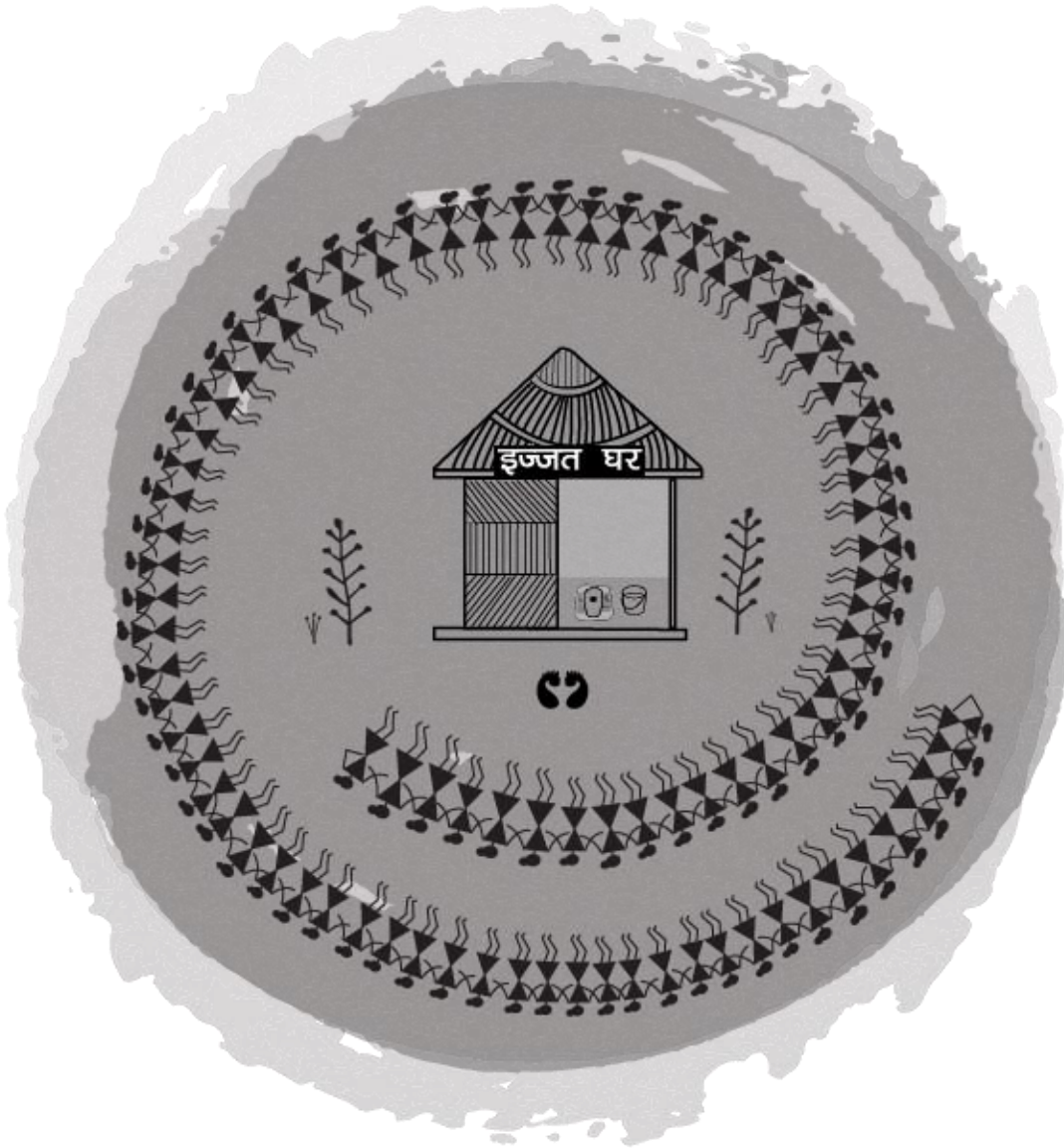


Access to toilets and the safety, convenience and self-respect of women in rural India

सुरक्षा, सुविधा और स्वाभिमान



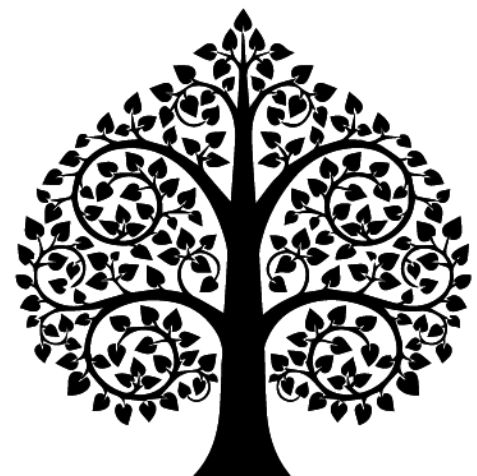
Acknowledgement

We would like to thank the Department of Drinking Water and Sanitation, Ministry of Jal Shakti and their team for their continued support in helping us better appreciate the context of the Swachh Bharat Mission through data and consultations.

We also thank UNICEF, the Bill & Melinda Gates Foundation and the WASH Institute teams for their constant support and enriching technical inputs.

Finally, special thanks to our technical experts at *Sambodhi Research and Communications Pvt. Ltd.* for their inputs in shaping the study design, analyses and documenting the findings in the report.

Sambodhi Research and Communications Pvt. Ltd.



Abbreviations

BCC	Behaviour Change Communication
BMGF	Bill & Melinda Gates Foundation
BPL	Below Poverty Line
INGO	International Non-Government Organization
NGO	Non-Government Organization
ODF	Open Defecation Free
SBM	Swachh Bharat Mission
SBM-G	Swachh Bharat Mission - Grameen
SDG	Sustainable Development Goal
SLWM	Solid and Liquid Waste Management
UNICEF	United Nations Children's Fund
UT	Union Territory

Executive Summary

Before the ambitious **Swachh Bharat Mission- Grameen (SBM-G)** was launched in 2014, the state of sanitation in the country was abysmal. Only around 40% of households had access to a toilet. The Mission, with its exclusive focus on Behaviour Change Communication (BCC), women's engagement and social inclusion has turned out to be an overwhelming success. Over the last six years, over 100 million household toilets have been constructed in rural India.

Having a household toilet improves the quality of life for all members of the household, more so women and girls. While the inconvenience of travelling to and from an open defecation site and the risk of contracting diseases is faced by men and women alike; these problems are exacerbated in the case of women and girls. The material reality of not having a toilet at home results in poor menstrual hygiene management and the withholding of food and water, leading to undernourishment, reproductive and bladder infections. Such health problems are heightened for pregnant women. Critically, open defecation places women and girls in danger, as they often face harassment and assault from men, or are attacked by animals. A lack of toilet, therefore, leads to stigma, stress, and anxiety.

While there is a corpus of literature focusing on health and downstream effects of sanitation, there is limited evidence exploring the nexus between access to toilets and the safety and self-respect of women. The study bridges the lacunae by exploring these linkages and sheds light on how the provision of toilets under SBM-G has enhanced women's safety and self-respect. It, therefore, adds to the literature and provides insights and learnings for policymakers and researchers to draft transformative sanitation policies.

The study was a collaborative effort between UNICEF, Bill & Melinda Gates Foundation (BMGF) and Sambodhi Research and Communications Private Limited with assistance from Department of Drinking Water and Sanitation, Ministry of Jal Shakti. The key objectives of the study were to understand changes in 'safety', 'convenience' and 'self-respect' constructs for rural women. Specifically, the study delves into:

- Perceptions of safety post-construction of the household toilet; viz., reduced risks of harassment, assault and contracting of infections
- Perceptions of convenience and associated positive outcomes on menstrual hygiene and dependent care
- Perceptions of self-respect, including constructs of stigma, anxiety, embarrassment and stress

The study adopts a cross-sectional design to investigate changes in safety, convenience, and self-respect of women in rural India due to the construction of toilets under SBM-G. A representative sample of 8290 households (interviews with 6993 women and 1297 men¹) with a toilet constructed after 2017 were interviewed across 320 villages of five states – Bihar, Madhya Pradesh, Maharashtra, Rajasthan, and Uttar Pradesh. Selection of States (and the districts within

¹ Albeit the focus of the study is on women, a small sample of men were interviewed to obtain their perspectives on individual and household level changes in convenience, safety and self-respect.

them) was actuated by the fact that they represented the highest percentage increase in toilet construction under SBM-G. Both quantitative and qualitative data was collected in February 2020.

The following key findings emerged from the study-

Improvement in the safety of women (*Suraksha*)

The key driver for the construction of toilets for both men and women was to improve the safety of women (~80%). It was encouraging to note that 40% of the households also constructed toilets to ensure proper sanitation and hygiene and more than half of the households constructing it to prevent the spread of diseases. A major improvement in the safety of women after the construction of toilets was evident, with 93% of women reporting that they were no longer afraid of being hurt by someone or harmed by animals while defecating. Not only this, but 93% of women also reported no longer being afraid of contracting health infections.

Improvement in the convenience of women (*Suvidha*)

Though improved convenience was not the main driver for the construction of a toilet, the survey revealed several positive outcomes that made the life of women easier and more physically comfortable. 91% of the women reported that they have been able to save up to an hour and do not have to travel up to a kilometre for defecation after the construction of toilets. Instead of waiting till late evening or dark, women can now use toilets at any time of the day. Also, 92% of women said they were no longer afraid of going to the toilet in the dark of night, which is a huge jump from the pre-toilet construction stage (12%). Men also reported an immense sense of comfort after toilet construction. 97% of men no longer have to cross difficult terrains such as hills, lakes, ponds, etc. to defecate and 90% do not have to face discomfort due to insects at defecation sites.

Earlier, without access to a private toilet, women would deliberately limit their intake of water and other liquids to control the urge to urinate. But after the construction of a household toilet, 93% of the women reported no longer having to stop having food or water to control the urge to defecate or urinate. This was a major relief to the daily routine of women in rural areas as well as reducing the risk of contracting infections due to withholding food and water. Also, women no longer have to rely on others for social support to look after their dependents while they go for defecation.

Improvement in the self-respect of women (*Swabhimaan*)

Before toilets were constructed, women and girls felt a sense of helplessness and fear, sometimes even shame, when taking care of their sanitation needs in the open. More than half of the women we surveyed were afraid of being judged by others in their community when they did not have a private toilet. Also, almost half the women surveyed used to avoid their relatives or neighbours out of embarrassment over not having a private toilet.

Majority of the women, especially unmarried young women, said they were proud to own a toilet. An overwhelming majority (88%) of men also reported a sense of pride in owning a toilet. Due to the availability of toilets in their household, 77% of women reported feeling stress-free about changing absorbent material when required as opposed to 27% when they did not own a toilet.

Insights to inform going-forward strategy

The findings from this study helped to identify the primary stakeholders from the community who and what can serve as the **key drivers of behavioural change** and underline the relevant messages that would help champion the campaign towards ODF sustainability.

Catalysing youth champions - The category of unmarried young girls reported a heightened sense of pride (91%) and satisfaction with the toilets constructed in their households. The study also shows that both women and men reported the primary reason for the construction of toilets was to ensure the safety of women. Thus, the sanitation discourse must channelize and leverage the energy of this youth cohort in all key messages on toilet usage and maintenance to ensure ODF sustainability.

Furthering the engagement of men in sanitation dialogue – This study shows that toilets are important both for men and women. The SBM Phase-II presents an outstanding opportunity to further reinforce the narrative of **“Toilets are for All”** and proactively engage men in the sanitation security discourse.

Locating the *Swabhimaan* and *Suraksha* constructs within the lexicon of rights, agency and informed choice – The study corroborates the need to further embed the discourse on sanitation security within a *‘rights, agency, choice’* perspective as a step towards institutionalizing the use of toilets.

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1. Introduction

1.1. Context and Overview of Swachh Bharat Mission - Grameen

Access to poor sanitation is not just unpleasant, it is dangerous. When people have no option but to defecate in the open, they run the risk of catching or spreading an infectious disease – from diarrhoea to cholera. But more than that, women and girls are particularly vulnerable when they do not have access to a private toilet. Beyond health risks, poor sanitation can have several negative impacts. It leaves women and girls open to the dangers of harassment and assault by men and attacks by animals (Geertz et al., 2018) (Saleem, Burdett, & Heaslip, 2019) (Sommer, Ferron, Cavill, & House, 2015). Anecdotal evidence and grey literature suggest that women reported feeling a sense of shame, helplessness and fear when defecating in the open.

Recognizing the depth of this problem, the United Nations has made universal access to water and sanitation one of its main Sustainable Development Goals (SDGs), considering it essential for improved health, well-being and dignity (WaterAid Canada, 2019) (Geertz et al., 2018). Globally, around 2 billion people lack access to improved sanitation (Sommer, Ferron, Cavill, & House, 2015) and around 701 million people still practice open defecation (Saleem, Burdett, & Heaslip, 2019). India has one of the highest numbers of people in the world defecating in the open (530 million)² with a sanitation coverage of only 38.70 per cent in 2014³.

To tackle this problem head-on, the then Prime Minister of India, Shri Narendra Modi, announced the Swachh Bharat Mission-Grameen (SBM-G) in 2014, to prioritize sanitation for all and the need to eliminate the practice of open defecation. As of March 2020, the program, run by the Ministry of Jal Shakti's Department of Drinking Water and Sanitation, has helped with the construction of over 100 million toilets. As a result, more than 600 thousand villages have declared themselves open defecation free (ODF) across 706 districts. According to the National Annual Rural Sanitation Survey (NARSS 2019-2020), the usage of these toilets is found to be over 95%.

Such a massive mission over a relatively short period offers a unique opportunity to assess the impact of improved sanitation on the lives of women and girls. After 6 years of successful implementation of the SBM-G, UNICEF, Bill & Melinda Gates Foundation (BMGF) and Sambodhi Research and Communications Private Limited with assistance from Department of Drinking Water and Sanitation, Ministry of Jal Shakti conducted a collaborative study titled '*Access to Toilets and the Safety, Convenience and Self-respect of women in Rural India*' to understand how the construction of toilets has impacted rural women.

² World Health Organization. "Progress on drinking water, sanitation and hygiene: 2017 update and SDG baselines." (2017).

³ <https://pib.gov.in/PressReleaseDetail.aspx?PRID=1513284>

1.2. Objectives of the study

The study aimed to test the hypothesis: ***'Increased access to household toilets contribute towards improving the safety (Suraksha), convenience (Suvidha) and self-respect (Swabhimaan) of women'***.

In line with the hypothesis the study aimed to provide evidence around the following key messages:

- The percentage of women in rural India who reported feeling safer* after getting toilets as a result of the SBM
- The percentage of women in rural India who reported feeling an increase in convenience** after getting to toilets as a result of the SBM
- The percentage of women in rural India who reported feeling greater self-respect*** after getting toilets as a result of the SBM

Note: The percentage change is the key indicator to be derived from the study

*Safety is defined as perceptions and feelings of insecurity in accessing sanitation services i.e. fear or threats of crime and violence (of being abused), from harm by animals, reptiles etc., and of health risks

**Convenience is defined as having availability and comfort (in associated practices) through access to toilets

***Self-respect is defined as feelings of perceived humiliation or embarrassment, and lack of privacy and cleanliness experienced in accessing sanitation services and managing menstrual hygiene

1.3. Purpose and users of this report

The findings in the study can be used not only by the Department of Drinking Water and Sanitation, Ministry of Jal Shakti but a wider audience as well. The primary stakeholders of the findings would include the Department of Drinking Water and Sanitation, central and state governments, and line ministries. Other stakeholders include non-government organizations (NGOs) and international non-government organizations (INGOs), other organizations working in similar areas and academia. This report will also serve as a guiding tool for similar interventions in other parts of the country and provide insights into better strategizing SBM-G Phase-II.

1.4. Study areas and sample coverage

A cross-sectional design was adopted to estimate the change in safety, convenience, and self-respect of women in rural India due to the construction of toilets. The creation of the *'pre-toilet construction'* scenario was achieved by collecting information based on the recall of the respondents using a structured interview schedule. Since the number of toilets constructed under SBM peaked in 2017, it was considered as a reference period for the selection of households. A sample of **6993 households** was drawn from the list of households with a toilet constructed after 2017 across **320 villages of five states – Bihar, Madhya Pradesh, Maharashtra, Rajasthan, and Uttar Pradesh**.

To develop a holistic understanding of the change in safety, convenience and self-respect of women, the following categories of women were interviewed:

- a. Currently pregnant women (aged 18 to 49 years)

- b. Women with a child aged 0 to 5 years (aged 18 to 49 years)
- c. Elderly women (aged 60 to 80 years)
- d. Unmarried young girls (aged 18 to 30 years)

Also, 1297 adult men were interviewed to better understand and appreciate the sanitation experience and ecosystem using a separate questionnaire. Thus, a total of 8290 households were surveyed for this study.

On average, there were six members in each household with almost an equal proportion of females and males. Almost 60% of women and 70% of men were able to read and write. The literacy levels were higher amongst unmarried young girls and pregnant women whereas it was lowest amongst elderly women. Around 66% of women and 84% of men had received a formal education. 87% of the women were homemakers and 61% were farmers.

Around 44% of the women reported owning a Below Poverty Line (BPL) card. Also, majority of the households in the study areas were either *semi-pucca* (46%) or *kucha* (19%) houses. Thus, most of the households surveyed belonged to the vulnerable and marginalized sections.

In 84.4% of the households, toilets were within the premise of the household. In the remaining households, toilets were located outside the household premises, presumably due to lack of space in the premises. 92.5% of the surveyed households reported sufficient availability of water throughout the year.

1.5. Key Considerations

The study was conducted within the contours of the following key considerations:

1. **Retrospective baseline-** In the absence of a true baseline, a retrospective baseline was created using recall-based questions that were administered to analyse the pre-post toilet construction changes at the end of phase-1 of the SBM.
2. **Sampling criteria-** Districts with the maximum number of toilets constructed in 2017 were sampled for the study. The year 2017 was specifically chosen as the cut-off to minimise recall bias and sample households that would have experienced change most recently.
3. **Selection of states-** A purposive selection of states was done to ensure representation from pockets with a larger population and the maximum number of toilets constructed since the inception of the SBM.
4. **Toilet usage-** Questions on toilet usage were not included in the household questionnaire as the sample of the study included only those households which owned and used a toilet.
5. **Sample of unmarried young girls category-** The sample of young girls was introduced in the study midway during the survey. Thus, data for this category was collected from one sampled district in each sampled state.
6. **Men's survey-** Since the engagement of men is critical for a transformative change, a smaller proportion of men were also interviewed. However, the sample of men (N=1297) is not statistically comparable to the overall sample for women (N=6993).
7. **Demographic characteristics-** Certain demographic characteristics, such as caste and religion were not included in the questionnaire as they did not feature in the analysis plan.



2. Impact of SBM-G on the safety, convenience and self-respect of women

2.1. Improvement in the safety of women (*Suraksha*)

Globally, women and girls face threats and experiences of violence at all stages of lives, across cultures and countries and in all spaces. These threats and experience acting as constraints often restrict their movement and limit their spaces of mobility, even dictating mobility associated with sanitation behaviours. Without access to a private toilet, too often women and girls are forced to find isolated places out in the open or sometimes even wait until after dark to relieve themselves. Vulnerability to violence is one of the foremost sanitation challenges faced by women. Furthermore, the lack of access, also makes them vulnerable to infectious diseases, and attacks by animals.

Safety of women drives the decision to construct a toilet

Nearly 7000 women and 1297 men across five Indian states were asked numerous questions to find out why their households agreed to get a newly constructed toilet as part of the Swachh Bharat Mission. Overwhelmingly, the survey found **the key driver was to improve the safety of women (80%) and girls who reported feeling vulnerable finding a place outside to defecate. Interestingly, improving the safety of women was also cited as the primary reason for the construction of toilets by men.** Around 40% of the households also constructed toilets to protect household members from animal attacks, especially from being bitten by snakes and reptiles when they went out in the open to defecate. Moreover, it is encouraging to note that 40% of the households constructed toilets to ensure proper sanitation and hygiene with more than half of the households having wanted a toilet to prevent the spread of diseases due to open defecation.

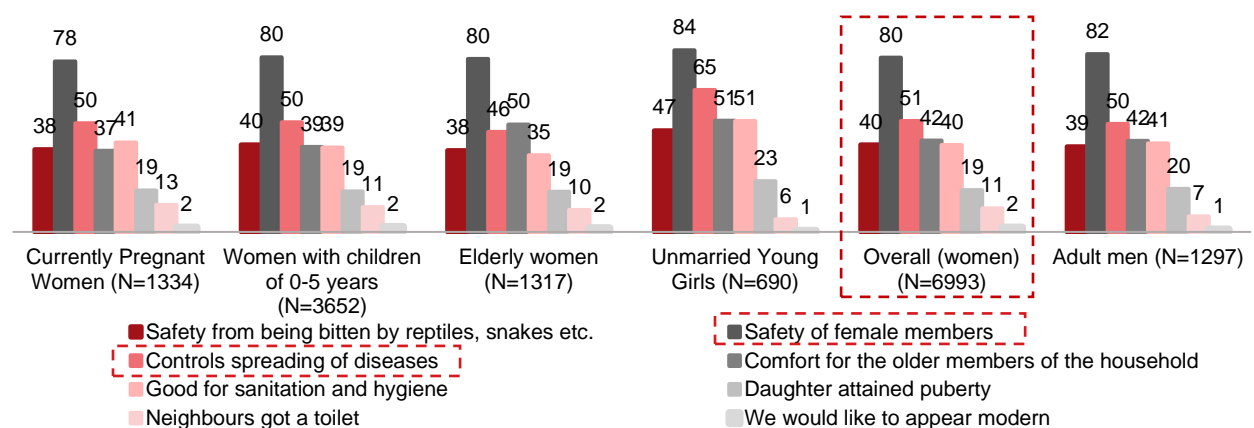


Figure 1: Reasons for construction of toilet



Substantial increase in women who are not afraid of assault while going to defecate

Before getting a toilet only around 20 per cent of women surveyed reported feeling safe going out to defecate in the open. Most others, especially young women, reported feeling vulnerable to attacks from animals – particularly being bitten by snakes – or being assaulted by people. Some women said men sometimes would abuse them verbally, but there was always the risk it could escalate into physical or sexual assault. But after getting a toilet constructed

93% of women surveyed were no longer afraid of being hurt by someone or harmed by animals while defecating. This depicts a major improvement in the safety of women in rural areas.

“It happened with me about two years ago. When I went to defecate, some men started swearing at me, scolding me. They even forcefully pushed me out of their field and threw away my bottle (for carrying water).”

- Elderly woman

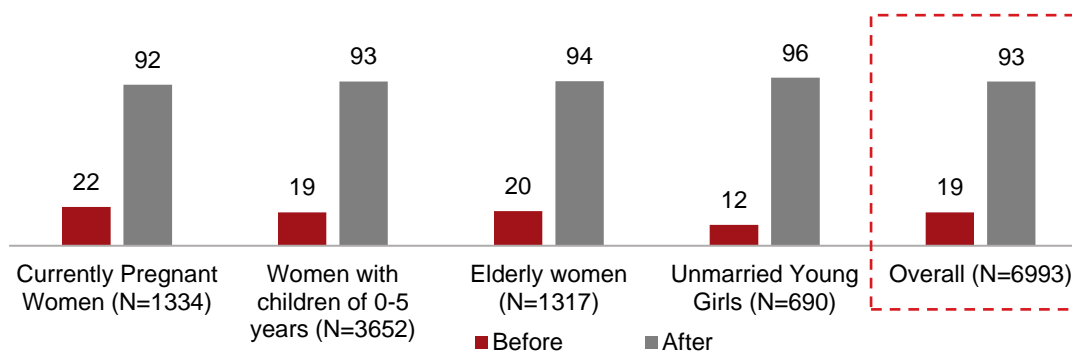


Figure 2: Safety from harm inflicted by others

Not only women, but 94% of the men also reported that they are not afraid to encounter snakes and other animals while defecating as opposed to 7% when they did not own a toilet. Men also reported a significant decrease in the instances of conflicts at sanitation sites due to the construction of household toilets. This suggests that the construction of toilets has equally enhanced the safety of women and men while defecating.

Significant reduction in women afraid of contracting health infections while defecating

Poor sanitation is linked to the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio, according to the World Health Organization⁴. Fields and water sources polluted with excrement can infect the food chain and cause a vast number of diseases. Amongst women, open defecation and poor sanitation have been linked to maternal mortality⁵ and adverse pregnancy outcomes⁶. Thus, decreasing open defecation has a major positive health benefit for the community, especially in densely populated countries, like India.

4 Sourced from - <https://www.who.int/news-room/fact-sheets/detail/sanitation>

5 Benova, L., Cumming, O., & Campbell, O. M. (2014). Systematic review and meta-analysis: Association between water and sanitation environment and maternal mortality. *Tropical Medicine International Health*, 19(4), 368–387

6 Padhi et al (2015). “Risk of adverse pregnancy outcomes among women practicing poor sanitation in rural India: A population based prospective cohort study”. *PLoS Med.* Jadhav et al (2016).

Women are often afraid of contracting an infection if they defecate or change their menstruating materials in the open. But after the construction of a household toilet, **93% of women reported being no longer afraid of contracting health infections while defecating** as opposed to 15% of women who reported feeling so before having access to a private toilet.

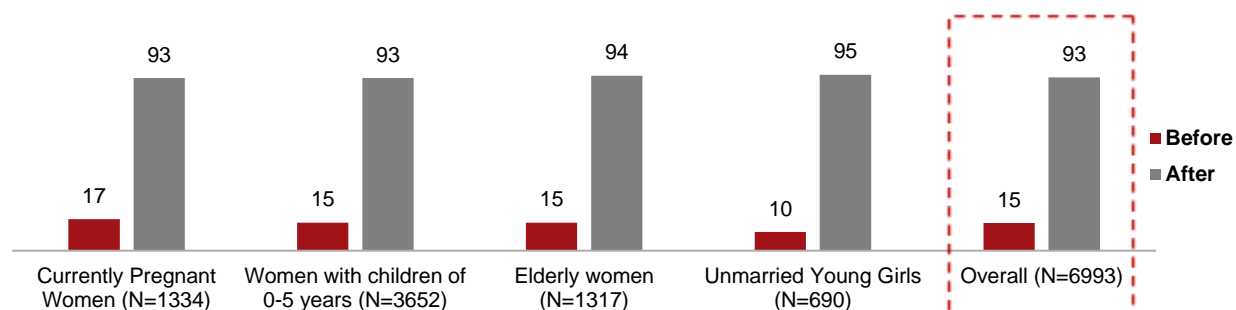


Figure 3: Safety from health infections/risks

2.2. Improvement in the convenience of women (*Suvidha*)

Albeit improved convenience was not the main driver for the construction of a toilet, the survey revealed several positive outcomes that made the life of women easier and more physically comfortable. For example, women did not have to commute to and from the defecation site, saving both time and preventing anxiety of leaving children and elderly alone at home. Critically, women stated that they could consume food and water whenever they pleased, as they did not have to control the urge to use the toilet. This has tremendous positive benefits of health.

Substantial reduction in time spent by rural women on travel for defecation

Trying to find a safe and private place to defecate in the open, in a densely populated country like India, is not always easy. Many of the women surveyed spent a significant amount of time simply getting to an open defecation site. Sometimes – especially given the strict social norms about who can defecate where – some women would have to walk half a kilometre or more.

Table 1: Time spent by women and men before toilet construction

Time to defecation site	Women (%)	Men (%)
Up to 30 min	67.2	42.1
30 min- 1 hr	23.7	53.8
More than 1 hr	9.1	4.1

“We had to go far for defecation. In fact, poor people were not allowed to sit in some places, and we could go only twice in a day. But now that we have a toilet, it has all changed. We can go any time and do not even have to waste time in going. That saved time can be used for work now.”

- Woman with a young child



Table 2: Distance travelled by women and men before toilet construction

Distance to defecation site	Women (%)	Men (%)
Up to 500 m	74.8	44.3
500 m – 1 km	22.9	38.6
More than 1 km	2.3	17.1

91% of the women stated that they would travel up to 1 hour to before having access to a toilet, while 98% said that they would travel up to a kilometre. This is not the case anymore! Talking about spending this saved time, 88% of women reported spending this time on household chores, 11% spent it on leisure, sleeping and eating and 1% were utilising this time for occupation-related work. Men are equally enjoying the benefits of a toilet at home as 83% of them do not have to travel up to a kilometre and 96% of men do not have to spend up to an hour to defecate. Out of this saved time, 19% of men spend it on leisure, sleeping, and eating, whereas 15% reported using it for occupation-related work.



Figure 4: Activities undertaken during time saved from open defecation (%)

Women can now use the toilet any time of the day

Before getting a household, toilet constructed, women and girls would have to think carefully about when they could defecate. Because of safety reasons, most women would have to make sure they went in the morning, often before sunrise or early evening. But once they were given access to a private toilet, their flexibility increased, jumping from only 11% of the women who reported feeling comfortable going at any time to 46% once they had a household toilet.

Table 3: Increased flexibility in the time of defecation

Time of defecation (N=6993)	Before toilet construction - proportion of women (%)	After toilet construction - proportion of women (%)
Any time during the day	11	46
Early morning	48	33
In the evening	2	1

Time of defecation (N=6993)	Before toilet construction - proportion of women (%)	After toilet construction - proportion of women (%)
In the afternoon	1	0.2
At night	4	0.4
Once in the morning and once in the evening	35	20

Furthermore, 92% of women said they were no longer afraid of going to the toilet in the dark of night, which is a huge jump from the previous 12%.

Men also reported an immense sense of comfort after toilet construction. 97% of men no longer have to cross difficult terrains such as hills, lakes, ponds, etc. to defecate and 90% do not have to face discomfort due to insects at defecation sites. Thus, it is evident that toilet construction has improved the overall convenience of all members of the household.

Women do not have to withhold food and water anymore

Many women without access to a private toilet, to reduce their toilet use deliberately limit their intake of water and other liquids to control the urge to urinate. But, more so, women also put off eating healthy quantities or certain types of food to stem the urge to defecate. These behaviours limiting the intake of food and water can lead to adverse health impacts, such as dehydration, urinary tract infections, chronic constipation, and other gastric infections⁷. Some of these impacts can be more pronounced in certain categories of women, such as pregnant women.

But after the construction of a household toilet, around 93% (averaged across figures 8 and 9) of the women reported no longer having to stop having food or water to control the urge to defecate or urinate. This was reported to be a major relief to the daily routine of women in rural areas as well as reducing the risk of contracting infections due to withholding food and water.

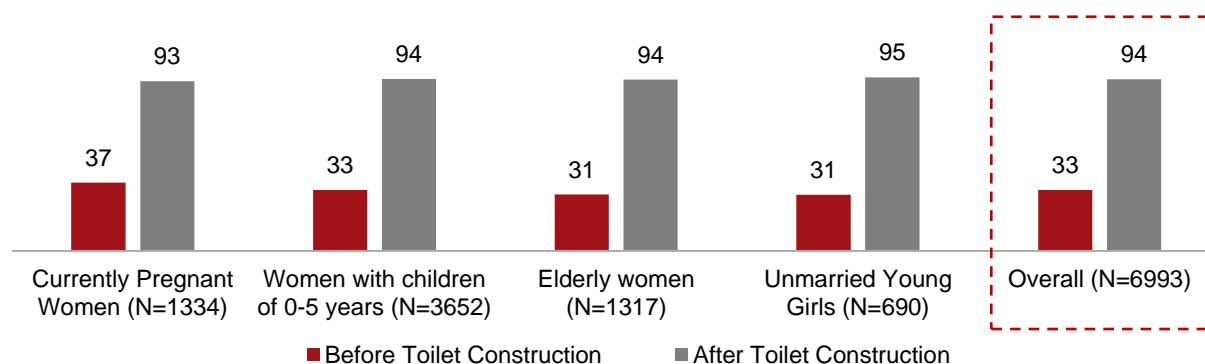


Figure 5: Women do not have to stop drinking water to control the urge to urinate

⁷ Wendland, C., Yadav M., Stock, A. and Seager, J. 2017. Gender, Women and Sanitation. In: J.B. Rose and B. Jiménez-Cisneros, (eds) Global Water Pathogen Project.



Figure 6: Women do not have to stop having food to control the urge to defecate

Women no longer need help looking after dependents while defecating

Asking other members of the community for help, looking after children or elderly relatives, when trekking off to defecate is stressful and leads to anxiety. But having easy access to a private toilet mitigates that. Most women surveyed said they were now free from the trouble of requiring extra social support from extended family or neighbours just to defecate.

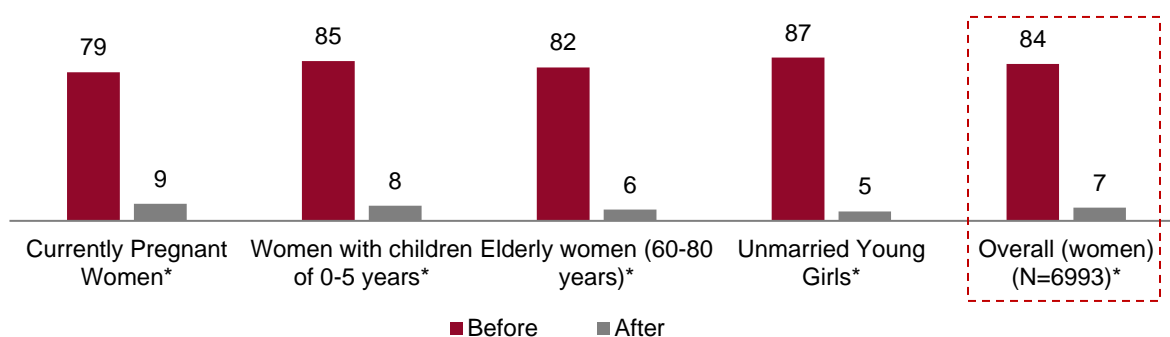


Figure 7: Proportion of women who no longer need social support for looking after dependents while defecating

2.3. Improvement in the self-respect of women (Swabhimaan)

Defecating in public often leaves women and girls exposed to taunts and verbal abuse from others. Sometimes they are also ridiculed about their low economic status. But often the taunting is of a lewd or sexual nature.

Having to take care of menstrual needs in the open is also a stressful part of life for rural Indian women. It is no wonder women and girls can feel a sense of helplessness and fear, sometimes even shame, when taking care of their sanitation needs in the open. Obtaining a private toilet can enhance their dignity and self-respect on several fronts.

"I always felt ashamed carrying my jug to the field for defecation, because we did not have a toilet. I would always think, what would others say about my household that we don't even have a toilet."

- Pregnant woman



A heightened sense of pride in toilet ownership

Gone are the fears of being judged for defecating in the open. After getting a toilet, majority of the women, especially unmarried young women, said they were proud to own a toilet. An overwhelming majority (88%) of men also reported a sense of pride in owning a household toilet.

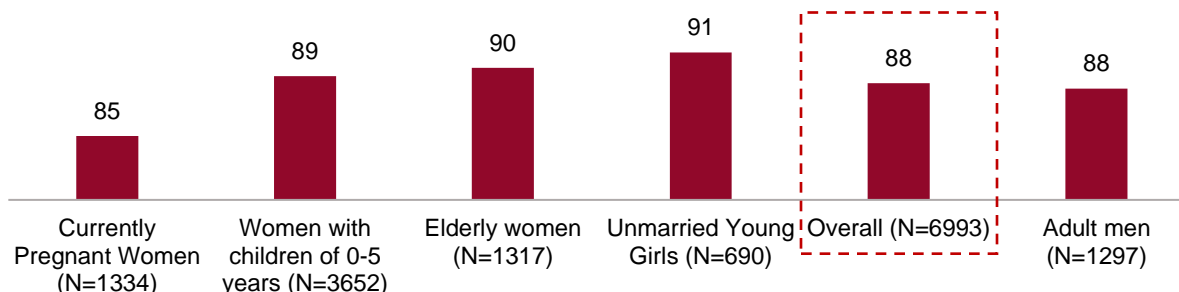


Figure 8: Women with a heightened sense of pride owning a toilet (%)

Women no longer feel judged

For many women and girls simply walking to an open defecation spot – their intent noticeable because of the water jug they carry for cleaning themselves afterwards – is humiliating. Some women believe having to defecate in the open is an instant indicator of their household's lowly place in society.

More than half of the women we surveyed were afraid of being judged by others in their community when they did not have a private toilet.

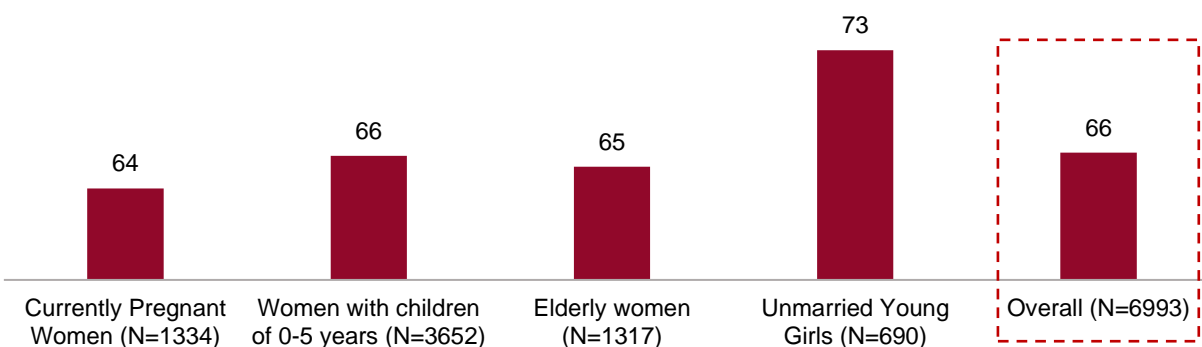


Figure 9: Women afraid of being judged by others due to lack of toilet (%)

Women are more comfortable to invite guests after owning a toilet

Not surprisingly, women became more at ease about inviting guests to their home once a toilet was constructed in their house or on the premises. Before that, almost half the women surveyed used to avoid their relatives or neighbours out of embarrassment over not having a private toilet. Again, it was the young, unmarried girls who reported feeling the most awkward about this. Around 30% of the men also reported previously avoiding guests/relatives in the absence of toilets in their households. Thus, construction of household toilets has addressed a mutual concern in the self-respect of the women and men in households.

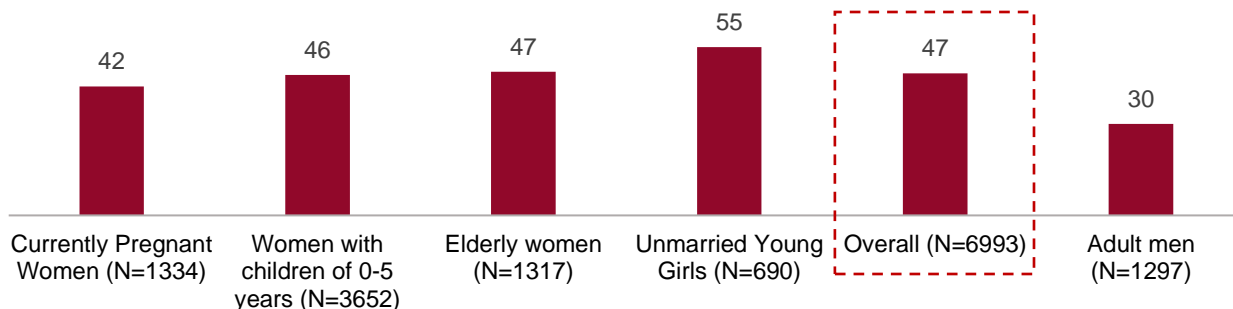


Figure 10: Women avoided guests due to lack of toilet (%)

Women no longer worry about changing menstrual material at any time and ensuring privacy while changing menstrual material

Globally, upon any given day, over 800 million women across the ages of 15 to 49 are going through menstruation⁸. In many countries and cultures, including India, there is still a huge stigma around menstruation, especially in rural areas, which can often lead to women and girls being ostracized during their monthly periods. The stigma and ostracizing practices make menstruation more stressful. A central tenet associated with menstruation is being able to manage it hygienically, safely and with dignity.

Within this stress, a particular worry for women who do not have household toilets is finding or having a place – outdoors - to change at any time and with privacy. After owning a toilet, women have the liberty to change their absorbent materials at any time of the day without having to wait to find a suitable place outdoors. Due to the availability of toilets in their household, 77% of women reported feeling stress-free about changing absorbent material when required as opposed to 27% when they did not own a toilet.

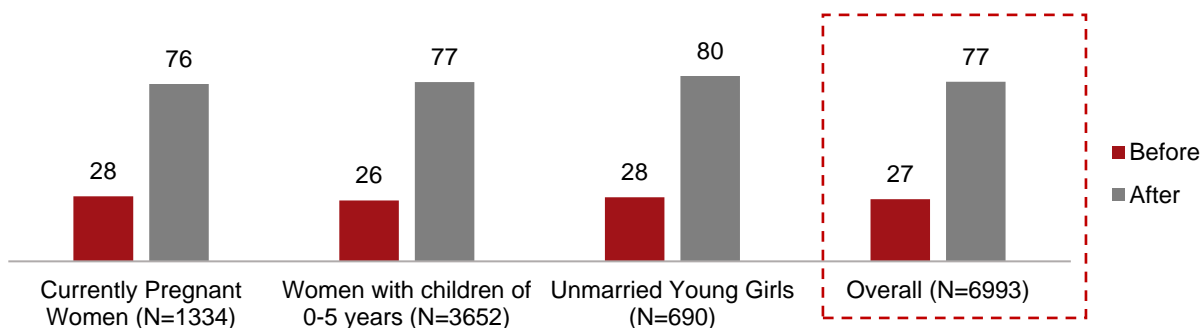


Figure 11: Women do not stress about being able to change absorbent material when required

Having a toilet at home also lifts the stressful burden of finding privacy while changing menstrual material and re-enforces self-respect for the girls and women.

⁸ Needs and Trends in Menstrual Management: A Global Analysis; Ashwini Sebastian and Vivian Hoffmann, University of Maryland and Sarah Adelman, Mount Holyoke College; http://faculty.arec.umd.edu/vhoffmann/Files/Global_Review_Demand_Final_0226.pdf

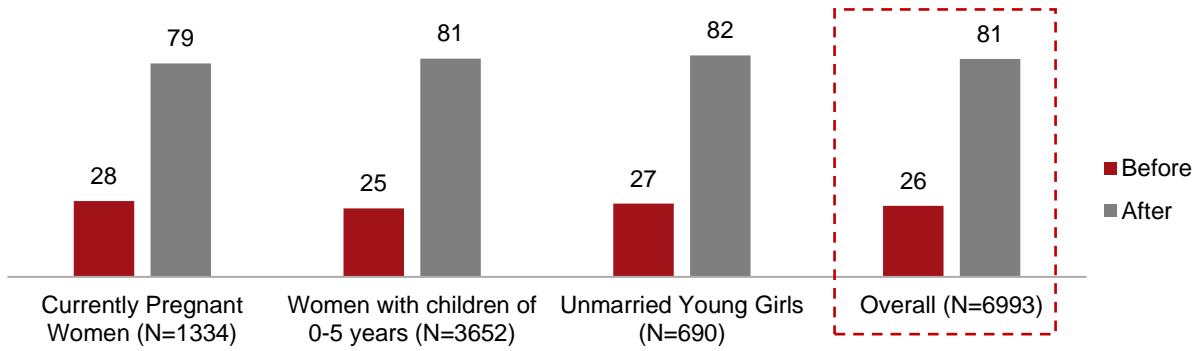


Figure 12: Proportion of women who no longer have to worry about privacy while changing absorbent material





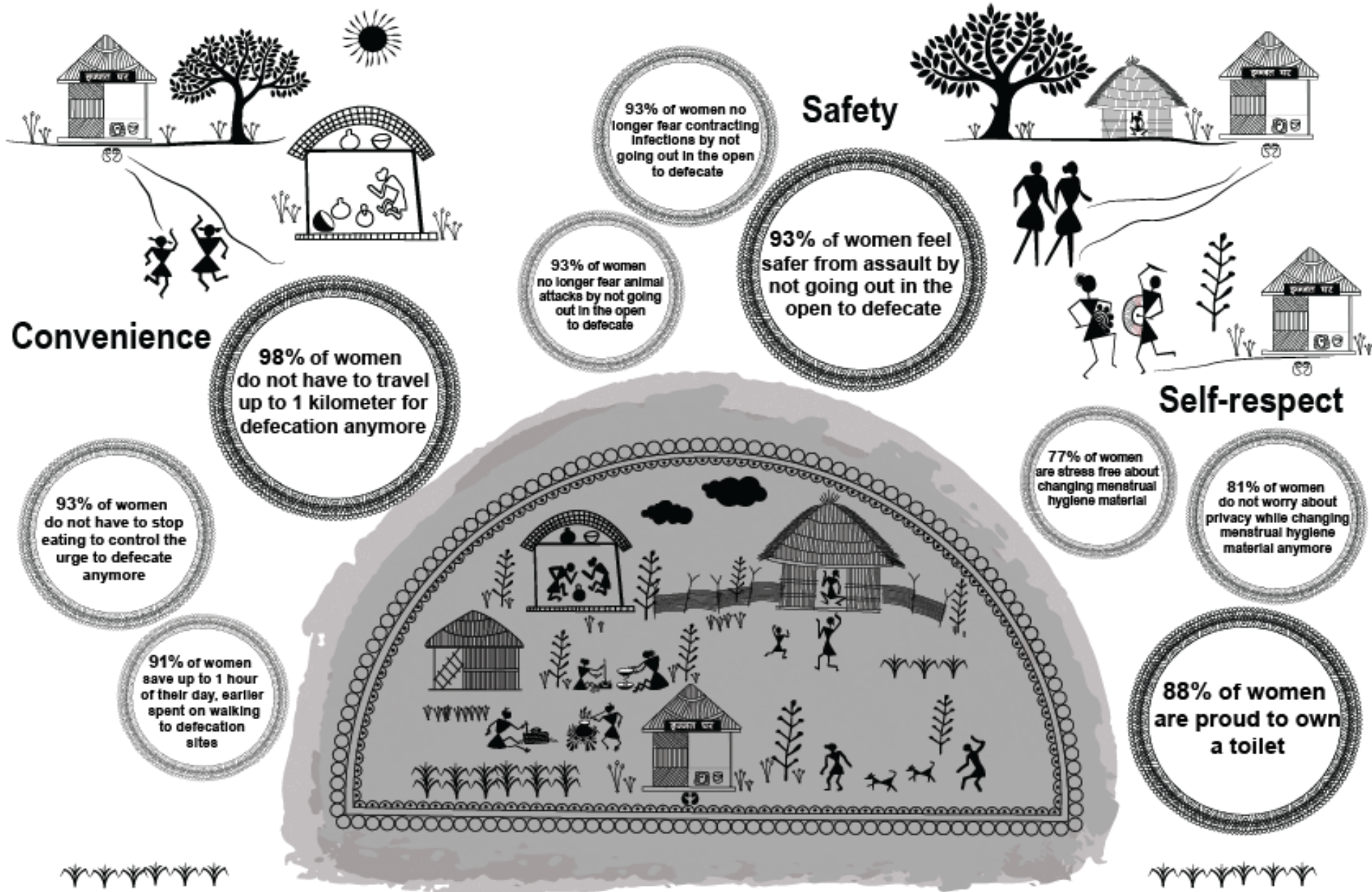


Figure 13: Findings of the study

3. Synthesis of findings

On average 96% of the women surveyed were either satisfied or highly satisfied with the toilets built in their homes. The reasons fall into three main categories: ***improved safety, more convenience and greater self-respect.***

Safety of women

The key driver for women for getting a household toilet constructed was also the primary reason for their satisfaction – to improve the safety of girls and women. Access to a toilet significantly reduces the risk of infections, being harassed and/or assaulted by men or being harmed by animals. These fears have been allayed with the presence of a toilet at home. For example, 93% of the women surveyed said they were no longer afraid of being hurt by someone or harmed by animals while defecating.

The study revealed that it was not just women who felt safer. For men, safety was viewed through the lens of reduction of fear from being attacked by animals, and from reduced conflicts at the defecation site. This suggests that the construction of toilets has equally enhanced the safety of women and men while defecating.

Convenience due to construction of toilets

Having access to a private toilet has brought a myriad of comforts to the women we surveyed. Almost all of them said they used to spend between half-an-hour to an hour every day walking up to a kilometre to and from a defecation site. Often, they would also have to rely on a relative or neighbour to look after their dependents during that time, which could sometimes create stress. That receded when a toilet was constructed within their household. 97% of men no longer have to cross difficult terrains such as hills, lakes, ponds, etc. to defecate and 90% do not have to face discomfort due to insects at defecation sites. Thus, it is evident that toilet construction has improved the overall convenience of all members of the household.

Perhaps more importantly, though, was that the women's health risks also reduced significantly with better sanitation. When they were forced to defecate in the open, they would often hold off drinking liquids or eating food to control the urge to urinate and defecate at certain times of the day. Dangerously, this could lead to dehydration or infections. But once they had a household toilet, they could relieve themselves any time of the day, thus being able to eat and drink when they felt like it.

Self-respect of women

Defecating in public can make women feel frightened or even helpless. But often there is a sense of shame too. Many of the women we surveyed said they felt embarrassed because of the taunting and verbal abuse they would undergo whilst going to defecate in the open. They also reported feeling judged and humiliated. This was magnified during the days they were menstruating as it is very awkward trying to change sanitary material out in the open. However, when they were able to change their sanitation materials in private their sense of self-respect was enhanced.

Owning a toilet made them feel proud. Any hesitations they might have had previously about inviting friends or family to their home disappeared for around half the women surveyed, once they owned a toilet. An overwhelming majority (88%) of men also reported a sense of pride in owning a household toilet. With 96% of the women satisfied with their household toilets, SBM-G has been successful in achieving its objectives of ensuring safety, convenience and self-respect for women in rural India.



4. Insights to inform going-forward strategy

Swachh Bharat Mission- Grameen (SBM-G) Phase-I has been fairly successful in changing behaviours to adopt the practice of safe sanitation and the construction of over 100 million toilets and with over 6 lakh villages in 706 districts of 36 states, Union Territories (UTs) declaring themselves open defecation free (ODF). The SBM-G Phase-II which will be implemented from 2020-2021 to 2024-2025, will aim at sustaining the gains made in the first phase of the programme since 2014 in terms of toilet access and usage, ensuring that no one is left behind and effective management of solid and liquid waste in the villages⁹.

The Phase-II of the programme will focus on Open Defecation Free Plus (ODF Plus), which includes ODF sustainability and Solid and Liquid Waste Management (SLWM). SBM-G Phase-I is often recognized as the largest behaviour change programme in the world¹⁰. Based on the learnings of Phase-I of the programme, continuing behaviour change communication (BCC) will be pivotal to ensure ODF sustainability. Till recently, behavioural change is being motivated through mass media and interpersonal messages communicated by celebrities, who are creating awareness about the ill-effects of open defecation. The findings from this study help to identify the primary stakeholders from the community who and what can serve as the **key drivers of behavioural change** and underline the relevant messages that would help champion the campaign towards ODF sustainability.

How can we catalyse youth champions?

The study findings show that an overwhelming majority of women and men (88%) reported a heightened sense of pride in owning a household toilet. It was particularly more pronounced in the category of unmarried young girls with 91% reported feeling pride in owning a toilet. Besides, almost all the unmarried young girls also reported being satisfied with the toilets constructed in their household. The study also shows that both women and men reported the primary reason for the construction of toilets was to ensure the safety of women. Thus, the sanitation discourse must channelize and leverages the energy of this youth cohort in all key messages on toilet usage and maintenance to ensure ODF sustainability.

How can we amplify male engagement in the sanitation dialogue?

The study findings delineate the centrality of the safety and security argument in both men and women's lives. While men report a significant improvement in the convenience of sanitation experience, they have also reported a substantial improvement in the safety and self-respect constructs such as not having to cross difficult terrains, facing discomfort due to insects or conflicts while defecation. While remaining cognizant of the disproportionate vulnerability of women to the ills of poor sanitation, we believe that the SBM Phase-II can further reinforce the narrative of **"Toilets are for All"** to further the use of toilets by the entire rural community.

⁹ <https://pib.gov.in/PressReleasePage.aspx?PRID=1603628>

¹⁰ Mohapatra, Gadadhara. "Projected Behavioural Change in Swachh Bharat Mission: A Public Policy Perspective." *Indian Journal of Public Administration*, vol. 65, no. 2, June 2019, pp. 451–474, doi:[10.1177/0019556119863856](https://doi.org/10.1177/0019556119863856).

How can we frame the *Swabhimaan* and *Suraksha* constructs within the lexicon of rights, agency and informed choice?

Sanitation security for women is not just about accessing a toilet but is fundamentally located within the ambit of gender disparity. A movement from sanitation insecurity to sanitation security will occur if and only if, gender disparity is placed at the centre of policy. It is critical therefore that the discourse is framed within and from a 'rights, agency, choice' perspective. An understanding of gender as created through an ongoing social process can trigger a transformation from technical solutions to social change. This can be a key point to reinforce the existing narrative and help further institutionalize the use of toilets.



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