies, and society as a whole take active steps to challenge caste-based biases, promote inclusivity, and ensure that sanitation workers are treated with dignity and respect. This cultural shift will help empower sanitation workers, increase their social standing, and improve their mental health by reducing the external stressors caused by discrimination and exclusion. It is also critical that legislation is enforced to protect sanitation workers from exploitative practices and to ensure that their rights to fair wages, safe working conditions, and access to healthcare are upheld.

Based on a study led by:

South Asian Sanitation Worker and Labour Network (SASLN)