Occupational behavior of Sanitation workers amidst Covid 19 lockdown

Non availability or shortage of personal protection equipment (PPE) for frontline healthcare workers is a global concern and has been aptly highlighted in Social Media in India. An overlooked area of major concern is a similar lack of PPEs among sanitation workers. The ill-effects get compounded due to lack of formal public health education among this class of essential service provider.

The author observed the behavior of sanitation worker during the first six days of lockdown in Dehradun while commuting to his work place, 32 km on national highway 58. Three days (Day one, two and sixth) the observations were made in Dehradun city and Doiwala village close to a medical college; while off duty, the other three days, the observations were only in the urban area (Table 1). The observations included genders, presumed status (workers Vs supervisors), the proportion of those who used mask (wherever possible, whether correctly with both mouth and nostrils properly covered) and those who used protective gloves as well. Of total 123 workers, only 11 were females, eight of them used *dupatta*, three of them neither a *dupatta* nor a mask. There were five presumed (based on their authoritative manners) sanitation supervisors, who observed or gave instructions: none of them had either gloves or masks.

While the low number of cases who used these PPEs should be a matter of concern, the more crucial aspect is the apparent lack of awareness on personal hygiene and the correct method to use PPEs. Woman workers did not prefer to use a mask. Although the potential benefit of using a mask depends on the pore size of the material used, the use of personal *dupatta* should be regarded as a risk factor as the women seem to readjust it with their bare hands or gloves. Unlike men, these women were not clad in the uniform provided by the municipality, which implied they were more likely to use the same dress at home after return from work. This would expose the children to potential exposure to germs, while their spouses mostly with same occupation would carry their own germs home.

Some of the men collected garbage with bare hands, while others took off the rubber gloves as often as desired, with no immediate access to practice hand hygiene. Eating snacks at roadside eateries is a common practice too.

Among men, there were five complacent workers who seemed to have gone up the career ladder and worked as supervisors. Perhaps they believe that if they were not personally collecting the garbage, there was no need to use the PPEs. They did not use social distancing as advised, especially during travelling in garbage trucks or tractors.

Apart from the mobility of the lockdown refugees moving across the states, the poor hygiene of the sanitation workers is a crucial factor that can impact the efforts to contain the Covid 19 disease in a country like ours. Social hierarchy and “distancing” based on social status is a sad reality of India howsoever, the urban elites may wish to deny. As a result, our sanitation workers are both “sought after” and kept at a hand’s distance. A break in hygiene of fellow humans can jeopardize the health of elites; the onus is on us to educate the weaker links. The pandemic has given us an opportunity to fix our social anomalies. In an inclusive society, there has to be a provision of health education of these workers. This should happen at both municipality level as well as individual levels. The author’s initiative to educate the sanitation workers employed by his society was met with derision. Responses like “these people will never understand” were common, not realizing that “the virus” and the diseases such as Covid 19 are great levelers. Interestingly though, a group of sanitation workers took keen interest in an impromptu education session one afternoon and were able to demonstrate correct hand wash techniques.

The author urges the National Human Rights Commission, the policy makers and the municipalities across the country to ensure that health education and personal protection are an integral part of public health issues.

Table (1) : Mask and gloves used by the urban and rural sanitation workers

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| Area | Total no of workers observed | Masks used | Gloves used |
| Urban (Dehradun) | 110 | 74 (67.27%) | 30 (27.27%) |
| Rural (Doiwala) | 13 | 6 (46.15%) | 7 (53.84%) |
| Significance (Standard error of proportion) |  | P = 0.04 | P = 0.1 |