

UNEQUAL EVERYDAY

SHAUCHALYA | SHARAM
SAMAJIKARAN | SWABHIMAAN

TOILET | SHAME | SOCIALISATION | DIGNITY

Submitted to:

Institute of Development Studies,
University of Sussex



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Executive Summary

Women and young girls in informal urban spaces are deeply impacted by bad sanitation, especially during menstruation, with long-term developmental consequences. The Swachh Bharat Mission Urban, India aims to build toilets and improve city sanitation infrastructure to better the availability, access, and everydayness of sanitation experiences for the poor people. Access to sanitation for women is subject to an intersectionality of various social inequalities productive of women's 'un- agency' as much as 'good' sanitation practice. This research is aimed at feminising the sanitation discourse by building knowledge around and mapping women and young girls' perspectives, and their socio-cultural subjectivity. The research was conducted across 10 low-income/slum settlements in diverse geographies of Delhi, and with 201 women and young girls and 48 boys and men. A combination of qualitative and quantitative research method was used that emphasised participation. Participatory Learning and Action tools were feminised and used in combination with semiotic storytelling and questionnaire surveys to gather primary data. Proxy indicators were used to understand the embedded socialization around sanitation practice. The study findings were segmented into four parts – Shauchalaya (toilets), Sharam (shame), Samajikaran (socialization) and Swabhimān (dignity). Looking at sanitation from these four aspects is an attempt to create the connections between the shared toilet with feelings of shame and one's own socialization process.

Shauchalayas are usually shared by a community, unpopular among women, arousing feelings of disgust from poor hygiene and cleanliness and shame from male gaze. Household toilets have been constructed by some only to protect their women and a male decision. The toilet design is oriented to the male body in terms of fittings, positioning, location and safety features. Women's toilet experience embodies Sharam (Shame) – designed to avoid the male gaze by withholding, secreting, and avoiding use. It is accompanied by unagentive feelings - inability to influence toilet making decisions at home, or over their own bodies. The shame has taken deep residence in the psyche of women – deepening the very idea of being a woman, internalizing of patriarchal norms, and the creation of all sorts of ill practices and boundaries. Samajikaran (socialization) is transmitting the male-controlled processes with all their biases from generation to generation. These gendered practices are continuing to flourish unabated in various ways and forms and maintaining the continuity of socially expected gendered roles of women as unseen and un-mobile household workers.

Good sanitation that confers Swabimaan (dignity) to the women is the way forward. The toilet experience must enable women to treat one's own self with dignity, overcome shame, find value in one's opinions and through democratised processes become willing participants in decision making – get a voice, make the choice. The study recommends the feminisation, individualization, and democratisation of the sanitation ecosystem to ensure dignity for women in defecation – a muscle memory and produce intergenerational agentive change. While the goal should be to deliver individual sanitation, till all women can have their own toilets, the design of shared solutions should be co-created for female safety and period-management, for women of all ages and abilities, at home and at work. Women's abilities to control availability and quality of sanitation access is the second most important variable in designing a women-friendly sanitation system. The study concludes that SBM is an opportunity to build integrated, inclusive and growth oriented cities – recognising sanitation as a matter of economics.

Chapter One: Introduction

Unequal Everyday: Intersectionality of Sanitation and Socialized Un-agency

What does it mean to have a toilet at home, to not begin the day walking past men who know and see, waiting in long lines, holding in, to use a toilet that has been used many times before you, not flushed properly due to insufficient water, or had time to be aired to dissipate the smell from the previous user, to have no shelf to put your pad during periods? The toilet experience, that is almost a muscle memory when toilet is available, is exacerbated in menstruation, pregnancy or during child-care (Pearson & Mcphedran, 2008)¹. Further, women and girls in informal settlements risk rape, sexual assault, abuse, and harassment on their walk to common sanitation facilities (Gupta & Pal)² – a denial of the most basic right due to ‘un’feminized toilet design.

The Swachh Bharat (Clean India) Mission - Urban, launched in October 2014, has transformed sanitation in Indian cities. Over 630,000 family toilets and 624,000 community and public toilets have been built/improved (MoHUA, Sep. 21, 2022). Despite the scale of community toilet building, most do not meet women's needs. According to ADB³ “the average time a woman spends in a toilet is 90 seconds, and 5-10 minutes if she is with a child. Men only spend an average 35 seconds in the urinal and 60 seconds overall. Women spend more time because women have more clothing to remove when they use, must carry more things during menstruation, and use the toilet more frequently when pregnant and breastfeeding - biological functions beyond women’s control.

Good sanitation is good for people, cities, and State – reducing illness, increasing nutrition absorption, assuring regular school attendance, especially among girls, and boosting productivity and wages that alleviate poverty. Bad sanitation increases the dangers girls and women face while using shared facilities or defecating openly. According to research⁴, poor access to unhygienic toilets causes girls to drop out of school, especially at the onset of puberty, putting limits on economic progress. India's poor sanitation reduces its GDP by 6.4% (2006)⁵.

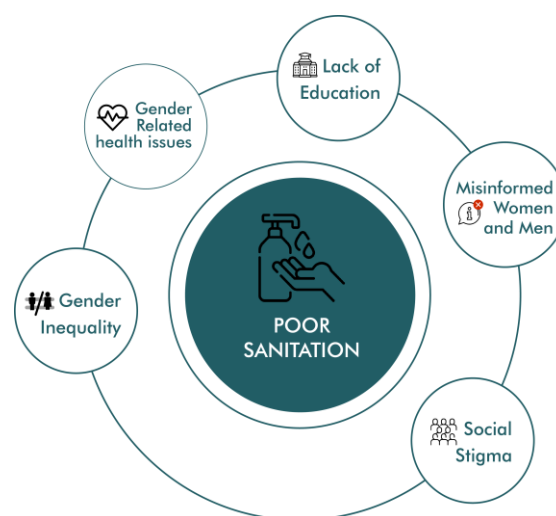


Figure 1 : Events causing poor sanitation

Women and men’s access to a toilet is equal but inequitable. Conventional, ‘man’-planned sanitation design for the poor and the informal sector sees sanitation as an infrastructure issue that delivers shared and not household-

¹ Pearson, J.R., & Mcphedran, K. (2008). A literature review of the non-health impacts of sanitation. *Waterlines*, 27, 48-61.

² Gupta, V., & Pal, M. (2008). Community Sanitation Campaign: A Study in Haryana. *Economic and Political Weekly*, 43(33), 20–23. <http://www.jstor.org/stable/40277850>

³ <https://blogs.adb.org/blog/last-woman-standing-toilet-equality-men-and-women>

⁴ <https://www.worldbank.org/en/topic/sanitation>

⁵ <https://www.worldbank.org/en/news/feature/2011/01/13/india-cost-of-inadequate-sanitation>

level solutions. Planned sans consultation, it transfigures into a behaviour challenge that is incognisant of sanitation being a fundamental socio-cultural phenomenon with highly internalised inequities, women's

'un-agency,' and feminization of WASH⁶ labour. In slum settlements, sanitation confronts and contests issues of land tenure, legality, and patriarchal practises.

Gender socialisation occurs from birth and is promoted by "socialisation agents," who are influenced by political, cultural, social norms and the media. They contribute to internalization of gender norms and roles, and produce disparity in women's access to education, employment, income, empowerment, and sanitation. Further, women's low ability to define and make decisions that matter to them and the unequal "existence of choice within the household and the actual use of choice" (Ibrahim and Alkire, 2007: 22)⁷ defines who has the easier access to sanitation. Shame, taboo, masculine gaze, purity, dangers to safety and dignity, patriarchy, un-agency, and decision-making authority affect women and girls' access to sanitation and violence and indignity characterise this relationship.

Sanitation goes beyond providing toilets in informal areas. It connects with gendered upbringing, social patriarchy, and decision-making abilities. Women's lack of 'power inside' (as defined in feminist theory by Jo Rowlands), makes it hard for them to sense their own needs, become aware of their own wants, and consider themselves as able to occupy the decision-making space (Cornwall 2016; Lombardini, Bowman, & Garwood 2017; O'Hara & Clement 2018) and in the context of this study, take the decision to build a toilet at home.

The necessity of sanitation transcends gender, but the socialization of gender identity may mean hundreds of millions of women's needs may go unmet. In the words of IMP Singh *"in the speed of fulfilling this dream, India may not end up leaving its women to feel unequal."*

Research Objectives:

It's considered that a feminist approach to sanitation improves health and productivity. In this sense, we argue that the intersectionality of injustices and household, neighbourhood, and other urban subjectivities producing women's 'un-agency', cannot be ignores in the curation of 'good' sanitation practise. This research is aimed at exploring the intersections of infrastructure, socio-cultural disparities and women's rights to the city as they impinge on urban poor women's everyday sanitation experiences, development and wellness. This feminist research had four objectives that sought to recognize sanitation as a means of broadening the discourse, advancing feminist concerns and be the segue to women's agency,

⁶ Water, Sanitation and Hygiene (WASH)

⁷ Ibrahim, S. and Alkire, S. (2007). "Agency and Empowerment: A Proposal for Internationally Comparable Indicators", Oxford Development Studies: 35(4): 379–403.



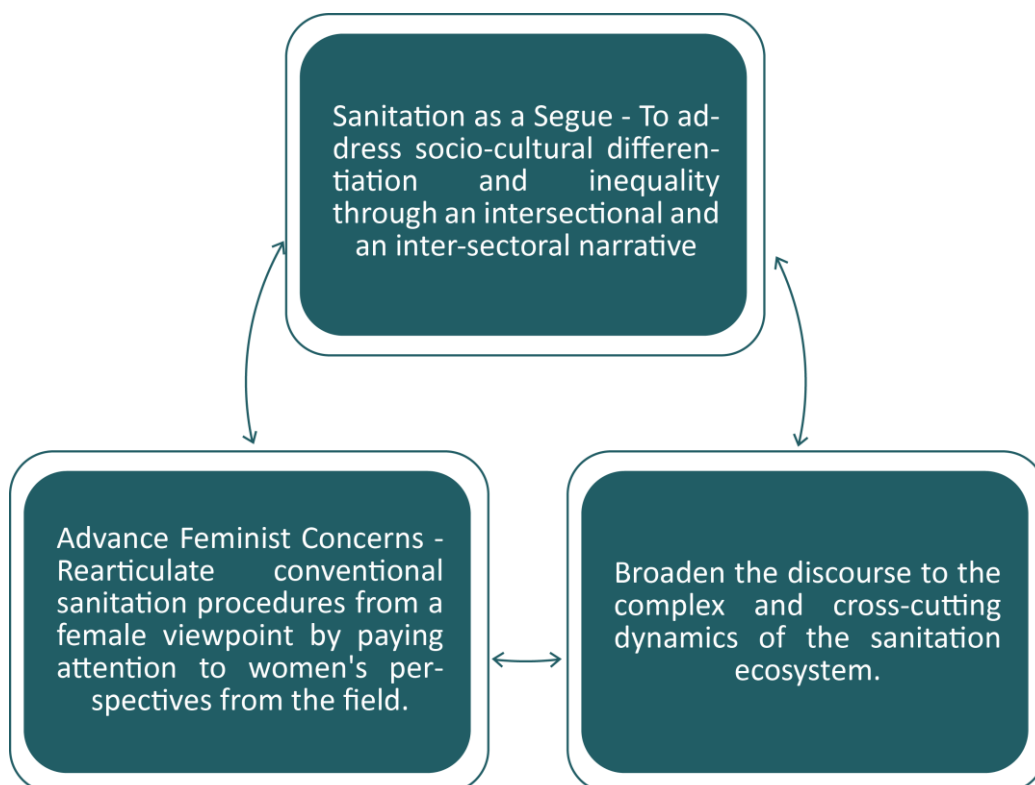
Build knowledge and map needs with women and young girls to understand from their perspective the issues, decisions, and priorities related to safe sanitation and social, cultural, and physiological disempowerment of women in informal and untenured urban environments.

Analyze, alongside women and young girls, barriers to accessing and managing resources and decisions in family, community, and city areas, and their impact on safe sanitation

Evaluate women-centric sanitation aspects and other government and implementation agency policies and initiatives that interface with sanitation delivery.

Share with women, young girls, men, and city authorities how sanitation and development may reduce broader inequities.

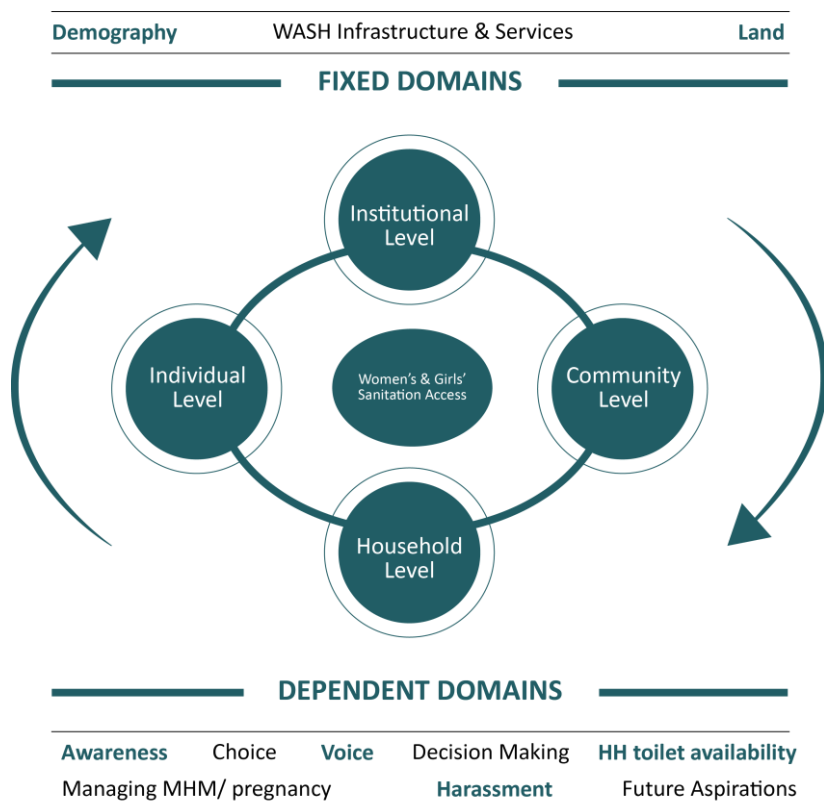
Research Contributions to the Sanitation Ecosystem:



Chapter Two: Approach and Theoretical Framing

The research was guided by three theoretical frameworks to investigate the intersectionality of sanitation and gender socialisation and feminist perspectives on sanitation in women's lives.

- 1. Gender Equality and Social Inclusion (GESI) lens:** The GESI lens was used to examine the interstitial spaces where social identities of women and girls interact with power dynamic to promote inequality.
- 2. Feminist Political Ecology:** The Feminist Political Ecology (FPE) theory is about the social construction of gender norms and roles that result from the social interpretations of biology, which vary by location and may change over time at individual and collective scales (Rochel au et al.,1996). The gendered disparities produced through such interpretations determine access to resources and decision-making and affect women's agency at the individual, household, community, and institutional level. Further, by linking the intimate and personal to the public and political, FPE helps show how women's daily social and sanitation practices link the body to the state (Truelove, 2011) and the need to relate theory to practise and for (re)conceptualizations of sanitation to involve household, neighbourhood, and city socio-cultural dynamics to increase sanitation access among the vulnerable.
- 3. Reflexive Grounded (RG) Theory:** The principles of reflexive grounded theory have been built into the research design, to allow theoretical evolutions, iterations and reflections, while putting women at the centre of the research process. RG Theory is a systematic methodology that has been applied to qualitative research and involves the construction of hypotheses and theories through collecting and analysing field data.



**Theoretical application-
Customized
WASH research framework:**



Using the GESI, FPE, and RG theories, a WASH-specific theoretical framework was developed for this research. GESI evaluation and FPE's intersectionality principles were applied in the research to analyse key infrastructural and socio-cultural domains impacting women and girls' access to sanitation. The framework comprised of 11 Independent and Dependent Domains influencing women's access to sanitation. The variables were based on extensive literature review and CURE's in-depth familiarity with the everydayness of women's lives and sanitation experiences (Figure 2)

Independent Domains included demography, availability of WASH infrastructure/services, legal land status (tenured/untended) that are given to a situation and happen by chance (demography, gender) or given by external institutional authority (land tenure status). **Dependent Domains** were the agentic, infrastructural, and developmental indicators and their physical and logistical aspects, that seek to understand the socio-cultural ecosystem that influence access, and produce the socio-cultural dynamic, such as WASH awareness, education, sexual harassment etc. The independent and the dependent domains are interactive with flows to and from showing intersectional and inter-sectoral interactions within the sanitation ecosystem that cannot be neatly segregated.

The framework also included individual, collective and institutional layers of operation that determine women and girls' current access to sanitation and construction of agency for leading informed productive lives. These levels appreciate the multiple political ecologies women must negotiate in securing access to basic services. The RG theory enabled customization of the framework and recategorization of indicators as iterations produced responses and field narratives.

Chapter Three: Methodology

The methodology used was mixed method research with participation as the key component. The mixed method tools brought in the feminist and the inclusion perspective. The investigation was structured to allow a deep analysis of the ‘everydayness’ of sanitation experiences for urban poor women, and the intersectionality with other forms of disempowerment. A nuanced narrative was curated using qualitative insights, survey-based data, and statistical analysis. The triangulated investigation helped draw the causal pathways and gender outcomes – underpinning GESI concerns of access and agency. A participatory tool design process helped centre the themes and issues stated by women in the research investigation and analysis.

Operational methodology:

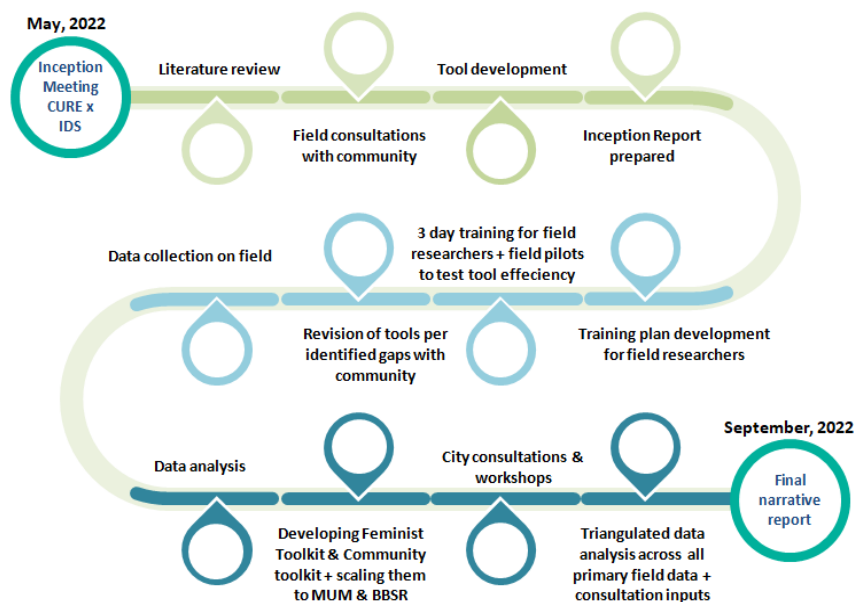


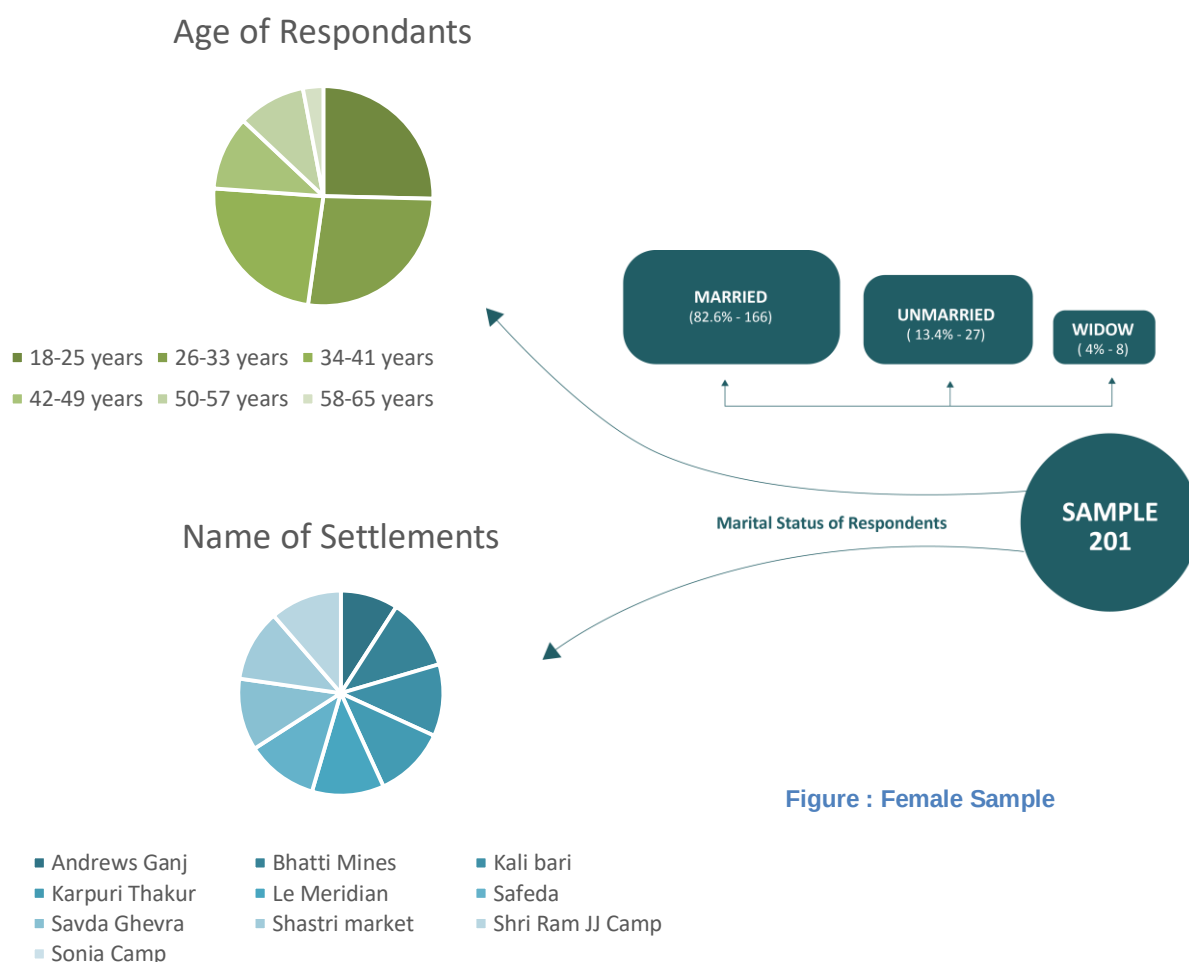
Figure : Operational Methodology

Sample and Demography

Fieldwork was conducted in Delhi, India’s capital city, and home to widespread urban informality. People and settlements were purposefully sampled to ensure that vulnerable household types were represented.

201 low-income women and young girls were surveyed in ten informal settlements of variable land tenure. 20 women and young girls from each settlement were interviewed. They were identified based on household vulnerability and diverse gendered contexts - women-headed households, women without bank accounts, women workers in family enterprises, regularly employed, migrant labour, renters, house owners, etc. Women of different ages were chosen to compare sanitation challenges.

48 men and boys – five per settlement were also interviewed and participated in Focus Group discussions. The purpose was to understand their appreciation of women’s sanitation needs and concerns and control over household sanitation investment choices and decisions bringing in the ‘other’ perspective. Insights contributed to the “gendered-ness” of sanitation and gender-differentiated sanitation experiences.



Nine slum settlements in the study lacked land tenure which implied that they are illegal or deemed unauthorized in city plans. Slums varied by their geography – as near storm water drains, riversides, railway tracks, mines, forests. Slums also had dissimilar sanitation infrastructure. The tenth settlement, Savda Ghevra is a resettlement colony on the city’s edge where former slum-dwellers were resettled on tiny land parcels, at subsidized costs with permission to build and reside on a 10 year lease. This gives them quasi-land tenure – an intermediate step toward full title. Women and men co-own the plot. The plot size is too small for building a home toilet, besides no sanitary infrastructure is provided to connect to the home toilet. Figure 4 shows the sample and demographic break-up of settlements.

Participatory Tools

Participatory Learning and Action (PLA) tools were designed to gather qualitative information on non-traditional, phenomenological, and affect-based proxy indicators. These tools were developed to understand the production of the ‘everydayness’ and ‘embodiment’ of sanitation experiences in urban poor informal settlements; and its logistical, physical, socio-cultural, economic, emotional, and spatial determinants in the first place. The following PLA tools were adapted for the study.



1. **Daily Routine Diagram** for identification of patterns and variances in women and girls' daily routines over 24 hours (represented by 24 seeds) determined by their gendered contexts of age, family type, working status, etc.
2. **Gender Mapping** of settlements and their resources from a female perspective - sanitation infrastructure and services, institutions, social services - schools, hospitals, municipal office, transportation. The idea was to delve into issues of safety, connectivity, timings, behaviours etc.
3. **Trend Analysis** to analyse changing sanitation conditions in the settlement focussing on physical, psychological, socio-cultural, and environmental changes.

Semiotic Storytelling

Semiotic method was used to elicit stories and anecdotes around the sanitation ecosystem. The purpose was to discuss “shamed” subjects like open defecation, menstrual management, sexual harassment, male hegemony, etc. Five objects/images were used to elicit discussions around key issues - water bottle (sanitation), keys (mobility), ATM Card (money control), frying pan (domestic tasks), railway track image (open defecation).

Feminist Toolkit: Based on early qualitative data and CURE’s own work, a Feminist Toolkit was developed which centered intersectional, feminist and participatory principles. The toolkit was both an outcome of the research as well a research tool during the course of the research. This tool kit was developed and used to understand the everydayness of sanitation in two other sites of Mumbai (Maharashtra) and Bhubaneswar (Odisha).

Quantitative Tools

Questionnaire Surveys were administered to all women, girls, men, and boys in the sample. Questions on agency were based on a set of proxy indicators (see box). Statistical methods like Multivariate Regression and correlation were used to compute the degree to which female disempowerment is linearly related to sanitation access.

Challenges

There were four key challenges and mitigation strategies to overcome them which were used in the research. These are presented below.

BOX 1

Proxy Indicators to Assess Agency

Food portions

(Do you get the biggest piece of meat/ paneer at home?)

Common recreations

(When did you last go to the movies?)

Non-essential mobility

(Do you need permission to visit friends?)

Personal finances

(How often do you use your ATM card for personal expenses?)

Shame embodiment

(How do you walk out after dark while wearing a ghoonghat (veil)?)

1.	Short duration of the study required involvement of experienced field researchers. However, depth of data requirement meant that the initial 3-day training was insufficient. Audio recording reviews were followed by additional training and telephonic mentoring to clear doubts. Questionnaires were revised and re-tested to ensure good data quality.
2.	Original proposal was to use Thematic Apperception Tests (TAT) – a psychological tool, to generate personal stories. However, TAT story interpretation requires expertise and rigour, not doable in the limited study period. TAT was therefore replaced with semiotic storytelling using objects and images based on discussion with a trained psychologist. Semiotic method worked better in group settings.
3.	Interviewees were often reluctant to disclose accurate incomes. Among women and young people, there was a lack of knowledge. Validation of income required going back to the interviewees a second time.
4.	Women and girls hesitated to discuss about menstruation or sexual harassment in the presence of community men and because the subjects are associated with shame and impurity. FGDs were therefore managed in very small groups of trusted friends to ensure free-flowing discussion and experience sharing.



Shauchalya, Sharam, Samajikaran, Swabhimaan

An early indicator of learnt behaviours was the hesitation that many women had in talking about their bodies, menstruation, their problems, and their own selves. The hesitation was seen across groups: individuals with similar age, economic and educational backgrounds indicative of a deep-rooted sense of inability to vocalise for one's own issues. Such suppression was quickly met with humour to diffuse the situation.

It's a wonder how the intergenerational experience of women continues to be drawn from behind a veil, a veil that had become mandatory past puberty and continues to exist in the psyche of even the youngest women. Interacting with the world around them through such filters, women, and young girls' experience, especially in defecation and toilet use, was associated with deep shame. Such shame manifested in various learnt behaviours that dealt with this feeling - hiding their period products in dark corners away from lurking eyes, or restraint so as not wanting to be seen when visiting toilets.

While the building of a toilet in the homes for women is a welcome change, the actual design and construction of toilets in homes is a decision and process over which they have little to no say. The result is the creation of toilet space which provides privacy and hygiene at the cost of convenience. Built around the themes of gate-keeping the female body from the male gaze by outsiders and to avoid the female body from being "spoiled". Most described the period, as an inconvenience or a mild exhaustion – awash with shame, helplessness and for all women irrespective of background - a collective trauma that can only be relayed to another body - a young female one. Many women trace their period knowledge, no matter how faulty or incomplete, to their mothers-in-law. Distress is the proverbial *ghoonghat/veil* through which women witness their world of sanitation and interact with it. It is not the actual violence but the mere prospect of it that haunts women and is enough to create an acceptance of suppression.

This account can also be extended to the other - the male participants in the research who experience the world without any inkling or remnant of the *ghoonghat* but continue to be the watchful - "observers", setting guardrails around toilets, watching over the construction of toilets in their homes and over their women. Yet, their unashamed gaze at the entry and exit points to community toilets, restrains women's choices - be it dietary, financial, or even related to their mobility.

This disparity in the gendered experience of both men and women - one who could use their privilege and remain oblivious to the facts and tenets of the experience of the other but continue to make decisions that determine their lived-in experience, and the other with first-hand experience but had little to no say in how it was shaped or designed. Such powerlessness abets and aids the shared feelings of helplessness.



In this regard, the research has been divided into four segments - Shauchalya (Toilet), a study of the physicality of the sanitation ecosystem and its linkages with hygiene, health, economics and its impact on different stakeholders and interest groups. Sharam (Shame), is about the women's toilet experience - the male gaze aversion, the withholding, the secreting, and the inability to influence decisions both to build a private toilet and over their own bodies.

This shame has taken deep residence in the psyche of women – deepening the very idea of being a woman. It has led to an internalizing of patriarchal norms, creating all sorts of ill practices and limitations that get carried generation after generation. Samajikaran (socialization), the third section is focussed on understanding this transmission of male-controlled processes that create the biases that continue to flourish unabated in various ways and forms; maintain the continuity of socially expected gendered roles – women being responsible for household tasks; or the 'taming' of women to maintain the status quo. The research seeks to understand the complex social factors which have constituted the everydayness of defecation.

Swabimaan (dignity) is the way forward, where women learn to treat one's own self with dignity, overcome shame, find value in one's opinions and through democratised processes become willing participants in decision making – get a voice, make the choice. The four sections is an attempt to create the connections between the shared toilet with feelings of shame and one's own socialization process. It recommends the feminisation, individualization, and democratisation of the sanitation ecosystem that would ensure dignity for women to defecate and produce intergenerational agentic change.

Chapter Four: Shauchalaya (Toilets)

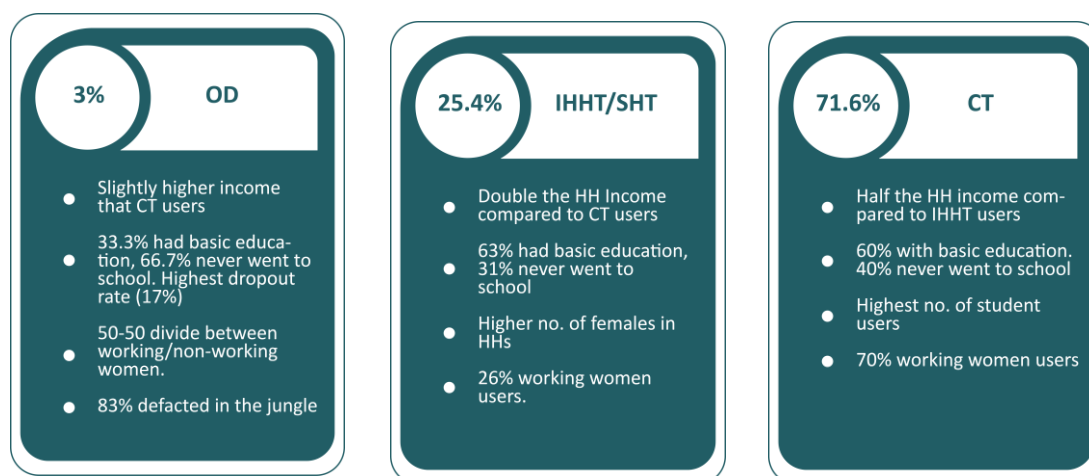


Figure : Type of toilets used by women & girls

The sanitation ecosystem is a living, breathing entity with cross-cutting relationships with cultural, social, economic, political and environmental contexts. The focus on building toilets as the solution to the sanitation crisis in urban poor India assumes that households and communities are cohesive units that function on the principles of solidarity and complementarities. Vested interests, competition, contexts, and agency, especially between women and men, are ignored along with the critical issues of power and equity (Hannan and Andersson 2001). The roles of gender, socialization, beliefs, norms and values that influence the broader contexts of behaviours (which deter toilet and sanitation access) remain unexamined in the current sanitation ecosystem and its interventions – missing the root cause(s) of its inability to take women and girls along. This chapter using the lens of intersectionality assesses the impact of the community toilet on the lives of women and young girls.

Bodies and Toilets

Most women across settlements used Community Toilets (CTs) for everyday sanitation. CT user family incomes were half (₹ 4,826) that of families with individual or shared toilets (IHHT/ SHT) (₹ 8,747). Education levels of open defecators was the lowest, but similar among personal toilet and CT users, suggesting this to be a matter of affordability. Women in families with personal toilets were less likely to work outside and had more female members.

Community Toilet stalls are clearly designed for male bodies vis-à-vis numbers, fittings, sizes, etc. They are also designed to serve the male gaze and body.

Toilets for the disabled are popular with pregnant and older women as these are spacious. However, with time, overuse and poor maintenance, toilets for the disabled get as dirty as regular stalls.

Socio-cultural factors affect how bodies interact with toilets, making sanitation an embodied experience. For male bodies, toilets are purely a logistical, biological need - an annoyance only if they are dirty/unavailable, but never a threat or trauma. The female body's relationship with toilets is predominantly of distress and underlined with many subliminal contexts – socialized practices, threats, and mixed emotions.



Household Toilets Having a home toilet is a relief, and despite no State toilet-making subsidy, most families with affordability and potential to discharge faecal matter, build private toilets. Swachh Bharat Mission (SBM) has also nudged toilet building between 2015-2019. Those that don't, aspire to own a personal toilet. Sometimes even with high incomes it is hard to build toilets because of space and geographies.

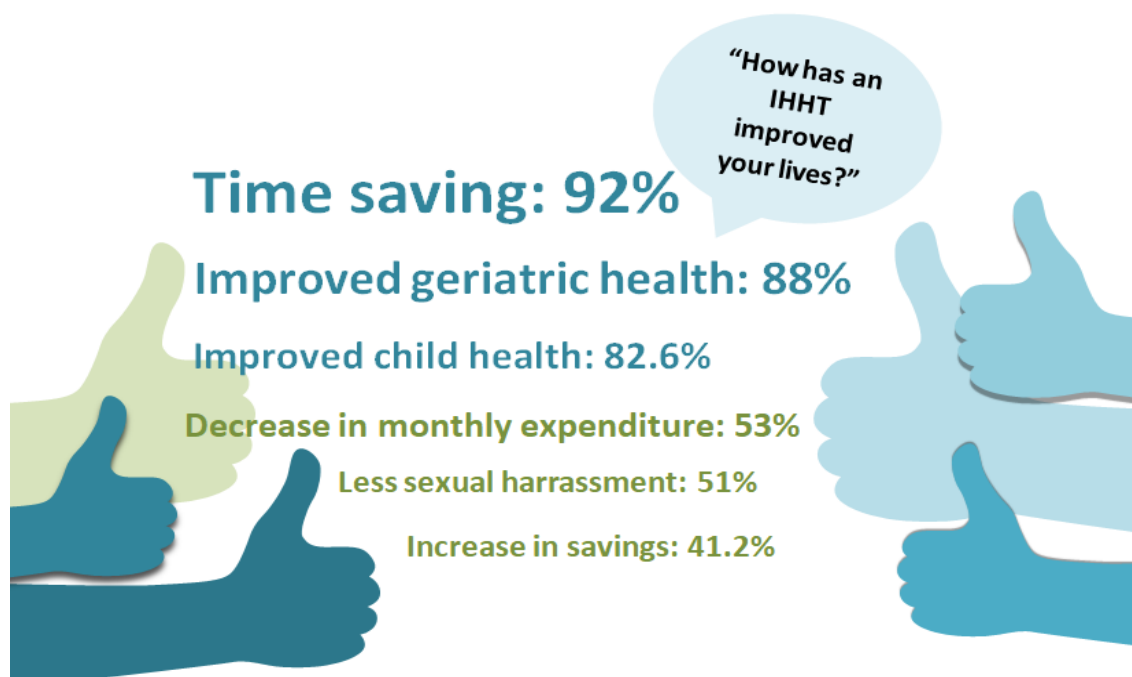
The female body, especially the 'still growing,' emerges as the key trigger for home toilet construction and use. Adjectives and phrases like ripe, soft, vulnerable, easily blemished, impure in conversations sexualize the female body which must be 'kept safe from the male gaze' with household toilets. Male members used these only at night or sickness or in emergencies when one "cannot control it" because men can go anywhere. Safety thus trumps need.

"Meri mummy jabse ai tabse (toilet bana hai). Yaha rehne ka usko yeh tha ki mujhe shaadi se pehele washroom chahiye rehne ke liye"/ My mother was sure that she wanted a toilet before her marriage

"Zadatar humara washroom ladies use Karte hai. Baki papa chacha wagher ko bolte hai aap CT jao"/ Women use the HH toilet only, the men go to the CT

The Dream Toilet

Private, safe toilets that "can be locked from the inside" was every woman's dream in these settlements. Those with private toilets, especially young girls, expressed it as 'period freedom' – an opportunity to reclaim one's menstrual cycle with actions as basic as being able to change a pad every 3-4 hours as recommended. A clean, hygienic private toilet improves health besides alleviating mental distress.





My Dream Toilet

“Automatic handwash hona chahiye.. hotels mein haath sukhane ka machine jo hota hai, woh bhi hona chahiye.. tissue paper hona chahiye. Towels hone chahiye. Ek jo sensors lage hote hai na ki koi pass karta hai toh woh paani spray kaarta hai”

“Tile achi lagi honi chahiye. Washroom dono hone chahiye- jo hindi pot me comfortable ho, jo English pot mein ho- dono hone chahiye.”

“Yeh ho ki ganda na lage, ki andar jaane se ganda lage. Badbu wagera na ho... saaf sutra rahe. Humesha khusbhoo wala wo rahe.”

“Kaisa bhi ho, bas ek washroom hona chahiye sabke liye.”

“apna (toilet) bohot acha lagta hai, mummy saaf safai rakhti hai, aur woh lock bhi hota hai”

“Periods ke waqt shuachalya khud ka hone se hum apne niche ke portion ko ache se wash kar pate hai, paani ki dikkat nahi hoti, khul ke araam se kar sakte ho. Bahar ka washroom mein kisi ko jaldi hoti hai toh darwaaza khatate hai. Khud ka hone se kuch bhi karna ho, change karna ho, kitni baar bhi jaa sakte hai. Pad change kar sakte hai. Aram se phak sakte hai. Bahar jaate hai toh baar bar jaane mein dikat hoti hai.”

Bathing Area, Handwash, Tissue Paper, nice smelling, well Tiled, Clean, Dustbins.....

Community toilets - Collective disgust

Both women and men reported being disgusted by the dirty and smelly CTs – although women were louder. Social practices such as the *ghoonghat* (veil) among young brides hamper the simplest of toilet tasks such as navigating damp floors or manging the sari. Struggling to see through the veil, women recalled slipping and hurting themselves and of miscarriages, or touching menstrual waste of others disposed near the flush or hanging on the door handle. Added to this is the embarrassment of being 'seen' using CT especially during the period. The challenges are compounded during menstruation. Women feel uneasy and ashamed of stained clothes as they walked to the CT. One young girl described it as "always being on alert" and keeping "one eye at the back of our heads". Other challenges include long waiting time in overcrowded toilets/morning rush hour and the growing dirtiness of the toilet with every use.

“Some even have placed used pads in the gate bolts and we cannot even touch it or use it. It is disgusting.”

“That (stink) it is not people who use the toilets but the dogs also poop there.”

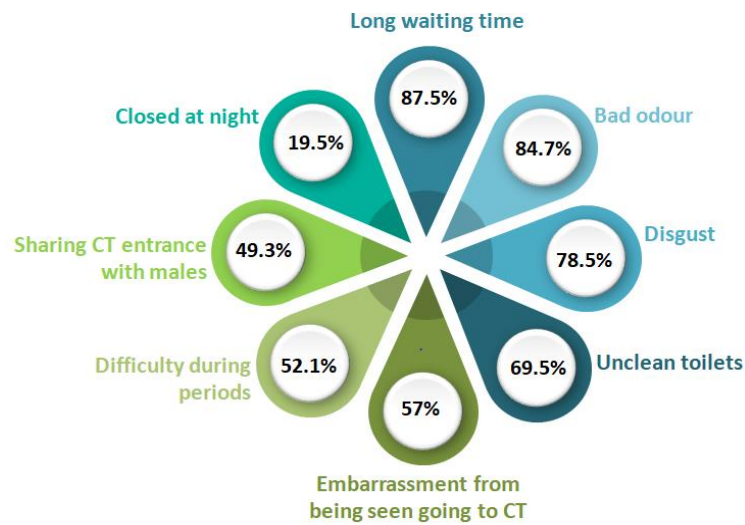


Figure : Top challenges faced by females using CTs

'Khule mein shauch'

(Open Defecation) persists

Very few people reported open defecation (OD), although it continues and is possibly higher than reported. In settlements like Bhatti Mines, a majority defecated in the neighbouring forest lacking understanding of its health and poverty impacts.

"It is also about resources. Those who have resources have made their own toilets. Others go to the jungle, as they do not have resources or funds."

BOX 2

- 3% of women and 10.4% of men defecate openly.
- Female illiteracy is 67%. 100% of male open defecators finished 8th grade or dropped out.
- 3.4% of women don't work; 3% do. All male OD goers are employed.
- 7 in 10 women and 9 in 10 men had parents/ grandparents who practised OD.
- 38% of women thought their settlements were Open Defecation Free
- 62% women and girls did not think their settlements were Open Defecation Free (ODF).
- Nearly 5% females did not know what 'ODF' meant.



Resourcing Toilets

Toilet making is determined by access to four capitals: social, geographical, political and financial. Social capital are the practices that are passed on

from one generation to the next. Open defecation practices are sustained through such inter-generational transfer and conditioned into sanitation practices. Such unspoken socio-cultural inheritance takes a strong, early hold in the lives of women and girls. New family members or settlement dwellers are introduced through segregated spaces such as female and male OD sites, female and OD timings – for women it is before dawn or after dark. While these gendered rules exist ostensibly to "protect" women and girls by avoiding the male gaze and assault, they also maintain dangerous, unhygienic and violence-enabling sanitation practices.

Types of geographies also defines OD practice. Informal, unauthorized settlements that are lacking in tenure, sit outside the remit of the local municipality. These settlements are unintegrated within local sanitation planning – lacking in trunk infrastructure that would enable toilets and discouraging of such investment to prevent permanency of stay. Additionally, these settlements come up on lands that are un-tenable such as mines, forests, riverbeds that are dissuading.

Urban poor have little political capital or representation. Deemed illegal, they fear eviction and so avoid making a “noise” that would attract attention. They are never on the table, just receivers of local decisions.

BOX 3

Story time at Bhatti Mines...

Bhatti Mines, the settlement's location next to (or melting into) a forest area and lack of inclusion under the local municipality prevented slum dwellers from building household toilets and forced them to use the jungle. In the past, portable community toilets failed in the neighbourhood due to insufficient awareness and inadequate use and maintenance. The government plans to block off the jungle in the coming months to prevent open defecation, so locals must find alternate toilets.

"They (the military) gave us two months to work out our own toilets," a local said.

Resident: *"They (military) said that they are giving us two months to figure out our own toilets. They will be shutting the jungle to us. Even if someone wants to make a toilet, they will not let them make one because this is unauthorized area."*

Interviewer: *"So what will you do once the military closes the jungle and you cannot go there anymore?"*

Resident: *"What will we do? Find another place to go, what else! Maybe ask some of the neighbours with household toilets to let us use it sometimes... what else can we do?"*



Low financial capital combines with low technological awareness of how to make toilets in small spaces. Consequently, families build 'pits' (costing ₹2,000), or overspend (₹ 21,000).. There is thus an overall sense of sanitation poverty that combines the poverty of knowledge, awareness, education. Such poverty infiltrates other aspects of poor women's lives, and which prevent them from communicating their needs, organizing, and demanding inclusion in local institutions and planning. It is reproduced as dark humour and an overall tolerance of bad municipal services and male predatory males. Toilets thus become the subject of women's dreams, not their reality. As one woman put it, "if the house isn't ours, how can the toilet be?"

“What is the point of dreaming?”

Chapter Five: Sharam (Shame)

"We feel shame. We don't like it, and in that place (CT complex), things are visible (to others)."

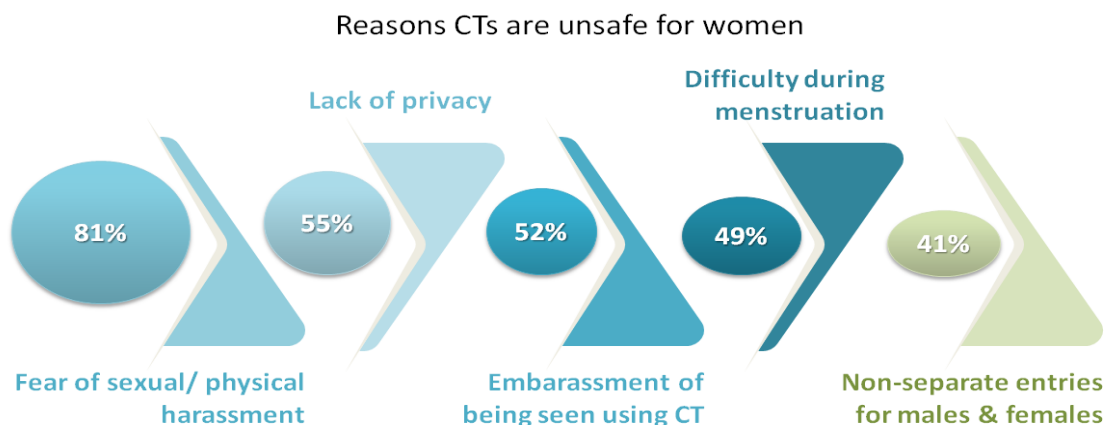
"No, CT dustbin is there. But we change at home and throw the used pad in our own dustbin. It's not clean enough in the community toilet area."

"During the rainy season, we have leakage of the roofs inside the toilets"

'Shame' is the most ubiquitous characteristic of women and girls' everyday sanitation experience. Shame suffuses their bodies, memories, behaviours, menstrual cycles, pregnancies, and toilet use. Eighty percent women said they did not feel comfortable using a community toilet. One in every two women felt unsafe using it at night – many even during the day. One in five felt embarrassed at being seen when going to the toilet and one in ten had experienced sexual harassment.

BOX 4

- 51% of female CT users felt unsafe at night - married, unmarried, widowed, and adolescents alike.
- 13% of female CT users have experienced harassment.
- 28% of female harassment victims were under 20, indicating minors (under 18) may be victims.
- 10% of female CT users refused to answer sexual harassment survey questions because of embarrassment, fear, or both.
- 1 in 5 women feel embarrassed and 'unsafe' in 'being visible' to community men while walking to or using the toilet.



Design and Infrastructure of toilets

Men and women have different toilet needs and experiences. While men are more easily able to use and are less fussed about CT cleanliness, women find them unsafe and embarrassing for their requirements and bodies. Men on the other hand, do not worry over uncovered open areas or door latches or common entrances, whereas these daunt women as men may peep, whistle, or non-consensually photograph them – including enroute. Voicing and visualizing nature's call amplifies shame, especially period shame, toilet avoidance, dehydrating, with long-term health and self-incapacity impacts.

The menstrual waste bin positioned near the CT entrance is clearly visible to all. Since menstruation is socially 'off-limits', women do not wish to be seen disposing pads or 'impure' waste and are uncomfortable around male cleaners. Such interior designs reinforce the shame and silence around women's sanitation needs. Women

“Fear is from human; human has made it dark.”

compensate by making relieving times shorter or more spaced out with huge implications on their health, dignity, identity, and overall welfare. s. The CT location - at the edge of the settlement, also limits use frequency among women and girls, especially as the immediate street has unemployed men, drunk men, gambling men, all hanging around. The conventions of concealment and invisibility when tending to bodily/sanitation demands and the toilet making covenants are a cause of everyday pain and anxiety on a basic task like going to the toilet.

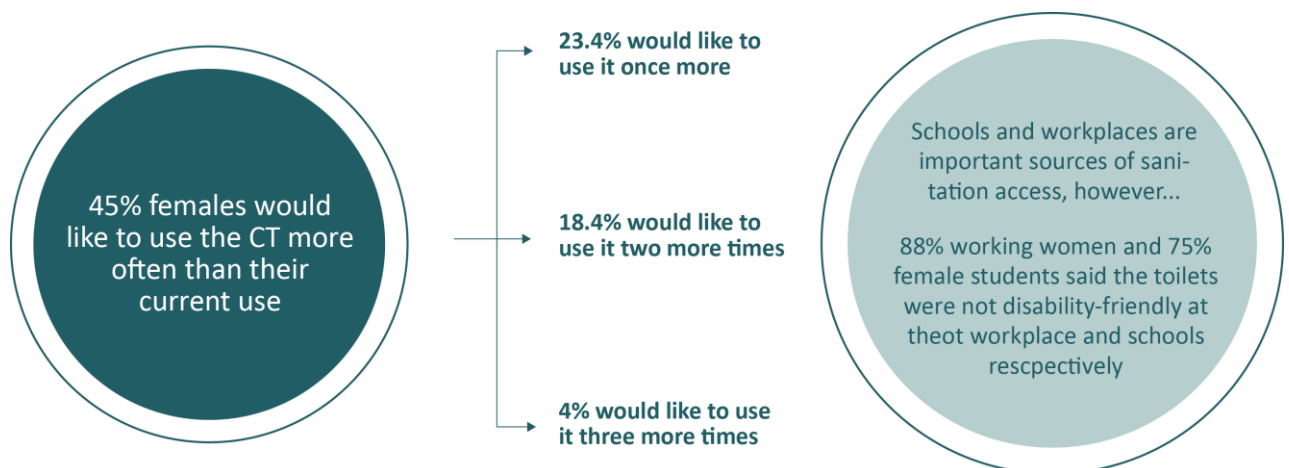


Figure : Reasons why CTs are unsafe for female study participants

Women without access to safe WASH: Man-planned sanitation demean women. Many (90%) wish they were men and free to use the toilet whenever (“and anywhere”). They wish not to feel embarrassed when men, family or known people in the community watch them defecate in the open. They wish to drink as much water as men do, and to never worry about controlling their bladder in low-access or sanitation-threatened scenarios.

“In what ways would you have less sanitation related problems if you were a man?”

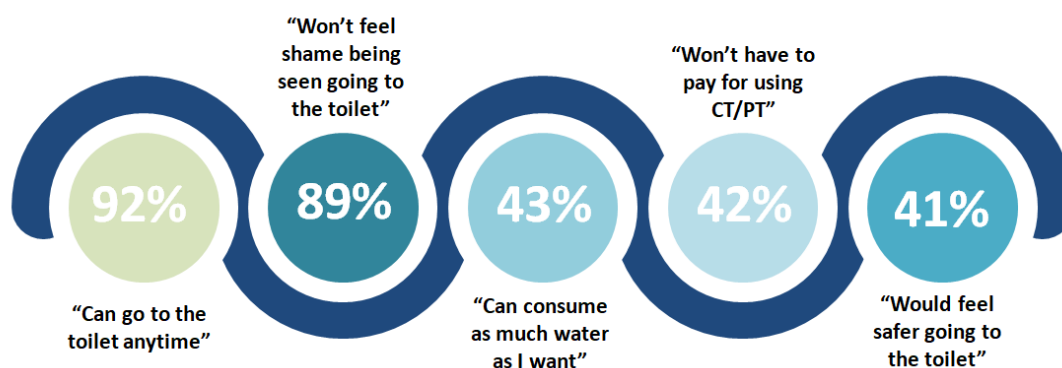


Figure 8: ‘If I was a Man’ – female imaginations of types of WASH freedoms

Those 5 days: The five-day period is equated with shame, taboo, and silence, despite its natural biology. Women and girls have a difficult relationship with their period – a contestation of biology and socialization, ideas and practices that are passed down from mothers to daughters.

Period Poverty: Women and girls described their period experience as traumatic, fearful and embarrassing. Most had no idea about menstruation when they first bled. Many learned about it later, some only after marriage from their mothers-in-law (implying they married early). Eventually they got “used to the menace” and learnt to manage it, but the trauma set the ground rules for menstrual management, embodied with social myths and taboos that deemed women’s mensurating bodies as impure and excluded them from kitchens, temples, prayers, etc. Over time, urban nuclear living has relaxed (because there is no choice) some of these controls and women are now ‘allowed’ to cook.

BOX 5

Period Practice

- Over 70% women use pads, 11.4% cloth, mostly home makers
- 61% cloth users had never gone to school
- 9% reported drying used cloth in dark interiors
- 45% f buried cloth pads in soil, 16% dumped them in drains
- 93% preferred changing pads at home, and not at the CT
- 13% reverted to using cloth when money is an issue



When we asked men and boys what would happen if they were a woman in their informal settlement...

100% males felt they would have more problems related to sanitation if they were a woman.

48% males felt they would not be able to urinate anywhere and would feel shame going to the toilet each time.

67% males believed women's sanitation needs were adversely affected due to their gender.

83% males said women bore a disproportionately higher responsibility towards maintaining sanitation levels at home.



Figure 9: Factors influencing MHM



Silence shrouding menstrual management compromises menstrual hygiene such as the use of cloth that is washed and dried in dark/shaded/hidden corners of the house. The latter alludes to the shame and awkwardness associated with menstruating. Use of cloth persists, especially among the middle-aged, because of past practice and low affordability, even though disposable pads are recognized as more hygienic, modern, agentic, with less likelihood of vaginal and urinary tract infections, and come with period freedom.

"I was really scared as I did not know what it meant. I told my sister-in-law, who assured me that this was nothing to worry about... I was really worried I started crying."

"I was confused as to what it meant, my mother told me, I had severe cramps and had to get a hot water bottle for compression."

"My family told me I am bleeding because a dog had bit me."

"When it happened for the first time for me, I was very tense. My body ached a lot. It was only my friend who told me it happened to all women and it is normal. I was actually very frightened."

Disposal of cloth or pads is contentious and disgusting. Women often bury or dump them on doorknobs, windowsills, behind toilet flushes, or flush them – choking the toilet instead of the disposing them in the more visible dustbins. Buried pads with plastic shields decompose slowly and leach chemicals, blood, and antigens in soil or water. They breed mosquitoes and their smell attracts animals that dig them out and strew them around. Besides creating unsanitary environments, openly disposed pads cause period shame.

While all males, including young boys, were aware about menstruation, most boys didn't know the science of it or were aware of women's challenges in managing period. Working women and school going girls felt school/ job toilets was like or somewhat better than their settlement's shared facilities. However, many avoided work or school because of taboos, feelings of being judged and shame or fear of being identified as menstruating bodies. Worries about staining clothes, feelings of weakness, stomach cramps also kept women at home. Periods were also when the need to protect the virginity of girls and marrying them off before they are spoilt/assaulted begin. Shame and invisibility associated with being a woman thus attaches to and deepens period shame, sustaining gendered attitudes, behaviours, lack of voice and visibility.

9 in 10 females said they cannot do at least one of the following activities when menstruating:

SPECIFIC ACTIVITY	Females said “no”
Go to school	89%
Go inside the <i>puja</i> (prayer) room	84%
Go to work	78%
Stay safe from harassment	32%
Be treated equally as others	30%
Go inside the kitchen to cook	19%
Have time to rest	19%
Use a toilet whenever needed	18%
Change my pad whenever needed	16%

When we asked men and boys about menstruation

- 23% males did not know what kind of pad women at their home use.
- 13% males did not know what menstruation was at all.
- 36% males that knew about menstruation also said women at their homes washed and dried them in darkness.

- Over 20% females have been or continue to be treated differently when menstruating.
- Nearly 29% women have been or continue to be treated differently when pregnant.

Chapter Six: Samajikaran (Socialization)

Agency - the ability to choose, decide and aspire is determined by a process called *samajikaran* or socialisation. Girls get socialized into gendered expected roles, behaviours, and tasks from an early age. While boys get to be free, girls are 'tamed' and delegated home tasks. The common answer to who cooks, cleans, washes clothes and utensils, is *Maa* (Mother). Women thus have direct responsibility on how their daughters get to access and build their relationship with sanitation. Their low education and rights' awareness, together with the soft and harsh violent daily encounters, reinforce the gendered sanitation status quo, building up a vicious cycle where education, professional, and personal progress is discouraged.



Figure 10: Gendered roles

Household toilet maintenance, along with all other household tasks was seen as the job of young to middle-aged daughters-in-law followed by adolescent girls. It was not considered as 'real work'. Real work was work that earned money according to most men and women. Over half the men and boys did no work at home.

"I refuse to seek any help, even when he offers. My husband leaves home at 6 am, drives an auto throughout the day, and he is tired. Why should I ask him to do anything more?"

‘How I learnt to be a woman’ – multiple factors at play

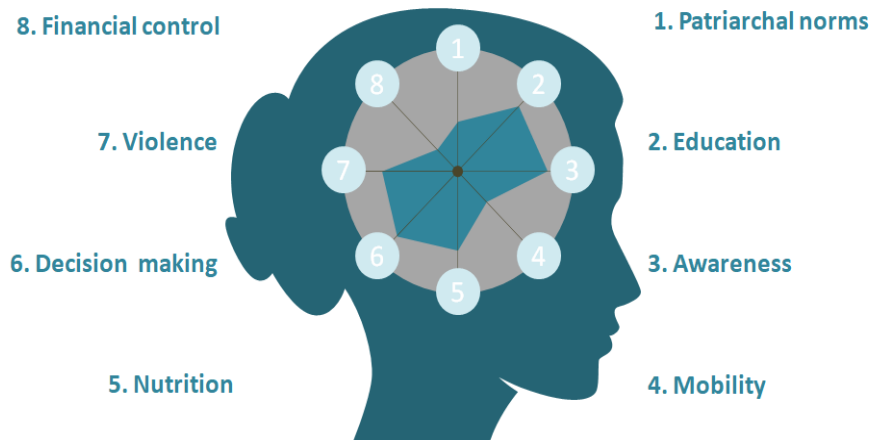


Figure 10: Various factors contributing to womanhood

“We used to eat less (during periods) so we did not have to use the washrooms during the night. We were cautious.”

“I faced untouchability. Men wouldn't touch us or let us out for 5 days after giving birth.”

“When I birthed a boy, they fed me 5kg ghee, whereas nothing when I had a girl.”

Socialization and Women’s Un-Agency

Socialization patterns have embodied un-agency among women. Proxy variables were used in the study (see methodology section) to assess women’s agency.

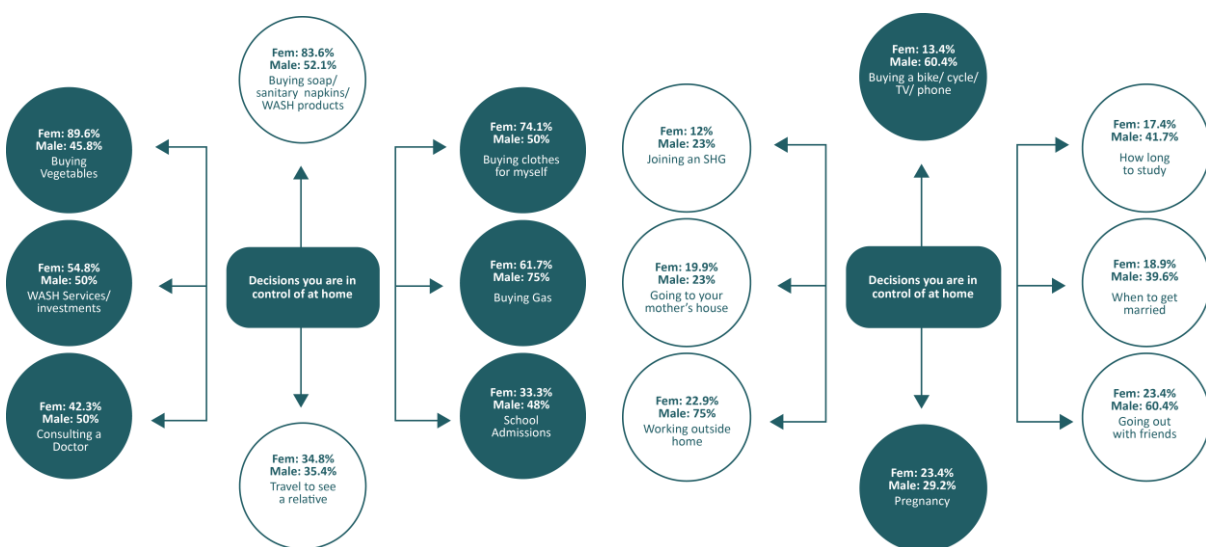
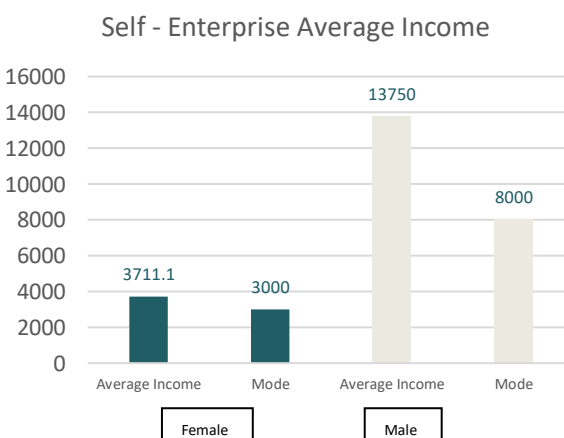
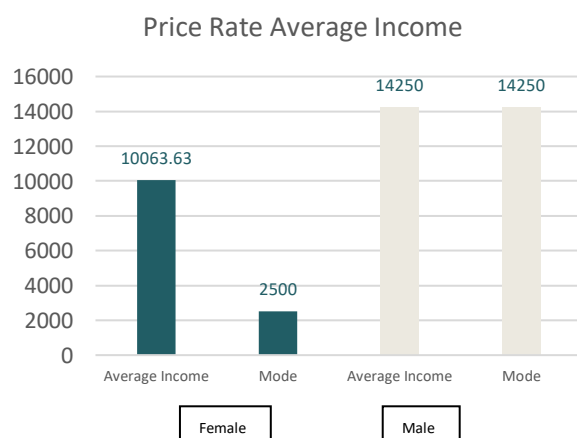
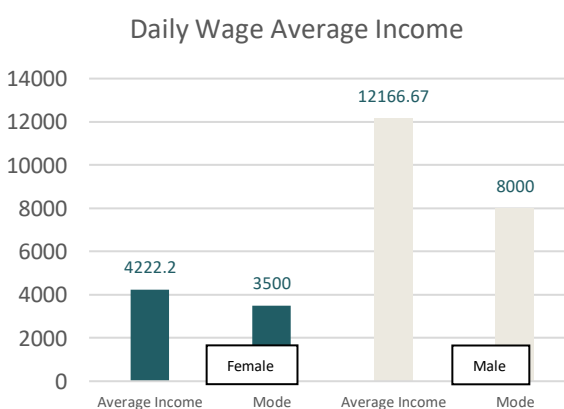
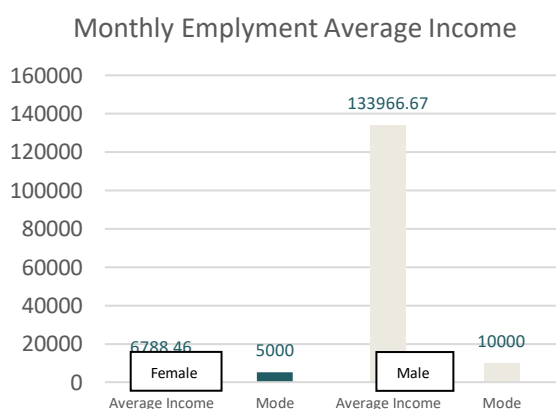


Figure 12: Gendered decision making

- Socialized to not take decisions that matter:** Decision-making had a typical gendered split – while women could choose what vegetables (89.6%), detergents (83.6%) to buy or ask for cooking gas (61.7%) – decisions that benefit the family; and men decide about travelling, working, and big asset purchases for personal recreation. Men also take decisions on whether to build a home toilet, even when the money is earned by women.
- Financial Dependence:** Women worked outside only when men did not have a job or they had died. One out of three women (33%) worked for income compared to 81% men. Added to this is the gender pay gap. The disparity in payments affects women's purchasing power parity in comparison to men. Social norms and life-long socialisation of isolating women from working makes them financially dependent on the men in the family. Even as most had bank accounts with ATM cards, one in three of them (34%) had any control over, or managed or kept the cards with them. As a result, the findings show that women need permission to use even the money they earned, feel 'supervised' and are forced to part money to alcoholic spouses or something that the spouse wants. Despite all of this, women were grateful to "earn something" by being in low-skilled, low-paying domestic work in and around their settlements.

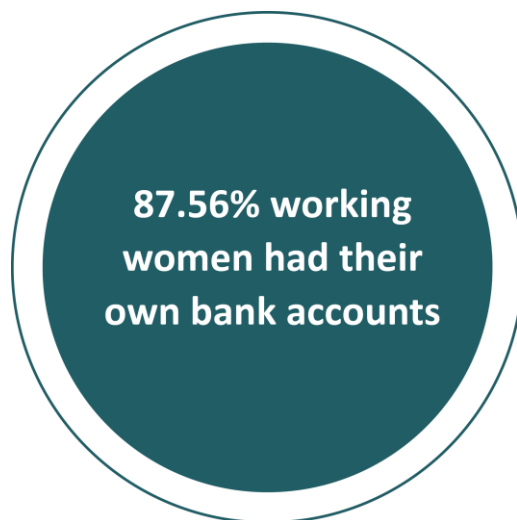
"Yes, it is not true that husband and wife are similar. Their way of thinking and deciding are different. Men have more freedom than women, who need to take the family along for her decisions and desires."



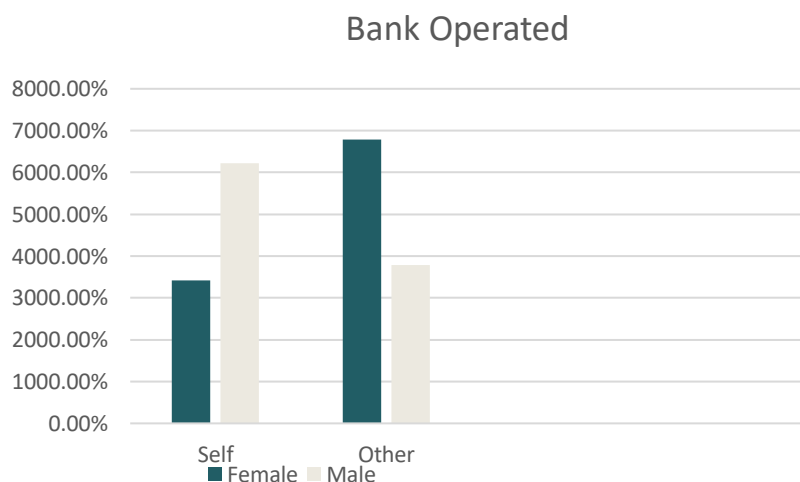


“Humara kaam matlab ghar ka kaam” – Our work is House hold Work

“humare ladies log ke paas kabhi kabhi paise nahi hote. Agar mere paas paise hote toh mai metro se (kaam pe) chali jaati.” We women do not have much money, if I had, I would have travelled by metro to my work place.



But men continued to have Higher control
↔
over bank accounts of men and women alike

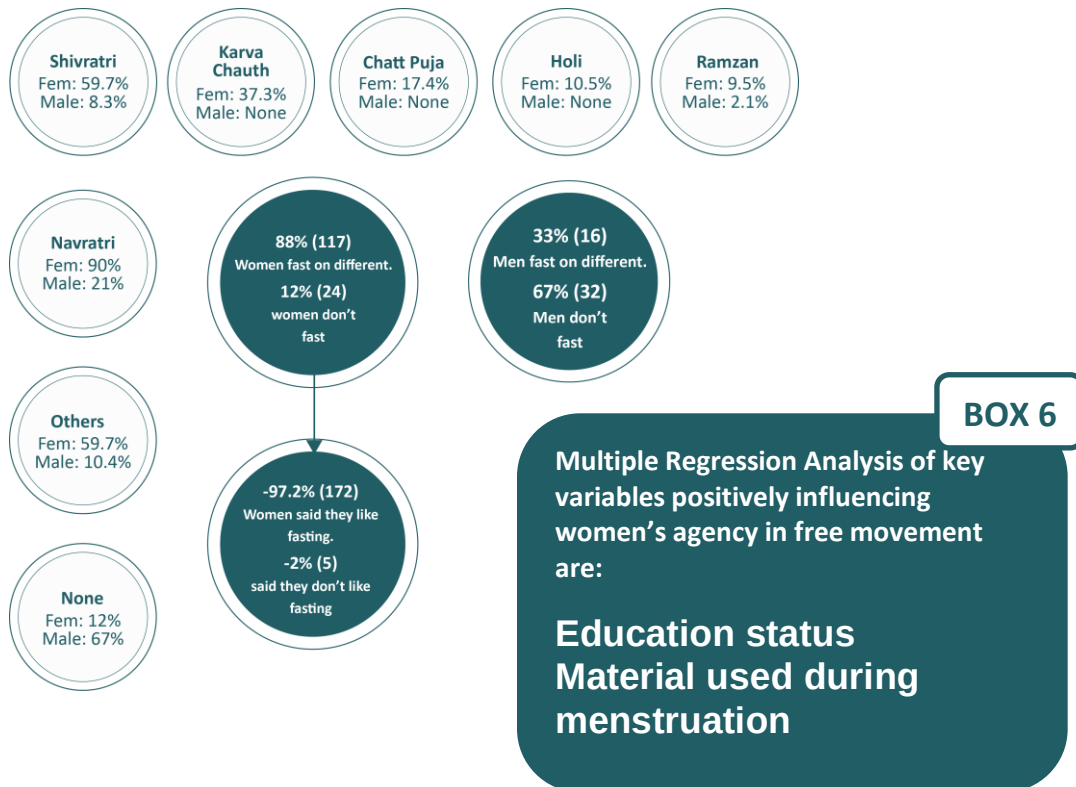


“Yes, it happens when we serve food -those who eat food first can eat much more food because in our home there is first my father & brother who eat more food than me or my mom.”

- **Nutritional choices:** Women and girls are known to eat last, eat less, and get less food. 45% reported that best food pieces (chicken wings or cheese) were served to men and boys and generously, whereas they got only if they asked.



- **Gendered Cultural Commons:** Fasting is a way to transmit cultural values. Fasting is gendered socialization - 88% women compared with 33% men fasted, and continued with their household chores even during rigorous fasts that required them to neither eat nor drink for 3 days.



"See, normally if we wake up by 6, this will change, I think, for nearly all women across the country, during Navaratri, that they will wake up by 5. They will quickly finish all the work and keep enough time for the puja."

- **Mobility:** Three in four women (77%) said they must ask to go outside the house, whereas most men (90%) go as and when they like. In seeking their husband's permission, women plead or disguise the real travel plan – even visiting a dispensary, to safe/accepted spaces such as the marketplace. In contrast, men just inform and tell. Being free to travel to visit parents, socialize or see a movie or a fair is a luxury, most (60%) require an elderly or male adolescent escort. The necessity to 'negotiate' permission for all activities comes from the fact of maintain the purity of their women. Of the five variables in the regression equation – women's work, income, education, use of sanitary pads and household male-female ratio, just education (above 8th standard) and sanitary pads were significantly predictive of women's mobility and agency.



- **Information and un-agency:** Women and girls know very little about government programmes such as the Swachh Bharat Mission (SBM) and entitlements for informal settlements. They are also not consulted (80%) on local sanitation planning, except in election season. Because their voices have gone unheard, the Delhi State Government has chosen not to opt for household toilet subsidy under SBM – an opportunity lost.

BOX 7

- Nearly 40% women and girls did not know about SBM or its goals.
- An average of only 40% women and girls got their WASH information from doctors and government communications.
- 32% females and 40% males did not know the CT norms (such as no. of stalls per CT) that catered to serve them.
- Of the women that knew CT toilet stall norms, only 39% said CT norms were met in their local CTs.
- 56% women and girls did not know about grievance redressal mechanisms catering to survivors of sexual harassment.

"Yes, of course, we have to take husband's permission (to go out). We also have to take the consent of our parents in law."

"He (husband) will inform us, and then go. That is enough."

Samajikaran or socialisation of women and girls in a legacy of patriarchal ideas, has denied women opportunities of education, attaining their real potential, being better employed and participate in government. It is now seen to be impairing their access to good sanitation as well. The 'everydayness' of such samajikkaran is impairing women's development, self-respect and dignity.

"Aas paas mein safai rakhni...Bharat ko swachh banane ke liye hai mission shuru kiya."

"Pehele ke time pe, yaha pe jaise aaj kal washroom ke safai karne waale hote hai, pehele safai karne wale nahi hote the."



Chapter Seven: Swabhiman -Dignity and way forward

Settings

It is Tuesday morning, and Seema rises at 4 am. She generally wakes at 5 am, however today there is a special puja for which she must finish all household chores before time, to go to the temple in the evening. She washes her face from the water stored in a small, uncovered container under the kitchen sink, fixes on her saree, and leaves for the community toilet (CT) to attend to nature's call. The walk to the CT is generally 6 minutes long, however, it rained last night which caused the dirty water from the uncovered drains to spill into the streets of her informal settlement, making walking difficult and unhygienic. The dwellers cannot do much but wait, as municipal drain clearing services do not cover this unauthorized settlement. Seema keeps her sandals on to avoid cutting her feet in sharp objects that floated out of the drains and take nearly 10-12 minutes to wade her way through. Her mood is immediately put off as she sees the long queue outside the CT – it seems most women in the settlement arrived early for the same reason as her. An argument breaks out between a few women trying to cut line ahead, Seema is too exhausted to care today and waits in line for the next 20 minutes. When she finally attends to nature's call, she realizes she forgot to get a bottle of clean water to clean herself and was thus compelled to use the dirty water stored for common use in the CT. As she exits the toilet stall, she notices a soiled period pad stuffed into the inside handle of the stall, she leaves in disgust and rinses her hands aggressively at home with stored water and watered-down soap. She will buy a new soap bar in the new month; money has been tight. She cooks breakfast and lunch for the family, packs tiffin for her daughter and husband, and leaves to drop her daughter to school. She hurries back and starts dusting and sweeping the house, as it must be extra clean on auspicious puja days. The garbage truck came by and left in the meantime, and Seema missed it (again) as the truck stops outside the main street, quite far from her lane. She collects the garbage into a polythene bag and keeps it outside the house to dispose of later. She goes back in to bathe before sitting down to finish her piece of meal stitching work, during which a monkey comes by, picks out the garbage from the bag outside in search of food, and leaves all the waste strewn across the outside area of her house. As Seema bathes, her mother-in-law steps outside the house after rising to wash her face in the open air when she notices the garbage mess. She begins shouting at Seema for leaving the house unclean on such an auspicious day. It is only 9 am, but the social and physical interruptions to sanitation and mental wellbeing make it feel like a very long day already for Seema.

What has to be radically integrated into India's sanitation efforts is the understanding that sanitation is an inheritance. It is an inter-generational passing on of knowledge, practices and behaviours that are differently received by women and men through socialization processes entrenched in patriarchy. Much like the preservation of cultural identities through norms, rituals and traditions that are resistant to change, sanitation practices are also resistant to change when local solutions and planning are non-contextual to the histories and socio-cultural factors that shape them. Asking 'why' instead of focusing on the 'what' of sanitation practices will broaden the landscape of sanitation discussion, and having women lead its inquiry and planning will transform it.

The answer to 'why' is that sanitation is a deeply cultural issue, as can be amply concluded from the findings of this research. Particularly for women and girls, myriad cultural factors with sociological implications impact their agency to access sanitation, other basic services as well as benefit from developmental efforts aiming to improve their education, livelihood, housing and overall empowerment parameters. The availability of community toilets is irrelevant when geographically placed in areas with low or absent trunk infrastructure, running water and drainage connectivity. While these geographical factors are important, socio-geographical factors such as the absence of safety on the pathways to community toilets, presence of drunk or high men, low lighting near the CTs are absent in local planning considerations. These anti-social elements either perpetuate violence against women or discourage women from frequent use – either way the women lose access to sanitation. The near-absence of female perspectives or leadership in local sanitation planning results in a sanitation system that denies the female body of the most basic dignity and *swabhiman* (self respect). This denial makes access to sanitation an emotional issue – heavy and pregnant with distress, anxiety and a sense of unworthiness that manifests in women and girls' self-respect. There is violence in this deprivation; physical violence – for when girls experience and accept assault as an ever-present possibility to accessing CTs, and emotional violence – for internalizing and embodying low self-respect from deprivation of one of the most basic human rights.

It is clear that CTs are not the solution to the access gap suffered by women and girls. The need to reaffirm Swachh Bharat Mission's efforts in its current phase to focus on IHHT construction is essential – it must appreciate that safety, dignity and functionality are the three core issues that shape women's relationship with sanitation. The design, construction and assessment of sanitation infrastructure and services ought to be therefore sociologically informed and responsive to these core issues.

Sanitation is a health issue and particularly for women and girls. Not enough attention is paid on the connection between sanitation and health, particularly on the adverse health outcomes among women and girls caused by socio-cultural deterrents to sanitation. Poor access to sanitation is a key driver of poverty and the health crisis

that India faces, wherein 90% diarrhea deaths continue to be due to lack of access to safe drinking water and basic sanitation facilities as of September, 2021 (Ref⁸). A 2017 study exploring annual number of deaths by risk factor attributed 569,679 deaths to unsafe water source, 328,720 deaths to poor sanitation, 45,425 to

⁸ <https://en.gaonconnection.com/diarrhoea-children-death-india-drinking-water-sanitation-unicef-wash-world-health-organization-43029/>

child stunting and over a million deaths to poor health conditions (ref⁹). Yet, the sanitation and health link remains limited in discussion, programming and advocacy.

Sanitation, or the lack thereof it is an inter-sectoral issue wherein it crosscuts with the health, education, livelihood, private and government sectors on a daily basis. It is an intersectional issue, wherein identity parameters, particularly of those marginalized such as urban poor women and girls located in geographically underserved areas, govern its availability, access and quality of access. The sanitation ecosystem needs to move beyond infrastructure and surface-level BCC and embrace the location-based, social, in-depth behavioural and emotional factors which together create a complex, interconnected ecosystem. It needs to prioritise *swabhiman* and dignity as the only way to experience what is a most basic entitlement to any citizen – safe and proper access to water, sanitation and hygiene.

This study and its findings could not point more critically to the need to place the socio-cultural factors and individual agency in the ecosystem of sanitation as the fundamental premise of all and any exploration and intervention for them to be successful and beneficial to its target population. Furthermore, the study in doing that has also shown the ways in which access to sanitation itself is a reflection of how communities are organized and function; making a case for considering sanitation as a vantage point, a segue in addressing gender and social discrimination patterns in urban India and its informal economies, ecologies and ecosystems.

A set of insights have been developed by triangulating the study's findings and inputs from organisations working in Indian informality, women empowerment and urban sanitation. These insights have emerged from four sources:

- The findings of this study;
- The recommendations from urban poor women in the informal settlements of Mumbai and Bhubaneswar where UDRC (Urban Development Research Centre, Delhi) and SPARC (Mumbai) tested the Feminist Toolkit that emerged out of this study;
- Workshops and trainings with UDRC and SPARC;
- City consultation in New Delhi sharing our study findings with feminist and intersectional civil society organisations, UN agencies, GoI ministries and IDS.

⁹ <https://indianexpress.com/article/explained/explained-world-toilet-day-2020-and-the-state-of-sanitation-in-india-7057610/>

Sanitation: A Vantage Point to Redress Gender Inequalities

Because good sanitation sits in the intersectional space of gendered practices and sanitation infrastructure, bettering sanitation can promote gender equality. For it to do so, the dynamic of sanitation must extend beyond the bounds of infrastructure and not limit itself to toilet making and nudging toilet use. It must be recognized as an ecosystem cognisant of the socio-cultural-emotional-agentic disadvantages that determine female access, usage, frequency, and experience. It must make a bold shift from community to household toilets.

Pursuing the agenda of household toilets - Four gender variables were regressed to predict construction of household toilets – women’s employment, education, income, house ownership. Of all variables, house ownership or land tenure alone emerged as a significant contributor to



having a home toilet. Since houses are mostly owned by men, it can be safely assumed that women were not the final decision makers in construction of household toilets.

Har ghar shauchalaya (Toilets in every home), in informal communities requires reimagination, innovation and unthinking, especially as it contends issues of land, locality, legality, and localization. Land tenure is the critical piece that can nudge home toilet making. Talking to women is the second. Simplified sanitation infrastructure that provides an equalizing toilet experience is the third piece in the equation. Lack of tenure of informal settlements discourages cities from bringing in trunk services. It also discourages personal

"I believe boys should be taught to help out their families, even more so, since mothers are also going out to work sometimes. when he gets married and has to look after his own wife and children, he will turn out to be more cooperative member"

investment by people due to place impermanence. Yet, our survey and ground understanding demonstrate

that people will invest in toilets if the ecosystem is right and to ‘protect women and girls from the male gaze’. Delinking tenure from provisioning of sanitation infrastructure and seeking and making available subsidized finance is a good start to a complicated issue. Home toilets connected to trunk systems will also clean up the city, optimize treatment infrastructure and clean up water bodies – making ecological sense.

Women's agency in Sanitation- Women's abilities to control availability and quality of sanitation access is the second most important variable in designing a women-friendly sanitation system. Besides curating democratic platforms – mandated under the 74th Constitutional Amendment Act, for women to participate in the planning of sanitation, re-socializing gendered practice – both for boys and girls will also weed away bad sanitation legacies including around menstrual management and sexual harassment, that personifies into female shame. Reversing deeply established and pervasive socialization legacies would need participation of all institutions and at all levels. This research has produced tool kits - Feminist Tool Kit and a Community Tool Kit that can help co-explore the intersectionality of sanitation and socialization (see annex 2). Agentic changes will produce multiplier effect as women get better opportunities and contribute to city economic growth.

Adaptive Sanitation Infrastructure - Adaptive sanitation infrastructure that fits in with informal geographies can build integrated, inclusive, and growth-oriented cities. This needs recognition of sanitation as a matter of economics, which is almost always under-discussed, under-researched, under-advocated and under-programmed. Integrational sanitation options must be filtered through the *swabhiman* lens. Till then, the design of shared solutions should be co-created for female safety and period-management, for women of all ages and abilities, at home and at work. Workshops with community women have produced some design options that women want (see annex 6). Addressing the gender pay gap – a critical determinant of good/household sanitation access and designing behaviour change strategies across the ecosystem will contribute too. This would accelerate the process of making sanitation gender equal.

BOX 8

Multiple Regression Analysis of key variables positively influencing construction of IHHT is:

House ownership Households in untenured, authorized settlements that live on rent are least likely to have access to IHHTs.

Consultations: Delhi Mumbai, Bhubaneswar.

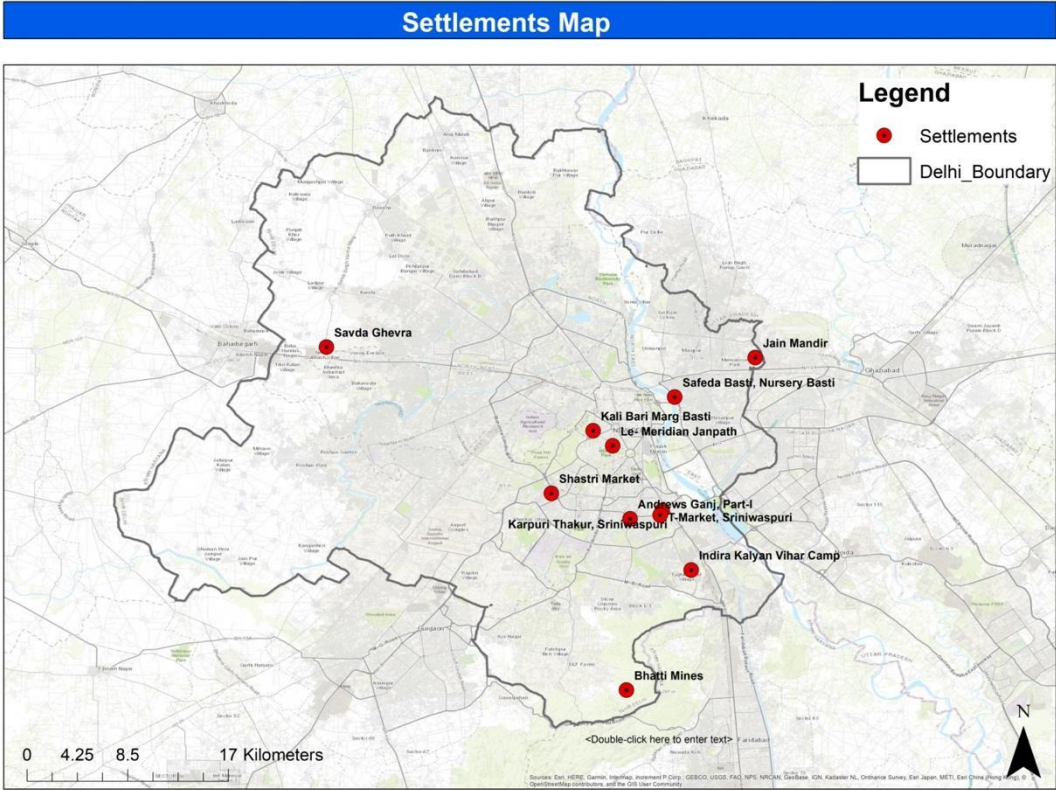
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Annexure 2 – Delhi map



Annexure 3 - Taking our Feminist Toolkit to Mumbai and Bhubaneswar

During the primary data collection phase of this study, real time feedback and narratives emerging from the ground were used to iteratively inform the participatory tools so as to enrich the data collection further. During this, the team developed a Feminist Toolkit comprising of the WASH-customized PLA tools to be tested in diverse geography to collect data as well as understand the scalability of the tools and the larger toolkit. The CURE team trained researchers and practitioners from UDRC and SPARC to test the Feminist Toolkit in Bhubaneswar and Mumbai, so as to compare the results and experiences of urban poor women and their sanitation conditions in a way that is more informed and collaborative. The idea was to understand the similarities and dissimilarities in the conditions of urban poor women and girl and their access to sanitation. Additionally, we also aimed to test how such tools could be used by organisations working in urban informality, gender equality and sanitation in their own projects and contribute towards feminist research and advocacy that focus on socio-cultural processes and underpinnings of developmental phenomenon, especially with regards to access in basic services.

The results, particularly the key insights from both the fields, echoed findings from the fields in Delhi and went to show great and worrying commonalities in the sanitation experience from women's perspectives – validating the need to use such feminist, intersectional and participatory methodologies in urban planning and developmental interventions.

Annexure 4 – WASH-Four-All: A Community Toolkit

About the toolkit

This community toolkit was developed for WASH trainers and practitioners on field who will introduce the ‘WASH-Four-All’ game, an educational and interactive card game focused on the learning of the sanitation ecosystem, key practices and behaviours to informal settlement dwellers in India. Trainers will disseminate the game to their local communities for them to understand, incorporate and reinforce key sanitation practices, behaviours and appreciate contexts that influence women, girls and vulnerable groups in accessing sanitation. The idea is to have fun while ‘learning by playing’, which would encourage them to ‘learn by doing’ better sanitation.

Participants in the ‘WASH-Four-All’ game training obtain a set of toolkit modules as a reference book with self learning modules of learning notes, activities and exercises. Learners can learn, cross check their knowledge on the topics and explore its nuances on their own. The hope is also that these will allow participants to then replicate and scale up the training in their respective communities. The toolkit presents the ‘WASH-Four-All’ Game, its purpose, and rules, and allows participants to play it and explore activities. This is followed by the ten key categories associated with the universe of sanitation covered in the game which are presented and discussed.

Introduction to Card Game

Through repeated playing, making mistakes, and co-learning, this card game supports young adults and adults to appreciate the practices, behaviours and cultural and financial contextual influencers that impact people's access to sanitation in informal settlements, particularly women and girls. The game creates a basic sanitation framework for participants to play in, share experiences and learn about its key factors.

Field practitioners should begin orientating participants into the context of the game by first highlighting that access to clean, safe toilets, and sanitation services are essential for a community's health and well-being. Timely and good sanitation practices and services can interrupt detrimental health outcomes, which in return enable better productivity, development and empowerment of individuals.

The trainer should explain to the players that WASH-Four-All is an educational card game for young adults and adults. The aim of the game is to raise awareness and invite the exchange of stories among participants around safe sanitation and the various influencing factors. We have tried to incorporate experiences at individual, collective as well as settlement level to exhibit a broad overview of the cross-cutting factors that shape people's access to and relationship with sanitation.

CATEGORIES OF THE GAME

- **Good Sanitation**
- **Menstrual Hygiene Management**
- **Open Defecation Risks**
- **Harassment**
- **WASH-poor Settlements**
- **Gender Equal Households**
- **Inclusive Sanitation Planning**
- **Cultural Sanitation Influencers**
- **Individual Household Toilet Merits**
- **WASH Empowered Women**

Figure 1: Key Categories

‘WASH-Four-All’ Game Overview– practices, behaviours and influencers to think about!

The field practitioner should emphasize that the ‘WASH-Four-All’ is a card game that promotes awareness on safe sanitation. There are ten total categories of cards and each category has 4 ‘factor’ cards under it. The four factors together highlight key practices, behaviours or contexts of that a category. The game consists of winning all the factor cards of each category (sets of four cards) (Figure 1). The game can be played between 6 to 8 players.

The field practitioner shows the group how the ‘four’ cards of the WASH-Four-All Game look like by showing one of the cards or drawing in a big piece of paper one of the ‘factor’ cards and how its associated three ‘factor’ cards make up one category, as depicted in the Image 1.

Each of the cards has three different sections:

- At the top of the card appears the name of the category, for example, ‘Good Sanitation’.
- In the middle of the card appear three of the four factors involved to consider good sanitation (these are ‘Access to clean toilets’, ‘Hand-washing’, ‘Access to sanitation services’ and ‘Access to WASH information’).
- At the bottom of the card appears the fourth factor or the (in hand) card’s factor, in this case, ‘Access to WASH information’.

It is important to note that the three factors that appear in the middle of the card have only remind the player of the factor cards he/she will have to collect to create a full category set. The factor that represents the card is always the fourth factor that appears at the very bottom of the card, in this case ‘Access to WASH information’.



➤ CATEGORY

➤ ACTIVITIES
TO COLLECT

➤ CARD’S
ACTIVITY

- 10 sanitation associated categories
- 4 factor cards per category
- 6 to 8 players
- Young adults (13+) and adults

Rules of the WASH-Four-All Game in five simple steps:

1. The 40 cards are shuffled and dealt evenly between all the players, and they get held face up in the players' hands.
2. The player to the dealer's left starts by asking another player if he/she had a specific factor card which the player who asked does not have and would help him/her create a full category set of four factor cards.
3. If the player does have the card, then he/she hands it over which means the player who asked goes on to ask another player. If the player being asked does not have the card, then it becomes his/her turn to ask.
4. When a full category (i.e. all four factor cards) is created, then the cards creating the category are placed in front of the player. It is recommended that the player shouts **'Four-All!'** every time he/she creates one, but this is optional.
5. The game ends when all the ten category sets have been created.

The winner is the person with the most category sets completed. Or, if the game wants to be played on its 'quick approach', the winner is the person who collects a specific category. This 'quick game play' is helpful when short of time and/ or the field practitioner wants to focus on specific categories.

Overview of all cards

Table 1

Category	Factor Cards
Good sanitation	➤ Access to clean toilet ➤ Hand washing ➤ Access to sanitation services ➤ Access to WASH information
Menstrual Hygiene Management	➤ Wash & dry cloth pad under sun ➤ Pad change every 4-6 hours ➤ Hand washing ➤ Proper pad disposal
Open Defecation Risks	➤ Insect & animal bites ➤ Diseases & infections ➤ Harassment ➤ Lack of dignity & privacy
Harassment	➤ Multiple forms ➤ No victim blaming! ➤ Prone in OD/ after-dark practices



	➤ Punishable offense
WASH-poor Settlements	➤ Unauthorised informal settlements ➤ Poor infrastructure & basic services ➤ Bad sanitation practices ➤ Low awareness & mobilisation
Gender Equal Households	➤ Gender neutral roles ➤ Equal nutrition for all ➤ Inclusive decision making ➤ Pursuit of education
Inclusive Sanitation Planning	➤ Female perspective inclusive ➤ Safe infrastructure ➤ Timely & contextual services ➤ Accessible over available!
Cultural Sanitation Influencers	➤ Inter-generational practices ➤ Female discriminatory power structures ➤ Taboos & myths ➤ Harmful social practices
Individual Household Toilet Merits	➤ Improved health ➤ Improved productivity ➤ Improved ODF status ➤ Dignity & empowerment
WASH Empowered Women	➤ Access to IHHT & sanitation services ➤ Safe environment ➤ Raised awareness ➤ Beat taboos!



Annexure 5 – Feminist tool kit

WHY TALKING TO WOMEN MATTERS

A Feminist Toolkit

Reviewing women & girls'
access to sanitation
in Indian urban informal
settlements



Annexure 6 – Sanitation Round Table

Shauch, Sharam, Samajikaran, Swabhiman

CURE India undertook a participatory research study across ten settlements in Delhi, and the findings and recommendations were shared at a roundtable discussion on 23rd August 2022 in Delhi. Community representatives, NGOs, INGOs, CSR representatives and practitioners from the field participated in the deliberations. The research approach used three frameworks to evaluate the findings of the research - the Gender Equality and Social Inclusion (GESI) lens, Feminist Political Ecology Theory and Reflexive Grounded Theory.



The qualitative research methodology sample consisted of 201 low income women and young girls, and 48 men and boys across ten informal settlements in Delhi.

The research has attempted to bring out the interplay of toilet and sanitation access with the socio-cultural-economic influences that define urban poor women and young girls' lives, voice and negotiation abilities.

The major findings of the study have been that women from informal communities were found to experience a:

- Deep sense of shame (SHARAM) embodying their communal sanitation experience;
- Debilitating impact of this shame on their identity and dignity (SWABHIMAN)
- Disempowerment and a consequent poverty trap accompanying bad sanitation choices (SHAUCHALYA).



The research has also brought out that amongst the low income families, even in households with availability of the finance required for the construction of an in-house toilet, the construction of a toilet was not a priority, signalling a socio- cultural influence in decision making.

The study also revealed that in clusters where community toilets were prevalent as popular means of relieving oneself, there was an inherent fear of sexual assault or harassment which ranked high across age groups, along with the issues of the waiting time, odour and challenges of using the community toilets during menstruation.

Another finding of the study shared that around 3% of participants, about 6 women, accepted open defecation as the means of relieving themselves; the number was higher for men at 11%.

Apart from this, the study also made an effort to realise how women were experiencing their menstrual cycles and what kind of period products were being used by them. The cloth napkin continued to be a popular instrument across the sample particularly in women. The menstrual cycle was also studied through the feminist lens and themes of taboo, hygiene and trauma was observed to understand the everydayness of women's sanitation experiences. This also led to another significant insight that some women had been told on period hygiene by their mothers-in-law which indicates towards early marriage.

The findings around menarche also brought about themes of how difficult, undignified and shameful the menstrual cycle or those 5 days were for women and girls who had no access to a private functional toilet.

The study has also shown that the embarrassment of using toilet spaces or going out in the open frequently to relieve themselves led women to consume less food and less water which has long term health consequences and also impediments their growth as a productive and informed member of the society.

The study has provided key insights regarding the use of sanitation practices, products and overall hygiene for women and young girls in settlements in the urban expanse of Delhi. The one significant hurdle to the overarching hunger, need and aspirations of women to live better and productive lives was access to safe and hygienic sanitation.

The key findings of the report indicate that empowerment of women, their right to live decent and productive lives and construction of safe and functional house hold toilets are intertwined and therefore, sanitation as a segue to women's empowerment needs to be recognized and integrated into India's sanitation discourse.

The research has been conducted with the support of the **Gender Equality and Social Inclusion (GESI) Research Grant by Institution of Development Studies (IDS), University of Sussex.**

Annexure 7 –Towards an Equal Everyday – Toilet of our dreams

A focused group discussion on what the women would like as a toilet of their dreams was also undertaken and below are some snapshots from this very interesting and meaningful conversation.



CURE in conversation with Sugna's family over their aspirational toilet design

Sugna, age 21, expressed the family's need for a bigger and a separate bathroom and toilet area. Living in a joint family of 8 members, a combined toilet and bath restricts them from making better use of the space, especially in case of toilet emergencies.

Karishma, age 23, mother of two toddlers, has had difficulty using the Indian style toilet seat post her pregnancy. Considering aged people in the house and her inconvenience, they wish for a western style toilet seat. Spacious bath space would also allow her to bath her kids by placing a bath tub in the bathroom itself.

Tek Chand, age 45, who belongs to a joint family, wishes to have a spacious bathroom also for the future possibilities of investing in a washing machine. Storage space in the toilet would make it convenient for us as we keep most of the toiletries on the floor as of now, said his wife Shashi, age 41.

In Bhati mines, the families that own a toilet, mostly have a combined lat-bath one, due to lack of space and affordability. With families expanding, spacious toilets outside of their living spaces, with a western seat and a separate shower/bath area turned out to be the common household toilet aspirations.

