



## TOILETS AND SANITIZATION FOR WOMEN IN INDIA: PROBLEMS AND ISSUES

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**Abstract:** *This paper is regarding a very serious problem in India which is about toilets and sanitization problem for women. In 2008, 88% of the population in India had access to an improved water source, but only 31% had access to improved sanitation. According to the Statistics available more than 90% of female in India does not have toilet access with proper water sanitization. This may cause many harmful diseases. Most of the Indian women need to go to remote open space for the same which again showing a worst data of their harassment and rape cases. There are so many other problems like snake biting, diarrhoea cases which are highlighting this problem. This is a very basic human right to have a proper and safe place to attend one's natural call. Government is encouraging many programs for female toilets but this problem needs to be addressed on more priority. In Urban areas pay and use toilets are available for both male and female but in female areas it's rarely seen special for female. This paper will discuss about this problem and its solutions in more details.*

**Keywords:** *Sanitization, Toilets, Problems, Issues, Women in India.*

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## **INTRODUCTION**

India is growing very fast; its population plus economy both are showing that India will soon join the developed country list. But there are few problems where India is lying below under developed nation. Toilets for women are among one of those major problems. The gap between urban population and rural population is one of the reasons behind it. This gap is in everything including education, job options, economy, living style, etc. Due to the lack of education and money people are not able to think anything more than food and clothes. They are not aware of the problems which may be caused due to open defecation. Most people worldwide who defecate in the open live in India. Open defecation has dire consequences: it kills babies, impedes the physical and cognitive development of surviving children, and reduces the human capital of India's workforce. Open defecation is associated with significant negative externalities: it releases germs into the environment which harm the rich and the poor alike – even those who use latrines.

Poor sanitation spreads bacterial, viral, and parasitic infections including diarrhea, polio, cholera, and hookworm. Despite this, 70% of rural Indian households defecate in the open, without a toilet or latrine. Over 60% of the people worldwide who defecate in the open live in India. Bangladesh, which shares a border with India, has a rural open defecation rate of only 5%.

Harassment and rape cases are mostly seen during open defecation. Hence, safety of females is threatened. Considerable amount of time is wasted in going and returning to remote places for open defecation.

## **SANITATION**

Sanitation can be defined as the safe disposal of human excreta and is associated with hygiene promotion. Sanitation is important as it separates humans from excreta. A safe toilet accompanied by hand washing with soap, provides an effective barrier to transmission of diseases. Despite rising incomes and living standards from India's two-decade-old economic boom, India still has an estimated 626 million people who live in households without toilets with a total population of 1.27 billion, this means that nearly half of India's population practices "open defecation." According to the World Health Organization (WHO), the practice has dire consequences for health — especially for the healthy development of children and women.



When people defecate in fields and other places where poor children also play, the children are inadvertently exposed to parasites and bacteria that lead to physical and cognitive development problems and higher mortality rates, transmitting diseases, such as diarrhoea, worm, cholera, typhoid, hepatitis. These in turn jeopardize the country's future economic potential.

## **UN REPORT SPOTLIGHTS INDIA SANITATION PROBLEMS**

The entire Indian population has greater access to mobile phones than toilets, according to a recent United Nations study. Highlighting the country's hazardous sanitation issues, a study conducted by the United Nations University said, only 366 million people (36% of the population) had access to proper sanitation in 2008. In contrast, the number of mobile phones subscribers in India totaled 563.73 million serving almost 50 percent of the country's entire population.

## **SANITATION, TOILET IN RURAL AND URBAN AREA**

Focuses on sanitation in rural India for several reasons. First, open defecation is far more common in rural India than in urban India. In rural area, 30.7% households have latrine with in premises, 1.9% households use public latrine and rest i.e. 67.3% practice open defecation. This data for India level is 46.9%, 3.2% and 49.8% respectively and that for the urban area is 81.4%, 6% and 12.6% (census 2011). Comparison among these suggests that problem is more in the rural areas. The most dangerous practice of open defecation is the highest in rural areas and is almost five times higher than urban areas. In this light let us see dynamics of sanitation in the rural areas.

People in rural areas use toilets inside houses, defecate in open fields or use community toilets. In all these three utmost care must be taken. In our tradition it is mentioned that a small ditch should be used for defecation and covered by the nearby soil after the use. That way it worked as manure after decomposition and houses were well away from the excreta. One could freely do so without fear of being seen by others because population was very less. But in today's context, increasing population has put immense pressure on land as a result of which land holding size has become very small. So, it is almost not feasible to use such ditch concept for everyone in today's world. So, people just defecate in open and move on. It is the behaviour which has remained unchanged since the last thousands of years.



The states of Bihar, Uttar Pradesh, Rajasthan, Madhya Pradesh and Haryana are home to 40% of the population of India, and to 45% of households in India without a toilet or latrine, according to the 2011 Census. At least 30% of all people worldwide who defecate in the open live in these five Indian states. Our results, therefore, are relevant not merely to sanitation policy in India, but also to addressing much of the global sanitation challenge.

### **LACK OF TOILETS WOMEN FACE RAPE, SEXUAL HARASSMENT, UNSAFE**

Poor sanitation has significant impacts on the safety, well-being and educational prospects of women. Girls' lack of access to a clean, safe toilet, especially during menstruation, perpetuates risk, shame rape, gender based violence and fear. This has long-term impacts on women's health, education, livelihoods and safety but it also impacts the economy, as failing to provide for the sanitation needs of women ultimately risks excluding half of the potential workforce

### **MENSTRUATION HYGIENE ISSUE**

On any day more than 800 million women between the ages 15 to 49 are menstruating. Adequate and appropriate sanitation and hygiene facilities can provide a comfortable space for women to manage their menstrual cycle with privacy and dignity.

Menstruation is still a taboo in India, which makes it difficult for women to keep themselves and sanitation pads clean during their menstruation period. Lots of girls are not able to stay in school due to their menstruation because of lack of adequate hygiene facilities. Even though some women have access to toilets during their menstruation lots of them still do not use it, as they are afraid of staining the toilet, non-availability of disposal facilities, and no space to keep used clothing to get dry again after cleaning. This cause serious health concerns and as some women do not have access to sanitary pads or likewise they have to use old clothing for a long time, which may lead to infections. Some women even stay in a cowshed during their period. It is suggested that poor menstrual hygiene, such as re-using unclean cloths or not being able to wash properly, may increase the risk for urinal and reproductive tract infections. This is not supported by sound medical analysis and can therefore not be proven.

### **REASON OF DROP OUT IN SCHOOL GIRLS**

The unavailability of sanitary pads, inadequate sanitation and absence of separate toilet for girls in schools, compounds the problem and has a huge impact on girls school attendance and is a major reason for dropouts of girls from schools.



The progressive states like Maharashtra has as many as 1, 226 government schools that still do not have toilet facility for girl's student. Similarly, in Pune district there are 35 government schools that lack toilet for girls, besides 55 other schools where the toilet are not usable.

Rape is the fourth most common crime against women in India. According to the National Crime Records Bureau 2013 annual report, 24,923 rape cases were reported across India in 2012. Out of these, 24,470 were committed by someone known to the victim (98% of the cases)

Crimes included rape, kidnapping, sexual harassment, trafficking, molestation and cruelty by husbands and relatives. These also include crimes in which a woman was driven to suicide as a result of demands for a dowry from her husband or in-laws – Delhi records most rapes as crimes against women rise in India.

The Indian state of Bihar told the BBC that 400 women would have “escaped” rape in 2012 if they had toilets in their homes. The rapes take place when women go outside to defecate early in the morning and late evening. These “sanitation-related” rapes make up nearly half of the more than 870 cases of rape in Bihar in 2012.

In 2014 Badaun gang rape in UP, where 2 minors were brutally gang raped and then hanged had nothing to do with women empowerment. They were raped and killed when they went out to defecate in the fields for they had no toilets at home.

There have been 870 of recent cases where women and girls have been raped in Bihar after they stepped out of their homes to defecate. Some of the cases include the one on 5<sup>th</sup> May, where an 11-year-old girl was raped in Mai village in Jehanabad district when she was going to the field at night. Then there was another case on 28<sup>th</sup> April, when a young girl was abducted and raped while she had gone out to defecate in an open field in Kalapur village in Naubatpur, 35km (21 miles) from the state capital, Patna. Another case was on 24<sup>th</sup> April, a girl was raped in similar circumstances on a farm in Chaunniya village in Sheikhpura district. She told the police that two villagers had followed and raped her.

One girl in Jharkhand committed suicide due to lack of toilets at home. She had reportedly requested several times to her parents to build a toilet at home, but they had turned her down. They told her they were instead saving the money for her marriage. They are not alone as over 92 percent of the rural households in Jharkhand do not have toilets. But the



fact that this horrific crime occur while the girls were undertaking a routine function also point to India's glaring lack of sanitation and toilet facilities.

Women are not raped in India because they lack access to toilet. Women are raped because somebody rapes them yet, lack of toilets and the fact that women to defecate in the open, at odd hours make them easy prey. More than 60% of the rapes in the state occur when the victim step out to relieve themselves because they do not have toilet at their home.

### **PSYCHOSOCIAL STRESS**

In India, a mere physical separation of toilets for men and women may not address women's sanitation-related needs that are deeply embedded within gender-specific cultural values of dignity and shame. It is now increasingly recognized that gender-responsive sanitation does not mean only 'separate toilets for women' that response to women's physiological need to relieve themselves but should also respect the integrity, dignity and status of women in the process. The link between inadequate sanitation and violence against women has also seldom been explored.

Equally important as the physical health impact of sanitation are the mental and social health consequences of the various forms of emotional stress resulting from limited access to sanitation facilities, whether at home, at the workplace, in schools, when traveling or during long visits to public places such as markets. Cultural values resulting in gender inequity make women particularly vulnerable even where toilet facilities are available, and further amplify the stress arising from limited sanitation. Women who practice open defecation are likely to face higher levels of psychosocial stress compared to those with access to latrines as a result of deeply ingrained feelings of shame and indignity related to nudity and defecation. For open defecation, women often have to wait till dark or rise early, confront the fear of physical and sexual harassment and relieve themselves in haste. The link between sanitation and psychosocial stress is not well-studied, however.

### **NEEDS OF TOILETS AND POLICY**

On top of this, women are often left caring for children and families who are ill as a result of unclean environments. Sanitation is both a cause of ongoing inequality between men and women and also a symptom of discrimination against women, and should be addressed to stop the cycle of poverty for both genders. The MDG target of halving the proportion of people without access to sanitation by 2015 is unacceptably off-track. According to



WHO/UNICEF, on current trends 2.4 billion people will still lack access to improved sanitation and toilet facilities in 2015 and the target will not be met until 2025. Lack of access to this most basic service has huge negative impacts on wider human development including child and maternal health, education, gender equality and livelihoods. It is a crisis that needs to be tackled with immediate urgency. The international community must come together and act with renewed urgency. It is clear that business as usual is not going to solve this crisis. A concerted effort on a different scale is required from all levels of government, business and civil society if we are to end this crisis. We recommend that Government must strengthen the sanitation sector and bring the MDG target back on track with an immediate and utmost political priority.

Governments (of both developing and donor countries) across the world must keep their promises and implement the commitments made at national level, regional level (AfricaSan, SACOSAN) and global level (Sanitation and Water for All). Furthermore, they must significantly increase financial resources to the sector, use these resources wisely and ensure that the most marginalised and vulnerable people are targeted.

The post-2015 development framework must have a clear focus on eradicating extreme poverty by 2030, and UN Member States are urged to consider a dedicated goal on water and sanitation that sets ambitious targets to achieve universal access to water, sanitation and hygiene so that no one practices open defecation, everyone has safe water, sanitation and hygiene at home, all schools and health facilities have safe water, sanitation and hygiene, water, sanitation and hygiene are sustainable and inequalities in access have been progressively eliminated.

All governments must have sanitation integrated into education policy supported by sufficient resources and concrete plans to ensure that all schools have adequate sanitation facilities including hand washing facilities and separate toilets for boys and girls with access for students with disabilities. Specific provision must be made at school for establishing proper menstrual hygiene management facilities. Hygiene promotion has to be featured as an important part of the school curriculum from primary level.

The role for public-private partnerships in addressing the sanitation crisis has been formally recognized. More actors in the private sector must realize the social and business



opportunities and invest in social development. More frequent and cross-sector collaboration is essential in achieving real progress.

Exposure visits of key role players to various institutions –NGOs like Safai Vidyalyaya, Sulabh International, etc. – must be a big help in influencing the institutions to have a better sanitation facility for females.

Rural sanitation coverage was estimated to have reached only 21% by 2008 according to the UNICEF/WHO joint monitoring programme. There have been a number of innovative efforts that continue to improve sanitation including the community led Total Sanitation Campaign and the monetary rewards under the Nirmal Gram Puraskar.

## **SOLUTIONS**

There have been some solutions that are suggested one of the major solutions is that Government funded project must support in construction of toilets. The NGOs should encourage to create public toilets. Toilets can be built by people and then they may charge some amount to use them. This way the public may have a place to defecate. Projects like Sulabh Sauchalaya should be supported in order to aware and encourage people to use toilets as a routine.

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