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Rethinking Occupational Health through Caste Based Labour: A Conceptual Analysis of Sanitation Work in Urban India

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Abstract: *Occupational health among sanitation workers and other caste-based labouring communities in India has largely been examined through the separate lenses of workplace safety, labour regulation or caste discrimination. Comparatively less attention has been devoted to understanding occupational health as a structural consequence of historically embedded caste-based labour relations. This paper addresses that gap by developing an interdisciplinary conceptual analysis that integrates perspectives from public health, sociology, labour studies and social work. Adopting a qualitative interpretive research design based on secondary sources, the study critically examines academic literature, government reports, policy documents and institutional publications to explore the relationship between caste, labour and occupational health. The analysis argues that occupational vulnerability cannot be adequately understood through biomedical or technical frameworks alone. Instead, it is produced through the interaction of caste hierarchy, labour precarity, institutional exclusion and unequal access to dignity, social protection and occupational rights. The paper further demonstrates that while constitutional guarantees, labour legislation and rehabilitation policies have established important normative commitments, their transformative potential has been constrained by fragmented governance, contractualization,*

weak institutional accountability and persistent social inequalities. Rather than treating occupational health as an isolated workplace concern, the paper conceptualises it as a question of structural justice that reflects broader processes of labour organisation and unequal citizenship. By bringing together insights from multiple disciplines, the study contributes a framework for understanding occupational health as a socially produced condition and argues for policy approaches that integrate labour justice, public health and social equality. Ultimately, the paper argues that occupational health should be recognised not merely as a workplace concern but as a structural question of labour justice, social equality and democratic citizenship.

Keywords: Caste-Based Labour; Occupational Health; Sanitation Workers; Social Determinants of Health; Labour Justice; Structural Inequality

Introduction

Urban India increasingly celebrates sanitation, smart city initiatives and modern infrastructure as symbols of development and progress. Yet the workers responsible for sustaining these transformations continue to experience hazardous working conditions, social stigma and institutional neglect. Sanitation workers, waste handlers and sewer cleaners remain indispensable to urban public health, but their labour is frequently rendered invisible within dominant narratives of urban modernization. This contradiction raises important questions about how occupational health, labour and social inequality are understood within contemporary public policy and development discourse.

The persistence of hazardous sanitation work cannot be explained solely in terms of inadequate workplace safety or administrative failure. Rather, it reflects the historical relationship between caste and labour in India, where occupations involving sanitation, waste handling and other stigmatized forms of work have long been associated with historically marginalized communities. Although constitutional guarantees, legal reforms and welfare programmes have sought to reduce caste-based discrimination, many forms of hazardous

labour continue to remain concentrated among socially disadvantaged groups. Consequently, occupational health risks experienced by these workers are embedded not only in unsafe working environments but also in enduring structures of social exclusion, labour precarity and unequal access to dignity.

Existing scholarship has made significant contributions to understanding caste discrimination, sanitation labour, labour rights and occupational health in India. However, these themes are often examined independently or through disciplinary lenses that prioritise either public health, labour policy or social exclusion. Comparatively less attention has been devoted to understanding occupational health itself as a structural outcome of caste-based labour relations. Viewing occupational vulnerability primarily as a biomedical or technical issue risks overlooking the broader historical, institutional and social processes that continue to shape patterns of risk, exposure and protection among marginalized labouring communities.

This paper argues that occupational health among caste-based labouring communities cannot be adequately understood through biomedical or technical frameworks alone. Instead, it must be analysed as a consequence of historically embedded caste hierarchies, labour segmentation and unequal social citizenship. Drawing upon secondary literature, policy documents and interdisciplinary scholarship, the paper develops a conceptual analysis that connects caste, labour and occupational health within broader debates on structural violence, public health and labour justice. In doing so, it seeks to contribute to a more integrated understanding of occupational health that foregrounds dignity, social accountability and structural inequality rather than viewing workplace hazards as isolated technical concerns.

Unlike much of the existing literature, which tends to examine caste discrimination, sanitation labour and occupational health as separate areas of inquiry, this paper develops an integrated conceptual framework demonstrating how occupational health itself is structurally produced through caste-based labour relations. By bringing together insights from public health, sociology, labour studies and social work, the paper offers an interdisciplinary perspective that seeks to bridge disciplinary boundaries and contribute

to a more holistic understanding of occupational vulnerability in contemporary India.

The objectives of the paper are:

1. To examine the relationship between caste-based labour and occupational health vulnerabilities.
2. To analyse how social exclusion and structural inequality influence public health outcomes among marginalized labouring communities.
3. To critically assess the limitations of existing policy responses and labour protections.
4. To highlight the need for a rights-based and structurally informed approach to occupational health and labour dignity.

Theoretical and Conceptual Framework

- **Caste as a Structural Determinant of Labour**

The relationship between caste and labour in India extends beyond occupational classification and constitutes a historically embedded system of social organisation. Within the caste order, occupations were not merely distributed according to economic necessity but were assigned through hereditary social status, producing unequal access to dignity, resources and opportunities. Labour associated with sanitation, waste handling, sewer cleaning and other forms of stigmatized work became concentrated among historically marginalized communities, reinforcing both economic exploitation and social exclusion (Ambedkar, 1936; Thorat & Newman, 2010).

Ambedkar's (1936) distinction between the "division of labour" and the "division of labourers" provides a critical lens for understanding contemporary occupational inequalities. While modern labour markets appear formally open, caste continues to influence who performs hazardous work, who bears disproportionate occupational risks and who receives institutional protection. Consequently, caste should not be viewed merely as a cultural or historical phenomenon but as an enduring structural determinant shaping labour relations,

occupational vulnerability and access to social citizenship in contemporary India.

This perspective enables the paper to interpret occupational health not simply as an outcome of workplace conditions but as a consequence of historically structured patterns of labour allocation and social inequality.

- **Occupational Health Beyond the Biomedical Model**

Conventional approaches to occupational health have frequently emphasized workplace hazards, disease prevention and biomedical interventions. While these dimensions remain important, they provide only a partial explanation of the health experiences of workers engaged in caste-linked occupations. The social determinants of health framework argues that health outcomes are profoundly influenced by the social, economic and political conditions in which people live and work (WHO Commission on Social Determinants of Health, 2008). Employment conditions, housing, education, discrimination and access to healthcare therefore become central determinants of occupational wellbeing.

Applying this perspective to caste-based labour shifts the focus from individual workplace risks to the broader structural processes that produce occupational vulnerability. Workers engaged in sanitation and waste-related occupations often experience multiple and interconnected disadvantages, including insecure employment, inadequate housing, limited access to healthcare, social stigma and exclusion from institutional protections. Occupational illness, therefore, cannot be understood solely through exposure to hazardous substances but must also be interpreted as a consequence of unequal social relations.

Viewing occupational health through this broader lens enables a more integrated understanding of the relationship between public health, labour justice and social inequality. Rather than treating occupational hazards as isolated technical problems, the paper argues that they are embedded within wider structures of caste, labour and governance.

- **Structural Violence, Dignity and Labour Justice**

The concept of structural violence provides an important analytical framework for understanding how social institutions and systems of inequality produce unequal health outcomes without direct interpersonal coercion (Farmer, 2004). Occupational vulnerability among caste-based labourers is sustained not only by hazardous working environments but also by institutional arrangements that normalize insecure employment, inadequate social protection and limited access to healthcare. These forms of inequality are reproduced through policies, labour markets and governance systems that systematically disadvantage particular communities.

Equally important is the concept of dignity. Guru (2009) argues that humiliation constitutes a central feature of caste-based exclusion, extending beyond material deprivation to shape everyday experiences of recognition and social worth. Within sanitation and waste-related occupations, hazardous labour is frequently accompanied by symbolic exclusion, social stigma and denial of respect. Consequently, occupational health must be understood not only as a question of physical wellbeing but also as one of dignity, recognition and social justice. Within the context of this paper, labour justice refers to the equitable distribution of occupational rights, safe working conditions, institutional protection, dignity and meaningful participation in decisions affecting workers' lives. It extends beyond legal compliance to include substantive equality in employment, health and social recognition.

Together, the concepts of structural violence and dignity provide a framework for interpreting occupational health as a socially produced condition rooted in unequal power relations rather than merely in workplace exposure. They also reinforce the need for policy approaches that address structural inequalities alongside technical improvements in occupational safety.

Methodology

This paper adopts a qualitative interpretive research design and is based on a critical analysis of secondary sources. Rather than generating primary empirical data, the study seeks to develop a conceptual understanding of the relationship between caste, labour

and occupational health by synthesising existing scholarship across multiple disciplines. Academic journal articles, books, government reports, policy documents and publications of national and international organisations constitute the principal sources of analysis.

The study employs thematic analysis as its primary analytical strategy. Relevant literature was systematically reviewed to identify recurring themes relating to caste-based occupational segregation, occupational health, labour precarity, structural violence, dignity, public policy and social exclusion. These themes were subsequently interpreted through an interdisciplinary framework drawing upon perspectives from public health, sociology, labour studies and social work. Such an approach enables a more integrated understanding of occupational vulnerability than analyses confined to a single disciplinary perspective.

Methodologically, the paper is conceptual and exploratory in nature. It does not seek to establish causal relationships or produce statistical generalisations. Instead, it critically synthesises existing knowledge to examine how occupational health among caste-based labouring communities is produced through historically embedded systems of social hierarchy, labour organisation and unequal access to rights and social protection. In doing so, the study identifies conceptual gaps within existing discussions and argues for a structurally informed understanding of occupational health that connects labour, dignity and public health within a common analytical framework.

Occupational Health as a Structural Consequence of Caste-Based Labour

Occupational health is commonly understood through biomedical and occupational safety frameworks that emphasize workplace hazards, disease prevention and the provision of protective equipment. While these approaches remain indispensable for improving worker safety, they provide only a partial explanation of occupational vulnerability among caste-based labouring communities. The persistence of hazardous sanitation work despite constitutional guarantees, labour legislation and technological interventions suggests that occupational health cannot be understood exclusively as a technical or biomedical concern. Instead, it must be analysed as a historically produced

consequence of caste-based labour relations, institutional exclusion and unequal access to rights, dignity and social protection. Understanding occupational health through this broader lens enables a more comprehensive interpretation of how historical inequalities continue to shape contemporary patterns of occupational risk.

The historical relationship between caste and sanitation labour has not disappeared with urbanisation or economic development; rather, it has been reorganised within changing labour markets (Thorat & Newman, 2010; Mosse, 2018). Although India's cities have expanded sanitation infrastructure and introduced new systems of waste management, the responsibility for performing hazardous sanitation work continues to fall disproportionately upon historically marginalized communities. Contemporary labour arrangements have therefore transformed the organisation of sanitation work without fundamentally altering the social distribution of occupational risk. Caste-linked occupations remain embedded within municipal governance, informal employment and outsourced service delivery, demonstrating that occupational vulnerability continues to be socially reproduced despite changing institutional arrangements.

Understanding occupational health within this context requires moving beyond immediate workplace hazards towards an examination of the broader social processes that generate unequal health outcomes. Workers engaged in sanitation, sewer cleaning and waste handling are routinely exposed to toxic gases, biological waste, hazardous chemicals, contaminated water and confined working environments. However, the cumulative health burden experienced by these workers extends beyond physical exposure alone. Chronic economic insecurity, insecure employment, inadequate access to healthcare, social humiliation and institutional neglect interact with hazardous working conditions to produce long-term physical and psychological consequences. Occupational illness therefore emerges through the interaction of biological, social and institutional processes rather than through workplace exposure alone (Commission on Social Determinants of Health, 2008; International Labour Organization, 2022).

The continued occurrence of sewer and septic tank deaths despite the enactment of the *Prohibition of Employment as Manual Scavengers*

and their Rehabilitation Act, 2013 illustrates the limitations of existing policy interventions (National Commission for Safai Karamcharis, 2023). Reports documented by the National Commission for Safai Karamcharis, judicial interventions and civil society organisations have repeatedly highlighted fatalities during sewer cleaning operations across different parts of the country despite statutory prohibitions and judicial directives. Rather than representing isolated workplace accidents, these incidents reveal persistent deficiencies in labour governance, occupational safety enforcement and institutional accountability. They demonstrate that legislative commitment alone cannot transform occupational health unless accompanied by effective implementation, technological alternatives and sustained protection of workers' rights.

- **Hazardous Labour and Institutional Neglect**

The hazardous nature of sanitation work reflects both occupational exposure and institutional neglect. Although occupational safety protocols prescribe the use of personal protective equipment, mechanised cleaning technologies and standard operating procedures, their implementation remains uneven, particularly among workers employed through contractual and informal arrangements. In many instances, sanitation workers continue to undertake sewer and septic tank cleaning under conditions that expose them to toxic gases, oxygen-deficient confined spaces and infectious materials without adequate protective measures. The persistence of such conditions demonstrates that occupational hazards are not simply technical failures but also consequences of weak institutional oversight and fragmented systems of labour regulation.

Institutional neglect is further reinforced by unequal access to occupational health services. Contractual workers frequently experience limited access to health insurance, periodic medical examinations, compensation mechanisms and long-term social security benefits (Breman, 2013). Economic insecurity often compels workers to accept hazardous working conditions despite recognising the associated health risks. Consequently, occupational health cannot be separated from broader questions concerning labour rights, employment security and state responsibility.

- **Urbanisation, Contract Labour and Occupational Precarity**

Rapid urbanisation has substantially increased the demand for sanitation, waste management and sewer maintenance services across Indian cities. While these developments have contributed to improved urban sanitation infrastructure, they have also accelerated the expansion of outsourced and contractual labour systems. Municipal bodies increasingly depend upon private contractors to deliver sanitation services, thereby redistributing responsibility for worker welfare across multiple institutional actors. Although outsourcing may enhance administrative efficiency, it frequently weakens accountability for occupational safety, compensation and long-term worker protection.

Contractualization has also intensified labour precarity by reducing employment security and limiting access to institutional benefits. Workers employed through temporary arrangements often remain excluded from social security schemes, occupational health programmes and collective bargaining mechanisms available to permanent employees. Occupational vulnerability therefore becomes embedded within broader political-economic processes that prioritise labour flexibility while simultaneously fragmenting institutional responsibility for worker welfare (Breman, 2013; International Labour Organization, 2022).

- **Stigma, Humiliation and Health**

Occupational health among sanitation workers cannot be understood independently of the social stigma historically associated with caste-linked occupations. Workers engaged in sanitation and waste-related labour frequently experience discrimination, humiliation and social exclusion that extend beyond the workplace into everyday social interactions. Such experiences influence psychological well-being, restrict access to opportunities and discourage workers from seeking institutional support or healthcare services. Stigma therefore operates not merely as a cultural attitude but as a significant social determinant of health (Guru, 2009; Guru & Sarukkai, 2012).

The psychological consequences of occupational stigma remain comparatively underexplored within public health and labour policy. While public discourse frequently focuses upon sewer deaths and

workplace accidents, considerably less attention is devoted to chronic stress, emotional exhaustion, anxiety and diminished self-worth associated with persistent social humiliation. A comprehensive understanding of occupational health must therefore recognise dignity, social recognition and psychological well-being as integral components of worker health rather than treating them as secondary concerns (Commission on Social Determinants of Health, 2008).

- **Intergenerational Reproduction of Occupational Vulnerability**

The persistence of hazardous sanitation work across generations demonstrates that occupational vulnerability is sustained through broader processes of social reproduction. Families historically engaged in sanitation labour frequently encounter structural barriers limiting educational attainment, occupational mobility and access to alternative livelihood opportunities. Consequently, occupational inequalities are reproduced not only through workplace conditions but also through unequal access to social and economic resources that constrain opportunities for intergenerational mobility (Thorat & Newman, 2010; Mosse, 2018).

This pattern suggests that improvements in occupational safety, while necessary, cannot by themselves eliminate health inequities experienced by caste-based labouring communities. Sustainable improvements require interventions that address educational inequality, employment opportunities, social protection and institutional discrimination alongside workplace safety measures. Occupational health should therefore be understood as both a public health concern and a question of social justice requiring structural transformation rather than isolated technical interventions.

The occupational vulnerabilities discussed above cannot be understood independently of the legal and institutional frameworks within which sanitation labour is organised. The following section therefore critically examines existing policy responses, arguing that the persistence of occupational health inequities reflects not the absence of legislation but the continuing gap between normative commitments, institutional implementation and structural transformation.

Public Policy, Institutional Accountability and the Limits of Structural Transformation

India possesses a comprehensive constitutional and legislative framework committed to equality, dignity and the protection of workers' rights. Constitutional guarantees under Articles 14, 17, 21 and 23, together with labour legislation and the *Prohibition of Employment as Manual Scavengers and their Rehabilitation Act, 2013*, reflect a clear normative commitment to eliminating caste-based occupational discrimination and protecting sanitation workers. Yet the continued occurrence of hazardous sanitation labour, sewer deaths and occupational health inequities demonstrates that legislative commitments have not been matched by comparable structural transformation. This contradiction suggests that the central challenge lies not in the absence of law but in the inability of existing governance arrangements to dismantle the historical and institutional conditions that continue to reproduce caste-based occupational vulnerability (Ambedkar, 1936; Thorat & Newman, 2010).

Policy responses have predominantly focused on regulating hazardous work, prohibiting manual scavenging and expanding rehabilitation measures. These interventions remain indispensable and have contributed to important legal and administrative reforms. However, they frequently address the visible manifestations of occupational vulnerability while paying comparatively less attention to the social relations through which such vulnerability continues to be reproduced. Occupational health is therefore approached primarily as an issue of workplace regulation and administrative compliance rather than as a consequence of historically embedded inequalities in labour allocation, social status and institutional power. Consequently, policy often manages the symptoms of occupational exclusion without fundamentally transforming the structural conditions that sustain it (Farmer, 2004; Guru & Sarukkai, 2012).

A significant limitation of contemporary governance lies in the changing organisation of sanitation labour itself. Over the past several decades, municipal sanitation services have increasingly relied upon outsourcing, contractual employment and private service providers. While these arrangements may enhance administrative flexibility and reduce operational costs, they also redistribute institutional

responsibility across multiple actors. Municipal corporations, contractors and subcontractors frequently exercise overlapping responsibilities, making accountability for worker safety, compensation and occupational welfare increasingly fragmented (Breman, 2013). When occupational injuries or sewer deaths occur, responsibility often becomes diffused across institutional arrangements, reducing opportunities for effective enforcement and legal accountability. Labour flexibilization therefore does more than alter employment relationships; it restructures governance in ways that weaken institutional responsibility for occupational health (International Labour Organization, 2022).

This pattern illustrates a broader shift in public policy from structural transformation towards administrative management. Contemporary governance increasingly seeks to regulate sanitation labour through contractual mechanisms, technological interventions and procedural compliance. Although such approaches may improve efficiency and organisational management, they do not necessarily challenge the historical labour relations through which hazardous occupations remain concentrated among socially marginalized communities. In this sense, governance frequently manages occupational vulnerability rather than eliminating its structural causes. Improvements in administrative efficiency cannot substitute for reforms that address caste-based occupational segregation, insecure employment and unequal access to social protection (Mosse, 2018; Breman, 2013).

The limitations of rehabilitation policies further demonstrate this challenge. Existing programmes have largely focused on facilitating occupational transition through financial assistance, skill development and rehabilitation schemes. While these initiatives represent important welfare interventions, their long-term impact is frequently constrained by persistent inequalities in education, employment opportunities and social mobility. Workers attempting to leave sanitation occupations often continue to encounter discrimination within labour markets and limited access to alternative livelihoods. Rehabilitation therefore becomes considerably more difficult when the broader social and economic structures producing occupational exclusion remain unchanged (Thorat & Newman, 2010).

Policy analysis must also recognise that occupational vulnerability is shaped by intersecting forms of inequality. Women engaged in sanitation and waste-related occupations frequently experience the combined effects of caste discrimination, informal employment, gendered divisions of labour and unequal access to healthcare. Their occupational health cannot be understood through a single category of disadvantage but emerges through multiple and mutually reinforcing systems of exclusion. Policies that fail to recognise these intersecting vulnerabilities risk reproducing inequalities even while expanding formal welfare provisions (Commission on Social Determinants of Health, 2008).

The persistence of occupational health inequities therefore reflects a broader limitation within contemporary public policy. Legislative reform remains essential but cannot, by itself, dismantle the historical, institutional and labour market processes that continue to organise hazardous work along caste lines. Sustainable improvements require stronger institutional accountability, effective enforcement of labour protections, universal occupational health services, expansion of social security and policy approaches that address occupational health as a question of labour justice and social equality rather than merely administrative regulation (International Labour Organization, 1981; Commission on Social Determinants of Health, 2008).

These institutional limitations also shape the public visibility of sanitation labour. While contemporary cities increasingly celebrate cleanliness, technological modernisation and efficient urban governance, the labour sustaining these transformations frequently remains socially invisible. Understanding this paradox requires examining how urban modernity simultaneously depends upon and obscures caste-based labour—a question explored in the following section (Guru & Sarukkai, 2012).

Urban Modernity, Visibility and the Politics of Labour

Contemporary urban development increasingly celebrates cleanliness, smart infrastructure, technological advancement and efficient municipal governance as indicators of progress. Public campaigns promoting sanitation and urban beautification have contributed significantly to improving civic awareness and public hygiene.

However, considerably less attention has been devoted to the workers whose labour sustains these transformations. The contradiction is striking: as cities become increasingly visible as spaces of modernity, the labour that enables their functioning frequently becomes socially invisible. This invisibility is not accidental but reflects broader patterns of institutional recognition and social valuation through which some forms of work are publicly celebrated while others remain marginalised (Guru & Sarukkai, 2012).

In this paper, *urban modernity* refers not simply to technological advancement or infrastructural expansion but to the broader processes through which cities organise labour, distribute public resources and construct narratives of development and progress. These processes influence not only the physical transformation of urban spaces but also whose labour becomes recognised, protected or rendered invisible within contemporary systems of urban governance. Examining occupational health through this perspective highlights that questions of urban development are simultaneously questions of labour, dignity and social justice.

The invisibility of sanitation labour extends beyond physical absence from public discourse. It also shapes how occupational health itself is understood. Public discussions frequently focus upon visible outcomes such as clean streets, improved waste management and urban efficiency, while comparatively limited attention is given to the everyday realities of hazardous working conditions, chronic illness, psychological stress and occupational insecurity experienced by sanitation workers. Consequently, labour becomes recognised primarily through the services it provides rather than through the rights, dignity and well-being of those performing it.

This selective visibility also influences public policy. Occupational injuries, sewer deaths and sanitation-related accidents often receive attention during moments of crisis, yet sustained public engagement with the structural conditions producing such incidents remains limited. The episodic visibility of occupational tragedies contrasts sharply with the everyday invisibility of hazardous labour itself. As a result, policy responses frequently emerge in reaction to exceptional events rather than through continuous institutional commitment to improving occupational health and labour protection.

Urban modernisation has also transformed the organisation of sanitation work without fundamentally altering its social foundations. Mechanisation, technological innovation and improved municipal infrastructure have undoubtedly reduced certain forms of manual labour in some contexts. However, these developments have not uniformly eliminated hazardous sanitation work nor fundamentally altered the concentration of such work among historically marginalized communities. Instead, technological progress has often coexisted with contractual labour arrangements, fragmented institutional accountability and persistent occupational inequalities. Modernisation has therefore reorganised rather than fully displaced caste-linked patterns of labour.

Understanding this contradiction requires recognising that urban development is not merely a process of infrastructural expansion but also a process through which labour is organised, valued and governed. Clean and efficient cities are frequently presented as achievements of technology and administrative capacity, while the workers responsible for maintaining urban sanitation remain largely absent from dominant narratives of development. This separation between visible urban outcomes and invisible labour relations contributes to the continued marginalisation of sanitation workers within both public discourse and policy.

The question of dignity therefore becomes central to any discussion of occupational health. Hazardous labour performed under conditions of social exclusion affects not only physical health but also recognition, self-worth and citizenship. Occupational justice cannot be achieved solely through technological improvements or workplace regulation if workers continue to experience humiliation, exclusion and limited social recognition. Improving occupational health therefore requires recognising sanitation workers not merely as service providers but as rights-bearing citizens whose labour sustains urban life.

Ultimately, the paradox of contemporary urban modernity lies in its simultaneous dependence upon and marginalisation of sanitation labour. Cities cannot function without the workers who maintain sanitation systems, yet these workers frequently remain excluded from the symbolic, institutional and material benefits associated with urban development. Recognising this contradiction shifts the discussion

from questions of administrative efficiency towards broader concerns of labour justice, social equality and democratic accountability. It is within this broader context that the relationship between caste, labour and occupational health acquires its fullest significance.

Discussion: Rethinking Occupational Health through Caste and Labour

The preceding analysis suggests that occupational health among caste-based labouring communities cannot be adequately explained through conventional biomedical or occupational safety frameworks alone. While workplace hazards remain an important determinant of worker health, they represent only one dimension of a broader system through which historical inequalities continue to shape patterns of occupational exposure, labour organisation and institutional protection. The findings of this paper therefore support a shift from understanding occupational health primarily as an issue of individual risk management towards recognising it as a socially produced outcome of caste-based labour relations.

This perspective also contributes to ongoing debates concerning the social determinants of health (Commission on Social Determinants of Health, 2008). Existing public health approaches increasingly recognise that health is influenced by social and economic conditions beyond clinical care. The present analysis extends this understanding by demonstrating that occupational health among sanitation workers is produced through the interaction of caste hierarchy, labour precarity, governance arrangements and unequal access to dignity. Occupational exposure therefore cannot be separated from the historical organisation of labour itself. Health inequities emerge not only because hazardous work exists but because particular communities continue to perform such work under conditions of institutional inequality.

The paper further suggests that contemporary policy discussions require a broader understanding of occupational justice. Existing interventions have largely concentrated upon prohibition, rehabilitation and workplace regulation. While these remain necessary, they cannot by themselves transform the social relations through which occupational vulnerability continues to be reproduced.

Sustainable improvements in occupational health therefore require institutional reforms that address labour rights, educational opportunity, social protection and equal citizenship alongside occupational safety measures. Such an approach recognises that worker health is inseparable from broader questions of social justice and democratic accountability (International Labour Organization, 2022).

For the profession of social work, these findings reinforce the need to move beyond welfare-oriented interventions towards rights-based, community-centred and structurally informed practice. Social workers engaged in urban development, public health and labour welfare have an important role in facilitating community mobilisation, strengthening institutional accountability and advocating for the rights of sanitation workers. Viewing occupational health as a structural issue expands the profession's engagement beyond individual service delivery towards policy advocacy, community empowerment and social transformation (Guru, 2009).

An important contribution of this paper lies in its interdisciplinary perspective. Research on sanitation labour has frequently been located within the disciplines of sociology, labour studies, public health or social work, each providing valuable yet partial insights. By integrating these perspectives, the paper demonstrates that occupational health is simultaneously a biomedical, social, economic and political phenomenon. Such an interdisciplinary framework offers a more comprehensive understanding of occupational vulnerability while also encouraging greater dialogue across disciplinary boundaries.

The discussion also raises broader questions concerning the relationship between urban development and labour. Contemporary cities increasingly celebrate cleanliness, technological advancement and efficient governance as indicators of progress. Yet these achievements continue to depend upon forms of labour that remain socially marginalised and institutionally undervalued. Recognising this contradiction encourages a shift from evaluating urban development solely through infrastructural outcomes towards examining the social relations through which such development is produced. In this sense, occupational health becomes not merely a

question of worker welfare but also a reflection of the ethical and democratic character of urban development itself.

Ultimately, this paper advances the argument that occupational health among caste-based labouring communities should be understood as a question of structural justice rather than merely workplace safety. Addressing occupational vulnerability therefore requires moving beyond technical solutions towards policy approaches that confront the historical and institutional foundations of caste-based labour. Such a shift has important implications not only for occupational health policy but also for public health, labour governance and the broader pursuit of social equality.

Conclusion

Occupational health among caste-based labouring communities has frequently been examined through the lenses of workplace safety, disease prevention and labour regulation. While these perspectives remain essential, this paper has argued that they are insufficient for understanding the deeper social processes that continue to produce occupational vulnerability. By bringing together insights from public health, sociology, labour studies and social work, the analysis demonstrates that occupational health is inseparable from the historical organisation of caste-based labour, institutional exclusion and unequal access to dignity and social protection.

The paper further argues that legislative reform, technological advancement and workplace regulation, although necessary, cannot by themselves eliminate occupational health inequities if the broader social relations organising hazardous labour remain unchanged. Contemporary policy frameworks have achieved important normative and administrative advances, yet they continue to encounter limitations because they frequently address the consequences of occupational vulnerability more effectively than the structural conditions through which such vulnerability is reproduced. Sustainable improvements therefore require stronger institutional accountability, effective implementation of labour protections, expansion of social security and policy approaches that recognise occupational health as an issue of labour justice and social equality.

An important contribution of this study lies in its interdisciplinary conceptual framework. Rather than examining caste, labour and occupational health as separate domains, the paper demonstrates that these dimensions are mutually constitutive and should be analysed together. This perspective provides a broader understanding of occupational health as a socially produced condition shaped by historical inequality, labour organisation and governance processes. Such an approach not only contributes to academic debates but also offers a more comprehensive basis for designing equitable public health and labour policies.

The study is not without limitations. As a conceptual analysis based on secondary literature, it does not present primary empirical evidence or statistical analysis. Future research may build upon the framework developed here through qualitative fieldwork, comparative studies across different states or occupations, and mixed-method investigations examining how caste, labour and occupational health interact within diverse institutional settings. Such research would further strengthen understanding of the complex relationships identified in this paper.

Ultimately, the persistence of occupational health inequities among sanitation workers raises questions that extend beyond workplace safety and public health. It challenges scholars, policymakers and practitioners to reconsider how labour, dignity and citizenship are organised within contemporary Indian society. Recognising occupational health as a structural consequence of caste-based labour relations shifts the focus from managing occupational risk to transforming the historical and institutional inequalities that determine who performs hazardous work, under what conditions, and with what degree of protection, dignity and justice.

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