

Unveiling the Dual Struggle: Health Perils and Social Stigma among Minority Sanitary Workers

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Abstract: *This qualitative study investigates the intertwined challenges faced by minority sanitary workers in Pakistan, focusing on the Sargodha region. The research delves into the dual struggle encompassing occupational health hazards and social stigma experienced by these workers. Conducting in-depth interviews with 20 participants from diverse minority backgrounds and genders, this research uncovers multifaceted issues prevalent among these essential workers. Results of the study highlighted the precarious working conditions marked by the absence of adequate protective gear during waste disposal tasks, exposing them to toxic chemicals, infectious waste, and noxious fumes. Respiratory issues, including persistent coughing and chest discomfort, were prevalent due to prolonged exposure to pollutants. Additionally, injuries sustained during waste collection activities posed immediate health risks, compounded by the lack of proper safety measures. The study also uncovered the pervasive social stigma and discrimination faced by these workers, stemming from their occupation and minority status, leading to devaluation, societal exclusion, and marginalization. The findings underscore the urgent need for improved safety protocols, access to protective equipment, and enhanced working conditions to address occupational hazards. Furthermore, the study emphasizes the importance of social advocacy and policy interventions to mitigate societal stigmatization and discrimination against these essential yet vulnerable workers.*

Keywords: Minority Workers, Sanitary Workers, Occupational Health Hazards, Social Stigma, Discrimination

Introduction

Sanitary workers constitute an essential yet undervalued segment of the workforce, responsible for managing waste disposal, sewage systems, and sanitation upkeep in communities worldwide (Bhakta, Cawood, Zaqout, & Evans, 2022). However, this workforce predominantly comprises individuals from

minority communities, including marginalized ethnic groups, lower socio-economic backgrounds, and often, discriminated castes or tribes (Bhanot, Singh, Verma, & Sharad, 2021). These workers labor in physically demanding, hazardous, and unsanitary conditions, exposing themselves to a myriad of health risks, ranging from respiratory ailments due to exposure to harmful substances to infections and injuries (Chaudhry, Azhar, Khan, & Asghar, 2023).

Despite their indispensable role in maintaining public health and hygiene, these workers endure pervasive societal prejudices and stigma (Clark et al., 2023). They face discrimination rooted in historical, cultural, and socio-economic factors, perpetuating their marginalization and contributing to their social exclusion (Yong & Germain, 2022). This stigma not only affects their personal dignity and mental well-being but also limits their access to basic rights, opportunities for advancement, and quality healthcare services (Yong & Germain, 2022). The intersection of health risks and social stigma within the context of minority sanitary workers presents a poignant and pressing concern in contemporary society (Porras Bulla, Rendon, & Espluga Trenc, 2021). These individuals, often operating on the fringes of the workforce, encounter a dual struggle that transcends mere occupational hazards. The inherent health perils entwined with their roles in waste management, coupled with pervasive social stigmatization, create a complex web of challenges that significantly impact their well-being and societal integration (Norton, 2023).

Pakistan is primarily Muslim, but Christians and Hindus make up the majority of the country's minorities, with each group accounting for approximately 1.6% of the population (Pakistan Bureau of Statistics, 2017) (Ittefaq, Ejaz, Jamil, Iqbal, & Arif, 2023). "The southern metropolis of Karachi has a large Christian population, as do the cities of Lahore and Faisalabad," according to a BBC News (2018) report (para. 6). The report further uncovers that Pakistan's Christians, as other strict minorities in the nation, have been the objective of heightening assaults lately (Chaudhry et al., 2023). Sadly, the Christian minority populace in Pakistan does not just experience the ill effects of fierce assaults yet additionally battles for their privileges and portrayal in the country's standard news media. One central point of contention is connected with the under-portrayal of Christian clean specialists, who contribute a significant job in the metropolitan strong waste administration of the nation and are to a great extent minimized by society (Mendonca, D'Cruz, & Noronha, 2022).

Pakistan has gained huge headway in further developing admittance to disinfection yet sterilization work stays low-paid and low-status work connected to separation in view of standing and religion (G. Malik, 2022). It is mostly carried out by people who came from the Hindu Dalit caste and converted to Christianity and other religions, most of whom did so generations ago. Today, 80% of sterilization clean specialists in Pakistan are Christians, regardless of them making up only 2% of everyone (Mendonca et al., 2022; Norton, 2023). In Pakistan, both sewage and clean workers do their occupations physically, without the requirement for wellbeing hardware. Sanitary workers commonly enter the main hole in Karachi barehanded, even without face masks or gloves; to clear the obstructed sewage lines (Bhakta et al., 2022; Bhanot et al., 2021). They are the city's least paid and most separated workers, and their homes and neighborhoods mirror this. The majority of these daily wagers lack access to medical facilities despite being exposed to work-related dangers and bacteria that can cause disease (Ittefaq et al., 2023).

Amidst their pivotal role in upholding public hygiene, these workers grapple with societal prejudices deeply entrenched in Pakistan's cultural and social dynamics (Ittefaq et al., 2023; G. Malik, 2022). Structural inequalities, historical biases, and systemic discrimination contribute to the stigmatization faced by minority sanitary workers. This pervasive societal stigma not only undermines their dignity and mental well-being but also perpetuates their marginalization, constraining their access to education, healthcare, and socio-economic opportunities. The convergence of these occupational health hazards and social marginalization creates a profound impact on the lives of minority sanitary workers, exacerbating vulnerabilities and impeding their social integration and upward mobility (Yong & Germain, 2022). Understanding the intricate dynamics between health risks and social ostracization is essential for developing holistic interventions that safeguard their health, alleviate societal prejudices, and empower them to lead lives of dignity and equality within the broader Pakistani society. Addressing the dual struggle faced by minority sanitary workers in Pakistan necessitates comprehensive strategies that blend health interventions with socio-cultural reforms, aiming to mitigate health risks, challenge societal biases, and champion the rights and inclusion of these essential yet marginalized members of the Pakistani workforce (Chaudhry et al., 2023).

Research Objectives

1. To assess the impact of occupational hazards on the health and well-being of minority sanitary workers.
2. To analyze the extent of social stigma and discrimination faced by Christian sanitary workers.

Research Questions

1. How do occupational hazards affect the physical health and well-being of minority sanitary workers?
2. What are the prevailing forms and impacts of social stigma experienced by Christian sanitary workers?

Theoretical Framework

In the theoretical framework, researchers used two theories. It is shown with the help of social identity theory that how the social identity of sanitary workers is stigmatized.

Social Identity Theory

Social Identity Theory (SIT) endeavors to make sense of how individuals see themselves in view of their feeling of having a place with a specific gathering. Tajfel and Turner (1979) noticed that the individuals from a specific gathering dole out profound and emotional connection to both the gathering and its individuals, which permits them to recognize inside and between different gatherings in a group environment (Harwood 2020). As a result, individuals' identification is the source of their positive self-distinctiveness, individual mobility, social creativity, and social competition. "The extent to which [individual identification] with their in-group often moderates their reactions to social identity threats" (Saleem and Ramasubramanian 2019, 378; Tajfel and Turner 1979).

Second, it tends to the singular versatility angle which signifies that people limit any association

with the low-status bunch in the public eye and look for acknowledgment in the high-status bunch. Thirdly, in contrast to individual mobility, collective action refers to an individual's efforts to strengthen the group as a whole through collective effort. Finally, aversion implies that specific people stay away from contact with their gathering individuals to keep away from future character dangers. It very well may be in two structures; first individuals show some kind of "separation" with the in-bunch, second, they likewise outline a conduct distance and don't connect with in that frame of mind in a social climate to evoke the personality danger (Tajfel and Turner 1979).

SIT has been one of the most generally involved hypotheses to concentrate on racial and ethnic populaces in different Western nations where non-White populaces are minorities (for Latinos, see, Erba 2018, for Muslims, see, Saleem and Ramasubramanian 2019, outline for Blacks, see, Tukachinsky, Mastro, and Yarchi 2017, and for Bedouins, see, Tsfaty 2007). SIT has not, however, been applied to religious minorities in Muslim nations, particularly Christian sanitary workers—a subgroup of a religious minority—and their perceptions of media representation. In Muslim-majority nations, Christians, a minority group, are marginalized (Zaidi, 1988), and sanitary workers are also a non-privileged minority. The population of sanitary minority workers in nations with a majority of Muslims is one of the least studied. Starting from the origin of Pakistan in 1947, the Pakistani state has been in a continuous course of taking a stab at a common public personality yet in addition a peculiarity portrayed as desecularization in which different entertainers are meaning to adjust foundations and political practices to contending strict standards and sensibilities. This makes religion and strict personality challenged issues of country building and present-day governmental issues.

The "normative relationship between religion and state formation is deeply contentious" in a state with "unsettled state–religion relationships," such as Pakistan (Saeed 2017, 5). Sterile laborers are attempting to accomplish a degree of acknowledgment among Pakistan culture as well as inside their Christian people group. Hence, in this situation, Social character hypothesis assists us with understanding the risks of the gig, in addition to the disgrace and steady need to defeat disdain, make emotional well-being issues that numerous clean specialists attempt to make do with liquor and medications.

Literature Review

A few examinations have featured the social shame looked by sterile laborers in various regions of the planet. For instance, a study that was carried out in India found that other members of society view manual scavengers—a type of sanitary worker—as untouchables and face social exclusion. They are forced to live in segregated areas and are frequently denied access to basic services like healthcare and education. The investigation likewise discovered that these laborers encountered a scope of medical conditions, including respiratory issues, skin illnesses, and diseases, which were credited to their work (Sahoo et al., 2021).

One more review directed in Pakistan observed that disinfection laborers were exposed to different types of social shame and separation, including boisterous attack, segregation, and being thought of as messy and polluted. The investigation additionally discovered that these laborers had restricted admittance to medical services and confronted trouble in finding appropriate marriage accomplices because of their occupation (Hassan, Farah, Safian, Hussain, & Afzal, 2021). Since the

1960s, the literature has documented the attitudes of states toward Christian minorities in countries with a majority of Muslims. A study on Christian minorities in Muslim nations like Pakistan, Malaysia, Southern Sudan, and Southern Nigeria was conducted by (Nyblade et al., 2019). This near study is one of the earliest in this grant and contends that Islam is a significant religion in every one of the previously mentioned nations; in any case, different religions are allowed to practice, and they are given equivalent open doors (Nyblade et al., 2019). However, equivalent open doors in work have been challenged in Muslim-larger part nations. One of the business areas for Christian minority sterile specialists is sterilization. People avoid working in this social sector because it is regarded as impure and has low pay. Because of this boundless monetary imbalance, strict minorities in Pakistan can be said to live under unfortunate circumstances (Akazong et al., 2020).

The implementation of human rights laws is one area of concern in these circumstances. Strict minorities in Muslim-larger part nations face various essential basic freedoms infringement and civil rights issues — for example, equivalent open doors in business, routinely encountering viciousness, segregation, and prohibition. In Pakistan, strict minorities make up just 4% of the absolute populace (Deguchi & Chie, 2020). However, gives range from an "absence of admittance to instruction, sterilization, transportation, and medical services, to word related segregation and more straightforward encounters of viciousness like kidnappings and constrained transformations, allegations of lewdness, designated killings, and continuous assaults on spots of love" (Oza et al., 2022; Patwary et al., 2021; Sahoo et al., 2021). Sanitation management employees perform a crucial public service, frequently at the expense of their dignity, safety, health, and living conditions. They are probably the weakest sterile specialists while offering a critical public support that most people don't want to offer (Organization, 2022). Likewise, in Pakistan, despite the fundamental idea of their administration, sterile workers have a place with an undetectable labor force with a hazardous and unpleasant work (Hassan et al., 2021). As well as working in despicable circumstances, they face a special test that stems from their strict character. Their Christian personality alone makes them qualified for janitorial errands while absolving Muslims from it. According to a recent study conducted by (Degavi, Dereso, Shinde, Adola, & Kasimayan, 2021), 87 percent of Christian sanitary workers believe that people generally believe that janitorial work is only for Christians, while 72 percent of sanitary workers believe that their Muslim coworkers perceive this work as not being appropriate for them.

(G. Malik, 2022) shows that as per Indian authority information, 347 individuals have passed on in India in the past five years. While cleaning septic tanks and sewers. According to the Minister of Social Justice and Empowerment's response to a question posed in the Lok Sabha, 92 deaths were recorded in 2017, 16 in 2018, 116 in 2019, 19 in 2020, 36 in 2021, and 17 in 2022. The disallowance of work as a manual scrounger and their recovery regulation of 2013 precludes the utilization of any person for manual cleaning, conveying, discarding, or in any case taking care of human excreta until its removal. The pastor proceeded to say that the public authority has fostered the 'Public Activity Plan for Motorized Disinfection Eco Framework' (Namaste) drive, which tries to guarantee that gifted faculty perform sterile positions and that those clean laborers shouldn't come into close touch with human excrement.

World Health Organization (2022) report shows that sterile laborers in numerous countries

clean drains and face such wellbeing risks, which are the significant reason for their mortality, because of not wearing appropriate gear and wet suits given by the public authority. Most worldwide NGOs are attempting to work on the existences of clean specialists, in any case, different countries are not zeroing in on this action because of an absence of disinfection financial plan. Sanitation workers are unable to meet their basic needs due to their low pay (Organization, 2022).

Methodology

The current study adopted a qualitative approach in its methodology, specifically employing a qualitative research design to comprehensively explore the experiences of sanitary workers in the Sargodha region, particularly focusing on individuals belonging to minority groups and encompassing both genders. A total of 20 interviews were conducted by the researcher, delving into the multifaceted perspectives and insights of these workers. These interviews served as the primary source of data collection, enabling a nuanced understanding of the challenges, occupational health hazards, and safety issues encountered by minority sanitary workers within the district. The inclusion of participants from diverse backgrounds and genders aimed to capture a broad spectrum of experiences and viewpoints, contributing to the richness and depth of the findings. In the process of analysis, the researcher employed thematic analysis as the chosen method to systematically identify, analyze, and interpret recurring themes and patterns within the interview data. This approach allowed for a rigorous examination of the qualitative data, facilitating the extraction of meaningful themes that encapsulated the various aspects of the experiences shared by the participants. Moreover, ethical considerations were paramount throughout the study. The researcher ensured the anonymity and confidentiality of the participants, maintaining the privacy of their personal information and safeguarding their identities. The study adhered to ethical guidelines to mitigate any potential ambiguity in the findings, thereby upholding the integrity of the research process and the well-being of the participants involved.

Results and Discussions

Occupational Hazards and Health Risks

Exploring the theme of "Occupational Hazards and Health Perils" among minority sanitary workers in the Sargodha region provides profound insights into the challenges these individuals encounter in their daily work. This theme underscores the myriad health risks these workers face due to their occupational responsibilities and the absence of adequate safety measures and protective gear (N. S. Malik & Gupta, 2022). The discussion will delve into the various facets of health perils experienced by these workers, emphasizing their exposure to hazardous working conditions and the resultant physical health challenges.

Exposure to Hazardous Working Conditions

Sanitary workers in the Sargodha region grapple with precarious and often perilous working conditions that predispose them to a wide spectrum of health hazards. A critical and deeply concerning issue that emerges from interviews conducted with these workers is the glaring lack of proper protective

gear(Chaudhry et al., 2023). Numerous workers recounted harrowing experiences of carrying out waste disposal tasks without the provision of adequate safety equipment, such as gloves, masks, or protective clothing.

As R1 Stated that;

"Every day, I worry about the toxins I handle. Breathing problems are becoming common and I have seen colleagues fall ill. Without proper Protection, it's a risk to our health."

Similarly, R5 and R2 highlighted that;

"We are handling things that can make us sick, but we're left without protection. It is hard to work knowing the risks we face. Safety should be a priority."

This absence of protective gear leaves them significantly exposed to a multitude of harmful substances, including toxic chemicals, infectious waste, and noxious fumes, thereby posing substantial risks to their health and well-being(Mendonca et al., 2022). The workers' vulnerability due to the lack of protective gear not only heightens the immediate risk of illness but also contributes to long-term health complications, thus profoundly impacting their overall health and quality of life. Furthermore, the very nature of their tasks exposes these sanitary workers to an array of occupational health hazards on a daily basis. Engaged in waste collection, disposal, and sanitation activities, these workers routinely handle biomedical waste, industrial byproducts, and other hazardous materials without the necessary safeguards in place(Yong & Germain, 2022).

As R7 said that,

"The fumes and chemicals we deal with daily affect our health. There's a desperate need for safety protocols to minimize our exposure to harmful elements."

This direct exposure leads to frequent skin contact or inhalation of harmful substances, posing serious risks to their health. Prolonged exposure to such toxins and pollutants has resulted in a multitude of workers suffering from various health issues, including but not limited to respiratory ailments, skin infections, and other chronic health conditions(Ittefaq et al., 2023; G. Malik, 2022). These occupational hazards not only compromise the workers' physical health but also have far-reaching implications for their broader quality of life. Chronic health conditions arising from occupational exposure to hazardous substances significantly impact their ability to work effectively and provide for their families, thereby perpetuating socio-economic hardships(Bhakta et al., 2022).

Moreover, the absence of adequate protective measures and occupational safety standards for sanitary workers exacerbates the risks associated with their work. The lack of protective gear, coupled with direct contact with hazardous waste materials, significantly increases the probability of respiratory

problems, skin ailments, and other health issues among these workers (Porras Bulla et al., 2021). The prevalence of occupational hazards and the resultant health risks underscore the urgent need for improved safety protocols, access to protective equipment, and enhanced working conditions within the sanitation sector. Addressing these challenges is paramount to safeguarding the health and well-being of these essential yet vulnerable workers, ensuring a more supportive and equitable working environment that prioritizes their safety and health needs (Clark et al., 2023).

Physical Health Challenges

The interviews conducted with minority sanitary workers unveiled a distressing array of physical health challenges prevalent within this workforce. The prevalence of respiratory issues among minority sanitary workers continues to be a pressing concern within their workforce. Workers consistently reported experiencing chronic symptoms such as coughing, shortness of breath, and chest discomfort, directly attributed to their occupational environment. *"The dust and fumes make it difficult to breathe. It's a struggle every day,"* lamented one worker, echoing the sentiments shared by many (Bhanot et al., 2021). Prolonged exposure to dust, airborne pollutants, and noxious fumes during waste disposal tasks significantly contributes to their respiratory ailments. These workers fear developing chronic conditions like asthma, directly linked to their workplace environment. The absence of protective masks exacerbates these respiratory issues, making workers more susceptible to airborne pollutants and resulting in long-term health complications that deeply impact their lives and well-being (Chaudhry et al., 2023).

R3 expressed that;

"I struggle to breathe properly after a day's work. It's taking a toll on my health."

The inherent risks of injuries faced by minority sanitary workers during waste collection activities remain a prevailing concern. The physically demanding nature of their work, coupled with the absence of proper safety measures, escalates the probability of injuries. *"We often get injured lifting heavy bins or handling sharp objects in the waste,"* expressed another worker, emphasizing the dangers they confront regularly (Clark et al., 2023; Ittefaq et al., 2023). These injuries, ranging from minor cuts to more severe accidents, pose immediate health risks and have lasting consequences. Moreover, the repetitive physical strain inherent in their work contributes to musculoskeletal issues, resulting in chronic pain and physical discomfort for many workers. Such injuries not only affect their immediate ability to work but also have profound implications for their long-term physical well-being and socio-economic stability (Norton, 2023).

R8 highlighted that;

"Physical pain is becoming part of our daily lives. I feel the strain in my back and limbs it is hard to ignore."

Similarly, R10 & R2 said that;

"Injuries from handling waste have become a norm. Cuts and wounds are common, but we cannot afford to stop working."

The cumulative impact of these physical health challenges is profound, significantly influencing the overall well-being and livelihoods of minority sanitary workers in the Sargodha region. These challenges pose immediate risks and enduring consequences for their long-term health outcomes (G. Malik, 2022; Mendonca et al., 2022). Addressing these occupational hazards is critical to safeguard the health and well-being of these indispensable yet vulnerable workers. Enhancing safety measures, providing access to protective equipment, and improving working conditions within the sanitation sector are imperative steps toward ensuring a safer and healthier work environment for these workers.

Social Stigma and Marginalization

In the fabric of society, certain professions often carry with them an unjust burden of social stigma and marginalization. Among these, the occupation of sanitary workers stands out as a stark example. Their narratives echo a profound tale of discrimination, both due to their profession and compounded by their status as members of minority groups (Akazong et al., 2020). These individuals navigate a complex web of societal prejudices, facing relentless stereotypes, derogatory treatment, and a pervasive sense of exclusion. Their stories illuminate the intersectionality of their identities, shedding light on how belonging to marginalized communities intensifies the challenges they face (Deguchi & Chie, 2020). Sanitary workers, integral to maintaining public health and sanitation infrastructure, bear the brunt of societal biases. They often encounter overt discrimination rooted in deep-seated stereotypes surrounding their occupation. Regrettably, their roles in handling waste and maintaining cleanliness are undervalued and overlooked. This devaluation of their work leads to a dehumanization that permeates society's perception of these individuals. The derogatory treatment they endure reflects a systemic failure to recognize the dignity inherent in all forms of labor (Hassan et al., 2021).

As R4 Stated that;

"It's disheartening to witness the shift in people's attitudes the moment they become aware of my occupation. Suddenly, I'm seen as inferior, judged solely based on the nature of my job rather than as an individual with unique experiences and contributions to offer".

The stigma attached to being a sanitary worker intertwines with the participants' belonging to minority groups, amplifying their experiences of marginalization. The intersectionality of their identities - be it race, caste, ethnicity, or gender - shapes a multi-layered narrative of discrimination. These intersecting identities act as compounding factors, exacerbating their vulnerability to social prejudice and exclusion (Sahoo et al., 2021). The participants' accounts vividly illustrate how societal biases intersect and intensify, resulting in a compounded form of marginalization. One key aspect highlighted by these narratives is the pervasive nature of prejudice and the resultant social isolation. The workers face systemic barriers that limit their social mobility and opportunities for advancement (Patwary et al., 2021). Their

experiences point to a deeply ingrained social hierarchy that perpetuates the marginalization of certain occupations and minority groups. Such exclusion manifests in various forms, from limited access to educational and economic resources to restricted social interactions due to the stigma associated with their work (Degavi et al., 2021).

As R8 expressed;

“Despite the vital nature of my work, I encounter constant prejudice and discrimination simply because of the stereotypes associated with my occupation”.

Moreover, the psychological toll of enduring societal discrimination cannot be overstated. The constant exposure to disparaging attitudes and the weight of societal judgment takes a significant toll on their mental well-being. The workers grapple with a sense of invisibility, feeling overlooked and undervalued by society (Nyblade et al., 2019). This perpetual cycle of discrimination reinforces a negative self-perception, impacting their self-esteem and mental health. The experiences of social stigma and marginalization faced by sanitary workers, compounded by their minority status, highlight the pressing need for societal introspection and action. Their narratives underscore the interconnectedness of societal prejudices, occupational discrimination, and intersecting identities (Nyblade et al., 2019). Addressing these systemic issues requires a holistic approach that combines awareness-building, policy reforms, and the creation of inclusive spaces. By valuing the dignity of all professions and embracing diversity, societies can strive towards a more equitable future where no individual is marginalized based on their occupation or identity.

Perceptions and Stereotypes

The narratives of participants vividly depict the pervasive devaluation and stigmatization they endure due to their occupation as sanitary workers. This aspect resonates with studies examining the societal perceptions of certain professions and their impact on individuals' social status. Research by (Oza et al., 2022) on occupational stigma emphasizes how certain jobs, particularly those involving sanitation and waste management, are stigmatized, leading to social devaluation. Such devaluation not only affects how society perceives these professions but also influences how individuals internalize these negative perceptions, impacting their self-worth and psychological well-being.

As R9 said that,

“Experiencing discrimination because of the nature of my work truly chips away at my self-esteem and mental well-being, constantly battling against societal biases takes a toll.”

Studies by Harper et al. (2016) highlight the consequences of occupational stigma on individuals' identities. Sanitary workers, being part of an occupation associated with waste management, encounter stereotyping and devaluation due to the nature of their work. This aligns with the participants' experiences of feeling ostracized and looked down upon, echoing the broader societal devaluation of their profession (Chaudhry et al., 2023). The accounts shared by workers about facing discrimination and derogatory treatment due to their profession resonate with studies examining occupational discrimination and its impact on marginalized groups.

Similarly, R14 stated that;

"The societal devaluation of my profession doesn't just impact my social status but deeply affects my self-worth and sense of belonging, leaving me feeling isolated and misunderstood."

Research by (G. Malik, 2022) on workplace discrimination emphasizes how individuals in certain occupations experience discrimination rooted in societal biases. Sanitary workers, often at the receiving end of societal prejudices, encounter discrimination that manifests in various forms, including limited opportunities for advancement, unequal treatment, and lack of respect. Moreover, studies by Lopes and Nunes (2017) on occupational discrimination highlight the psychological toll of enduring such discrimination. The experiences narrated by the workers align with the findings, emphasizing the detrimental effects of occupational discrimination on individuals' mental health and well-being. The constant exposure to derogatory treatment and discrimination contributes to feelings of alienation and psychological distress (Ittefaq et al., 2023).

Intersectional Marginalization

The intersectionality of the participants' identities, particularly their minority status, amplifies the stigma and discrimination they face. This concept resonates with studies exploring the compounded effects of multiple marginalized identities. Research by (Patras & Usman, 2019) introduced the concept of intersectionality, highlighting how individuals facing intersecting forms of discrimination, such as race, gender, and occupation, experience unique and compounded challenges. The participants' emphasis on how their minority status compounds their experiences aligns with studies examining the intersectional nature of discrimination.

As R6 & R12 Stated that,

"As a minority within a stigmatized occupation, the discrimination we face is compounded; it's like battling against multiple barriers simultaneously"

Studies by (Jamil & Retis, 2023) emphasize how belonging to multiple marginalized groups intensifies experiences of stigma and marginalization. The intersection of being a minority and holding a stigmatized occupation intensifies the participants' vulnerability to societal prejudices, exacerbating their experiences of exclusion and devaluation.

R15 shared that;

"My minority status and occupation intersect to heighten the societal biases I face, making it harder to break free from the cycle of discrimination and marginalization. Being a female sanitary worker adds another layer of challenges; the gender-based discrimination within our community further complicates my life in this already stigmatized occupation."

Female sanitary workers highlighted additional challenges stemming from gender-based discrimination within their communities. This aligns with studies focusing on the unique experiences of women in stigmatized occupations. Research by (Zulfiqar & Prasad, 2022) highlights the gendered nature of occupational segregation and discrimination, emphasizing how women in certain professions

face intersecting forms of discrimination based on both their gender and occupation. Similarly, studies by (Wittmer, 2021) on gender-based stigma in the workplace underscore the added challenges faced by women in stigmatized occupations. Female sanitary workers' narratives about facing gender-based stigmatization align with these findings, reflecting how societal norms and gender expectations intersect with occupational stereotypes to compound the discrimination faced by women in this profession.

Limited Access to Resources and Support

The theme of limited access to resources and support among sanitary workers reveals the profound challenges entrenched within their lived experiences. Participants' narratives vividly illustrate the multifaceted nature of these struggles, encompassing inadequate healthcare provisions, insufficient access to medical facilities, challenges in accessing educational opportunities, and a lack of socio-economic support compounded by governmental and institutional neglect (Al-Ali, 2020). These barriers, deeply embedded in systemic inequalities and societal biases, create formidable obstacles for these individuals, exacerbating their already marginalized status and impeding their prospects for personal and professional advancement.

R13, R17 & R2 expressed that;

"We find ourselves caught in a relentless cycle where accessing essential resources becomes an enduring struggle, limiting the opportunities for growth and stability. Accessing basic resources, something many take for granted, remains an ongoing struggle, compounding our daily hardships."

The frustrations expressed by workers concerning inadequate healthcare provisions highlight a fundamental issue affecting their well-being. Studies on healthcare disparities among marginalized communities emphasize how socio-economic status and occupation intersect to erect barriers to quality healthcare. Sanitary workers, often hailing from economically disadvantaged backgrounds, face challenges in accessing timely and adequate healthcare services (Degavi et al., 2021; Deguchi & Chie, 2020; Hassan et al., 2021). Their occupation, which involves exposure to hazardous materials, compounds their health risks, emphasizing the critical need for tailored healthcare support addressing their specific occupational health concerns.

As R15 said that;

"The constant struggle to afford proper healthcare makes it feel like a luxury beyond our reach, adding stress to our already challenging circumstances."

The grievances articulated by participants about insufficient access to medical facilities align with research on geographical disparities in healthcare access. Individuals in underserved communities often encounter challenges in accessing medical facilities due to geographical limitations (Nyblade et al., 2019). Sanitary workers, frequently residing in marginalized areas, confront obstacles such as limited healthcare infrastructure and transportation issues, further hindering their access to essential medical services. The lack of proximity to medical facilities significantly impacts their ability to address health issues effectively, significantly affecting their overall well-being (N. S. Malik & Gupta, 2022).

with broader research on educational inequities among marginalized groups. Socio-economic disparities and societal biases create barriers that impede educational access for these individuals (Al-Ali, 2020; Patras & Usman, 2019). Sanitary workers, facing occupational stigma and systemic barriers, encounter difficulties in pursuing education. Limited access to quality educational resources, combined with societal prejudices, obstructs their educational advancement, perpetuating a cycle of socio-economic marginalization. Furthermore, the absence of socio-economic support and governmental/institutional assistance exacerbates the challenges faced by sanitary workers (Jamil & Retis, 2023). Institutional support plays a crucial role in addressing socio-economic disparities among marginalized communities. However, for sanitary workers, the lack of targeted support programs exacerbates their socio-economic challenges. Limited access to financial aid, housing support, and skill development programs further marginalizes these individuals, hampering their ability to uplift their socio-economic conditions and break the cycle of poverty (Wittmer, 2021).

R18, R16, & R10 shared that;

"Educational opportunities often feel out of reach, hindering our aspirations for personal and professional growth. Limited support for our families perpetuates a cycle of socio-economic struggles, making it difficult to break free from these constraints."

The overarching theme of limited access to resources and support is deeply entrenched in systemic barriers and societal biases. The intersectionality of their identities, including their occupation, minority status, and socio-economic background, compounds the challenges they face. Sanitary workers encounter discrimination not only due to their occupation but also due to their minority status, intensifying their struggles in accessing essential resources and support systems (Jamil & Retis, 2023; Mendis, Thayaparan, Kaluarachchi, & Pathirage, 2023). Addressing these multifaceted challenges demands a comprehensive approach encompassing targeted healthcare initiatives, educational reforms, socio-economic support programs, and advocacy efforts aimed at dismantling structural inequalities. By prioritizing the specific needs of sanitary workers and implementing inclusive policies, societies can strive towards providing equitable access to resources and support systems, empowering these individuals to lead dignified lives and pursue holistic development (Akazong et al., 2020; Deguchi & Chie, 2020; Nyblade et al., 2019).

Resilience and Community Support

The theme of resilience and community support among minority sanitary workers serves as a powerful testament to the strength and unity forged amidst adversity. Participants' narratives vividly illuminate the resilience they embody while confronting the challenges inherent in their profession (Avdeenko & Frölich, 2019). Despite facing systemic barriers, societal biases, and occupational stigma, these individuals showcase remarkable perseverance and fortitude, drawing strength from their sense of community and mutual support networks.

R3 & R8 Highlighted that;

"There is an unspoken sense of solidarity among us, fostering hope and perseverance even in the most challenging times. Mutual reliance on one another's helps us weather the adversities we face".

The stories shared by the participants underscore their resilience in persevering through the hardships imposed by difficult working conditions. The nature of their occupation, often involving physically demanding tasks and exposure to health hazards, underscores the resilience required to navigate such challenges daily. Research by (Abdul & Yu, 2020) emphasizes the importance of resilience in the face of adversity, highlighting how individuals draw upon inner strength and determination to overcome difficult circumstances. The accounts of these workers exemplify their resilience, demonstrating their ability to withstand and adapt to adverse working conditions.

As few respondents stated that;

"In our line of work, resilience isn't just a choice; it's a necessity. We draw upon our inner strength every day to tackle the Social Stigma and health hazards simultaneously. It is within this bond that we find the determination and empowerment to advocate for our rights and strive for improved conditions."

The sense of camaraderie and mutual support among fellow sanitary workers emerges as a pivotal factor in their resilience. Participants highlighted the significance of community bonds and solidarity in mitigating the impact of societal discrimination and occupational challenges. Studies by (Patras & Usman, 2019) emphasize the role of social support networks in enhancing resilience and well-being, highlighting how individuals derive strength from their relationships and sense of community. Within the context of sanitary workers, the mutual reliance and support among peers serve as a crucial source of resilience, fostering a sense of belonging and shared experiences that empower them to navigate adversities.

R19 & 20 Highlighted that;

"Finding hope in our shared goal to better our conditions fuels our determination and keeps us united. Our unity empowers us; together, our collective action becomes a formidable force in advocating for our rights. It is the unwavering support we provide one another that fortifies our resilience, making us stronger as a community."

The emphasis on solidarity and collective action among participants reflects their proactive approach in advocating for their rights and improving working conditions (Abdul & Yu, 2020; Avdeenko & Frölich, 2019; Patras & Usman, 2019). Despite facing discrimination and marginalization, these individuals have shown remarkable determination in organizing and mobilizing for change. Research on collective action and social movements by (Gill et al., 2022) highlights the significance of collective efforts in challenging societal norms and effecting systemic change. The narratives of these workers align with this concept, portraying their resilience through collective advocacy and efforts to address the injustices they face in their workplaces and communities. Importantly, the resilience and community support exhibited by these workers serve as a catalyst for change and empowerment (Gill et al., 2022). Their ability to unite and advocate for their rights not only amplifies their voices but also brings attention to the systemic inequalities they face. By fostering solidarity and resilience within their community, these workers pave the way for collective action and transformative change, challenging the status quo and advocating for equitable treatment and better working conditions (Patwary et al., 2021).

In conclusion, the theme of resilience and community support among minority sanitary workers highlights their remarkable strength in navigating adversity. Their narratives underscore the resilience needed to withstand challenging working conditions and the pivotal role of community support in fostering solidarity and empowerment (Avdeenko & Frölich, 2019). By drawing upon their collective strength and advocating for change, these individuals showcase their determination to overcome systemic barriers and strive for a more equitable and dignified working environment. Their resilience serves as a testament to the power of community bonds in fostering unity and empowerment amidst adversity, ultimately driving efforts towards systemic change and social justice.

Conclusion

In summary, the study illuminates the profound challenges faced by minority sanitary workers, including social stigma, limited access to resources, and systemic marginalization, compounded by their intersectional identities. These narratives emphasize the urgent need for transformative changes in societal attitudes and systemic structures to address discrimination, promote inclusivity, and provide equitable access to essential resources and support systems. Amidst these adversities, the remarkable resilience and community support exhibited by these workers stand as a beacon of strength, highlighting their determination to overcome challenges and advocate for change. By recognizing their resilience, fostering solidarity, and enacting policies that uphold dignity and equality, societies can work towards creating environments where all individuals, regardless of occupation or background, are empowered to thrive and contribute to a more just and inclusive society.

Limitations and Recommendations

1. Limited sample size of 20 participants may restrict the generalizability of findings.
2. Potential bias due to self-reporting in qualitative interviews could influence data accuracy.
3. Study focused on Sargodha district, limiting the scope of understanding across diverse regions.
4. Time constraints might have impacted the depth of data collection and analysis.
5. Lack of longitudinal data collection hampers the assessment of long-term effects on workers' health and safety.

Funding Disclosure

No Funding was taken from any Individual, group or organization for this Research Article.

Conflict of Interest:

It is declared that authors hold no conflict of interest for this research article.

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