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**LOCAL ACTION WITH INTERNATIONAL COOPERATION TO IMPROVE AND
SUSTAIN WATER, SANITATION AND HYGIENE SERVICES**

WASH, violence and health: a quantitative analysis

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In India out of the 246,692,667 households there are 53.1% having no latrines. Similarly in the urban areas out of 78,865,937 there are 18.6% without latrines. Two thirds of Indian homes are devoid of a drinking water facility from a treated tap source. Inadequate water and sanitation impacts women as they face challenges and are widely exposed to vulnerable situation posing a threat to their dignity and safety. To understand the challenges in accessing water and sanitation provisions a PhD study was conducted in the urban slums of Bhopal, Madhya Pradesh. The findings indicate that 89.5% respondents did not feel safe defecating in the open. 96% women and 40% men controlled the urge to defecate. A key finding of the study was that 68% of the women had experienced violence in some or the other form.

Introduction

There are still people in India who are practicing open defecation. There is a link between access to water and sanitation and the health and economy of the country (DNA India, 2014) Women and girls pay a high price for lack of sanitation facilities and bear the burden of fetching water and losing out on opportunities for education, work and leisure time (UNICEF).

There are many ramifications of poor water and sanitation provisions like the impact on health, issues of safety and security, increasing vulnerabilities, missing on education etc. According to the census 2011, 53.1% of the households in India do not have a toilet, which is an improvement from 63.6% in 2001; it is 69.3% in rural areas wherein it was 78.1% in 2001 and 18.6% in urban areas wherein 26.3% in 2001 (India Water Portal).

WHO/UNICEF's Joint Monitoring Programme (JMP, 2012) on sanitation for the Millennium Development Goals, also indicated that 59% (626 million) Indians still do not have access to toilets and practice open defecation. For working-class urban women and girls, the lack of access to safe, affordable and accessible water and sanitation infrastructure is a multi-dimensional problem. Waiting in long lines at standpipes, water holes, wells, and contaminated streams increases the working day of women, and often means that girls do not get to school as they have to wait in line to collect water.

Unsafe water means more of women's time goes to caring for sick children and family members. This situation also drains meagre financial resources for health services and medicines, results in the loss of potential income from the economic use of domestic water, cuts into leisure time or time for adult women to access education, and minimizes time which could be used to generate income in either the formal or informal economy (Women in Cities International, 2011).

The absence of access to water and sanitation leads to adverse health conditions for instance collecting and carrying water while pregnant can cause difficulties in pregnancy and other reproductive health consequences, such as uterine prolapse. Women who lack safe water are more prone to WASH-related illnesses, such as hookworm infestation, which, when occurring during pregnancy, is linked to low birth weight and slow child growth, and hepatitis. Emerging evidence suggests that giving birth in a setting without safe drinking water or sanitation has a negative impact on the health and survival of both mother and baby. Lack of safe water, sanitation and hygiene causes up to 50% of under-nutrition among children in the world. The lack of access to drinking water and toilets in schools hampers the learning of students. Girls are

often absent in school, especially when they are menstruating, as they are reluctant to use school toilets that are dirty or lack privacy, affecting their studies (Janz and Wilbur, 2013).

Methodology

The study is descriptive in nature and attempts to describe the gender issues and concerns in the absence of water and sanitation in the slums. The research deployed quantitative and qualitative methods of data collection. Two hundred respondents were interviewed including 100 men and 100 women. The sample was randomly selected. The list of the population was available with the NGO working in the area. The research was conducted in three slums of Bhopal (Shri Ram Nagar, Pathar ki Basti and Baba Nagar). These slums were selected on the basis that most of the people from the community practice open defecation. Thirty three men and 33 women were selected from the two slums and in one slum the sample of 34 each was collected. The age of the respondents ranged from 18 years to 45 years. The interview schedule covered the following broad categories: personal profile, economic profile, social background, perceptions of violence against women, prevalence and nature of violence, implications of violence, coping and support mechanisms.

Key findings and discussion

The primary data was collected from both men and women to understand the challenges they or their family members face due to poor water and sanitation provision. An in depth analysis was done to understand the issues, challenges and the perceptions of the problems. The socio economic profile indicates that the majority of respondents belong to the weaker section of the society: 43.5% belonged to Scheduled Caste, 32.5% belonged to Other Backward Classes (OBC) and 15.5% belonged to Scheduled Tribe. There were 43% of the respondents that were uneducated and among them more women than men. 70% of the respondents were working and out of them the majority were daily wage labourers, 50% of them earned below INR 5000 per month.

Water Issues

The findings reveal that all the respondents are dependent on the public sources for water. The majority (47%) fetched water from a hand pump and 31% used the public stand post. Eighty three percent of the women interviewed and 42% of the men stated that women are primarily responsible for fetching water though the respondents did explain that they get support from the men and family members sometimes. **“I help so that there are no fights on water”**.

The majority (58.1%) accessed water in the morning and 28.9% fetch water in the evening. The water source is far from their residence and thus a lot of time is wasted in fetching water, while children miss school due to long queues. Respondents said that they face a lot of health issues as they have to carry loads of water from far away. The water is not enough for them so have to fill the containers twice. **“I get a constant pain in my back and legs as I have to fetch water from far away.”** The burden of water increases for women during menstruation as they need extra water.

Sanitation Issues and challenges

The findings show that defecation in the open is very prevalent in the slums where 93.5% of respondents defecate in the open grounds near their slums. The data shows that female respondents face a lot of problems as compared to male respondents. They go for defecation usually twice or thrice as they can not sit for a long time fearing someone might see them. **“Men keep watching and we share the same place so we feel shy and get up half way through, though when I can’t control it I sit shamelessly with my head down”**.

Out of the total women 95% feared going for defecation in the dark, despite the fear 45.4% go early in the morning and 36.2% in the evening after dark. It is evident from the data that men go once to defecate usually, 76% go early in the morning and 23% go in the daylight. **“There are many fears we face but can’t do anything but go when dark to avoid being seen during the day light”**.

The data shows that 92% of men are scared of women from their family being harmed by antisocial elements, animals and insects, and sexual abuse that may take place when they are defecating in open. The majority (85.5%) feared going for open defecation at night. The reasons for both men and women were somewhat the same as both feared animals, insects and the supernatural.

Health impact

Lack of sanitation impacts health which can be seen in the data which reveals that women (96%) and men (40%) both control the urge to defecate during the day. Only 57% of men felt that women control the urge but the rest did not agree. The health issues faced by women include stomach ache, head ache, constipation, loose motions and gas and acidity. Fifty eight percent of women faced problems when going for defecation or fetching water during menstruation. Lack of privacy, uneasiness, having to fetch extra water, other health issues and infections are some of the major health problems women faced. Of the respondents, 89.5% of both men and women do not feel safe defecating in the open. **“I get a lot of pain during menstruation but have no option but to fetch extra water and suffer more”**.

Violence Experiences and responses

Lack of water and sanitation facilities puts women at a major risk to violence and abuse. Women are exposed to vulnerabilities and fear incidents whenever out to defecate. Ninety five percent of the respondents agreed that women were at risk of violence when they go out to defecate. **“We experience violence in some or the other form always”**.

The data clearly shows that violence is prevalent in the slums when women go out to defecate with 75.5% of the respondents believing that this was the case. The respondents (74.4%) also felt that there has been an increase in the cases of eve teasing (comments and remark made to women), sexual abuse and physical violence that includes pushing, chain snatching (stealing of necklaces) and even stoning. Sixty eight percent of women experienced violence personally and heard of experiences of friends in the form of eve teasing, using derogatory remarks, abusive words, staring, comments on sexual organs and indecent exposure of body parts. Statistically there was no significant difference in age and the experience of violence among the respondents. Thirty five percent of women reported that they face violence always and 33% face it often.

Although Though 71% of the respondents strongly agree that any violence experienced should be reported they often do not share the experiences of violence with the family the reasons being; fear of fights, family defamation, abuse, women are often blamed if they share, they feel ashamed of the incident, some women feel that it is a normal incident which always happens and these things can not be told. A large number (86%) of respondents feel that women should retaliate and not keep quiet but 14% feel women should ignore the incidents. **“Violence when going for defecation in many forms is so common that we have accepted it as part of our lives”**. More than half of the women interviewed (61%) have shared the experience of abuse in the family but no case has been reported in the police station despite the fact that 93% of men stated that they would support the women and report the incident. There is no statistical significance found in age and sharing of violence. The reason for violence not being reported appears to be the ignorance of the legal procedures as 78.5% of respondents were not aware of the legal recourse and 61.5% were unaware of the complaining process.

	Legal recourse		Complaining process	
	Women	Men	Women	Men
Yes	33	10	43	34
No	67	90	57	66
Total	100	100	100	100

Conclusion and recommendations

The findings of the study indicate that inadequate water and sanitation provision leads to a number of problems. They directly affect the health and economy of the nation, women face a lot of difficulties and are exposed to violence and other health problems which include physical and mental stress. The findings show the everyday ordeals and suffering of women and how men are also perceiving these.

It is apparent that non availability of water and sanitation facility weighs women down with an added burden that proves detrimental to their health. Children, especially girls, miss school as they have to support their mothers in fetching water. The urban governance is least interested in thinking about in access to water

and sanitation and its repercussion on women. There is a need to devise strategies to deal with violence and health issue in a customised manner. Organisations working on WASH should think out of the box and include other strategies and support systems at the community level to help women with such experiences. Awareness should be given to women in the community to deal with violence.

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