

Issues and challenges of Sanitation with special reference to women: A Sociological study of Aligarh City

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Abstract: Sanitation is an important aspect of human life which generally refers to hygienic behavior and practices related to our day to day activities such as maintain cleanliness, washing hands, and proper defecation and maintain scientific distance from pollutants. Safe sanitation and hygiene are needed to realize the Millennium Development Goals targeting gains against diarrheal diseases, improving maternal health, and reducing child mortality. As a result, women become an important target for improving sanitation and hygiene because of their roles as household managers, in child rearing and environmental care. The United Nation declared 2008 as the international year of sanitation in view of the 2.6 billion people in the World who lack even basic sanitation facilities and the poisonous consequences this has for their health and human dignity. The main aim of this paper is to highlight the problems and issues of sanitation and personal hygiene faced by the slum women and to assess the relative benefits of sanitation programs (Swachh Bharat Abhiyan) among these women. This study is descriptive in nature and is based on inductive logic of inquiry and case study method. The data has also been supported by secondary sources.

Key Words: Sanitation, Personal Hygiene, Slum

INTRODUCTION

In India, exclusion is embedded in societal interrelations and institutions that exclude, discriminate, isolate, and deprive some groups on the basis of group's identity like caste and ethnicity. Buvinic (2005) summarizes the meaning of social exclusion as 'the inability of an individual to participate in the basic political, economic and social functioning of society' and goes on to add that it involves 'the denial of equal access to opportunities imposed by certain groups in society upon others. Sen (2002) mentioned that 'it leads to the impoverishment of human life through their casual consequences.' The consequences of macro-economic policies, such as poverty, unemployment, and involuntary migration, exclude some groups from economic, cultural, and political activities and thus institutional inequality and discrimination have become pervasive feature of our society. In most traditional societies, even today, we find that women are considered as subordinates to men. Women's identity within the household is traditionally centered on their roles as mother and wife. Women speak of their 'obligation to feed the family and care for the children, both materially and emotionally, regardless of the contribution of their husbands'. In many cases, the role of a wife and mother is reported to be so inflexible that the women who fall outside this category are ostracized by individuals and discriminated against by the state and other institutions. Constitutional safeguards and provisions extended to weaker sections by the government are also considered as inclusive policy in the context. Development policies and programs are another kind of measurement in order to achieve inclusive growth among the excluded social categories of India.

The definition of Sanitation given by the World Health Organization (WHO) states that sanitation refers to the provision of facilities and services for the safe disposal of human urine and faeces. The crisis related to sanitation in India is related to several visible and invisible factors. Some of these are identified, and the governments are trying to address them by taking several institutional initiatives. But many of the underlying factors causing perpetuation of insanitation are existing beyond the comprehensive imaginations of policy-makers or the leadership. It is an effort to widen the academic imaginations related to issues of sanitation and insanitation and construct and deconstruct the discourses built upon historical, cultural, and even on administrative worldviews. **The aim of this paper is to highlight the toilet and sanitation problems and issues faced by slum women in Aligarh.** This study is descriptive in nature and is based on inductive logic of inquiry and case study method. The data has also been supported by secondary sources.

Toilets: A fixed receptacle into which a person may urinate or defecate, typically consisting of a large bowl connected to a system for flushing away the waste into a sewer. (English Oxford Dictionaries)

Types of toilets and their technological bases:

- **Urinal:** Urinal toilets are specially designed for males, but it is possible for urinals to be used by females. It is attached to a wall in a public bathroom for men to urinate into a standing position. They are meant for the disposal of liquid waste not a solid waste. They do not have door or stall enclosure, and thus take up less space. (Akram, 2015:91-92)
- **Public toilet:** A public toilet also called a restroom is available to the general public. Its may be within a building or privately owned, allows public access. It may be require fee, or may be limited to bussiness customer. (Arkam, 2015:92)
- **Flush Toilets:** Flush toilets are very common type of toilet in many parts of the world. The toilet that disposes of the waste by using water to flush it through a drainpipe to another location. (your dictionary.com/flush toilet)
- **Squat Toilets:** Squat toilets [also known as an Arabic, French, Chinese, Japanese, Korean, Iranian, Indian, Turkish, or Natural position toilets] are used by squatting rather than sitting and are still used by the majority of the world's population. To use this type of toilet, rather than sitting, person should be in squatting position, by placing one foot on each side of the toilet. (Akram, 2015:93)

- Pit toilets: A pit toilet is a dry toilet system which collects human excrement and urine in large container or trench and ranges from simple slit trench dug in the ground to more elaborate system with seating and ventilation system. (Akram,2015:94)
- Chemical Toilets: Chemical toilets which are not requiring a connection to a water supply are used in a variety of sanitation. These toilets are usually, but not always, self contained and movable.(Akram:2015:94)
- Dry Toilets: These types of toilet do not need water for flushing. Its include pit toilet, the composting toilet and the incinerating toilet.(Akram,2015:94-95)
- Urine Diversion [UD] Toilets, urine diversion, dry [UDD] toilets and urine diversion dry toilets: These types of toilet are divided into two parts: one for urine and other for feces. A urine diversion toilet, UD toilet or UDT, flushes one or both chamber with water.(Akram:2015:95)
- Portable toilets: Portable toilets are mainly used on construction sites at those places where there are no other facilities. They are easily moves from one place to another. These toilets are small in size and made up of small molded plastic or fiberglass portable room.
- High-Tech Toilets: ‘ High-tech’ toilets include features such as: automatic-flushing mechanisms that flush a toilet or urinal when finished; water jet, or ‘ bottom washers’ ’ like a bidet; blow dryer.
- Floating Toilets: A floating toilet is mainly an outhouse built on a platform above and floating on water. The waste is collected in a tank or barrel instead of waste going into the ground. (Akram,2015:96)
- Chamber Pot: A chamber pot is a receptacle in which one would excrete waste in a ceramic or metal pot. This method is no longer used in developed countries, with the exception of hospital bedpans.(Akram,2015:96)
- Garderobes: These toilets are mainly used in medieval period. During medieval period luxury castle were built with indoor toilets these toilets are known as garderobe. These toilets are built far away from bedroom and also not near to the kitchen or fireplaces to keep the enclosure warm.(Akram,2015:97)

Swachh Bharat Abhiyan: Swachh Bharat Abhiyan, a national campaign run by the government of india, which covers 4041 statutory town throughout India and motto of this campaign is to make the streets, roads and society clean by October 2, 2019.

Major goal of Swachh Bharat mission:

1. The removal of open defecation is a key objective.
2. The removal of manual scavenging.
3. Modern and scientific municipal solid waste management.
4. The outcome of behavioral change in respect of healthy sanitation practices.
5. Create awareness about sanitation and its importance with public health.
6. The maximum amount of Augmentation for ULB’ s
7. To generate an enabling environment for private sector participation in capex and opex.

Review of literature:

In the recent survey, UNICEF finds that about 783 million people are without adequate safe drinking water supply and 665 million people (72%) lack sanitary facilities in India. 626 million people practice open defecation, and only 31% of Indian populations have access to sanitation facilities

Economic and Political Weekly, March 3, 2018, reducing open defecation is an urgent policy priority: it kills thousands of children each year and stunts the growth and development of those who survive. As a result, the United Nations have included the elimination of open defecation globally by 2030 among its sustainable development goals.

Economic and Political Weekly, July 14 2018, the real status of rural sanitation, the article ‘ ’ open defecation in rural India, 2015-2016: levels and trends in NFHS-4’ ’ by Diane Coffey and Dean Spears (EPW,3 march 2018) relies heavily on Swachh Baharat Mission, the rural sanitation coverage has gone up from 39% in October 2014, to 50% in October 2016, to 63% in October 2017; and the over 85% June 2018. This mean that the rural sanitation coverage has more than doubled since the programme began in 2014.

Case Study-1

40-year-old Noor Bano is suffering from severe health problems. She has four children. She lives in a slum area near *Dargah at Kat Pula*, Aligarh. There were not any toilet facilities near that area. The people of that area go to defecate far from their places near where government has constructed public toilets. Nagar Nigam has made free toilet slip for poor people, but toilet In-Charge did not accept that slip and charge Rs. 5 each time. It is difficult for poor people to pay Rs. 5 each time. So, in order to avoid paying money, they prefer to defecate in the open field. She also did not know about what Swachh Bharat Abhiyan is and how it helps them for improving their living behavior.

Case Study-2

65-year old Salma Begum, is suffering from knee pain. She lost her husband and has four daughters. When the winter comes, they suffer severe knee pain and even unable to walk properly. It is impossible for her to go for defecation far from their places, so she visits nearby fields to practice open defecation. She also has free toilet slip made by *Nagar Nigam*, but that slip could not help any one of them, and it is also impossible for them to pay Rs5 each time. She is totally unaware of Swachh Bharat Abhiyan or any types of government policies which is made especially for women.

Case study-3

Farida, 35-year old pregnant woman living with her husband and five children in slum near dargah at kat pula, Aligarh. She also lives in very unhygienic condition because of pregnancy it is difficult for her to go for defecation far from their areas and pay Rs5 each time. Their children always defecate on the road side. She also did not know about any kind policies and programs which are made especially for women. She also couldn’ t get benefited by any type of government policies.

Case study-4

Shehnoor, 15-year old young girl, who worked in a factory and get Rs. 2500 per month. She lives near *Dargah at kat pula*, Aligarh. Suffering from a severe shortage of toilets. Toilet facility is available far from their place, and it is difficult for her to go alone for defecation. So they generally defecate in an open field, being a girl, it is a feeling of shame, but they did not have any other option. Somehow, she managed to use Nagar Nigam toilet but how could she pay Rs. 5 each time. She knows a little bit about Swachh Bharat Abhiyan, but she did not get benefited at all.

Case study-5

Yasmeen, 50-year old, who lives with her seven children, near dargah at kat pula, Aligarh. According to Yasmeen, it is very difficult for her and her daughter to defecate in an open area, but due to poverty she could not manage to pay Rs5 in each time. Toilet facilities are available far from there slum, and it is difficult at night to go for defecation, so they generally defecate in an open field. She is totally unaware about Swachh Bharat Abhiyan and various governmental policies which implemented for improving the condition of the poor.

This study revealed that a majority of people still suffers from sanitation problems. There was a need to build a government toilet near that area, and that toilet should be free of cost. Unawareness due to poverty and illiteracy played a very vital role because people on that area are totally unaware of any kind of government policies for improving the condition of women.

Conclusion:

Economic and Political Weekly, 06 Aug, 2018 revealed that under Swachh Bharat Abhiyan, the rural sanitation coverage has gone up from 39% in October 2014, to 50% in October 2016, to 63% in October 2017, and the above 85% in June 2018. This means that the rural sanitation coverage has more than doubled since the programme began in 2014. Sikkim, Himachal Pradesh, and Kerala are three states that have been declared open defecation free (ODF) this year. Government plays a very important role and made all possible effort to improve the condition of poor, particularly of women, but still, there were so many people severely suffer from bad sanitation condition and suffer many health problems. It is found in the field study of Aligarh that the people who live near *Dargah at Kat Pula* suffer a lot because of the unavailability of toilet facilities. There is a need to look at such issues at the grass root levels so that the Swach Bharat Abhiyan could become successful.

References:

1. Akram, M. (2015) ' Sociology of Sanitation' , Delhi: kalpazPublication.
2. Rao, C, Yagati and Karakoti, Sudhakara. (2010) ' Exclusion and Discrimination' , New Delhi: KanishkaPublisher. Pathak, Bindeshwar. (2015)' Sociology of Ssanitation: Environmental Sanitation, Public Health and Social Deprivation' , Delhi: KalpazPublication.
3. Subramanyam, V. Sekhar, k. (2010)' Social Exclusion, Integration and Inclusive Policies' , Delhi: RawatPublication.
4. <http://www.who.int/topic/sanitation/en/>(accessedonjanuary16,2013)
5. <https://www.epw.in/journal/2018/28>
6. <https://www.epw.in/journal/2018/9>
7. <https://www.indiatoday.in/education-today/gk-current-affair/story/swachh-bharat-abhiyan-7-thing-you-should-definitely-know-about-the-campaign-244504-2015-03-16>
8. <https://www.yourdictionary.com/flush-toilet>
9. Swachhbharaturban.gov.in/writereaddata/mission-objective.pdf