CHAPTER – VI

SUMMARY OF THE STUDY AND CONCLUSION

6.1.0. Rationale of the Present study: Prior to joining academic fraternity, being an employee of Water Aid India, an international organization of United Kingdom (UK) working world-wide for promotion of safe drinking water supply, sanitation and hygiene education - the researcher has conducted quite a few numbers of pilot studies on different aspects of sanitation and realised the essence of safe sanitation in daily life as well as the need to undertake more in-depth studies with a special focus on rural sanitation, keeping in view its current scenario at the grassroot level.

On the other hand, the central role of women in water resource management and sanitation, especially in developing countries, is increasingly recognized at all levels of development activity. In most countries, women are, in fact, the primary stakeholders in the water and sanitation sectors, and are the primary providers of water for domestic consumption. Statistics show that almost one out of two persons lives without a toilet in India and in West Bengal the percentage of using sanitary latrine especially among rural women is found to be very less. (DDWS, 2008) At the same time, as per the latest available Human Development Report of West Bengal i.e. West Bengal Human Development Report 2004 - the progress of rural sanitation coverage is concerned, Birbhum district has been identified as one of the backward districts of West Bengal. So, taking into consideration the slow progress of rural sanitation in India, the significance and need of proper sanitation in women's life as well as the current state of poor sanitation among women of rural West Bengal - it is quite evident that an empirical and in-depth study on rural sanitation focussing women's role, may be considered as the need of the hour – which will not only be helpful in exploring and identifying the factors for slow progress of rural sanitation but also will be instrumental in framing suitable strategies and approaches for a better implementation of rural sanitation growth, involving women.

6.2.0. Universe of the Study: With the justification provided above (section 6.1.0.) Birbhum District of West Bengal was considered as the universe of the present study. The district consists of three Sub-divisions namely, Sadar (Suri), Rampurhat and Bolpur. Rampurhat is the largest Sub-division and Bolpur is the smallest. The district has nineteen (19) Development Blocks out of which eight (8) are in Rampurhat Sub-division, Seven (7) are in Sadar Sub-Division and Four (4) are in Bolpur Sub-Division. Birbhum District is situated in the west side of West Bengal bound by Santhal Paraganas of Jharkhand State to its West and North, Murshidabad district in the East and North East and Burdwan district in the West.

6.3.0. Procedure of Data Collection and Data Analysis: The present study carries the features of both qualitative as well as quantitative research. Following multi-stage cluster sampling method – 300 women were taken into consideration as the key respondents for this study. Keeping in view the different objectives of the study, besides these 300 women, need-based information were also collected from male members of the selected households, Gram Panchayat and Block officials, community leaders, NGO workers, Social work professionals and health and sanitation personnel of the district - through interview schedule (attached herewith as Appendix) and Focus Group Discussions. In this study, both qualitative and quantitative analysis of data has been made after securing necessary and complete responses and views from the respondents as well as from the other informants, taking into consideration the different objectives of the study. Quantitative data have been analysed with the help of SPSS (Statistical Package for the Social Sciences) software to obtain accuracy in data-analysis.

6.4.0. Major Findings of the Study:

6.4.1. First Objective: To study the level of awareness about the basic sanitation practices among rural women. Major Findings are as follows:

- ❑ Block-wise there is no significant difference among women in the context of their level of awareness about the basic sanitation practices
- ❑ As far as educational status is concerned, there is no significant difference in the context level of awareness about the basic sanitation practices among women
- ❑ Caste-wise there is a significant difference among women regarding the level of awareness about the basic sanitation practices.
- ❑ The post-ANOVA result referring to the difference in the context of caste-wise level of awareness about the basic sanitation practices - indicates that significant difference exists in between 'general' and 'SC' category women as well as in between 'general' and 'OBC' category women; whereas no significant difference is there among women in between 'general' and 'ST' category, in between 'ST' and 'SC' category, in between 'SC' and 'OBC' category and in between 'ST' and 'OBC' category in respect to their level of awareness about the basic sanitation practices.
- ❑ Keeping in view the economic status of the family, it was found that there is no significant difference in the context of their level of awareness about the basic sanitation practices between women of APL and BPL families
- ❑ Taking into consideration the age-group, it can be asserted that there is no significant difference between higher age-group women (i.e. women aging between 31 years to 44 years)

and lower age group women (i.e. women aging between 15 years to 30 years) as far as their level of awareness about the basic sanitation practices is concerned

- ❑ Comparison on basis of marital status of the respondents reflects that there is no significant difference between married and unmarried women in respect to their level of awareness about the basic sanitation practices

6.4.2. Second Objective: To review the prevalence of diseases among women as a consequence of not using sanitary latrine. Major Findings are as follows:

- ❑ Almost half of the women (45.66%) from the selected rural households still practice open defecation and rest of them use sanitary latrine
- ❑ The practice of open defecation is more prevalent among higher age group women i.e. in between 31 – 44 yrs. (51.19%) than lower age group women i.e. in between 15 – 30 yrs. (38.63%)
- ❑ Keeping in view the educational status of the respondents, it was found that the practice of open-defecation is highest (68.57%) among illiterate women followed by the women who are educated at least upto Primary level (55.93%) and this trend is found to be least prevalent (20.53%) among women who have completed their study at least upto HSC-level
- ❑ Caste-wise the practice of open-defecation is highest (60.49 %) among ST women followed by women belonging to OBC category (57.57%) and General category women (42.75%) and the phenomena of not using sanitary latrine is least observed among SC women (41.46%)
- ❑ As far as the status of family-economy of the respondents is concerned, the practice of open-defecation is much higher among women from BPL families (78.04%) than what is perceived among women from APL families (23.16%)
- ❑ Comparison based on the respondents' marital status shows that the practice of open-defecation is much higher among married women (51.23%) than unmarried women (34.02 %)
- ❑ Out of the total no of women practicing open-defecation, almost half of them (48.17%) have suffered from 'soil transmitted diseases' (i.e. hookworm infections)
- ❑ Further analysis in the context vulnerability towards soil transmitted diseases (i.e. hookworm infections) keeping in view the age group of the respondents, explores that - higher age group women, practicing open defecation were found to be much more prone (59.30%) towards soil transmitted diseases than lower age group women (29.41%).

6.4.3. Third Objective: To explore the role of women in promotion and management of rural sanitation, particularly at the household-level. Major Findings are as follows:

- Traditionally in rural areas women are still regarded as the key care-takers of the entire household level sanitation
- Every woman play a significant role as toilet-trainer of her child
- With the experiences gained from traditional practices and culture - in a rural family women tend to play the role of hygiene-educator pro-actively
- Women, and to a lesser extent children are primarily the ones who draw water for household use, transport it home, store it until it is used, and use it for cooking, cleaning, washing, and watering household animals.
- Women negotiate with their neighbors for access to water supply, evaluate water sources, analyze supply patterns, lobby relevant authorities, and launch protests when water availability reaches dire levels
- Women are found to be more knowledgeable than male members of the family about the economical use of available water at home and proper storage of safe drinking water
- Many infectious diseases are associated with poor water quality. Women bear the primary burden of caring for the sick in most societies.
- While men participate in the decision making around the type and building of the toilet, its maintenance is seen as the responsibility of women since cleaning the house and toilet are not regarded as work for men
- Women can best decide the location of the toilet/latrine where family members will find comfort in its usage. It has also been realized from this study that the location of the latrine can be a major determining factor in women's use of the facility for reasons of security and privacy.
- Women are mostly responsible for cleaning sanitation units; and often do so quite conveniently without any guidance from rural sanitation personnel
- Women were found to be more interested than men in seeking suggestions from ASHA workers and other health personnel of village sub-centre regarding betterment of basic sanitation practices at household-level

6.4.4. Fourth Objective: To find out the factors affecting the success of rural sanitation programmes. Major Findings are as follows:

- Among villagers certain stigmas are associated with human excreta which discourage them to discussed openly or seriously about the issue; since the issue is often being avoided from discussion so problems related to the issue are also being ignored
- Lack of political will towards promoting sanitation-level across the villages
- Village people are not interested to invest for ensuring sanitation at their household level; in most instances, it is found that they prefer to invest their money for buying a mobile/bi-cycle rather than in setting a sanitary-latrine or building toilets in their houses
- Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities
- Ignorance of the beneficiaries; they fail to realize the significance of the usage of safe sanitation in daily-life. They are also unaware of the possible adverse health impact due to lack of proper sanitation
- Corruption among the Government officials
- Inability of the Government Policy-makers to develop suitable monitoring mechanism for rural sanitation program at the village level
- Apathy of the Government towards the issue of rural sanitation
- Villagers, specially the male, prefer to defecate openly as they are used to such practices traditionally; they find awkwardness in defecating in a confined building, so initiation of any sanitation program promoting the usage of sanitary latrine cannot fully ensure change in such traditional practices over night
- Often Govt. employees engaged in sanitation sector being instructed by the local MPs/MLAs to focus only on their respective constituencies for protecting their vote-bank, ignoring the other parts of the project-area; sometimes such political interference affect the implementation process of rural sanitation programs

6.4.5. Fifth and Final Objective : To explore the scope of intervention for social work profession in promoting rural sanitation and suggest policy measures for ensuring better implementation of rural sanitation programme. Major Findings are as follows:

- All the Social Work Methods i.e.

- Social Case Work
- Social Group Wok
- Community Organization
- Social Action
- Social Welfare Administration

- Social Work Research ...can effectively be utilised in promoting rural sanitation and specially the method of Community organization and Social Work Research.

- ❑ The researcher has developed a model for implementation of sanitation-promoting programs/initiatives compiling both the responses of the professional social workers as well as clues from the knowledge-base of 'Community Organization'
- ❑ Besides that, the following social work skills like: Rapport-building, Planning, Counselling, Motivating, Encouraging, Interviewing, Resource-mobilisation, Monitoring and supervision etc. will be very much useful and effective at the different stages of implementing sanitation-promoting initiatives across rural parts of our country.

6.4.5.1. Suggestions for better Implementation of Rural Sanitation Program

- ❑ Gender issues should be more focus and attention in all rural sanitation programmes as women are traditionally as the key-player in sanitation-management
- ❑ Women should be given more space in decision-making process for household-level sanitation
- ❑ For sanitation programmes to be effective, political will at all levels is necessary. Communities are more motivated to change when they know political will exists.
- ❑ Sanitation programmes should be based upon generating demand, with all of its implications for education and participation, rather than on provision of free or subsidized infrastructure.
- ❑ Latrines are consumer products; their design and promotion should follow good marketing principles—including a range of options and designs attractive to consumers and therefore based upon consumer preferences, affordability, and suitability for local environmental conditions.
- ❑ Undertake in-depth research on existing traditional knowledge technologies and practices on water and sanitation from both women and men.
- ❑ Developing suitable monitoring mechanism at the village-level for ensuring proper implementation of rural sanitation program

6.5.0. Conclusion

Taking into consideration the experience of this study, the researcher prefers to conclude that no issue touches the lives of women – particularly poor rural women – as intimately as that of access to sanitation. In low income families of rural Birbhum where there are no individual

toilets, women under compulsion choose the option of open-defecation or have to queue for long periods to gain access to community toilets (built by Gram Panchayat the respective); some have to bear the indignity of having to defecate in the open, which exposes them to the possibility of sexual harassment or assault.

Although men also suffer from the burden of poor sanitation, they are more likely to resort to other means to relieve themselves. In rural parts of Birbhum district, men still urinate and defecate in open spaces but women – whose anatomy, modesty and susceptibility to attack does not allow them to discreetly relieve themselves in public – have no choice but to wait until dark, usually early in the morning when there is less risk of being accosted. "Going to the toilet" for these women often means squatting in a private spot or waking up before dawn to queue at community toilets.

In this regard the researcher would like to quote Maya Dolui, a resident of Nanoor Block which aptly reflects what it means to women to have no toilet at home: "We use the community toilet, built-up by Gram Panchayat, outside our settlement, five minutes away from my home. We have to stand in a queue for half an hour. That is why the men all go to the nearby paddy-field and only the women use the toilets. Children also go out in the open."

A disproportionate share of the labour and health burden of inadequate sanitation falls on women. For rural women, a long wait at the community toilet can mean that children are left unattended, or that a household chore is delayed. Unhygienic public toilets and latrines threaten the health of women, who are prone to reproductive tract infections caused by poor sanitation. For rural women who are menstruating, the need for adequate sanitation becomes even more acute. Moreover, because it is generally women who are responsible for the disposal of human waste when provision of sanitation is inadequate, they are more susceptible to diseases associated with contact with human excreta.

Despite all these evident impacts of poor/lack of sanitation on rural women, the issue of promoting sanitation especially among rural women - has not been given priority adequately so far by Gram panchayats or block development offices or by the different NGOs, which are working in Birbhum district. This could also be partially explained by the fact that improving access to sanitation was only recently recognized as a pressing internationally agreed target – in 2002 at the World Summit on Sustainable Development – so the issue has not been on the public agenda for long. Although women's lack of access to water in both rural and urban areas and its health implications – including severe back pain caused by carrying heavy vessels of water over long distances – has been the subject of several studies, women's lack of access to sanitation has

not received the same attention. Preliminary the facts and findings of this study would like to draw attention towards the need for further study on the different aspects of rural sanitation in other parts of rural India, as through this study it is already shown that lack of sanitation in villages increases health and other risks among all rural residents and women in particular.

From this research, it may be concluded that though by tradition, Indian society and culture values personal hygiene but gives little importance to clean and healthy community environment. Human excreta is regarded as the most hated object and anything connected with latrine is considered so defiling that one is supposed to take a bath immediately after coming out of the toilet and before going into kitchen- due to psychological and religious taboos. Sanitation is, therefore, regarded as a matter of individual initiative and not a collective obligation of the community. Against this socio-cultural backdrop, rural sanitation and particularly the agenda of encouraging women's participation in sanitation promotion and management has not been provided due attention.