

Women In Zero Toilet Valleys Of Assam

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“Every Indian should be ashamed that more than 60 per cent of women in India have to defecate in open. Even after so many years, we cannot say proudly that every woman in India has a toilet available for her.”--Jairam Ramesh, the Union Rural Development Minister in 2012.

We are ashamed off. Women, who are adored as mother, sister, wife or as a deity (devi) to counter the western commodification, has been subjugated to so much pain and humiliation by our society where we still do not have a basic civic amenities, nor a sense for it despite having latest gadgets and smartphones in everyone’s hands.

Despite recent progress, access to improved sanitation remains far lower in India compared to many other countries with similar, or even lower, per capita gross domestic product. Bangladesh, Mauritania, Mongolia, Nigeria, Pakistan, and Viet Nam—all with a lower gross domestic product per capita than India—are just a few of the countries that achieved higher access to improved sanitation in 2006 (World Development Indicators. 2006). An estimated 55% of all Indians, or close to 600 million people, still do not have access to any kind of toilet (Bonu, Sekhar and Hun Kim. May 2009. *Sanitation in India: Progress, Differentials, Correlates, and Challenges*, ADB). In rural areas, the scale of the problem is particularly daunting, as 74% of the rural population still defecates in the open.

The sanitation landscape in India is still littered with 13 million unsanitary bucket latrines, which require scavengers to conduct house-to-house excreta collection. Over 700,000 Indians still make their living this way (Dueñas, Christina, April 2008. *Crusading for Human and Environmental Dignity*. www.adb.org/Water/Champions/pathak.asp.)

The suffering of women’s in the absence of toilet is affecting women's lives as well as the worst victims of poor sanitary situations in both rural and urban areas. Inadequate sanitation facilities in rural and urban India endanger the safety and health of girls and women as well as force them to drop out of school and quit their jobs. Women without toilets only go out to relieve themselves in the dark, because their gender ideology tells them that they cannot take the risk to be seen. Furthermore, as some of the women affected by the limited access to toilet facilities confess to only solution available is to ensure that their need to use a toilet is reduced as far as possible which means that wait till the dark results in constipation and adapted diet and drinking habits, which give serious health problems. Gynaecological and urinary tract problems run higher (almost one-third) among women who lack access to sanitation facilities. According to the latest Human Development Report estimates that only 31 per cent of the population in India has adequate sanitation facilities, as against 73% in Vietnam, and 68% in Zimbabwe. A 2012 study on drinking water and sanitation by the WHO and UNICEF reveals that 626 million people in India do not have a closed toilet. It’s the world’s highest number, far ahead of Indonesia, which ranks second at just 63 million.

In Bihar, 872 cases of rape were reported till November 2012. “Roughly 40% to 45% of the incidents took place with the women when they went out of their homes to defecate in the

open,” states Arwind Pandey, Bihar police’s IG for weaker sections. Suman Chahar, an expert in environmental sanitation and public health, who has been working closely with communities in New Delhi, for the past 17 years says of open defecation, “This is a very grave and daily issue, particularly for these women, It concerns their security, health and dignity. Along with shocking incidents of rape and molestation and lewd remarks, I have heard shocking stories of what all these women go through if accidentally they found a man from their community ‘sitting’ next to them in the row.” In addition to safety risks, the lack of toilets creates health hazards, Chahar says. “These women look sick and anemic,” she observes of women in urban slum dwellings. In slums where there are toilets, other health risks abound for residents because of lack of maintenance. “During rains, the dirty water [from toilets] enters their huts, and life is miserable for them,” Chahar says. “We have to understand that the risk of infection is more in women. Also, waterborne diseases like diarrhoea and stomach-ache are common.”

Bindeshwar Pathak, founder of *Sulabh International Social Service Organisation*, a nongovernmental organization working to make cost-effective toilets available to rural communities, is a pioneer in India's sanitation movement and has been working in the field for the last four decades. Pathak says that women in rural India often have to wait until dusk or dawn to sneak out to the fields to relieve themselves, risking molestation as well as bites from scorpions and snakes.

Toilet access also affects education for girls. Suman Chahar says that while there are no toilets in schools in rural areas, there is no upkeep of the toilet complexes in schools in urban areas. Teachers complain that children spoil or dirty the property, she says, so they keep bathrooms locked instead of allowing students constant access to it. "It's shocking that teachers often lock the toilets," she says. The lack of access to toilets causes girls ages 12 to 18 to miss around five days of school per month, or around 50 school days per year, according to the 2011 Annual Status of Education Report released by India’s minister of human resource development. A national survey conducted by AC Nielsen and NGO Plan India in 2012 found that 23% girls drop out of school after reaching puberty.

The lack of toilets also affects educated and working women who live in the city’s centre. Mubina Akhtar, an ex-working journalist of the highest circulated vernacular daily of Assam and a resident of Guwahati, says she was appalled that the building housing the office of the media organization where she worked had no separate toilet facilities for women. The women staff of the daily got it after a long battle with the management.

Assam, the north-eastern state of India also has almost similar problems related to women and sanitation like the rest of the country. Assam has a population of 31,160,272 as in 2011 census, of which 15,214,345 are females. The sex ratio (females per 1000 males) is 954 and the female literacy ratio is 67.27%. It does not have urban slums like rest of the country. But there are private plots in which mostly the immigrant working class people live as tenants in cramped and crowded housing structures with poor sanitation facilities. In every district headquarters and mufussil towns of the state there are number of such private localities where the landlords keep uneven number of people as tenants for more profits in fewer investments. Here hundreds of people live against a single toilet. Here women and girls are the worst sufferers. Similarly in public places like government office, schools, Anganwadi centres, hospitals, banks, market places, bus stands, hotels and restaurants there are either no toilets or toilets only for men. When travelling by bus from any district places to Guwahati, the capital city, women face a lot of problem as there are no toilet facilities in bus stands, pick-up centres, tea-stalls where the bus stops on the way during the journey. Mid-way, the bus stops

for male passengers for urination by the roadside without paying any heed for the similar problems for female passengers. As a result frequent women travellers suffer from complications like kidney stone following prolonged delay of urination. In some state-run bus stands like Biswanath Chariali in northern Assam, toilets meant for both men and women are kept lock for being dirtied by users. The food marts where the buses stop for lunch or dinner during the journey also have the same story—either no toilet or very unhygienic ones. The only food mart that has excellent toilet facilities, as mentioned by Rocky and Mayur of *Highway on my Plate* (NDTV Good Times) is the KF in Tezpur. However it is an exclusive and expansive restaurant which is out of reach for common passengers.

Though the state does not have identical problems of daily ordeal faced by women in other states and big cities of India for open defecation, there are some unique and strange stories of women where they live in villages that do not have a single toilet. They, like the males, go for open defecation in the backyard of their houses or in paddy fields as tradition goes. The idea of building a facility for defecation in or near the house does not seem natural for most of people in rural Assam. The overwhelming influence of local tribal culture on most of the people in the state leaves little distinction between males and females and women do not face the kind of subjugation from the males in the society. Anti-women practices like child marriage, dowry system and female infanticide is also largely free in Assamese society unlike rest of India. Here in rural areas, women go in groups to nearby rivers, streams or brooks to fetch water for drinking and there they wash and take bath in open. The males of the village do not go to that site during that period. Only in some *Bihu* songs, which symbolize fertility and reproduction implicitly, the stealthily visits by young males to catch a view of their chosen ones on river ghats are described.



Mishing family responding to Census enumerators in zero-toilet villages. Village women are fetching water in a pond in zero toilet valley.

Similarly in individual household campuses also female members of the family take bath in open air in a secluded corner of the backyard, mostly covered by banana tree leaves. For defecation also they go far behind the backyard or to the paddy fields. In many villages still today in Assam, the favourite place of open defecation is the seedling grounds of transplanting rice cultivation called *Kathiya-Toli* in Assamese. Though these activities are quite normal, the society seems to be indifferent and particularly the males appear to be insular towards the problems of personal hygiene of women in Assam. Apart from the daily respond to the nature's call, women and girls do have periodical occurrences of menstruation as well as pregnancies, childbirth and other health related problems.

The district where this study found several villages with zero toilets in Assam is Lakhimpur (The district has 58.04% of households having latrine facility as per 2011 Census). It all began in the month of April in 2010 when enumerators visited these villages for the 2011 National Census. In four villages of Rowmari, Naharane, Uriumtola and Uhanee (Naharane

Mishing) there was not a single toilet, even the *kachcha* one, against a total population of 1496 persons among which 699. That means 46.72% of the total population of these four villages are women who do not have access to toilets.

All these riverine villages are inhabited by ethnic Mishing community, a ST community who lives in *Chang Ghars* (raised houses) for the annual floods. During the monsoon periods, boats are the only means of transportation in these ethnically homogenous villages where women face daunting tasks in defecation, menstruation and pre-natal and post-natal conditions amidst inundating flood waters. The governmental facilities for sanitation offered by state Public Health Engineering department has so far not reached these villages—which are not so far off from district headquarters of North Lakhimpur, but has been made inaccessible due to terrain—a river, Ghagar, separating the valley from the rest of the district and no motorable road. The villagers, who also keeps piggeries besides cultivating paddy once a season is vulnerable to various airborne and vector borne diseases. As pigs are carriers of deadly diseases like Japanese Encephalitis, other vector borne diseases like malaria, diarrhoea, dysentery as well as TB (due to alcoholism) also take their toll annually among these villagers. Pigs often play the part of natural scavengers in consuming the human excreta from open defecation in these villages, but this cannot be a solution for this problem. Open defecation in paddy fields, household backyards makes both men and women exposed to mosquito bites carrying viruses of JE and malaria, dengue etc. Besides those who are weak, anaemic and under-nutrition—they bear maximum risks in such conditions.

Anaemia in women Assam is fairly high. As per NFHS-III, the incidence of anaemia has been found among 72% of pregnant women within the age group of (15-49) years in Assam. In rural areas the situation is marginally worse (72.7%). The all India the corresponding figure is 57.9% and 59% respectively. Most significantly, the prevalence of anaemia in the state is getting worse since it has increased by 3% during 1998-99 to 2005-06. Besides, the anaemia is also widely prevalent among women in general and NFHS-III records that 69.6% of ever married women (15-49 years) are anaemic. Approximately 67.8% of adolescent girls (15-19 years) are anaemic in the State. Incidence of anaemia in women can result in maternal mortality, weakness, diminished physical and mental capacity, and increased morbidity from infectious diseases, pre-natal mortality, premature delivery, low birth weight. Thus anaemic women living in such zero-toilet areas bear maximum health risks. Besides, as per the SRS (July, 2011), the Maternal Mortality Ratio (MMR) in Assam (2007-09) of 390 per 100000 live births is the highest in the country, the corresponding national attainment level is 212. In this context lack of access to toilets and sanitation facilities pauses a greater risk to women's health in Assam.

The Public Health and Engineering (PHE) department of Assam has engaged some private parties and NGOs to run sanitation marts to provide sanitary toilets in rural areas in low costs. Karpungpuli (K) Society is one such NGO which has been assigned to this task since 1997 in Lakhimpur district besides two other NGOs. Since then this NGO has constructed 833 low costs toilets in rural areas of Lakhimpur, particularly in villages where ST Mishing communities live (as per 2004 data). Despite being run by Mishing people, this PHE assigned sanitation mart has not done any work in the four villages of zero toilet valleys. Their presence is seen in other ST villages of Bhimpura, under Bageenadi GP. But here the villagers are not using them due to the cultural practices and lack of awareness. These low cost toilets built by PHE have been laying in dilapidated conditions as shown in the pictures.



PHE constructed toilets remaining unused in Bhimpora village in Lakhimpur.

In the western side of Lakhimpur district of Assam has some ST villages of the Deori community where most of the villagers have been using unhygienic kachhcha toilets along with open defecation. In Lekhak Chapori Deorigaon under Bihpuria Revenue Circle, most of the households have kachcha toilets and toilets without doors for which open defecation also goes on side by side.



Kachcha toilets without door in unhygienic conditions in Lekhak Deorigaon.

The Total Sanitation Campaign (TCS) or Nirmal Bharat Abhiyan has also not performed up to the mark in Assam so far.

Report Card status of Nirmal Bharat Abhiyan (NBA) as on 12 /2/2014
State:- ASSAM

Component	Project Objective	Project Performance	%age Achievement
IHHL BPL	2220017	1762740	79.40
IHHL APL	1161020	526456	45.34
IHHL TOTAL	3381037	2289196	67.71
School Toilets	34772	34302	98.65
Sanitary Complex	211	63	29.86
Anganwadi Toilets	16819	11133	66.19
RSM/PC	115	183	159.13

Funds in Lakhs				
Share	Approved	Funds Received	Utilization	%age of Utilization against release
GOI	65248.07	55619.73	48974.45	88.05
State Share	20582.96	10612.16	10422.18	98.21
Benf. Share	6983.77	4176.76	3933.26	94.17
Total	92814.80	70408.64	63329.89	89.95

In Lakhimpur district TSC has achieved average success—where the school and Anganwadi toilets have achieved 100% success.

Report Card status of Nirmal Bharat Abhiyan (NBA) as on 12 /2/2014
State :- ASSAM District :- LAKHIMPUR

Component	Project Objective	Project Performance	%age Achievement
IHHL BPL	73224	62482	85.33
IHHL APL	22938	3975	17.33
IHHL TOTAL	96162	66457	69.11
School Toilets	1432	1432	100.00
Sanitary Complex	0	0	0.00
Anganwadi Toilets	276	276	100.00
RSM/PC	4	10	250.00

Funds in Lakhs				
Share	Approved	Funds Received	Utilization	%age of Utilization against release
GOI	2138.81	2007.79	1890.70	94.17
State Share	646.27	393.74	377.93	95.99
Benf. Share	239.50	101.48	101.48	100.00
Total	3024.58	2503.00	2370.11	94.69

However in field, all Anganwadi centres do not have toilets. And in constructing sanitary complexes the district has zero success.



A school toilet in Dhakuwakhona Sub-Division of Lakhimpur district separated for boys and girls.

Comparing to ST villages in Assam, the Muslim majority villages tell a different story. Here the condition of sanitation is far better than those in ST villages. In the villages of Muslims of East Bengali descent there are lot of problems and lack of basic amenities like roads, bridges, power, healthcare facilities and schools, but they have better toilets. In Lalpool Development Block of Darrang district of Assam, Muslim villages are fast moving towards sanitary toilets. Their strict adherence to religion is one reason for this better result as Islam emphasizes on personal hygiene and cleanliness for purity. Religious practices, mostly fundamentalism has been affecting these Muslims a lot, making them alienating from the mainstream of the society. But in sanitation sector this has proved to be a boon. According to a ADB report 60% of Indian Muslims has toilet facilities in their households than 41% Hindus. This is also true in Assam as far as access to toilets is concerned. Rural entrepreneurs like Ramzan Ali of Bechimari, Darrang are bringing revolutionary changes by making low cost sanitary toilet sets from market available toilet seats and selling them to the villagers—changing lives and earning a decent livelihood.



Ramzan Ali and his product in Bechimari, Darrang district

Through its Total Sanitation Campaign (TSC), the Government has sanctioned projects in all of India's rural districts, building about 57 million individual household sanitary latrines (IHHLs). While this achievement still falls short of the estimated 119 million units needed to meet the Government's goal of eradicating open defecation by 2012, investments in rural sanitation continue to increase—from around \$90 million in 2004 to \$280 million in 2008. For urban areas, the Government has also made substantial commitments. In addition to state-allocated funds, the most recent five-year plan allocates 7,816 rupees cr. (\$1.6 billion) for urban sanitation projects.

“Money is not the problem. This problem is of intent” says Rural Development Minister Jairam Ramesh. Sanitation is affordable when the right technology is installed, reasonable financing is offered, and a creative mix of providers shares the cost. The poor have more important needs than sanitation, and they cannot afford it. Households—even poor ones—are willing to pay for sanitation. Sanitation is not a high priority for governments. Making sanitation a priority delivers big economic, health, and environmental benefits. High-cost technology is needed to make sanitation work. There are already innovative and low-cost—even waterless — technologies that can be used for wastewater management. Governments and utilities do not have access to finance. Financial viability can go with public affordability, and full cost recovery is feasible, provided the sanitation services are customer-oriented and worth paying for (Source: *Dignity, Disease, and Dollars: Asia’s Urgent Sanitation Challenge. Why Invest in Sanitation.* ADB)

The Centre recently approved the implementation of Rural Water Supply and Sanitation Project for Low Income States (RWSSP-LIS) of Assam, Bihar, Jharkhand and Uttar Pradesh with World Bank assistance over a period of six years. The project, cleared by Cabinet Committee on Economic Affairs, is expected to directly benefit a rural population of about 78 lakh persons including 44 lakh Scheduled Castes and more than eight lakh Scheduled Tribes, with improved piped water supply covering approximately 17,400 habitations in 2,150 Gram Panchayats in 33 districts. The project, commencing this financial year, will be completed in 2019-20.

In Assam, according to officials, the project, which will benefit women and children, will be implemented in seven districts of Assam—Hailakandi, Kamrup, Jorhat, Morigaon, Bongaigaon, Sonitpur and Sibsagar—with an estimated population coverage of about 14 lakh. However, Lakhimpur district is not included in this list despite the 2011 Census reports of zero toilet villages.

Solutions: Successful pro-poor sanitation programs must be scaled up. It has been observed that much of the advances have been enjoyed by the middle and upper-middle classes in our country. Thus, governments and the international community must now fully focus their attention on those sections of society that cannot provide for their own needs under existing service delivery systems.

Investments must be customized and targeted to those most in need. According to new World Bank estimates, some 456 million Indians (or about 42% of the population) still live below the international poverty line of \$1.25 per day. Realistically, not all of the poor can be assisted by India’s target of 2015 for MDG. Thus, decision makers must prioritize investments and make public policies and expenditures more efficient to target those most in need.

Scheduled castes (SCs) and scheduled tribes (STs), which include some of the most disadvantaged groups in India, both suffer from poor household sanitation and drainage. ST households have the lowest ownership of toilets—only 18% in 2005–06. Moreover, only 23% of ST households have access to any form of drainage. This is likely due to a high degree of inequality in access to basic drainage facilities associated with dispersed hamlets and remote rural and forest areas. SC households fare slightly better, with access at 32% for toilets and 46% for drainage

Cost-effective options must be explored, guided by proper planning. Like Kerala, Assam also has a success rate of using lower-cost solutions, such as pit latrines, to achieve much higher rates of coverage. Thus, by adopting low-cost solutions Assam and Kerala managed to

increase toilet coverage despite economic hurdles. But what lacks is the awareness and cultural practices.

The absence of facilities is not merely because of poverty but also because of the cultural inhibitions and constraints regarding women's bodily functions. And that continues to be so, even today, in spite of all the advances that the female half of the population has chalked up in various fields. Open defecation is not only a problem because of the lack of toilets; it's also a behavioural problem. The reason that India has more mobile phones than toilets is because hygiene and sanitation don't receive the same attention as new technology. Sanitation is a matter of health and dignity for women. Existence of public and personal toilets affects women's ability to work, their mobility and their safety. Even Mahatma Gandhi said that sanitation is more important than independence.

(The writer is a fellow of National Foundation for India, New Delhi).