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Dirty Work and Dignity Denied: The Impact of Occupational Stigma on the Social Exclusion of Sanitation Workers in Sri Lanka

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Abstract

Occupational stigma has long been recognized as a critical factor shaping the social experiences of individuals engaged in low-status and undervalued professions. This study examines the impact of occupational stigma on the social exclusion of sanitation workers in Sri Lanka, a group that is often marginalised despite their essential public service roles. Data was collected through a structured survey administered to sanitation workers employed by private firms across urban and semi-urban areas. Using a convenience sampling approach, 317 valid responses were obtained, achieving an 82.33% response rate. The measurement model demonstrated satisfactory reliability and validity, with KMO values of 0.753 and 0.876, and all factor loadings exceeding 0.50. Exploratory and confirmatory factor analyses confirmed the dimensional structure of the key constructs, occupational stigma and social exclusion, while ensuring convergent and discriminant validity. Regression analysis revealed that the overall model was statistically significant, explaining 53.2% of the variance in social exclusion. Occupational stigma was found to exert a significant positive influence on social exclusion. Furthermore, all three dimensions of occupational stigma, Public Stigma, Experienced Stigma, and Internalized Stigma, showed a significant positive impact on social exclusion. Public Stigma emerged as the most influential predictor, highlighting the powerful role of societal attitudes in perpetuating exclusion and marginalization. The findings align with previous empirical evidence that emphasises the detrimental social consequences of stigmatised occupations. This study contributes to the growing discourse on workplace dignity and inclusion by providing empirical evidence from a developing country context. The results underscore the need for policy interventions and awareness-raising initiatives to reduce stigma and foster social recognition for sanitation workers.

Keywords: experienced stigma, internalized stigma, occupational stigma, social exclusion, sanitation workers, public stigma

Introduction

Sanitation workers are vital to public health, hygiene, and environmental sustainability, with their importance particularly evident during crises like the COVID-19 pandemic (ILO, 2023). Despite their essential role, they face persistent social and occupational challenges, including discrimination, marginalization, and lack of recognition (Chowdhury et al., 2022; Tripathi et al., 2023). In many developing countries, including Sri Lanka, sanitation work is socially constructed as "dirty work," reinforcing occupational stigma that devalues both their labour and social identity (Gupta, 2020; Ramasamy, 2021).

Occupational stigma involves negative labeling, stereotyping, and devaluation associated with certain jobs (Goffman, 1963; Link et al., 2022). Work involving waste, bodily fluids, or perceived contamination, such as sanitation, waste collection, or sewage treatment, is especially stigmatized (McMurray & Ward, 2021). In Sri Lanka, sanitation workers, typically employed by municipal councils or local authorities, face stigma rooted in cultural perceptions of impurity, low social status, and manual labour (Weerasinghe & Jayasooriya, 2023). This stigma extends beyond the workplace, resulting in social isolation, limited respect, and restricted participation in community life (Chowdhury et al., 2022).

Consequently, social exclusion, a multidimensional process of being denied full participation and recognition in social and institutional life (Levitas et al., 2022), affects sanitation workers. It manifests through reduced social interactions, discrimination in public spaces, and limited economic and cultural inclusion (Burchardt et al., 2020), undermining their sense of belonging and leading to emotional distress, low self-esteem, and poor social integration (Ali et al., 2021; Tyler, 2020).

Research on occupational stigma and social exclusion among Sri Lankan sanitation workers is limited. Most studies focus on occupational health and safety rather than psychosocial and cultural consequences (Fernando et al., 2021). Understanding how stigma perpetuates social exclusion is crucial to addressing structural inequalities and informing inclusive policies that uphold the dignity, recognition, and social justice of this essential workforce.

Problem Statement

Sanitation work in Sri Lanka is highly stigmatised and undervalued, despite its essential role in public health, environmental sustainability, and disease prevention (Weerasinghe & Jayasooriya, 2023; ILO, 2023). The occupation is culturally constructed as "dirty work," associated with physical impurity and low social status, which generates strong occupational stigma (Gupta, 2020; Ramasamy, 2021). This stigma extends beyond perception, resulting in tangible social exclusion: sanitation workers face discrimination, social shunning, and limited opportunities for social engagement and mobility (Chowdhury et al., 2022; Tripathi et al., 2023). Internalization of stigma can further diminish workers' self-worth, reinforcing marginalization and invisibility (Bamber et al., 2021; Tyler, 2020).

Empirical research in South Asia, particularly India, Nepal, and Bangladesh, has documented the connection between sanitation work, stigma, and social exclusion (Chokhandre et al., 2017; Dhal &

Dhal, 2019). However, in Sri Lanka, this relationship remains underexplored. Most studies have focused on occupational health, safety, and labour conditions (Fernando et al., 2021), leaving a gap in understanding the psychosocial and sociocultural consequences of sanitation work. Cultural hierarchies and traditional perceptions continue to shape social relations and labour stratification in Sri Lanka, highlighting the relevance of studying occupational stigma in this context.

Addressing this gap is crucial for both academic and policy purposes. Understanding how occupational stigma drives social exclusion can inform interventions to promote social inclusion, the dignity of labour, and equality among sanitation workers. Therefore, this study aims to investigate the impact of occupational stigma on social exclusion in Sri Lanka, thereby contributing to ongoing discussions on decent work, social justice, and inclusive labour practices.

Literature Review

Concept of Occupational Stigma

Occupational stigma is a notion that originated in sociological and social-psychological debates on dirty work, a term coined by Hughes (1958) to refer to occupations that are socially discredited due to their association with dirt, danger, or moral ambiguity. These jobs are viewed as unpleasant and tend to arouse disgust or moral judgment among the public (Ashforth and Kreiner, 1999). Notably, this stigma is not limited to the nature of the work done; it also applies to the people who do it, thereby affecting their social identity, self-esteem, and acceptance in society (Ashforth et al., 2017).

Link and Phelan (2001) state that stigma occurs when labeling, stereotyping, separation, loss of status, and discrimination are combined in an unequal power context. Occupational stigma thus arises when a profession is termed as inferior or dirty, and the people who practice it are socially alienated and discriminated against. This process is highly institutionalised in societies with strong social hierarchies and beliefs in cultural purity, such as in Sri Lanka and most South Asian countries (Gupta, 2020; Tripathi et al., 2023).

Ashforth and Kreiner (1999) classify stigmatized occupations into three different types of taint. The former is physical taint, meaning work related to dirt, bodily waste or death. The second is social taint, which includes jobs in close contact with stigmatised groups or that demand servile subordination to others. The third is moral taint, which describes work that society views as deceptive, unethical, or morally questionable. These types of taint highlight the ways in which some occupations become socially discredited and how these perceptions shape workers' identities and status in society.

The physical and social contamination of sanitation workers is mainly associated with their direct contact with waste and their location in a socially devalued category of labour. This stigmatization leads to shame, alienation, and identity threat, which frequently lead to internalized stigma and poorer psychological well-being (Simpson et al., 2012; Tyler, 2020). Moreover, it restricts their upward mobility and supports social boundaries that continue to occupational segregation (Bamber et al., 2021).

Recent studies stress that occupational stigma is not a personal phenomenon alone but a structural one, conditioned by cultural norms, policy negligence, and structural inequality (ILO, 2023; Weerasinghe and Jayasooriya, 2023). To sanitation workers, this nexus of work, identity, and exclusion is a long-standing social injustice, which requires more scholarly and policy focus to ensure dignity and inclusion in stigmatized professions.

Concept of Social Exclusion

Social exclusion is a dynamic and multidimensional process that systematically marginalises individuals or groups and denies them the opportunity to participate fully in the social, economic, political, and cultural aspects of society (Levitas et al., 2007). It is not just poverty or deprivation, but a denial of rights, opportunities, and dignity that are needed to integrate into society (Silver, 2019). Sen (2000) defines exclusion in two ways: active exclusion, caused by intentional discrimination or institutional constraints, and passive exclusion, caused by neglect, indifference, or structural inequalities that make inclusion impossible. The two forms limit access to social resources, networks, and recognition, thereby strengthening inequality and hindering social cohesion.

For sanitation workers, social exclusion is not merely a consequence of economic disadvantage but also of occupational stigma and cultural hierarchies that undermine their contributions. They frequently feel discriminated against in their interactions with the community, shunned by their neighbours, and excluded from social and civic activities (Tripathi et al., 2023). This exclusion creates a cycle of invisibility and marginalization, as the sanitation workers continue to be socially segregated even though they carry out crucial public health roles.

Moreover, the psychological and societal effects of social exclusion are severe, including low self-esteem, emotional distress, and reduced social capital (Bhalla & Lapeyre, 2016). The exclusion in the South Asian context is frequently connected with the inequalities of classes and caste, so the sanitation workers are especially susceptible to the constant social isolation and lack of upward mobility (Gupta, 2020). Thus, social exclusion should be viewed from a multidimensional perspective to understand the social injustices sanitation workers experience and to foster inclusive social policies that guarantee dignity, equity, and participation for everyone.

Hypothesis Development

Occupational Stigma and Social Exclusion

This study is underpinned by Stigma Theory (Link & Phelan, 2001), which provides a comprehensive account of how stigmatisation processes lead to marginalisation and social exclusion. The theory posits that stigma emerges when labeling, stereotyping, separation, status loss, and discrimination occur together within a social and structural context of unequal power. Once an individual or group is labeled as different—such as sanitation workers being associated with “dirty work”—society attaches negative stereotypes that justify their social devaluation. These processes lead to exclusionary outcomes, as stigmatized individuals are often denied equal participation, respect, and social integration within their communities.

In the context of occupational stigma, Stigma Theory helps explain how social perceptions of impurity and inferiority become institutionalized, producing systemic exclusion. When sanitation workers are viewed through stigmatizing lenses, they experience reduced social acceptance and diminished access to community networks. This aligns with empirical research showing that stigmatized occupational groups, such as waste collectors, janitors, and manual scavengers, face persistent barriers to social mobility and community inclusion (Gupta, 2020; Hennekam & Shymko, 2020; Tripathi et al., 2023).

Furthermore, previous studies have employed Stigma Theory to examine the broader consequences of occupational stigma on workers' well-being and social experiences. For instance, Ashforth and Kreiner (1999) and Simpson et al. (2012) demonstrated that workers in stigmatised occupations often internalise societal devaluation, leading to feelings of shame and social withdrawal. Similarly, Link and Phelan (2014) emphasized that stigma not only influences interpersonal interactions but also perpetuates structural inequalities, reinforcing exclusionary norms. In line with these findings, Stigma Theory provides a robust framework for understanding how occupational stigma functions as both a social and psychological mechanism that contributes to the social exclusion of sanitation workers.

Accordingly, this theoretical foundation justifies the proposed relationship between higher levels of occupational stigma and greater social exclusion, as reflected in Hypothesis 1 (H1) of this study.

H1: **Occupational stigma has a significant positive impact on the social exclusion of sanitation workers in Sri Lanka.**

Public Stigma and Social Exclusion

Public stigma refers to the negative stereotypes and prejudices held by society toward individuals in socially devalued occupations (Link & Phelan, 2001; Corrigan & Watson, 2002). Sanitation workers often experience such stigma due to the "dirty" and low-prestige nature of their work (Ashforth & Kreiner, 1999; Gupta, 2020). This stigmatization leads to limited social interaction, reduced community acceptance, and exclusion from mainstream social activities (Tripathi et al., 2023).

Empirical studies have shown that public stigma is a strong predictor of social exclusion, as individuals facing societal disapproval are often marginalized and denied equal participation in social and institutional settings (Hennekam & Shymko, 2020; Gupta, 2020). According to Stigma Theory (Goffman, 1963; Link & Phelan, 2001), labeling and stereotyping result in discrediting and isolating individuals from social inclusion. Hence, consistent with prior research and theory, it is proposed that:

H2: Public stigma has a significant positive impact on social exclusion among sanitation workers.

Experienced Stigma and Social Exclusion

Experienced stigma refers to the direct encounters of discrimination, rejection, or demeaning treatment that individuals face because of their occupation (Link & Phelan, 2001; Corrigan et al., 2014). Sanitation workers often report being treated with disrespect, avoided in social settings, or denied

equal participation due to the perceived impurity and low prestige of their work (Gupta, 2020; Tripathi et al., 2023). Such negative experiences reinforce social boundaries and lead to exclusion from social and institutional life.

Empirical research has consistently shown that workers who experience occupational stigma are more likely to feel socially excluded and disconnected from mainstream society (Hennekam & Shymko, 2020; Tripathi et al., 2023). These experiences perpetuate inequality and limit access to social recognition, belonging, and community engagement. Therefore, it is hypothesized that:

H3: Experienced stigma has a significant positive impact on social exclusion among sanitation workers.

Internalized Stigma and Social Exclusion

Internalized stigma occurs when individuals accept and internalize society's negative beliefs and stereotypes about their occupation, leading to feelings of shame, self-devaluation, and social withdrawal (Corrigan & Watson, 2002; Major & O'Brien, 2005). For sanitation workers, internalised stigma can reduce self-esteem and discourage participation in community and social life, thereby reinforcing patterns of exclusion (Simpson et al., 2012; Tripathi et al., 2023).

Previous empirical studies suggest that internalized stigma contributes to social isolation and exclusion by diminishing individuals' sense of self-worth and belonging (Corrigan et al., 2014; Gupta, 2020). When workers perceive their occupation as socially inferior, they may voluntarily withdraw from social interactions to avoid judgment or humiliation. Hence, the following hypothesis is proposed:

H4: Internalized stigma has a significant positive impact on social exclusion among sanitation workers.

Underpinning Theory

The most suitable and holistic theory for explaining the relationship between occupational stigma and the social exclusion of sanitation workers is the Stigma Theory proposed by Link and Phelan (2001). This theory theorizes the stigma as a social process that includes labeling, stereotyping, separation, loss of status, and discrimination that takes place in an environment of unequal power relations. These elements are evident in the real-life experiences of sanitation workers in Sri Lanka, who are commonly referred to as dirty workers, stereotyped as lesser and denied social and institutional inclusion.

Stigma Theory effectively captures how negative occupational labeling and societal perceptions translate into systematic social exclusion, influencing not only interpersonal interactions but also access to resources, respect, and social mobility. It provides an integrated explanation of both the structural (discrimination and marginalization) and psychological (shame and devaluation) dimensions of exclusion. Prior studies, such as Gupta (2020) and Tripathi et al. (2023), have demonstrated that stigma theory is highly relevant in understanding the exclusion of sanitation workers and other marginalized occupations in South Asian contexts.

Thus, Stigma Theory is chosen as the central theoretical framework due to its direct, empirically grounded, and multidimensional explanation of the perpetuation of social exclusion through occupational stigma, making it the most appropriate theoretical framework to apply in this study.

Methodology

The purpose of the empirical study was to collect data on indicators of the model constructs and to analyse the effects of occupational stigma on the Social Exclusion of Sanitation Workers in Sri Lanka. Details of variables and their measurement, sample and participants, data collection and data analysis are presented below.

Variable and Measurement: Occupational Stigma.

Occupational Stigma is a variable that refers to the negative labelling, stereotyping, and social discrediting of people based on their occupation, especially when the occupation is undesirable, impure, or socially devalued (Link and Phelan, 2001). The occupational stigma of sanitation workers, in this research, is quantified in three dimensions, namely Public Stigma, Experienced Stigma, and Internalized Stigma, which are modified versions of the existing literature to reflect both the social perception and personal experience.

Public Stigma - This dimension measures the degree of negative attitudes and stereotypes in society towards sanitation workers and their profession. It indicates how society views sanitation work as dirty or inferior, and how such perceptions lead to social marginalisation. The items in this dimension are based on Ashforth and Kreiner (1999), Hennekam and Shymko (2020), and Tripathi et al. (2023).

Experienced Stigma - This dimension measures the first-hand experience of discrimination, rejection, and disrespect that sanitation workers encounter in their daily encounters. It dwells on how stigmatising behaviours and others' exclusionary practices reinforce their occupational devaluation. Measurement items are based on the works by Link and Phelan (2001), Corrigan et al. (2014), Gupta (2020), and Tripathi et al. (2023).

Internalised Stigma - The dimension measures how deeply sanitation workers internalise societal beliefs and stereotypes about the occupation, leading to shame, inferiority, or low self-esteem. It is a psychological impact of stigmatization over a long period. Corrigan and Watson (2002), Major and O'Brien (2005), Simpson et al. (2012), and Tripathi et al. (2023) are the sources of the adapted items.

Combined, these three dimensions offer a holistic approach to measuring occupational stigma as an external social phenomenon and as an internalised psychological phenomenon among sanitation workers.

Variable and Measurement: Social Exclusion.

The Social Exclusion variable is a multidimensional process by which individuals or groups are systematically excluded and deprived of full access to economic, social, cultural, and political life (Levitas et al., 2007). Social exclusion among sanitation workers refers to the social and institutional

obstacles that deny them equal recognition, participation, and integration in society due to the stigmatisation of their profession. The research quantifies social exclusion using three dimensions, namely, Social Isolation, Discrimination, and Lack of Recognition, which are based on established theoretical and empirical literature.

Social Isolation - The dimension measures the degree to which sanitation workers feel excluded by social relationships, community interactions, and participation in the community. It dwells on a sense of disconnection and a lack of belonging to the larger society due to occupational stigma. The items in this dimension are based on Levitas et al. (2007), Burchardt et al. (2002), and Tripathi et al. (2023).

Discrimination - This dimension measures the first-hand experiences of prejudice, unequal treatment, and social rejection that sanitation workers face due to their occupation. It brings to the fore the role of negative attitudes and exclusionary practices in society in creating and perpetuating structural marginalization. Measurement items are modified based on the work of Link and Phelan (2001), Gupta (2020), and Tripathi et al. (2023).

Lack of Recognition - This dimension reflects the extent to which sanitation workers feel they are not appreciated or valued for their efforts to promote the community's health and well-being. It is a manifestation of the lack of social respect, appreciation, and institutional recognition. Questions are modified based on Honneth (1995), Ashforth and Kreiner (1999), Simpson et al. (2012), and Tripathi et al. (2023).

Collectively, these three dimensions offer a holistic assessment of social exclusion, including the social and psychological impacts of occupational stigma faced by sanitation workers.

Population and Sampling

The target population in this study is sanitation workers employed by private firms in Sri Lanka. Nevertheless, the decentralised and fragmented nature of the sanitation workforce, in which employees are controlled by multiple private contractors and subcontractors, made it difficult to obtain an accurate population count. Therefore, the overall population was considered unknown. To overcome this weakness, the sample size was calculated using the standard formula for an unknown population, as suggested by Krejcie and Morgan (1970). Based on this criterion, a sample size of 385 respondents is deemed statistically adequate to ensure a reliable representation and generalizability of results at a 95% confidence level with a 5% margin of error. Because obtaining a complete list of sanitation workers across companies and locations was challenging, the study used convenience sampling. This non-probability approach enabled the researcher to gather data from respondents who were readily accessible and willing to participate, especially in urban and semi-urban regions where sanitation services are mostly outsourced. Though this method limits the generalizability of the results to the whole population, it was deemed suitable given the practical limitations and the exploratory nature of the research.

Data Collection

This study used a structured survey questionnaire with two main sections: demographic information and statements to measure the study variables, using a five-point Likert scale. The supervisors of sanitation workers in each organisation assisted with data collection. The researcher explained the purpose and importance of providing honest and accurate responses to the participants before they were given the questionnaires. The questionnaires were given to the respondents after the briefing and collected at its conclusion. Of the questionnaires distributed, 317 were completed and deemed valid for analysis, yielding a response rate of 82.33%. The collected data were subsequently analysed using both descriptive and inferential statistical techniques to examine respondents' demographic characteristics and test relationships among the study variables.

Data Analysis

Before conducting the inferential analysis, the dataset was examined to ensure its suitability and normality for both factor and regression analyses. First, the Kaiser-Meyer-Olkin (KMO) test was performed to assess sampling adequacy. The KMO values were 0.753 for the Occupational Stigma scale and 0.876 for the Social Exclusion scale, indicating that the sample was sufficient for factor analysis, as values closer to one demonstrate greater sampling adequacy (Hair et al., 1998). Second, Bartlett's Test of Sphericity was used to verify whether the variables were sufficiently correlated for factor analysis. The results showed that both the Occupational Stigma scale ($\chi^2 = 1288.063$, $p = 0.00$) and the Social Exclusion scale ($\chi^2 = 8722.084$, $p = 0.00$) demonstrated statistically significant inter-item correlations, confirming the suitability of the data for factor analysis. Third, skewness and kurtosis were analysed to assess the normality of the dependent and independent variables. As presented in Table 1, all skewness and kurtosis values fell within the acceptable range of 1 to +1, indicating that the data were normally distributed (Hair et al., 2019). Finally, to assess multicollinearity among independent variables, the Variance Inflation Factor (VIF) was calculated. The VIF values for both Occupational Stigma and Social Exclusion were 1.043 and 1.506, respectively, which are well below the recommended threshold of 5 (Hair et al., 2017), confirming that no multicollinearity issue was present in the dataset.

Table 1: Tests of Normality for Research Variables

	N	Skewness	Standard Error	Kurtosis	Standard Error
Occupational Stigma	317	0037	0072	-0182	0121
Social Exclusion	317	0010	0072	-0061	0121

Dimensionality, Reliability and Validity of the Scales

The principal component extraction method was employed for the exploratory factor analysis (EFA) to identify the underlying factor structure of the study variables. The analysis included an assessment of factor loadings, removed items, eigenvalues greater than 1, and the percentage of variance explained. The Occupational Stigma scale produced a single factor with one eigenvalue greater than 1,

accounting for 52.4% of the total variance. The Social Exclusion scale initially yielded a two-factor solution; however, after removing two low-loading items (5 and 8), a single factor was retained, explaining 50.6% of the variance.

Subsequently, a confirmatory factor analysis (CFA) was conducted using the refined scales to validate the factor structure. All indicator items are significantly loaded on their respective latent constructs, with standardized loadings exceeding 0.50, confirming good item reliability (Table 2). The composite reliability (CR) values for all constructs were above the recommended threshold of 0.60, while the average variance extracted (AVE) values, although slightly below 0.50, still indicated acceptable convergent validity (Malhotra & Dash, 2016).

Table 2: Reliability and Convergent Validity of Research Variables

	Number of Items	Cronbach Alpha (α)	Composite Reliability (CR)	Average Variance Extracted (AVE)
Occupational Stigma	18	0.81	0.81	0.48
Social Exclusion	15	0.89	0.89	0.46

Furthermore, discriminant validity was established using the heterotrait-monotrait (HTMT) ratio, where all inter-construct correlations were below the cutoff value of 0.85 (Henseler et al., 2015). Based on these results, the refined measurement scales demonstrated satisfactory reliability and validity, supporting their suitability for subsequent hypothesis testing and structural model analysis.

Results

More than half of the sanitation workers who participated in the study (65%) were female, while the remaining were male. Approximately half of the respondents were between 25 and 35 years of age. Nearly 65% of the sanitation workers completed secondary education, and about 63% reported having relatives with less than two years of work experience in the sanitation sector.

Hypothesis Test

To test the hypothesis, a multiple regression analysis was conducted to examine the relationship between Occupational Stigma and Social Exclusion, incorporating the three dimensions of Occupational Stigma: Public Stigma, Experienced Stigma, and Internalised Stigma. Tables 3 and 4 illustrate the strength and direction of the relationships among these variables.

Table 3: Structural Model Evaluation

	Value
R^2 (Social Exclusion)	0.532
Adjusted R^2	0.528

	Value
F-statistic	74.653 ($p < 0.001$)
Q^2 (Predictive Relevance)	0.297
VIF values:	
Public Stigma	1.506
Experienced Stigma	1.482
Internalized Stigma	1.043

The structural model was assessed to examine the impact of occupational stigma on social exclusion, using its three dimensions, Public Stigma, Experienced Stigma, and Internalized Stigma, as predictors. The model demonstrated substantial explanatory power, with the coefficient of determination (R^2) for Social Exclusion at 0.532 and an adjusted R^2 of 0.528, indicating that approximately 53% of the variance in social exclusion is explained by the occupational stigma dimensions. The F-statistics ($F = 74.653$, $p < 0.001$) confirmed that the overall model is statistically significant, suggesting that the predictors jointly contribute meaningfully to explaining social exclusion among sanitation workers.

Predictive relevance was evaluated using Stone–Geisser's Q^2 value, which was 0.297, exceeding the threshold of 0 and confirming satisfactory predictive accuracy of the model (Hair et al., 2019). Additionally, multicollinearity diagnostics revealed VIF values of 1.506 (Public Stigma), 1.482 (Experienced Stigma), and 1.043 (Internalized Stigma), all well below the recommended limit of 5, indicating no multicollinearity concerns among the predictors.

Overall, these results affirm that the structural model possesses adequate explanatory power, predictive relevance, and statistical robustness, thereby providing strong empirical support for the hypothesised relationships between occupational stigma and social exclusion.

Table 4: Results of the Structural Model (PLS-SEM Analysis)

Path	Hypothesis	β (Path Coefficient)	t-value	p-value	Decision
Public Stigma → Social Exclusion	H2	0.318	7.462	0.000	Supported
Experienced Stigma → Social Exclusion	H3	0.284	6.723	0.000	Supported
Internalized Stigma → Social Exclusion	H4	0.206	3.845	0.001	Supported
Occupational Stigma → Social Exclusion (Overall)	H1	0.534	9.357	0.000	Supported

The SmartPLS analysis revealed a statistically significant model demonstrating the impact of occupational stigma and its dimensions on social exclusion among sanitation workers. The model explained 53.2% of the variance in social exclusion ($R^2 = 0.532$), indicating a substantial explanatory power. Among the three dimensions of occupational stigma, Public Stigma ($\beta = 0.318$, $p < 0.001$) emerged as the strongest predictor, highlighting that negative societal attitudes and stereotypes contribute most significantly to the exclusion of sanitation workers from mainstream society. Experienced Stigma ($\beta = 0.284$, $p < 0.001$) also showed a strong positive relationship, suggesting that frequent encounters with discrimination and disrespect intensify workers' sense of marginalization. Internalised Stigma ($\beta = 0.206$, $p < 0.01$), while of lower magnitude, remained significant, indicating that internal acceptance of societal devaluation further reinforces exclusion. The overall path coefficients confirmed that both external (public and experienced) and internal (internalized) forms of stigma collectively heighten social exclusion. These findings are consistent with prior research (e.g., Ashforth & Kreiner, 1999; Gupta, 2020; Tripathi et al., 2023) and affirm that stigmatised occupational identities systematically lead to social isolation and diminished inclusion. Overall, the SmartPLS results validate the hypothesized model and underscore the multifaceted role of occupational stigma in perpetuating the social marginalization of sanitation workers.

Discussion and Conclusion

This study investigated the effect of occupational stigma on social exclusion among sanitation workers in Sri Lanka, using Public Stigma, Experienced Stigma, and Internalized Stigma as key predictors. The structural model showed strong explanatory power, accounting for 53% of the variance in social exclusion ($R^2 = 0.532$, adjusted $R^2 = 0.528$), and was statistically significant ($F = 74.653$, $p < .001$). These results confirm that occupational stigma plays a substantial role in the social marginalization of sanitation workers.

Among the three dimensions, Public Stigma ($\beta = 0.318$, $p < .001$) emerged as the strongest predictor, highlighting the dominant influence of negative societal attitudes and stereotypes. Sanitation work continues to be perceived as degrading or "unclean," reinforcing prejudice and social distancing. This finding aligns with Ashforth and Kreiner's (1999) "dirty work" framework, which explains how stigmatized occupations are associated with moral and physical contamination narratives that sustain social hierarchies. Experienced Stigma ($\beta = 0.284$, $p < .001$) also significantly increased social exclusion, indicating that repeated exposure to discrimination and disrespect intensifies workers' feelings of alienation. Consistent with prior research (Tripathi et al., 2023), such experiences diminish self-worth and reinforce exclusion within both social and institutional contexts. Internalised Stigma ($\beta = 0.206$, $p < .01$), though comparatively weaker, remained significant, suggesting that internalising negative stereotypes leads workers to perceive themselves as socially inferior. This supports Gupta's (2020) assertion that internalized stigma contributes to disempowerment and exclusion.

The model demonstrated adequate predictive relevance ($Q^2 = 0.297$) and low multicollinearity (VIF < 1.6), confirming its robustness. Overall, the findings show that occupational stigma operates through interconnected social and psychological mechanisms. Addressing both societal perceptions and

internalised beliefs is essential to promoting social inclusion, the dignity of labour, and social justice for sanitation workers.

Implications of the Study

This study provides significant theoretical, practical, and policy insights into the role of occupational stigma in shaping social exclusion, particularly among sanitation workers in Sri Lanka. By empirically examining the multidimensional effects of Public, Experienced, and Internalized Stigma, the research advances understanding of how social and psychological mechanisms jointly influence marginalization. These findings contribute to theory development in occupational stigma, social psychology, and human resource management, while offering actionable recommendations for organizations and policymakers.

Theoretical Implications - The study extends the occupational stigma framework of Ashforth and Kreiner (1999) to a developing-country context, highlighting how caste- and class-based occupational hierarchies continue to shape social exclusion. It demonstrates that exclusion is a multidimensional process driven by both external social forces and internalized psychological mechanisms. Moreover, the study emphasises the interplay between external (public and experienced) and internal (internalised) stigmas, showing that they coexist and reinforce one another, thereby maintaining stigmatised occupational identities. By validating the role of internalized stigma, often overlooked in previous research, the study underscores the importance of considering psychological internalization as a key determinant of social exclusion. These insights encourage future research to integrate both societal and cognitive dimensions when examining occupational stigma.

Practical Implications - From an organizational perspective, the findings highlight the necessity for multi-level interventions to reduce stigma and promote inclusion. Organizations employing sanitation workers should implement awareness and sensitivity training for staff, supervisors, and community stakeholders to challenge prejudices and foster mutual respect. Human resource policies should enhance dignity, safety, and working conditions through recognition programs, equitable compensation, and career development opportunities. Psychosocial support initiatives, including counselling, peer support networks, and self-esteem enhancement programs, are also essential for addressing internalised stigma and empowering workers. At the societal level, public awareness campaigns and positive media narratives can reshape perceptions of sanitation work as essential and valuable. Collaboration among government bodies, NGOs, and local authorities can further strengthen social inclusion initiatives by emphasising labour dignity and community recognition.

Policy Implications - The study highlights the need for structural and policy reforms to complement organizational interventions. Policymakers should integrate anti-stigma measures into labour, social welfare, and public health policies to ensure sanitation workers receive recognition and protection. Policies promoting formal employment, social security, and anti-discrimination measures can mitigate structural exclusion, while participatory inclusion in community decision-making and educational programs can enhance visibility and challenge generational prejudices.

Implications for Future Research - The findings also suggest avenues for further investigation, including exploring, mediating or moderating variables such as social support, self-esteem, or organizational justice. Comparative studies across occupations and cultures, as well as longitudinal designs, could provide deeper insights into the mechanisms and long-term effects of occupational stigma on social and psychological well-being.

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