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## Sanitation, hygiene, cleanliness: Special reference to Indian women and open defecation

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**Abstract**

Environmental sanitation ultimately breaks the cycle of disease. . India is still lagging far behind many countries in the field of environmental sanitation. Census 2011 had revealed that only 32.7 percent of rural population has access to toilets. Absence of sanitation makes females vulnerable and exposes them to the risk of faecal-orally transmitted diseases, uro-genital tract infections, urinary incontinence and chronic constipation. Inadequate sanitation access leads to psychosocial stress, harassment and sexual violence, and increased work from water fetching, care-giving burdens and carrying out post defecation needs of old and ailing family members. Modi Government's India's Swachh Bharat Abhiyan-Grameen is an ambitious plan to end rural open defecation in the country. Indian Government has to face many challenges in maintaining high standards of sanitation and hygiene mainly in drinking water, cleanliness and pure air.

**Keywords:** Sanitation, hygiene, Environmental sanitation, uro-genital tract infections

**Introduction**

Environmental sanitation envisages promotion of health of the community by providing clean environment and breaking the cycle of disease. It depends on various factors that include hygiene status of the people, types of resources available, innovative and appropriate technologies according to the requirement of the community, socioeconomic development of the country, cultural factors related to environmental sanitation, political commitment, capacity building of the concerned sectors, social factors including behavioral pattern of the community, legislative measures adopted, and others. India is still lagging far behind many countries in the field of environmental sanitation. The research documented in detail the current sanitation and hygiene practices of rural communities, developing an understanding why people behave the way they do and why building and using toilets remains a challenge in rural India.

It explains why people have a high level of cultural sensibility and knowledge of personal hygiene and cleanliness of their home environment, yet their understanding does not translate into adoption of safe sanitation and hygiene practices.

For example, one of the most common findings was that the awareness on the transmission of diseases through oral faecal route is highly limited in all the villages.

Moreover, the study highlighted that people do not attribute lack of sanitation to be the primary cause for major illness but think that it is due to a lack of proper nutrition, hard physical labour or general weakness of the human system over the years from early marriage, child birth, weakness from repeated attacks of malaria and viral fevers, etc.

According to the recent figures by the World Health Organisation and UNICEF India continues to have the highest number of people defecating in the open. Census 2011 had revealed that only 32.7 percent of rural population has access to toilets. Open defecation has been linked to serious health consequences and loss of wages due to illnesses. Though in current time, Indian Government has been taking serious efforts to eradicate this common social problem. For women and girls, the consequences of inadequate sanitation go beyond ill health. Apart from the humiliation of relieving oneself in the open, there is also the fear of being harassed, experiencing violence and the psychosocial stress that comes with it. Recently many media reports tell that many people have been humiliated by Government

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officials, Panchyats and In-laws for not updating themselves with hygienic washroom facilities.

This present paper tries to bring out that Indian women and girls face special risks from lack of access to sanitation facilities, their ability to participate and influence household-level sanitation is not well understood. This paper examines the association between women's decision-making autonomy and latrine construction in rural areas of Odisha, India. The role of the WHO Guidelines for Sanitation and Drinking Water Quality emphasizes an integrated approach to water quality assessment and management from source to consumer. It emphasizes on quality protection and prevention of contamination and advises to be proactive and participatory, and address the needs of those in developing countries who have no access to piped community water supplies. The guidelines emphasize the maintenance of microbial quality to prevent waterborne infectious disease as an essential goal. In addition, they address protection from chemical toxicants and other contaminants of public health concern

The problem of open defecation not only brings shame but it also causes unhealthy practice among fair sex. Women and girls are the most affected by lack of access to sanitation facilities and safe water, as they have greater need for privacy during defecation and bathing compared to men. Absence of sanitation makes females vulnerable and exposes them to the risk of faecal-orally transmitted diseases, uro-genital tract infections, urinary incontinence and chronic constipation. In response to the shame and fear associated with Open Defecation, women restrict their mobility and also adopt risky practices such as inadequate food and water intake for long hours to avoid the need to urinate or defecate. This lack of adequate nutrition along with poor sanitation and hygiene practices can worsen the situation for pregnant women and lead to poor pregnancy outcomes leading to maternal and child under-nutrition.

Females avoid being seen while defecating in the day light and wait till dark to use the open space for defecation, which may force them to eat less, resulting in malnutrition. Inadequate sanitation access leads to psychosocial stress, harassment and sexual violence, and increased work from water fetching, care-giving burdens and carrying out post defecation needs of old and ailing family members. Provision of adequate water, sanitation and hygiene facilities is thought to mitigate these adverse impacts, making their lives safer, easier and healthier. However, as of 2012, an estimated 1.25 billion women and girls (or 1 in 3 worldwide) were without access to adequate sanitation. Of these, 526 million had no access to any form of sanitation and defecated in the open. The problem of Sanitation is not only common in rural areas but it is a giant problem of city dwellers. Percent of urban population without proper sanitation in India is 63%. The 11<sup>th</sup> five year plan envisages 100% coverage of urban water, urban sewerage, and rural sanitation by 2012. Although investment in water supply and sanitation is likely to see a jump of 221% in the 11<sup>th</sup> plan over the 10<sup>th</sup> plan, the targets do not take into account both the quality of water being provided, or the sustainability of systems being put in place.

Modi Government's India's Swachh Bharat Abhiyan-Grameen is an ambitious plan to end rural open defecation in the country. For a country that accounts for 59 percent of the world's open defecators. Sanitation is not inherently gender transformative. The paper says toilet security cannot

be achieved unless gender inequalities are prioritised, sometimes, even above sanitation. Research makes it clear that the sanitation provision and/or behaviour change alone cannot eradicate open defecation. Focus must be more on tackling the gender inequalities that lead to toilet insecurity. Challenges for Indian Government.

1. Prevention of contamination of water in distribution systems,
2. Growing water scarcity and the potential for water reuse and conservation,
3. Implementing innovative low-cost sanitation system
4. Providing sustainable water supplies and sanitation for urban and semiurban areas
5. Reducing disparities within the regions in the country
6. Sustainability of water and sanitation services.

In most low-income settings, women and girls are considered to be primary users, providers, and managers of water and sanitation in a household. They are often regarded as guardians of household hygiene, and their inclusion in programmes is believed to be an efficient and sustainable approach to sanitation. Studies have found that the effectiveness of the water and sanitation projects was strongly associated with women's participation in decisions about water supplies, transparency and management of sanitation interventions

Lately, a survey was conducted to study the real condition of women about cleanliness, sanitation, hygiene. But it was very troublesome. During the survey it was found that women were reluctant to talk about these issues freely and frankly. When the survey team visited several houses, the female head was targeted to be the respondent. Where the female head was either unable or unwilling to participate in the study or not present at the time of the visit, the next household was approached, till all households in the village were covered. Prior to the survey, qualitative research was conducted to understand and identify women's decision making autonomy in household activities in general. Findings of this qualitative research were used to develop the questionnaire for the cross-sectional survey.

During the survey, the following queries were discussed.

- 1) decision making power that entailed financial investments such as purchase of large household items, cattle or farm animals, daily needs, repairs or additions to the existing house, and tube-well installation, and, 2) their freedom of mobility in deciding for own health care and accessing health care services, visiting families and friends. The survey also included questions on basic demographics, type and family composition, caste, education and occupation of female and male heads, type of household construction, assets and availability of latrine facility. Decision making in the context of household latrine installation was specifically studied, including aspects such as final decision to build, site identification, purchase of raw materials, arrangement of masons and initial monetary investment.

Implementation of low-cost sanitation system with lower subsidies, greater household involvement, range of technology choices, options for sanitary complexes for women, rural drainage systems, IEC and awareness building, involvement of NGOs and local groups, availability of finance, human resource development, and emphasis on school sanitation are the important areas to be considered. Also appropriate forms of private participation

and public private partnerships, evolution of a sound sector policy in Indian context, and emphasis on sustainability with political commitment are prerequisites to bring the change. Though governments and implementers emphasize women's involvement in sanitation programmes, socio-cultural factors and community and household level dynamics often prevent women from participating in sanitation-related decisions. Measures are needed for strengthening sanitation policies and effective implementation of programmes to address gender power relations and familial relationships that influence latrine adoption and use.

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