

Women, WASH and health in rural Pune

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Research overview:

Limited access to WASH facilities is likely to result in stress, particularly for women and adolescent girls. They are already subject to various sources of stress in underserved rural communities, including fear of victimisation, the threat of violence and access constraints due to cultural norms. These may further amplify stress from both limited water and sanitation resources and limit access even where facilities are available. The project addresses questions about the nature and level of such stress, which previous studies focusing on material resources have neglected.

Objectives:

- Identify sources of psychosocial stress with reference to personal experience, reported accounts and perceived vulnerability to violence that affect access and use of various types of sanitation facilities and open defecation.
- Identify women's preferences, priorities, practices and perceived needs regarding menstrual hygiene – distinguishing preferred and available options, assessing the stress imposed by social expectations and cultural values, and clarifying perceived effects on women's health.
- Assess the level of stress, priority and self-perceived effects of limited access to water and sanitary facilities, and the extent to which such concerns may lead to coping strategies that involve limiting intake of food and liquids.
- Determine the availability, functionality and perceived adequacy of sanitary infrastructure in local health facilities, with particular attention to those facilities providing prenatal and obstetric care. Clarify whether these concerns influence the preference and use of accessible health facilities.

Methods:

Mixed methods approach integrating qualitative and quantitative data collection methods.

- Quantitative data collection: household survey (150 adolescent girls; 150 adult women); health facility infrastructure assessment (12 public and private health facilities)
- Qualitative data collection: Focus group discussions (8-12 FGDs: 2-3 each with adolescents, young women, older women and seasonal migrant women); key informant interviews (10 interviews with members of Gram Panchayat, members of Panchayat Samiti, school teachers and health professionals); free listing (20 adolescent girls and 20 adult women).