International Journal of Pure and Applied Mathematics
Volume 120 No. 5 2018, 1491-1503
ISSN: 1314-3395 (on-line version)
url: http://www.acadpubl.eu/hub/
Special Issue

http://www.acadpubl.eu/hub/

Role of Women in Sanitation; An exploratory study on tribal population in Wayanad.

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ABSTRACT

Women play a major role in maintaining health, hygiene and sanitation within a household. The literature on sanitation behaviour has identified that objectives related to sanitation cannot be established without the full participation of women. The purpose of the current study was to understand the barriers that women who are the primary caregivers, perceive in adopting improved sanitation infrastructure despite its availability in a community. The study was carried out in Valaramkunnu tribal settlement in Vellamunda Panchayath, Wayanad District, Kerala, as part of implementing hygiene promotion interventions. The study executed focus group discussions and semi structured interview with women and girls in the Paniya community, to identify their perception on health of the family, hygiene practices and barriers in adoption of safe sanitation infrastructure. The study also conducted focus group discussions with men in the community to understand the role women play in health, hygiene sanitation of their household. The results suggested that even though habitual and socio-cultural factors have its roots in household sanitation behaviour, access to water resources and water shortage were the main reason why women herself and did not encourage family to use toilets. Lack of awareness in the area of safe hygiene practices also were observed within the women population. The study concluded that in order to effectively implement any sustainable intervention related to sanitation in this village, it is important to

first focus on their basic water needs. The study also recognized the importance of educating women about the repercussions of inadequate sanitation.

Keywords: women empowerment, women in sanitation, barriers in toilet adoption, sanitation awareness.

INTRODUCTION

Ensuring access to water and sanitation for all; states the number six goal of United Nation's Sustainability development goals (Griggs, D., *et al.* 2013). While intense measures are taken globally to tackle sanitation crisis it is estimated, 1.8 billion people globally use a source of drinking water contaminated with faecal matter (United Nations, 2016, Global Sustainable Development Report). Diseases especially water and sanitation related ones remains among the major cause of death for children under the age of five; more than 800 children die every day due to diarrhoeal disease which is linked to poor sanitation and hygiene practices (United Nations, 2016, Global Sustainable Development Report). The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) estimates 892 million people worldwide still practice open defecation (World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017). Government of India estimated that the coverage of latrines especially rural India has increased from 42% to 65% and open defecation has come down from 550 to 330 million people by June 2017 (*pg. 37,* World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), 2017). While the number shows promising results, India still accounts for half of the worlds open defecation figures. Researchers suggests that in order to understand and ensure regular usage of a sanitation infrastructure it is important to understand the user's preference to choice of technology, design of the constructed infrastructure, and its operation and maintenance (Garfì, M., *et al.* 2011). It is also crucial to understand the different factors that influence toilet usage and the barriers to regular use in any cultural and socio-economic context (Obeng, P. A., *et al.* 2015). Thoughtful implementation of such factors is essential for development of interventions that would motivate local drives for a change in sanitation behaviour.

UNICEF's WASH intervention identifies that objectives related to sanitation cannot be fulfilled without the full participation of women (UNICEF. (2006). In most part of the world, women and girls are responsible for water supply, sanitation and maintaining hygiene within

household. Not only in the area of health, but women's education, self-esteem, status and over all well-being is affected by sanitation crunch (UNICEF. (2006). Promoting awareness on women's role and churning them into action will bring about a win-win situation to both towards household and community. Improved sanitation for women will uplift standard of living of women especially in rural areas in India and around the world. Women around the world without access to basic sanitation must wait till the nightfall to empty themselves which pose a serious threat to their health especially increased chances of having urinary-tract infections, constipation and psychological stress (Water, U. N. (2006). As per the Water, U. N. 2006 reports, women who involve themselves in decisions related to water and sanitation services are seen as skilled workers proficient in acquiring higher levels of training and expertise. Women are at a greater risk when it comes to poor sanitation (Eliasson, J. 2013). Eliasson, J. (2013), explains that improved sanitation could mean that every girl will be able to stay at school at puberty, and women have a safe place to go which is free from the fear of assault and loss of dignity. Acceptable and proper sanitation and hygiene facilities can help women manage their menstrual cycles with privacy (Sebastian, A., *et al.* 2013).

Women play a crucial role in planning, implementation and operations of water, sanitation and hygiene interventions (Fisher, J. *et al.* (2006). ML Elmendorf, *et al.* in 1981 had acknowledged four essential actors in water sanitation and hygiene arena where women are involved. One as acceptors or receptors of designed technologies, which is based on their knowledge attitude and practice of water, sanitation and hygiene. Second as users of improved sanitation facilities; and must be used to have if they need desired health and environmental impacts. Third as managers of programs based on water and Sanitation and finally as agents of behavioural change, by helping to build a link between hands, food and disease transmission(ML Elmendorf, *et al.* 1981). Women in villages are found to usually have much more clearer idea of issues and needs in the area of domestic water and sanitation than policy implementers and community organizers(Assaad, M., *et al.* 1994.). International institutions like World bank and United Nations have encouraged women's participation in water supply and sanitation interventions however its implementation in large scale rural projects has not become a reality. Understanding women's perspective is important as women are the major participants, educators and beneficiaries of sanitation and hygiene promotion in an household.

The purpose of current exploratory study were to explore the barriers that women in Paniya tribal community, perceive in adopting improved sanitation infrastructure despite its

availability. The study was carried out in Valaramkunnu tribal settlement in Vellamunda Panchayath, Wayanad District, Kerala, India. The village is where the parent Non-governmental organization of Amrita Vishwa Vidyapeetham, Mata Amritanandamayi Math, had its presence and sanitation interventions were organized. Sanitation interventions in this village is over seen by AMMACHI labs, one of the research and development centre at Amrita Vishwa Vidyapeetham with special focus on women empowerment. In spite of having a sanitation infrastructure, villagers were practising open defecation. To tailor down best interventions it was important for the organization to understand the reason why toilets aren't been used by this community. As the objectives of any sanitation intervention cannot be fully successful without the participation of women; it was important for the current study to identify the role women play in sanitation and understand what were women's needs and how can it be achieved. The study intended to sought improvements in water, sanitation and hygiene by working with village women through awareness programs. The study also exercised semi structured interview and group discussions with the women and girls in the community to understand the perception on personal health, health within the household, hygiene practices of the family and barriers in adoption of safe sanitation infrastructure.

METHOD

Study Area

The study was carried forwarded in Valaramkunnu village in Vellamunda Panchayath, Wayanad District, Kerala, where the NGO Mata Amritanandamayi Math had its presence. The village is a tribal settlement on top of Banasura Hill with latitude and longitude as 11.764° and 76.224°(Ragula, U. B. R *et al.*, 2016). There are 63 households in valaramkunnu with nearly 450 inhabitants. The village population belong to three different castes within Scheduled Tribe, they are Kurichiya, Katunaikar and Paniya of which Kurichiya tribe is considered as high class. Main source of income for this community is agriculture and daily labour. Even though the panchayath has a literacy rate of 81.84%, villagers are mainly school drop-outs. Hepatitis A, Diarrhoea were diseases prevalent in the community estimated by health practitioners and villagers. Villagers depend on nearby water stream for their day to day needs. Pipes are laid out from main tanks which are connected to streams. Villagers face a major water shortage when the streams dry in summer seasons. The village had basic sanitation facilities as per the JMP ladder for sanitation, Table 1. (WHO/UNICEF Joint Water Supply, & Sanitation Monitoring Programme, 2015). 71% of the population have basic

sanitation facilities which are not shared with other household. 20% of the population have unimproved sanitation facilities with non-functional toilets at their household. While open defecation is prevalent within the community despite toilets, 7% of the households do not have access to toilets. Toilets were built as part of the Government of Kerala's initiative to provide tribal community with homes. While houses are constructed, toilet and bathrooms are provided along with it. Toilets are not electrified or have access to water source.

Safety Managed
0%
Basic
71%
Limited
0%
Unimproved
20%
Open Defecation
7%

Table 1: Sanitation Ladder for Valaramkunnu tribal settlement

Data Collection

Focus Group discussions and In-depth Interviews: Focus group discussions were conducted with the women in paniya community to identify sanitation attitudes, latrine use and non-use, traditional practices related to sanitation and hygiene, proximity of water and other sanitation related infrastructure. FDG questions were designed based on the existing literature to understand current sanitation situation in the community, barriers to use existing infrastructure, main issues regarding defecation, investments villagers have made towards sanitation facilities, accessibility in availing different schemes in sanitation arena, security related to open defecation practises, preference towards open defecation, maintenance difficulties in latrine construction and women related vulnerabilities that the respondents perceive while using latrine or open defecation practises. Focus group discussion(FGD's) were conducted with two different age women mainly 15 to 25years, 25 to 40 years. The study was conducted FGD's with the men in the community between the age of 25 to 40, to

understand their perception on sanitation and the role women play in it. A native speaker helped in taking notes for the focus group discussions. The transcriptions were translated to English. Three FGD's were conducted with six participants within each FGD's. Timings were decided based on the village women's convenience and availability. The study was explained to the participants of all the FGD's and verbal consent was obtained from them on audio recording the FGD's. Following the FGD's, with the help of the village facilitator and Asha worker women were randomly selected for in depth interviews. In dept interviews were conducted with women at their households at their convenience. Household visits were made to analyse the condition of sanitation infrastructure, location of the water source, functionality status of toilets, toilets, standards of GOI built toilets, perceptions of latrine owners on their decision on building it, its usefulness, reason for change and ways maintaining it.

Analysis:

The study exercised conventional content analysis to analyse the focus group discussion transcripts and in depth interview transcripts. The content analysis technique were used to derive topics on water, sanitation and hygiene practices, as expressed by the women. Interview and focus group discussion transcripts were initially analyzed and identified for small meaningful segments from the transcripts which are related to water, sanitation and hygiene and role women play in community towards this area. The identified units were then transferred into rows in an excel sheet based on each respondent interview and focus group discussions. Units with similar ideas and expressions were then highlighted to form codes on the subject. The codes with similar meaning are colour coded and then grouped to capture sub categories. With the emerging sub categories, themes related to daily routine, women's participation in water and sanitation activities, barriers to change current condition, traditional beliefs and attitudes, awareness about hygiene practices and women's representation of purity and impurity were recorded as results.

RESULTS AND DISCUSSION

Barriers in adoption of improved sanitation infrastructure:

The focus group discussions and semi structured interview identified reasons why safe sanitation infrastructure has not been put to use in the community. One of the major reasons for toilet non adoption was lack of water supply at homes and difficulties to access water

resources. Village women depend on nearby water resources for their daily needs. Women have to walk up a hill which is 30 minutes away from their households. Using toilets equals to more water requirement and more water to carry back homes. They would prefer to finish off their daily sanitation needs like defecation, bathing and washing to be done near the water source and carry water back to their households for cooking purposes. Water availability depends on seasons. During summer season they prefer to go outside while rainy reasons some of the women mentioned that they prefer using toilets. During rainy seasons they get water at their household through pipelines connected from the water source. Usually water from the top of the mountain is used for cooking water while defecation and other purposes are carried out near to the water stream that flows down near to their households. The same water source flows to the villages below to the hill, which makes the water unsuitable and carriers of disease like Malaria and Hepatitis B which are prevalent in the community. Women and men have separate defecation sites. Children and elderly are often escorted by women. Infants are usually made to defecate inside households and later disposed to near-by bushes or clothes will be rinsed in water. No observations were noticed of transporting or storing water for domestic hygiene activities. Lack of electricity at homes caused toilet non adoption, especially during night time. They felt confined in dark while using toilets at home during night hours.

The quality of the built toilets also were one of the reasons for toilet non adoption. The toilets are built along with building houses as part of Governments program. The building house are mainly done through contractors, who do not carry out a descend job with it. Usually the houses are left incomplete since there are no follow ups from the side of the Government. Toilets, especially in such cases are not properly build, lack roof and doors, and pits are too small in single pit toilets (Figure 1). Roof are either not present or is built by asbestos which stand as a potential threat for the health of people living in the community. They feared that the pit would fill soon and it would be anyways equivalent for going out than using a toilet.

Fig.1: Condition of toilets constructed at the community

Other factors which hinders toilet non-use is its design, structure being close to the house and availability of water source at the household. Women often feel confined in these small toilet structures. They believe that latrine should be far away from the household as it is linked to purity within the household. Women mentioned that they have been practising open defecation for generations, and elders have lived a long life. A disconnect was observed within women population regarding open defecation and its effects on health of the community. Majority of the men attribute toilets as a need for women. They mentioned that women are responsible for its use and maintenance. Visual privacy was mentioned to be non-existent among men. They do not have a specific time as considered to women(during early mornings and evenings) with respect to relieving themselves. While men help women carry water from water source to their households occasionally, they are not kept responsible for their participation in household sanitation. Women also attributed alcoholism among men hinders many of the development in terms of water and sanitation. Often men quarrel in the village and ends up cutting the pipeline, from the water source. This cause water shortage to the entire community at times. Even though it does not have a direct link to the study, these situations forces women to restrict themselves and others in the household to use toilets. Economic constraints also hinders sanitation interventions. Earlier house construction from the government did not include toilets, but recent years it comes with attached toilets. So a group of households who received homes before have no access to toilets, while the later ones have. Due to economic constraints they are awaiting Government help towards building toilets which takes more time than expected. While the toilets that have been built are either non-functional or not being used. The study found evidence that even if people had an option of using the toilets and say other constraints regarding its use, people chose their traditional practices and behaviours when it comes to open defecation.

Women's role in household sanitation

The study identified women have a vital role to play in household sanitation. Their involvement in an household's functioning and their role as caregivers make them the central part of any intervention designed to bring change in a community. Qualitative methodology was used by the study to identify the understanding women have in the arena of water, hygiene and sanitation. Daily routines of tribal women expressed association with water, sanitation and hygiene activities in their respective household. Men's FGD's consistently talked about how sanitation infrastructure is more of a women's need than themselves. Women mentioned that children under the age of five usually is being asked to defecate near household or inside household. Their wastes are often left in nearby land or bushes. Women's FGD themes substantiate that women's beliefs regarding cleanliness expresses in her way household sanitation activities are carried out (Katsha, S. E., et al. (1989). Women's perception of dirt and cleanliness had its roots in their beliefs and traditional practices (Ramesh R *et al.* 2018). They attributed their purity concepts to religious beliefs which considered household should be kept clean for divine presence. The paradoxical fact is that their idea of cleanliness confines itself to their households. When it comes to keeping the surroundings clean, women did not mention anything wrong about throwing waste outside their households. When things are at the right place, they believe that the place is clean. Clean clothes and washing themselves are attributed towards a cleaner person. Women did not mention using soap after defecation. After all soap was only mentioned by women when they expressed about cleaning themselves in the morning. It was observed that the women clearly lacked basic hygiene practice awareness.

A one size fit all solution is not an option when it comes to solving sanitation crisis, it can be only achieved through community inclusivity (C. Coley et al. 2015; Mohan, H. T *et.al* 2017). Village women have a much better understanding of the problems and needs in the area of domestic water and sanitation. But a feeling of "Government is responsible for all village sanitation improvements" were echoed out from the discussions. Women didn't have much of a role in community related activities. As per the women, their experience is that government is often unable to access and so men from the community need to act. But often they are under influence of alcoholism, household matters are not been taken as a priority by men in the community. Providing the right skills of maintenance and construction will also help women be the sanitation agents in the community (Bhadaran, R. S., et al. 2017). It is important to

cultivate ownership among women and girl population to optimality bring behavioural change in the community. Instead of standardised solution to deliver towards eradicating open defecation, community specific solutions are beneficial to the community, This is one of the main take-away's from the study. It is important to understand the socio-cultural aspects of the community under the study to leverage best interventions and to actively target sanitation behaviour. The different areas discussed in this current study related to barriers in toilet adoption, should be considered while crafting solutions and it may prove to be more effective and acceptable within the community. Within a short time frame of action and inclusive of theirs feedbacks, the efforts will be more likely accepted into the community as women as change agents. It is also important to identify and market the motivation that the communities need and accept for any behavioural change related to sanitation.

CONCLUSION

Findings from the study suggests that barriers in adoption of safe sanitation practices depends on multiple factors when considering women's perspective. Infrastructure provided to the community in controlling open defecation practices were not sufficient for its adoption. Providing toilets without water supply and electric connection has come out as a barriers for toilet adoption. Habitual influence exists in among the study group especially with elders in the community. Alcoholism is also a major factor that participants mentioned to be an issue that hinders development of any sought in the community. Access to water resources even being the basic rights has not be in the reach of the community yet. The participants lack awareness on basic hygiene practices. Poor quality and inappropriate construction of toilets and it maintenance also triggered towards toilet non-use. The study also suggests that it is important for civil organizations and Governments to keep themselves accountable in research and development of water related research before implementing any solution. Only with a careful evaluation of the social and economic context of the community does an intervention work successfully. It is important to promote the understanding and participation of the community especially women, youth and indigenous community in the governance of subjects related to water, hygiene and sanitation. Taking appropriate measures towards the ides understood by the community will be the best intervention that can be provided towards its success. Future studies are required to monitor if change in behaviour can be observed within the community under the study, providing the required measures that came up women's feedback. It is also relevant to carry out studies that can understand the best possible

infrastructure that will work in this community in a long run based on current landscape and geography.

ACKNOWLEDGEMENTS

We would to thank Chancellor of Amrita Vishwa Vidyapeetham, Sri Mata Amritanandamayi Devi for the inspiration and guidance she has been providing in the area of Humanitarian work and research. The work wouldn't be successful without the support and sincere effort provided to us by faculty and staff at AMMACHI Labs and Center for Women Empowerment and Gender equality, Amrita Vishwa Vidyapeetham.

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