

# Fear and anger

Perceptions of risks related to sexual violence against women linked to water and sanitation in Delhi, India



WaterAid/Jon Spaul

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November 2011

**With thanks to:**

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This briefing note summarises Shirley Lennon's dissertation for a Master's degree from the London School of Hygiene and Tropical Medicine.

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This material has been funded by UK aid from the Department for International Development (DFID). However, the views expressed are those of the author and do not necessarily reflect the Department's official policies or those of SHARE and WaterAid.

# Introduction: how is a lack of access to water and sanitation linked to sexual violence against women?

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**The link between a lack of access to water and sanitation facilities and sexual violence against women is not well known and to date has received insufficient attention. This document attempts to highlight this link within the context of urban slums in Delhi, and suggests how this problem can be addressed.**

Access to water and sanitation services and the fulfilment of these fundamental human rights is experienced differently by men and women. The lack of access to sanitation and drinking water affects women and girls disproportionately, by impacting on their health and dignity, contributing to their vulnerability, and thereby frustrating efforts to empower women to lead a healthy and economically productive life.

Women without water supplies and toilets within their homes are potentially vulnerable to sexual violence when travelling to and from public facilities, when using public facilities and when they have to defecate in the open in the absence of any amenities.<sup>1</sup>

Sexual violence against women is a major public health problem and a human rights violation. It has direct negative effects on individual women, their families and the community, including psychological, health and economic effects.

There is a growing body of literature linking the lack of water and sanitation services with violence against women. However, what has been documented is generally in the setting of refugee camps rather than daily life aspects of urban slums.



Lack of access to water and sanitation services is a continuing problem in India. A study in 2010 conducted by the Water and Sanitation Programme of the World Bank estimated that inadequate sanitation costs India \$US53.8bn annually. This was equivalent to 6.4% of India's gross domestic product in 2006 and was mainly due to health costs and premature deaths.<sup>2</sup>

## Delhi: key facts

Population: 16,753,235

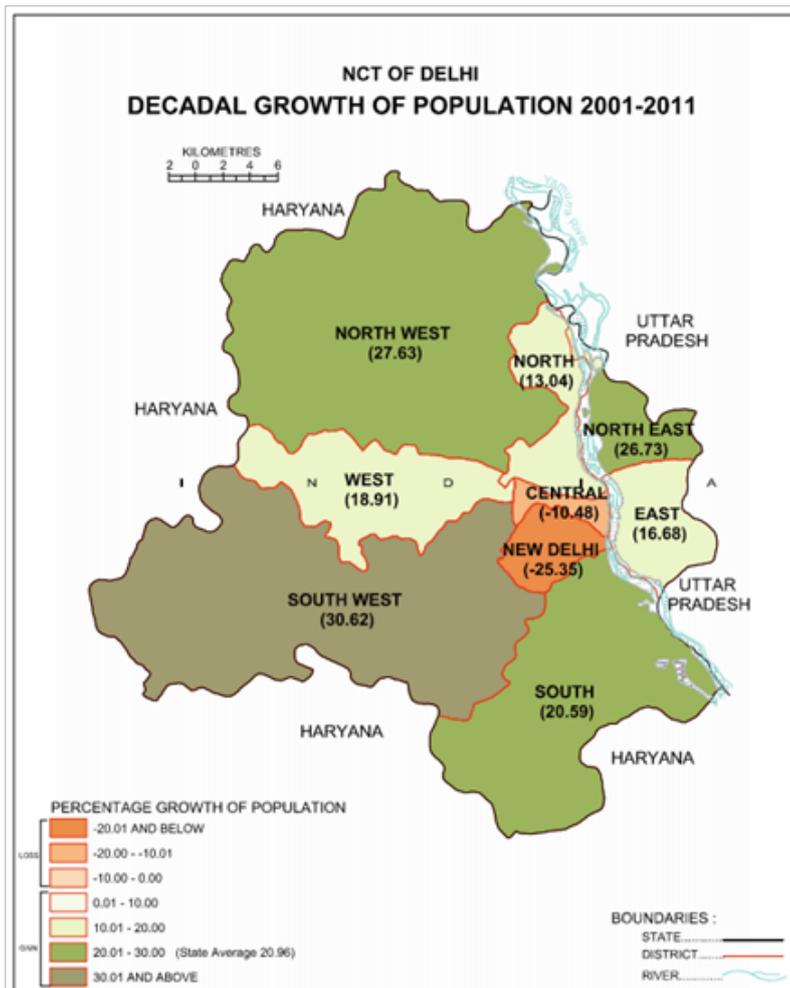
Population density (people/square kilometre): 11,297 (North East Delhi: 37,345; London: 4,932)

Female literacy rate: 80.9% (North East Delhi: 76.5%)

Sex ratio (females per 1,000 males): 866 (North East Delhi: 886)

Sex ratio (ages 0-6, females per 1,000 males): 866 (North East Delhi: 875)

Source: Data and major trends, Indian Census Data 2011



Delhi, being the capital, a state and a city has a unique and complicated legislative and administrative structure and is governed at all three levels.<sup>3</sup> Thirteen political roles and responsibilities overlap and accountability for service provision is difficult to determine.

Multiple agencies are responsible for a variety of water and sanitation services for various parts of Delhi. This makes discerning institutional roles and responsibilities difficult. In addition, lack of communication between agencies means that services are poorly co-ordinated and citizens struggle to determine who to hold to account.<sup>4</sup>

## Delhi: statistics on water and sanitation and sexual violence against women

Delhi is a densely populated city with a large slum population. These communities have inadequate access to water and sanitation facilities and a high prevalence of sexual violence against women. Due to under reporting, it is hard to determine true figures for sexual violence against women in Delhi, particularly from government statistics.<sup>5,6</sup>

Table 1 shows the percentage of women experiencing different types of violence in the North East district of Delhi and the whole of Delhi.

**Table 1: Percentage of women experiencing different types of sexual harassment in a one year period**

Type of sexual harassment	Percentage of women experiencing sexual harassment in North East Delhi
Verbal	66.3
Visual	46.1
Physical	32.6
Stalking	46.1
Violent physical attack	22.5
Sexual assault	10.1
None	10.1

Source: UN Women and Jagori survey data 2010

Table 2 show the status of water and sanitation in Indian slums using 2001 census data.<sup>7</sup>

Independent surveys show that these government statistics overestimate the number of water and sanitation services.<sup>8</sup> Moreover, access to water and sanitation services is poorly defined and access to drinking water often includes water that is not constantly available, is of low pressure and is of variable quality.<sup>9</sup>

**Table 2: Availability of latrines and sewage disposal in government-recognised and government unrecognised slums in India**

	Government-recognised slums (%)	Government-unrecognised slums (%)
Without latrines	17%	51%
Availability of individual septic tanks	66%	35%
Availability of underground sewage	30%	15%

Source: Indian census data 2001

Note: The Indian government is legally obliged to provide residents of recognised slums with water and sanitation services. However, there is no legal obligation for the government to provide services in unrecognised slums as the residents are viewed as squatters. This continues to be a problem.

## Methodology

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One-off focus group discussions (FGDs) were held in three slums in the North East district of Delhi (one group in each location): Bhalswa, New Seemapuri and Sunder Nagri, involving a total of 42 women. Women’s perspectives were explored around the link between a lack of access to water and sanitation and sexual violence against women. Transcripts from the FGDs were analysed using thematic analysis, including themes related to fear and disgust.

A participatory mapping exercise was held in which women from Bhalswa slum marked dangerous places in their neighbourhood on a hand-drawn map.

Three local non-governmental organisations (NGOs) were interviewed to find out what they knew about the relationship between a lack of access to water and sanitation and sexual violence against women. They were asked for recommendations on how to address this issue.



# Results: what the women had to say

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## Fear

**The dominant theme that reverberated through the women's words in the FDGs was that of fear.**

Their main fear was of sexual violence, both to themselves and to female relatives. Women were fearful of sexual violence when using public toilets, when defecating in the open and in public spaces in general.

In all localities women felt that going out during both the day and night was dangerous.

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**“During (the) night we are in constant fear.”**

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Many incidents of rape are said to have happened in all localities. In Bhalswa a woman said it was common to be physically assaulted and raped.

Women in Bhalswa and Sunder Nagri both reported specific incidents of girls under ten being raped while on their way to use a public toilet.

The toilets themselves were associated with fear in Sunder Nagri and New Seemapuri. In both slums, boys were said to loiter around the toilets at night. In Sunder Nagri there were cases of boys hiding in the cubicles at night waiting to rape those who entered. Women were also scared of drug addicts who were said to hide in the toilets at night.

When women in New Seemapuri went to defecate in the open at night they reported boys shamelessly staring at them, making threats, throwing bricks and stabbing them.

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**“...if we shout, they will kill us. They stab and then run away.”**

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In Bhalswa women and girls faced lewd remarks, physical gestures and rape when they relieved themselves in the bushes. Some women in Sunder Nagri had attempted to build toilets in their homes due to such fears.

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**“It is very common over here to be physically assaulted, and raped.”**

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Fear of not obtaining sufficient clean water was another daily problem, followed by fear of having to negotiate the squalor of their streets and toilets. Furthermore, when women from all slums went to collect water they feared there would not be any water or enough of it to go around.

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**“At night we have to go to the gutters and we feel afraid.”**

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### Anger

**Women felt angry that they lacked control over their situation and lacked protection from those who were supposed to safeguard them – their local government and the police. Women told stories describing the lack of legislative and judicial protection.**

Women were angry with local politicians who they perceived to be corrupt and unsupportive. In Sunder Nagri a woman was angry that a shop was issued a licence to sell alcohol, thereby exacerbating the existing problem of drunken aggressive men.

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**“We don’t have any support from law-makers, from police, from the public, from our husbands and family members. Where will we go?”**

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In New Seemapuri the women said government officials were incompetent and not interested in protecting their health or safety (feelings echoed also by the women in Bhalswa, who also referred to issues of corruption). They described existing infrastructure as poorly designed and maintained, and the lack of infrastructure. They had been unsuccessfully resubmitting applications for improved water and sewage facilities to their local government official. Their toilets were also falling apart and they feared the walls would collapse.

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**“Many men who do such things are not caught.”**

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The women also said that the police did not respond to emergencies or take action afterwards. These women were hesitant to share stories for fear of reprisal, as perpetrators of crimes were said to make death threats to their victims and their families stop them from going to the police.

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**“We have had one on one fights with thugs in order to save our daughters from getting raped. It then becomes a fight that either you (the thug) kill me to get to my daughter or you back off.”**

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**“I feel what has God given us? Why has he landed us in this hell?”**

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## Disgust

**Women in all study sites feared that the water would not be clean.**

In Bhalswa women feared pigs and in New Seemapuri and Bhalswa they feared insects and bugs that were said to crawl around everywhere due to garbage piling up in the streets.

**“Our children can’t sit outside and play. There are lots of big bugs and insects in gutters and the smell from the gutters makes our lives hell.”**

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**“The sewage comes up to my door. We feel so disgusted that we cannot even eat food. We cannot leave our homes.”**

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All women expressed disgust about the dirty conditions of the public toilets.

In Bhalswa, women were angry that those with septic tanks did not empty them, which resulted in the contents overflowing into the streets.



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# Results: mapping the violence

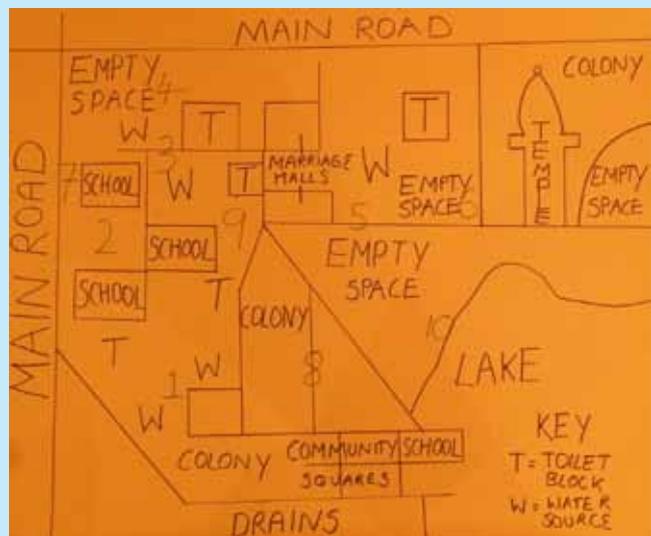
The participatory mapping exercise clearly showed the frequency and severity of violence against women in Bhalswa slum.

Six women from the area were asked to draw a map of their slum and include any landmarks and water and sanitation facilities. They were then asked to mark all the places that are dangerous for women.

The map shows an overall sense of danger and risk felt by the women.

Although not all incidents referred to were associated with lack of water and sanitation facilities, defecating in the open was frequently associated with sexual violence against women.

The community toilet blocks were not mentioned as dangerous in themselves by this particular group of women but the routes to the toilet blocks were associated with sexual violence.



Source: Translated copy of map produced by women from Bhalswa slum

### Incidents taking place at each numbered location within the last two years:

1. Sexual harassment occurs (vocal and physical).
2. Sexual harassment (vocal and physical); a lady was abducted, raped and murdered; men shine lights on women when they defecate in the open and on other occasions men hide by the sewers to watch them. One woman, while defecating, was raped and murdered.
3. Sexual harassment and rape in the bushes and depressions in the land; chains are snatched from women's necks; men hide and tease passing girls and men peep inside the girls' toilets.
4. Girls face sexual harassment on the way to school; groups of men tease or abuse passing girls.
5. Sexual harassment.
6. Women face sexual harassment when defecating in the open.
7. An old woman was forced to drink alcohol before being murdered.
8. Sexual harassment; late at night women face many problems such as robbery
9. A four year old girl was run over and killed by an auto-rickshaw driver.
10. Many incidents have happened here, including rapes.

# Results: what the NGOs had to say

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Staff from WaterAid, Action India (gender issues), Force (water and sanitation) and the Centre for Urban and Regional Excellent (urban development) were interviewed on the link between a lack of access to water and sanitation and sexual violence against women.

All NGOs were aware of the problem and made the following recommendations:

- **Increased political will for, and transparency in, water and sanitation services.**
- **Water and sanitation policies need complementary legislation.**
- **Water and sanitation must be reflected in the gender budget.**
- **Find out how to address the problem of lack of land tenure, which affects the ability of households to construct their own toilets.**
- **Local people need to be engaged in the implementation, monitoring and evaluation of water and sanitation services.**
- **Unite all NGOs who are fighting for the same cause.**

The NGO Force has found an alternative to community-managed toilets. Force is working with communities to monitor and evaluate community toilets that were subcontracted out to private companies and are poorly managed. Women started recording the maintenance of the community toilets including how often and

how well they were cleaned, whether soap and water were available, and opening hours. They hold meetings with the local government and private contractors to share their findings.

By way of encouragement, they praise the guards and cleaners when improvements are noticed. Women also provided the local government with a set of standards to share with private contractors. Overall, women noticed considerable improvements in the functionality and cleanliness of the toilets, including increased provision of soap.

CURE highlighted that many of the commonly advocated solutions to stop open defecation are only interim measures. Force and WaterAid promote community toilets where space is an issue. CURE, however, highlighted that other options are available as space can often be found. In order of preference the following interim measures are advised, starting with the ideal:

1. Private toilets where there is enough space in the home with sewerage systems to safely dispose of waste.
2. Shared toilets between neighbours. When there is insufficient space in homes there is often a space in the area where a toilet could be built. Even one or two toilets can be built if space is extremely limited.
3. Community toilets

# Discussion: what should be done?

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**While the World Health Organisation<sup>10</sup> and some NGOs<sup>11-13</sup> recognise the potential link between lack of water and sanitation services and the risks of sexual violence against women, they have yet to focus on this as a key issue.**

Amnesty International and the UN Human Settlements Programme (UN-HABITAT) in partnership with Mahila Chetna Manch have both published research that documented this link in Kenya and India.<sup>14,15</sup> However, more research is needed to map the scale of the problem and how it can be addressed.

## Possible interventions

### Community mobilisation

Community mobilisation is a common approach found in the literature for tackling problems of access to basic services by holding service providers to account. It is a health promotion approach used for capacity building and the empowerment of communities. The aim is to mobilise people to take collective action to solve specific problems. The community may be aided by outside expertise but they will be the decision makers and responsible for their own work.<sup>16</sup>

### Citizens' Action

WaterAid's Citizens' Action project started in 2005 and supports citizens in community action through education and ongoing support in some or all of the following: mapping and monitoring water and sanitation services; dialogue and negotiation with government; media advocacy (the use of media to publicise policy-related information to change and influence decision-makers)<sup>17</sup> and holding these bodies to account for the provision of these services.<sup>18</sup>

There are many other similar programmes. In 2010 the NGOs Jagori (a women's resource centre), Action India and Women in Cities International used a safety audit tool in Delhi to understand what factors made two resettlement areas dangerous for women, with a special focus on access to basic services. Women used a variety of methods such as FGDs, key informant interviews and safety audit walks where residents walked around their 12 neighbourhoods noting unsafe areas.<sup>19</sup> A strength of this tool was the open dialogue created between community members and their local government officials.

### Other interventions

Health promotion has a role to play in increasing the demand for sanitation services.<sup>20</sup> Advocacy campaigns for decision makers to prioritise water and sanitation services in all development plans are urgently needed. Gender mainstreaming aims to incorporate women's needs into development and increase women's involvement. Women must be involved at all stages of the design and implementation of programmes to ensure that the implications of interventions for women are addressed. Women's participation empowers women by giving them a platform to articulate their perspectives on decision making processes for public services.<sup>21</sup> In urban slums responsibilities for water and sanitation services can be handed over to women to govern, manage, monitor and evaluate. Some successful interventions include the Tiruchirappalli Model<sup>22</sup> which shows that when there are enough users of community-run toilets they are financially viable. This is reinforced by CURE's work in Delhi slums and in Agra, India.<sup>23,24</sup>

Another way of tackling sexual violence against women could be to improve the police's response to sexual violence against women and to ensure the safety of victims. Women in the Delhi FGDs mentioned that perpetrators of sexual violence made threats to deter victims from reporting these incidents to the police. They also described the police as corrupt. In Nairobi, women mentioned that police do not take sexual violence against women seriously.<sup>25</sup> This lack of faith in the justice system led to impunity for abusers. In a country like India where gender inequalities are persistent, changing the mindset of a large section of society is necessary but it is not a quick solution.

## Recommendations

The complexity of this issue should no longer prevent stakeholders from investing in water and sanitation. Advocates of water and sanitation should:

- Advocate for toilets in homes with available space; otherwise advocate for community toilets.
- Advocate for women's involvement in the design, implementation and monitoring of water and sanitation services.
- Initiate media advocacy campaigns to highlight the link between lack of access to water and sanitation and sexual violence against women, to increase political will and funding for water and sanitation services.
- Reduce impunity for perpetrators of sexual violence against women by lobbying police chiefs to treat the issue seriously.
- Advocate community mobilisation approaches to be used by NGOs and communities to map, monitor and evaluate water and sanitation services so that residents can hold their service providers accountable.

## Conclusion

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**The ramifications of a lack of access to water and sanitation should no longer be ignored.**

This study has highlighted the perceived and actual links between the lack of these basic services and the risk of attack and harassment faced by women in Delhi. Furthermore, the heavy burden faced by women in urban slums in Delhi, and the restrictions placed on their daily activities in public spaces due to fear of sexual violence, are unacceptable.

Examples of successful community participatory approaches have been discussed whereby communities have held their service providers to account for water and sanitation services. This approach should be implemented in Delhi slums. With the aid of NGOs, communities can gain the knowledge and expertise required to monitor their water and sanitation facilities. They can present their findings to the local government and service providers in public hearings.

The Indian government recognises the importance of water and sanitation in its policies yet fails to put them into practice. Politicians must recognise that water, sanitation and gender issues are essential aspects of human development and must be addressed when planning and implementing public services. Empowerment of women is not enough: political, legislative, judicial, social and cultural environments must become receptive to their demands.

With current or projected increases in the pressures arising from climate change, population growth and density, and urbanisation, the stress placed on limited water and sanitation services is constantly increasing. Governments must see that unless they deal decisively with today’s problems, these will become increasingly difficult and costly to tackle.



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