

Sanitation Vulnerability: Women's Stress and Struggles for Violence-free Sanitation

Introduction

That billions of people are without adequate household sanitation is well known. One third of the world's 2.5 billion people without improved sanitation live in India (WHO/Unicef Joint Monitoring Program for Water Supply and Sanitation (JMPWSS) 2012). In India, the absence of sanitation in urban and rural areas is much discussed in the popular press (Boo 2012), the grey literature (<http://www.wsscc.org/countries/asia/india/wash-coalition-overview>; Stangl and Trasi 2011; Pattanayak et al. 2009), and scholars from a variety of fields (McFarlane 2008; Jenkins and Scott 2007; Clasen et al. 2012). One feature of this conversation is the sheer number of people

without improved sanitation, and the difficulty of achieving sanitation coverage in urban areas, where building sewerage is a massive task and where many without sanitation are landless or living in informal settlements.

For women lack of sanitation is not only a question of lack of privacy and dignity, but also one of physical insecurity and vulnerability. Women must respond to the psycho-social stresses created by the hazards, risks and shame associated with the need to enter into dangerous spaces for the purpose of open defecation (OD).

The study

Based on research undertaken between October 2013—May 2014 in Pune (Maharashtra) and Jaipur (Rajasthan) this summary offers ethnographic evidence of poor urban women's experiences of harassment (e.g., eve-teasing) and violence (e.g., assault) related to open defecation, as well as the multitude of coping mechanisms that they have adopted to minimize risk and psycho-social stress. Our primary question was, "If gendered violence is symptomatic of power inequalities in society, then how do those inequalities manifest themselves in women's

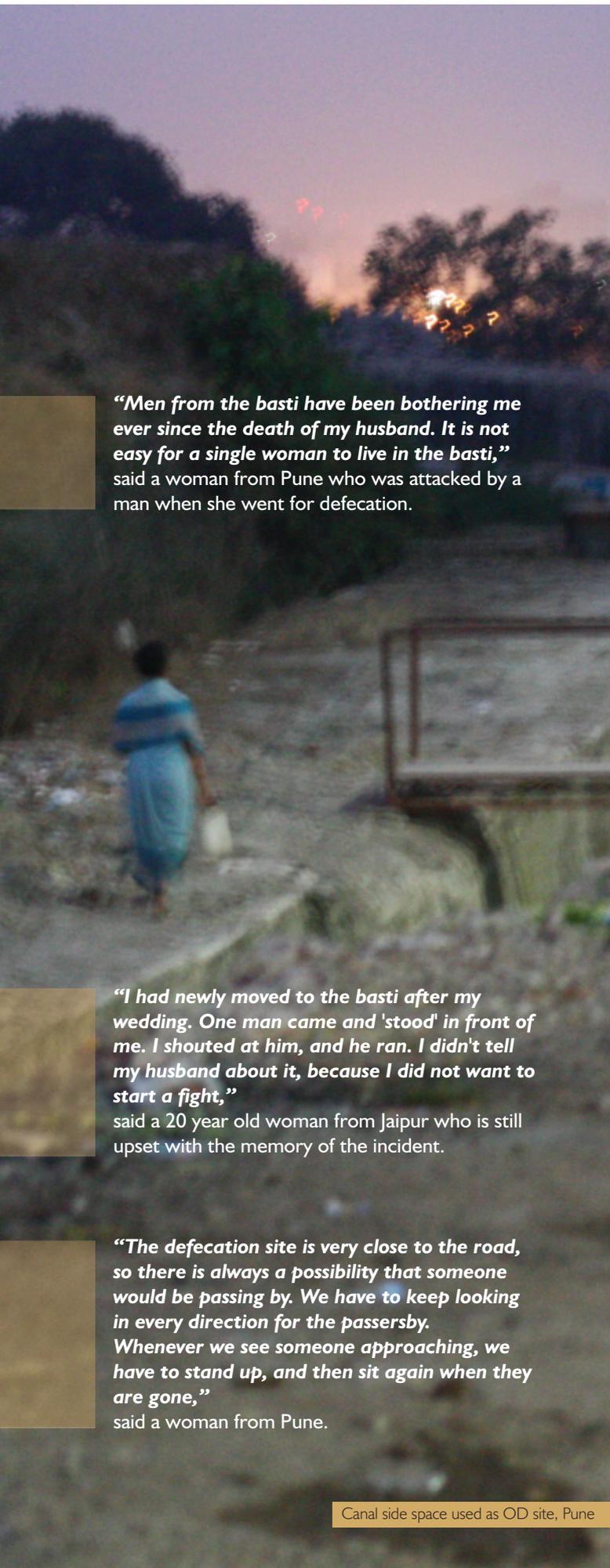
psycho-social stress and translate into women's decisions about where to relieve themselves?"

We interviewed 112 women from the two cities of Pune and Jaipur to understand the psycho-social stresses that women across diverse groups face as a result of lack of sanitation. Individual interviews, focus groups discussions and GIS mapping of OD sites and public toilets (PTs) were the different methods we used for the study.

Key findings

Our research has vividly brought out the multitude of psycho-social stresses that women face due to unsafe, inadequate or the complete lack of sanitation facilities in addition to the various everyday struggles of their lives. It shows how experiences of psycho-social stress vary across caste, class, age, kind of sanitation facility and

location of the bastis (slums). Importantly the study shows how existing forms of socio-economic inequalities reproduce a lack of safe spaces for sanitation just as much as they structure the coping mechanisms or the 'solutions' to the problem.



“Men from the basti have been bothering me ever since the death of my husband. It is not easy for a single woman to live in the basti,” said a woman from Pune who was attacked by a man when she went for defecation.

“I had newly moved to the basti after my wedding. One man came and 'stood' in front of me. I shouted at him, and he ran. I didn't tell my husband about it, because I did not want to start a fight,” said a 20 year old woman from Jaipur who is still upset with the memory of the incident.

“The defecation site is very close to the road, so there is always a possibility that someone would be passing by. We have to keep looking in every direction for the passersby. Whenever we see someone approaching, we have to stand up, and then sit again when they are gone,” said a woman from Pune.

Canal side space used as OD site, Pune

Narration of experiences of harassment

Women's stress and struggles around violence-free sanitation varied across a spectrum: from preoccupation with safety to the normalization of harassment. While the hazards were many, some were not constant, like a need to rush out due to diarrhoea. Others were constant, like facing down a group of boys' taunts. Remarks like “What can we do?” and “We have no choice,” give insight into the normalization of women's discomfort surrounding OD and PTs. They also may be understood as women's felt powerlessness around the issue of inadequate sanitation and its associated risks.

This research indicates that sanitation in the form of OD and PTs maintains the status quo of unequal gender relations. These relations intersect with relations of age, caste, and class. Seen as a struggle over resources, negotiations around the safe use of OD and PT sites were often to the disadvantage of women (e.g., inability to go at night). Widows faced more physical insecurity, but even married women avoided telling their husbands about harassment or being assaulted out of fear of conflict. Husbands set limits on wives' movement, time spent going for OD, and time of day of going out. However, gender relations were not necessarily antagonistic at the household scale. A woman could ask her husband to accompany her for defecation. Husbands also responded to their wives' requests for Individual household latrines (IHLs) for themselves or daughters.

Community played a significant role in shaping women's experiences around harassment. Belonging to a majority community had some advantages in both the cities. In Pune in Ambedkar basti Marathi women told us that the Marathi municipal corporator (ward level political representative) belonging to a right wing regional party had “fixed” the non-Marathi men and there was thus overall less violence against women in the basti.

Our research shows that membership in the slum's dominant caste served as protection to married women, while women outside that caste might still be targets of harassment. In Jaipur women of dominant castes claimed they felt no fear, faced no trouble, and had little experience with harassment. In Pune one of the few upper caste women we interviewed told us how insecure she was in the midst of dalits and how she feared for her daughter's safety. We argue that such talk may be true, but it enables these women to put distance between themselves and other women's experiences and fears in the settlement. 'Women' are not a single entity, so we need not be surprised that caste and community relations present a division.

Women showed little hesitation to point out caste groups that engaged in harassment, but responses about sexual assault usually blamed an outsider. This may be because women were reluctant in small bastis to name someone, but it also suggests that those outside community sanctions with access to women at OD places (e.g., along a busy road) seized opportunities to assault when they presented themselves. Notably, in both Pune and Jaipur, women's triumphant responses to attackers were against outsiders.

Overall, the possibilities for women joining forces across caste groups seem minimal. Communities in Jaipur are rigidly caste-divided, as evidenced by a riot in one of the slums during our interview period. Little community solidarity was evident against sanitation-related violence or for the provision of sanitation.

Coping mechanisms

Evidence suggests that women strategize to reduce their fear and discomfort, but there are constraints as to the extent of their strategies. Recurring harassment which puts undue stress on both minds and bodies of already overburdened women, forces them to exercise their agency in small but definite ways. Going in groups and when it's dark are the most common ways of tiding over the crisis, "We are able to shout and beat men up if we are in bigger groups". Women also make sure they carry enough ammunition like stones and spices.

"We carry stones and masala (spice) along with us during the nights so that if some such incident were to take place we can take care of ourselves," said a woman from Pune.

"I did not want my daughters to go into open anymore. So I told my husband that we will have to build a toilet. When we built this house, we compromised on some other expenses, but built a toilet," said a woman from Pune who has two young daughters.

Many of the domestic workers try and use toilets at the employers' house. However that's not always possible and very often women also feel awkward doing so. Religious places are also another site used by women. Some of the Muslim women for instance went to the dargah nearby.

Fear for their daughters is the most overwhelming one. Age makes young girls vulnerable in two ways: wanting to explore relationships

with boys; and the risk of being exploited and harassed. Mothers fear both these forms of vulnerability and never let their daughters go alone even if it is to a public toilet.

One of the most humiliating and physically discomforting things that women need to do when men come close to OD sites is to either get up and stand or simply bury their heads deep down to avoid being recognized. Younger girls said they find that difficult, so they just wear scarves around their heads to hide their faces and continue with the activity.

Body disciplining is another common coping mechanism which has taken a toll on young and old women. Eating less in the night, avoiding spicy food, drinking less water are the most common ways in which body is disciplined. Fear of diarrhoea is so great that women stock their homes with anti diarrhoeal tablets.

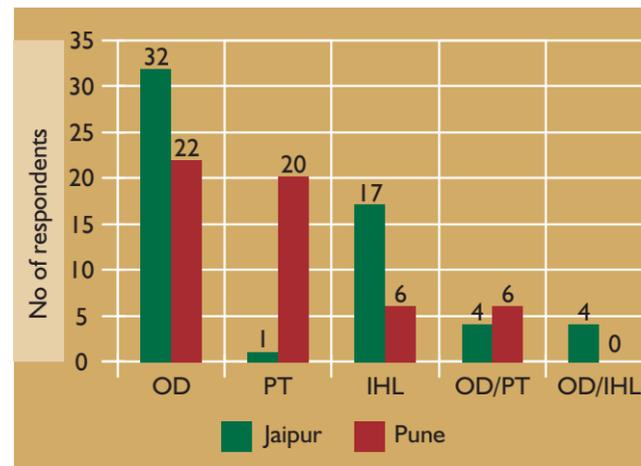
An older woman said that she definitely follows these preventive measures when there is no one to accompany her. But this also had an impact on young girls coming of age who too seemed to avoid eating a full meal for fear of diarrhoea or needing to go for OD or use public toilets at odd hours. Late at night women are forced to take their husbands along or some male member from the house. Women also said that their little sons were taken along to keep an eye on prowlers.

"In case of upset stomach I either take a medicine, or eat something cold – like curd or ice-cream – to avoid going during the night," said a woman from Pune.

Defecation spaces

While Jaipur had the most number of women using OD sites combined with IHL, Pune had a large number of women using the public toilets despite the lack of cleanliness and hygiene.

In most of the bastis women thought that the public toilets were not clean and were not maintained well. They were very poorly lit, and the floors were wet making them unsafe for most but especially so for older women, ailing and pregnant women and children. Many of



these toilets did not have running water facility so water for cleaning has to be carried from home, and in some bastis water was filled in tanks in the toilet block area. In some bastis the public toilets are two storied structures with women's toilets being on the top floor and men's on the ground. Women have to thus go past the men's toilets to reach their toilets. Very often these landings are men's dens for drinking and playing cards and women have to negotiate their way around these. Older women and those with other difficulties find it difficult to walk up the building on dark and often wet floors. With liquor shops in the vicinity of the public toilets and doors that either cannot be locked or in some cases when doors are simply not there, women's vulnerability increases manifold.

Since public toilets are not child-friendly women often take them to the streets to defecate much to the ire of different classes of people- the morning walkers or the street cleaners or those who live on footpaths.



A lane used by women for OD when the PT is closed, Pune

"We take the children for defecation very early in the morning. People who live on footpath, don't like this, and they won't allow us to do it, if they see us. Also people who clean the roads won't allow it. We understand, but what can we do? There is no other place for children to defecate. We take them very early in the morning, and if someone comes to tell us off, we run away," said a woman in Pune.

Women described the public toilets as dirty with sanitary napkins tucked in the windows, tobacco and obscene writings all over the walls.

Apart from filth, toilets did not seem very affordable and in some of them the charges were as high as Rs 1 per use. Timings too seemed to be a constraint as some public toilets opened at 6 a.m and closed at 11 p.m. Despite all of these issues, the sheer dearth of OD sites and the dangers associated with OD means women are forced to use the public toilets. Of course some of them cannot afford to, or do not have sufficient time to spend in long queues, or simply cannot bear the stench and the unclean environments and thus go to OD sites. This is true particularly for Jaipur, where public toilets were virtually unused.

"Mosquitoes bite you all over that we get boils on our body. I feel like leaving this place and going away but there is no other option," said a woman in Pune.

Open defecation sites are often a little outside the basti, vulnerable in terms of their distant location and the sites themselves. Forests with shrubs, railway lines, canal sides and uphill sites are the typical OD sites used by the women in our study. In some cases where the bastis did not have these 'privileged sites', it simply had to be done along the highway in full view of passersby.

Steep and slippery sites and railway tracks have often led to accidents. This danger was narrated by several women reporting instances of women slipping down, breaking their legs or simply getting killed in railway accidents. Similarly canal



A OD site without any cover, Jaipur

sides were dangerous for little children and for women as well. Children have often fallen inside the canals. They are also good hiding spaces for men who show themselves when women use the OD sites. Canals are also a breeding ground for mosquitoes thus proving to be a significant health hazard.

The situation worsens during monsoons especially in bastis located at the base of the hill and where the OD sites are uphill. All the dirt and the stench come down to the bastis. There have been outbreaks of dengue and swine flu in these areas.

Typically OD sites are away from the residential areas, poorly lit, littered with dirt and stinking, breeding grounds for mosquitoes and habitats for snakes, pigs and other animals.

The city, the slum within it and its multifarious locations (e.g., near main roads, near sewerage; near or far to city center) all play a role in determining exposure to sanitation-related violence. And within the slum itself, the size of the OD site and its entrance, matter. As for PTs how clean they are, how far away from home, in what neighbourhood, and finally how expensive they are, mattered greatly.

One of the strongest recommendations from the women was improved maintenance of public toilets and making it affordable.



OD site frequented by pigs, Pune



PTs without doors, Pune

In conclusion

Poor slum-dwelling women have developed habits that fit their caste, stage in the life course, marital status, etc. Nonetheless, every day is a different day, and the fears and discomfort that women confront are not necessarily the same in content, intensity, or even present on any given day, depending on the circumstances that they leave at home, their physical condition that day, and the presence/absence of certain groups/individuals at/near the defecation site.

Our discussion of the multiple inequalities that constrain women's choices surrounding sites of defecation begs the question, "What might the provision of adequate sanitation do to curtail gendered violence?" We take as a starting point that an alteration of gendered social relations is required. We find that individual women experience the

"Yes we need toilets, clean toilets, but we also need a place to stay, some employment to support us."

risks of inadequate sanitation differently, but at broader scales, we reach the

conclusions that provision of adequate sanitation is not sufficient to alter gendered social relations. Adequate sanitation without attention to gendered relations of power puts the burden of safety on women, and does not address the caste and gender-based patterns of violence against women.

What emerges from the analysis of women's words is an understanding of both their individual struggles and the broad political relationships that hold India's gendered urban sanitation crisis in place. In particular, there are tensions between the needs of the urban poor and state-led, neoliberal development agendas. Being part of the city's not-so-desirable population itself puts the poor in a vulnerable position. As Gidwani and Reddy (2011) write, the poor form the 'waste' of the city—something that is outside of political modernity. So while there is a continual engagement with this 'waste' whether in terms of labour or spaces, it is mainly to maximize the potential of converting that labour or space into profit. Different arrangements emerge in this process, whereby common spaces are converted into private ones and labour is engaged in as much as it supports profit making. In such a paradigm of urban development the poor have to be gated out to the extent possible. The urban underclass is thus already in an unfavourable location and is thus not seen as worthy of any amenities.

We have no argument against a need for urban sanitation in India. The point has been made clearly by scholars and activists working in this sector. However through our evidence we argue for a need to move beyond abstractions such as 'right to sanitation' and 'sanitation deprivation' to ground the absence or inadequacy of sanitation in the everyday struggles and psycho-social stress of women impacted by this reality (Sultana 2012).

Recommendations

- Rethinking the urban development paradigm has to come to the forefront of the agenda. Sanitation plans will have to be integrated into the larger development plans of cities and states, where development is based on principles of equity, sustainable use of resources and democratic participation.
- For the urban poor the immediate concerns are those of space and survival. Issues of lack of tenure, living space and drainage have been voiced as the key constraints in constructing toilets. While the National Urban Sanitation Policy (NUSP) strongly suggests that the urban local bodies (ULBs) will have to settle these issues and provide for minimum access to sanitation facilities (NUSP 2008), a strong national budgetary commitment for the same is in order.
- From slum-dwelling women's point of view, however providing a toilet whether public or individual is not sufficient, its maintenance was a key issue. Public toilet maintenance has to be the ultimate responsibility of the ULBs. Moreover the study clearly showed that these toilets have to respond to needs of diverse women (for example old, pregnant, with children, disabled, belonging to different religious and caste communities) by being better lit, in safer locations and with regular provisioning of water.
- A need for a community mental health centre was evident given the various psycho-social stresses that women faced.
- Finally a community monitoring process is required whereby women and other stakeholders across diverse caste, class, and religious groups can monitor schemes and their outcomes that are implemented for their sake.



An IHL, Jaipur



A PT, Pune

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