

CASTE, GENDER, AND SOCIAL DISTANCING IN THE TIMES OF THE PANDEMIC

Madhu

The present chapter discusses the meaning of social distancing amid the pandemic with patriarchy and caste in the foreground. It revisits the idea of social distancing, normally understood as the physical distance between any two individuals. In Indian caste-based society, social amalgamation is an alien concept and practicing social distancing from certain castes is a norm. With over 95% of Indians observing endogamy (marrying within their caste/clan groups), “permanent social distancing” has prevailed in India for centuries, with now many of them thinking science has offered them one more reason for holding the beliefs they do. With the help of reports and data from various government and non-governmental organizations, the chapter focuses on the extreme exclusion and discrimination faced by Dalits,¹ especially Dalit women, who comprise the majority of the informal sanitation workforce, having a low income and almost no social security. These women experience triple oppression by the men and women of the dominant castes for being Dalits, by the rich and affluent for being poor, and face patriarchal oppression from men of all communities, including their own.

Keywords: Dalit women, sanitation workers, social distancing, caste, pandemic

1. Introduction

In practice, social distancing means staying at a physical distance of at least six feet from others, while in a public space to minimize the chances of transmission of the coronavirus infection. The practice of social distancing also encourages the use of online media and phone communication instead of in person (Maragakis

¹ Dalit means “oppressed, broken, or crushed” to the extent of losing original identity. India’s erstwhile untouchables call themselves Dalits, a term coined by the nineteenth century low caste leader, Jyotirao Phule. The Indian government and courts use, however, the term Scheduled Caste and Scheduled Tribe for Dalits.

2020). The World Health Organization (WHO) changed the nomenclature from social distancing to physical distancing to mitigate stigma and discrimination prevalent in societies divided along caste lines, practising some form of untouchability (WHO 2020). Scholars from around the world have discussed whether the term "social distancing" was actually misleading and counterproductive as it stressed "distant socialisation" rather than "social distancing" and could be interpreted in several ways. It was also observed that the term described has negative connotations due to its association with "social isolation" (Sorensen et al. 2020, 9-11). The chapter explores how COVID-19 has validated the social distancing norms in Indian society.

Throughout history, we have seen that epidemics, outbreaks and diseases affect the marginalized the most. COVID-19 brought out discriminatory behaviour by individuals worldwide. The virus acted as a catalyst in the process of segregation, isolation, discrimination, and social exclusion of people especially the Dalits who are already at the social margins and are the most vulnerable. Since the transmission of the COVID-19 virus through respiratory droplets and fomite surfaces was well proven, people dreaded touching surfaces, avoided close proximity to other people, whether infected or not, and routinely sanitized their hands many times in the day to avoid contracting the infection. The majority of sanitation workers in India, who are also the frontline warriors in fighting COVID-19, perform their duties with minimal or no protective gear at the very sites of infection (McQuade and Das 2020). They disinfect hotspots, sanitize the houses of the infected persons, collect household garbage, clean public and institutional toilets and dispose of highly infectious biomedical waste which increases their risk of exposure to COVID-19. Becoming infected with COVID-19 would often lead to an additional layer of stigma and discrimination which could possibly result in loss of livelihoods and difficulties in availing proper health care facilities. The chapter discusses the marginalization of Dalits with a focus on Dalit women who suffer four-fold oppression at the hands of the state, caste, class, and gender. These forms of oppression, along with economic and political inequalities with the high incidence of becoming infected because of the work they do, have put these women in far more vulnerable positions than anyone else in the times of the pandemic. Dalit women are positioned at the bottom of the power structure of Indian society and are forced to carry out menial jobs and are even paid less than their Dalit male counterparts. Dalit women also face caste-based violence at the hands of the dominant caste men and women as well as Dalit men (Butalia 2020). Capitalist economies segregate the labour market and the patriarchal system makes men control labour of women and children in a family and institutions leaving the women even more vulnerable.

The report of *WaterAid India 2020* revealed that the share of women reporting job losses has been far greater than men. The steadily increasing unemployment rate in India, during and after the lockdowns and COVID-19 pandemic, has resulted in disproportionate job losses for Dalit women who are left with the option of doing scavenging work or a low-level frontline health worker job, putting them at risk of disease and infection and further stigmatising them (WaterAid India 2020, 3).

Women sanitation workers face touch-based discrimination in their daily lives. Leftover meals from homes and restaurants are often offered to them in disposable plastic cups and plates. Exclusion during entry to temples and religious festivals is very common in villages and semi-urban areas (PRIA 2019, 22). Women sanitation workers also confirmed spatial segregation in the PRIA 2019 study. The shopkeepers and residents often wash the space in front of their houses or shops where the sanitation workers sit down to take some rest (ibid.).

Women, even after leaving the occupation, continued to be stigmatized and are not allowed to participate in village functions, religious ceremonies, and largely remain socially distanced. The chapter reviews the various reports by Non-Governmental Organizations in order to synthesize their findings that indicate a complete lackadaisical attitude towards the physical and mental health of the Dalits.

2. Under the shadow of caste

The four-fold division of the Hindu society called Varnas² places Brahmins, Kshatriyas, Vaishyas and Shudras in a hierarchical structure where Brahmins are at the top and Shudras are at the bottom. The erstwhile untouchables/Dalits are placed below this four-fold hierarchy. Traditionally, the Dalits have done the filthiest jobs such as manual scavenging, cleaning household and institutional toilets, de-skinning dead animals, tanning skins, cremating the dead, rendering them physically and ritually impure.³ The untouchables performed their caste assigned occupations, lived in segregated parts of the village, were forbidden to draw water from the village wells and tanks used by the upper castes, excluded from schools, and

² The Varna system is the social stratification system that divides Hindus into four basic categories, mainly, Brahmins (priests), Kshatriyas (warriors, kings), Vaishyas (traders), and Shudras (workers, labourers, artisans). Jati/caste is related to the idea of lineage or kinship group.

³ The Brahmanical concepts, concerning purity-pollution, relate to the system of social stratification of the Hindu religious system. One of the important rationales for caste separatism, refusal to intermarry outside their caste, eat with members of other castes or touch the lower castes/Dalits, is that some castes are more ritually pure than others, and impurity may be transmitted from one caste to another through these acts.

were not allowed to take up more dignified employment. Ambedkar⁴ called this an Indian-style apartheid (Moon 1979, 26–80). The term “caste” (Jati) is derived from a Portuguese word “casta,” meaning breed or lineage, and came to be popularly used after the arrival of Portuguese in India in the late fifteenth century. While there are only four Varnas amongst Hindus, castes (Jatis) total up to several thousand (Samarendra 2011, 51–52).

The most common Dalit caste performing sanitation work is the Valmiki (also Balmiki) caste. They have historically experienced socio-political and economic exclusion, suppression, and violence in India. Almost all sanitation workers belong to the lowest Dalit sub-caste known by various names such as Valmiki, Bhangi, Mehtar, Chooda in northern and western India; Dom, Ghaasi in eastern India; Madiga, Thotti, Arunthathiyar in southern India; the Muslim sweeper caste known as Baleshahi or Lal Begi (Ashraf 2015). Although Islam insists on it being an egalitarian religion, which means that it does not believe in discrimination based on notion, family, caste, race, etc., in reality A. R. Momin in a review of Imtiaz Ahmad’s book *Caste and Social Stratification among the Muslims* concluded that caste among Indian Muslims is directly due to Hindu Influences (Momin 1975, 580). India has Dalit Christians as well, who have converted to Christianity from other religions in India but are still categorised as Dalits in Hindu, Christian, Muslim and Sikh societies in south Asia (Louis 2007, 1410-1414). Ambedkar had said that in India, a man is not a scavenger because of his work. He is a scavenger because of his birth, irrespective of the question of whether he does scavenging or not (Jain 2012). The British both legitimized and systematized caste, while setting up army cantonments and municipalities. The official posts of manual scavengers were created because the colonial army, railways, courts, industries and quarters of the officials were equipped with dry toilets instead of water born sewerage. The British did not invent caste, they institutionalized it (Malkani 1992, 5). Nicholas Dirks in *Castes of Mind: Colonialism and the Making of Modern India*, has shown how Christian missionaries, colonial ethnographers, Brahmins, and civil servants made caste into an essential element of Indian society since they were more concerned with the questions of land ownership and sovereignty, as well as cultural and political questions of social relationships and caste (Cohn 1996; Dirks 2001; Rao 2009). The colonial exercise of Census institutionalised the caste categories for the simplification and convenience of the colonisers. Whenever there was a requirement for scavengers in the urban areas, the colonial municipal authorities conveniently looked for the Dalits who may have been agricultural labourers in the countryside (Chakravorty 2019). This cemented caste occupation into a

⁴ Bhimrao Ramji Ambedkar was the leader of the untouchables/Dalits. He was a jurist, economist, politician, and a social reformer. He also served as the Chairman of the Drafting Committee of the Constitution of India.

waged "occupation." As of today, municipal sanitation jobs have an unstated 100% reservation for those belonging to scheduled and backward caste groups as other caste groups usually do not apply for sanitary jobs (Shruti and Majumdar 2021).

Post-independence there has not been much change in the condition of the sanitation workers. According to the census report of 2011, Uttar Pradesh has the largest share of Scheduled Castes (SC) and constitute 21% of the state's population, most of them being Valmikis, doing sanitation work (Verma 2022). Humiliation and discrimination are part and parcel of Dalit life in South Asia. Gopal Guru argues in his edited book *Humiliation: Claims and Contexts*, that the systemic social exclusion based on the concept of ritual purity-pollution pushes the Dalits beyond the civilizational framework, rendering them unseeable, unapproachable, and untouchable (Guru 2013, 212). The grim reality of manual scavengers being forced to eke out a living by doing humiliating scavenging job has been brought out by V. Geetha in the same work by Guru. The work approaches humiliation from the hegemonic Brahminic discourse, where Dalits are helpless subjects, invisible and part of someone else's world view whereas manual scavengers collect human refuse to provide the rest of the physical world with health (Geetha 2013, 103).

In Independent India some hope for the manual scavengers came with the passing of the *Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act*, 1993 whose major drawback was that the Act was applicable in certain states only. In 2013, the *Prohibition of Employment of Manual Scavengers and their Rehabilitation Act*⁵ was passed. As with, however, much other legislation in India, the 2013 law did not successfully translate into practice (Saxena and Gautam, 2020). Not only did dry toilets continue to exist, all other forms of scavenging like manual cleaning of sewers, gutters and septic tanks continued unabated, killing hundreds of manual scavengers who have to perform the task of cleaning without any protective gear and insurance/compensation in case of death. *The Indian Constitution* does not allow caste-based discrimination (at-least on paper), and of late the recruitment advertisements by centre and state governments with regard to the posts of sanitation related jobs are advertised as "open for all castes," and many upper castes may have joined the sanitation workforce, but they have largely restricted themselves to the supervisory roles. The task of actual cleaning, unblocking sewers and drains, picking up dead animals and transporting garbage from depots to the dumping grounds is still forced on the Valmikis, that too on a contractual basis (Jain 2020).

⁵ The Parliament of India in 2013 passed the "Prohibition of Employment as Manual Scavengers Act," 2013, with a greater emphasis on rehabilitation. The Bill prohibits the employment of manual scavengers, the manual cleaning of sewers and septic tanks without protective equipment, and the construction of insanitary latrines. Offenses under the Bill shall be cognizable and non-bailable and may be tried summarily.

Dalits faced hate, prejudice, and biases during the COVID-19 pandemic, not just in person but also online. The International Dalit Solidarity Network⁶ in its report has pointed out that upper caste privilege people are openly stating that Covid-19 should attack the Dalits and Adivasis first because they are usually availing the positive discrimination policy of reservations in government and higher education jobs (IDSN 2020).

3. Social distancing and epidemics: past and present

Social distancing has become a word synonymous with the prevention of COVID-19. According to a report published by John Hopkins Medicine University, social distancing when applied correctly to counter the spread of the coronavirus asks us to maintain physical distance from family as well, if someone in the family is infected with the virus (Maragakis, 2020). In caste, however, the social distancing is permanent between castes. In a recent piece written by Charu Gupta, S. Shankar, and K. Satyanarayana published in the Wire, they explain the relationship between caste and social distancing:

Social distancing has for long been a central principle and key weapon in the coercive regulation of caste. The discriminatory treatment meted out to Dalits (formerly “untouchables”) repeatedly bespeaks the “social distancing” followed by savarnas (so called “non-untouchables”) long before the pandemic. (Gupta, Satyanarayan and Shankar 2020)

It is important to note that prescriptions of social distancing do not operate in a vacuum and these strategies of containing the pandemic intersect with the existing social divisions and at times accentuate them. Social distancing then is not merely a public health prescription especially with caste in the foreground, it becomes a residential segregation which is a constitutive feature of social distancing norms in India (Shah et al. 2006; Susewind 2017). It echoes the racial segregation in the United States which has a social sanction (Rothstein 2017). It is then hardly surprising that physical distancing closely tracks social distancing. The untouchable groups/Dalits have always existed on the margins socially, economically, and spatially (Armstrong et al. 2010). The upper castes pandemic related social distancing and hygiene prescriptions are potentially an extension of well entrenched beliefs and prejudices rooted in a long history of purity-pollution exclusions. The Dalit autobiographies are replete with examples of Dalits living in ghettoised segregated spaces called Cheri and Hulgeri in the south and Wada in western India.

⁶ IDSN is an international human rights group which works on a global level for the elimination of caste discrimination and human rights abuses against Dalits and similar communities that suffer discrimination on the basis of work and descent.

Historically, India seems to have made little progress since the days of the Bubonic Plague⁷ in 1896 in matters of caste, especially when notions of purity and pollution get entwined with hygiene and sanitation (Kidambi 2007, 56). The Bubonic Plague spread to India via Hong Kong in 1896 and by the time the British government acknowledged its presence, it had already spread to various Indian states, cities and towns and even parts of the rural countryside (Hunter 2011). The spread of the disease to major trading centres can be attributed to trading communities like Jains and Banias who were also the chief travellers.⁸ In Deccan, plague came to be known as Marwadi sickness primarily because Banias became the superspreaders. The transmission of the disease was from top down as the higher castes not only got infected, first, but also contributed to community transmission especially among the lower castes who were the service providers and were responsible for collecting waste from households, disposing the dead and providing services as washermen and barbers which required them to come in close contact with the clients (Bombay Plague Committee 1898, 52). By 1897, the disease which first infected the city of Ahmedabad, quickly spread to the areas of Deccan, Poona, Kathiawar, Surat, Daman, Hyderabad up to Karachi in the North-west. Through reverse migration, along with frequent travellers, the Bengal and Madras Presidency also began to report infections. The British authorities tried to contain the spread of the disease by setting up detention or segregation camps for quarantine purposes (*ibid.*). Fearing the spread of plague to the port cities of Bombay and Karachi, the colonial government passed the *Epidemic Diseases Act* in 1897, which gave the government wide-ranging powers to tackle the problem including the use of force (Arnold 1993, 203). Plague committees were set up in the affected areas to implement the Act and the Bombay Municipal Committee acquired a military character under the leadership of Brigadier General William Gatacre of the Indian Army. The isolation of plague patients, disinfecting of streets and houses, the search by empowered military parties of suspect houses and travellers was carried out on a large-scale angering Indians to no end who felt the searches violated the private space (Klein 1988, 725).

The British authorities regularly faced resistance in the name of caste and religion over house searches, hospitalisation, quarantine centres, corpse inspections and disposal of bodies from local residents. Routinely, people concealed the sick

⁷ The Bubonic plague is an infection which spreads mostly to humans by infected fleas that travel on rodents. It was also called the Black Death and killed millions of Europeans during the Middle Ages. It is said to have traveled from Hong Kong to the port city of Bombay in August 1896.

⁸ Jains, Banias, Marwadis are Hindu trading communities and General Gatacre, who was appointed as the Chairman of the Bombay Plague Committee, attributed the spread of the disease to these communities in his reports.

and shifted them out to a relative's place to evade quarantine and hospitalisation. The practice was quite common among the higher caste Hindus, Parsis and Muslims and was almost rare among Christians, middle or lower-class Hindus (Gatacre 1898, 108). Each caste or community was allotted a separate site or a sizeable distance was maintained between the huts allotted to different castes in order to contain the spread of the disease (Bala 2015, 5-8). Untouchables were completely segregated in separate camps. The fear of caste pollution made the colonial subjects resentful as the British government's efforts to prevent and contain the epidemic were put on a war footing. There were separate wells for caste Hindus and Muslims, and they were also provided with the material for preparing their own food (Sarkar 2011, 84). David Arnold in *Touching the Body: Perspectives on the Indian Plague 1896-1900*, writes that the public health measures incited resistance across different castes. He cites many examples of upper caste resistance and outrage fearing pollution in institutional quarantine centres. In one such example, Arnold cites the Marathi newspaper *Kesari*'s⁹ report of 6 April where a Brahmin survived on milk while being in hospital fearing the hospital food been polluted by the touch of the lower castes (Arnold 1998, 398). In another example, he writes about the complaints regarding the violation of caste observances in Pune's general hospital and protests by the people against the closure of the city's Hindu Plague Hospital (*ibid.*, 398). Traders and merchants in Bombay donated large amounts for building hospitals and segregation camps, especially for patients of their caste or community. For example, Govindji Thackersey established a special hospital for Bhatias on Mint Road (Sarkar 2011, 144). The Parsis built a hospital on Parel Road in Bombay which was destroyed partially by a fire in 1898.¹⁰ A potent factor in the spread of the disease were people like traders, porters, and the lower caste people like Doms who were handling the dead for cremation or the Barber/Nais and the Chamars to whom the clothes and other belongings of the dead were given away (Sarkar 2011, 202). A variety of archival sources make it evident that caste biases operated in the various methods adopted by, not only the people in terms of caste hospitals, but also by the colonial government in agreeing and supporting caste segregated quarantine centres which allowed each caste to have its own set of thermometers and the temperature had to be taken by their own caste. Most voluntary and community-based organizations provided medical relief which was restricted to members of their community, which explains the high mortality rate

⁹ The *Kesari* newspaper was founded on January 4, 1881, by Lokmanya Bal Gangadhar Tilak, a prominent leader of the Indian Independence movement. The newspaper was used as a voice for the Indian Nationalists. An online Marathi periodical called *The Daily Kesari* continues to be published which is edited by Deepak Tilak, the great grandson of Tilak.

¹⁰ *Report of the Bombay Plague Committee on the Plague in Bombay* for the period extending from the 1 July 1897 to 30 April 1898: 56-58.

among the lower castes in comparison to the upper castes, as lower castes were poor and depended entirely on the government healthcare infrastructure (Satam 2019, 81). Caste was central to the identity of a person and social hierarchies were used to carve out elite and poor localities in the city, with the latter suffering from lack of civic amenities, inviting diseases. The question of sanitation and hygiene was therefore intractably tied to the Dalit question (Shaikh 2014, 495). Even when inoculations started for the prevention of the disease, orthodox Hindus in Punjab resisted vaccination on the grounds of caste and religion whereas the reluctance among Muslims mainly from Lahore, Muzaffargarh and Dera Ismail Khan came on the plea that the vaccines contained animal matter not permitted by their religion¹¹ (Sarkar 2011, 169).

It is not surprising that the caste cleavages of Hindu society were not just visible and operational but deepened with the COVID-19 pandemic. Community quarantine centres sprung up in Andhra Pradesh which offer better services to their own community at decent costs. The Reddy-quarantine centres, Kamma-quarantine centres, Kapu-quarantine centres sprung up in various districts of Andhra Pradesh. Although the government feigns ignorance about such centres, admissions generally happen through oral recommendations. In North India, Jains, Aggarwals did set up facilities with oxygen cylinders at a reasonable cost to their community people (GluteDesk 2020). There have been several cases reported where the higher caste people refused to eat food cooked by the lower caste cooks in quarantine centres and have either been going out to eat or have demanded dry rations from the authorities (Counterinterview 2020).

Since India's Constitution has abolished untouchability and has legal provisions involving penal provisions for practicing discrimination on the basis of caste, colour or religion, a civil rights organization, Jharkhand Janadhiakar Manch (JJM), demanded that action should be taken on those who refuse to eat food prepared by the Dalit cooks as well as on the administration, that was complicit in discrimination, as it arranged for separate dry rations at the quarantine centre for the offenders (Mirror Now 2020). The caste specific quarantine centres and the administration's encouragement of casteist behaviour are alarming and worrying developments because they benefit some sections of people from society who can afford these, while the majority of the Dalit population is dependent on the already overwhelmed Indian public healthcare system for its fight against COVID-19. Similar stories of caste discrimination and hate towards the Dalits from Nepal and Bangladesh has exposed the caste fault lines in other South Asian societies as well (Choudhary, 2020).

¹¹ Captain E. Wilkinson, *Report on the Inoculation in Jullundur and Hoshiarpur Districts of the Punjab* October 1899 – September 1900 (cited hereafter as *Inoculation in Jullundur and Hoshiarpur 1899–1900*) (Punjab Government Press, Lahore 1901, 50–51).

Caste in Indian society is not merely a system and a fixed structure, but it can take other forms and can be equally benign in various moments of social life. The academic and director of G B Pant Social Science Institute, Prof. Badri Narayan has observed, for example, in his study on *Caste Norms during COVID-19*, that caste is appearing in other forms during the pandemic. He interviewed 215 migrants by telephone on caste relations during the present pandemic and showed that pandemic has pushed caste from our social discourse to a secondary level temporarily and has brought the “biological body” to the centre of primary concern. He observed that upper caste respondents told his team that they wanted to save their lives and go home so they often stayed and ate together with the lower castes at the quarantine centres on travel routes. Once they were home, however, social relations and caste norms were followed. The behaviour of the interviewed migrants showed that experiential capital and emotional location also dilute the rigidity of the social system. The pandemic suggested the social norm of *vipat kal maein* (i.e., in times of crisis), where caste norms dilute and also change with context and time (Narayan 2020). In an article by Kanthi Swaroop and Joel Lee, in *Economic and Political Weekly*, they analyse the behaviour of the upper castes garlanding of the sanitation workers and clapping for them in the times of the pandemic as a recognition of their services. They also highlight it as a pattern of response similar to the Gandhian approach where there is consistent sympathy for the sanitation worker while determinedly ignoring their actual needs (Lee and Swaroop 2021, 38). It is to be noted that in a way it dilutes social relations and caste norms (Agha 2020). The attempts at citing cleanliness as a marker of social difference received impetus when Congress led by Gandhi in the 1920s started an outreach programme to the *Harijans*,¹² also emphasizing that their reason for low status was lack of cleanliness. (Choudhury 2011, 51–54).

Many upper castes believe that a cure for coronavirus was discovered thousands of years ago when caste norms used distancing from certain castes to prevent infections and disease. COVID-19's social distancing measures are now being used to defend caste discrimination by reinforcing caste-based distancing. Several social media platforms are spreading such messages, as observed by Kancha Ilaiah Shepherd, that in Indian society the notion of social distancing provides the grounds for the practice of casteist behaviour and maintaining social and physical distance legitimizes caste oppression and isolation all in the name of hygiene, sanitation and science (Ilaiah 2020). The central ideas of caste, “purity and pollution” define how people in India extend the notions of dirt and cleanliness.

¹² The term *Harijan*, meaning Children of God was coined by Narsinh Mehta, a Gujarati poet-saint of the Bhakti tradition, to refer to all devotees of Lord Krishna irrespective of caste, class or sex. Gandhi used the word in relation to the untouchables, while Ambedkar, the leader of the untouchables found the term patronizing and derogatory.

This is why the criteria of cleanliness and hygiene is implicitly labelled as an upper caste value, and is used to strengthen cultural, spatial and social boundaries and distances (Gupta, Satyanarayan, and Shankar 2020). It is not uncommon in India to have separate seating arrangements for Dalits and upper castes in public spaces especially in rural and semi urban areas, this being another form of social distancing practiced quite openly (Iyer 1981, 126). Sunandan mentions Kanippayur, a famous Keralite astrologer, writing about the coffee-clubs which started to appear in Kerala in the twentieth century. There were separate ones for Brahmins and non-Brahmins, which was driven by a general feeling that Brahmin hotels run by Namboothiri, Tamil or Saraswat Brahmins were considered more clean and hygienic (Sunandan 2015, 174–192).

When the nationwide lockdown was announced suddenly because of the pandemic, the Indian and international media widely reported that poor migrants, who were on a treacherous journey home, were sprayed with chemicals as they walked and trekked hundreds of miles. The image of an unclean “untouchable” thus gets reinforced in the circulation of these notions (BBC report, 2020).

The stigmatization and discrimination of the Dalits has increased in the times of COVID-19, resulting in a crisis of accessibility to basic needs. IDSNI in its study reported that Dalit families from the Yanadi community, who were living in Polamma’s hilltop village in Vijaywada, Andhra Pradesh (a state in South India), were barred from going down the hill, even to purchase essential items like food and medicine (McQuade and Das 2020). The Yanandi community are mainly waste pickers and drain cleaners, who were already living in segregation even before COVID-19. The pandemic has only worsened their situation as they are exposed to the virus because of the nature of their work.

4. Gender inequalities and the challenges of COVID-19

The World Health Organization declared COVID-19 a global pandemic and a serious public health emergency, requiring methods on a war footing to deal with it (Cucinotta and Vanelli 2020). When the Modi government declared a nationwide lockdown to slow the spread of the virus, everyone except people classified as providers of essential services¹³ were made to work as the Essential Services Maintenance Act¹⁴ (ESMA) was invoked by many states. The sanitation workers are

¹³ Any service with respect to which the Parliament has power to make laws or the government feels that its discontinuation would affect the maintenance of supplies and services necessary for sustaining life is considered an essential service.

¹⁴ The *Essential Services Maintenance Act* (ESMA), is an Act of Parliament of India by which the government can prohibit striking employees from refusing to work in certain essential services, which are necessary for the maintenance of normal life in the country.

regulated by the ESMA Act. The government, fearing refusal to work by the sanitation workers, hailed them as "Corona Warriors" and shoved around five million of them on the frontline to battle the virus for months without protective gear, training, or preparation (Sanchita 2021). Even at the time of the Bubonic Plague in 1896-7, the Governor of Bombay wrote to the Viceroy about the states approval for preparing caste-based hospitals for Jains, Parsis, Khojas, Brahmins, Muhammadans and certain other classes for the treatment of plague. In cases where the relatives objected about the patient not being treated in a hospital, the state was careful not to apply too much force as that would create panic and the scavengers and people employed in conservancy work might leave the city jeopardising the measures for combating plague (DSpace 2016, 7).

The pandemic has threatened the lives of the sanitation workers as they are handling large amounts of biomedical waste which is highly infectious in nature. The guidelines from the *Solid Waste Management Rules, 2016*,¹⁵ exists and are very clear on the safe disposal of such waste but people often take no care in disposing used masks, PPE kits, etc. The required and appropriate protective gear, that the sanitation workers need for the disposal of such waste, is also hard to come by. Since most sanitation workers are contractual, they are not only underpaid but are also not provided with protective gear such as masks, gloves, PPE kits and are highly vulnerable as they are not provided with benefits such as insurance or medical treatment. Even when they are provided with protective equipment, the quality of their gear is questionable (Salve and Jungari 2020, 628). Sanitation workers have to enter the containment zones, collect household garbage which often has components like used masks, used PPE kits, home testing kits for COVID-19, which become sources of direct transmission when handled without proper care and protection. In one instance, sanitation workers were found to be using plastic bags instead of gloves to clean and dispose waste. Casual labour makes up 21% of total workers overall out of which 39% are Scheduled Castes (SC), 29% are Scheduled Tribes (ST) and 26% are Muslims (Das 2020). It is not surprising that the number of deaths among the sanitation workers is much higher than the healthcare workers. A total of 94 municipal corporation workers have died in Delhi out of which 49 were sanitation workers, between March and May 2021 (Mehra 2021). A parallel can be drawn from the Bubonic Plague of 1896 where the total number of deaths was 2,352 in Daman, out of which 26 were Brahmins, 83 were Khatris/trading community,

¹⁵ The *Solid Waste Management Rules, 2016*, clearly states the duties of waste generators and authorities. It says that every waste generator shall segregate waste and store separately and hand it over to Municipal workers or authorised waste pickers. There is a provision of fines for not segregating waste by the waste generator which ranges from INR 250 to INR 5,000 depending upon the category of the property or violation. Generally, no fine is levied by the authorities at least on households for violation.

and 351 low caste Hindus, mainly from the scavenging caste (DSpace 2016, 250). Although the spread of plague was largely attributed to the trading communities, the number of deaths was quite low as compared with the scavengers. The lower castes did not have access to the caste-based hospital facilities and relied completely on government healthcare initiatives which were already overwhelmed.

The condition of Dalit women is even worse as they face, on a daily basis, an upper caste chauvinist version of Hinduism, lynching, molestation, rape and other forms of violence from upper caste men and women, not to mention violence from their own men. Women who are doing the sanitation work have internalized caste, and gender-based discrimination. Most do not question their status quo, because their lives are full of social alienation, political invisibility and economic instability (PRIA 2019, 17). Women sanitation workers, who comprise the majority of the contractual and informal sanitation workforce, have lower income security and limited social welfare coverage vis a vis Dalit male sanitation worker. Men are usually employed with municipalities and do scavenging work like cleaning sewers and septic tanks, while women usually enter the sanitary work through three entry points caste, poverty, and marriage which restricts them to this dehumanising job (PRIA 2019, 19). Women learn to do sanitation work as young girls, while accompanying their mothers to work where they collect garbage from households, clean smaller drains and dump collected garbage in municipal dustbins. In rural areas where dry latrines are operational, women lift night soil, going door to door. The upward mobility of these women is almost nil. They hardly ever become supervisors, sanitary inspectors, or trade union leaders (PRIA 2019, 17). The semantics of untouchability reproduces the logic of graded inequality within the structure of patriarchy as Dalit women are forced into family-based sanitation work (Geeta 2013, 97–99).

A report of *Water Aid India 2020* revealed that lack of education and non-availability of other jobs and small businesses, lack of access to capital and assets to the Valmiki women has kept them in their caste assigned occupation. Upper caste people do not employ them as domestic help or cooks, nor do they buy anything from their shops fearing ritual pollution (Harper 2011, 160–169). Even as across the globe the share of women reporting job losses has been far greater than men, the steadily increasing unemployment rate in India during and after the lockdowns and COVID-19 pandemic has resulted in disproportionate job losses for Dalit women who are left with the option of doing scavenging work or low-level frontline health workers putting them at risk of disease and infection, further stigmatising them (Rukmini 2020).

Although gender should not have an effect on wages, it does in reality. Men sanitation workers in India earn 9% more than their female counterparts on average (Salaryexplorer). While the average salary of a sanitation worker is around 8,550 INR per month, the lowest range from 4,100 INR to the highest 13,400 INR (ibid.).

PRIA's study found that sanitation workers are employed under three categories: permanent, contractual, and outsourced. Permanent employees of the municipal corporation enjoy benefits such as medical leave, pension and a provident fund. Contractual municipal workers earn one half or one fourth of a permanent worker's salary. Outsourced workers earn the lowest wages, often less than one fourth of a permanent worker's salary, to do the same job, without any benefits. Most of the women sanitation workers are part of the outsourced type of worker, earning as little as 4,000 INR-7,00 INR per month (WaterAid India 2019, 20). Often women do not receive any payslips and had to pay bribes to the supervisor to get their salaries (ibid., 21). Covid-19 intensified the already vulnerable position of women informal workers as compared to men, exacerbating pre-existing gender inequalities. A report entitled *The Lived Realities of Women Sanitation Workers in India*, by Participatory Research in Asia 2019, reported that most women sanitation workers are part of a casual workforce and are paid a wage as low as INR 2,000 per month, while the employees recruited by the Municipality (many of them upper castes and in supervisory roles) enjoy higher salaries, outsource their work to the poor Valmiki sanitation workers, mainly women, and pay them a paltry sum (PRIA 2019, 19).

The PRIA study found that the sanitation workers face direct social discrimination as women sanitation workers in the study cited incidents of children being pulled closer to their parents while passing women sanitation workers so as to not come in any physical contact with them. The fear of ritual pollution dominates the behaviour of upper caste people. Even when travelling to work, some women sanitation workers cited that upper castes refuse to travel at the same tempo (PRIA 2019, 22). Due to the pandemic situation, sanitation requirements have increased manifold, for which sanitation workers are putting in up to twelve hours of work every day (Senthilir, Nagarajan, and Sudhakar 2020). Often these women start their work at 6 am, sweeping and collecting solid waste from the streets till around 1 pm, and finish dividing degradable and non-degradable waste until 6 pm. Long working hours coupled with many hours of walking without any proper toilet facilities for these women workers, results in frequent infections, rashes and bruises on their thighs, especially during menstruation (ibid.).

When the country wide lockdown was declared in March 2020, the government invoked the amended *Epidemic Diseases Act*,¹⁶ along with the *National Disaster*

¹⁶ The *Epidemic Diseases (Amendment) Ordinance*, 2020, amends the *Epidemic Diseases Act*, 1897. The Act provides for the prevention of the spread of dangerous epidemic diseases. The Ordinance amends the Act to include protection for healthcare personnel combating epidemic diseases and expands the powers of the central government to prevent the spread of such diseases. The Act provided protection from any "acts of violence" against healthcare facility, establishment and personnel. It is to be noted that no protective measures for sanitation workers were added to it.

Management Act, 2005.¹⁷ While it was used as a containment measure by immobilizing the circulation of the virus by limiting contact between people, it caused trauma and displacement of the poor, a large number of which belonged to the Dalits. According to the International Dalit Solidarity Network (IDSN), marginalised groups, such as Dalits, often work in the hardest and most precarious jobs where labour standards are already compromised, and human rights are often violated. During the sudden lockdown in March 2020, thousands of people were affected but the worst affected were the Dalits who became jobless and were left to fend for themselves to undertake journeys of thousands of kilometres to get to their villages. The author of the book *Caste Matters*, Suraj Yengde, a Harvard scholar and a Dalit himself, observed that out of the 395 million intrastate migrants in India, approximately 62 million are Dalits and 31 million are Adivasis/tribes. They are going to face diluted or suspended labour laws once they return to city for work (Sagar 2020). Women here were also invisible victims of the socio-political, economic, and pathological exigency. Urvasi Butalia wrote for Scroll on the gendered impact of COVID-19 and has stated that the State was perhaps struggling with more urgent issues and had little time to think about women (Butalia 2020). *The National Family Health Survey-NFHS* (2006) showed that the prevalence of violence is much higher against women belonging to the scheduled castes and scheduled tribes (SC/ST), as compared to women outside these categories (NFHS 2006). The amount of violence and sexual abuse against Dalit women only increased in the times of COVID-19 as many of them lost their livelihoods due to the impending crisis (Chakraborty 2020). The upper caste communities stigmatized and humiliated the Dalit female bodies as carriers of the coronavirus and quickly removed them from housekeeping jobs. Loss of employment and confinement with their female counterparts during the lockdown led men to question their sense of "self" across classes. Increased tensions led to increased physical violence and sexual abuse of women in general and Dalit women in particular (Jyoti 2021). It is important to note that out of 50,291 crimes reported by the Scheduled Castes/Dalits, only 216 cases resulted in conviction and 3,192 cases resulted in acquittals (ibid.). While the Indian media was focused on highlighting the plight of the migrant labour, lower caste women remained largely invisible from such counterpublic discourses (Chakraborty 2020). It is also believed that the domestic and sexual violence cases among the lower caste women

¹⁷ The *Disaster Management Act* of 2005 (DMA 2005) is an Act passed by the government of India for the efficient management of disasters and other matters connected to it. The March 2020 lockdown was imposed under this Act. The Act immensely empowers the National Disaster Management Authority (NDMA) and the central government to an extent that, regardless of any law in effect anywhere in India, the government can ask any authority to assist and contribute in disaster management. Failure to follow such directions leads to violation of the Act. The government tightened supervision over the Non-Governmental Organizations by adopting a top-down approach with sweeping powers to control them.

were more but only a few were reported as they were not able to reach out to the helplines due to lack of access to phones. Loss of employment coupled with reverse migration woes not only led to the physical displacement of many Dalits who worked in the informal sector but also burdened young girls with domesticity who now had to prioritize homemaking and child rearing over education, including school education shifted to an online mode. Lack of digital tools and a preference for a male child's education in homes jeopardised girls' education along with nutrition as schools were shut, bringing an end to mid-day meals (Kumar 2020). In India, due to patriarchal and cultural diktats, nutritious food is preferably given to the male members in the house, this meant that the economic crisis further impacted women's nutritional status, at least in low-income households.

It was stated that COVID-19 or the Coronavirus is a great equaliser as it does not discriminate between the rich and the poor before infecting. Does everyone, however, get affected in a similar fashion? Does everyone have similar socio-economic privileges to safeguard oneself from the virus? Does everyone have the privilege of having access to food in the harsh lockdown? The answer to these questions is "No." Even among the frontline workers like health professionals, delivery employees, journalists, transportation staff and sanitation workers, the pandemic affected in an adverse way the sanitation workers the most as they performed cleaning of the community and public toilets, cleaning of sewers and drains, railway cleaning, worked in the waste treatment plants and picked up household garbage mostly without sufficient protective gear or no protective gear. Even as late as June 2021, sanitation workers were protesting against the mistreatment and discrimination they were subjected to, and the non-provision of basic safety gear like masks and gloves (Pant 2021). It is then not surprising to note that many sanitation workers have died performing their duties. The apathy of the Indian government has been established when the Union Minister of Social Justice and Empowerment, Ramdas Athawale, reveals that no data is maintained by the union government about safai karamchari (sanitation worker) who have died due to health and safety hazards related to cleaning hospitals and medical waste during the COVID-19 pandemic as hospitals and dispensaries are a state subject (Bhatnagar 2021). Compensation ranging from a few thousand to one crore is given by various states on account of death of the sanitation worker. Lack of data makes it difficult for the deceased's family to put up a claim (Sanchita 2021). The Participatory Research in Asia (PRIA) 2019, found a strong correlation between caste, contractual workforce and low or no compensation benefits among sanitation workers, especially women sanitation workers who also had very low levels of education and low awareness about laws, policies or schemes that are meant to protect them (PRIA 2019, 16).

The International Dalit Solidarity Network (IDSN) in its study of *How Caste is Disproportionally Affecting Dalits of South Asia in the COVID-19 Pandemic*, has

observed that a sanitation worker rarely receives accolades for his/her services, IDS when we compare it with the other groups like doctors, nurses, police, etc. Occasional garlanding of the sanitation worker is done to show the importance of the job they do, however the act seems more a product of fear rather than respect, in case sanitation workers refuse to do their work. Since it is a caste-based occupation, the upper castes feel annoyed with sanitation workers that at this time it would cost them dear if they went on strike for work or refused to pick up waste. Under the digital India initiatives, the government has been pushing for digital transactions, digital attendance and surveillance systems. One such system has brought sanitation workers in to track while at work through GPS devices called *Human Efficiency Tracker* to ensure they work for the whole duration of their shifts (Khaira 2020). The Chandigarh Municipal Corporation has actively adopted the programme and salaries are credited only after checking worker performance statistics logged in their personal trackers (ibid.). Bezwada Wilson, National Convenor of Safai Karamchari Andolan a human rights organization pushing to end manual scavenging, says that not only is the surveillance illegal and dehumanizing, but it also reinforces the idea of slavery which stems from a casteist mindset (Inzamam and Qadri 2022). Without a comprehensive data privacy law in India, it was much easier for the government to force such regulations where the users are poor and have no protection and digital rights against data misuse (Nagaraj 2020). It is a sorry state of affairs that the government and society feel no obligations towards the life, safety and development of the sanitation workers, who come from the lowest rung of society, but the burden of duty is imposed on them making them accountable to serve. They are easily forgotten and sidelined when it comes to providing them their rights. The government is spending on the trackers, but has not spent enough to protect the sanitation workers during COVID-19 and end the inhuman practice of manual scavenging which is the leading cause of their death (The Newsminute 2020). The Dalits therefore remain subjected to caste-based occupations and norms at every level of their productive engagement with society, which stigmatize them in return and keeps them in dirty low paying jobs.

5. Conclusion

Since India went into lockdown to stop the spread of coronavirus, the woes of the Dalits, especially Dalits involved in sanitation work, have increased manifold. The idea of social distancing further complicates the issue as caste cleavages of Indian society become more apparent than before. Urban middle-class mentality quickly relates social distancing which is generated by the caste understanding of "purity and pollution" by which people's social interaction is restricted by caste considerations, which sees the lower castes as "unhygienic." The repeated advice

of social distancing coupled with a casteist mindset encouraged behaviour where the poor migrant workers were doused with bleach disinfectant all in the name of hygiene and social distancing.

Most of the sanitation workers lack access to protective gear like masks, gloves, PPE kits, boots, sanitizers among other material required for the safe disposal of waste including biomedical waste. The condition of women sanitation workers is even worse as they form a large part of the informal labour force, having almost nil social security, and are often discriminated not only because of their caste but also because of gender. Women in general were more severely affected because of the lockdown during the COVID-19 pandemic, and among them a maximum from the informal labour force who experienced job losses because of the several reasons discussed above. Those who could keep their jobs were mostly the women frontline health workers and sanitation workers who perhaps had to choose between unemployment and stigmatized jobs that put them at risk of disease and infection. COVID-19 also reduced women's ability to financially contribute to their households, which has often resulted in decrease in decision-making power and an increased risk of intimate partner violence, especially among poor women. COVID-19 has only added to the complex and multi-dimensional nature of the exploitation faced by sanitation workers. The gulf between the haves and the have-nots has widened further and the pandemic has shown that not everybody is equally affected by it. Those on the lower rungs of the socio-economic ladder are further pushed into marginalization due to the prevalence of caste discrimination and nature of their work. COVID-19 has also thrown up new challenges like digitisation of education which the Dalits are finding hard to cope with because of a huge digital divide that exists between privileged sections of society and them. School and higher education moving to an online mode has systematically excluded the low castes from the field of education and digitisation has tied the sanitation worker to his/her job in the name of efficiency. While the government and society choose to occasionally garland them to show their gratitude towards them, the sanitation workers continue to fight the virus without proper safety gear.

References

- Agha, Eram. 2020. "COVID_19 displaced caste from our social discourse to secondary level, says academic." *News 18*, June 6, 2020.
<https://www.news18.com/news/india/covid-19-displaced-caste-from-our-social-discourse-to-secondary-level-says-academic-2656853.html>.
- Armstrong, David, and Christian Davenport. 2010. "Understanding Untouchability: A Comprehensive study of Practices and Conditions in 1589 Villages." Working

- Paper in eSocialSciences. Accessed August 17, 2023.
<https://ideas.repec.org/s/ess/wpaper.html>.
- Arnold, David. 1998. "Touching the Body: Perspectives on the Indian Plague, 1896–1900." In *Subaltern Studies V: Writings on South Asian History and Society*, edited by Ranajit Guha, 55–90. Delhi: Oxford University Press.
- Ashraf, Ajaz. 2015. "Bhangi Darwaza: Why did the ASI notify an offensive name for a gateway in a Madhya Pradesh fort?" *Scroll.in*, November 16, 2015.
<https://scroll.in/article/769536/bhangi-darwaza-why-did-the-asi-notify-an-offensive-name-for-a-gateway-in-a-madhya-pradesh-fort>.
- Bala, Poonam. 2016. "Restructuring' Indian Medicine: The Role of Caste in Late Nineteenth and Twentieth Century India." In *Medicine and Colonialism: Historical Perspectives in India and South Africa, Empires in Perspective*, edited by Poonam Bala, 1–11. London and New York: Routledge.
- Bhatnagar, G. Vivek. 2021. "Across Waves of COVID-19 in India, Sanitation Workers Remain Most Ignored." *The Wire*, May 31, 2021. <https://thewire.in/rights/across-waves-of-covid-19-in-india-sanitation-workers-remain-most-ignored>.
- Bhardwaj, Srishti. 2018. "Building Dignity and Well-being for Sanitation Workers." WaterAid India, Annual Report, 2018. Accessed August 14, 2023.
<https://www.wateraid.org/in/sanitation-workers-a-repository>.
- British Broadcasting Corporation (BBC). 2020. "Anger as Migrants Sprayed with Disinfectant in India." *BBC*, March 31, 2020.
<https://www.bbc.com/news/world-asia-india-52093220>.
- Butalia, Urvashi. 2020. "How Has the Pandemic Changed Work and Life for Women in Publishing (and for Feminist Publishers)?" *Scroll.in*, July 17, 2020. https://scroll.in/article/967706/how-has-the-pandemic-changed-work-and-life-for-women-in-publishing-and-for-feminist-publishersUrvashi?fbclid=IwAR2qD_DT7UkBwqIk55Gc32qDWDm8Bw8ZexmR3dN_EpFc51074oQPFUpwxrI.
- Chakraborty, Debadrita. 2020. "The "Living Dead" within "Death-worlds": Gender Crises and Covid-19 in India." *Gender, Work & Organization* 28, no. 2: 330–339.
<https://doi.org/10.1111/gwao.12585>.
- Chakravorty, Sujoy. 2019. "How the British Reshaped India's Caste System." *BBC News*, June 19, 2019. <https://www.bbc.com/news/world-asia-india-48619734>.
- Cohn, Bernard. 1996. *Colonialism and its Forms of Knowledge: The British in India*. Princeton: Princeton University Press.
- Counterview. 2020. "Caste Discrimination of Dalits, Adivasis in Quarantine Centers: Demand for Inquiry." *Counterview*, May 28, 2020. <https://www.counterview.net/2020/05/caste-discrimination-of-dalits-adivasis.html>.
- Cucinotta, Domenico, and Maurizio Vanelli. 2020. "WHO Declares COVID-19 a Pandemic." *Acta Biomed* 91, no. 1: 157–160. doi:10.23750/abm.v91i1.9397.
<https://pubmed.ncbi.nlm.nih.gov/32191675/>.

- DSpace. 2016. *Papers Relating to the Outbreak of Bubonic Plague in India with Statement Showing the Quarantine and Other Restrictions Recently Placed upon Indian Trade, up to March 1897*. GIPE Digitized Books. Accessed May 14, 2022. <https://dspace.gipe.ac.in/xmlui/handle/10973/21452>.
- Das, Ritwajit. 2020. "How Caste Is Disproportionately Affecting the Dalits of South Asia in COVID-19 Pandemics." Office of the High Commissioner for Human Rights (OHCHR). Accessed August 17, 2023. https://www.ohchr.org/sites/default/files/IDSN_paper.docx.
- Dirks, B. Nicholas. 2001. *Castes of Mind: Colonialism and the Making of Modern India*. Princeton: Princeton University Press.
- Economic and Political Weekly. 2020. "COVID-19, Domestic Abuse and Violence: Where Do Indian Women Stand?" *EPW*, 2020. <https://www.epw.in/engage/article/covid-19-domestic-abuse-and-violence-where-do>.
- Gatacre, W. Forbes. 1897. *Report on the Bubonic Plague in Bombay, 1896–97*. Bombay: Times of India Steam Press. <https://wellcomecollection.org/works/khj77cu3/items?canvas=11>.
- Geetha, V. 2013. "Bereft of Being: The Humiliations of Untouchability." In *Humiliation: Claims and Context*, edited by Gopal Guru, 95–107. New Delhi: Oxford University Press.
- GluteDesk. 2020. "Caste-wise Quarantine Centres." *Glute.com*, August 15, 2020. Accessed April 9, 2021. <https://www.gulte.com/political-news/19846/caste-wise-corona-quarantine-centers>.
- Gupta, Charu, Kusana Satyanarayan, and Subramanyan Shankar. 2020. "The History of Caste Has Lessons on the Dangers of Social Distancing." *The Wire*, 01 May 2020. <https://thewire.in/caste/social-distancing-dangers-india>.
- Guru, Gopal. 2013. "Rejection of Rejection: Foregrounding Self-respect." In *Humiliation: Claims and Context*, edited by Gopal Guru, 209–225. New Delhi: Oxford University Press.
- Harper, B. Edward. 1964. "Ritual Pollution as an Integrator of Caste and Religion." *The Journal of Asian Studies* 23, no. 1: 151–197. <https://doi.org/10.2307/2050627>.
- Hunter, K. M. 1898 "Fighting the Bubonic Plague in India." *The Nineteenth Century: A Monthly review* 43 (1898): 1008–1016.
- Ingole, Prashant, and Dyotana Banerjee. 2020. "Coronavirus and Caste: Is Our Response to the Pandemic Casteist?" *The Quint*, March 21, 2020. <https://www.thequint.com/voices/blogs/coronavirus-outbreak-india-social-distancing-caste>.
- Ilaiah, Kancha. 2020. "Practice Disease Distancing-How India Can Use Corona Crisis to Kill its Caste Virus." *The Print*, April 3, 2020. <https://theprint.in/opinion/practice-disease-distancing-india-corona-crisis-kill-caste-virus/394162/>.

- International Dalit Solidarity Network (IDSN). 2020. *Annual Report*. Accessed May 17, 2022. <https://idsn.org/wp-content/uploads/2021/04/IDSN-Annual-Report-2020-21-.pdf>.
- International Movement Against All Forms of Discrimination and Racism (IMADR). 2021. "Dalit Women in India and the Socio-economic Recovery from the COVID-19 Pandemic." *HRC47*, July 6, 2021. Accessed May 12, 2022. <https://imadr.org/dalit-women-india-covid19-hrc47-2021-os/>.
- Inzamam, Qadri, and Haziq Qadri. 2022. "In India, Digital Snooping on Sanitation Workers." *UNDARK*, February 5, 2022. <https://undark.org/2022/05/02/in-india-digital-snooping-on-sanitation-workers/#>.
- Iyer, L. K. Anandhakrishna. 1981 [1909]. *The Cochin Tribes and Castes*. Vol. I. London: Higginbotham & Luzac & Co.
- Jain, A. Lalit. 2012. "Scourge of Manual Scavenging." *The Hindu*, October 28, 2012.
- Jyoti, Dhruvo. 2021. "Crime against Dalits, Tribals Increased in Covid Pandemic Year: NCRB." *The Hindustan Times*, September 16, 2021. <https://www.hindustantimes.com/india-news/crimes-against-dalits-tribals-increased-in-covid-pandemic-year-ncrb-101631731260293.html>.
- Khaira, Rachna. 2020. "Surveillance Slavery: Swachh Bharat Tags Sanitation Workers to Live-Track their Every Move." *Huffpost*, March 5, 2020. https://www.huffpost.com/archive/in/entry/swacch-bharat-tags-sanitation-workers-to-live-track-their-every-move_in_5e4c98a9c5b6b0f6bff11f9b.
- Kidambi, Prashant. 2016. *The Making of an Indian Metropolis Colonial Governance and Public Culture in Bombay, 1890–1920*. London and New York: Routledge.
- Klein, Ira. 1988. "Plague, Policy and Popular Unrest in British India." *Modern Asian Studies* 22, no. 4: 723–55. <https://doi.org/10.1017/s0026749x00015729>.
- Kumar, Awanish. 2020. "Reading Ambedkar in the Time of Covid-19." *EPW* 55, no. 16 (May). <https://www.epw.in/journal/2020/16/perspectives/reading-ambedkar-time-covid-19.html>.
- Louis, Prakash. 2007. "Dalit Christians: Betrayed by State and Church." *EPW* 42, no. 16 (April). <https://www.alliance.edu.in/anukarsh/archives/vol-2-issue-4/en/Dalits-into-Dalit-Christians.pdf>.
- Malkani, N. R. 1961. "Report of Scavenging Conditions Enquiry Committee Ministry of Home Affairs, Central Secretariat Library, Government of India." Accessed August 14, 2023. <http://csrepositary.nvli.in/handle/123456789/1080>.
- Maragakis, L. Lockerd. 2020. "Coronavirus, Social and Physical Distancing and Self-Quarantine." *Johns Hopkins Medicine*, July 15, 2020. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/coronavirus-social-distancing-and-self-quarantine>.

- McQuade, Aidan, and Ritwajit Das. 2020. "Opinion: COVID-19 Poses New Risks to India's Enslaved Waste Pickers." *Thomson Reuters Foundation*, April 27, 2020. <https://news.trust.org/item/20200427135156-gblkz>.
- Mehra, Sushant. 2021. "Covid-19 Takes Heavy Toll on Delhi Sanitation Workers, 49 Dead since March." *India Today*, May 28, 2021. <https://www.indiatoday.in/cities/delhi/story/covid-takes-heavy-toll-on-delhi-sanitation-workers-mcd-1808010-2021-05-28>.
- Mirror Now Digital. 2020. "Jharkhand: Five Brahmins Lodged at Quarantine Facility Refuse to Eat Food Prepared by SC Cooks." *Times now news*, May 25, 2020. Accessed August 14, 2023. <https://www.timesnownews.com/mirror-now/crime/article/jharkhand-five-brahmins-lodged-at-quarantine-facility-refuse-to-eat-food-prepared-by-sc-cooks/596825>.
- Momin, A. R. 1975. "Reviewed Work: Caste and Social Stratification among the Muslims by Imtiaz Ahmad." *Economic and Political Weekly* 10, no. 14: 580–582.
- Moon, Vasant. 1979. *Dr. Babasaheb Ambedkar Writing and Speeches*. Vol. 1. New Delhi: Education Department, Government of Maharashtra.
- Nagaraj, Anuradha. 2020. "Municipal Workers in India Are Protesting against GPS Watches that Link their 'Efficiency' to Wages." *Scroll.in*, 20 March, 2020. <https://scroll.in/article/956563/municipal-workers-in-india-are-protesting-against-gps-watches-that-link-their-efficiency-to-wages>.
- Narayan, Badri. 2020. "Has the Pandemic Changed How Caste Hierarchies Play Out in India?" *The Wire*, June 20, 2020. <https://thewire.in/caste/covid-19-pandemic-caste-discrimination>.
- National Family Health Survey. 2006. NFHS -3, Ministry of Health and Family Welfare. Accessed May 15, 2022. <https://dhsprogram.com/pubs/pdf/frind3/frind3-vol1andvol2.pdf>.
- Pant, Manasi. 2021. "Sanitation Workers During the Pandemic: India's Neglected Frontline Workers." *Feminism in India*, July 28, 2021. <https://feminisminindia.com/2021/07/28/sanitation-workers-during-the-pandemic-indias-neglected-frontline-workers/>.
- Rukmini. S. 2020. "How COVID-19 Locked out Women from Jobs." *Livemint*, June 11, 2020. <https://www.livemint.com/news/india/how-covid-19-locked-out-women-from-jobs-11591772350206.html>.
- Sagar, Vidushi. 2020. "Can India Ignore Caste Realities while Relaxing Labour Laws?" *News18*, May 26, 2020. <https://www.news18.com/news/india/can-india-ignore-its-caste-realities-while-relaxing-labour-laws-2638135.html>.
- Saha, Subhomay, and Vikas Upadhyay. 2021. "The Missing Manual Scavengers of India." *Down to Earth*, January 18, 2021. <https://www.downtoearth.org.in/blog/water/the-missing-manual-scavengers-of-india-75104#:~:text=Whereas%2C%20the%20SKA%20estimated%20that,country%20at%20around%2026%20lakh>.

- Salaryexplorer. Sanitation Worker Average Salary in India 2022. Accessed 14 August, 2023. <http://www.salaryexplorer.com/salary-survey.php?loc=100&loctype=1&job=1699&jobtype=3>.
- Salve, S. Pradeep, and Suresh Jungari. 2020. "Sanitation Workers at the Frontline: Work and Vulnerability in Response to COVID-19." *Local Environment* 25, no. 8: 627–630, https://www.researchgate.net/publication/342900527_Sanitation_workers_at_the_frontline_work_and_vulnerability_in_response_to_COVID-19.
- Sanchita. 2021. "Glorified as 'COVID Warriors', Sanitation Workers Suffer Worst of All in the Pandemic." *The Wire*, July 6, 2021. <https://thewire.in/labour/glorified-as-covid-warriors-sanitation-workers-suffer-worst-of-all-in-the-pandemic>.
- Sarkar, Natasha. 2011. "Fleas, Faith and Politics: Anatomy of Indian Epidemic, 1890–1925." Ph.D diss., National University of Singapore. <https://core.ac.uk/download/pdf/48655733.pdf>.
- Satam, Mrunmayee. 2019. "Governing the Body: Public Health and Urban Society in Colonial Bombay City 1914-1945." Ph.D diss., University of Leicester. <https://doi.org/10.25392/leicester.data.11335856.v1>.
- Saxena, Anjuri, and Chahat Gautam. 2020. "Sanitation Workers Amidst COVID-19: Indispensable Yet Disregarded." *RGNUL Student Research Review (RSRR)* 8, no. 2. Accessed August 14, 2023. <https://rsrr.in/2020/09/01/sanitation-workers-amidst-covid/>.
- Senthali, S., Abhilasha Nagarajan and Srinithi Sudhakar. 2020. "COVID-19: Sanitation Workers Require Access to Menstrual Health." *The Wire*, June 9, 2020. <https://thewire.in/rights/women-sanitation-workers-menstruation>.
- Shah, Ghanshyam, Harsh Mander, Sukhaedo Thorat, Amita Baviskar, and Satish Deshpande. 2006. *Untouchability in Rural India*. New Delhi: Sage.
- Shaikh, Junaid. 2014. "Imaging Caste, Photography, the Housing Question and the Making of Sociology in Colonial Bombay, 1900–1939." *South Asia: Journal of South Asian Studies* 37, no. 3: 491–514.
- Shruti, I, and Madhurima Manjumdar. 2021. "How Caste Oppression is Institutionalized in India's Sanitation Jobs." *Janata Weekly*, May 30, 2021. <https://janataweekly.org/how-caste-oppression-is-institutionalised-in-indias-sanitation-jobs/>.
- Sorensen, Kristine. 2020. "Let us carry out #socialdistancing with a focus on #distantocialization keeping us closer rather than bringing us apart #mentalhealthliteracy #healthliteracy #distanttparticipation." *Twitter*. Accessed August 14, 2023. https://twitter.com/k_srensen/status/1238188317637828615.
- Sunandan, K. 2015. From Acharam to Knowledge: Claims of Caste Dominance in Twentieth-Century Malabar. *History and Sociology of South Asia* 9, no. 2: 174–192.
- Susewind, Raphael. 2017. "Muslims in Indian Cities: Degrees of Segregation and the Elusive Ghetto." *Environment and Planning A* 49, no. 6: 1286–1307.

- The Newsminute. 2020. "Number of Deaths Due to Manual Scavenging Rose by 62% in 2019." *The newsminute*, February 12, 2020. <https://www.thenewsminute.com/article/number-deaths-due-manual-scavenging-rose-62-2019-118018html>.
- WaterAid India. 2020. "Health, Safety and Social Security Challenges of Sanitation Workers during the COVID-19 Pandemic in India." *Water Raid*, September 28, 2020. Accessed May 12, 2022. <https://www.wataraid.org/publications/wataraid-india-annual-report-2019-20>.