



CHALLENGES IN ACCESSING REPRODUCTIVE HEALTHCARE: A CASE STUDY ON WOMEN'S RIGHTS IN MANUAL SCAVENGING COMMUNITIES IN CHENNAI

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ABSTRACT

"Manual scavenging" refers to a highly marginalized occupation that involves the manual cleaning of human waste, which is a hazardous and degrading practice. Women in manual scavenging communities face multiple layers of discrimination and violation of their basic human rights. They are subjected to social exclusion, marginalization, and derogatory stereotypes. It creates significant challenges for women in exercising their reproductive health rights, it includes limited access to reproductive healthcare services, lack of awareness about reproductive health issues, stigma, discrimination, and cultural constraints that restrict women's ability to make informed choices about their reproductive well-being. These challenges can impact women's overall health, well-being, and agency in decision-making related to their reproductive lives. Factors such as lack of awareness, financial constraints, cultural norms, and inadequate healthcare infrastructure contribute to limited access to reproductive healthcare for women belonging to marginalized communities. This study aims to examine the specific challenges faced by women in these communities regarding the access to reproductive healthcare and shed light on the imperative of recognizing and promoting reproductive health as a human right for these women. For this study, the researcher employed a sample of 10 case studies with women in manual scavenging communities to explore their experiences and perspectives regarding reproductive healthcare. Through the case study method, the researcher will be able to identify recurring patterns, barriers, and potential solutions. The findings of this study will contribute to a deeper understanding of the challenges faced by women in manual scavenging communities when accessing reproductive healthcare. This study aims to draw interventions such as targeting awareness campaigns and, proposes strategies for promoting and protecting women's reproductive health.

Keywords: Manual Scavenging, Women, Health and Safety, Human rights Marginalization, Discrimination, Reproductive Healthcare.



INTRODUCTION

Manual scavenging, a practice entailing the manual cleaning of human waste and other hazardous materials, disproportionately affects marginalized communities, particularly women. In the prevailing social hierarchy, manual scavengers are positioned at the very bottom and are even regarded as the most marginalized among those who are already marginalized. Women make up around 95% of manual scavengers, facing not only the denial of fundamental rights but also encountering numerous difficulties across all aspects of life. This is due to a socio-economic structure that is built on caste-based discrimination, patriarchal norms, and exclusion, effectively pushing them to the fringes of society.

What is Manual Scavenging?

Manual scavenging, a practice rooted in caste-based compulsion, has persisted across various regions of India. This occupation involves the manual cleaning of human and animal waste using basic tools like brooms and small tin plates. The waste is then collected in baskets and transported to designated disposal sites situated at a considerable distance from inhabited areas.

Reasons for Women Involved in Manual Scavenging

Women are more prone to vulnerability when it comes to manual scavenging due to the combination of social, economic, and cultural factors such as caste-based discrimination, social stigma, limited opportunities, and limited access to education and awareness. Women who work as manual scavengers often feel compelled to continue because their families and communities have very limited ways to earn money. These families are usually very poor and come from marginalized groups in India. In these communities, even having enough food to eat is a big problem. While men from these communities might find occasional work as laborers, their income is not steady or dependable. Women are more vulnerable to manual scavenging due to a combination of social, economic, cultural, and health factors exacerbating their precarious position in this occupation.

HEALTH RISKS OF WOMEN ENGAGED IN MANUAL SCAVENGING

Women engaged in manual scavenging face severe health risks due to the nature of their work, which involves cleaning and handling human waste, sewage, and other hazardous materials. Manual scavenging is a degrading and hazardous occupation, and despite being



banned in many countries, it continues to persist in some regions. Here are some of the health risks faced by women manual scavengers:

- **Exposure to Pathogens:** Manual scavengers are at high risk of exposure to various pathogens present in human waste, including bacteria, viruses, and parasites. This can lead to a range of infectious diseases, including gastrointestinal infections, skin diseases, and respiratory infections.
- **Respiratory Problems:** Inhaling toxic fumes and gases from sewers and septic tanks can cause severe respiratory problems. Exposure to hydrogen sulphide and methane gases can be particularly dangerous, leading to dizziness, nausea, and even suffocation.
- **Skin Conditions:** Direct contact with human waste and sewage can lead to skin conditions such as dermatitis, rashes, and fungal infections. The chemicals and toxins present in sewage can irritate and damage the skin.
- **Eye and Vision Problems:** Contact with harmful substances can cause eye irritation and damage. Inadequate protection can result in eye infections, conjunctivitis, and, in extreme cases, vision impairment.
- **Gastrointestinal Disorders:** Handling human waste without proper protective measures can lead to the ingestion of harmful pathogens, which can cause gastrointestinal disorders, including diarrhea, vomiting, and stomach cramps.
- **Injuries:** Manual scavengers often work in unsafe and unsanitary conditions. They can be at risk of injuries from sharp objects, broken glass, and other hazardous materials present in sewage and waste. These injuries can lead to infections and long-term health complications.
- **Mental Health Issues:** Manual scavengers often face social stigma, discrimination, and psychological stress due to the degrading nature of their work. This can result in mental health issues such as depression, anxiety, and low self-esteem.
- **Reproductive Health Concerns:** Female manual scavengers may experience reproductive health problems due to exposure to hazardous substances.



This can include complications during pregnancy and birth, as well as an increased risk of infertility.

- **Malnutrition:** In many cases, manual scavengers belong to marginalized and impoverished communities. Their low income and lack of access to proper nutrition can contribute to malnutrition and overall poor health.
- **Lack of Access to Healthcare:** Manual scavengers often face barriers in accessing healthcare services, including discrimination by healthcare providers. This can delay treatment for health issues and exacerbate their conditions.

REPRODUCTIVE HEALTH AS A HUMAN RIGHT

Reproductive health is considered a fundamental human right because it encompasses several essential components of well-being and autonomy, and its fulfillment is critical for individuals to lead healthy, fulfilling lives. Here are key reasons why reproductive health is recognized as a human right:

Reproductive health is inherently tied to human dignity. It acknowledges that every individual has the right to make decisions about their own body and life choices, free from coercion, discrimination, and violence. It recognizes an individual's right to make informed and autonomous decisions about their reproductive and sexual health. This includes choices related to contraception, family planning, pregnancy, childbirth, and abortion, among others. Access to comprehensive reproductive healthcare, including family planning services, prenatal care, safe childbirth, and treatment for reproductive health issues, is vital for the physical, mental, and emotional well-being of individuals.

Reproductive rights are closely linked to gender equality. Ensuring that individuals, regardless of gender, have equal access to reproductive health services helps address and rectify gender-based discrimination and disparities in healthcare. Access to reproductive healthcare, including safe childbirth and postnatal care, is essential for reducing maternal mortality rates. High maternal mortality rates are often indicative of inadequate access to reproductive health services. Reproductive health services, including contraception, play a significant role in preventing unintended pregnancies. This, in turn, helps individuals and families make informed choices about their family size and spacing of children. Recognizing reproductive health as a human right helps protect individuals from harmful practices such as



forced sterilization, female genital mutilation, child marriage, and gender-based violence. Reproductive health encompasses sexual health, promoting healthy, respectful, and consensual sexual relationships. This includes education and information about sexual health and relationships. Having access to reproductive healthcare can greatly improve an individual's overall quality of life. Healthy reproductive choices and healthcare contribute to healthier families and communities.

Reproductive rights are enshrined in various international agreements and declarations, including the Universal Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights, and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), among others. Many countries have recognized reproductive rights through domestic legislation and constitutional protections. These legal frameworks often aim to safeguard individuals' rights to make reproductive choices free from discrimination and coercion. Thus, recognizing reproductive health as a human right is essential for upholding individual autonomy, gender equality, and overall well-being. It ensures that individuals have the information, services, and support necessary to make informed decisions about their reproductive and sexual health, free from discrimination and coercion. Additionally, it acknowledges the interconnectedness of reproductive rights with broader human rights principles, such as the right to life, liberty, and security of person, and the right to non-discrimination.

PURPOSE OF THE STUDY

This study aims to examine the specific challenges faced by women in these communities regarding the access to reproductive healthcare and shed light on the imperative of recognizing and promoting reproductive health as a human right for these women. The researcher employed a sample of 10 case studies with women in manual scavenging communities to explore their experiences and perspectives regarding reproductive healthcare. Through the case study method, the researcher will be able to identify recurring patterns, barriers, and potential solutions. The findings of this study will contribute to a deeper understanding of the challenges women in manual scavenging communities face when accessing reproductive healthcare. This study aims to draw interventions such as targeting awareness campaigns and, proposes strategies for promoting and protecting women's reproductive health.



CASE STUDIES

Case study 1: Name: Urvashi (Original name changed)

Urvashi is a 30-year-old woman with two children, when she was pregnant with her first child, she had limited access to information regarding family planning and maternal health services. She also faced numerous challenges during the delivery such as distance and transportation, financial barriers etc.

Case Study – 2: Name: Jothy (Original name changed)

Jothy is a 38-year-old woman with four children when asked about accessing reproductive healthcare or even the knowledge about it seems to be very unaware that reproductive rights are basic. She also tells that she didn't have control over my body or even to have kids for that matter; it was her husband's decision to have these many kids.

Case Study – 3: Name: Lakshmi (Original name changed)

Lakshmi is a 30-year-old woman who is the only working member of my family, her husband passed away after two years of marriage. She did face a lot of struggles during the birth of her two children like no proper infrastructure at the hospital and no support in financial aspects. Now after my husband's departure, she had to feed my children and she cannot see them starving. she made a choice to take up this job after my husband's departure.

Case Study – 4: Name: Rasathi (Original name changed)

Rasathi is a 37-year-old woman who says "I took the difficult step of separating from my husband due to ongoing domestic violence and abuse, I would also be denied reproductive healthcare access and also was judged when I had to undergo an abortion due to financial reasons. I worked as a manual scavenger, involved in tasks like garbage disposal and sweeping. Despite the challenges, I'm proud to have raised a daughter and a son who are now also contributing to the family's support through their own work.

Case Study – 5: Name: Chinna Ponnu (Original name changed)

Chinna Ponnu is a 60-year-old woman who says: I've faced the loss of everyone dear to me, leaving me on my own. With determination, I managed to arrange marriages for my two daughters, who are now happily settled in Andhra. For three decades, I toiled as a manual



scavenger under government employment, earning around Rs.1000/- on a monthly basis. I extended my hours of work, striving to save for my family's needs. Following the successful settlement of my daughters, I made the decision to retire from my job. Now, it's heartwarming to share that my daughters support me by sending me money, as they ensure my well-being.”

Case Study – 6: Name: Nayomi (Original name changed)

Nayomi is a 30-year-old woman who is originally from Chennai, she spent a part of her life in Andhra after getting married. However, her husband and she eventually moved back to Chennai in search of employment opportunities. She says “Following in the footsteps of my mother, I also took up a job as a manual scavenger. Together, my husband and I work diligently to provide for our family's needs. We're blessed with three children who are currently pursuing their education in high school. I aspire to provide them with better opportunities, steering them away from the same job path I've taken. Education is our priority, ensuring they have a brighter future ahead.” Nayomi also revealed that she had faced discrimination based on the locality where she belongs, while accessing reproductive healthcare.

Case Study – 7: Name: Divya (Original name changed)

Divya is a 25-year-old woman whose both of her parents have been engaged in the challenging occupation of manual scavenging. My father was tasked with cleaning septic tanks and sewage systems, but a few years ago, he was diagnosed with kidney disease. Presently, he relies on dialysis treatments to manage his condition. She also says: The difficulties my family has faced due to these circumstances have had a significant impact on our lives”

Case Study – 8: Name: Josephine (Original name changed)

Josephine is a 50-year-old woman who started the journey as a manual scavenger and through hard work and dedication, she rose to the position of a supervisor. Over a span of 36 years, she says “I committed myself to this field, overcoming numerous challenges along the way. Despite my long service, I have not received any government assistance or support. As I approach retirement next year, I also face the burden of a severe lung problem caused by cleaning septic tanks. I am grateful that my two children are now working and actively



providing for the family. But she did not have the awareness that reproductive health care access is a basic human right or it's her body and her decision to have or not have kids.

Case Study – 9: Name: Janaki (Original name changed)

Janaki is a 32-year-old woman whose husband was employed as a manual scavenger, responsible for cleaning septic tanks and dealing with blockages. Tragically, he lost his life while performing this hazardous job. It's important to note that he had a habit of consuming alcohol while working, which likely contributed to the unfortunate incident. Following his untimely passing, the responsibility of supporting the family fell upon Janaki. Despite having limited options, she found herself compelled to step into the same line of work as my late husband. My primary motivation was to ensure the well-being and future of her son, as she navigated this challenging path. She has also said she was not treated properly during her delivery and even for postnatal care. She also discloses that she has also faced discrimination.

Case Study – 10: Name: Rajeshwari (Original name changed)

Rajaeshwari is a 30-year-old female who got married at the age of 16, and now has four children. Unfortunately, her husband lost his leg in an accident, which has left him unable to work for the past five years. As a result, she has taken on the sole responsibility of providing for our family. She continues to do this work for her children's well-being, it drives her to work tirelessly in order to support the family. But most of the time they are not been provided with safety gear for protection, and due to that she has an aversion towards food, most of the time she doesn't even feel like eating, she also has a few injuries while cleaning. It's a challenging journey, but I'm dedicated to ensuring a better future for my family.

FINDINGS OF THE STUDY

Limited Access to Reproductive Healthcare:

- Women in manual scavenging communities face significant barriers to accessing reproductive healthcare services.
- Lack of awareness about available services and their rights regarding healthcare.
- Economic constraints often prevent them from seeking timely and adequate care.



Stigmatization and Discrimination:

- Manual scavenging communities often face social stigma and discrimination, leading to reluctance to seek healthcare.
- Discrimination by healthcare providers can result in poor quality of care and neglect of women's health needs.

Health Risks and Poor Sanitation:

- Exposure to hazardous waste materials and unsanitary work environments poses health risks to women in manual scavenging.
- Lack of access to clean water and sanitation facilities further exacerbates health issues.

Maternal Health Challenges:

- Higher rates of maternal mortality and morbidity among women in manual scavenging communities due to inadequate prenatal and postnatal care.
- Limited access to skilled birth attendants and emergency obstetric care services.

SOCIAL WORK INTERVENTION

Role as an Educator: The social worker should play the role of educator and create the need for Awareness and Education, Initiatives are required to raise awareness among women in manual scavenging communities about their reproductive health rights and available healthcare services. Education programs should be implemented to empower women with information and knowledge about hygiene and sanitation practices.

Role as a catalyst: Addressing Social Stigma and Discrimination: Community-based awareness campaigns and sensitization programs for healthcare providers to reduce social stigma and discrimination against these communities. Ensuring a non-judgmental and inclusive healthcare environment.



RECOMMENDATIONS

Investment in improving sanitation facilities and clean water access within these communities intended to reduce health risks. Providing safe working conditions and alternatives to manual scavenging to protect women's health are the further recommendations given in this study. Accessible Healthcare Services, Expanding the reach of reproductive healthcare services to these communities through mobile clinics or outreach programs. Ensuring affordable and accessible maternal healthcare services, including skilled birth attendants are emergency care.

CONCLUSION

In conclusion, addressing the challenges in accessing reproductive healthcare for women in manual scavenging communities in Chennai is a complex and multifaceted task. It requires a concerted effort from the government, healthcare providers, NGOs, and the community itself. By working together and implementing these recommendations, we can strive towards a more equitable and just healthcare system that upholds the rights and dignity of all women, regardless of their background or circumstances.

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