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**Caste-Based Labor Segregation and Health Inequalities Among Sanitation Workers in
Lahore**

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Abstract

The research focuses on caste-based labor segregation and health inequalities among female sanitation workers in Lahore, Pakistan, through the lens of Intersectionality Theory. Sanitation work remains a very critical yet highly undervalued component of urban service systems in Pakistan ensuring public hygiene, waste management, and environmental cleanliness.

Keeping in mind the important nature of this labor, the true realities of the female sanitation workers remain very largely neglected, even within the academic research and policy discourse. Despite them having a very important role in maintaining urban cleanliness, sanitation workers are mostly from the lower-caste Christian communities and they are very much prone to experiencing systemic marginalization which is deep-rooted in historical caste, class, and the religious hierarchies.

These women often face multiple and interconnected forms of marginalization. In addition to occupational segregation, they also have to experience gendered labor exploitation, wage insecurity, informal employment arrangements, unsafe working environments, and limited opportunities for moving upward or further progress. They also face discrimination, exclusion, and social stigma in the job and in society at large because of their caste and religious identities.

The aim of this study is to simply understand how caste, class, gender, and religious marginalization affect the social inclusion, economic problems and physical and mental health of these female sanitation workers'. The research also has a focus on learning on how these intersecting inequalities affect their everyday lives.

Keywords: Caste-linked Labor Segregation, Gendered Labor Exploitation, Occupational Health, Social Exclusion

Caste-Based Labor Segregation and Health Inequalities Among Sanitation Workers in Lahore

1. Introduction

Historical Perspective

The Christian community has existed in Pakistan for many centuries. This area was majorly largely populated by the followers of the Hindu religion along with many many other local religions. After the arrival of the Arab rule under Muhammad bin Qasim, many people slowly converted to Islam and this process went on for a long time. During the British colonial rule, missionary efforts expanded through the establishment of schools and welfare institutions across the subcontinent. Many people from socially disadvantaged and lower-caste backgrounds embraced Christianity because they were in hope for improved social standing, better economic opportunities, and a relief from caste-based discrimination. These were the patterns of conversion which continued until the partition of the subcontinent, eventually shaping the Christian communities that remain in the region today (Latif, Zaka, & Ali, 2023).

According to Ali (2015), the Christian population in present-day Pakistan has experienced many social changes over the time. During the 19th century, a very large proportion of the Christians in region were converts because of the missionary activities. A number of the people who converted came from the marginalized communities which were the lower-caste groups such as Dalits and those labeled as “untouchables” within the caste hierarchy. Conversion was often seen as a pathway to dignity, equality, and improved living conditions. However, after the end of British colonial rule, many of these communities continued to face exclusion, prejudice, and limited opportunities. Today, Christians in both Pakistan and India still encounter various social,

economic, and political challenges, which are also very similar to the struggles which are faced by many minority groups around the world.

Christian Marginalization

In Pakistan, an ideological state, the issue of minorities is both a sociological and legal concern. Christians are the largest religious minority in the country however they continue to face discrimination in many areas of their life, including employment, education, social status, and political rights. In society, they are often treated as second-class or lesser citizens and excluded from equal opportunities. Christian women experience even greater challenges because they face double discrimination. They are marginalized not only because of their gender in a patriarchal society, but also because they belong to a religious minority (Rehman, 2019).

So far, many studies have documented the socio-cultural, economic, and political marginalization faced by Christians as a religious minority in Pakistan. These studies often discuss discrimination, social exclusion, and limited access to opportunities in education, employment, and public life. However minimal scholarly attention has been given to this specific group within the Christian community that is heavily concentrated in sanitation and janitorial work. This group is very much represented in the cleaning workforce compared to the percentage of the total population. Moreover, there has been very limited research on how urban waste management systems continue to depend on Christian workers for sanitation work. This is often under unsafe conditions. Which is why the experiences of Christians employed in this work remain largely underexplored, especially in relation to labor rights, dignity, and urban policies (Wallbridge, 2003).

In the rapidly growing city of Lahore, sanitation workers help keep the city clean and maintained. However, their hard work is often ignored, and many of them become victims of deep social inequalities in society. Despite their important role in public health and keeping the city clean, these workers remain one of the most marginalized labor groups in Lahore. If looked at from the perspective of the urban development policies, waste removal work is not only an environmental or technical issue but it is also influenced by the social and historical factors. When doing his ethnographic research on Christian street sweepers, Jo Beall (2006) explains that old social divisions in Pakistan still affect which caste does sanitation work today.

In context to South Asia, sanitation work is widely known as caste based occupation because caste hierarchies play a very central and important role in shaping societal attitudes towards those engaged in it.. For generations, communities placed at the lower end of the caste system have been pushed into occupations considered “unclean,” such as waste collection, sewer cleaning, and street sweeping. These perceptions reinforce discrimination in workplaces, communities, and access to opportunities, making it difficult for sanitation workers and their families to break the cycle of poverty and marginalization. (Doron & Raja, 2017).

Minorities in Pakistan, including Christians, Hindus, and other religious groups often must face discrimination at multiple levels especially in Pakistan. They may experience exclusion not only in workplaces and communities but sometimes even in organizations that are meant to give them support. In many cases, the minority communities have very limited access to quality education, which automatically reduces any sort of chance of them securing a stable and well-paid job. As a result, many minority women remain concentrated and stuck in a low-income and insecure job,

which leads to them facing both economic hardship along with social marginalization (CHANAN & APWLD, 2014).

In Lahore alone, there are nine concentrated Christian colonies within these slum areas, most of which are located on the edges of more affluent neighborhoods while some situated on the outskirts of the city. These settlements consist of 200-600 cramped hovels, situated on dark and narrow streets, and are primarily house street sweepers and sanitation workers (Patras & Usman, 2019).

Shamsi (2011) has also explained that Lahore is the most populated city in Punjab and the second largest city in Pakistan. Lahore is home to a well-known Christian locality called Youhanabad. This is where a large number of Christian families reside. Due to this concentration, Lahore has a big Christian population however, many men and women from this minority community are often employed in low-status and low-paying occupations. In addition to being concentrated on such jobs, they frequently work in conditions that are unsafe, unhealthy, and lack basic dignity.

Lahore, as mentioned, has the largest share of Pakistan's Christian population compared to other districts. However, the community faces major educational inequality.

Christian literacy rates are much lower than the national average, and school attendance among Christian children is also significantly below the country's overall rate. A very small number of young Christians reach higher education, with only a small percentage of them getting admissions in universities (Butt, 2023).

1.1 Statement of Problem

Due to the direct contact with garbage and human waste, unsafe environments are created which simply results in creating serious health risks for the sanitation workers in Pakistan. Sanitation technology may have been improved over time but in Pakistan specifically most of the work is still done manually using old and unsafe methods.

Workers use poles to clear blocked gutters and sometimes enter them to remove sewage by hand. Most sanitation workers come from poor Christian and lower-caste communities and face both caste and class discrimination.

Their economic struggles are not just due to the low wages but are strengthened by social stigma and the exclusion from other job sectors. They do not get upward mobility and are forced to work in hazardous conditions. Sweeper communities largely face social exclusion and they have also been confined to small, isolated compartments within the urban slums in the major cities of Pakistan.

1.2 Aim of Study

This research has an aim to explore the structural inequalities faced by sanitation workers specifically focusing on female sanitation workers who have faced vulnerabilities due to the intersection of gender, class, caste, and labor exploitation. It also looked at how labor rights issues, low income, and lack of legal and social support affects the female sanitation workers in Lahore.

Through the qualitative interviews the study also examines how these workers navigate their economic as well as social struggles. It also aims on explaining their stories and how they

survive and stay strong, and how they manage difficult situations to keep going despite hard working conditions and social stigma.

At a secondary level, the study helped understand how policies, labor rights, and city development programs affect the efforts to reduce their problems. It also showed the gap between what policies aim to do and what happens in real life. This also highlights where the systems fail to fully support the female sanitation workers.

Based on the study findings recommendations were made to improve labor policies and support marginalized sanitation workers in urban Pakistan. These focused on fair wages better healthcare legal protection and social respect. The study also highlighted the need for inclusive urban planning and aimed to support discussions on social justice gender equality and workers rights.

1.3. Significance of Study

The significance of this study includes a goal to highlight the lives of female Christian sanitation workers in Lahore who have to face caste class gender and religious discrimination. Even though these workers are important for keeping the city clean they still have to face unfair treatment health risks and social exclusion.

This study also helped show the main social inequalities that make the situation of these workers even worse. This research is also important for improving policies labor rights and systems in order to ensure that there is fair pay along with safety at work and better social protection. By using a qualitative method and including in-depth interviews and field observations, the study aimed to capture the perspectives of the workers themselves. The research wishes in contributing

to the broader discussion on caste-linked labor segregation, gendered exploitation, and urban social justice in Pakistan.

1.4. Definitions

Caste-Based Occupation: This refers to work that has historically been assigned to and expected from members of the Christian community in Pakistan due to caste-based social hierarchies and colonial-era employment patterns. Many Christian workers have been concentrated in occupations such as sanitation work, waste collection, sewer cleaning, and other forms of manual cleaning that are often viewed as low-status or "unclean" by society. These occupational patterns continue to shape employment opportunities and social perceptions of Christian workers in the South Asian context (Doron & Raja, 2015).

Occupational Health Hazards: This is the various physical and biological risks that workers face in their work environment, which can negatively affect their health and safety. These hazards include direct exposure to waste and harmful toxins. These conditions increase the risk of injuries, infections, and long term health problems for workers (International Labour Organization, 2024).

Intersectionality: In these different forms of discrimination and inequality such as caste, class, gender and religion overlap and create a set of challenges and a situation which is disadvantageous (Crenshaw, 1989).

Economic Insecurity: A situation where individuals lack stable income, secure employment, and access to the benefits or financial safety nets. Without this support, people are more vulnerable to poverty and must face ongoing uncertainty when it comes to meeting their basic needs. This instability also limits their ability to improve their living standards or achieve

upward social mobility, leaving them highly exposed to sudden economic shocks and long-term financial hardship or moving upward socially, leaving them exposed to economic shocks and long-term hardship (Kopasker, Montagna, & Bender, 2018).

Social stigma: Refers to the negative attitude or stereotypes along with discriminatory behaviors that society directs toward certain individuals or groups. It is often due to the occupation, social identity, background or the perception of the status of a person. People who experience stigma are frequently judged unfairly, excluded, or treated as less valuable, which can harm their self-esteem and limit their opportunities. Over time, this can reinforce inequality and make it harder for them to fully participate in society

Urban Sanitation Work: In many cities, the collection, handling, and disposal of solid waste and sewage is still dependent heavily on manual labor. The workers are often required to perform these tasks in very unsafe and highly unhygienic environments, with little to no access to proper protective gear or modern equipment. This significantly increases their risk of infections, injuries, and long-term health complications.

1.5. Research Questions

1. What are the socio-economic experiences of female sanitation workers in Lahore within their communities and wider society?
2. What are the experiences of work exploitation and social discrimination which is faced by female sanitation workers?
3. What coping strategies do the female sanitation workers adopt to help them manage the health and safety risks associated with their hazardous working environments?

Literature Review

This kind of gender-based division of labor is usually seen in the sub-continent India, yet it is made much more prominent by certain expectations that are cultural which state that women should handle household and care work. Furthermore, it is also affected by other social factors like discrimination based on ethnicity and caste (Srivastava, 2019).

Workers are easy to exploit due to the weak labor protections such as no formal contracts and no such job security. Most of the workers are working in informal settings, so they end up not getting any benefits like pensions or insurance. Poor access to affordable healthcare eventually makes their health problems much more worse because many illnesses go untreated. These problems are linked and make each other worse which creates a cycle of poverty and poor health. This shows us that this is not individual but weakness in the system failures that cause the marginalization of these sanitation workers (Casper & Whitley 2002).

The reason many sanitation workers come from minority communities is because of discrimination in hiring and not because they choose this work. These unfair hiring practices limit their chances of getting other jobs (National Commission for Human Rights Pakistan, 2024).

Like Pakistan, in Bangladesh waste workers are low-caste Hindus (Harijans) who often live in poor conditions. In India, similar jobs are largely done by the Dalits and other disadvantaged groups, even though the government does not officially link this work to caste, it still majorly is. Overall, the evidence shows that caste still strongly influences those who ends up in sanitation and waste-related jobs in the region (Zahid, 2026).

Similar to Pakistan, India also has a very long history of social division based on ethnicity, class, caste, and gender, which has shaped a deeply hierarchical labor system (Breman, 1996, 2019; Srivastava, 2012, 2019; Harris-White & Gooptu, 2007; Dasgupta & Kar, 2018). This form of social stratification leads to systemic imbalances in society, where workers from higher groups, hold more power and authority. In comparison to that, lower-caste workers are placed in lower positions and have very limited control over their working conditions and opportunities.

Many Muslims avoid this job because it is seen as low-status or something that is not respectable. This comes from the social attitudes and stigma towards these occupations rather than the religion itself. This is the reason why the sanitation work keeps going in the hands of already marginalized communities which keeps them in difficult conditions (Abbasi & Badruddi, 2019).

In Pakistan sanitation jobs are often given through hiring practices which are discriminatory and where non-Muslims especially Christians are selected for this work. This technically goes against the constitutional protections against employment discrimination. There are certain cases where workers are required to take religious oaths and are restricted only to sanitation roles. Many government institutions issue job advertisements limiting these jobs for the minority groups. This reflects a wider social belief that sanitation work is not suitable for the Muslim majority (Amnesty International, 2017).

Sanitation workers often feel unsafe and stressed when using shared facilities. They face discrimination when finding housing and deal with harassment in public. Even in hospitals and clinics they are often treated badly or judged. They do not have proper job contracts nor do they

have the right to raise their voice. Because of this they have little protection and their work stays very insecure (Aftab et al 2024).

Walters et al. (2017), in their research on waste work in India also highlighted that rooted caste ideologies feed social hierarchies that widely stigmatize the sanitation workers. This work is often seen as “dirty” labor and is kept separate from upper-caste communities. This stigma is also reinforced in daily social interactions which helps maintain caste-based exclusion in urban jobs.

The stigma around sanitation work is strongly linked to their minority status which increases their marginalization. Their identities such as caste ethnicity gender or race overlap and lead to different forms of discrimination. These combined factors increase their vulnerability to social exclusion and prejudice (Sahoo et al 2021).

For sanitation workers the lack of support programs makes their economic and social problems worse. They have little access to financial help and housing support and skill training. This keeps them isolated and makes it harder for them to improve their lives and escape poverty (Wittmer 2021).

Pakistan being a country that has a complex socio-political landscape where there are many minority religious groups, particularly Christians, end up experiencing discrimination in accessing public spaces and economic opportunities (Jacobsen, 2008). Christians make up the largest minority religious group in Pakistan, making up for approximately 1.6% of the total population however they still remain disadvantaged, often consigned to low-income jobs (Tabassum & Umbreen, 2020).

Many Christians from marginalized castes are often employed in sanitation work which keeps them in poverty and exclusion (Singha 2015). In Lahore with over 12 million people around 250,000 Christians live there and more than 5,000 households depend on sanitation work (The Conversation 2023).

Female sanitation workers face low income stigma lack of voice and worries about their children (Aftab 2024). This leads to their social exclusion in public spaces. They also face irregular wages no social security and unsafe work which limits their participation in community life. Sanitation work is often seen as dirty and low status which results in negative attitudes towards the workers. Because of this they face difficulties in using facilities and finding rental housing near their workplaces. Female sanitation workers face even more problems as public spaces become places of harassment where they deal with offensive comments in addition to unwanted attention and humiliating behavior from people (Chikarmane and Narayan 2005).

Sanitation workers in Pakistan face serious health risks because they usually do not get protective equipment or proper safety training. A lot of them have to enter gutters and manholes and this is also without any sort of protection which ultimately puts their health and life in danger. Even street sweepers and waste collectors are often not given basic items like gloves or masks. The tasks performed by sewer and drain cleaners are very hazardous because they have direct exposure to human waste, toxins, and various forms of solid waste. Because of the lack of the proper safety protocols and protective measures, there is a high rate of the disease among sanitation workers (Human Rights Commission of Pakistan, 2024).

According to Aftab et al. (2024), these workers complain of chronic symptoms like tightness in their chest, shortness of breath, and persistent coughing. This is due to breathing in dust,

poisonous fumes, and other contaminants while doing their job. These health issues not only affect their physical health but also have an impact on their daily lives and overall quality of life.

Theoretical Framework

To understand the complex nature of marginalization which is faced by female sanitation workers in Lahore, this research uses an intersectional approach. This was mainly used for understanding how different forms of identity and inequality come together and combine and how daily lives working conditions and access to rights are affected. This research therefore applies Kimberlé Crenshaw's Intersectionality Theory to examine how class, caste, and labor exploitation come together to shape the struggles of sanitation workers in Lahore.

Despite their limited access to education, economic resources, and influential networks, they are very much excluded from the forms of assets which are required for progressing or moving upwards.

4. Research Methodology

This study aims to explore the experiences and challenges which are faced by the female Christian sanitation workers in Lahore. This research will have a focus on their social and economic status and the difficulties they face during their jobs. It also aims on understanding what kind of coping strategies they have to deal with these working conditions. This research is also focused on utilization of a qualitative research design which employs a semi-structured interview guide to gather data from the selected participants. This method also helped get a deeper understanding of the personal experiences of these sanitation workers and how they perceive their own realities. This provided us with helpful insight into the complexities of their lives.

4.1. Sampling Design

Selection Criteria

The selected population of this research was women sanitation workers of Lahore engaged in the sanitation work. Their age bracket being 18 years or above and for them to be having at least one month of experience in this occupation. This sample consists of workers who were employed in different working institutes which included places such as schools, hospitals and other municipal committees. There was also a diverse educational background, employment status and income among the participants. This method has been adopted to enable to reflect on the diversity of experiences and perspectives in the context of sanitation work.

4.2. Sampling Method

The sanitation workers for this research were recruited through 2 different methods which included Criterion sampling and snowball sampling methods.

The participants were selected by Criterion Sampling which was the female sanitation workers from the minority community who belong to Lahore and are working in the centre. Using criterion sampling, the focus was on participants who met these criteria, ensuring that all participants shared direct relevance to the research questions and goals of the study.

Criterion sampling was used to help the researcher select his sample, which were purposefully selected because they met the criteria and could provide rich and relevant data. After the first group of sanitation workers had been recruited, the rest of the participants were identified using snowball sampling. This approach was used because it helped and allowed the researcher to directly target such individuals who could be able to offer valuable insights into the structural inequalities and vulnerabilities faced by this marginalized group.

4.3. Sample Size

There were 10 participants in this study. This small sample was chosen for an appropriate research qualitative design. This was because it enabled an exploration into the participants lived experiences and not just the simple generic and broad generalization. The emphasis was on gathering rich and in-depth stories from the women sanitation workers, to gain some clarity about who they are, their working environment, and their coping strategies and social context. The sample size is somewhat limited and results may be not be universally applicable, but it does offer important information about the experience of a marginalized population in a particular context.

4.4 Data Collection

For data collection, interviews were conducted with Christian female's currently employed in sanitation work across various institutions in Lahore. Different sites were chosen in Lahore for this study including a public school, public hospital, university and municipal committee (LWMC).

Despite the efforts to access participants through referrals and institutional contacts, recruiting sanitation workers for this study was challenging due to the sensitive nature of the topic and participants' concerns about privacy and job security and many of the workers were a little hesitant to openly discuss issues such as discrimination, workplace exploitation, and financial hardship.

Participants were approached and were explained the nature and purpose of the study prior to the study. While some of the workers agreed to participate, others refused to participate due to the discomfort or fear of repercussions. For their safety and comfort of the participants, interviews

were conducted in safe and familiar settings, making sure that the interview is free from interruptions. Semi-structured and open-ended interview guides were used so that they could allow flexibility and encourage the participants in a way that they were able to share their experiences freely. Each interview provided detailed insight into their lived realities, working conditions and coping mechanisms.

4.5. Data Analysis

The process of data analysis began with the careful listening and reading and the rereading of all the interview transcripts. This was to help the researcher identify recurring patterns within the experiences of the participants. A thematic synthesis approach was used to help analyze the data after which the concepts and themes related to the economic insecurity, labor conditions, health, gendered burden and social stigma that emerged directly from participants' narratives during the analysis process were then combined

Through this process, many key themes were identified for this research. These themes included job insecurity and wage delays along with many other health risks. It also consisted of gendered responsibilities, experiences of stigma and discrimination and lastly their coping. These themes were then later on analyzed in relation to the research questions and an even broader theoretical framework. It also had a focus to how participants make sense of their work and cope with structural constraints.

To make sure that the credibility of the findings, interpretations were continuously reviewed, the researcher kept the detailed records of coding and theme development and they were also maintained throughout the analysis process.

The final analysis brought all the themes together into one clear narrative. It also used direct quotes to show participants' real experiences while keeping their identities anonymous and confidential. This approach helped to keep the study closely linked with the actual lives of the female sanitation workers, while it also answered the main research questions about their conditions.

Ethical Considerations

The study has taken into account all the ethical guidelines in protecting the rights and welfare of all the participants involved in the study. Steps were taken to ensure informed consent, such as obtaining explicit consent from each of the participants, which included informing them of the research program, their role, and their rights to withdraw at any time. The researcher maintained confidentiality of information and anonymity throughout the study. Special attention was initiated to provide a secure and respectful environment in interviews and interactions, particularly in the context of the sensitive nature of the sanitation work, and the vulnerabilities of female workers.

Due to the certain risk of employer retaliation, strict privacy procedures were followed throughout the process of the interviews. Participants remained fully anonymous and had no identifying information recorded which included employer names, their working sites or any other detail. The audio recordings were stored securely and was available only to the researcher and were deleted after the transcriptions were done. Transcripts were made anonymous immediately, with any identifying details removed or generalized.

Findings were reported only in grouped or de-identified form which helped the researcher ensure that no individual participant, workplace, or employer could be identified. The researcher

remained mindful of power dynamics and actively avoided any sort of exploitation or potential harm.

Anti-Coercion Recruitment Plan

In order to avoid any pressure or risk to the participants, they were not recruited through their employers or supervisors. Instead they were approached through informal contacts and personal referrals from different sites in Lahore which included public schools, a public hospital, universities, and the municipal sanitation department (LWMC). Participants were approached independently by the researcher at their locations and work sites during their break hours. No supervisors or employers were involved in recruitment or informed about participation.

Participation by the workers was fully voluntary, and it was clearly explained to them that they could refuse or were allowed to withdraw at any time without it having any negative effect on their job or their income. Interviews were conducted at times that were convenient for the workers and at safe locations which were also chosen by the participants. This was usually near or within their workplaces. All information shared by the participants was kept strictly confidential and no details were shared with their employers or authorities.

No participant was pressured to continue an interview that could cause discomfort to them or to their well-being.

Participant Reimbursement

The participants received a fair reimbursement (amount Rs. 300 along with a water bottle or juices) to compensate for their time, transportation or any potential loss of income resulting from participation. This reimbursement was not given as an incentive but as a measure to ensure fairness and respect for participants' time and effort into helping the researcher collect their data. This amount was standardized for all the participants and was provided regardless of whether they could complete the full interview or not,

4.6. Limitations

This study had a number of limitations, but they were acknowledged. First limitation was that the sample size was relatively small as it only consisted of 10 participants. This resulted in limited scale of the perspectives captured. The second limitation was that the research was geographically limited to only one city which was Lahore which is why the findings could not be generalized to all the sanitation workers across Pakistan.

Thirdly, the study focused only on the female Christian sanitation workers, which provided depth in one marginalized group but had excluded the experiences of similar other groups who were engaged in sanitation labor. In addition to that, the research also relied on self-reported data which could have some potential bias or inaccuracies in participants' accounts. The last limitation was because of the sensitive nature of the topic and the social stigma associated with sanitation work. The participants also felt hesitant to speak openly about their experiences which limited the depth of some of the responses.

5. Findings

The analysis of the data from the female sanitation workers in Lahore shows a very diverse and complex set of intersectional, social and many other personal challenges that shape their everyday lives.

Participant profile for reference is as follows.

	Age	Institution	Education Level	Marital Status
Participant 1	50	FCCU	Middle School	Widowed
Participant 2	40	LWMC	Middle School	Married
Participant 3	40	LWMC	No Education	Married
Participant 4	21	LWMC	Middle School	Single
Participant 5	40	Public School	Middle School	Married
Participant 6	35	Public School	Middle School	Divorced
Participant 7	44	Public School	Middle School	Married
Participant 8	50	Mayo Hospital	No Education	Widowed
Participant 9	42	Mayo Hospital	No Education	Married
Participant 10	38	Mayo Hospital	No Education	Married

5.1. Themes

5.1.1 Entry into Sanitation Work

Most participants entered sanitation work because of financial problems and weak household conditions. Many women started this work after difficult situations in life such as death of their husband or husband leaving the family, husband not having a job, or other problems such as increase in expenses like children's education, rent, and bills.

A common finding was that sanitation work was not their first choice. Before this work many of these females were doing domestic work, house cleaning, hospital cleaning, or small informal work from home. Some women started working for the first time in sanitation because they had urgent financial needs and wished to support their families.

Another common and strong theme is the role of family in job entry. Several participants who mentioned entering into sanitation work was through referrals from mothers or brothers who were already working in sanitary work. This shows us the importance of informal hiring pathways.

Most participants had low or no education levels. Some had no schooling while others studied only till middle school. Due to this they had mentioned getting fewer chances to get better jobs or different work opportunities. Family responsibilities also played a big role in helping them make their work decisions. Most participants were married or widowed and had several children. Many female participants were also the main earners in their families or shared financial responsibility in the house which increased their economic burden.

The experience of the sanitation work was different among participants. Some had worked for only 1 year while others had been in this work for more than 25 years. Overall the findings show that sanitation work is mostly survival based work with easy entry because of poverty and family responsibilities or due to other common reasons such as low education and limited job opportunities.

5.1.2 Economic Insecurity

The findings show a very highly uneven and unstable economic situation among the sanitation workers as only a few reported some sort of relatively stable income. The rest of the majority experience a very significant financial insecurity. Some participants reported relatively stable conditions which was due to the fixed monthly salaries or daily wages, increments and ration support etc. Even in these cases the participants mentioned that financial stability was often relative rather than secure. This was due to the fact that households still rely heavily on a single or limited number of income sources.

A participant added that, “There are no meaningful opportunities. Salaries are not even paid on time and increments are minimal which is only about 1000 rupees yearly.”

Other than this most of the participants also experience strong economic insecurity. Common issues include low wages, irregular or delayed salary payments which stated by participants range from 2 to 4 months or more, partial payments. Many of them also mentioned deductions linked to leave or absences which was due to health issues or other reasons. Several workers also reported different incomes based on multiple jobs to meet basic household needs. Financial pressure becomes stronger because of the high living costs such as the rent, children’s school fees, medical expenses and other expenses including daily household needs. Many participants

said they were the main earners in their families, which increased their responsibility even though their income was low and not as stable. Because of this many women could not leave the job even when the working conditions were very difficult or unsafe for their health. Most participants did not have savings retirement plans or proper and reliable salary systems.

A participant who was the only earner in her household mentioned, “It has affected both my physical and mental health. Physically I do experience constant pain and mentally I live under stress because I am afraid of taking a leave. Even if I am unwell or something serious happens I still have to come to work because I fear complaints would be made against me. In such a case when I am granted leave, I cannot feel at peace. We are allowed 20 leaves per year, and if we exceed that then our salary is deducted. I live with constant stress and physical pain. There is no real escape from it so I have learned to endure it. Even with my injured arm, I continue working because I have no other option.”

5.1.3 Labor Conditions in Sanitation Work

These findings show a mixed picture of the labour conditions which are ranging from relatively stable and supportive workplaces to very highly insecure and exploitative employment. A very small fraction of the participants reported good and positive conditions, particularly those who were employed in private institutions. These workers described stable employment, timely salaries, annual increments, bonuses, and supportive supervisors along with respectful behaviour towards them at the workplace. In only these cases was job security relatively strong and some workers even expressed their wish for being allowed to continue working beyond retirement age in such working environments.

Most of the participants also reported weak or absent formal employment structures. A recurring issue was the absence of formal and proper written contracts. Many workers had mentioned being hired informally through supervisors, family connections or direct application processes. Employment was often based on thumbprints, ID submission, or verbal agreements which left the workers with very limited legal or institutional protection.

Work conditions were further characterized by wage delays and salary deductions especially for leave or other issues. Some of the participants also reported waiting months for their salaries or receiving partial payments, which also contributed to financial and occupational instability.

Health Constraints and Lack of Work Refusal Autonomy

Another major theme is the limited worker autonomy. Most of the participants had mentioned that they could not or were unable to refuse such tasks. Even when the duties are physically demanding or hazardous they are unable to say no. In some cases as mentioned by participants, they would often ask their male colleagues to help them out or assist them with such difficult tasks. However, this is not systematic or not guaranteed. Other than that, the exposure to unsafe conditions, including chemical exposure and heavy waste handling was also mentioned,

One of the respondents (aged 50) working at the hospital mentioned, “Recently, I accidentally drank water that had chemicals mixed in it because it looked like normal water. After taking a few sips, I realized something was wrong due to the bitter taste. Doctors advised me to go to emergency immediately for treatment, but I could not afford it. Instead, I was told to drink more water and try to recover on my own. Situations like this show how risky the work environment can be.”

Another mentioned. “I have developed many health issues due to my work, especially bone-related problems and knee pain. Two months ago, I had an accident and fractured my arm. Since then, my right arm does not function properly, but I still have to continue working using my left arm because I need to earn. I do not receive any support or assistance regarding my health condition.”

Across nearly all the participants experiences, there has been an absence of any sort of promotion, skill development or some other formal training opportunities. This enables the reinforcing of long-term occupational stagnation. The control of the supervisors is often strict and the workers have to face the penalties such as salary deductions for leave or non-compliance. Workers feel stuck as if this is it, and that there is no growth or any other opportunity.

“I did end up developing health issues since starting this job. Due to the physically demanding nature of the work, I developed thyroid problems and gained weight. I also experience breathing difficulties now. Despite all these problems I must continue working because I am the only earner in my household.” Stated by a 35-year-old participant working at a public school.

The findings overall highlight a segmented labour structure where a small minority experiences relative stability, while most of the sanitation workers work under informal, insecure, and restrictive working conditions with very limited rights, protection, and upward mobility.

5.1.4 Gendered Burden

These findings also further highlight that the sanitation work is also deeply shaped by gendered

responsibilities. This is where women carry multiple overlapping roles within both household and work settings. A major theme is the heavy caregiving responsibility placed on women, particularly those who are widowed, single mothers, or primary caregivers. Many workers reported being responsible alone for duties such as raising their children. In addition to that, managing household needs while ensuring children's needs and education that too without any sort of male or family support was a major part of the struggles of these women. A respondent had mentioned that, "It has very much affected both my mental and physical state. I have a lot of stress because everything depends on me. This is including my children and household expenses. There is no one else with whom I can share this burden."

For many women, their start into sanitation work is due to survival. The decision to work was not only due to the economic factors but also because of their maternal responsibility, where the wellbeing of children became the main motivation, even when the working conditions were very difficult.

Even among the participants who were married, women often have to carry a large part of the household responsibility. The schedules of their work which also includes early morning shifts and physically demanding tasks, increase the strain of balancing domestic duties with their work. Several participants also described that they had emotional burden such as stress and exhaustion from the constant caregiving and work responsibilities. For some of them, religious belief and patience are used as coping ways to manage this pressure.

5.1.5 Social Stigma and Identity

The findings show varied experiences of social stigma and identity among the female sanitation workers, which ranges from perceived dignity and respect to subtle forms of discrimination.

Several participants reported that they had faced no direct discrimination, describing their workplaces and wider society as respectful and inclusive. These women had expressed pride in their work and had viewed sanitation labour as dignified and necessary job. This is because they believe in earning from their own hard work. They believe that this is better than being out on the streets and begging. In such cases, their identity as a sanitation worker or their gender did not affect their social treatment and further, some even emphasized equality in both workplace and community interactions.

However, one of the participants who was working at a public school mentioned, “I can’t tell you much but there are differences in how people are treated even if it is not openly discussed. There is an understanding that Muslims and Christians are treated differently in many ways.”

Other than this other participants experienced mixed or other subtle forms of stigma. While this was not always direct or openly expressed, discrimination was sometimes because of their occupation, gender, or socioeconomic status. For some women, stigma appeared indirectly through social attitudes, household struggles, or vulnerability associated with being a single woman or low-income worker.

Few of the participants had mentioned clearer experiences of discrimination which included verbal abuse or derogatory terms being used against them. These terms were particularly related to sanitation work and caste-associated slurs. These experiences, as mentioned by the participants, contributed to feelings of embarrassment or social discomfort, even though some workers chose to mentally ignore or resist such comments.

A participant, aged 42 who was working at a hospital had mentioned, “I do not feel directly judged because of my religion but I do end up hearing different comments such as “churra,” “isai,” “kuch bhi hai,” and “masi hai.” Usually guards and others use these abusive terms. I never say anything and keep it inside. I do not react openly, but I do feel angry internally. I try to let it go “in one ear and out the other.”

The religious identity of the participants was generally not a major reason of discrimination because several participants had mentioned respectful interfaith workplace environments.

Another participant aged 50 shared. “Many people view sanitation workers negatively. However, I try not to let it affect me. While working, we have to deal with dirty and unpleasant tasks, and knowing this some people will say things. But I ignore them because I am here to work hard. Family and friends do not say anything directly, but they may talk behind my back.”

5.1.6 Coping and Resilience

Participants had also mentioned that they rely heavily on their personal resilience and faith to cope up with the hardships of their work and daily lives. A very major coping mechanism across the female workers is strong faith in God, as many women had described prayer, patience, and religious belief as sources of emotional strength and stability.

A participant aged 35 shared, “I cry and I also pray a lot. I can only share my feelings with God and sometimes with my mother. She feels sorry for me that she cannot support me the way she used to. My daughter also supports me emotionally and she even goes beyond and encourages me to take care of my health. I do everything for my children and do not think much about myself. I am living a very difficult life and am simply enduring it. People like you can help us

because we are not doing this work by choice, it is due to our circumstances. I wish that no one has to go through such hardships in life.”

Their work is often framed as part of destiny or a blessing from God, which results in the participants accepting difficult circumstances and continue despite stress and hardship.

Another major source of resilience is their responsibility that they have towards their children and family survival. Many participants remain motivated because they have the need to provide food, education, and security for their children, making motherhood and caregiving central to their emotional endurance and determination to continue working.

Many participants have also identified limited support systems, but some women turn to emotional or practical and physical support from work colleagues, siblings, mothers, daughters, or even spouses. In a number case, participants also reported not receiving much external support and relying primarily on them and their capacity to adapt.

A common theme is endurance coping in which workers accept hardship, try not to express their feelings, and simply endure stress, abuse, or difficult work without complaint out of necessity.

For many participants, it was a matter of acceptance, rather than resistance, as perseverance was often the only choice.

Overall, the results indicate that coping and resilience of sanitation workers is influenced by their faith, motherhood, emotional toughness and progressive adaptation to suffering, signifying the personal resilience and lack of support structures in the system.

Conclusion

One of the major findings is that the participants have economic insecurity which led to uncertainty when it came to meeting the very basic household needs such as rent, food, utility

bills, and children's education expenses. This unremitting strain on the finances of the women workers had driven them to continue work though they were sick or physically exhausted.

The health problem aspects of their difficulties were also clearly apparent. Sanitation work was very labor intensive, and sanitation workers faced exposure to dust, chemicals, and unsanitary conditions, resulting in a variety of health problems. The participants had gone to work in many instances despite these conditions because they feared deduction in their salary, or were in a job without security. Access to health services is somewhat variable, but many workers had reported that they have been using self-reimbursed treatment.

Another important aspect of their findings was the burden that they experienced because of their gender. This is because, women workers were not only involved in their own paid work, but also were mainly involved in their own unpaid domestic work. Many participants reported that they were dealing with childcare, household chores and emotional care at the same time as they were having to work physically hard. It was especially heavy on the shoulders of widows and single mothers who were the only breadwinners for their families. For these women, there was virtually no work-life balance and the purpose of survival outweighed that of personal health and well-being.

Social stigma and discrimination were important and complex theme. Some stated that they were verbally abused and insulted due to their work. Others reported that they were not the ones who were discriminated against. Even those who have refused to say they were subjected to any particular kind of discrimination displayed evidence of discrimination, but it had become routine for them. This stigma often later on became accepted or internalized with the passage of time.

Experiences were also found to be different across various institutions, which indicates that the

nature of the workplace environment impacts on whether discrimination is explicitly displayed or not.

Despite the difficulties, data revealed that participants demonstrated very robust patterns of coping. Belief and prayer, as well as acceptance, were used as significant coping mechanisms by many workers. Another important motivation to keep working under such adverse circumstances was their sense of responsibility for their families especially their children. Instead of thinking negatively about their work, some of the participants felt good about themselves for being able to earn a living and support their families through their labor in spite of the challenges.

One said that, “I have never felt embarrassed due to my work, I openly share my work, when I work hard and earn my honesty, why should I be embarrassed? I take a lot of pride in my work.”

Lastly, the education of the children emerged as a central and consistent objective across participants. Almost all of the participants expressed a strong desire for their children to achieve higher education and move into stable and respectable professions. For many, this goal represented social mobility and an attempt to break the cycle of generational labor in sanitation work. However, these remained limited because of financial limitations, making it difficult to fully turn hope into some sort of opportunity.

Implications

This research highlights how sanitation work in Lahore is due to the structural inequalities which are closely linked to gender, class, religion, and informal labour practices. The findings show that female sanitation workers experience economic insecurity, health risks, and social stigma that too in forms of interconnected forms of marginalization. The study also demonstrates how

informal employment structures and weak labour protections result in long-term precarity among the female sanitation workers from minority and low backgrounds. These findings contribute to much more broader discussions on intersectionality, labour exploitation, and urban inequality in Pakistan.

Recommendations

This study recommends the need for a stronger implementation of labour protections for the female sanitation workers which includes formal employment contracts, timely wage payments, occupational safety measures along with healthcare access. Institutions should also provide protective equipment along with regular medical checkups and retirement benefits. This could help reduce the workplace vulnerability of the workers. Other gender-sensitive support systems should be introduced such as childcare assistance, mental health services, and educational support for workers' children.

In addition to all this, the government agencies and employers should also work on improving awareness and accessibility of welfare programs such as the Benazir Income Support Programme and Sehat Card through the workplace guidance sessions. There is also need public awareness campaigns and institutional reforms are also needed which could help challenge stigma associated with sanitation work and promote dignity and equality within workplaces and society.

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Appendix A Consent Letter

Dear Participant,

My name is Emaan Athar and I am conducting a research study for my thesis paper on Caste-Based Labor Segregation and Health Inequalities Among Sanitation Workers in Lahore. I am

writing to invite you to participate in this study, which seeks to explore the working conditions, health challenges, and social inequalities faced by female sanitation workers in the city.

By participating in this study, you will have the opportunity to share your experiences and perspectives, which will contribute to a better understanding of the struggles and resilience of sanitation workers. Your insights will help inform policies and advocacy efforts aimed at improving labor rights, healthcare access, and overall wellbeing for marginalized sanitation workers in urban Pakistan.

There are no known risks associated with participating in this study. Your participation is completely voluntary, and you can choose to stop at any time without any consequences. Your personal information will be kept confidential, and your identity will not be disclosed in any reports or publications resulting from this study.

Please indicate your consent below:

I have read the information and voluntarily agree to participate

Signature: _____

Date: _____

Sincerely,

Appendix B: Interview Guide

Semi-Structured Interview / Questionnaire Guide

Introduction / Background Information

1. How long have you been working as a sanitation worker?

2. Can you describe the type of sanitation work you do (street sweeping, waste collection, sewer cleaning, etc.)?
3. How much do you usually earn in a month from this work?
4. Are there other members in your household who earn an income? If yes, who and what kind of work do they do?
5. What is your highest level of education?
6. Have your children or younger family members been able to continue their education? Why or why not?

Health and Healthcare Experiences

1. What kinds of health problems, if any, have you experienced because of your work?
2. Do you feel your work has affected your physical health, mental health, or both? Can you explain how?
3. Are you provided with any protective equipment such as gloves, masks, or uniforms?
4. When you fall sick or get injured, where do you usually go for treatment?
5. Have you ever faced discrimination, neglect, or disrespect when visiting hospitals or clinics?
6. Do you feel doctors or hospital staff treat sanitation workers differently? In what ways?
7. Are healthcare services affordable and accessible for you and your family?

Work Exploitation and Labor Conditions

1. Can you describe how you first entered sanitation work?
2. Was this work chosen by you, or was it influenced by family background or lack of other opportunities?
3. In Pakistan, sanitation work is often done by Christian minority workers. How do you feel your religious identity affects your work opportunities or treatment at work?
4. Do you have a written contract, appointment letter, or any formal job documentation? If not, how does this affect your sense of job security?
5. Are your wages paid regularly and on time?/ Have you ever experienced wage delays, deductions, or non-payment?
6. Do you feel you are able to refuse unsafe or dangerous tasks, such as entering gutters or handling hazardous waste?
What usually happens if someone refuses such work?
7. Are Christian sanitation workers treated differently compared to Muslim workers or supervisors at the workplace?
If yes, in what ways?
8. Have you ever faced verbal abuse, threats, or pressure from supervisors or officials?
How did this affect you?
9. Are there opportunities for promotion, alternative work, or skill training within your department?
Do you feel these opportunities are equally available to you?
10. Do you think being a Christian sanitation worker limits your chances of leaving this occupation?
Why or why not?

Stigma, Discrimination, and Social Exclusion

1. How do people in society generally view sanitation workers?
2. Have you ever felt ashamed or humiliated because of your work? Can you share an example?
3. Do you experience discrimination because you are a sanitation worker, a woman, or because of your religious background?
4. Have you faced difficulties in renting housing, using public spaces, or sending your children to school due to your occupation?
5. How does this stigma affect your self-confidence or sense of dignity?

Coping Strategies and Resilience

1. How do you cope with the physical and emotional challenges of your work?
2. What helps you continue working despite the difficulties you face?
3. Do you receive support from family members, friends, or community organizations?
4. Have you developed any personal strategies to protect your health or dignity at work?
5. What hopes or aspirations do you have for your future or your children's future?

Q. Anything else you would like to share?