

26th WEDC Conference

WATER, SANITATION AND HYGIENE: CHALLENGES OF THE MILLENNIUM

Women's approach to rural sanitation

Zahirul Islam, Nafiza Akter and Mir Zakir Hossain and Tanya Barnett, Bangladesh

WOMEN'S PARTICIPATION IS an unavoidable issue in community based sanitation of rural Bangladesh. In fact sanitation is their major work. To complete this work women use their own approach which is developed through a social process. Women's approach is a vital part of integrated rural sanitation as because sanitation related women's works are materialised through this approach.

To understand women's approach as a whole recently a Participatory Rural Appraisal (PRA) has been conducted in 4 areas of rural Bangladesh. The study collected very diverse but significant data which result in this paper. The study focused on all kinds of sanitation works at domestic sphere e.g., hygienic latrine, safe water and hygienic behaviour, etc.

Method

A PRA study integrates a package of techniques and tools to collect in depth information through active participation of people. To ensure active and highest participation of rural women 20 tools and techniques were used in this study. A few number of these tools and techniques are- do your self, direct observation, focus group discussion, mapping, ranking, diagram construction, life history study, case study, local knowledge system and language analysis, spot analysis, secondary sources review, etc. Total 100 women of 15-45 age group participated in all PRA sessions of 4 areas.

Women's point of view on sanitation

As other activities sanitation is very known to rural women in their life. They have thinking about sanitation which is conceptualized with their life experience, social norms, tradition, customs, knowledge system and beliefs. In PRA sessions women tried to break down their own thinking which refers their view point about sanitation. Through analysing women's opinions, thoughts and regular sanitation practices the view point of women on sanitation can be diversified into four angles-spiritual, spiritual, taste, aesthetic and hygienic. Which can be detailed as follows-

Spiritual view point (VP)

- Central theme (CT)- Beliefs, sacred feelings and super natural and mythic values of women;
- Goal of practice (GP)- To please spiritual being;
- Examples of practical form (EPF)- faraj gasal (ritual bath) [Malloney, 1981], *aju/taiummum* (ablution for religious works), (*dhilã-kuluk*) (washing anus and pe-

nis with soil) and other exercising water related Rites of Passage [Van Gennep, 1960]. In cultures World wide, water is a source of spiritual nourishment. Frequently used in rituals it is endowed with a range of mythic and symbolic properties [Graves, 1993].

Aesthetic VP

- CT-Beauty and humour sense of women;
- GP-To increase beauty of living;
- EPF- Washing cloths, hands, mouth, body, cleaning plates, glasses and domestic sphere.

Taste VP

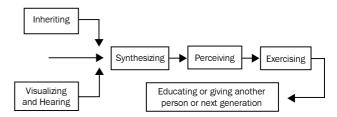
- CT-Positive feelings and attitude of women to eat, drink or use anything;
- GP-To ensure individual taste of women;
- EPF-Washing cloths, hands, mouth, body, cleaning plates, glasses and domestic sphere.

Hygienic VP

- CT-Awareness and sense of women related to health and diseases;
- GP-To protect health and prevent diseases;
- EPF- Boiling water, cleaning hands after defecting and before eating, using safe water, using hygienic latrine etc. [Aziz, 1994].

Process of developing women's perception and knowledge on sanitation

Bangladesh as a 'traditional' society modern knowledge, science and technology can't penetrate easily into its internal dynamism till now. Social institutions actively determine perception and knowledge of community members. Female members since their early stage of life learn sanitation through a social process. Women designed this process which is as follows-



They identified some sources of information and knowledge on sanitation, these are- Grand parents, peers and kin persons, folk tells, religious version and text, myth, TV,

radio, cinema, school teachers, religious persons, health workers, NGO workers etc.

Sanitation as an exclusive duty of women

Culture, social institutions and gender system of Bangladesh are male dominated and biased. The male biased system influences work division of men and women . What types of duties are done by women it is fully determined by this system. Sanitation is one type of works fixed for women. It is also their inherited work. From early stage to end of life and from morning to night of every day which works are done by women incessantly the major portion of these works is sanitation related [Save the Children, 1995]. Women listed some sanitation works which are done by them. These are as follows –

- Morning: Coating home, washing plates, cleaning house, bathing, washing cows, disposing children's faeces, collecting water, cleaning latrine etc.;
- Midday: Washing cloths, washing home, water collection, washing plates, ritual purification, cleaning children, etc.:
- Afternoon: Collecting water, cleaning garden and yard, preserving water, etc.;
- Evening: Washing home, ritual purification, washing hands and mouth of children etc.;
- Night: Washing home, cleaning bed, washing hands etc.;

Women informed that all kinds of sanitation work in domestic sphere are done by female. But due to male biased social system sanitation works are neither socially recognised nor economically evaluated.

Sanitation techniques used by women

To act on sanitation for adapting in inimical environment women use some techniques. They identified 15 techniques, some of these are indigenous and some are recently introduced by development workers. Identified techniques are shown as follows –

- Using ashes, mud or sand for washing hands after cleansing anus;
- Using dhilá (mud, cloth pieces) for cleansing anus;
- Using *nim pátá* (margosa leafs) for water purification;
- Burning incense at evening to kill germs of residence;
- Using *tábiz-montro* (amulet and incantation) for water purification:
- Boiling and tranquilising water for purification;
- Using covered earthenware jar for preserving water;
- Using living fishes in water jar for purification;
- Entering and burning faeces and other dusts;
- Using water purification tablets and alum;
- Digging *indirã* (masonry-well) to collect ground water;
- Using various types of tube-wells (TW) e.g., NO 6 TW, Bamboo TW, Roar pump, Tara pump to collect ground water;

- Using various types of hygienic latrine e.g., pākā pāikhānā (Sanitary latrine), water sealed latrine, hole latrine, etc.,
- Using khola páikháná (open latrine);
- Harvesting rain water, etc.

Most of above techniques don't threaten to the environment

Social communication system for sanitation

For exchanging and diffusing message on sanitation women use own but traditional system. Women defined this system which is patterned on the following peculiarities –

- It is not formalised process of society but exists as hearsay;
- It is a multilateral system;
- The linguistic form of this system is constructed with native terms e.g. napak (polluted), hágu/gu/bistá (stool), pesãb/mut (urine), peter berãm (diarrhoeal diseases), dhoá-mochá (cleansing), gorom korá (boiling), sochá (anus washing), foroj gosol (compulsory bath), etc.
- For communication sometimes women use some symbols or metaphoric words to make comprehend meaning of sanitation aspects, e.g. latrine is symbol of shame and status, diarrhoeal disease is symbol of epidemic, urine and stool are symbol of profanity, ritual bath is symbol of sacredness, urinating and excreting in water are symbol of sin and water is symbol of life.
- In verbal communication women use common vocabulary and phonemic style, but many variations belong to this style by region.

Existing sanitation project

In Bangladesh sanitation is a vital development sector in which Government, UNICEF and NGOs are trying to promote vulnerable situation [Hasan, 1997]. Major sanitation activities in rural Bangladesh are-

- Awareness raising, information, education and communication (IEC);
- Providing sanitary latrine;
- Installing tube-well;
- Monitoring and evaluation [NGO-Forum, 1996].

Women are main target group in these programmes.

Women gave opinions that in the whole process of sanitation project they don't or can't actively participate. Women's approach to sanitation is not studied and used in sanitation project. Women don't consider the programme as their own programmes extremely. As a result an immense gap between women's life trend and existing Govt./ NGO interventions belongs in rural Bangladesh.

Conclusion

The learning of this discussion is that women are main actor in sanitation sector and to act on sanitation and adapt

in inimical environment for sanitation they formulated and use an approach. To ensure whole participation of women in sanitation project concerned authority should comprehend and apply women's approach. Then exclusive sanitation practice and sustainability in sanitation with 100 per cent coverage will be ensured.

References

- AZIZ, KMA, et. al (ed.) 1994, Third Annual Scientific Conference of Int'l Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B); Programme and Abstract, ICDDR, B, Dhaka.
- GRAVES, W, (ed), 1993, National Geographic Special Edition: Water, Journal, The National Geographic Society, Washington DC.
- HASAN, QM, (ed), 1997, Across the villages: A collection of Experiences on water sanitation, NGO-Forum for DWSS, Dhaka.
- NGO-Forum for DWSS, 1996, Annual Report, NGO-Forum, Dhaka.

- Save the Children (USA), 1995, Angshagrahan Mulok porjálochoná: Mohila bishoyak akti protibedon, SCF-USA, Dhaka.
- VAN GENNEP AR, 1960 *The Rites of passage*, London. MALONEY, CLARENCE, et al, 1981, *Beliefs and Fertility in Bangladesh*, ICDDR-B, Dhaka.
- ZAHIRUL ISLAM, Project Officer, Community based Water Supply and Sanitation Project, SEMP, DPHE-UNDP, Bangladesh.
- NAFIZA AKTER, Programme Officer, Organization for Social Development and Anthropological Approach. (OSDAA-Bangladesh)
- MIR ZAKIR HOSSAIN, Programme Officer, Organization for Social Development and Anthropological Approach. (OSDAA-Bangladesh)