



## Women: Water, Sanitation and Hygiene

**Editorial**

Sankalp

**Dear Friends,**

### Chromosomal effects

A single chromosome difference between man and woman makes a world of difference with respect to water and sanitation access.

Primarily women members are responsible for household drinking water collection and management. Our work spread across nine states also states that women shoulder the bulk of the water collecting responsibility when drinking water is not available in premises.

Estimates indicate that women walk on an average up to 1,000 km annually. Imagine the burden it puts on her health, both physical and mental, and even

psychologically. Imagine the burden it puts on her capacity to earn.

Sanitation for women is consistent with their need for privacy, dignity, safety and self-respect. For them, the price they pay for inadequate sanitation is huge, again in terms of physical and mental health. Women live in a constant state of anxiety as they strive to meet their sanitation needs without losing their dignity.

The options left for a woman to relieve herself sometimes include leaving her children unattended and risking insect and animals bites while she ventures into dense vegetation to seek privacy,

## Contents

**Learning from Life - Page 3**

**Panchayat Power: Awarded Women Members Focus on Water and Sanitation - Page 5**

**Public Toilets for Women in Slums of Delhi - Page 6**

**Telling: Findings of a Menstrual Hygiene Survey - Page 7**

**Empowering Women through Drinking Water and Sanitation: The Maharashtra Initiative - Page 9**

**Menstruation: Physiological Process or Psychological Pressure? - Page 12**

**Of, for and by women - Page 14**

**Voices - Page 16**

**Women Voices on Sanitation - Page 17**

**Impact of School Sanitation on Adolescent Girls - Page 18**

**National Rural Water Supply Programme: Movement towards ensuring people's drinking water security in rural India - Page 19**



Shahana Sheikh

or enduring discomfort while waiting until nightfall to relieve under the cover of darkness. Those who wait for the night are faced with the threat of possible sexual harassment. The psychological stress and pain associated with having to wait are also considerable, particularly for vulnerable groups such as pregnant, elderly or disabled women. This wait also leads to health complications in the form of increased chances of urinary tract infection and chronic constipation. Some women also resort to eating less and reducing water intake.

By and large, women in India have low nutrition levels. Adolescence in India goes hand in hand with iron-deficiency anemia, medically known as IDA, says the 2005 National Family Health Report. While 56 per cent of adolescent girls are anemic, boys too are falling prey to the disease. Around 30 per cent of adolescent boys are suffering from anemia, the report states.

What does this have to do with water and sanitation? A lot. A study in Nepal indicates that a woman in a poor household spends up to 50 per cent of her calories getting water. This puts tremendous stress on a woman already suffering from poor nutrition. According to Dr A K Suseela, Executive Director of the New Delhi-based Fluorosis Research and Rural Development Foundation, anemia among women ranges from 58 per cent in Andhra Pradesh to 98 per cent in Rajasthan. Though government programmes are aimed at improving hemoglobin levels, results have not been commensurate with the investments made. This could be due to lack of safe drinking water and sanitation, which does not allow the nutrients to be absorbed. According to Dr Indira Chakraborty, former director at the All India Institute of Public Health and Hygiene, nutrition uptake is hindered by stomach infections caused by contaminated drinking water, again

often the result of poor hygiene and sanitation. Parasitic and other infections due to waterborne disease (due to poor sanitation and poor quality drinking water) prevent nutrition absorption. Unless this underlying factor is addressed, the benefits of nutritional and supplement programmes to deal with anemia for example will not optimally benefit the women.

The repercussion of poor maternal nutrition and anemia are inter-generational: anemia mothers give birth to low birth babies. Low birth weight in babies leads to low physical and mental development, in other words, low performance. Out of the 19 million low-weight infants in developing world, 8.3 million or 43 per cent are in India.

While girls and women make up almost half of the population, yet menstrual hygiene and its management have received scant attention. Myths and taboos abound. Hygiene practises leave much to be desired for. Attendance of girl students in schools drops due to inadequate hygiene facilities. On an average a woman spends almost 2,100 days menstruating, almost six years of her life. Yet, neither the Urban Sanitation Policy nor the Total Sanitation Campaign make even a mention of this.

This issue of WaterDrops documents water, sanitation and hygiene from a women's perspective. It informs of poignant examples of how women suffer and fight lack of sanitation facilities and taboos associated with menstruation. It also highlights the tangible relief women have felt when they have access to toilets and appropriate menstrual management. It also cites examples of how making sanitary napkins can be a viable business proposition.

This issue perhaps is just a curtain raiser. We look forward to hearing from you about your experiences. Lets build up on our learning.

**Cordially**  
**The Editorial Team**  
**WaterDrops**

*WaterAid India, New Delhi*  
*waterdrops@wateraid.org*

This reflection is not about gender, water and sanitation, but in general about gender mainstreaming and where it begins. Understanding gender, not as development jargon, but as an integral part of the lives of boys and girls, men and women, poor and rich, as part of our own lives. This is just a narration of real life experiences and anecdotes from WaterAid India (WAI).

In the late 1990's when gender found its place in development strategy, though the term was reflected in all aspects of the programme, the principles were not grounded in the local context. For many 'Gender' remained a project component that had to be delivered. On one occasion, as part of internalising gender concepts, external experts helped develop a training module. When translated into local language the jargon sounded more foreign than English. The trained trainers' team equipped with strange terminologies and stranger looking tools engaged in a focus group discussion, trying to understand the gender roles in the community. When a woman from the village, who was grazing her sheep nearby, asked trainers what the discussion was about, enthused trainers struggled to explain the gender concept. After patiently listening, she asked, "Have you done all this talk to only understand what men and women do? If you had sat with me and looked around, you would have observed that the teacher's child goes to school, my daughter is picking firewood, and the farmer's son works with him in the field. Just watch, life will unfold: discussions cannot see real life."

The woman's philosophy still remains relevant. Despite all efforts and knowledge, sometimes we miss the reality and fail to apply what we have learnt from life.

### Fulfilling multiple roles

Nearly 15 years ago, in one of the southern most villages of Tamil Nadu, the WAI team was engaged in active training sessions on hygiene and health. Gomathi, a young field worker, had creative ideas. A village

animator, in the late evening she would double up as a cultural troupe member, playing the lead role in the team's awareness programme. After completing her performance and finishing her day's work she would rush home taking the last bus. This was absolutely essential because she had to be home in time to breast feed her child. Gomathi used to leave her child at home with her mother so that she could be part of the programme. Her sufferings made us realise the need to have child care facilities for women staff, and the partner organisations were motivated to introduce child care facilities. Slowly few other organisations also followed suite.

### Movement restricted

During the mid 1990s interior villages were often not well connected by public transport. During a visit to the project villages it was noticed that villages which were under the responsibility of male project coordinators were visited more frequently as compared to projects with female coordinators. During discussions, it was realised that



the woman coordinator had to walk 10 km up and down daily to reach her project site and had to leave before dark so as to reach home in time. The male staff used the project two-wheeler, and so mobility was not a problem for them. The projects

had budgetary support for two wheelers and generally the preferred choice was a heavy motor bike, which was not user friendly for women. The experience compelled us to revisit the project components and subsequently the support for heavy bikes was revised towards cycles or mopeds, usable by both, male and female staff.

### Bringing home a point

In the early days of demand responsive sanitation programmes, latrines were almost non-existent in most villages. The project team was working hard in unlocking the demand for latrines, spending hours together in the villages. The male team stealthily broke their own preaching and used the open to ease themselves. The female staff were forced to hold on, for 8 to 9 hours continuously. Young girls quietly suffered, not complaining. The issue came to the fore when a dignitary's visit was scheduled to one of the villages. A pre-visit check revealed that the village had no latrine. The staff were asked, "Where do

### Seizing an opportunity

On a visit to a coastal village, which had won the Nirmal Gram Puraskar award, the partner informed the visiting team that the Panchayat president was very supportive and played a lead role in the village's achievement. Across the village, banners and pictures of the victorious village president were put up in appreciation of the award. A woman president! Expectantly and eagerly we went for an evening meeting with her. To the team's surprise, a man, the president's husband greeted us and introduced himself as the president. When asked about whose picture was there in the banners, he informed "Oh that is my wife; I was elected last three terms, unexpectedly in the last election the position was reserved for women. I did not hesitate, I nominated my wife and she won, I continue to be president." Simple and direct. When we expressed our interest to meet and greet her, as the following week she was scheduled to go to Delhi to receive the award from the president, he apologized saying she is busy at home.

This incident of 2007 brought back the memory of Kala, a leader of a self help group federation, who later joined as project staff and then went on to contest the local election. She won the election standing against many male opponents. When asked why she left the safe abode of an NGO job for a political battle ground, she said that as an NGO worker, the difficulties she faced in convincing the Gram Sabha to take up issues of water and sanitation, made her decide that she should lead from the front. Her's was one of the early Panchayats which implemented a water supply scheme under sector reform in 2000 and achieved total sanitation. Kala has now travelled all over India and internationally, sharing her story. Stark contrast of two women elected representatives, which continues to remind us that while challenges remain, opportunities are immense.

Our own work and daily life, offers opportunities to learn and understand gender. Unless ideology is relevant and locally grounded, mainstreaming cannot be realised.



Gramalaya

you go?" Men smiled, and the girls simply said, "We don't go." A latrine was hurriedly put up for the dignitary's visit but it brought home a point. The demonstration latrines which were hitherto clustered in one location were spread out with each village having at least one latrine for the staff, also serving as a model. The approach helped the programme. Lesson learnt: gender sensitiveness begins from within, don't wait for a dignitary's visit to become gender aware.

# Panchayat Power: Awarded Women Members Focus on Water and Sanitation

Indira Khurana and Romit Sen, WaterAid India

WATERDROPS

April 24 is special. Every year, the Institute of Social Sciences, New Delhi, celebrates the day as Women's Political Empowerment Day. It was on this day, in 1993 that the 73rd Amendment to the Constitution of India was passed. This amendment was meant to provide constitutional sanction to establish democracy at the grassroots level, along the lines of governance at the state and national level. One major feature of this was the reservation of at least one third of the seats for women at the panchayat, block and district level. The panchayats were expected to play a major role in the planning and implementation of 29 development works, including drinking water and sanitation.

This year the theme for the two day celebrations was Climate Change, Women and Panchayats. Three panchayat members were felicitated for their outstanding contribution with the 'Outstanding Women Panchayat Leaders Award.' All of them had paid special attention to drinking water and sanitation, in addition to the other work that they undertook.

## Kiran Kumari, Raghai village panchayat, Muzaffarpur district, Bihar



Kiran Kumari is a sarpanch. She won the election for the first time from a reserved seat. Her significant contributions include:

- Solving more than 300 disputes through nyaya panchayats;
- Girls education and Sarva Siksha Abhiyan;
- Formation of self help groups, widow remarriage;
- Improvement in basic amenities including sanitation and construction of individual latrines, drinking water and water conservation.

## Rugmini Subrahmanyam, President, Poothadi village panchayat, Wayanad district, Kerala



From a Scheduled Tribe community, Rugmini won the election for the first time from an open seat. Her significant contributions

include:

- Active and appropriate implementation of the National Rural Employment Guarantee Act;
- Nutrition programmes for children, pregnant women and the aged;
- Improvement in school attendance;
- The panchayat won the Nirmal Gram Puraskar in 2008. She was also awarded the Sukrutha Keralam Award, Malayala Manorama Group.

## Manju Sharma, Pradhan, Chutmal gram Panchayat, Saharanpur district, Uttar Pradesh



Manju Sharma was elected twice from the reserved seat and subsequently also when the seat was declared open. Her election for three

consecutive terms is a measure of her popularity and work. Her significant contributions include:

- Improvement in basic amenities;
- Top priority to improve sanitation, including public and private toilets, drainage systems;
- Improved access to drinking water;
- Improving primary and secondary education and setting up a school for poor children;
- Establishment of a sub-health centre;
- Social forestry.

# Public Toilets for Women in Slums of Delhi

Shahana Sheikh, Lady Shri Ram College, New Delhi

Women from all economic strata are affected by non availability of public toilets but the problems of those women from the lower economic strata are aggravated since they hardly have any options. The issue of public toilets affects the poorest women (who live in slum areas) the most. Other women (and all men) have options at their homes, workplace (and walls) but what about a woman in a slum area?

**Table 1: Reality check**

Name of Slum/ Resettlement Area	Ratio of latrine seats to number of women *
Kusumpur	1:500
Rajiv Camp, Jhilmil Colony	1:100
Balmiki Basti, B – Block Basti Area, Jhilmil Colony	1:20
Bawana JJ Resettlement Colony, Old Blocks	1:150
Savda Ghevra JJ Resettlement Colony	1:250

\* Assuming that 50 per cent of the population in each of the areas is women and that all the existing latrine seats in a particular area are usable.

The ratios are very different from the norms suggested. Typically, out of the 20 latrine seats in a Women's Block in a CTC (Community Toilet Complex), 4 are reserved for children; the ones for children are without a door. Due to this, the ratio is actually even more skewed in the case of women. The main points of concern are:

- Norms for latrine seats versus reality;
- Public urinals for women;
- Cases of Sexual Harassment in absence of toilets;
- Awareness on how to use a toilet.

The first priority for people from slum and resettlement colonies is to have enough to eat. Though public toilets are an issue, it is often overlooked by the people, especially women. To raise any issue and fight for it involves time, energy and money. There is a vocal lobby fighting against sexual harassment of women, but it fails to understand that the non-provision of something as basic as safe, hygienic public toilets for women is leading to many cases of sexual harassment in slum and resettlement colonies. This is an immediate need, waiting to be addressed. Taking cognizance of this study the Delhi High Court has asked the MCD to submit a report on the status of public toilets in Delhi.

*This research study was carried out during May-July 2008 during a Summer Internship at Centre for Civil Society, New Delhi*



Shahana Sheikh

A study undertaken to assess the condition of public toilets in slums and resettlement areas of Delhi reveals startling figures on the inadequate number of toilets and urinals for women.

### Norms versus reality

At the national level, most documents and policy schemes note the norm for public toilets to be 1 latrine seat for 50 people. The City Development Plan, 2006, of Delhi states that the norm according to the Environmental Improvement Scheme of Jhuggi Jhopri clusters is 1 latrine seat for 20-25 people. Municipal Corporation of Delhi (MCD) makes different claims on the ratio of latrine seat, the figure ranging from 1 latrine seat for 20 people to one latrine seat for 150 people. Table 1 gives the actual ratio of latrine seats to number of women in the five slum and resettlement colonies of Delhi.

While both the print and visual media are full of sanitary napkin advertisements, rural communities still struggle for basic information on the menstrual cycle. A woman spends approximately 2,100 days menstruating. That's almost six years of her life. These six years spread over a productive life of 50 years can potentially decide how healthy a woman's life will be.

## Methodology used

The survey was a descriptive, analytical and community based study. The samples for the study included 53 slums and 159 villages of 19 development blocks from 18 districts of Madhya Pradesh, Chhattisgarh and Uttar Pradesh. A total of 2,579 rural and urban poor women and girl students were selected through 19 NGO partners of WaterAid India. These NGOs have been implementing integrated water, hygiene and sanitation programmes in these areas. Hygiene educators and female staff of the programmes coordinated the study. The sample was selected through random sampling. A questionnaire with 19 questions was designed by three programme officers to gather information.

The survey was carried out in 2007 and its findings were first published on the eve of the South Asian Conference on Sanitation (SACOSAN-III) in November 2008 in New Delhi.

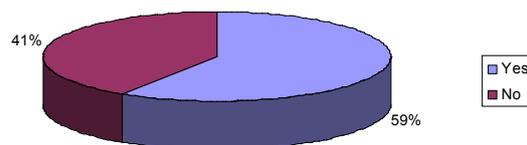
## Disturbing data

The findings are a matter of concern for the overall health and development of Indian women. Some of the findings are given below:

- The survey found that 41 per cent of respondents had no knowledge about menstruation prior to its onset (See Figure 1).
- Shattering a myth, the survey found that there is hardly any correlation between level of literacy and prevalence of good menstrual hygiene.

Of a total of 2,579 respondents, 36 per cent were illiterate and 64 per cent illiterate. "There is no relation between literacy and considering (menstruation) a taboo," says the report.

**Figure 1: Awareness on Menstruation prior to getting periods**



- Interestingly, only 16 respondents out of a total of 686 students had received information at school. It was observed that of the women/girls who were aware of menstruation prior to getting their period, most had got the information from their friends and mothers; only 2 per cent and 1 per cent of respondents had received information from their teachers/school and books respectively. This shows that menstrual hygiene is a neglected subject in schools and that peer groups and mothers must be targeted for dissemination of information on the subject.



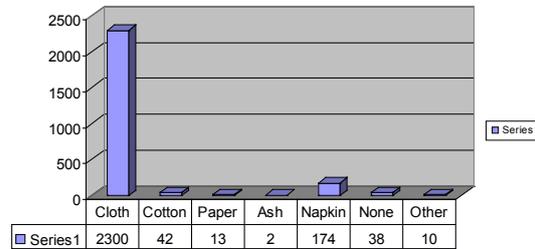
- Most respondents used cloth, which was not always cotton. Almost half of those using cloth used the same set of cloths for more than a month.



WaterAid India

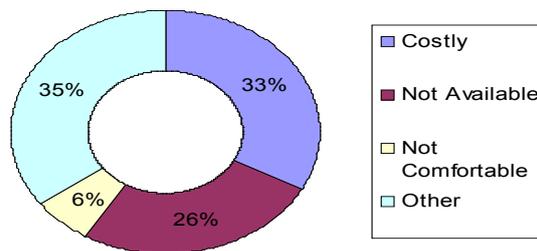
- Management of menstruation continues to be unhygienic in India, raising serious health concerns. Around 89 per cent of respondents reported that they used cloth, 2 per cent used cotton, 7 per cent used sanitary napkins, and 2 per cent ash (See Figure 2). Some respondents used paper, whilst others menstruated on the clothes they wore. Around 10 respondents did not answer the question. It was found that among primitive tribes, women who have their periods spend their days in a cowshed. The health risk of inadequate menstrual practices can be gauged from the fact that around 14% of women said they suffered from urinary tract infections.

**Figure 2: Material used as absorbent**



- A majority of respondents cited high cost and non-availability as prime reasons for not using sanitary napkins (See Figure 3).

**Figure 3: Reasons for not using sanitary napkin**



- Toilets are an important facility during menstruation, providing a space for its management. Around 63 per cent of respondents had access to a toilet, although 20 per cent of them did not use the toilet during their menstrual cycle. The main reasons stated for not using a toilet were fear of staining the toilet, non-availability of disposal facilities, and no space to keep cloth.

The role of education is vital in menstrual management, not to mention easy and cheap availability of sanitary napkins. Entrepreneurial skill-building among women's self-help groups should help meet the supply of sanitary napkins amongst the rural and urban poor.

**Our efforts**

WaterAid India (WAI) is trying to address the issue of menstrual hygiene in its work by carrying out similar survey amongst women across project areas to understand their current practices. These studies would help in designing a strategy for taking up menstrual hygiene promotion and also to develop advocacy strategy to influence school officials to design appropriate curricula to educate young girls on the issue.

Awareness campaigns highlighting the need for hygienic practices are integral to all projects. Efforts have been made to identify low-cost production system for sanitary napkins and encourage women groups to undertake these as an employment opportunity. WAI is also striving to include menstrual hygiene management in the guidelines of the Total Sanitation Programme, Government of India's major sanitation programme. The pre-SACOSAN CSO declaration which was a combined efforts of WaterAid India, Freshwater Action Network and Water Supply and Sanitation Collaborative Council strongly advocated the need for incorporation of menstrual hygiene management in the Delhi Declaration.

The issue of menstrual hygiene has started getting the right policy focus. In the SACOSAN-III declaration, it featured prominently. Many key speakers did mention about the importance of the issue and its links to overall health of women. However, it needs more efforts in generating information and local level campaigns to mainstream it.

*This article is based on a study done by Regional Office West, WaterAid India compiled by Ms. Maria Fernandez, Programme Officer, WaterAid India.*

# Empowering Women through Drinking Water and Sanitation: The Maharashtra Initiative

Asad Umar, Regional Office West, WaterAid India

Maharashtra is the first state in India to formulate a women policy in 1994, which was subsequently revised in 2001. This policy provides for participation, protection, economic development, capacity building and creation of a supportive environment for women. Recognising the spirit of this policy, many development projects and programmes in the state are advocating for increased role of women to ensure sustainability of the projects and improvement in their social and economic status. Programmes like Jalswarajya on rural drinking water and Sant Gadge Baba Swachta Abhiyan and Nirmal Gram Puraskar on total sanitation are not only ensuring women participation but also contributing towards their empowerment.

## Jalswarajya experiences

Jalswarajya was launched in 2004 by the Government of Maharashtra to scale-up sector reform initiatives through innovative and participatory processes, covering 3,025 Gram Panchayats (GPs) across the state. The project processes include clearly delineated and sequenced activities involving community mobilisation, social action and technical activities. Jalswarajya demonstrated a number of

projects where planning, implementation and operation and maintenance (O&M) of water supply and sanitation facilities was done successfully by GP level institutions.

Gender mainstreaming was one of the guiding principles for the project and for achieving this empowerment of women, it was necessary to forge a balance between men and women to share and control the resources. Recognising the important role played by women in managing water, the state designed a women empowerment component to trigger women's participation in decision making process and management of projects. Accordingly, a sub-project on women empowerment was provided under the project to:

- Mainstream women's participation in water management, sanitation and village development activities
- Build capacities for undertaking economic and village development activities through skilled training.

The project ensured minimum 50 per cent representation for women in its village committees. It was mandatory to organise a women Gram Sabha prior to the general



Gram Sabha to decide the major decisions relating to water supply and sanitation and to ensure that decisions taken in the Gram Sabha of women would be discussed in the general Gram Sabha. These policy decisions helped women become actively involved in decision making.

### **Strengthening earning capacity**

The project advocated for strengthening of women groups, specially the Self Help Groups (SHGs). Under community capacity building initiatives, exposure visits to model villages and dissemination of information related to income generation activities were undertaken. The focus was not only on the creation of new groups but also on the revival and integration of the groups and activities already existing in that village. Due to these initiatives around 17,000 SHGs were formed in Jalswarajya GPs in addition to the 18,435 SHGs already existing. In 26 districts over 1.5 lakh women have benefited from various trainings of which approximately 30,000 women have been helped with seed money.



Asad Umar

### **Fruits of investment**

Involving women as major stakeholders not only empowered them but also brought into the project their knowledge and experience to ensure sustainability of water supply and sanitation intervention. It also helped to expand their capabilities beyond water and sanitation management (See Box: Developing entrepreneurship).

### **Developing entrepreneurship**

For gender mainstreaming, empowerment of women is an inherent component of project. Budgetary provisions helped to improve the capabilities of women through a series of skill based trainings and distribution of revolving fund. In village Bhilar of Satara district the skill based training and distribution of seed money resulted in the development of small entrepreneurship activities like making of candles, opening of shops, production of vermi - compost, etc. The initiatives have helped to improve the economic conditions of women in the village.

The story of Anusuya Kamble from village Bellamb in Osmanabad district clearly demonstrates how capacity building on micro-entrepreneurship development have resulted in income generation as she is now able to earn around Rs.1,000 per month. In village Khamaswadi, one SHG started a small scale milk cooperative unit. There are number of examples where women development initiatives have not only resulted in income generation activities but also in developing decision making and leadership skills.

### **Community contribution**

Mobilising community contribution is one of the major challenges being faced in Jalswarajya. However, in many villages the women and SHGs are coming forward to collect this. In Januna village of Barshi Takli Taluka, of Akola district women have collected community contribution amounting to Rs.64,000. Similarly, in Washim district many villages were progressing slowly because of non-collection of the community contribution but when women groups took over the initiative, works relating to infrastructure gained momentum. In Harali village of Osmanabad district due to group dynamics in the village the process of community contribution, could not start



Sankalp

and progress was severely affected. The women led SHGs came forward, which not only helped in collecting the required community contribution but also helped resolve disputes.

### **Sanitation surge**

Maharashtra has become the number one state in achieving total sanitation coverage and in getting Nirmal Gram Puraskar. Thousands of villages have already achieved the status of total sanitation coverage and a large number of these villages have been able to sustain the coverage primarily because of empowered women groups and strong village level institutions. There are innumerable success stories which demonstrate the role of women in achieving total sanitation coverage across the state.

Initiative like setting norms for achieving total sanitation coverage, engaging in open defecation free village campaigns, setting up rural sanitary marts and encouraging local co-operatives to help in latrine construction have contributed to the sanitation surge in the state. The above examples clearly demonstrate that empowered SHGs and women groups have helped in making villages open defecation free. These groups have facilitated the construction of individual latrines in many villages through internal lending and setting examples of innovative practices.

A study of Yavatmal district conducted by Geeta Pardeshi from Government Medical College, Akola revealed that women performed varied roles as fund raisers, motivators, initiators, surveillance workers and implementers for achieving total sanitation coverage. The women described benefits at individual, family and community level.

### **Conclusion**

The Maharashtra experience demonstrates that through appropriate capacity building initiatives women can take collective action for improving water and sanitation access, mobilise community resources, take active role in operation and maintenance of water supply systems, mobilise household savings and enhance household income by taking up income generating activities.

The empowerment is reflected in the ability of women's groups to transcend social barriers and their confidence to independently negotiate in the public domain for water supply and sanitation related issues. Some of the significant factors that have sustained women's collective action and their empowerment are the presence of strong grassroots level institutions, enabling government policies, presence of women groups and gender sensitisation under different water and sanitation projects.

## Menstruation: Physiological Process or Psychological Pressure?

Maria Fernandez, Regional Office West, WaterAid India

Menstruation is a physiological process needing very special care for girls and women. The onset of menstruation is one of the most important changes that occurs in girls during the adolescent years. The first menstruation (menarche) occurs between 11 to 15 years when girls are in the school going age group.

### Cloaked in embarrassment

Menstruation and menstrual practices continue to be clouded by taboos and socio-cultural restrictions resulting in adolescent girls and adult women not being able to share their difficulties and problems related to its management. Many of them remain ignorant of biological facts, essential hygiene aspects and also of the modern day options available.

girls and women go through menstruation under psychological stress. Their beliefs and practices associated with a normal biological phenomena puts tremendous mental pressure on them. Some of the practices and beliefs are given below:

- Women who normally use latrines for defecation stop using the same during menstrual days because of the fear of spreading impurity to other latrines users in the family;
- Women from Chhattisgarh avoid taking bath for the first three days as their bathing at the pond will make the pond impure;
- Women in rural areas avoid discussing this issue, preferring to keep it a secret;
- Girls feel they are impure and try staying away from others so as to avoid contact;
- While drying/ disposing used cloth, women make it a point that no one should see them doing so, otherwise newly married women will turn barren;
- School going girls avoid attending school for the fear of being teased by others;
- It is a general tendency amongst women to reduce frequency of urination because of the fear of staining cloths.

### A vacuum

Practical action and attention on menstrual hygiene promotion is still absent in most sanitation programmes. The Total Sanitation Campaign guidelines do not mention menstrual hygiene management. Information on menstrual hygiene as part of the reproductive health and preventive health programmes are often not mainstreamed, ignoring a wide section of women and children who need to be educated on the subject. A vast majority of schools and hostels do not have adequate toilet facilities for girls, which aggravates the problem.

### Western experiences

WaterAid India Regional Office West works in Madhya Pradesh and Chhattisgarh. During visits to different villages to support villagers get better access to drinking water, sanitation and adopt hygienic practices, it is observed that



Aarambh

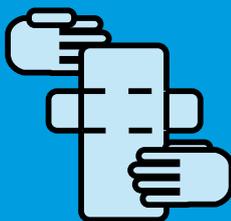
# Ensure Dignity while growing

**Menstruation  
is natural and necessary for  
giving life.**

**Yet, many young girls and women face the indignity  
of having to manage hygiene during menstruation  
in dark corners with fear of being watched.**

**Onset of menstruation is a period of change and  
growth for girls. A supportive environment will  
make her confident. Help her understand the  
implications of menstruation. Teach her menstrual  
management. Both at home and school.**

**Introduce her to sanitary  
napkins and tell her how to  
dispose these safely.**



Only promotion of sanitary napkins will not address this issue. Menstrual hygiene promotion needs to be mainstreamed in school curriculum. It is of utmost importance that aganwadi and ASHA

(Accredit Social Health Activist) workers are trained on promotional tools of menstrual hygiene management so that they can disseminate information to women in the villages.

## My Story

I am Narmada God resident of Indira colony of Sasipura village of Sheopur district. My husband works as a Community Organiser with Mahatma Gandhi Sewa Ashram (MGSA) a partner NGO of WaterAid.

I have been using regular set of cloths during my menstruation without drying them under sun as there is a belief that if these are dried in an open, these may be taken away by owls which is considered as a bad omen.

For the last one year I was facing a problem of white discharge but was shy in seeking medical advice. After few days, the duration of my menstrual period extended to 15 days, which made me weak and I was unable to walk. My whole day went in lying in bed, which affected my daughter's education. She had to leave her school to take care of me and the house. Finally when it was unbearable I consulted a doctor and was diagnosed of suffering from leucorrhoea.

Ms Sunita, a hygiene promoter with MGSA explained why these problems occurred to me. Along with the doctor's treatment I have stopped using the same set of cloths repeatedly. I have educated my daughter on improved menstrual hygiene. We had spent Rs. 14,000 on my treatment. Despite the loss I am happy that my daughter will not face similar challenges as she will take care of her menstrual hygiene and will be able to lead a healthy life. She will be able to carry on with her studies.

Local women and community groups are taking up manufacturing of low cost sanitary napkins to make menstrual hygiene an affordable habit.

Pliny, the Roman author, once described a menstruating woman as a woman who could “turn wine sour, cause seeds to be sterile, wither grafts, cause garden plants to become parched and fruit to fall from a tree she sits under.” In what could be considered as a civilizational poetic justice, many communities and organizations in India are fast turning this disadvantageous natural situation into a profit making enterprise, ensuring menstrual hygiene at the same time.

There are several initiatives, starting from Delhi to a small and remote district in Orissa, that have taken up manufacturing of localized and low-cost sanitary napkins. These initiatives originate from a concerted attempt to popularize menstrual hygiene among women and in public places like schools.

One of the key hindrances in achieving this feat is non-availability of cheap and readily accessible sanitary napkins

for rural women, who usually use not so hygienic methods for menstrual management. So it is but obvious to first make available the right product at village level and that too, at an affordable price. This health need has both business and livelihood opportunities. An average woman will use close to 15,000 napkins during her productive life period.

### The southern sojourn

In Krishnagiri district of Tamil Nadu, the Integrated Village Development Programme (IVDP) has recently set up a manufacturing unit to produce low cost sanitary napkins in collaboration with a Polish company. “We have plans to set up automatic napkin vending machines in all government and aided schools in Krishnagiri and Dharampuri districts,” says Kulendei Francis, the director of IVDP.

The reason: 150 members of local self-help groups (SHGs) died due to uterine cancer. This triggered the need for better menstrual hygiene and thus the need for affordable sanitary napkins. IVDP also built toilets and made provisions for



drinking water to complete the cycle. The IVDP initiative focuses on local schools where many girl children used to drop out during menstruating.

To begin with, IVDP bought sanitary napkins worth Rs. 1 crore from a Polish company which has a manufacturing plant in the state and sold it at cheaper price to local women. But keeping in mind the recurring demand, it decided to locally manufacture napkins using the SHGs. This has become a livelihood generation programme as well.

In another innovation in the state's Tirunelveli district, SHGs are manufacturing napkins as cottage industries. Under a two-year project called Sugam by the NGO Arumbugal Trust, SHG members have been trained in technology of manufacturing low cost napkins. Twelve SHGs have taken up napkin manufacturing using surgical cotton and aqua pearl gel, a super-absorbing polymer, wrapped in non-woven fabric. It is sold at Rs. 2 per napkin. The SHGs have been given a revolving fund and keep the profits with themselves.

### **From urban, with hopes**

In Delhi, Goonj, a NGO, uses used clothes, collected through public campaigns in urban areas, to prepare low cost napkins to be used by rural women. The idea came from the fact that women were willing to adopt safe methods but never got access to cheaper and highly reusable products. So Goonj uses the concept of reuse and recycle.

It collects used cloths as donation, washes and sanitises them and then prepares napkins that can be reused also. These napkins are distributed and sold through a vast network of local NGOs, Panchayats and SHGs. Each piece is priced at Rs. 3 but as a principle Goonj doesn't ask for money if somebody is not capable of paying. This initiative got the World Bank's innovation award in 2008.

To perpetuate the concept, it now trains local SHGs members in manufacturing napkins and market them locally. This

will bring down the price further and also make it easily available. "The intention is not to make profit, but to induce in them the habit of using the napkins," says Anshu Gupta, director of Goonj.



### **A Sulabh model**

In Kurukshetra district of Haryana the district authority is helping SHGs to manufacture sanitary napkins. Under an initiative called Sulabh, the Swarna Jayanti Gramin Swarozgar for rural women is being tapped to make available Rs. 90,000 to install a manufacturing unit with a capacity of 10 napkins a minute. In the napkins manufactured in this plant, biodegradable materials are used to make disposal a less hazardous activity. The SHGs sell a packet of eight napkins at Rs. 10.

These examples are inspiring. Though other reproductive health related products, earlier considered taboo to talk, have flooded the market and the mass media, the issue of menstrual hygiene has not got that kind of attention.

The sanitary napkin industries have so far dominantly focused on urban users and the price of branded pads are unaffordable for rural women. So through such small but highly affective initiatives, one can hope for an emerging industry that is truly of women, for women and by women.



Vijay Kutty

***“Agreeing to construct a toilet was the best gift that our father could give us.”***

Fifteen year old Farida Ben and her seven siblings live in Nagalpur village near Bhuj, in the Kutch region of Gujarat. They had a pucca house with a toilet, a facility that was absent in her school. She used to feel elated and empowered with a toilet at her home and considered it to be an utmost necessity for every woman. Her house was destroyed in the Gujarat earthquake of 2001 and Farida had to migrate to her uncle’s house in the neighbouring village.

Her uncle’s house was devoid of a toilet and Farida and her sisters used to feel insecure while going to the open field for defecation. This resulted in them having less food and water which had its impact on their health in the form of constipation and cramps. When Farida’s father constructed their new house he made it a point to rebuild the toilet which brought cheer to Farida and her sisters. They were happy to be back home with a toilet of their own. “The toilet is perhaps the best gift our father has given us,” says Farida.

***“My life would improve if a toilet is constructed.”***

For the first 40 years of her life, Karmaben Rakhya Ahir had no idea what a toilet was, until the day she happened to use one at a bus stop near Bhalot village of Kutch district. She lives with her youngest son Menandbhai, daughter-in-law Daiben, and five grandchildren. Urinating and defecating in sand pots at home or trudging to nearby fields in the wee hours was always a cause of concern for Karmaben, Daiben and her daughters.

Things have however changed ever since a toilet has been constructed in their house. No longer do they have to walk a mile to the nearby forest at dawn to defecate; endure the humiliation of being spotted by men; undergo the agony of restraining themselves for hours on end,

nor pray for the rains to cease, so they can venture out, instead of urinating in a mud pot. For Karmaben and other women like her, the health benefits of having a toilet are incidental. Far more important is the access, privacy, and above all dignity that having a toilet provides.

***“Life is hell without a toilet. I don’t want my daughters to relive my experience.”***

If they were like the other women in the village, Romatben and her daughters would trek for a kilometre or so in search of a suitable field or forested area to relieve themselves. Unfortunately, Romatben and her daughters, Razia and Rehana, who live in Bhalot village of Kutch district, are vision impaired. In terms of performing their daily ablutions, theirs is a challenge far greater than a person with normal vision. Romatben and her daughters had to wait for someone in their family to escort them to the fields for defecating. Absence of any member would have meant a long agonising wait for them. As a result Razia and Rehana developed constipation and urinary tract infections.

Life has changed for Romatben and her daughters after the construction of a household toilet and bathroom. They no longer have to rely on others to escort them to the fields. The toilet and bathroom have been constructed with particular attention to the needs of the physically challenged. Bathing everyday is a luxury the women are still getting used to. Romtaben now has more time for her household chores. She insists that she will marry her daughters into a house that has a toilet as she does not want them to relive her experience of living in a house without a toilet.

*The above stories have been compiled from Aga Khan Development Network examples from Gujarat under the Multi Sector Rehabilitation and Reconstruction Programme and Gujarat Environmental Health Programme.*

Men and women have different needs and priorities in infrastructure management whether it is at household or community level given the social and biological construct. However, women's priorities are often not considered for the same. Based on this understanding a study was undertaken in Saurashtra and South Gujarat regions of the state by Aga Khan Rural Support Programme (India). The aim of the study was to capture rural women's voices on the issues of sanitation. There are also cases when women do not prioritise the need for a toilet but when they foresee the benefits of having a toilet facility, they can be a champion for the cause.

#### Prevention is better than cure

For women living in Kambodia village of Bharuch district toilet was never a priority. There were dense jungles around the villages where they used to go for defecating in the morning. "With changing times jungles were cut for construction of roads and houses and thus availability of space was becoming a problem for the women", says Parvatiben. However, when asked about the need for constructing a toilet Parvatiben is not convinced. Instead she feels that a bathroom is of greater need because that would mean a safe place for urinating and bathing. On enquiring about the health problems in the village Parvatiben says that there are cases of malaria, diarrhoea and dysentery in the village especially during the monsoons. When reminded of the health related expenditure on treatment Parvatiben realises the need for clean and healthy surroundings and construction of a toilet, she believes can be right step in this regard.

#### Fighting for a toilet

Shantuben lives in Moskuva village and proudly shows the toilet she has constructed in her house. The construction of the house itself, she shared, was initiated due to the dire need of a toilet. Prior to it Shantuben had an agonising experience of going to the open fields every morning to relieve

herself. Very often she would be harassed by the men folk of the village and would end up quarrelling with them. It happened once that her daughter had to run away while being chased by young boys while she had gone to the field. She was badly hurt in this incident and thereafter lived in constant fear at the thought of going for defecation. It meant that somebody had to escort her leaving all the work at home.

Her suffering made her realise the importance of having a household toilet and when the decision was taken to construct a house Shantuben made it a point to have an individual toilet at home. She feels relieved as her daily ordeal has come to an end and is now leading a tension free life.

#### Safe sanitation needs water

Fifteen year old Aruna Bhavaji lives in Moti Dhanej village of Maliya block of Junagadh district and studies in XII standard. Her house is a small one but had the facility of a toilet. When asked on how she feels about having a toilet at home. The reply was "its very good, however, we are not able to use it much due to lack of water in the village." The toilet is being used only during monsoons, when there is enough water for all to use the facility.

On enquiring about the toilet facility in her school, she says that though the school has a toilet, it is normally not clean often due to non-availability of water which results in non-usage of the toilet facility in the school.

Her friends, she says sometimes, have less water and control their urination which they understand is not good for health, but they have little options. Availability of water is thus an important requirement for ensuring regular usage of toilets feels Aruna.

*The above examples have been compiled from Aga Khan Rural Support Programme (India) examples based on a study undertaken by them in Gujarat.*



## Impact of School Sanitation on Adolescent Girls

Compiled from Solution Exchange for the Water Community

WATERDROPS



Sankalp

School sanitation, including provision of toilets and water, is an important factor affecting attendance and enrolment in schools. Proper sanitation is critical for adolescent girls, particularly during menstruation. In response to a query on 'impact of school sanitation on adolescent girls,' it was evident that lack of sanitation facilities is a major problem. A survey done in Mewat district in Haryana, found that in the four schools out of 85 which had water, toilets, boundary walls, the attendance was high. The remaining schools lacked one or more of these amenities and the attendance was poor. Some of the other problems that are associated include dirty toilets, toilets without doors, inadequate system to dispose off sanitary napkins, and no soap or water to wash after using the toilets. The impact of providing drinking water and sanitation in schools has a visible affect on adolescent girls.

The lack of sanitation, especially for girls increases the incidence of urinary tract infections (UTIs), as an organization working in Tamil Nadu found. This is because girls could not relieve themselves throughout the day owing to lack of toilets. A survey in Andhra Pradesh reported similar findings, noting that infrastructural deficiencies in schools, particularly the lack of toilet and drinking water facilities was the main reason for girls not attending higher classes.

When sanitation facilities are available, the increase in attendance among girls is often dramatic. For example, in Chennai the introduction of the Total Health Education Programme (THEP) in Schools significantly improved attendance, and parents who earlier withdrew their daughters from school once they reached puberty started encouraging their daughters to continue their schooling. Studies show that providing sanitary napkins and adequate disposal facilities help raise enrolment and attendance among adolescent girls. A Behaviour Change Communication (BCC) project by UNICEF in Andhra Pradesh, where a self-help group has started making sanitary napkins is testimony to this. In Uttar Pradesh, schools that installed toilets

were able to increase the percentage of girls attending school at the middle level, which is significant because 37 per cent of girls in these schools were married before the age of 18.

The SWASTHH Plus project in Jharkhand and Karnataka provided funds to several middle and primary schools to develop gardens, drinking water, toilets and urinals, and to clean the school premises. These measures helped pull up enrolment figures in schools. In addition, in Jharkhand's East Singhbhum district, the district administration and UNICEF jointly created a child-friendly environment in schools, that greatly reduced dropout rates and the panchayat won a Nirmal Gram Puruskar.

However, even when sanitation facilities are available, members highlighted some challenges involved in ensuring all students have access to them. They shared how children from Dalit families are often discriminated against when it comes to using toilets. For example, a boy in Bihar was beaten and locked up in a toilet that he 'dared' to use. Moreover, some schools are located in 'non-Dalit' neighborhoods and villages, and girls from Dalit neighborhoods have to walk long distances to schools and if they cannot use the toilets or visit a nearby relative's house to use their toilet, they must leave for home early and miss class to relieve themselves.

Other reported cases of discrimination involve cleaning toilets, where school authorities only ask Dalit children to clean toilets, using brushes and toilet cleanser. Children from other castes do clean their classrooms but they are never asked to clean toilets.

These examples on one hand demonstrate the benefits of providing water and sanitation in schools but also raise a concern on the discrimination in accessing these facilities by children belonging to a certain caste of community.

The full response is available at:  
<http://www.solutionexchange-un.net.in/environment/cr/cr-se-wes-ed-16010901.pdf>

# National Rural Water Supply Programme: Movement towards ensuring people's drinking water security in rural India

## Framework for Implementation: 2008-2012

The new guidelines for the rural water supply programme have come into effect from 1st April, 2009. The goal of the programme is to provide every rural person with adequate water for drinking, cooking and other domestic basic needs on a sustainable basis. This basic requirement should meet certain minimum water quality standards and be available at all times, in all situations, in which it is readily and conveniently accessible. The right to water has been recognized as a basic principle which entails that every individual has a right to demand for safe water which is to be treated as a public good.

Some of the major points of the new guidelines include;

- Renaming the Accelerated Rural Water Supply Programme as National Rural Water Supply Programme (NRWSP);
- Source sustainability, community managed programmes and recognition of the gap between infrastructure created and service available;
- Installation of a water source will not be considered as the criteria for fully covered habitation, but adequate water supply received by all household of the habitations will be the criteria;

- The Department plans to change the lpcd (litres per capita per day) standard as a mean of measuring availability of water, but look at larger and various indicators of water security;
- Conjunctive use of surface and groundwater and focus on rainwater harvesting for recharge. For old and new groundwater schemes, recharge mechanisms will be made mandatory;
- Need for social regulation of agricultural water for meeting the demand of drinking water;
- Revival of traditional systems of water conservation and introduction of catchment protection schemes for surface water;
- Convergence with National Rural Health Mission (NRHM) on aspects of water quality and health indicators. The guidelines also call for health based targets as an improvement in water supply;
- Convergence with Total Sanitation Campaign for protection of surface water sources and with National Rural Employment Guarantee Scheme for construction and rejuvenation of ponds;



- States will be required to prepare district-wise Drinking Water Security Plans which will be based on individual water security plan in villages;
- At least 30 per cent of handpump mistries under various skill development programmes and other training schemes should be women of the local areas/habitations as they can take better care of the operation and maintenance of the handpumps than others;
- Certificate of satisfactory completion of the schemes will be obtained from women groups in the habitations;
- All water supply schemes within the GP shall be maintained by respective Gram Panchayat. In case of multi-village schemes the source, treatment plants, rising mains etc shall be maintained by PHED and the distribution and other components will be maintained by GP;
- The aforementioned arrangement will continue upto the end of 12th Five-Year Plan period and with effect from 1st April 2012 the total O&M fund is to be met from the funds available under the 13th Finance Commission, PRI and State including community contribution as tariff for maintenance of the system;
- O&M of the field test kits including refilling costs for field test kits, cost of disinfectants, minor remedial expenses, annuity and mobility, honorarium to grass root workers, and honorarium to GP level coordinator will be covered by community contribution;
- It is proposed to establish Water Testing Laboratory at the Sub- Division level with a provision of testing few selected chemical parameters (need based) and biological parameters;
- Legal ownership of, and responsibilities for public drinking water and sanitation assets to rest with the Gram Panchayat;
- The NRWSP will be broken into following components - NRWSP (Coverage), NRWSP (Sustainability), NRWSP (Water quality), NRWSP (DDP areas), NRWSP (Natural calamity) and NRWSP (Support), with earmarked fund allocation and guidelines for allocation, distribution and use of funds;
- As a part of ensuring sustainability of sources and systems, incentivizing good behavior in Gram Panchayats to create drinking water security in their jurisdictional areas "Swajal Gram Purashkar to be launched.



Asad Umar

The full text of the guidelines can be viewed at [www.ddws.nic.in](http://www.ddws.nic.in)

For Private Circulation only

### The Editorial Team

Indira Khurana  
Romit Sen

### WaterAid India

First Floor, Nursery School Building  
C-3, Nelson Mandela Marg  
Vasant Kunj, New Delhi – 110070  
Ph: +91 11 46084400  
Facsimile: +91 11 46084411  
Website: [www.wateraid.org](http://www.wateraid.org)  
Email: [waterdrops@wateraid.org](mailto:waterdrops@wateraid.org)