

Women in Total Sanitation Campaign: A Case Study from Yavatmal District, Maharashtra, India

Geeta Pardeshi

*Department of Preventive and Social Medicine, Government Medical College,
Akola 444 001, Maharashtra, India
E-mail: geetashrikar@yahoo.com*

KEYWORDS Environment. Gender. Rural. Sanitation

ABSTRACT It is assumed that a woman's perspective can contribute a great deal to improve planning, functioning and utilization of the sanitary facilities. This case study describes the roles and responsibilities of women in TSC implemented in Yavatmal. The study was conducted in four *Nirmal Gram Villages* in December 2006. Quantitative (house to house survey), qualitative (Focus group discussions) and participatory rapid appraisal technique (transect walks) were used to conduct the study. Women had played important roles as beneficiaries, targets and resources for the campaign. The women described benefits at individual, family and community level. Only 18 out of the 55 Women Latrine Complexes were functional, a majority of which were noted to be of poor quality and lacking in maintenance and cleanliness. The community and administration acknowledged the vital role of women in achieving the goals of TSC. Women were considered to be important target groups in IEC and training activities. Women performed varied roles as fund raisers, motivators, initiators, surveillance workers and implementers. In the post TSC phase women were mainly responsible for the cleanliness and maintenance of the household latrines. After achieving the goal of open defaecation free villages, women in only one village were involved in some development activities. In the remaining villages the women had stopped attending local meetings and had returned back to household chores.

INTRODUCTION

Access to safe drinking water, adequate sanitation and personal hygiene are important interventions for ensuring community health. As per the Census 2001 data, only 36.4 percent of total population in India and 21.9 percent of its rural population had latrines within or attached to their houses. Out of this, only 7.1 percent households had latrines with water closets, which are the most sanitized toilets (Census of India 2003).

The Central Rural Sanitation Programme (CRSP) was launched in 1986 primarily with the objective of improving the quality of life of the rural people and providing privacy and dignity to women. In 1999, as part of reform initiatives CRSP was restructured and renamed as Total Sanitation Campaign (TSC) as a demand driven and people centered programme (Department of Drinking Water Supply. Ministry of Rural Development 2004). The campaign gives strong emphasis on Information, Education and Communication (IEC), Capacity Building and Hygiene Education for effective behaviour change with involvement of Panchayati Raj Institutions (PRIs, local self government), Community Based Organizations (CBOs), Non

Governmental Organizations (NGOs) etc. The key intervention areas in the programme are Individual household latrines (IHHL), School Sanitation and Hygiene Education (SSHE), Community Sanitary Complexes and Anganwadi toilets. These are supported by Rural Sanitary Marts (RSMs) and Production Centers (PCs). Government of India has launched *Nirmal Gram Puraskar* (Clean village Award) scheme for fully covered PRIs to give momentum to this campaign. The awards are given to respective areas which achieve 100% sanitation coverage in terms of the following criteria: (a) 100% sanitation coverage of individual households, (b) 100% school sanitation coverage, (c) free from open defecation, dry latrines and manual scavenging and (d) maintenance of a clean environment. The project is being implemented in rural areas taking the district as a unit of implementation.

Community participation and support have been identified to be crucial for the successful implementation of the programme. (Rao et al. 1997). In addition, the interventions should be gender sensitive wherein the different socially defined needs, roles and responsibilities of men and women need to be considered to make the initiative sustainable and effective (Hoque et al. 1994; Van Wijk-Sijbesma and Christine 1981, 1998;

GWTF 2006; Muylwijk 2006). Women's needs, demands, perspectives and perceptions about sanitation are different from men and should be taken into account while implementing TSC. The current situation in sanitation places differential burden on women in rural India. They suffer from lack of privacy and dignity and need to walk long distances to find a suitable place for defaecation in the absence of suitable household toilet facilities (Voices, UN-Habitat). This walk in the dark poses the fear of risk of sexual harassment and assault. In several cases the women have to wait till early morning or night before venturing out into the open leading to discomfort and health problems. It is assumed that a woman's perspective can contribute a great deal to improve planning, functioning and utilization of the sanitary facilities. Under TSC, the involvement of women has been seen not only as target groups but also as informed consumers, clients and managers who are capable of making informed choices.

This case study describes the roles and responsibilities of women in TSC implemented in Yavatmal district of Maharashtra state. The campaign which was initiated in the district in March 2001 gained momentum after intensive IEC activities in 2005. By September 2005 ten Panchayat Raj Institutions (PRIs) were open defaecation free and in March 2006 nine of them won the *Nirmal Gram Puraskar*.

METHODOLOGY

The study was conducted in four Nirmal Gram villages which were selected from nine Nirmal Gram villages by simple random sampling technique using the lottery method. The data was collected in December 2006. Quantitative, qualitative and participatory rapid appraisal techniques were used to conduct the study. Interviews were conducted with the TSC cell members to identify the role of women in the campaign. A house to house survey was conducted to assess the coverage of latrines in the study population. Out of 490 households 416 households (85%) and out of 1325 women 1037 (78%) were covered in the survey.

Focus group discussions (FGDs) were conducted with the women to study the benefits they perceived as a result of the campaign. Women from different age groups were selected in order to ensure a range of views. One FGD was

conducted in each of the four villages and there were six to eight participants in each FGD. The discussions were conducted in the anganwadi by making seating arrangements for all participants on the floor. The topics covered were benefits perceived by the women at the individual, family and community level. One of the members of the research team acted as facilitator for the focus group discussion and one served as recorder. At the beginning of the FGD the women were congratulated for achieving the Nirmal Gram status and the topics were introduced for discussion. All participants were encouraged to express their views. At the end of the meeting the responses were summarised, checked for agreement and the women thanked for their participation. Each FGD was conducted for approximately one hour. The FGD was analysed by preparing transcripts of the discussion, coding the major benefits and summarizing them for each level.

Transect walks were conducted in the villages for on-field observations and discussions with the women at selected transect points. A Community resource map was drawn and a route was selected with the help of villagers so as to cover important transect points. The transect points selected were individual household latrines, Community latrines, School latrines, Anganwadi latrines and waste water disposal facilities. The transect walk was conducted along with women in the villages. The current state of the facilities was observed and the role of women was discussed. All the information was analysed and recorded in a tabular format.

RESULTS AND DISCUSSION

Overall it was noted that the women had played an important role in the implementation of TSC in Yavatmal district. They were one of the main beneficiaries, targets and resources for the campaign.

Table 1: Coverage of households with Individual Household latrines (IHL) in the district

Variable	Frequency (N) / %
Number of Gram panchayats	1205
Number of inhabited villages	1834
Number of households	470076
Number of households with toilets	121160
Number of households without toilets	348916
% of house holds with access to toilets	25.77 %

Women as Beneficiaries

Women were identified as major beneficiaries of the campaign by the women themselves as well as the men and TSC cell members. Out of the total of 1037 women in the villages, 1020 had access to individual household latrines while 17 were using community latrine complexes which included women sanitary complexes and latrines maintained by PRIs. Open field defaecation had been eliminated from these four villages.

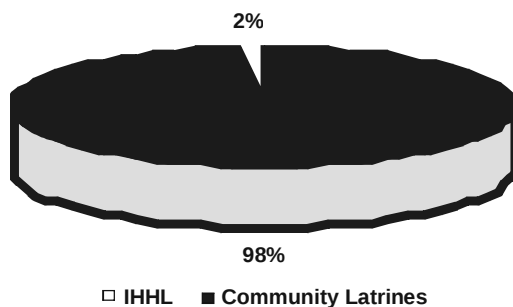


Fig. 1. Access to latrines in study population

During the focus group discussions the benefits of the campaign narrated by the women were:

At an individual level, all women reported a sense of security, privacy, comfort and dignity. They had overcome the embarrassment, shame, fear and anxiety of going to the open fields. It ensured comfort and safety for the pregnant women, menstruating girls and adolescent girls.

At the family level, latrines were reported to be safe for the elderly. They also provided an alternative for hygienic disposal of the children's faeces which was otherwise dumped in the open. The family did not have to face any embarrassment when guests visited them.

In addition the village had won an award and they felt proud and honoured for achieving the goal. They also felt that the burden of diseases had reduced in the villages. When the women were asked to enumerate the diseases prevented by eliminating open field defaecation, they mentioned diarrhea, typhoid, jaundice as well as malaria and dengue. Such misconceptions can create a false sense of security and neglect of other aspects of environmental sanitation like sillage and solid waste disposal. The misconceptions regarding diseases prevented by

achieving open defaecation free status should be corrected by incorporating relevant messages in IEC campaigns.

The fact that people everywhere feel ashamed that women-folk are compelled to practice open defecation in the absence of proper toilet facilities, has been made an important base for the motivational campaigns. In an evaluation report the benefits accruing to women was an influencing factor in the decision to construct toilets in respect of one-third of the households studied. (Rajiv Gandhi National Drinking Water Mission 2005) It has been noted that the problems of women are readily realized by the women specifically and the community in general. It appeals much more to the community than lectures on the harmful effects of open defaecation on the health of the people (Vinayak 2006). Studies all over the world and experience have shown that women play a significant role in influencing the family's sanitary habits particularly as it affects girl-children and infants.

State of Women Sanitary Complexes (WSC)

As per the programme guidelines, Women Sanitary Complexes are to be set up in a place such that they are acceptable and accessible to women and should be owned and maintained by Grampanchayat users and self help groups. Community Sanitary Complexes play a very useful role for meeting the sanitation requirements of those who cannot afford homestead toilets.

During the transect walks the complexes were noted to be of poor quality and lacking in maintenance and cleanliness (Table 2). In Yavatmal district, 18 out of the 53 Women Sanitary Complexes were functional at the time of the study. No new Women Sanitary latrines were constructed in the current financial year (2006-07).

Varied experiences with Women Sanitary Complexes have been reported (Chand et al. 2004; Rajiv Gandhi National Drinking Water Mission 2005) In some districts of Tamil Nadu where the responsibility for maintenance was entrusted to women SHGs which were provided sufficient funds, such complexes were immaculately clean and well maintained. In most places however the maintenance and usage of this basic common utility left much to be desired as people were of the opinion that the onus of maintaining the toilets was with the PRI or government agencies. There is a need to involve PRIs, Community Based

Organizations and SHGs in planning and execution of the WSC schemes as well as plan and enter into proper maintenance and operation arrangements with the users.

Women as Participants and Targets in IEC and Training Activities

The community and administration acknowledged and appreciated the vital role of

women in achieving the goals of TSC. Women were considered to be important target groups in IEC and training activities. An innovative IEC campaign based on the responses and participation of the community in various competitions organized in the district on the topic of sanitation was a characteristic feature of TSC in Yavatmal district. Women participated whole heartedly in these campaigns which included slogans, songs, posters and rangoli competitions.

Table 2: Analysis of the observations and discussions along the transect walks in study villages.

	<i>Individual observations household latrine</i>	<i>Community and women sanitary complexes</i>	<i>School latrines</i>	<i>Anganwadi complexes</i>
Site	A majority were located outside the house, within the courtyard.	Within the village	Within the school campus behind the school building. Separate for boys and girls	Outside the anganwadi building
Type	A majority were water seal type latrines. A few with septic tanks	Water seal latrines	Water seal type	Water seal type
Superstructure	Variety of superstructures e.g. tins, cement and bricks, plastic sheets, jute sacks etc.	Pucca, of cement and bricks	Pucca of cement and bricks	Pucca of cement and bricks
Footrests	Present in many of the latrines	Present	Present	Present
Tap inside latrine	Not present in any of the latrines	Not present in any of the latrines	Not present in any of the latrines	Not present in any of the latrines
Pan	Less slants, more water needed to flush the latrine	Less slants, more water needed to flush the latrine	Less slants, more water needed to flush the latrine	Less slants, more water needed to flush the latrine
Use	In regular use	Many of the WSC were not in use	In regular use	In regular use
Footwear	Used in many households	Used	Used	Used
Hand washing facility	Soap and water kept outside the latrine in some houses. In others hand washing facility in the bathrooms adjoining the latrines.	Water collected in a tank outside the latrines.	Water collected in a tank outside the latrine	Water collected in a tank outside the latrine
Cleanliness	A majority of the latrines were clean. Women were usually responsible for cleaning the latrine.	Not clean. Responsibility of cleaning the latrines not assigned to any specific person or agency.	Clean. A person appointed by the school authorities given the duty of cleaning the latrines	Clean. The anganwadi assistant given the responsibility of cleaning the latrines
Possession as perceived by the women.	Individual household	PRI	School administration	Anganwadi

The themes contributed by women expressed their concern as well as their interest in the campaign. The embarrassment of walking to the open fields, the fears of sexual harassment, animal bites, the need to stand up and hide oneself when a passer by arrives, the anxiety of children left behind in the homes were expressed in their contributions in the form of songs, slogans and posters. The men folk were also targeted for neglecting the problems of the women.

Some of the gender sensitive slogans contributed by women included:

“How can the husband consider himself to be the head of the household when he sends the women of his house to the open fields for defaecation?”

A girl in a song telling her parents “I will only marry into a household which has a household latrine.”

A woman asking “When the king could build the Taj Mahal, one of the seven wonders of the world for his wife, why can’t my husband build a sanitary latrine for me.”

Their participation brought the focus on the plight of women in the rural areas and expressed their determination to achieve total sanitation.

Women as Anganwadi workers, heads of local self government, ICDS supervisors, school teachers and school principals were also invited to attend the TSC training sessions at district and taluka level. They took interest in the sessions and attended them with zeal. Noticing the initial response from the women the district administration took additional initiatives for them in the form of study tours to neighbouring Nirmal Gram villages and providing special incentives for self help groups in which all members build and use individual household latrine.

Women as Resources

Women performed varied roles as initiators, motivators, implementers, fund raisers and surveillance workers. Women who were heads of PRIs took the initiative of starting the campaign in their villages. In fact the first PRI to achieve Nirmal Gram status in Yavatmal district was headed by a woman who took great interest in the campaign. When the government officials approached her with the idea of achieving the Nirmal Gram status she readily agreed. She called a meeting of all the stakeholders followed by village level meetings. She herself participated in

the IEC activities actively by giving lectures and talking to women.

Women had become more vocal, were attending and voicing their thoughts in the *gram sabha* (village level meeting) and asserting their opinions and needs. They had become a part of the decision making process. At home they were convincing their husbands to construct the latrines. In a patriarchal setup where male members dominate the decision making process, programmes which are expected to mainly benefit the women may be overlooked and take a backseat. Hence mobilization of women and their participation in decision making process becomes vital for successful implementation of the programme. The Anganwadi workers, supervisors and teachers played an important role in motivating and exhorting women to participate in the campaign.

During the campaign it was observed that once the PRI decided to participate in the campaign, the goal of Open defaecation free status was achieved in a short span of time during which the whole village worked together. During this intensive phase of the campaign the women played a key role in sweeping the roads and courtyards, digging pits for latrine etc. Some of the women SHGs provided money from their savings for construction of IHHL in their homes.

Women from SHGs in some villages took up the responsibility of keeping a watch on the villages in the early mornings and in the evenings to check for open field defaecation. They blew whistles and alerted the villagers if any such episode was noticed.

During our study it was noted that there were no Rural Sanitary Marts (RSMs) and protection Centres (PCs) in the villages. The main aim of having a Rural Sanitary Marts (RSMs) is to provide materials and guidance needed for construction of different types of latrines and other sanitary facilities, which are technologically and financially suitable to the rural areas.

The movement of women SHGs had gained momentum in the district and there was scope for enhancing their involvement in the TSC. Women SHGs were reported to be successfully operating RSMs in a few states (Gupta et al. 2005; Prakash 2005; Ismail et al. 2006). They combined IEC, motivation work and business making their venture successful. The initiative of training women masons has been reported from some districts. The female masons have proved

efficient not only in construction activities but also in motivating villagers to adopt toilets and hygiene practices. However in a study from two districts in West Bengal, a lack of women's mobilization was reported when women worked merely as masons for income generation in the campaign (Gupta et al. 2005). Hence a careful plan considering the future needs, profitability and sustainability of such a venture needs to be worked out. The women should be trained, provided revolving funds and guided in this direction.

Women in the Post TSC Phase

During transect walks it was noticed that women were mainly responsible for the cleanliness and maintenance of the IHHL (Table 2). An evaluation study reported that the burden of cleaning the toilet falls on the women of the house in 30% of households (Rajiv Gandhi National Drinking Water Mission 2005).

Women in only one village had taken up some initiatives for village development in the post TSC phase. They were running a vermicomposting unit and maintaining a community garden on sullage water (liquid waste from bathrooms and kitchen) successfully. In the remaining three villages during the transect walks it was observed that no new initiatives were taken up by the community and women had gone back to the household chores.

The sanitation campaign is considered as an entry point for achieving overall development of the villages. In Bangladesh successful Community Led Total Sanitation (CLTS) (Waste and Sanitation Program 2002; Government of India 2006) involves mobilizing communities to build latrines and completely eliminate open defecation. It is achieved through effective facilitation and the use of (Participatory Rapid Appraisal) PRA methods such as transects walks, mapping and community discussions. Community led Total Sanitation is a highly effective entry point as it mobilizes community members towards collective action and empowers them to take further action in the future. Sanitation improvements have immediate health benefits which quickly demonstrate to householders the success of their collective action in improving their personal and community wide wellbeing. This serves an initial illustration of what can be achieved through undertaking further initiatives for their own development.

In our study it was observed that the goal of total sanitation was achieved by the 'campaign approach'. In this, once the community decided to participate in the campaign various internal and external forces conglomerated in time and place to achieve the goal expeditiously. The external factors like government support, guidance, IEC, training, monitoring, supervision and internal factors like spending money, labour and motivating others gave momentum to the programme. The goal of total sanitation was usually achieved in a span of a few weeks for a village. But with this the focus of the external forces shifted to another village. It was up to the villagers then to take up new initiatives to ensure the community well being.

CONCLUSION

Women have played important and varied roles in the Total Sanitation Campaign. Their active involvement has contributed towards achievement of the goal of open defaecation free village. Women have not only been one of the main beneficiaries but also participants and targets of IEC and training programmes. In addition they have been motivators, initiators, surveillance workers, fund raisers and decision makers. The maintenance and cleanliness of Women Sanitary complexes needs to be strengthened. In the post TSC phase there was attrition of interest and involvement of the community in general and women in particular in any village development activities. Once the goal of *Nirmal Gram* was achieved the external forces also shifted focus to newer villages.

RECOMMENDATIONS

There is a need to acknowledge women's role and involving women in the campaign should be a thrust area in order to accelerate the implementation of the campaign which is already in a phase of expansion. The women SHGs can be actively involved in taking up the responsibility of WSCs as well as other aspects of sanitation. All the work related to village sanitation can be clubbed together and handed over to a SHG through a contract at the Grampanchayat level. The successful implementation of Total Sanitation Campaign gives an opportunity to the villagers to prove their capacity to implement interventions for the benefit of the community. It

reinforces the positive interaction between the governmental offices and the community members and identifies key players in such programmes. In the process, local self government, community members and government agencies develop confidence, belief and faith in one self as well as others. This conducive atmosphere should be considered as an opportunity for taking up new developmental activities. There should be a back up agency which acknowledges the capacity of the community and takes up new interventions. This will ensure sustainability of the interest and involvement of various community members including women.

REFERENCES

- Census of India 2003. Government of India. Retrieved May 18 2007 from <<http://www.censusindia.net/2001housing/S00-017.html>>
- Chand D, Dey C, Prakash M, Kullappa M. 2004. *Review Report on Total Sanitation Campaign*. Swajaldhara Projects in Uttar Pradesh.
- Department of Drinking Water Supply, Ministry of Rural Development 2004. *Guidelines of Total Sanitation Campaign*. Central Rural Sanitation Programme . Government of India, January 2004.
- Government of India 2006. India Country Paper. A Movement Towards Total Sanitation in India. *Second South Asian Conference on Sanitation (SACOSAN-2)*, Islamabad, Pakistan, 20-21 September 2006.
- Gupta K, Reny ME, Samanta T, Talapatra S 2005. *Case Studies of Development in Practice The Impact of the Total Sanitation Campaign on Household Sanitation in West Bengal A Case Study of Amdanga and Haldia Blocks*. Summer Internship Programme, New Delhi: UNICEF. .
- GWTF (Task Force on Gender and Water) 2006. Gender, Water and Sanitation: A Policy Brief. UN Water. Accessed at <http://www.unwater.org/downloads/unwpolbrief230606.pdf>
- Hoque BA, Aziz KM, Hasan KZ, Sack RB 1994. Women's involvement in a rural Bangladesh water and sanitation project. *Southeast Asian J Trop Med Public Health*, 25(1): 67-73.
- Muytewijk J 2006. A gender approach to sanitation, for empowerment of women, men and children. *Second South Asian Conference on Sanitation (SACOSAN-2)*, Islamabad – Pakistan, 20-21 September 2006.
- Prakash M 2005. Ensuring Water and Sanitation: The SHG way. A Case Study of Keeraplayam Experience. Rajiv Gandhi National Drinking Water Mission, Department of Drinking Water, Ministry of Rural Development, Government of India, New Delhi.
- Ismail O, Tripathy L, Patjoshi P 2006. India Women's participation in total sanitation campaign - The Orissa experience. Sustainable development of water resources, water supply and environmental sanitation. *32nd WEDC International Conference, Colombo, Sri Lanka*, UNICEF
- Rajiv Gandhi National Drinking Water Mission 2005. *Mid Term Evaluation of Total Sanitation Campaign Programme*. DDWS, Ministry of Rural Development, Government of India.
- Rao S, Pai M, Iyanar A, Joseph A 1997. A Sanitation for rural communities: First win the people's support . *World Health Forum*, 18(3-4): 262-265.
- Van Wijk-Sijbesma, Christine 1981. Participation and education in community water supply and sanitation programmes: A literature review. *Technical Paper No. 12*, The Hague: IRC.
- Van Wijk-Sijbesma, Christine 1998. *Gender in Water Resources Management, Water Supply and Sanitation: Roles and Realities Revisited*. Netherlands: International Research Centre for Water and Sanitation.
- Vinayak N 2006. Beyond Sanitation. *Second South Asian Conference on Sanitation (SACOSAN-2)*, Islamabad – Pakistan. 20-21 September 2006.
- Voices. An exhibition on women and sanitation. 2008.UN-Habitat. Accessed at www.unhabitat.org/pmss/getElectronicVersion.asp?nr=2410&alt=1
- Water and Sanitation Program 2002. *Igniting Change: Tackling the Sanitation Challenge*. Jalmanthan: A rural think tank. DFID. April 2002.