

SANITATION VULNERABILITIES:

Women's stresses and struggles for violence-free sanitation

The SHARE Research Consortium and the Water Supply and Sanitation Collaborative Council (WSSCC) formed a research partnership in 2013 to investigate the specific impact of inadequate access to water, sanitation and hygiene (WASH) facilities on women and girls in India and Bangladesh.

Women and girls are particularly disadvantaged as a result of multiple sociocultural and economic factors that deny them equal rights with men. Millions of women today are denied access or lack the facilities and means to manage the simple biological necessities of defecation and menstruation, and are often forced to adopt a range of coping strategies.

This partnership supports four studies which focus on:

- Specific WASH needs of women and the deleterious impact of coping strategies in Vadu, Maharashtra
- Hygiene in maternity wards in Gujarat and Dhaka
- Social and psychological impact of limited access to sanitation, the link between menstrual hygiene practices and reproductive tract infections, and between WASH practices and pregnancy outcomes in Bhubhaneshwar and Rourkela, Odisha
- Links between the psycho-social stress women face of where to relieve themselves and wider structural inequalities in Pune, Maharashtra and Jaipur, Rajasthan.

All four studies converge on the lack of safe and acceptable choices for women and girls. Links between unsafe sanitation and women and girls' poor health in terms of stress and infections are raised and major evidence gaps are highlighted. The higher incidence of reproductive tract infections linked to poor menstrual hygiene management under socioeconomically deprived groups is striking. Also remarkable is the lack of WASH facilities accessible by pregnant women.

This partnership brings together the expertise of the SHARE Research Consortium in delivering rigorous research relating to key challenges in the sanitation sector with WSSCC's networks and experience in linking policy and practice in developing countries for the realization of the human right to water and sanitation.

While the primary aim of this collaboration is to raise important questions that have not been given sufficient attention, it also aims to catalyze changes in public policy in order to see the rights of Indian women and girls realized.

OUTLINE OF RESEARCH QUESTIONS

In India, the absence of sanitation in urban and rural areas is much discussed and of late has become a flagship programme of the new Government of India. Recent incidents in the country where the rape and murder of two girls while they walked to a defecation site, has more than underscored the need for ensuring adequate sanitation facilities. For women, lack of sanitation is not only a question of lack of privacy and dignity, but also one of physical insecurity and vulnerability. Rape and assault are all too common particularly in urban slums of large cities of India, and lack of sanitation facilities further aggravates the situation. Women must respond to the psycho-social stresses created by the hazards, risks and shame associated with the need to enter into dangerous spaces for the purpose of defecation.

This research looks at poor urban women's experiences of harassment (e.g. Eve-teasing) and violence (e.g. assault) related to lack of adequate sanitation facilities as well as the multitude of coping mechanisms that they have adopted to minimize risk and psycho-social stress.

The primary question that this research explores is, "If gendered violence is symptomatic of power inequalities in society, then how do those inequalities manifest themselves in women's psycho-social stress and translate into women's decisions about where to relieve themselves?"

The research was undertaken between October 2013 – May 2014 in Pune (Maharashtra) and Jaipur (Rajasthan). Eight slum pockets and three slums were studied in Pune and Jaipur respectively. Most of these slums were located alongside canals, railway tracks, hilltops, or highways making access to sanitation a daily struggle. Some were very densely populated right in the city centres and others were in the peripheries of the city. Many of the study slums had a higher Scheduled Castes (SC) population. While in Pune most of the women worked either as domestic labour, wastepickers or construction work, in Jaipur women engaged in home based work like making puppets or largely remained as 'housewives'. In both cases however the struggle for basic amenities and livelihoods were of central concern.



An open defecation area without cover, Jaipur. Photo: Kathleen O'Reilly

APPROACH AND METHODOLOGY

The study relied on ethnography as a method supported by GIS to understand the context in which women were located with regards to availability of basic services of water and sanitation. Eight slum pockets were selected in Pune, and three slums in Jaipur which had a mixed caste and class composition. The selection was based on focus group discussions (FGDs) held in different areas with the help of local organizations and NGOs. These FGDs familiarized us with both issues related to water and sanitation facilities as well as the composition of the slums. Also through the discussions about issues of violence against women, we were able to meet women we could speak with in greater detail. These detailed interviews were conducted with 112 women.

Each interview began with a rapid socio-economic survey and then led into open-ended questions about women's experiences of sanitation-related violence, its psycho-social, physical and relationship impacts, and their everyday coping mechanisms. These interviews revealed a range of responses from matter-of-fact attitudes to extreme mental stress. Difficulties interviewing related to lack of privacy and therefore discomfort in speaking about the topic as indicated by body language and/or silence. In such cases the question under consideration was not pursued. Interviews ranged from an hour to more than a day. Time spent in participant observation over the weeks of interviewing gave us a better understanding of the context in which women were located and their descriptions of negotiating the use of that space.

KEY FINDINGS

The research vividly brings to light the multitude of psycho-social stresses that women face due to unsafe, inadequate or a complete lack of sanitation facilities in addition to the various everyday struggles of their lives. It shows how experiences of psycho-social stress vary across caste, class, age, kind of sanitation facility and location of the slums. It also indicates that sanitation in the form of open defecation (OD) and pit toilets (PT) maintains the status quo of unequal gender relations. Women in the study had very few choices regarding where to relieve themselves. Public toilets when available were always poorly maintained, and where they were not available, women had to use open spaces nearby. These sites are often vulnerable in terms of their location and sites. Forests with shrubs, railway lines, canal sides and uphill sites are the typical OD sites used by the women in our study. In some cases where the vastis (slums) did not have these 'privileged sites', it simply had to be done along the highway in full view of passersby.

Women's stress and struggles around violence-free sanitation varied across a spectrum: from preoccupation with safety to the normalization of harassment. Evidence suggests that women strategize to reduce their fear and discomfort, but there are constraints as to the extent of their strategies. Recurring harassment which puts undue stress on both minds and bodies of already overburdened women forces them to exercise their agency in small but definite ways. This study finds that individual women experience the risks of inadequate sanitation differently, but at broader scales. The conclusion is provision of adequate sanitation is not sufficient to alter gendered social relations. Adequate sanitation without attention to gendered relations of power puts the burden of safety on women, and does not address the caste and gender-based patterns of violence against women, thus calling for a differential treatment of the problem.

Assuming that policy makers are concerned with the welfare of the poor, rethinking the urban development paradigm will have to come to the forefront of their agenda. Sanitation plans

will have to be integrated into the larger development plans of cities and states, where development is based on principles of equity, sustainable use of resources and democratic participation. For the urban poor, the immediate concerns are those of space and survival. Issues of lack of tenure, living space and drainage have been voiced as the key constraints in constructing toilets. While the National Urban Sanitation Policy (NUSP) strongly suggests that the urban local bodies (ULBs) will have to settle these issues and provide for minimum access to sanitation facilities (NUSP 2008), a strong national budgetary commitment for the same is in order. From the point of view of slum-dwelling women, however, providing a toilet whether public or individual is not sufficient, its maintenance was a key issue. Public toilet maintenance has to be the ultimate responsibility of the ULBs. Moreover the study clearly showed that these toilets have to respond to needs of diverse women (for example old, pregnant, with children, disabled, belonging to different religious and caste communities) by being better lit, in safer locations and with regular provisioning of water. Although not directly linked to sanitation, a need for a community mental health centre was evident given the various psycho-social stresses that women faced. On a final note a community monitoring process is required whereby women and other stakeholders across diverse caste, class, and religious groups can monitor schemes and their outcomes that are implemented for their sake.

For practitioners, all of the above recommendations for policy should be followed up with a strong advocacy agenda. Awareness building and sharing of research findings across a range of stakeholders is needed. Community mobilization to improve safety and usability of PTs, to raise community awareness of gender, caste and class violence, and to increase community power to hold ULBs accountable is needed. Specific needs for slum-dwelling women include the need to address mental health concerns, inform women of their rights, and space for discussion of the psycho-social stress related to sanitation and other problems related to urban slum living.



Pit toilets without doors, Pune. Photo credit: Lakshmi Anantnarayan

FURTHER EVIDENCE GAPS

This study of how women's psycho-social stress relates to inadequate sanitation highlights the range of women's experiences. The significance of caste as a determining factor for women's ease of using OD spaces comes across prominently. However, with regard to PTs, the experiences of women were nearly all the same (i.e., negative) at both study sites. The research suggests that the elimination of the practice of OD would generate greater equality for women across age, marital status, and caste. This is an additional question that should be explored.

While we are encouraged that caste-bias did not seem to impact women's use of PTs, the problems of filth, lack of water, poor maintenance, and general neglect of PTs indicates that they would not be a welcome solution if the aforementioned problems were not addressed. The study raises the question: Where and how have PTs been managed effectively? When they are, do they eliminate forms of caste discrimination? Are they effective in curtailing gender-based violence for all or only for some?

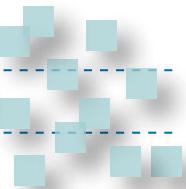
The study finds that some women were forced to use PTs because they had no other options. Other women wanted to use them but were forced to engage in OD because PTs were not available to them for a number of reasons (e.g., cost or queues). More research is needed on the variety of reasons women are forced to use or not use PTs, and what factors would have to change for them to become a viable option.

AUTHORS

Seema Kulkarni, Senior Fellow SOPPECOM

Kathleen O'Reilly, PhD; Associate Professor, Texas A&M University

Sneha Bhat Senior Research Assistant SOPPECOM



ADDITIONAL INFORMATION

Lack of sanitation is also closely connected with the process of urbanization, wherein different arrangements emerge where common spaces are converted into private ones and labour is engaged in as much as it supports profit making. Being part of the city's less desirable population itself puts the poor in a vulnerable position. The poor form the 'waste' of the city – something that is outside of political modernity. So while there is a continual engagement with this 'waste' whether in terms of labour or spaces, it is mainly to maximize the potential of converting that labour or space into profit. In such a paradigm of urban development the poor are 'out of place.' The urban underclass resides an unfavourable location for modern lifestyles and economic development, and is thus not seen as worthy of any amenities.



15 chemin Louis-Dunant,
1202, Geneva, Switzerland
wsscc@wsscc.org | www.wsscc.org



London School of Hygiene and Tropical Medicine,
Keppel Street, London, WC1E 7HT
contactshare@lshtm.ac.uk | www.shareresearch.org