



BASELINE SURVEY FOR SANITATION WORKERS RIGHTS IN BANGLADESH



AUGUST 2025

DOCUMENT DETAILS

Document Title	Baseline survey for Sanitation Workers Rights in Bangladesh
Document Type	Baseline Study
Project Ref. No.	N/A
Date	August, 2025
Consultant	Aminul Islam Sohan
Client Name	Parittran
Country	Bangladesh

DISTRIBUTION LIST

Hardcopy	Softcopy	CDs	Other form
x	✓	x	--

DOCUMENT HISTORY

Version	Date	Description	Reviewed by	Approved by
1	December, 2025	First draft	Parittran	

TABLE OF CONTENTS

TABLE OF CONTENTS	ii
LIST OF FIGURES	iv
LIST OF TABLES	iv
LIST OF APPENDIXES	iv
ACRONYMS AND ABBREVIATIONS	v
EXECUTIVE SUMMARY	vi
1 INTRODUCTION	1
1.1 Background	1
1.2 Context of the study.....	2
1.3 Purpose of the Baseline Study	3
1.4 Objectives.....	4
1.5 Literature Review.....	4
2 METHODOLOGY OF THE STUDY	6
2.1 Introduction.....	6
2.2 Research Design.....	6
2.3 Study Area and Population.....	6
2.4 Sampling Framework and Sample Size	7
2.5 Data Collection Methods	8
2.5.1 Quantitative Data.....	8
2.5.2 Qualitative Data.....	8
2.6 Data Collection Tools	9
2.7 Data Analysis.....	10
2.7.1 Quantitative Data Analysis	10
2.7.2 Qualitative Data Analysis.....	10
2.8 Measures towards Quality Assurance.....	12
2.9 Data Triangulation and Interpretation	10
3 SURVEY FINDINGS	13
3.1 Demographic Profile	13
3.1.1 Age Distribution	13
3.1.2 Gender Composition.....	13
3.1.3 Marital status	14
3.1.4 Household Size	14
3.1.5 Education.....	15
3.1.6 Caste/Community identity.....	15
3.2 Housing & Living Conditions.....	16
3.2.1 Type of housing (temporary, semi-pucca, pucca)	16
3.2.2 Number of Rooms	16
3.2.3 Land ownership status.....	17
3.2.4 Ownership Elsewhere.....	17
3.2.5 Access to safe drinking water	18
3.2.6 Toilet and sanitation facilities.....	18

3.3	Employment & Income	19
3.3.1	Employer Type	19
3.3.2	Employment Contract.....	19
3.3.3	Working Hours.....	20
3.3.4	Work Frequency	20
3.3.5	Wages	21
3.3.6	Secondary Occupation	21
3.3.7	Income Sufficiency	22
3.4	Health, Safety & Well-being.....	22
3.4.1	Maternity Leave	22
3.4.2	Access to safety equipment.....	23
3.4.3	Occupational Health Risks	23
3.4.4	Reproductive Health Awareness	24
3.4.5	Menstrual Hygiene Support.....	Error! Bookmark not defined.
3.4.6	Women’s Health Issues.....	Error! Bookmark not defined.
3.5	Financial Inclusion & Security.....	24
3.5.1	Savings practices	24
3.5.2	Loans and debts	25
3.5.3	Participation in savings groups or cooperatives	25
3.6	Social Protection & Government Support.....	26
3.6.1	Hardship and Corruption in Accessing Micro Loan Services.....	26
3.6.2	Awareness of Social Protection and Benefits.....	26
3.6.3	Attempt to Exploit Safety Net Programs	27
3.7	Gender Equality & Workplace Respect	27
3.7.1	Equal Respect for Women.....	27
3.7.2	Social Recognition of Job	27
3.7.3	Workplace and Social Discrimination	28
3.7.4	Menstrual Hygiene in Workplace.....	28
3.7.5	Workplace Harassment, Insecurity, and Discrimination Faced by Women Cleaners	29
3.8	Awareness of Rights & Standards.....	29
3.8.1	Knowledge of labor rights	29
3.8.2	Awareness of ILO labor standards	30
3.9	Challenges & Support Needs	30
3.9.1	Desired Government and Social Support.....	30
3.9.2	Pathways to Improve Life and Dignity	30
3.9.3	Experience of Discrimination in Public Places.....	31
3.9.4	Timeliness of Wage/Salary Payments.....	31
3.9.5	Perception of Wage/Salary Discrimination by Caste or Gender.....	32
3.9.6	Use of Alcohol or Gambling in the Area	32
4	RECOMMENDATIONS	33
5	CONCLUSION.....	35
6	ANNEXURES	36

LIST OF FIGURES

Figure 3-1: Age Distribution of Respondents.....	13
Figure 3-2: Gender Composition of Respondents.....	13
Figure 3-3: Marital Status of Respondents.....	14
Figure 3-5: Caste/Community Identity of Respondents.....	15
Figure 3-5: Land Ownership Status.....	17
Figure 3-6: Ownership of Property Elsewhere.....	17
Figure 3-7: Access to Safe Drinking Water.....	18
Figure 3-8: Toilet and Sanitation Facilities.....	18

LIST OF TABLES

No table of figures entries found.

LIST OF APPENDIXES

ACRONYMS AND ABBREVIATIONS

Acronym	Full Form
SWRB	Sanitation Workers' Rights in Bangladesh
DCC	Dhaka City Corporation
DNCC	Dhaka North City Corporation
DSCC	Dhaka South City Corporation
FSM	Fecal Sludge Management
SDG	Sustainable Development Goals
ILO	International Labor Organization
WASH	Water, Sanitation and Hygiene
NSSS	National Social Security Strategy
PPE	Personal Protective Equipment
KIIs	Key Informant Interviews
FGDs	Focus Group Discussions
OHS	Occupational Health and Safety
BDT	Bangladeshi Taka
NGO	Non-Governmental Organization

EXECUTIVE SUMMARY

1 INTRODUCTION

1.1 Background

Sanitation workers play an essential role in safeguarding public health, environmental sustainability, and urban livability. Their works are mainly in the forms of waste collection, street sweeping to drain cleaning, pit emptying, and fecal sludge management. Sanitation worker emerged in Bangladesh from caste-based occupational structures prevalent across the Indian subcontinent. This caste linkage became entrenched during the Mughal period and later intensified under colonial administration (Bayly, 1999; Shah, 2006). Communities responsible for sweeping streets, cleaning latrines, removing waste, and maintaining drainage systems were historically placed at the very bottom of the social hierarchy. In pre-colonial Bengal, sanitation work was mostly done by marginalized Hindu caste groups who lived in segregated areas and had very limited chances to change their occupation (Chakrabarti, 2012). To understand their current vulnerabilities, it is essential to trace the historical evolution of sanitation labor in Bengal and modern Bangladesh.

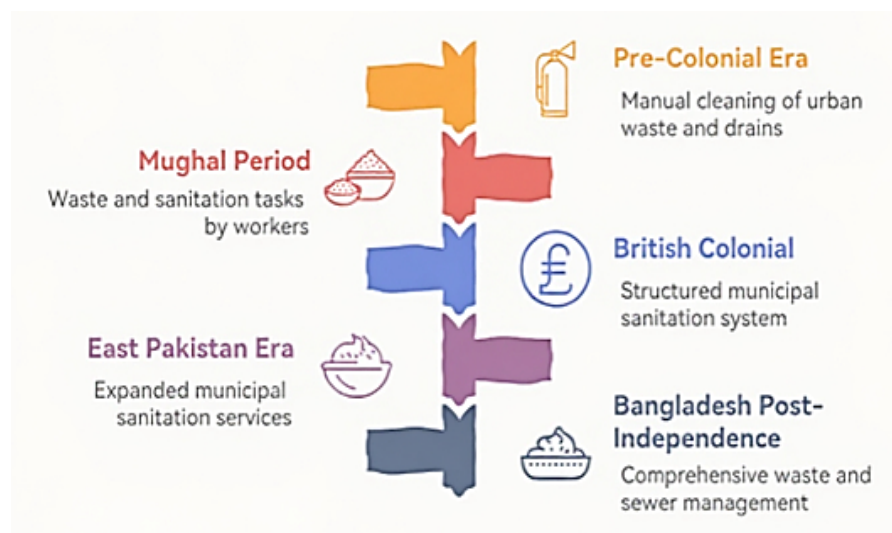


Figure 1-1: Historical Background of Sanitation Workers in Bangladesh

The Mughal era (16th–18th century) introduced greater administrative organization, including the appointment of municipal sweepers and conservancy workers under local authorities. However, caste-based stratification persisted, and sanitation workers remained excluded from mainstream labor protections (Habib, 1999). Dhaka, then a major Mughal capital, relied heavily on manual cleaners to maintain streets, drainage canals, and public facilities, yet their employment was precarious and socially stigmatized. With the advent of British colonial rule (1757–1947), sanitation work in Bengal underwent institutional restructuring. The British imported large numbers of sanitation workers from the United Provinces (UP), Bihar, and Madras Presidency, largely from marginalized caste groups (Chakrabarti, 2001; Ramaswamy, 2005). 1884 is the first legally documented establishment of sanitation workers in Bengal. According to The Bengal Municipal Act, 1884 towns required to have conservancy section, sweepers, night-soil removers, drain cleaners. Towns like Dhaka, Chittagong, Kushtia, Rajshahi, Barisal formed official “sweeper” positions. To manage recurring cholera, plague, and smallpox outbreaks, the colonial state established municipal conservancy departments and formalized sanitation labor (Bald, 2019). Workers were often recruited from specific caste groups among whom many were brought from India. British authorities built sweeper colonies in urban centers. For example, Dhaka’s Tejgaon sweeper colony was built in 1920s–1930s.

Workers were almost always from Hindu and Christian Dalit groups. Although sanitation workers became essential to public health under colonial municipal regulations, their rights, social dignity, and occupational safety remained largely unaddressed.

Following the Partition of 1947 many Hindu sanitation workers migrated to India, creating labor shortages. Government brought more Dalit families from Bihar, Uttar Pradesh, and West Bengal. Dhaka Municipality maintained large sweeper settlements (e.g., T&T Colony, Nazirabazar). But work remained manual, unsafe, caste-assigned. The formation of East Pakistan, sanitation workers continued to occupy the lowest tier of urban employment. Their communities remained concentrated in municipal colonies, often excluded from mainstream education, healthcare, and formal labor markets. In 1971, Bangladesh became independent and accordingly rapid urbanization and increasing demand for waste and sanitation services expanded the scope of sanitation work. But unfortunately, most sanitation workers remained employed on temporary, casual, or informal contracts, with limited access to safety equipment, social protection, or legal recognition as formal workers (Ahsan & Hossain, 2019). The Dhaka municipality became the Dhaka City Corporation (DCC) in 1990 and later Dhaka South City Corporation (DSCC) and Dhaka North City Corporation (DNCC). The profession is still dominated by Dalit Hindu and Christian communities, reflecting colonial origins. In recent years, extreme poverty and rural-to-urban migration have led to increasing participation of poor Muslim workers and some ethnic minority groups in sanitation tasks. However, they too face similar vulnerabilities, including exploitation by contractors, lack of training, and inadequate protective equipment. Against this historical background, sanitation workers' rights in Bangladesh emerges as both a labor rights concern and a longstanding social justice challenge.

1.2 Context of the study

The sanitation workforce in Bangladesh consists of both formal and informal workers. There are an estimated 5–6 million persons in the informal sector (The Financial Express, 2019). Sanitation workers in Dhaka city are not limited to FSM (Fecal Sludge Management) only. They work across the entire sanitation chain, including solid waste management, drain cleaning, sewer work, informal recycling, and public facility cleaning. All these roles expose workers to significant health, safety, and social risks, yet their contributions remain under-recognized. These workers continue to face persistent socio-economic hardship, unsafe working environments, and widespread social discrimination. These challenges highlight the urgent need for a comprehensive study that examines their rights, living conditions, and future opportunities.

The socio-economic conditions of sanitation workers remain largely undocumented, leaving significant gaps in understanding their income levels, housing situation, job security, and access to basic services. Without such baseline information, it becomes difficult for policymakers or development agencies to design targeted interventions. Similarly, sanitation work exposes individuals to hazardous environments, toxic waste, and communicable diseases, yet workplace safety measures and health protections are often inadequate or absent. Assessing these conditions is essential to safeguard worker welfare and reduce occupational risks.

In addition, sanitation workers in Bangladesh frequently encounter discrimination, social exclusion, and human rights violations rooted in long-standing cultural and caste-based stigmas. Understanding the extent and nature of these challenges is crucial for ensuring dignity, equality, and justice. At the same time, many sanitation workers have limited knowledge of their labor rights, entitlement to fair wages, or legal protections. Evaluating their awareness levels can help identify gaps in information, empowerment, and access to

institutional support. Moreover, exploring the potential for cooperatives, savings schemes, and financial inclusion strategies is necessary for improving long-term economic resilience and reducing dependence on exploitative employment structures. Establishing baseline data across these domains will further enable monitoring and evaluation of future programs, ensuring accountability and progress over time.

SDG 6 on clean water and sanitation and SDG 8 on decent work, highlight the need to ensure safe and dignified sanitation services. This makes it essential to examine whether sanitation workers in Bangladesh are receiving the rights, protections, and recognition necessary to perform their roles safely and with dignity.

Bangladesh Labor Act, National Occupational Health and Safety Policy, and various urban governance initiatives address worker welfare in general terms but they often lack specific guidelines and enforcement mechanisms for sanitation workers. Bangladesh has adopted several sanitation and public health policies such as the National Sanitation Strategy (2005), Pro-Poor Strategy for Water and Sanitation Sector (2005), City Corporation and Municipality Acts (2009) and the Institutional and Regulatory Framework for Fecal Sludge Management (2017) but these documents primarily focus on infrastructural development. They pay limited attention to labor rights, occupational safety, hazard protection, social stigma, formalization of sanitation work. As a result, the historical patterns of marginalization, caste-based stigma, and occupational invisibility continue to affect sanitation workers. Overall, this study aims to generate evidence that supports stronger lobbying and advocacy efforts to protect and promote the rights of sanitation workers in Bangladesh. By grounding the research in the lived realities of workers, the study seeks to inform policy reforms, guide development initiatives, and contribute to building a more inclusive and equitable society.

1.3 Purpose of the Baseline Study

The purpose of the baseline study is to gather comprehensive data on the current living, working, and socio-economic conditions of sanitation workers in Dhaka's North and South City Corporations. This study will provide essential insights that will guide the SWRB (Sanitation Workers' Rights in Bangladesh) project in designing effective interventions aimed at improving sanitation workers' rights, dignity, and overall well-being. The baseline data will also serve as a benchmark for measuring the project's impact and success over time.



Figure 1-2: Sanitation Workers Perspective in FDG 6 and FDG 8

1.4 Objectives

The objectives of the baseline study are:

- ✓ To assess the socio-economic conditions of sanitation workers
- ✓ To evaluate health and workplace safety
- ✓ To identify discrimination and human rights issues
- ✓ To assess awareness of labor rights and fair wages
- ✓ To explore opportunities for cooperatives and savings schemes
- ✓ To establish baseline data for monitoring and evaluation
- ✓ To support lobbying and advocacy efforts

1.5 Literature Review

Sanitation workers in Bangladesh, often face precarious working conditions, characterized by a lack of fundamental rights, inadequate safety measures, and societal marginalization despite their essential contributions to public health and urban environments (Bhakta et al., 2022). These workers are crucial for maintaining public health by managing waste in various settings, yet they frequently encounter hazardous environments that compromise their well-being and dignity due to insufficient occupational health and safety protocols (Tolera et al., 2024). This vulnerability is further compounded by a lack of proper job facilities, low wages, and limited access to essential protective equipment and health support from employers (Sharior et al., 2023). Furthermore, the societal stigma associated with their profession exacerbates their marginalization, often leading to discrimination and a lack of legal protection (Tolera et al., 2024). Recognizing these challenges, researchers emphasize the critical need for an interdisciplinary approach to address the systemic issues affecting sanitation workers worldwide, ensuring their rights and improving their working conditions (Bhakta et al., 2022). This includes advocating for fair living and working conditions and supporting the development of inclusive Water, Sanitation, and Hygiene infrastructure at their workplaces (Bhakta et al., 2022). Despite these recognized challenges, specific legal and policy frameworks in Bangladesh often overlook the unique occupational hazards and socio-economic vulnerabilities faced by sanitation workers, necessitating a deeper examination of their current protections and avenues for improvement (Bhakta et al., 2022).

Bangladesh has a mix of constitutional protections and sectorial policies relevant to work and health, but sanitation work remains poorly formalized. National sanitation and WASH policy documents focus largely on infrastructure and service delivery rather than on labor rights, decent work, or formal recognition of sanitation occupations (Water Aid, 2023). Several analysts argue that existing policy frameworks such as the National Social Security Strategy (NSSS) and sanitation policy instruments do not adequately protect sanitation workers from discrimination, insecure employment, or occupational hazards (International Labor Organization [ILO], 2019; Sharior et al., 2023; Amnesty International, 2025).

Empirical research and policy investigations reveal that sanitation workers in Bangladesh face widespread employment insecurity, including irregular wages, casual or day-based labor, and a lack of formal contracts or union representation (Ahmed, 2019; Sharior et al., 2023). Numerous studies further document that these workers frequently reside in socially segregated "sweeper colonies," where they experience entrenched caste and gender-based discrimination—particularly among historically marginalized ethnic and religious communities (Amnesty International, 2025; Water Aid, 2023). As a result of these intersecting

vulnerabilities, sanitation workers and their families often lack access to essential services such as healthcare, quality housing, and education (ILO, 2019; Water Aid, 2023).

Several research highlights that women employed in sanitation work in Bangladesh experience multiple and intersecting disadvantages. They are often subjected to gender-based occupational segregation, earning lower wages than men, and face risks of harassment and limited opportunities for advancement (Water Aid, 2023; ILO, 2019). Furthermore, caste- and community-based discrimination reinforces these vulnerabilities, as certain groups remain confined to hereditary sanitation jobs with few prospects for occupational mobility (Ahmed, 2019; Sharior et al., 2023). Recent human rights assessments also indicate that the impacts of climate change—such as increased flooding and heat stress—are exacerbating these existing inequalities, particularly for women and marginalized sanitation worker communities (Amnesty International, 2025).

Sanitation workers have gained attention in government policy and programs. Decentralization and a growing move towards private provision of services mean that numerous government, private and non-governmental institutions are now involved in the provision, financing, design, implementation and regulation of urban sanitation (World Bank 2018). Previous studies in Bangladesh highlight that systemic governance failures, rampant corruption, and the inability to enforce decent workplace standards significantly impair the efficacy of conservancy departments, even within major City Corporations, resulting in suboptimal waste management services (Sharior et al., 2023).

In 2016, the FSM Network in Bangladesh hosted an FSM Convention in Dhaka. This included a day dedicated to promoting better working conditions for sanitation workers. One hundred workers from across Bangladesh shared their experiences, including the challenges of their profession and their vision for improvements (WSUP 2016). The participants were from small-scale and large businesses. The convention raised the pit-emptiers' challenges in line with the ILO criteria for decent work: dignity, equality, fair income and safe working conditions (The Daily Star 2016). More advocacy work was then done independently by the participating organizations. For example, the NGO SNV Bangladesh published a report titled *City Cleaners: Stories of Those Left Behind* (Karim 2017) and produced an Occupational Health and Safety (OHS) manual for pit emptier (Chowdhury, Faruq, and Mamtaz 2015). These and other efforts to promote the health, safety and dignity of sanitation workers have been recognized in the first global report on sanitation workers from the World Bank, World Health Organization, Water Aid and ILO (World Bank, 2019).

Overall, the situation calls for a comprehensive strategy involving governmental and non-governmental organizations to protect and promote the rights of sanitation workers, ensuring their safety, dignity, and health are prioritized in policy and practice.

2 METHODOLOGY OF THE STUDY

2.1 Introduction

This part provides an overview of how the baseline study was conducted. Research design, sampling approach, data collection methods, tools, and procedures followed to ensure the reliability and validity of the findings. The methodology has been designed to generate both quantitative and qualitative data to establish a benchmark for future comparison and program evaluation.

2.2 Research Design

The study adopted a mixed-method research design, integrating both quantitative and qualitative approaches to ensure a holistic and in-depth understanding of the rights, working conditions, and lived experiences of sanitation workers in Bangladesh. The integration of numerical data with narrative insights strengthened the overall rigidity of the study. The study was conducted through mixed methods as it allows triangulation. Data triangulation is a research technique that uses multiple sources of data to study the same topic. The purpose is to cross-check information, increase accuracy, and make the findings more reliable.

Quantitative Component: Household and worker-level surveys were conducted to gather comprehensive numerical data on various aspects related to the lives and working conditions of sanitation workers. The survey captured detailed information on socio-economic status, including income levels, household expenditure, education, housing conditions, and access to basic services. It also explored employment patterns such as type of work performed, working hours, wages, job security, and occupational risks faced by workers.

Qualitative Component: Key Informant Interviews (KIIs) and Focus Group Discussions (FGDs) were used to gain deeper insights into the lived experiences, perceptions, and institutional dynamics related to sanitation workers' rights and well-being. Through KIIs with government officials, municipal authorities, community leaders, NGO representatives, and sector specialists, the study explored institutional roles, policy gaps, implementation challenges, and existing support mechanisms. These interviews provided how current systems function and where improvements are needed. FGDs with sanitation workers allowed participants to share their personal experiences, daily challenges, coping strategies, and collective concerns in an open and interactive setting. Discussions brought out issues that are often not captured through surveys. The FGDs also helped identify community-level dynamics, gender-specific vulnerabilities, and differences between formal and informal sanitation workers.

2.3 Study Area and Population

The study was conducted in Dhaka North City Corporation (DNCC) and Dhaka South City Corporation (DSCC), two of the largest urban areas in Bangladesh. These areas were selected because they have many sanitation workers and because local authorities were cooperative, which made the study easier to carry out. The goal was to understand the daily realities, challenges, and working conditions of sanitation workers in the city.

DNCC and DSCC cover a variety of urban settings, including crowded residential neighborhoods, commercial areas, industrial zones, and informal settlements. This variety helps to show how sanitation workers face different conditions depending on where they work.

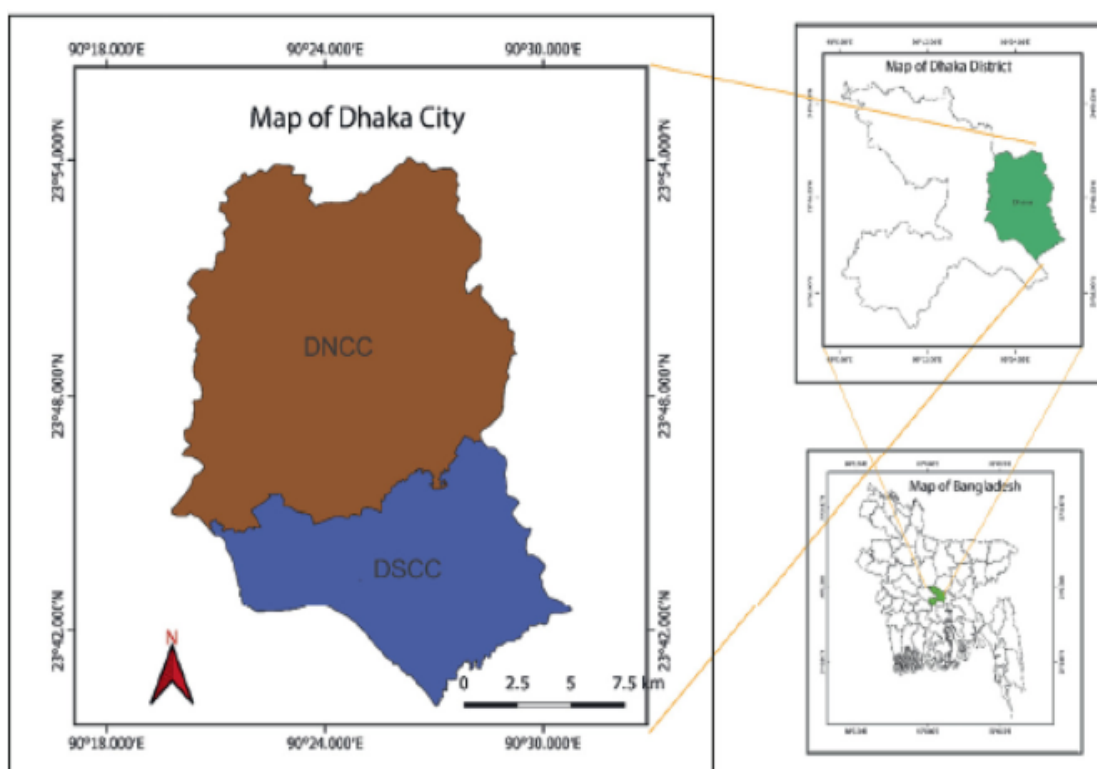


Figure 2-1: Map of DNCC and DSCC

Both city corporations also have different systems for managing sanitation services, which allows the study to compare how policies and support systems affect workers.

The sanitation workforce in these areas comes from diverse communities. Many workers belong to marginalized groups, including Dalit Hindus, Christians, low-income Muslims, and migrants from rural areas. Studying these areas helps to understand how factors like caste, religion, gender, and migration influence their vulnerabilities. Workers perform many tasks, from street sweeping and drain cleaning to fecal sludge management, making DNCC and DSCC ideal places to study the full range of sanitation work.

By focusing on these city corporations, the study can identify challenges such as unsafe working conditions, low wages, lack of social support, and discrimination. The findings will help design programs to improve the lives of sanitation workers and guide policies to protect their rights and well-being.

2.4 Sampling Framework and Sample Size

A proportionate stratified sampling technique has been used in that study. The sample has been drawn proportionally from the wards in North and South City Corporations, ensuring a fair representation of the workers from different locations. These workers are concentrated in specific wards, including Mirpur, Gaptoli, Mahakhali, Kallanpur (North City Corporation) and Mironzilla, Gopibag, Postagola, Hazaribag, Gonaktuli (South City Corporation). Proportional sampling approach ensures fair representation of sanitation workers from both geographic regions and captures variations in employment type, work environment, and access to rights and services. The total sample size for the study is 300 respondents, divided equally between the two city corporations. This sampling framework ensured that the study captured a representative cross-section of sanitation workers from diverse work locations and employment arrangements.

2.5 Data Collection Methods

Data was collected through a combination of quantitative and qualitative methods.

2.5.1 Quantitative Data

Structured questionnaires were used to individual sanitation workers to collect data on the following dimensions. Quantitative data is useful because it shows patterns that can be counted and compared.

Demographic Characteristics: Information such as age, gender, education level, marital status, family size, and place of residence was collected to understand the socio-demographic profile of the respondents. This helped identify patterns and variations among different groups of sanitation workers.

Employment Status and Wages: Data were gathered on the nature of employment (permanent, contractual, casual), duration of work, working hours, wage rates, and payment frequency. Questions also explored job security, recruitment processes, and the role of intermediaries or contractors in employment arrangements.

Occupational Safety and Health Conditions: The survey examined the availability and use of personal protective equipment (PPE), exposure to health hazards, work-related injuries, access to medical care, and awareness of occupational safety practices. This information provided insights into workplace risks and the level of institutional support for worker safety.

Access to Social Protection and Benefits: Respondents were asked about their access to health insurance, pensions, paid leave, maternity benefits, and other welfare schemes. This section assessed the extent to which sanitation workers are included in formal or informal social protection systems.

Awareness of Labor Rights and Grievance Mechanisms: The questionnaire explored respondents' knowledge of labor rights, trade unions, complaint mechanisms, and available legal or institutional support for workplace issues. This helped gauge the level of empowerment and rights awareness among sanitation workers.

2.5.2 Qualitative Data

The qualitative component enriched the study with context-specific narratives, institutional perspectives, and firsthand experiences of marginalization, risk, and resilience.

Key Informant Interviews (KIIs)

Interviews were conducted with municipal officials, NGO representatives, community leaders, and labor rights activists to understand institutional responsibilities, existing policy frameworks, and systemic challenges affecting sanitation workers.

Focus Group Discussions (FGDs)

FGDs were carried out with groups of sanitation workers to capture their collective views on workplace hazards, discrimination, social stigma, access to training, and opportunities for better employment conditions.

2.6 Data Collection Tools

The study used a combination of structured questionnaires, FGDs, and KIIs to ensure that information was gathered in a complete, reliable, and systematic way. Each tool served a specific purpose and helped capture different types of information needed to understand the conditions of sanitation workers. Using these tools together ensured that the study had a holistic, reliable, and well-balanced understanding of the realities of sanitation workers. All tools were pre-tested and revised before field deployment to ensure clarity, cultural appropriateness, and alignment with study objectives.



Figure 2-2: Data Collection Tools and Quantity

Structured questionnaires have been used because it helped to collect quantitative data in an organized and consistent way. Surveys had been conducted digitally using Kobo Toolbox to ensure efficient data entry and minimize errors. Questions are fixed and uniform. It helps measuring important indicators such as age, income, working hours, safety practices, health risks, and access to benefits. Using structured questions ensures accuracy and reduces differences. Structured questionnaires were chosen because they provide clear, measurable, and reliable numerical data.

Focused Group Discussions (FGDs) were used to support the qualitative part of the study. They help explore workers' shared experiences, challenges, and emotions in a group setting. Through discussions, workers feel more comfortable expressing issues that may not come out in individual surveys. FGDs capture collective views on workplace hazards, stigma, discrimination, job satisfaction, and community attitudes. The guidelines ensure that discussions remain focused, productive, and cover all relevant topics. FGDs were used because they help understand the lived experiences and collective opinions of sanitation workers.

Key Informant Interviews (KIIs) were used to collect information from people who have expert knowledge or decision-making power. KIIs help explore policy gaps, institutional responsibilities, management practices, and systemic challenges affecting sanitation workers. They allow researchers to gather insights on government programs, worker safety mechanisms, and social protection schemes. Using structured KII checklists ensures that interviews with different informants cover similar themes, making it easier to compare and analyze their perspectives.

2.7 Data Analysis

The data collected from the surveys, KIIs, and FGDs has been used in comprehensive analysis process as we have both quantitative and qualitative data in our hands.

2.7.1 Quantitative Data Analysis

The quantitative data from the household surveys was analyzed using basic statistics like averages, percentages, and frequencies to describe the socio-economic and health conditions of sanitation workers. STATA and SPSS software was used to process the data accurately and quickly and to create tables, comparisons, and simple visual charts. Key variables such as income, housing, access to health services, and knowledge of labor rights were compared across different groups of workers, including by age, gender, education, type of work, and employment status. These comparisons helped identify clear differences, such as lower income for contractual workers, crowded and unsafe housing for poorer households, and limited access to health services for women and older workers. The analysis also looked at how different factors are related. For example, whether higher income improves housing, whether more experienced workers face more or fewer health risks, and whether training helps workers use PPE correctly or feel more satisfied with their job. Differences between municipal workers and those hired by private contractors were also examined, showing gaps in job security, rights awareness, and welfare support. Overall, the analysis provides a simple and clear picture of workers' living conditions and challenges, helping guide better policy and program decisions.

2.7.2 Qualitative Data Analysis

The data from KIIs and FGDs was analyzed using thematic analysis, which means the researchers looked for common ideas and repeated patterns in what participants said. This method helped identify important issues such as experiences of discrimination, concerns about workplace safety, and levels of awareness about labor rights. A simple coding framework was created to organize the information, grouping the responses into clear themes like job security, gender discrimination, access to safety equipment, and collective advocacy. This process made it easier to understand workers' personal experiences, their challenges, and their suggestions for improvement, allowing the study to capture deeper insights that numbers alone cannot show.

2.8 Data Triangulation and Interpretation

Data triangulation was used to make the study findings more accurate and trustworthy. This means information from the household surveys, KIIs, and FGDs was compared and connected to see whether all sources showed similar patterns. The survey data gave clear numbers on income, housing, health access, and awareness of labor rights. On the other hand, the KIIs and FGDs helped explain why these issues exist by sharing workers' real experiences, such as problems with safety, discrimination, or job security. By bringing these two types of data together, the study was able to get a fuller and clear picture of sanitation workers.

The quantitative data from the household surveys gave us a clear picture of the measurable conditions of sanitation workers. It showed their income levels, the type of housing they live in, their access to basic services, and their awareness of labor rights. These numbers helped

us see general trends and differences among various groups such as men and women, different age groups, and workers from different locations.

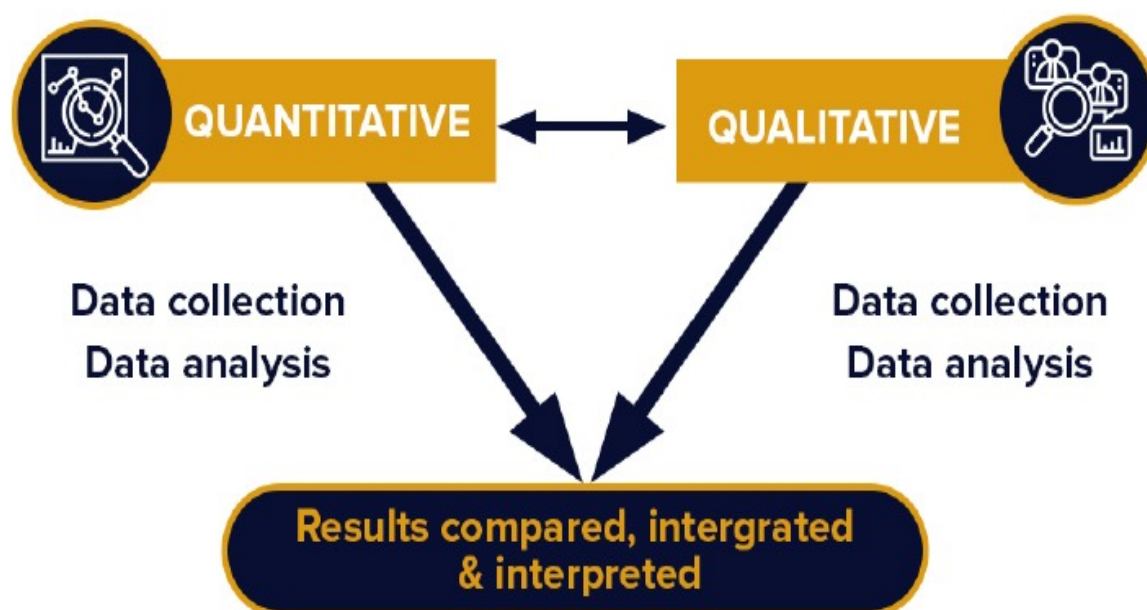


Figure 2-3: Data Triangulation Process

Qualitative data (KIs and FGDs) collection gave us key informants like community leaders, supervisors, and local experts to express their views and experiences in detail. By thematic analysis, we identified recurring ideas such as job insecurity, lack of safety equipment, gender discrimination, poor health conditions, and limited knowledge about labor rights. These qualitative insights added depth to our understanding. They helped explain why certain problems continue, how workers feel about their situation, and what barriers they face in improving their lives.

Triangulation helped identify areas where data sources differed. Overall, data triangulation played an important role in making the study comprehensive. It ensured that conclusions were not based on one-sided information but on a balanced mix of numbers, personal experiences, and expert opinions. This approach made the interpretation more accurate, more meaningful, and more useful for designing policies and programs to improve the lives of sanitation workers.

2.9 Measures towards Quality Assurance

To ensure the reliability, validity, and ethical integrity of the study, several quality assurance measures and ethical protocols were adopted throughout the research process.

- Enumerators received intensive training on data collection techniques, ethics, gender sensitivity, and respectful engagement with vulnerable respondents. The training included mock interviews and role-play exercises to strengthen their understanding of questionnaire content, skip patterns, and ethical protocols.
- All data collection tools were pre-tested in a comparable area prior to the main fieldwork. Feedback from the pre-test was used to refine questions, ensure cultural appropriateness, and enhance clarity of both language and structure.
- Field supervisors regularly monitored data collection activities to ensure adherence to research protocols. Daily debriefing sessions were conducted to review progress, identify inconsistencies, and provide corrective guidance to enumerators where necessary.
- Completed questionnaires were checked daily for completeness and accuracy. A data validation process was conducted prior to entry and analysis, including random spot checks and logical consistency reviews to minimize errors and ensure high-quality data.
- Given the sensitivity of sanitation work and potential stigma associated with it, enumerators ensured that interviews were conducted respectfully and in safe, comfortable environments. Participants were treated with dignity and were not subjected to any psychological or social harm during or after participation.
- The study team ensured gender balance among respondents and facilitated a safe environment for women sanitation workers to share their experiences. Data collection methods were designed to be inclusive of all social, occupational, and ethnic groups within the sanitation workforce.



Figure 2-4: Data Quality Control Measures

3 SURVEY FINDINGS

3.1 Demographic Profile

3.1.1 Age Distribution

The surveyed population is predominantly young and middle-aged, with the largest age group being 27–36 years (83 respondents), followed by 37–46 years (75 respondents), and 17–26 years (69 respondents). Only 11 respondents were aged 57–66 years. The result indicates that older individuals are underrepresented in this sector. The concentration of workers in the younger age brackets reflects the physically demanding nature of sanitation work, which may discourage older workers from continued participation. This age distribution also suggests that the workforce has potential for long-term labor continuity if proper training and employment conditions are ensured.

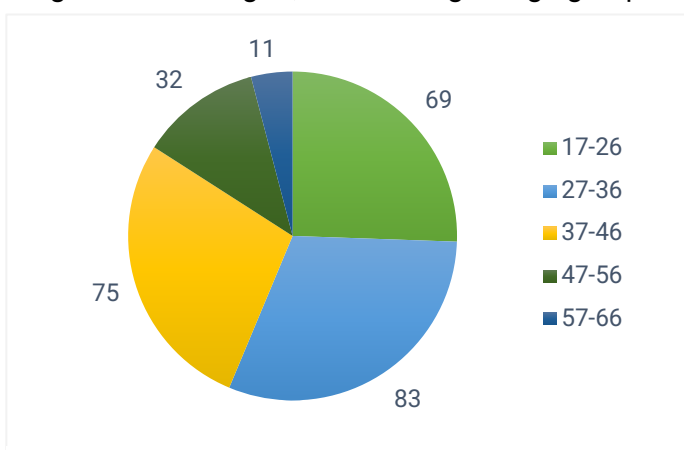


Figure 3-1: Age Distribution of Respondents

3.1.2 Gender Composition

Out of the total respondents, 207 were male and only 63 were female. This shows that sanitation work is mostly done by men. The large gap between male and female workers reflects long-standing gender inequalities in this sector. In many communities, cultural beliefs and social expectations discourage women from working in sanitation, as the job is often seen as “too hard” or “not suitable” for them. Women who do join this field often face many challenges. They may experience harassment at work, and there are often no separate toilets or changing spaces for them. In many cases, protective gear is not designed to fit women properly, making the work even more uncomfortable and unsafe. On top of that, women’s contributions are often overlooked, which limits their chances for training, leadership roles, and fair wages. These barriers make it difficult for women to participate fully and progress in sanitation work.

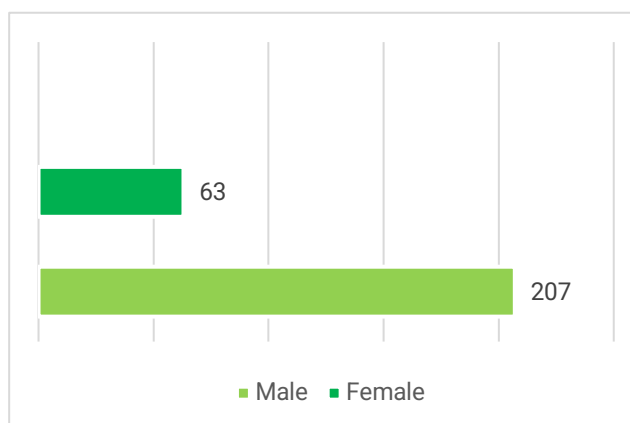


Figure 3-2: Gender Composition of Respondents

3.1.3 Marital status

The data shows that most respondents are married. A total of 234 workers reported being married. Only 32 workers were single. Three workers were widowed, and one worker was divorced. This means that the majority of sanitation workers have partners and family responsibilities. Married workers often have to take care of their spouse, children, or even elderly parents. Because of these responsibilities, they need a regular and secure income. They may also need to work extra hours to cover food, rent, school expenses, and medical costs for their families. The marital pattern also shows that many sanitation workers are the main earners in their families. Their income supports several people. Understanding this situation helps explain why financial stability and basic services are very important for these workers.

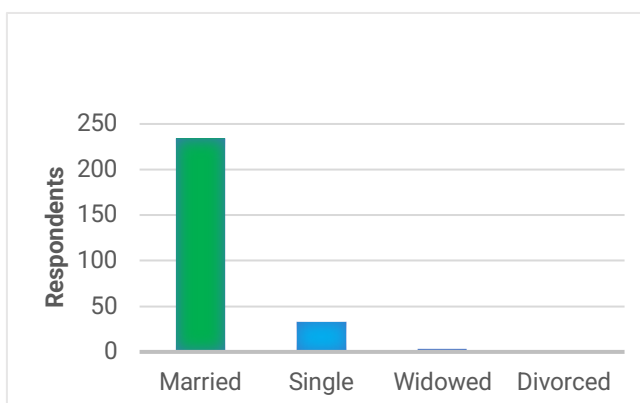


Figure 3-3: Marital Status of Respondents

3.1.4 Household Size

The survey shows that household sizes vary among the respondents. A total of 159 respondents live in small households with 2–4 members. Another 101 respondents live in medium-sized households with 5–7 members. Only 9 respondents live in larger households with 8–10 members. These numbers show that most workers live in smaller, nuclear families. A smaller household often means fewer dependents and simpler living arrangements. In contrast, the few larger households may reflect extended families living together. Household size can affect daily life in many ways. It influences how income is shared, how resources are used, and how many people depend on a single earner. Larger households may face more financial pressure, while smaller households may experience less strain. These patterns help explain the economic challenges and service needs of sanitation workers and their families.

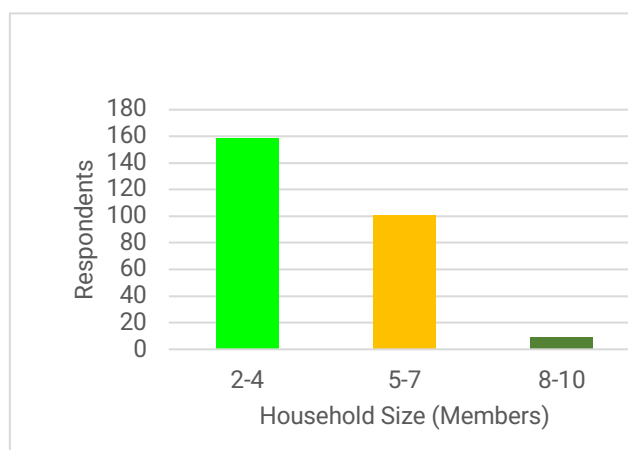


Figure 3-4: Household Size of the Respondents

3.1.5 Education

Education levels among the respondents were generally low. Most workers (149) had completed secondary education, while 75 had only primary education. A smaller number, 22 respondents, reached higher secondary level, and only 5 had completed a graduate degree. In addition, 19 respondents had no formal education at all. These findings

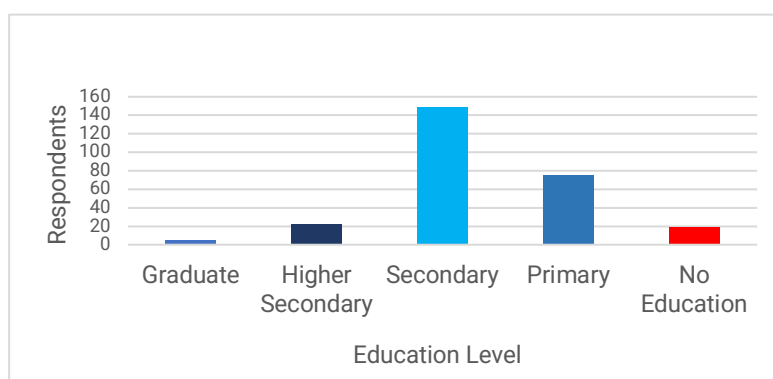


Figure 3-5: Educational Status of the Workers

show that many sanitation workers have limited schooling, which reduces their chances of moving to better-paid jobs or exploring other types of work. Their low education also affects how much they know about their rights, basic hygiene, and workplace safety.

3.1.6 Caste/Community identity

The data shows that sanitation work is still closely linked to caste. Most workers come from a few specific communities. The highest number is from the Domer community, with 90 workers. The Bashfor community has 79 workers, and the Hela community has 44 workers. Smaller

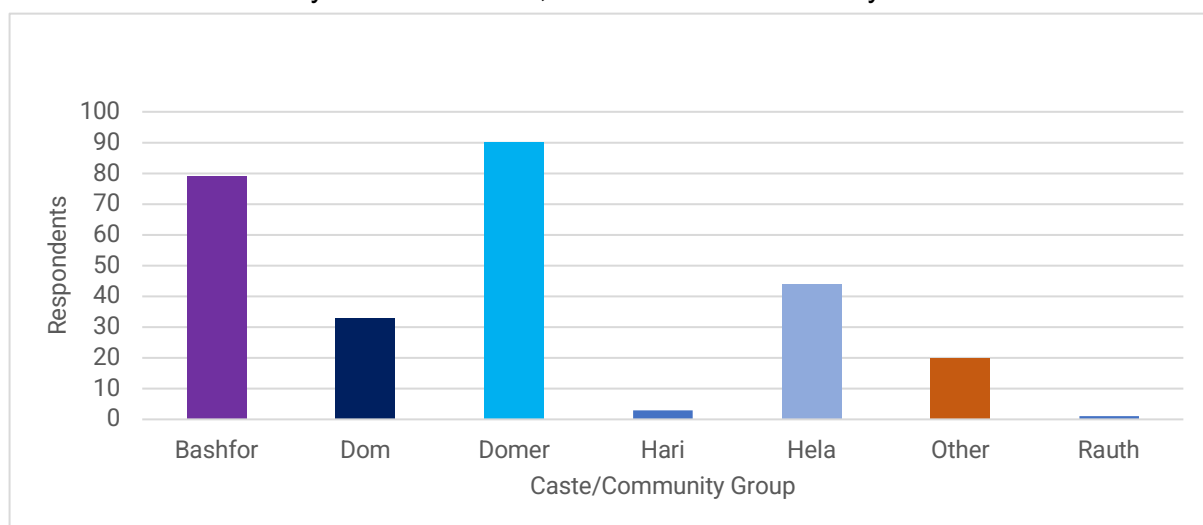


Figure 3-4: Caste/Community Identity of Respondents

groups include 33 workers from the Dom community, 20 from other communities, 3 from the Hari community, and only 1 from the Rauth community. This pattern shows that certain caste groups are still doing sanitation work more than others. These groups have been involved in this type of work for many generations. Because of this history, many of their family members continue in the same type of job today. The numbers also show how caste identity still affects the kind of work people do. Many workers from these communities have limited options to choose other types of jobs. As a result, they remain in sanitation work. This reflects long-standing social rules that continue to shape people's lives and work opportunities.

3.2 Housing & Living Conditions

3.2.1 Type of housing (temporary, semi-pucca, pucca)

Out of the total respondents, 183 reported living in temporary structures, while only 87 lived in permanent ones. In terms of construction type, 131 households were classified as pucca (made with durable materials like brick and concrete) and 139 as semi-pucca (partially durable

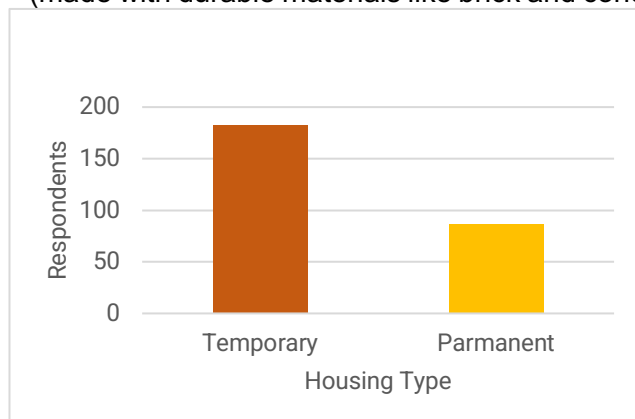


Figure 3-7: Respondents of Housing Type

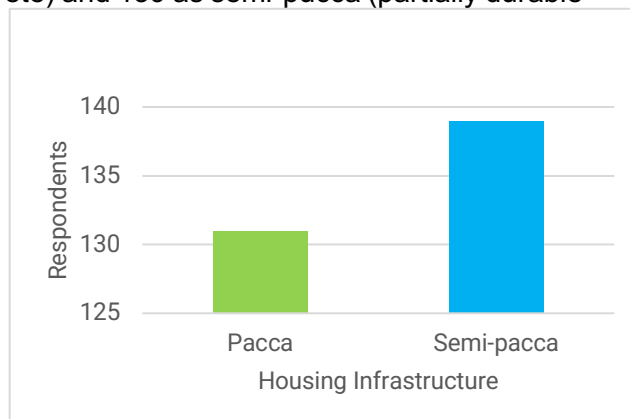


Figure 3-8: Respondents of Housing Structure

structures often using tin, wood, or other temporary materials). The temporary and semi-pucca dwellings shows that most respondents live in weak, weather-vulnerable homes that provide limited protection from heavy rain, flooding, or storms. Such homes are more prone to damage, making it difficult for families to feel safe and secure. Living in these structures often exposes residents to cold, heat, water leakage, and damp conditions, which can affect their health and comfort. Many households struggle to maintain and repair these homes because of limited income. Lack of strong, permanent housing also restricts privacy and space for family activities, schooling for children, and basic household functions. This situation reflects the broader housing insecurity faced by low-income sanitation workers, who have few options for stable, affordable, and safe housing. It highlights how economic constraints and weak housing conditions together limit the ability of these families to improve their living standards or plan for the future.

3.2.2 Number of Rooms

Most households live in very limited spaces. A total of 126 respondents reported living in a single room, 136 lived in two rooms, and only 8 households had three rooms. With household sizes ranging from 2 to 7 members, these small living spaces clearly indicate overcrowding. Such living conditions affect the daily comfort and well-being of family members. Privacy becomes difficult, and close contact among many people in one room increases the chances of spreading illnesses. Children often struggle to find a quiet place to study or rest, which can affect their learning and development. Overcrowded homes also create stress for adults,

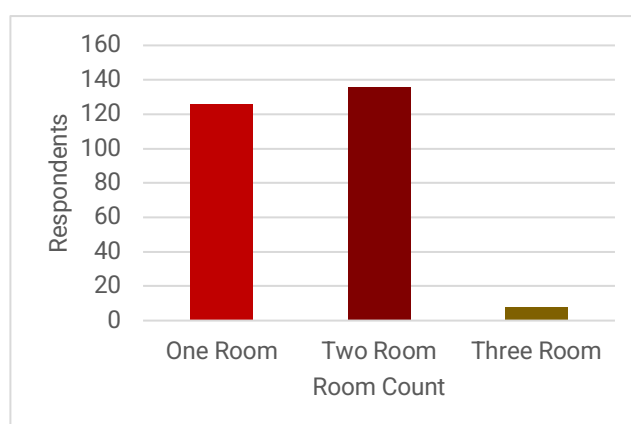


Figure 3-9: Number of Rooms in Household

as they have little personal space or a peaceful environment after long working hours. These conditions highlight the challenging living realities that many sanitation worker families face.

3.2.3 Land ownership status

Land ownership among respondents is alarmingly low. Only 1 respondent reported owning land, while 74 households lived in rented premises and 195 occupied land under “other” arrangements, such as informal settlements or employer-provided quarters. This extreme level of landlessness exposes households to eviction risks and limits their ability to invest in home improvements or secure collateral for credit. It also reflects structural poverty and dependence on temporary housing arrangements provided by employers or local authorities.

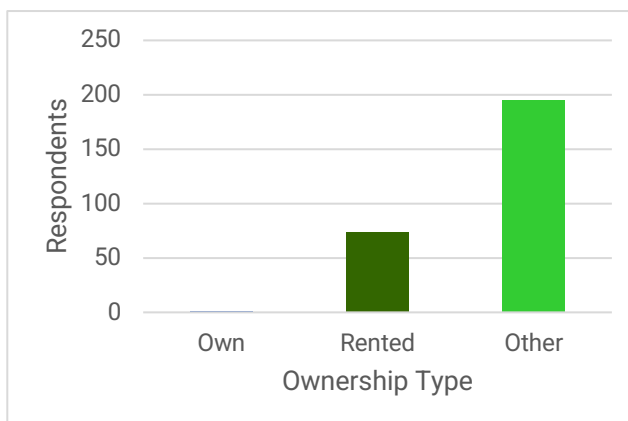


Figure 3-5: Land Ownership Status

3.2.4 Ownership Elsewhere

Most respondents (269) did not own any house or land, and only 1 respondent had property in another place. This means that almost all households have no backup housing or assets. They are very vulnerable to losing their home if their current house becomes unavailable. Having no property also makes it hard to get loans or improve their living conditions. Many families have to rely on rented or informal homes. They are often paying high rent compared to their income. This situation creates stress and uncertainty. As they have no secure place to live, they also face difficulties in accessing basic services like water, electricity, and sanitation. The lack of property ownership keeps them dependent on landlords and limits their ability to improve their living standards over time.

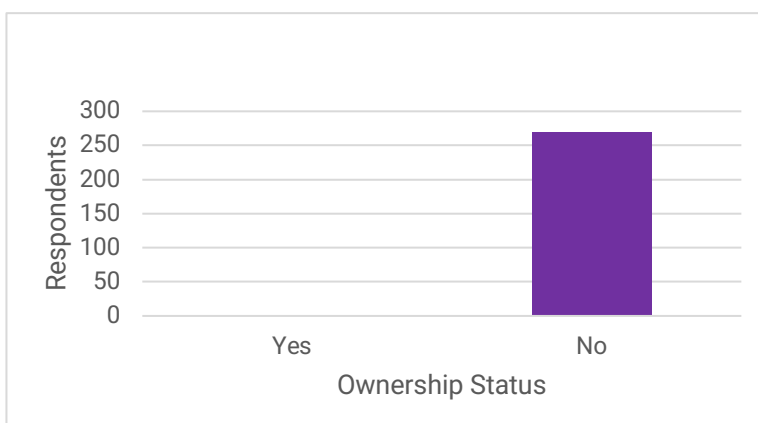


Figure 3-6: Ownership of Property Elsewhere

3.2.5 Access to Safe Drinking Water

Access to safe drinking water remains a concern among respondents. While 128 households reported having in-house water sources, 142 relied on external sources such as public taps, shared tube wells, or community standposts. Dependence on external sources not only increases daily hardship but also raises hygiene and contamination risks, especially for households located near waste disposal sites or open drains. Collecting water from outside sources can be time-consuming and physically demanding, particularly for women and children because they have to do this task. Households relying on shared or public water sources also face longer waiting times and the possibility of water shortages. The quality of water from these sources may be inconsistent, increasing the risk of waterborne diseases such as diarrhea, cholera, and skin infections. Limited access to safe water can also affect daily household activities. Overall, the lack of reliable and safe drinking water adds to the challenges faced by sanitation worker households.

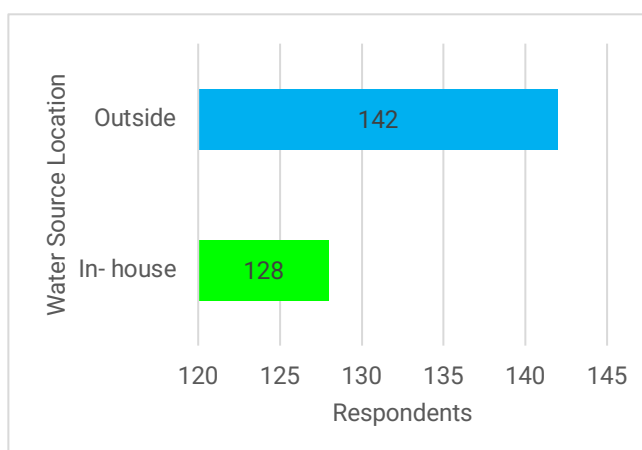


Figure 3-7: Access to Safe Drinking Water

3.2.6 Toilet and Sanitation Facilities

Access to toilets among respondents shows a nearly equal split. About 49% of households (133) had private toilets, while 51% (137) relied on shared facilities. Shared toilets, which are often located outside the home and used by multiple families, can create significant health and hygiene challenges. They also reduce privacy, particularly for women and adolescent girls, and may increase risks of gender-based insecurity. The need to use shared toilets can be inconvenient and unsafe, especially at night or during emergencies. Shared facilities are often poorly maintained, which can lead to unpleasant odors, clogged drains, and higher exposure to infections. Overall, the limited access to private toilets highlights the vulnerability of sanitation worker households in maintaining hygiene and safety in their daily lives.

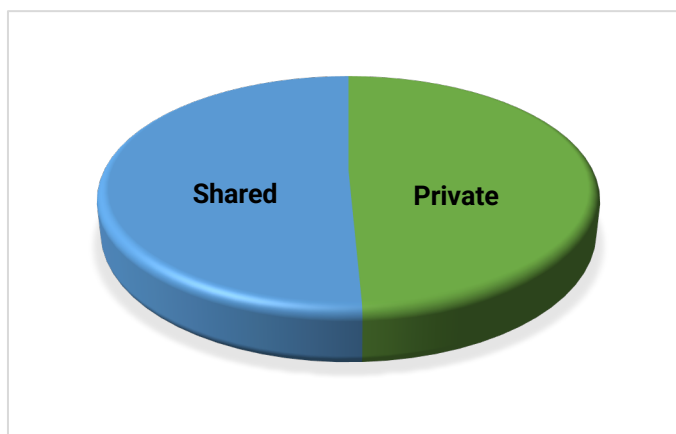


Figure 3-8: Toilet and Sanitation Facilities

3.3 Employment & Income

3.3.1 Employer Type

Out of the total respondents, 140 (around 51%) were employed under private employers, 118 (about 43%) worked for government institutions, 10 (4%) were self-employed, and only 2 (less than 1%) were engaged through outsourcing arrangements. This shows that most sanitation workers are formally employed in either private or public cleaning services.

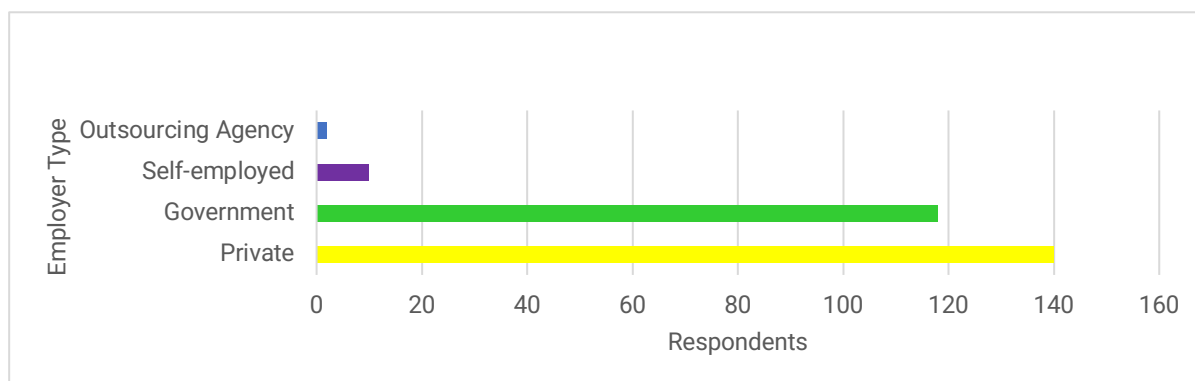


Figure 3-13: Employer Type of the Workers

The very small number of self-employed workers suggests that there are limited opportunities for independent or entrepreneurial work in this sector. Workers in private employment may face irregular salaries, delayed payments, and fewer benefits such as health insurance or paid leave, compared to those in government jobs. Government employment, though more secure, often has limited availability and may involve rigid working hours or bureaucratic challenges. Outsourced workers are particularly vulnerable, as they may have the least job security and no access to workplace benefits. Overall, this employment pattern reflects the vulnerability and limited economic mobility of many sanitation workers, as well as the dependency of most households on formal employers for income and livelihood stability.

3.3.2 Employment Contract

The nature of employment shows that most workers, about 95% (260 respondents), are engaged on monthly contracts, while only 4% (10 respondents) work on a daily wage basis. Monthly contracts may provide some regular income, but job security is still very low because most workers do not have formal appointment letters, pension schemes, or social benefits. Many sanitation workers rely on informal agreements, which makes them vulnerable to sudden termination,

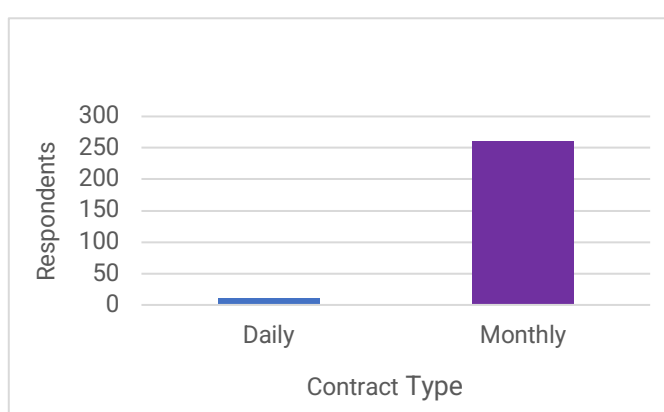


Figure 3-14: Nature of Employment Contract

They also have little legal protection if workplace disputes or injuries occur. Daily wage workers face even greater uncertainty, as their income depends entirely on attendance and work availability each day. Overall, this employment

situation highlights the financial instability and insecurity that many sanitation workers face in their jobs.

3.3.3 Working Hours

The majority of respondents, about 79% (216), reported working 8-hour shifts per day, while some worked up to 12 hours. These long hours show that sanitation work is very physically demanding. Many workers do not receive proper overtime pay. Working for long hours can cause fatigue, body aches, and other health problems. Some workers also experience skin issues, respiratory problems, and injuries because they often handle waste without proper safety equipment. Long shifts leave little time for rest, family care, or learning new skills. Women workers face additional challenges as they also manage household chores and take care of children. The combination of hard work, long hours, and limited rest can increase stress and reduce the overall well-being of sanitation workers and their families.

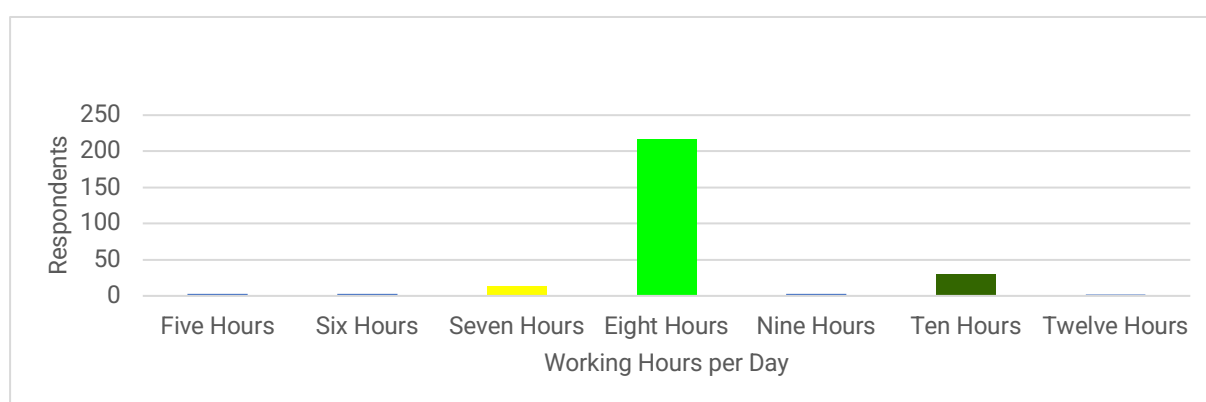


Figure 3-15: Daily Working Hours of the Workers

3.3.4 Work Frequency

In terms of weekly workdays, 64 respondents reported working 5 days per week, 69 worked 6 days, and 137 worked every day of the week. The fact that more than half of the respondents (137) work seven days a week shows that many workers do not get any rest days. Working continuously without breaks leads to physical exhaustion and mental stress. Over time, this can affect their health, energy levels, and ability to work safely. Many workers feel pressured to work every day because they need the income to support their families. Missing even one day of work can mean a loss of wages that they cannot afford. This pattern of continuous work highlights the heavy financial burden on sanitation workers and the challenging conditions they face in their daily lives.

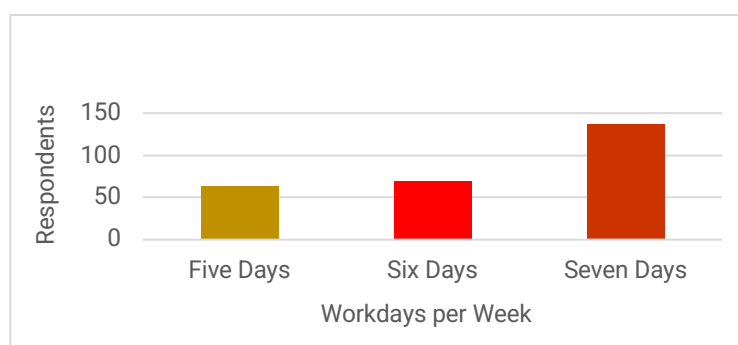


Figure 3-16: Work Frequency of the Respondents

3.3.5 Wages

Income levels among respondents are notably low. Most workers (183 respondents) earn between BDT 14,000–19,999 per month, and only 6 respondents reported earning more than BDT 26,000. These numbers show that sanitation workers have very limited earning opportunities and a narrow wage ceiling. For many households, this income is not enough to cover basic living costs such as rent, food, transportation, education, and healthcare. Low wages, combined with long working hours, show the structural inequalities that sanitation workers face in the labor market. Their work is essential for maintaining public health, yet it is still undervalued and poorly compensated. Many workers also support multiple family members, which increases financial pressure and forces them to work more days. In many cases, earnings are unstable, and workers face delayed payments or irregular salary structures. These income patterns also reflect the broader social stigma attached to sanitation work, which limits opportunities for wage growth and career advancement. As a result, many workers remain trapped in low-income cycles. They have little chance of improving their living conditions or securing long-term financial stability.

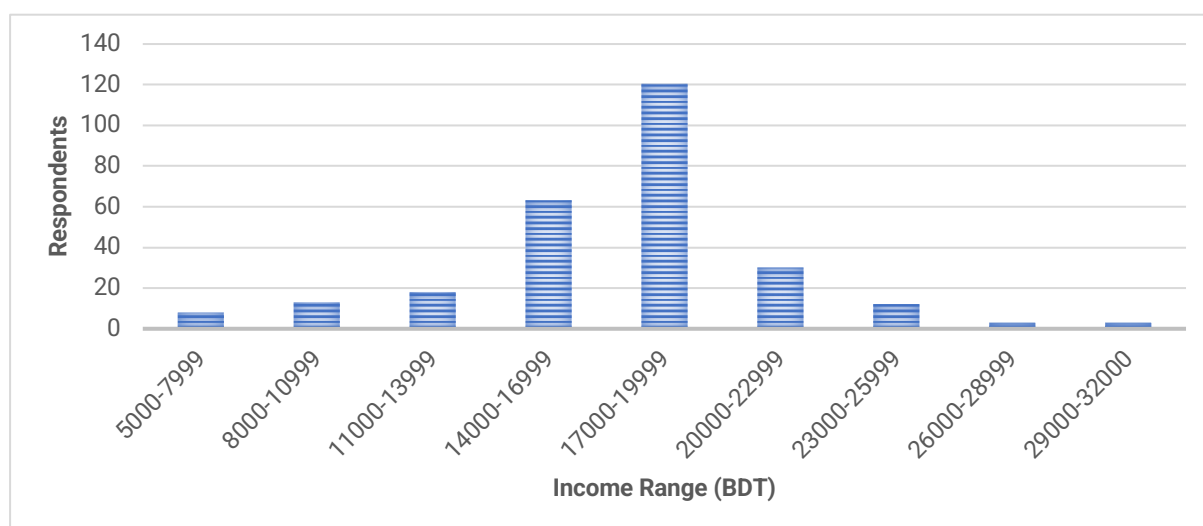


Figure 3-17: Monthly Wage Distribution

3.3.6 Secondary Occupation

Only 29 respondents reported having a secondary source of income, while 237 depended entirely on their primary occupation. This shows that most sanitation workers have very limited economic diversification and rely on a single income source. Depending on just one job is risky, especially when that job is low-paid and insecure. Without additional livelihoods, workers become more vulnerable to financial shocks. A single income stream also means that any disruption can immediately affect the household’s ability to meet daily

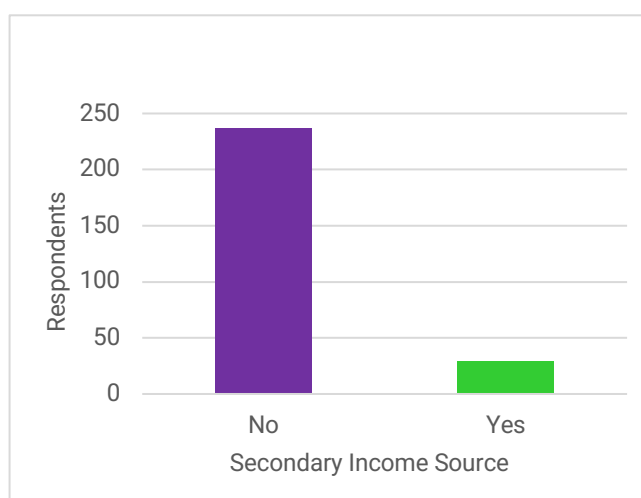


Figure 3-17: Presence of Secondary Occupation

needs. For families with children or multiple dependents, this creates even greater financial strain. The lack of secondary income options also reflects limited access to skills training, education, and opportunities for small businesses or part-time work. As a result, many sanitation worker households remain in a cycle of financial insecurity, with little room to save or plan for the future.

3.3.7 Income Sufficiency

A striking 265 respondents reported that their income was not enough to meet their household needs, while only 5 said their earnings were sufficient. This shows that almost all sanitation worker households live in a financially fragile situation. Many struggle to cover basic expenses such as food, rent, healthcare, transportation, and children’s education. Because their income is so limited, families often have to cut back on essential items or delay important expenses like medical treatment. Some households depend on loans or credit from local shops, which can lead to long-term debt. Continuous financial pressure creates stress and uncertainty for workers, especially those with children or elderly family members to support. Chronic income insufficiency also keeps many sanitation worker families trapped in poverty.

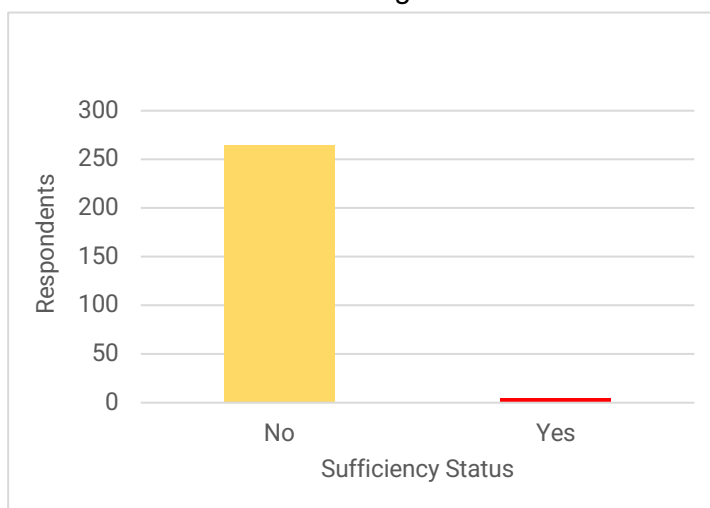


Figure 3-18: Income Sufficiency of the Workers

3.4 Health, Safety & Well-being

3.4.1 Maternity Leave

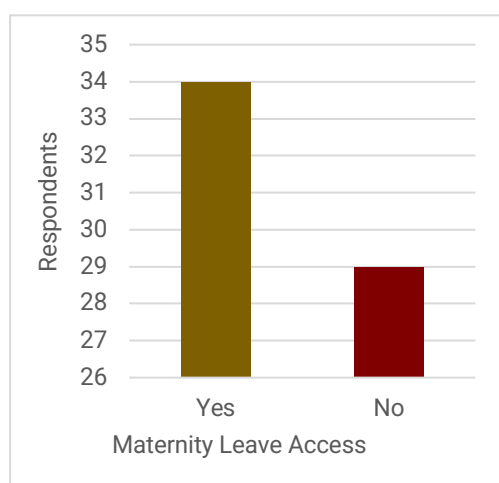


Figure 3-19: Access to Maternity Leave

Only 34 female respondents said they received maternity leave, while 29 reported that they did not. This shows that many women sanitation workers still work without basic maternity benefits. The lack of leave highlights how informal and insecure their jobs are, especially for those hired by private contractors or outsourcing agencies. When women cannot take paid leave during pregnancy or after childbirth, they face serious financial pressure and health risks. Many are forced to keep working even when they need rest and medical care. There is also no childcare support or guarantee that they will get their jobs back after giving birth. These challenges make it harder for women to stay in the workforce and deepen existing gender inequalities in the sanitation sector.

3.4.2 Access to Safety Equipment

Occupational safety is still a major problem for sanitation workers. A total of 176 respondents said they did not receive any personal protective equipment (PPE), while only 94 had access to basic safety gear. This means many workers handle waste without proper protection.

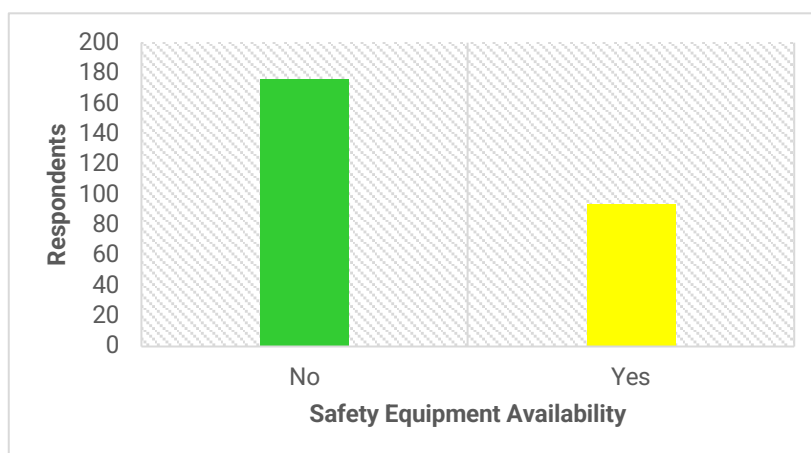


Figure 3-20: Access to Safety Equipment

Without PPE, they come into direct contact with dangerous waste, toxic gases, chemical cleaners, and contaminated materials. Several workers

said they often buy their own gloves or masks, and some reuse old and damaged gear because they have no other option. These conditions show weak institutional monitoring and poor compliance with safety standards. Workers also receive little or no training on how to use PPE correctly. As a result, they face higher risks of infections, injuries, and long-term health problems.

3.4.3 Occupational Health Risks

Out of 270 respondents, most said they go to hospitals when they need medical care. They mainly visit public hospitals such as Dhaka Medical College Hospital, Mugda Medical College Hospital, Mitford Hospital, and Suhrawardy Hospital.

A smaller number go to nearby pharmacies or village doctors for minor problems like fever, cold, or cough. However, they prefer hospitals for serious issues such as cuts, fractures, or long-term illnesses.

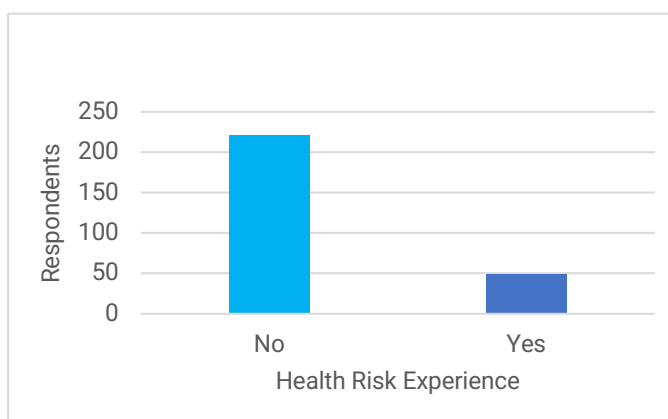


Figure 3-21: Occupational Health Risks

Overall, government hospitals are their main source of treatment. This shows that sanitation workers depend on public healthcare because it is easier to access and more affordable for them. Many workers also mentioned long waiting times at hospitals, but they continue to visit because private clinics are too costly. Their reliance on public facilities highlights the need for better health services targeted toward low-income workers.

3.4.4 Reproductive Health Awareness

Reproductive health awareness is very low among sanitation workers. Only 57 respondents said they had a basic understanding of hygiene and reproductive health, while 213 had no awareness at all. Women lack access to female health professionals, menstrual hygiene materials, and private toilets, which affects their dignity and overall well-being.

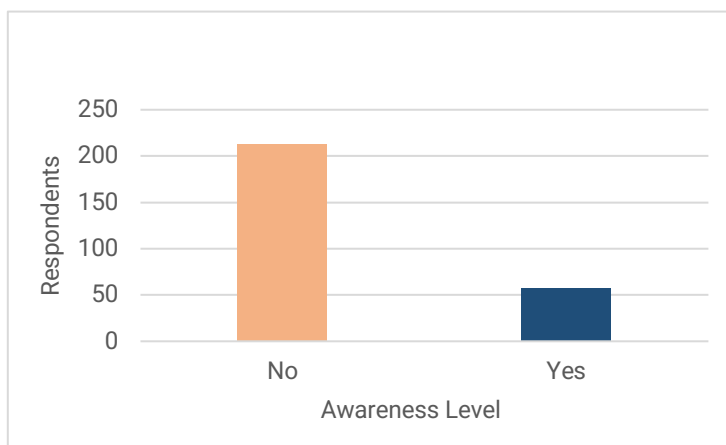


Figure 3-22: Reproductive Health Awareness

Many female workers suffer from gynecological infections, anemia, dehydration, and mental tiredness because of poor working conditions. Their long working hours and heavy physical tasks add pressure to their bodies. Social stigma makes their situation even harder and increases emotional stress. These challenges show the urgent need for gender-sensitive health services, proper counseling, and better workplace facilities for women.

3.5 Financial Inclusion & Security

3.5.1 Savings Practices

Only 3 respondents said they had savings, while 267 reported having none. Almost all sanitation workers live from hand to mouth, with no money set aside for emergencies. Their inability to save is due to low wages, high living costs, and limited access to banks or financial

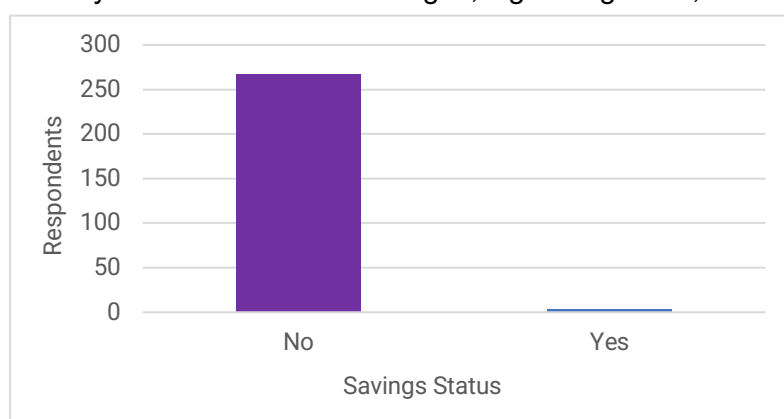


Figure 3-23: Savings Practices of the Respondents

services. Without savings, workers have no financial safety net and remain vulnerable to unexpected expenses. This lack of financial security makes it difficult to plan for the future and keeps families trapped in cycles of poverty. Many workers rely on borrowing from relatives or informal lenders during crises, often at high interest rates. The

absence of savings also affects children’s education and access to healthcare, deepening long-term social and economic vulnerability.

3.5.2 Loans and Debts

A total of 85 respondents said they had taken loans, usually from informal lenders, neighbors, or local cooperatives. Many workers face problems getting official microloans because of complicated procedures, corruption, or the need for collateral. As a result, they often borrow at high interest rates, which leads to long-term debt. This dependence on informal loans shows the urgent need for fair lending practices and inclusive microfinance programs. Better access to affordable credit could help workers manage emergencies without falling into debt. Providing financial support tailored to low-income urban workers would improve their economic stability and reduce vulnerability.

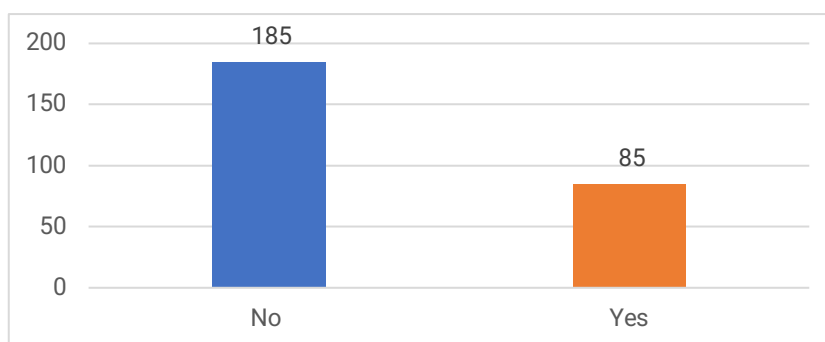


Figure 3-24: Loans and Debts Status of the Workers

3.5.3 Participation in Savings Groups or Cooperatives

Only 5 respondents said they were members of cooperatives or savings groups, while 265 had no involvement at all. This shows that most sanitation workers remain outside any form of collective support system. Without group membership, they miss out on shared savings, basic insurance, and the strength that comes from collective advocacy. Cooperatives could help workers negotiate better benefits, access microcredit, and build financial security. They could also strengthen community resilience by encouraging mutual support during emergencies. With proper awareness programs and institutional backing, cooperative membership could become a powerful tool for improving workers' economic and social well-being.

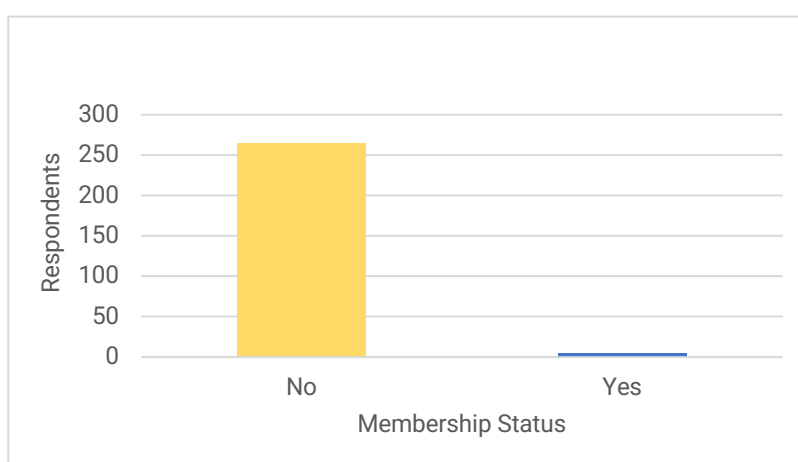


Figure 3-25: Participation in Cooperatives or Savings Groups

3.6 Social Protection & Government Support

3.6.1 Hardship and Corruption in Accessing Micro Loan Services

A total of 181 respondents said they faced problems when trying to access microcredit schemes. Many workers reported corruption, political favoritism, and discriminatory treatment

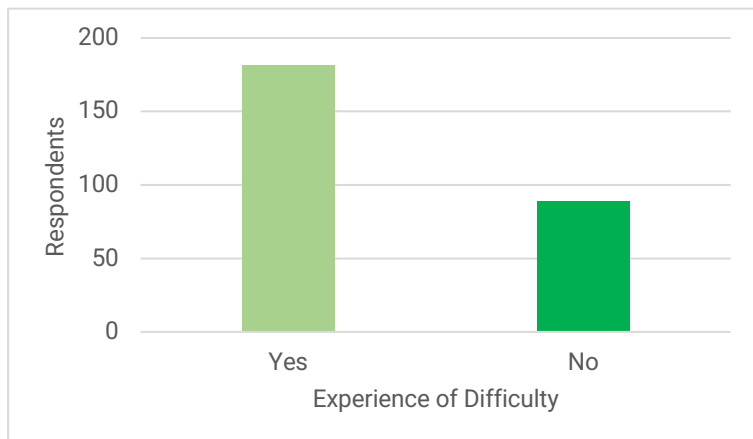


Figure 3-26: Difficulty Accessing Micro Loans

from loan intermediaries. Because the process is not transparent, workers struggle to qualify for loans even when they meet basic requirements. This lack of fair access prevents them from starting small businesses or making improvements in their homes and daily lives. As a result, many remain stuck in low-income jobs with no opportunity to build financial stability or move upward. Some workers said they felt discouraged from applying

again because the system seemed biased and humiliating. Improving accountability and fairness in microcredit programs would give sanitation workers a real chance to grow economically.

3.6.2 Awareness of Social Protection and Benefits

Findings from the baseline survey reveal a critical lack of awareness among sanitation workers regarding available social protection schemes. As illustrated in the chart, only 13 respondents reported having any knowledge of government or NGO-led social protection or welfare programs. 257 respondents representing the overwhelming majority indicated that they had no awareness at all. This

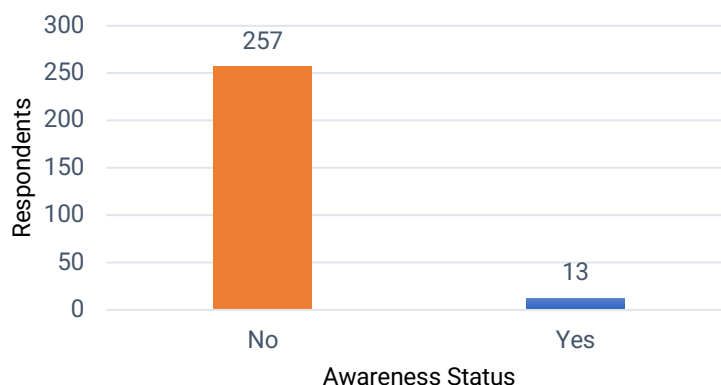
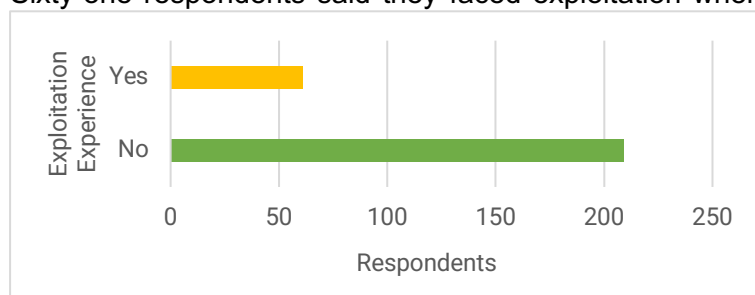


Figure 3-27: Awareness of Social Protection Programs

pronounced disparity highlights a systemic information gap that leaves sanitation workers excluded from essential safety nets such as health benefits, disability allowances, pension schemes, or emergency assistance programs. The low level of awareness not only limits workers' access to financial or social support but also increases their vulnerability to workplace risks, income shocks, and long-term poverty.

3.6.3 Attempt to Exploit Safety Net Programs

Sixty-one respondents said they faced exploitation when trying to access social safety net



benefits. They reported being asked for informal payments, facing false promises, or dealing with misleading information. These experiences make workers afraid to apply for support even when they are eligible. Such exploitation deepens mistrust in public institutions and keeps vulnerable

Figure 3-28: Attempted Exploitation in Safety Net Programs

workers from receiving the help they need. It also shows the urgent need for transparent, corruption-free systems that protect low-income workers from abuse.

3.7 Gender Equality & Workplace Respect

3.7.1 Equal Respect for Women

Only 31 respondents felt that women received equal respect at work, while 239 said they did not. This shows that most women sanitation workers face unequal treatment in their workplaces. Gender stereotypes and the stigma attached to sanitation work make it harder for women to be valued for their efforts. Their contributions are often overlooked, even though they perform the same physically demanding tasks as men. These attitudes create a work environment where women feel ignored, disrespected, and less supported.

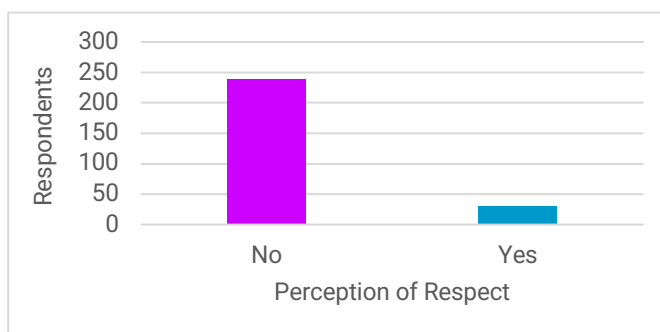


Figure 3-29: Equal Respect for Women at Workplace

3.7.2 Social Recognition of Job

Despite their crucial role in protecting public health, 202 respondents said their profession was socially disrespected. Many workers shared that people look down on them or avoid interacting with them because of the nature of their work. This lack of recognition creates feelings of shame and social exclusion. Workers often experience psychological stress because they feel undervalued and ignored by society. The disrespect also affects their families, who sometimes face similar

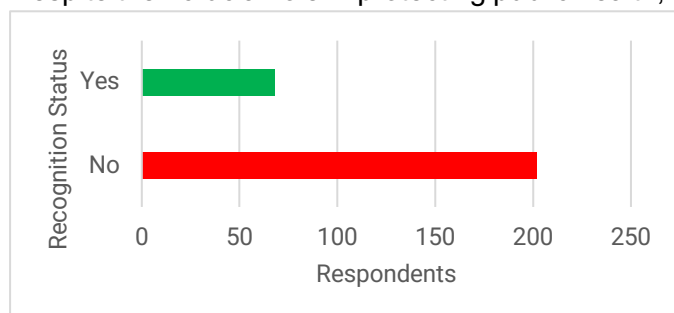


Figure 3-30: Social Recognition of Sanitation Work

stigma in their communities. Such attitudes isolate sanitation workers and make it harder for them to feel pride in their contribution to society.

stigma in their communities. Such attitudes isolate sanitation workers and make it harder for them to feel pride in their contribution to society.

3.7.3 Workplace and Social Discrimination

Fifty-three respondents reported discrimination in the form of verbal abuse, exclusion, and differential treatment. Among female workers, 42 specifically reported harassment. A significant portion of respondents reported experiencing social and workplace discrimination mainly due to their occupation and social identity. Many participants, particularly those from the cleaning and sanitation professions, mentioned being treated as inferior, excluded from social interactions, and denied equal respect. Common forms of discrimination include verbal abuse, being asked to sit separately, and being avoided in public places or offices.

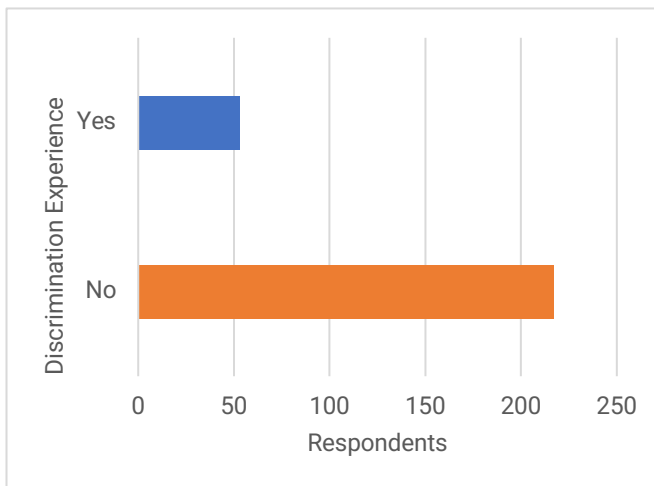


Figure 3-31: Experience of Discrimination

Women respondents highlighted additional gender-based discrimination, including unequal wages, lack of safety, and harassment during commuting. Several participants also stated that they are deprived of proper protective equipment, health benefits, and equal participation in office events.

Overall, the findings reveal a widespread sense of social exclusion, occupational stigma, and institutional neglect, which collectively affect their dignity, safety, and mental well-being.

3.7.4 Menstrual Hygiene in Workplace

Menstrual hygiene support is still very poor for women sanitation workers. A total of 163 women said they did not have access to sanitary products or safe, private places to dispose of them. Without proper facilities, many women struggle to manage their periods with dignity and comfort. The lack of support often affects their work attendance, especially during heavy flow or painful days. It also puts their health at risk by increasing chances of infections and discomfort.

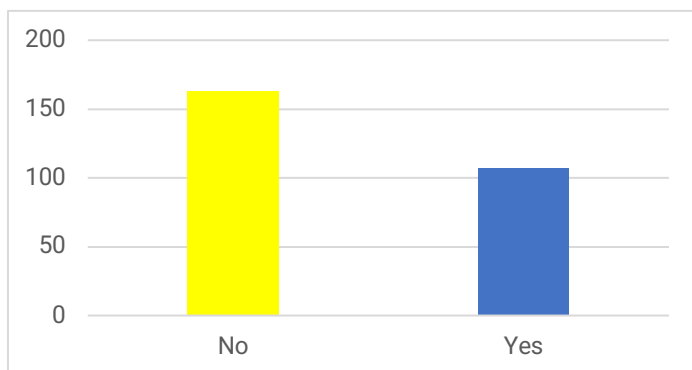


Figure 3-32: Access to Menstrual Hygiene in Workplace

These challenges deepen the stigma women already face at work and make them feel embarrassed or judged. Some women shared that they hide their menstrual issues out of fear of being mocked or misunderstood. The absence of menstrual hygiene facilities adds to their daily stress and makes the workplace even more difficult for them.

3.7.5 Workplace Harassment, Insecurity and Discrimination Faced by Women Cleaners

The baseline survey shows that many women cleaners face harassment, insecurity, and discrimination at work. Only about 15% of female respondents explicitly reported harassment, but interviews suggest the actual number is likely much higher. Fear of losing their jobs and lack of complaint mechanisms contribute to underreporting.

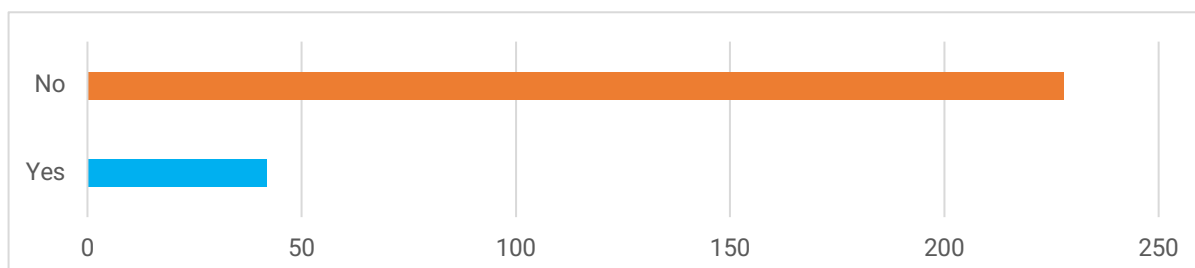


Figure 3-32: Status of Women Cleaners’ Workplace Harassment, Insecurity and Discrimination

Women described experiencing verbal abuse, gender-insensitive remarks, physical intimidation, and being excluded from core work tasks. Many said they feel unsafe, especially when working in isolated areas or during late-night cleaning shifts. Poor lighting, weak supervision, and lack of transportation increase their sense of vulnerability. Some women shared that they avoid reporting incidents because they fear retaliation or being blamed. These conditions create ongoing stress, anxiety, and a constant sense of danger in their daily work.

3.8 Awareness of Rights & Standards

3.8.1 Knowledge of Labor Rights

Only 21 respondents said they knew about labor rights, such as fair wages, leave benefits, or workplace safety. The overwhelming majority, 249 workers, had no knowledge of their basic legal protections under national labor laws.

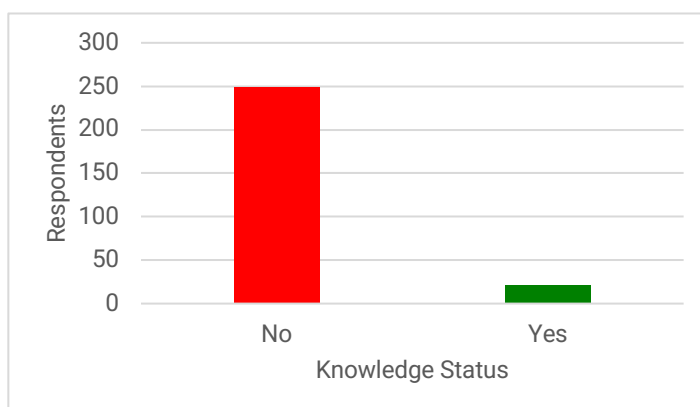


Figure 3-33: Knowledge of Labor Rights

Because of this lack of awareness, many workers face exploitation and wage withholding. They are also unable to participate in collective bargaining or demand safer working conditions. This gap in knowledge

leaves sanitation workers highly vulnerable to abuse and unfair treatment. Most respondents said they only hear about rights through personal experience or word of mouth. Many reported being unaware of how to file complaints or seek redress when their rights are violated. The lack of legal knowledge contributes to persistent insecurity, low morale, and limited confidence among workers. Workers often accept unfair practices as normal because they do not know their entitlements.

3.8.2 Awareness of ILO Labor Standards

Only 8 respondents said they were aware of International Labour Organization (ILO) conventions that protect workers' rights, occupational health, and decent work standards. The vast majority of sanitation workers had no knowledge of these international protections. This low awareness shows that most workers are unaware of the rights and standards meant to safeguard them.

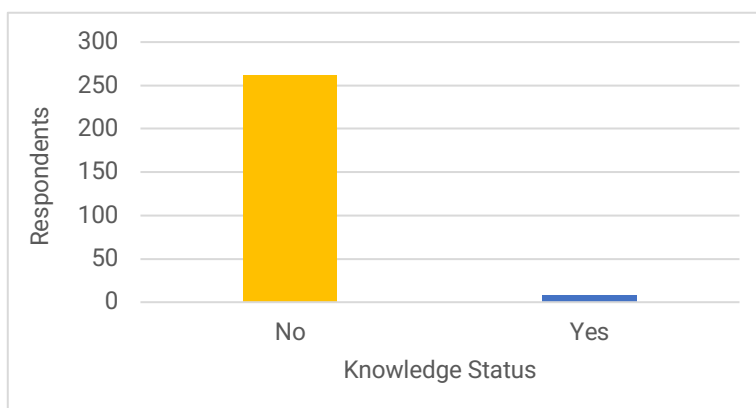


Figure 3-34: Awareness of ILO Labor Standards

Many reported that they only learn about workplace rules through personal experience or informal conversations. The lack of knowledge leaves workers vulnerable to exploitation, unsafe working conditions, and unfair treatment. Few understand how international labor standards relate to their daily work or legal protections.

3.9 Challenges & Support Needs

3.9.1 Desired Government and Social Support

Out of 270 respondents, most participants demanded permanent housing and stable employment as their top priorities from the government and society. They also emphasized the need for citizenship rights, healthcare support, and social security coverage such as insurance and pension schemes. Respondents requested access to medical services, protective equipment (PPE), and a safer, cleaner working environment. Many mentioned the importance of education opportunities for children, training for alternative livelihoods, and equal social recognition for their contribution to the community. Additionally, participants highlighted the need for improved sanitation, clean water, and mental well-being support to ensure a better quality of life.

3.9.2 Pathways to Improve Life and Dignity

Respondents mentioned that their life and dignity would improve through permanent housing, citizenship rights, and stable job opportunities with fair wages and job security. Many emphasized the need for equal rights, social respect, and recognition of sanitation work through official identity cards and government acknowledgment. They also stressed access to healthcare, health insurance, and protective equipment such as gloves, masks, and gumboots to ensure safety at work. Respondents highlighted the importance of education for children, vocational and skill training, and improved working environments with separate toilets and better sanitation facilities. In addition, several participants mentioned the need for pension and retirement benefits, community centers, housing renovation support, and quota reintroduction for marginalized workers. Finally, many respondents called for mental health support, counselling, and awareness programs to reduce social stigma and promote dignity for all sanitation workers.

3.9.3 Experience of Discrimination in Public Places

The survey shows that discrimination remains widespread among sanitation workers, both at work and in society. Out of all respondents, 217 people (almost 80%) said they had faced discrimination in public places. Only 53 respondents said they had not experienced such behavior.

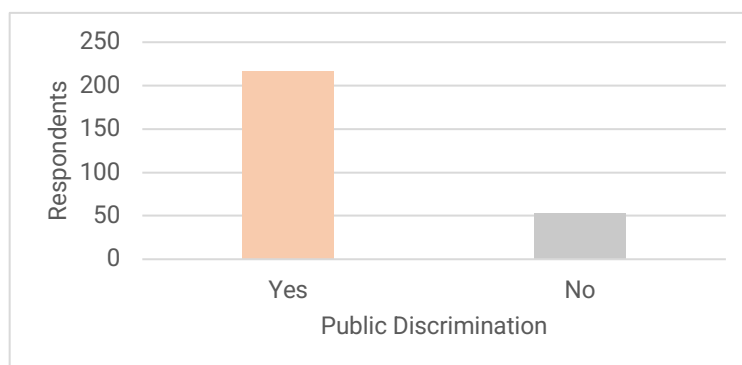


Figure 3-35: Experience of Discrimination in Public Places

This means that most workers are still socially excluded and stigmatized because of their occupation. Many shared that they are treated as inferior or avoided by others in their communities. Discrimination affects their daily lives, interactions, and sense of dignity. It also reinforces negative stereotypes about sanitation work and the people who perform it. Workers reported being denied entry to certain public spaces or facing disrespect while performing everyday tasks. Some said that their children also experience social exclusion or teasing because of their parents' occupation. These experiences create long-term social and psychological challenges, making it difficult for workers to feel accepted or valued in society.

3.9.4 Timeliness of Wage/Salary Payments

Regarding wage regularity, 226 respondents said they receive their salaries on time, while 44 reported delays. Late payments are especially common among workers hired through private

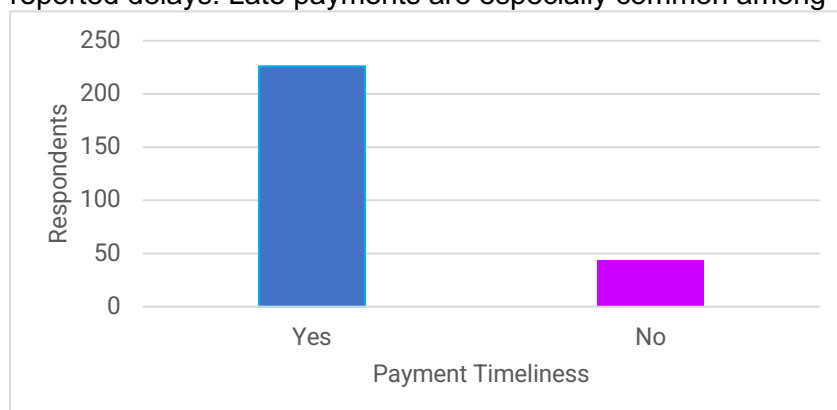


Figure 3-36: Timeliness of Wage/Salary Payments

contractors, where accountability is weak. Some workers said they have gone months without receiving their wages. This forces them to borrow money from relatives or informal lenders to cover basic needs. Delayed payments increase financial stress and make it difficult for workers to manage household

expenses. Many shared that uncertainty about wages affects their ability to plan for the future or save money. A few workers reported missing essential payments for rent, utilities, or medical care due to delayed wages. The irregularity of income also affects their mental well-being, causing anxiety and frustration. Overall, wage delays contribute to persistent financial insecurity and vulnerability among sanitation workers.

3.9.5 Perception of Wage Discrimination by Caste or Gender

Regarding wage discrimination based on caste or gender, 26 respondents said they had experienced inequality, while 244 said they had not faced direct discrimination. However, interviews suggest that wage disparities are often subtle and persistent. Women and

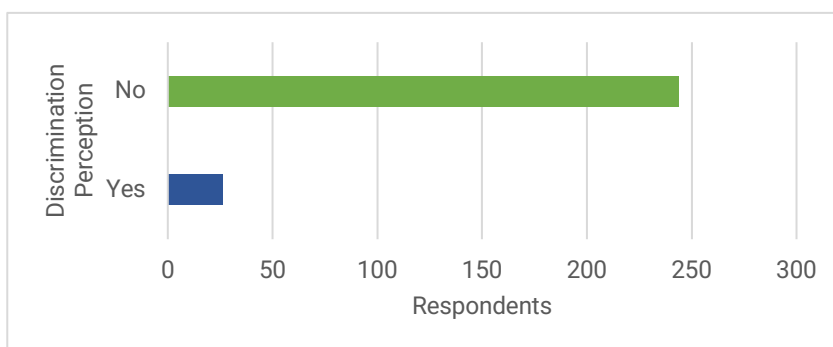


Figure 3-37: Perception of Wage Discrimination by Caste or Gender

workers from marginalized communities frequently receive fewer workdays or reduced overtime opportunities. They may also earn less for performing the same tasks as men or higher-caste workers. These hidden inequalities show that wage discrimination can be difficult to detect but still affects workers' income and opportunities. Many shared that such disparities lower morale and create feelings of unfairness in the workplace. The patterns of unequal pay reinforce broader social and economic disadvantages among vulnerable groups.

3.9.6 Use of Alcohol or Gambling in the Area

The survey also explored social issues prevalent within sanitation worker communities, revealing concerning patterns of alcohol consumption and gambling. A total of 172 respondents confirmed that such practices are present in their neighborhoods, while 98 respondents reported otherwise. The prevalence of alcohol and gambling is often linked to economic hardship, social stigma, and mental stress associated with their working conditions. Many workers face chronic financial insecurity and limited access to recreation or mental health support, which can lead to frustration and escapist behavior. The use of alcohol or engagement in gambling not only impacts individual health and productivity but also affects family stability and financial security.

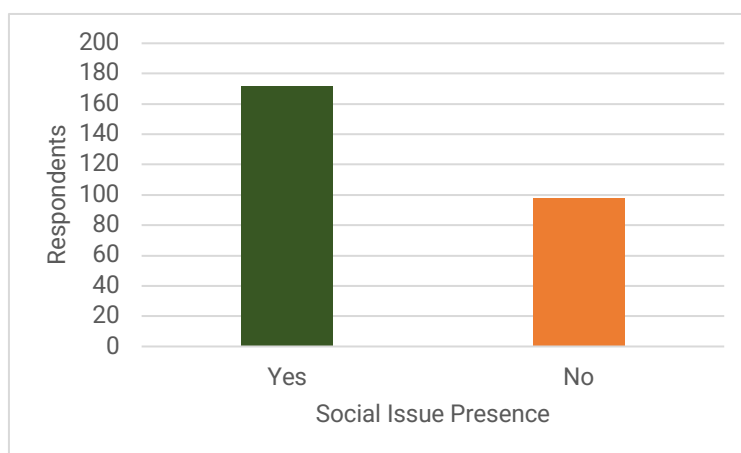


Figure 3-38: Presence of Alcohol or Gambling in the Area

The use of alcohol or engagement in gambling not only impacts individual health and productivity but also affects family stability and financial security.

4 RECOMMENDATIONS

The recommendations below are derived directly from the baseline survey findings covering demographic aspects, housing conditions, employment patterns, health and safety issues, financial vulnerability, gender inequality, and awareness gaps. They aim to improve the dignity, safety, security, and well-being of sanitation workers and their families.

- **Permanent Housing for Workers**

The study reveals that a majority of sanitation workers live in informal or temporary settlements, lacking secure tenure and adequate sanitation facilities. With 76% of workers reporting no savings and 58% earning below 12,000 BDT monthly. Access to stable housing remains beyond their financial capacity. Poor living conditions, as highlighted in FGDs, also increase health risks and reinforce social stigma. To address this, municipalities should prioritize the development of permanent, affordable housing schemes for sanitation workers, including subsidized rental units, cooperative housing models, and integrated community facilities. Secure housing would significantly enhance their wellbeing, reduce vulnerability to eviction, and contribute to long-term socio-economic stability.

- **Formal Employment Contracts and Timely Wage Payment**

The absence of formal labour arrangements is a major concern. 72% of sanitation workers have no written contracts and that lead them vulnerable to exploitation and wage manipulation. Delayed or inconsistent wages were commonly reported during KIIs, while 39% of workers experienced injuries without any formal compensation mechanisms. Introducing mandatory employment contracts for all workers, municipal or contractor-employed would provide legal protection. That will ensure timely wage disbursement, and enhance job security. Municipalities should also establish transparent wage payment systems, preferably digitized, enabling workers to track payments and reducing opportunities for irregularities.

- **Universal Access to PPE and Health Services**

The study found alarmingly low levels of PPE availability. Only 22% had gloves, 18% had masks, 16% had boots, and just 2% received full PPE. This is particularly concerning given the high-risk environment sanitation workers operate in while 39% reporting work-related injuries within six months. Universal provisioning of PPE must be institutionalized, along with mandatory training on its use. Access to health services like routine check-ups, vaccinations, emergency care, and occupational health insurance is equally critical. Especially since when only 5% of workers reported having any health insurance. Dedicated health service packages for sanitation workers should be integrated into municipal health programs and national safety nets.

- **Maternity Leave and Gender-Sensitive Workplace Facilities**

Women represent 37% of the sanitation workforce. Data from FGDs shows that they face gender-specific vulnerabilities, including lack of maternity leave, unsafe changing areas, and absence of private sanitation spaces at work. Pregnant workers often continue strenuous labour due to the absence of formal leave provisions, increasing risks to both mother and child. Municipalities and contractors must introduce gender-sensitive policies that include paid maternity leave, breastfeeding breaks, separate washrooms, and safe resting areas. These measures will not only promote gender equality but also improve safety and dignity for female sanitation workers.

- **Financial Inclusion, Savings Options, and Fair Loan Access**

Economic insecurity is widespread among sanitation worker households, with 76% lacking savings and 13% having secondary income sources. High reliance on informal moneylenders exposes workers to unmanageable debts and financial stress. To strengthen resilience, targeted financial inclusion initiatives are needed. These should include low-interest loan schemes, accessible savings programs, and financial literacy training tailored to workers' income patterns. Partnerships between municipalities, banks, and microfinance institutions can facilitate safer alternatives to informal lending practices and promote long-term financial stability.

- **Rights Awareness and Anti-Discrimination Enforcement**

A significant 62% of sanitation workers reported having no awareness of their basic rights, including safety entitlements, labour laws, or grievance procedures. Workers also described experiences of discrimination, verbal abuse, and exclusion in both workplace and community settings. Comprehensive rights awareness initiatives through regular training, printed materials, and community outreach are essential to empower workers to claim their entitlements. Municipal governments must also implement and enforce anti-discrimination policies, ensuring that violations by employers, supervisors, or contractors are promptly addressed through formal mechanisms.

- **Strong Municipal Oversight of Private Contractors**

With an increasing share of sanitation services outsourced to private contractors, the study observed weak oversight mechanisms, inadequate documentation, and frequent labour rights violations. Workers employed by contractors often receive lower wages, fewer benefits, and limited PPE compared to municipal workers. Strengthening municipal oversight is therefore critical. This includes establishing clear compliance standards, conducting regular audits, monitoring contract implementation, and enforcing penalties for non-compliance. Municipal authorities should ensure that private contractors adhere to labour laws, occupational safety guidelines, and worker welfare requirements without compromise.

Based on the findings of the study this chapter outlines key recommendations aimed at improving the welfare, rights, and working conditions of sanitation workers. Each recommendation addresses a specific area of concern supported by quantitative and qualitative evidence.

5 CONCLUSION

The baseline study Sanitation Workers' Rights in Bangladesh (SWRB) project was undertaken to generate a comprehensive understanding of the living, working, and socio-economic realities of sanitation workers in Dhaka North and South City Corporations. This study establishes the foundational evidence required to design targeted interventions, track progress over time, and strengthen advocacy for the rights, safety, and dignity of sanitation workers. The findings presented throughout the report offer clear insight into the structural vulnerabilities faced by these workers and directly address the baseline study's core objectives.

The assessment of socio-economic conditions reveals that sanitation workers continue to live under persistent financial insecurity, overcrowded and unstable housing, low educational attainment, and limited access to formal financial services. Their livelihoods are shaped by low wages, absence of savings, and dependency on informal loans, making them highly vulnerable to economic shocks. These findings fulfil the objective of understanding workers' socio-economic status and further highlight the urgent need for inclusive financial programs and long-term livelihood support. The study identifies a critical gap in the availability of personal protective equipment, health insurance, maternity benefits, and access to occupational health services. The majority of workers operate in high-risk environments without adequate safety gear, while female workers face additional gender-specific challenges such as menstrual hygiene barriers, harassment, and lack of safe workplace facilities. These realities confirm deep occupational health risks that must be addressed through systematic and institutionalized safety measures. The study also documents widespread experiences of discrimination, marginalization, and social stigma. Workers report verbal abuse, exclusion from public spaces, caste-based bias, and gender-based harassment. These insights directly support the objective of identifying human rights concerns and discrimination patterns within workplaces and communities.

Awareness of labor rights, fair wages, ILO standards, and complaint systems was very low among workers. This finding supports the study's goal of checking how much workers know about their rights. It shows that there is a strong need for clear training programs and legal awareness activities. When workers do not know their rights, they can be easily exploited, paid unfairly, and left without any way to hold employers accountable. The study found that very few workers join cooperatives or savings groups. This is mainly because they do not know about them, do not trust the system, or do not have enough money to save. Improving these cooperatives and community savings groups can help workers become more financially secure and increase their ability to negotiate together.

By establishing these baseline indicators across socio-economic, health, safety, rights, and discrimination dimensions, the study provides a robust foundation for future monitoring and evaluation of the SWRB project. The baseline data serves not only as a benchmark for measuring change but also as an evidence base for policy advocacy, municipal planning, and rights-based programming.

In the end, the baseline study clearly demonstrates that sanitation workers in Dhaka remain one of the most marginalized labor forces, navigating entrenched vulnerabilities shaped by social stigma, occupational hazards, insecure employment, and limited institutional support. Addressing these challenges requires a coordinated, multi-sectoral response that ensures permanent housing, formal employment contracts, universal PPE access, gender-sensitive workplace facilities, financial inclusion, and strong municipal oversight of private contractors.

6 ANNEXURES

Bayly, S. (1999). ***Caste, Society and Politics in India from the Eighteenth Century to the Modern Age***. Cambridge University Press.

Shah, G. (2006). ***Untouchability in Rural India***. SAGE Publications.

Chakrabarti, P. (2012). ***The social history of sanitation in South Asia***. Routledge.

Habib, I. (1999). ***The agrarian system of Mughal India, 1556–1707*** (2nd ed.). Oxford University Press.

Chakrabarti, P. (2001). ***Western science in modern India: Metropolitan methods, colonial practices***. Permanent Black.

Ramaswamy, V. (2005). ***India's marginal workers: Caste, labour and colonial power***. Oxford University Press.

Bald, A. (2019). ***Colonial Sanitation and Public Health in Bengal***. Cambridge University Press.

The Financial Express. (2019, November 18). ***Sanitation workers face grave health risks: Study. The Financial Express***.

Bhakta, A., Alam, M., & Rahman, T. (2022). ***Decent work and dignity for sanitation workers: A global perspective. Journal of Environmental Health Research, 31***(4), 211–225.

Sharior, F., Rahman, M., & Islam, S. (2023). ***Policy gaps and the marginalization of sanitation workers in Bangladesh. Journal of Social Development Studies, 12***(2), 45–59.

Tolera, M., Singh, R., & Haque, N. (2024). ***Occupational health and social stigma among sanitation workers: A comparative study across South Asia. International Journal of Occupational Safety and Public Health, 8***(1), 33–47.

Amnesty International. (2025). ***Invisible yet essential: The human rights of sanitation workers in South Asia***. Amnesty International.

International Labour Organization (ILO). (2019). ***Sanitation workers: Principles for decent work***. ILO, WaterAid, World Bank, and WHO.

Sharior, F., Rahman, M., & Islam, S. (2023). ***Policy gaps and the marginalization of sanitation workers in Bangladesh. Journal of Social Development Studies, 12***(2), 45–59.

WaterAid. (2023). ***Sanitation workers in Bangladesh: Policy analysis and advocacy priorities***. WaterAid Bangladesh.

Ahmed, S. (2019). ***Socioeconomic conditions of urban sanitation workers in Bangladesh***. Bangladesh Institute of Labour Studies (BILS).

Amnesty International. (2025). ***Invisible yet essential: The human rights of sanitation workers in South Asia***. Amnesty International.

Ministry of Local Government (MLG). (2017). ***Institutional and regulatory framework for faecal sludge management (IRF-FSM)***. Government of the People's Republic of Bangladesh.

World Bank. (2018). **Promoting safe sanitation and improving livelihoods of sanitation workers in Bangladesh**. World Bank Group.

Chowdhury, S., Faruq, M., & Mamtaz, R. (2015). **Occupational health and safety (OHS) manual for pit emptiers**. SNV Bangladesh.

Karim, R. (2017). **City cleaners: Stories of those left behind**. SNV Bangladesh.

The Daily Star. (2016, February 2). **FSM convention calls for better working conditions for sanitation workers**. *The Daily Star*.

Water & Sanitation for the Urban Poor (WSUP). (2016). **FSM convention Bangladesh 2016: Promoting decent work for sanitation workers**. WSUP.

World Bank. (2019). **Sanitation workers: Principles for decent work**. World Bank, World Health Organization, WaterAid, and International Labour Organization.