

A Study on The Level of Sanitation Security among Women - Research Gap Analysis

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Abstract

Women are the key players in awareness creation about water and sanitation issues in their communities. Water and sanitation are the key components to empower women in all countries. The prime causes for the absence of sanitation facilities are due to poverty and cultural inhibitions and they need to be overcome. Supreme importance is to ensure privacy and safety of women in addition to improving hygiene and health to rural women.

In this paper an attempt is made to analyse the sanitation condition of women in the rural areas of Dindigul District of Tamil Nadu, India.

Key words: sanitation, rural women, usage and satisfaction level on sanitation complexes, Swachh Bharat Mission

INTRODUCTION

Sanitation is a human right. Sustainable Development Goal (SDG) 6 includes achievement of universal access to sanitation, and emphasises that to address in particular the needs of women and girls and those in vulnerable situations requires special efforts. However, women and girls continue to suffer disproportionately from inadequate sanitation, and often cannot use a toilet when and where they need. In addition to lack of access to household toilets, a key issue for universal access is low availability of public and community toilets. Where they do exist, these facilities typically do not meet the requirements of women and girls. Men and women have different requirements from facilities due to: biological factors including menstruation and pregnancy; and social and cultural factors such as expectations around maintaining 'dignity' and 'modesty', women still being the main caregivers for children and sick or older relatives and community members and those with disabilities, and women remaining at greater risk of harassment and sexual violence than men. Failing to plan, design or manage public and community toilets to ensure they are female-friendly and accessible to all users restricts the movement of women and girls, as well as older people and people with disabilities, and limits their ability to participate in public life

Status of Tamil Nadu in Sanitation

Tamil Nadu is the 11th largest state in India with almost 72 million people, more than most countries in the world. The state's social indicators have been well above the national average. The sex ratio (Females per 1000 male) of India is 940, while in Tamil Nadu it is a healthy 995. The same is reflected in indicators like literacy rate which in Tamil Nadu is over

80 per cent, as against the country's literacy rate of 74 per cent. Even literacy among women at 73% is way above the national average of 65%. Given this backdrop, it comes as no surprise that the state of sanitation in this southern state too is well above the national average. While nearly 40% of India still defecates in the open, in case of Tamil Nadu less than 10 per cent and 25 per cent of the households in urban and rural areas respectively, lack access to a toilet. The state has come a long way in terms of sanitation since the inception of Swachh Bharat Abhiyan. This is evident from the fact that toilet coverage has risen in the last three years especially in rural areas (from 48 per cent in 2014 to 77 per cent in 2017). The zeal and efforts of individuals in the toilet construction process is seen to be the key reason behind this growth. After three years of Swachh Bharat Abhiyan, a significant change has been recorded. Of the total 31 districts, three major districts – Kanyakumari, Coimbatore and Madurai have been declared ODF. Around 10 districts- Thoothukudi, Nilgiris Namakkal, Kanchipuram, Tiruvallur, among others, have attained more than 80 per cent toilet coverage and by the end of this year, the officials aim to declare these regions ODF.

STATEMENT OF THE PROBLEM

Currently 2.5 billion people live without access to basic sanitation, and approximately 1 billion practice open defecation, most of them living in rural areas.¹ This sanitation crisis is detrimental not only to women's health but also to their education, dignity, community status, and overall well-being. With improved sanitation for women, women all over the world will experience an elevated standard of living in several aspects.

Most women without access to basic sanitation, such as a latrine, must wait for nightfall and an empty field in order to defecate in private, a practice which has serious side effects for many women. Waiting so long to defecate leads to increased chances for urinary tract infections, chronic constipation, and psychological stress. Many women who are going out alone at night are also at risk of physical and sexual assault.²

The symptoms of menstruation, pregnancy and the postnatal period also become problematic if there are not adequate areas to properly deal with them. Many girls are forced to leave school once they reach puberty and menstruate simply because there are no facilities or supplies accessible to them, and those who choose to stay often miss class during their menstrual cycle, making it harder for them to succeed in the classroom. Furthermore, adult female teachers working in schools without sanitation for women, or women small business owners and employees without access to nearby facilities, must choose between the indignity and health risks of caring for themselves in the open or leaving work.

REVIEW OF LITERATURE

Thenmozhi (2018)³ in her study revealed that Athur block has implemented the sanitation programmes more effectively compared to Thoppampatty block. In spite of the water scarcity Athur block has performed better through rational usage. In spite of the water facilities Thoppampatti block failed to implement the sanitation programmes. Findings also reveal that providing infrastructure does not ensure use when there are significant and

culturally engrained behavioural barriers to using latrines. Future sanitation programmes in rural India need to focus on understanding and addressing these behavioural barriers.

Water Aid and Water & Sanitation for the Urban Poor (2018) in their guidelines explains the need for public and community toilets and why they must be female-friendly. Also describes and illustrates the essential and desirable features that make toilets female-friendly and suggests ways to build gender sensitivity into the city-wide assessment of gaps in public and community toilet provision, and in local implementation and management.

Chard and Freeman (2018)⁴ highlighted that the success of the United Nations Children's Fund (UNICEF) Laos WinS Project in pupils' school water, sanitation and hygiene behaviours, specifically increasing toilet use and daily group hand washing.

Chakravarty, Bhattacharya and Das (2017)⁵ demonstrated that needed to close the gaps that preclude people from accessing the adequate water, sanitation and hygiene in the World Health Organisation (WHO) South-East Asia region.

Rajasekaran and Rajendran (2015)⁶ examined the status of rural sanitation in Yercaud block of Salem district. Majority of the sample respondents not regularly used toilets facility and also not used soaps for wash hand after used toilets in Thalaisalai GP. Therefore, panchayat representatives needed to must take care of their activities.

Rajendran, Rajasekaran and Vijayakumar (2014)⁷ pointed out people are reasonably toward using toilets, water, soaps for hand wash, rainwater harvest and dustbin. The future generation is Children so, teacher to teach the children for safe water, hygiene and use dustbin activities compulsory In 2013, the Planning Commission reported that the sanitation coverage and extension of sanitation services is necessary but not an improvement in hygienic behaviour and an overall feeling of wellbeing. Sufficient invention may be required at each level to ensure that the more significant benefits of improved sanitation behaviour percolate to every member of the community, for improved quality of life and a sense of general well-being.

Rajendran and Rajasekaran (2013)⁸ observed from field level analysed in Salem and Thanjavur districts. Majority of people don't know the importance of toilets, though the government provides public welfare scheme and subsidies for constructing toilets. Notably, people do not have adequate awareness about toilets. Therefore, the government should take steps to create awareness with the help of local youth in rural areas.

Veerashekhara (2006)⁹ denoted that the concepts of need, demand and community contribution were not marketed well. In a sense, nongovernment organisations, which had been assigned the responsibility of creating the demand for better service, have not performed their job efficiently.

Objectives

- To know the research gap in the field of availability and utilisation of sanitation facilities through Community Toilets offered for urban poor women under Swaachh Abiahn Schemes
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METHODOLOGY

The present study is an empirical as well as descriptive in nature and based on survey method. Keeping in view the versatile objectives of the study the data were collected from both the primary and secondary sources. The primary data is collected through Interview schedule. The interview schedule is administered to the women users of Community Toilets and their awareness on, level and satisfaction level was assessed.

Tools used for Analysis

To describe the profile of sample respondents simple percentage analysis is used and to analyse factors that driven the awareness, utilisation and satisfaction on women friendly community toilets the statistical tools, Factor analysis, regression analysis are used. ANOVA test is applied to know the effect of profile variables and factors of satisfaction towards Community Toilets.

Sampling Technique

Out of the households which do not have own Toilets facility, the women in those families are taken as sample respondents. Convenient sampling technique is adopted in selecting sample respondents. Among the 311 households who do not own Toilet facility, 1 woman from each house is selected as sample respondent and their awareness level, opinion on the utilisation and satisfaction are assessed.

Area of the Study

Dindigul district of Tamil nadu is selected for the study.

Profile of Sanitation Facilities in Dindigul District for Urban Poor

Table 1. Details of Population and Houses having Toilet Facilities

Ward .No	Total Population			Total Houses	Toilet Available	Toilet Not Available	IHL	IFC
	Male	Female	Total					
	1	2	3	4	5	6	7	8
1	838	775	1613	357	338	19	170	20
2	431	434	865	236	213	23	75	11
3	495	478	973	253	231	22	85	27
4	513	510	1023	473	463	10	77	9

5	324	553	677	247	238	9	12	2
6	1105	1058	2163	365	346	19	127	16
7	518	441	959	304	288	16	63	13
8	582	597	1179	413	401	12	35	3
9	663	625	1288	335	310	25	51	17
10	597	579	1176	394	373	21	100	16
11	490	467	957	263	247	16	46	5
12	352	363	715	273	253	20	49	5
13	452	440	892	218	207	11	43	5
14	545	592	1137	292	279	13	96	5
15	583	615	1198	279	268	11	85	30
16	337	344	681	246	225	21	57	6
17	527	483	1010	291	269	22	93	9
18	376	375	751	242	242	21	41	10
Total	9728	9529	19257	5481	5170	311	1305	209

Source: Primary data collected from Dindigul Village Office,

It is explained in Table 1 that under Swachh Bharat Mission – Urban (SBM-U), 1305 houses are given Household toilets, including conversion of insanitary latrines into pour-flush latrines.

But 311 households do not access the facility due to lack of place to construct Toilet

From Table 1 it could be inferred that nearly 0.06 percent of the houses do have Toilet facilities of their own.

II Analysis of the Study

The Swachh Bharat Mission - Urban (SBM-U), launched on 2nd October 2014 aims at making urban India free from open defecation and achieving 100% scientific management of municipal solid waste in 4,041 statutory towns in the country. The Mission has the following components:

- Household toilets, including conversion of insanitary latrines into pour-flush latrines;
- Community toilets
- Public toilets
- Solid waste management
- IEC & Public Awareness
- Capacity building and Administrative & Office Expenses (A&OE)

Table 2. No of Community Toilets

Sl.No	No of Families Need of Toilet facilities	Availability	
		Public Toilets	Community Toilets
1	311	10	

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Source: Dindigul Collectorate

Suggestion and Conclusion

Absence of sanitation facilities is primarily due to poverty and cultural inhibitions, and they are to be overcome. It is of paramount importance to ensure privacy and safety of women besides improving general hygiene and health to rural people. But the survey results shows inadequate women friendly toilets and hence they must be taken care and be supported.

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