

Studies in Development Processes



HOW THE OTHER HALF BATHE!

CONDITIONS, BEHAVIOUR AND CONSEQUENCES OF BATHING
PRACTICES OF RURAL WOMEN IN INDIA

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Studies in Development Processes

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About VikasAnvesh Foundation (VAF)

VikasAnvesh Foundation (VAF) is an initiative of the Tata Trusts established as a not-for profit company under Section 8 of Indian Companies Act. VAF aims to conduct research in two main streams. The first is in the nature of identifying and researching unattended issues of importance to the poor and the marginalised people with a view to evolving actionable programmes on them. Such programmes then could be developed and supported or implemented by civil society organisations, donors or governments.

The second stream is to explore and improve understanding about issues that are encountered in processes of implementing programmes in several domains. Such common issues pertain to the social development process rather than the domains themselves. VAF staff attempt to work in an inter-disciplinary manner.



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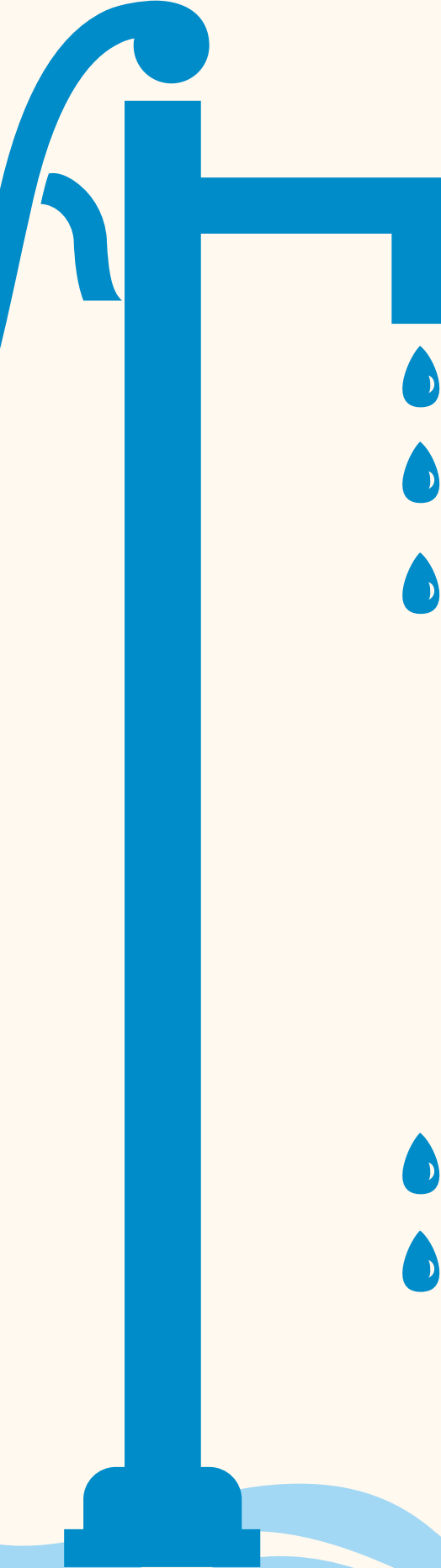
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48.6%

India's rural female population



55%

Indian rural households with no private bathing space



44

villages

selected for the study across five states consisting of Jharkhand, Bihar, Rajasthan, Odisha and Madhya Pradesh

“ I have not thought about it. I have never bathed in an enclosed space. So how can I say how a bathroom should be? ”

-A young woman from Rangamatiya village of Odisha

Executive summary

Bathing in a private space is a luxury for many in the rural parts of India. Census data reveals that 55% of rural households do not have a bathing space within the premises. The figure is an alarming 95% in underdeveloped states like Odisha. While construction of toilets has gathered steam in rural areas, given the awareness about the importance of closed defecation, the same cannot be said about secluded bathing spaces. The female population of rural India, which is 48.6%, suffers many hardships because of the lack of such facility. Given the circumstances, women bathe in groups in the open, in bathing ghats or ponds. The need for a secluded bathing space is not just about awkwardness or the right to privacy but more about the likely consequences regarding social dignity and health.

This report is the outcome of a year-long study that explored the various conditions in which rural women take bath, their attitude and perception towards the same and the consequences they face. It consists of quantitative and qualitative analysis of primary data, collected in 44 villages across 5 states, Jharkhand, Bihar, Rajasthan, Odisha and Madhya Pradesh, besides analysing secondary data.

The first part of the report discusses the problem tree, from root causes to consequences. It elaborates on the common realities that include rural women fetching water from distant sources, and having to bathe fully clothed in public. Not only do they bathe infrequently, they are unable to maintain genital hygiene on a daily basis, increasing the risk of various gynaecological infections.

This is then substantiated by secondary data in the form of reports from local non-governmental organisations (NGO) and a village level analysis of the Census 2011 data of Odisha, one of the poorest states of India in terms of income and development.

To corroborate the analysis from the secondary data, we carried out an exploratory field research. The field data were in the form of focus group discussions and interviews of 334 married, unmarried or ever married resident women of the villages, between 18 and 50 years of age. Apart from this, in-depth interviews were conducted with 30 key informants such as leaders and volunteers of NGOs and local level government officials. The next section of the report discusses the observations and analysis.

It was found that absence of bathing spaces in rural India is a highly neglected issue. Bathing in the open resulted in physical hardships, social awkwardness and ill-effects on the health of the participants. The primary reasons for not building bathrooms were lack of awareness, water availability, poverty and other competing priorities. After capturing the ground realities, reasons for lack of public debate on the issue are discussed which were mainly due to lack of awareness and demand from beneficiaries. The report concludes with recommendations for possible solutions and interventions that could help address this highly neglected issue.

Introduction

The word 'bathing' refers to the practice of washing oneself and maintaining hygiene. Secluded and private enclosures help people to wash and clean themselves thoroughly. However, it is a matter of concern that even today a majority of rural women take bath in the open. This practice which is still followed, is a tradition passed down through generations. Some experts argue that historically, when the population density was less and the villages lay scattered, bathing in the open did not pose much of a problem. However, now that the population density is more, bathing in the open causes much discomfort to women.

With the existing bathing practice being cultural, traditional and deep-rooted, it is difficult to bring about change. The evolution of building design is a testimony to this fact. While the bare minimum for a family in an urban area is a living room and a bathroom, houses constructed in villages still do not have a separate enclosure for bathing.



A major reason that deters construction of bathrooms is found to be lack of financial resources. When people are unable to meet their basic necessities, investing in a bathroom is perceived as a luxury that they cannot afford. They tend to prioritise other needs such as education and health, and forego their need for a bathroom.

The problem gets exacerbated due to unavailability of water. Most of the rural households do not have access to water within the premises. In such a situation, women are forced to collect water from public sources for their household work. Women have to walk long stretches of rough dirt tracks to fetch water to fulfil their basic household needs that include water for drinking, cooking and cleaning. Those who own livestock, bring water for them too. In order to reduce the number of arduous trips, often they take bath near the common water source. Even when there is a separate enclosure at home, women bathe in the village water body as it reduces the drudgery of carrying water home.

In some parts of the country, where water is a scarce resource and women walk long distances in groups to fetch water, they do not prioritise bathing. They take bath on alternate days or after a gap of three or four days.

In the densely populated eastern parts of India where water is abundantly available, women who do not have secured bathing spaces, take bath in nearby sources of water like *pukhars* (ponds), wells, hand pumps or streams. Given the fact that there is no enclosure and hence no privacy, they have to bathe fully clothed. Bathing in the open not only causes discomfort to women but is also a compromise on their dignity. For example, in a pond, it is difficult to clearly demarcate bathing spaces for men and women. In such situations, women often end up in socially awkward situations or become victims of eve teasing and lewd comments.

When women do not take bath regularly or when they take bath fully clothed, they are unable to maintain vulvar and perineal hygiene, thus increasing their risk of contracting various infections. Women face serious sanitation issues as they are not able to maintain proper hygiene during menstrual cycles and the resulting infections are generally neglected throughout their lives. It has been observed that these women are more prone to hygienic insecurities than men.

Using the same water for bathing as well as for washing cloths, utensils and sanitary cloth would contaminate the water, causing water-related diseases. Past literature proves that the incidence of various water-related diseases and parasitic infections can be reduced by observing high levels of personal, domestic and community hygiene.

It is ironic that society dictates dress codes and behavioural conduct for women as an alleged way of protecting their modesty, yet does not care to provide facilities and makes them bathe in public. There are guidelines for maintaining hygiene under the National Health Mission but there is no infrastructure for that. Even in the guidelines for Village Health Sanitation & Nutrition Committee, there is no mention of sanitation. It is time such pretensions were discarded and women were given the much-needed secluded space for bathing.

In this study, we have tried to explore the various conditions in which rural women take bath and the consequences which they face.



Bathing practices of rural women in India

Conditions, behaviour and consequences



1. Secondary data analysis

1.1. Reports of NGOs

Reports prepared by volunteers at Professional Assistance for Development Action (PRADAN), an NGO, after a study of villages, gave an indication of the bathing conditions in rural areas. Most of the reports depicted the inconvenient and inadequate conditions in which rural women take bath, in addition to a portrayal of the socio-economic conditions and political scenario. The report from Chamarwah village in Narayanganj administrative block of Mandla district, Madhya Pradesh, revealed that people bathed and washed clothes in a well, with water that was not fit for bathing or washing clothes.

Observations and quotes from NGO representatives:



"I didn't find the water suitable for bathing as it was contaminated by pollutants, dead insects and bird excreta. The water surface was green in colour, showing that it was not fit for any use".

PRADAN representative

Chamarwah village, Narayanganj, Mandla district, Madhya Pradesh



"People used the same pond for bathing and ablution after open defecation and the villagers said that they were accustomed to such practices".

PRADAN representative

Hatinda village, West Bengal



"Children take off their clothes, jump into the river for a bath and wear the same clothes again on their wet bodies. Many children shared a soap while some didn't use a soap at all".

PRADAN representative

Hatinda village, West Bengal



"Of the 100 women interviewed, 58% said that they lacked access to water to maintain personal hygiene like bathing, besides washing clothes and menstrual cloth thus increasing their health risks. Also it was found that 55% of them bathed outside the house premises, in public view"

SEWA Bharat's report

Katihar, Munger and Bhagalpur, Bihar



95.31%

of households in Odisha
do not have bathing facility
within premises



51313

villages witnessed high correlation
between number of households with
latrine facilities and with bathing
facilities within the premises



Rented houses

have better bathing
facilities than those
owned by the residents

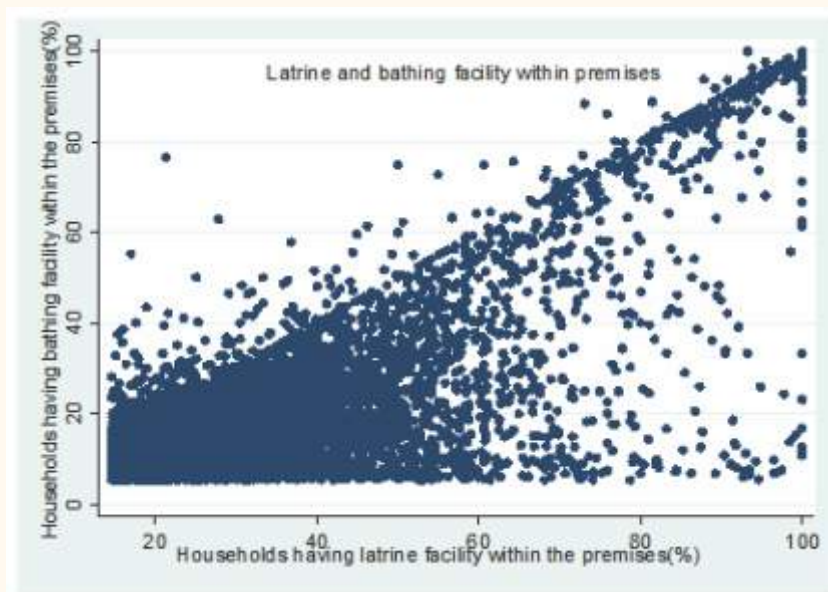
“One’s most important thing is
her or his izzat (dignity). If we
are not able to maintain that,
what is the use of anything?
Bathing in the open in front of
strangers from other villages is
not by choice”

-A woman from Jhatiapada
village of Odisha

1.2. Census data

An analysis of 2011 census data pertaining to rural Odisha to quantify secluded bathing spaces and their likely bearing on other infrastructural / social bottlenecks indicates the urgent need for secluded bathing spaces for women. It was alarming to find out that the mean of the number of households not having bathing facility within premises to the total number of households of all the villages in Odisha is a whopping 95.31%.

Descriptive analysis of the district level data of rural areas showed that the average population density of all the 30 districts of Odisha is 271.64. A positive correlation as high as 0.72 was also obtained between population density and bathing facilities within premises, meaning more houses have bathrooms when the population density is more. At the village level analysis of around 51313 villages, a high correlation of 0.6717 was obtained between the percentage of households with latrine facilities within the premises and the percentage of households with bathing facilities within the premises. This is shown in the following graph.



A two way scatter plot of the fourth quartile of the percentage of households with latrine facilities within the premises and the percentage of households with bathing facilities within the premises.

Multiple linear regression analysis was used to find how the distance between the house and the water source played a role in having a bathroom at home. When the water source is farther from the house, the latter does not have bathing facilities within the premises. Since very few villages have piped water supply, the women prefer carrying only the quantity of water required for their prioritised chores like cooking, washing utensils, etc.

The analysis also revealed that there is a high probability of households with better infrastructural conditions (good living conditions as defined in the census data) have a bathing space within the house. Likewise, more number of rented houses have bathing facility within the premises, than those owned by the residents. This result might be justified by the assumption that when people live in a rented house, the landlord provides the facilities, as the same might command a better rent. When it is their own house, they expect the government to provide the facilities, going by the views of some men belonging to SC households of Rayagada in Odisha.

Sequential multiple regression analysis was employed to see the connection between bathing facility at home and various indicators such as houses with latrine, households availing banking facilities and the like. Pre-established facts such as the ratio of under-six children's population to the total population - an indicator of underdevelopment- is inversely related to the availability of bathing spaces, were validated. Contrary to general belief, the higher the working population of women in a village, the lower was the number of houses having bathing facility within the premises.












2. Primary data analysis

To substantiate the findings from review of available literature and analysis of secondary data from census, with qualitative and quantitative data, we visited villages in five states. We carried out field study in eight districts, namely, Bokaro in Jharkhand, Gaya in Bihar, Mayurbhanj and Rayagada in Odisha, Udaipur, Rajsamand and Bhilwara in Rajasthan, and Khandwa in Madhya Pradesh.

In the study conducted in Bokaro and Gaya districts, the focus was to find an association between absence of bathing spaces and gynaecological problems. We went on an exploratory visit to Khed village in Pune district of Maharashtra to observe bathing conditions in the undulating (rolling plains) and water-scarce regions of Maharashtra.

The study in Odisha was conducted to learn about the inconveniences and social challenges that women face due to absence of bathing spaces. Female students of Indian Institute of Management (IIM), Udaipur conducted the field visits in Rajasthan. The aim was to find out if women in the arid areas of Udaipur faced any inconveniences due to non-availability of water and bathrooms and if they were willing to pay for a bathroom.

The field data were in the form of focus group discussions and interviews of 334 local married, unmarried or ever married resident women of the villages, between 18 and 50 years of age. We also had in-depth interviews with 30 key informants such as leaders and volunteers of local NGOs, *Sarpanch*, panchayat ward members, besides ASHA (Accredited Social Health Activist) and ANM (auxiliary nurse midwife) workers.

						
	No. of villages	Sample size	Dominant community	Water availability	Surface	Main source of water(for all purposes)
Jharkhand 	5	29	Tribal	Abundant	Plain	Surface water (Ponds and streams)
Bihar 	12	55	Dalit	Abundant	Plain	Hand pumps
Rajasthan 	11	177	Other backward castes	Scarce	Undulating	Wells, Hand pumps
Odisha 	6	30	Dalit and Tribal	Abundant	Plain	Hand pumps, Surface water
Madhya Pradesh 	8	43	Tribal	Scarce	Undulating	Hand pumps, Wells

Above table shows the details pertaining to all the field locations.

Scope of the study

No. of states	No. of women interviewed	Age Group	Status	Techniques of data collection
5	334	18 to 50	Married, unmarried, ever married resident women	One-on-one interviews, Focus group discussion

Rajasthan- Udaipur, Rajsamand and Bhilwara

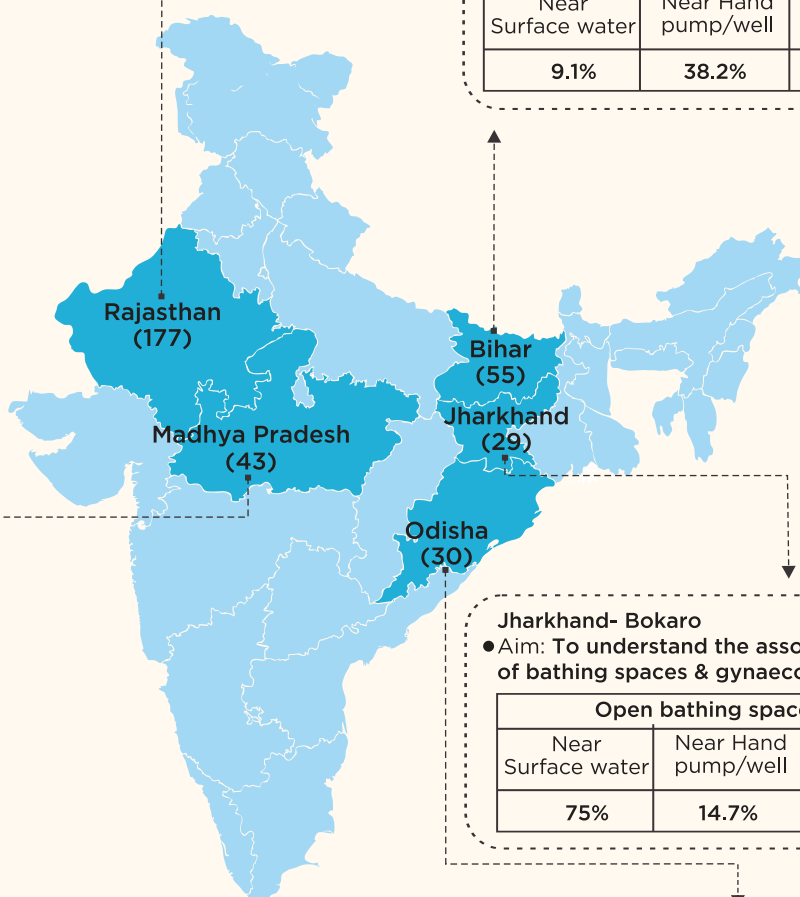
- Aim of the study: To understand the bathing practices of women residing in the arid regions with non-availability of water and their willingness to pay for a bathroom.

Open bathing space			Closed bathing space	Make-shift arrangements
Near Surface water	Near Hand pump/well	Both		
7.2%	45.6%	–	47.2%	–

Bihar- Gaya

- Aim of the study: To understand the association between absence of bathing spaces & gynaecological problems

Open bathing space			Closed bathing space	Make-shift arrangements
Near Surface water	Near Hand pump/well	Both		
9.1%	38.2%	–	52.7%	–



Jharkhand- Bokaro

- Aim: To understand the association between absence of bathing spaces & gynaecological problems

Open bathing space			Closed bathing space	Make-shift arrangements
Near Surface water	Near Hand pump/well	Both		
75%	14.7%	–	–	10.3%

Madhya Pradesh – Khandwa

- Aim of the study: To explore whether there is any difference in the health status of women who bathe in an enclosed space vis-a-vis an open space

Open bathing space			Closed bathing space	Make-shift arrangements
Near Surface water	Near Hand pump/well	Both		
–	44.17%	–	39.53%	16.3%

Odisha- Mayurbhanj and Rayagada

- Aim of the study: To understand the social challenges that women face due to absence of bathing spaces

Open bathing space			Closed bathing space	Make-shift arrangements
Near Surface water	Near Hand pump/well	Both		
50%	36.6%	13.4%	–	–

Types of bathing spaces as reported in each field location (in %)

“A closed space could help us bathe comfortably and change clothes without the prying eyes of strangers”

- A middle-aged woman from Sandalpur village of Madhya Pradesh



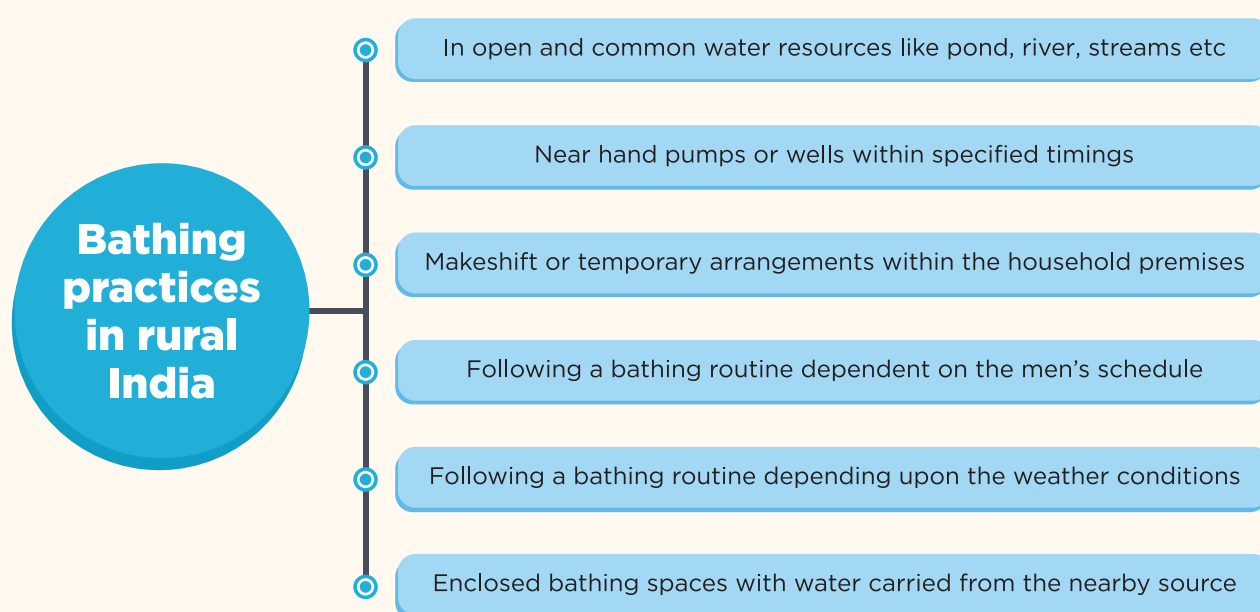
2.1. Bathing practices

As drawn from the secondary data, most of the women who were interviewed did not have access to secluded bathing spaces, or to water sources in the immediate vicinity. In the villages of Bokaro district, out of the 29 women interviewed on a one-on-one basis, only three took bath in an enclosure with a thatched roof and walls. In the study villages of Rajasthan, around 71% of the participating women did not have secluded bathing spaces. A few women had made makeshift bathing spaces near their respective houses. In the villages of Gaya district of Bihar, makeshift arrangements were a common sight. Half the women who were interviewed had either these temporary arrangements or took bath inside the house when the men were not present. Such arrangements included a sari or a plastic sheet serving as a screen in a part of the house. The rest of the women in rural Gaya took bath near the hand pump or in the open at the nearby river, or pond or stream.

Like in other states, some women of rural Odisha also took bath in makeshift arrangements depending on the distance of water source from their house. However, the arrangements were not permanent as they could be easily removed and often were. When they bathed in common water sources, it was evident that they were not able to clean themselves properly. A middle-aged woman from a village in Mayurbhanj district said, “I can apply soap only on my face and hands. I can’t clean myself properly since I have to finish the task very soon.”

The quality of the water in stagnant sources like ponds was debatable; the ponds in some villages of Jharkhand had moss and leeches. Even animals were seen drinking and wallowing in the same pond. In Bihar, most of the upper class families had secluded bathrooms, but the women were not willing to be interviewed. The play of caste and class was more apparent here than in any other place. In similar observations, in the villages of Jharkhand, women from a different social stratum bathed in a different pond. However, regardless of caste and class, they all followed a routine which was dependent on their men’s schedule; they went in groups after the men left for work.

Similarly in Rajasthan, bathing schedules of 85% (151) women were dependent on the work timings of men. There was no demarcation or separate bathing spaces for men and women as was reported by around 70% of the women respondents. An unwritten rule in many villages under study was that no men were allowed near the open source of water during a particular time of the day, when women took bath. Their bathing behaviour also changes with season as during winters it is difficult to bathe early in the morning and so is the difficulty in bathing more than once during hot summers.





“Bathing in open does not affect us as there are other priorities in life than thinking about bathing”

*- 27 year old woman from
Kusa village of Bihar*

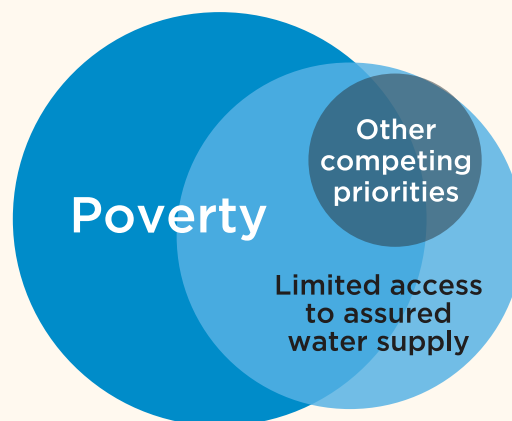
2.2. Reasons for not having a bathroom

For those in the lower socio economic strata of the society, bathing in the open is a regular part of life and did not bother them much. Many women in Bihar said that bathing in the open did not affect them as they “had other priorities in life rather than thinking about bathing.” The women lacked necessities like proper shelter, food, and water. Therefore, for them a bathroom was a luxury. Often during harvest season, women did not take bath at all.

Even though some women did feel uncomfortable to bathe in the open, they never spoke about it as they knew they did not have enough resources to tackle the problem. Some women who wanted to prioritise bathing said they could not, due to financial constraints. Competing priorities like food, education, and health were few of the reasons that can be attributed for not having secluded bathing spaces.

Farming and cooking had a higher priority than bathing. With regard to usage of water for various activities, bathing was naturally last in the list, after allocating water for drinking, cooking, and washing. Apart from these, lack of water was another important reason for not building a bathroom. One of the women from Bhilwara district said, “Since we do not get adequate water, there is no point in building bathrooms”. The issue of access to water was observed in other locations as well. “Why build a bathroom when we have to carry that much water covering long distances? I would rather bathe in the pond and carry only the required amount home,” said a middle-aged woman of Rajgurunagar during an exploratory visit in Maharashtra.

Reasons for not having bathrooms as reported by rural women belonging to Rayagada and Mayurbhanj districts of Odisha



“Early morning we go to the forest to pick leaves and firewood; when we return, we are hungry... we pour one bucket of water over ourselves and rush to cook and eat... During such hurry who will think of carrying water home and bathe? It's convenient here...”

- A 40 year old woman from Kumbharshila village of Odisha



“Why build a bathroom when we have to carry that much water covering long distances? I would rather bathe in the pond and carry only the required amount home.”

- A middle-aged woman from Rajgurunagar of Maharashtra

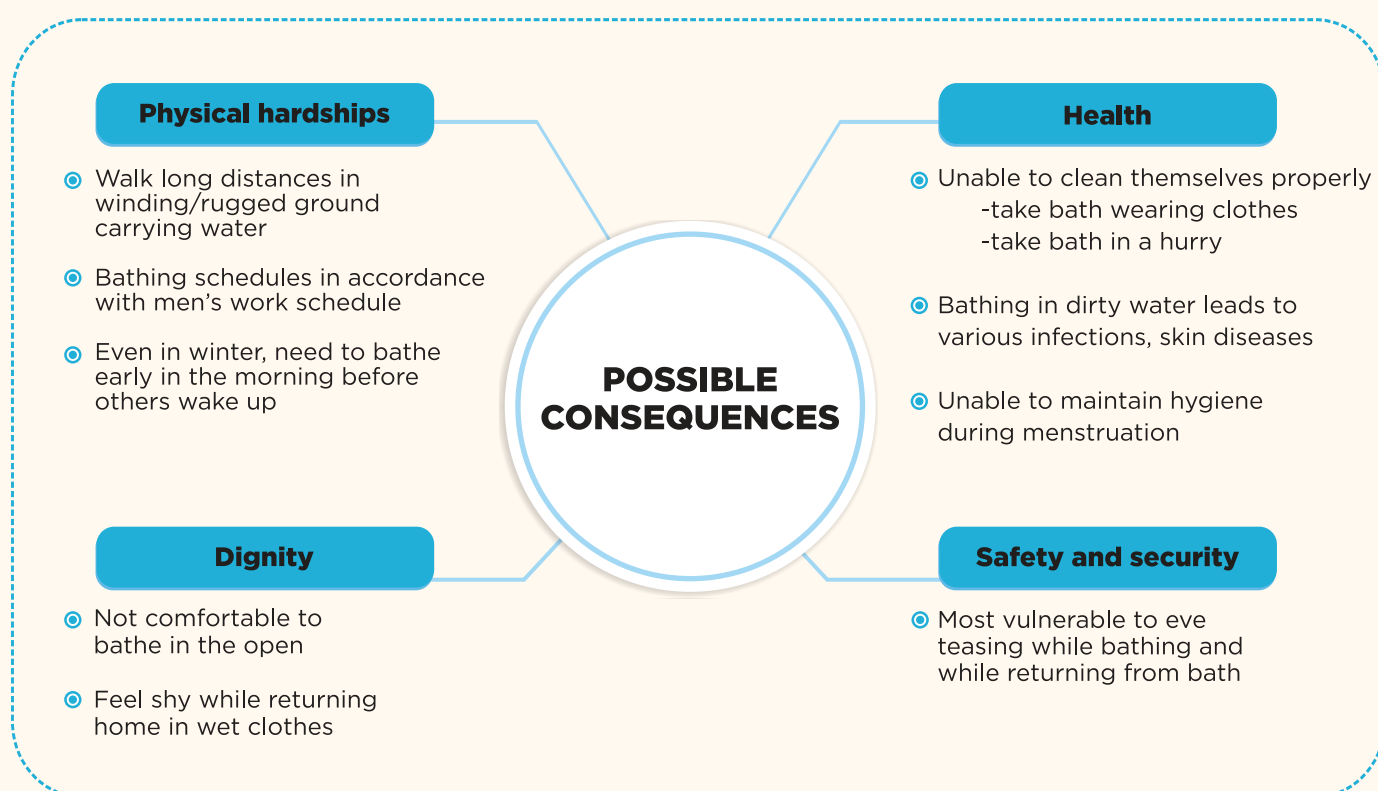
2.3. Inconveniences faced

Women undergo a lot of hardships due to the absence of secluded bathing spaces. This fact has been substantiated by the qualitative findings of our field surveys. The women face physical as well as psychological difficulties, ranging from unwanted glances by men and slippery approaches and banks, to presence of leeches. In one of the focus group discussions, a participant stated, “Early morning we go to the forest to pick leaves and firewood; when we return, we are hungry... we pour one bucket of water over ourselves and rush to cook and eat... During such hurry who will think of carrying water home and bathe? It’s convenient here.”

Due to bathing in the open, women make a lot of compromises which consequently result in ill-health. Women felt a loss of dignity when they had no choice but to bathe in the open. When asked about the nature of problems they faced due to absence of bathing spaces, women from Gaya said they were not able to clean their private parts properly, and having to walk back home in wet clothes. They knew that the water quality was not safe for bathing but they did not have any choice.

Being the arid state that Rajasthan is, it was not surprising when 45 % of the women interviewed said that they had to walk up to 1 km daily to fetch water for various purposes. This was one major reason why they preferred bathing at the water source. Similarly in Odisha, women who took bath near the hand pumps had to traverse long distances for fetching water during summers as the hand pumps would easily dry up. The long distances that they had to walk and the prying eyes which they had to ignore made bathing more of an awkward task and less of a daily routine. Some expressed their annoyance as their wet clothes would be transparent and would cling to the body.

Not surprisingly 77% from Rajasthan and 63% from Odisha complained that they were uncomfortable taking bath in the open. Young women complained of eve teasing though it could not be ascertained whether it happened during bathing or on their way back home. Young girls remain vulnerable and do not speak up due to fear and shame.

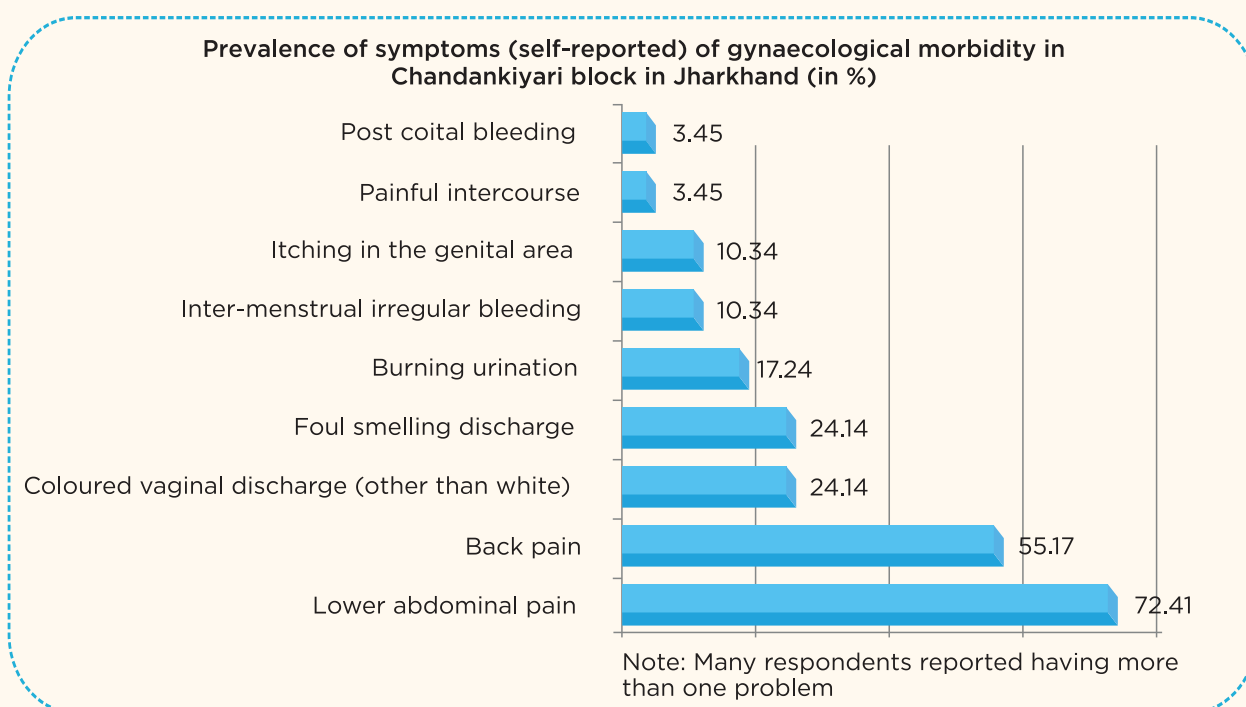


2.4. Bathing behaviour and women's health

An individual's hygiene, and hence health, is largely dependent on the availability of adequate drinking water and proper sanitation. There is therefore, a direct relationship between sanitation and ill-health. Women make a lot of compromises when they bathe in the open, consequently resulting in health problems.

When women bathe in the open, they find themselves severely constrained to bathe properly as most of them bathe fully clothed. Under such circumstances, they are unable to clean themselves properly. They compromise on their hygiene, which might lead to various bacterial and fungal infections. "We place the soiled napkin between our toes, and when we dip into the water to take bath, we release it and then it sinks to the bottom," said a 13-year-old girl of Chandankiyari in Jharkhand.

When people are poor and are not able to fulfil their basic needs, maintaining hygiene becomes a secondary issue. It was educative to find that some women in Jharkhand and Bihar were aware of the consequences of not bathing daily and not maintaining personal hygiene.



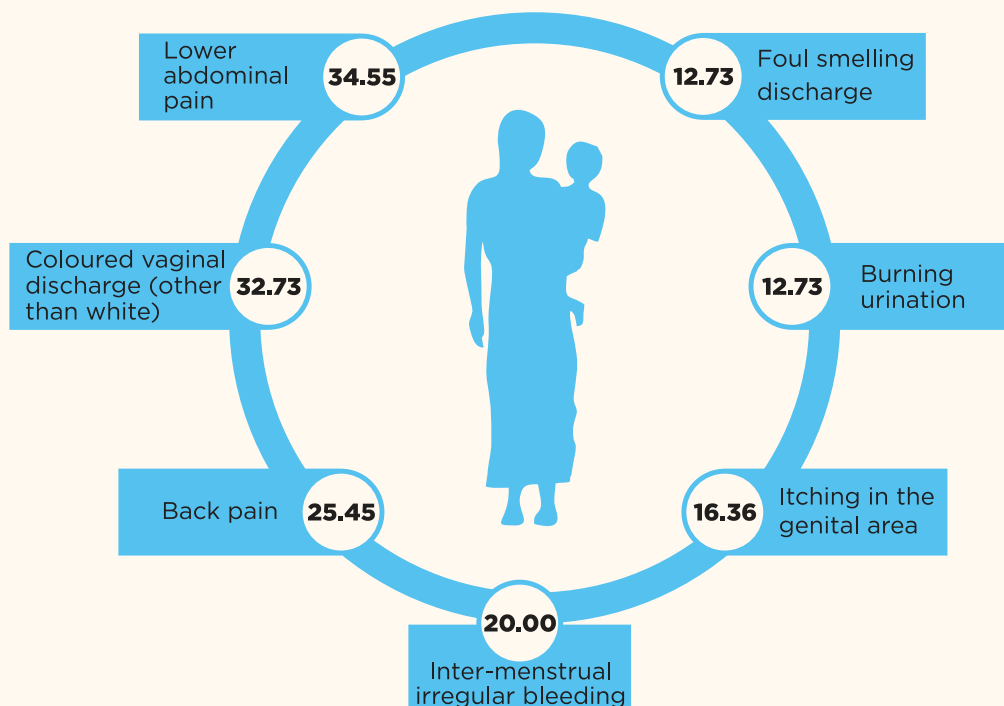
Most of the women who took bath in dirty pond water complained of itching, boils, scabies and rashes. Of the women interviewed during this study, 70% in Odisha, around 75% in Jharkhand and 63% in Bihar admitted that they cleaned the menstrual cloth or dumped the sanitary napkin in the same place where they took bath. They were so accustomed to the practice that they did not find anything wrong with it. "If you clear the pond, you will find heaps of sanitary napkins," said the mother of a 15-year-old girl from Bokaro, the latter in the habit of using napkins.

Very few women said that they dried the menstrual cloth in the sun; this could be considered a major reason for infections, as sun's rays act as a bactericide. Most of them dried their menstrual cloths under their other clothes so that people would not notice them. Some women who did feel uneasy had no option but to bathe in the same river. They admitted that they were used to bathing with other menstruating women. They revealed that they would be able to maintain their hygiene if they had a separate enclosure.

In Khandwa, one of the participants said, "I have never had any of these symptoms; I have been alright. I neither ask anyone about such symptoms nor tell mine to anyone, not that I have any." This was such a sensitive topic that many women chose not to respond, due to the social taboo associated with it. For others belonging to this district, above symptoms had become a part of their everyday life.

Some of the women were aware of the symptoms and their effects on health and also of the necessity to get treated because of future complications that may arise. Owing to rampant poverty and the absence of health services catering to the residents in the region, the women could not get themselves treated.

Prevalence of symptoms (self-reported) of gynaecological morbidity in Gaya district in Bihar (in %)



Note: Many respondents reported having more than one problem

“We place the soiled napkin between our toes, and when we dip into the water to take bath, we release it and then it sinks to the bottom.”

- A 13-year-old girl of Chandankiyari in Jharkhand

We tried to explore the prevalence of gynaecological problems in the villages of Bihar and Jharkhand. As depicted above, out of all the self-reported problems, lower abdominal pain and back pain were more prevalent in Jharkhand. Similarly, out of all the self-reported problems, more women in rural Bihar reported of lower abdominal pain and coloured vaginal discharge along with back pain.

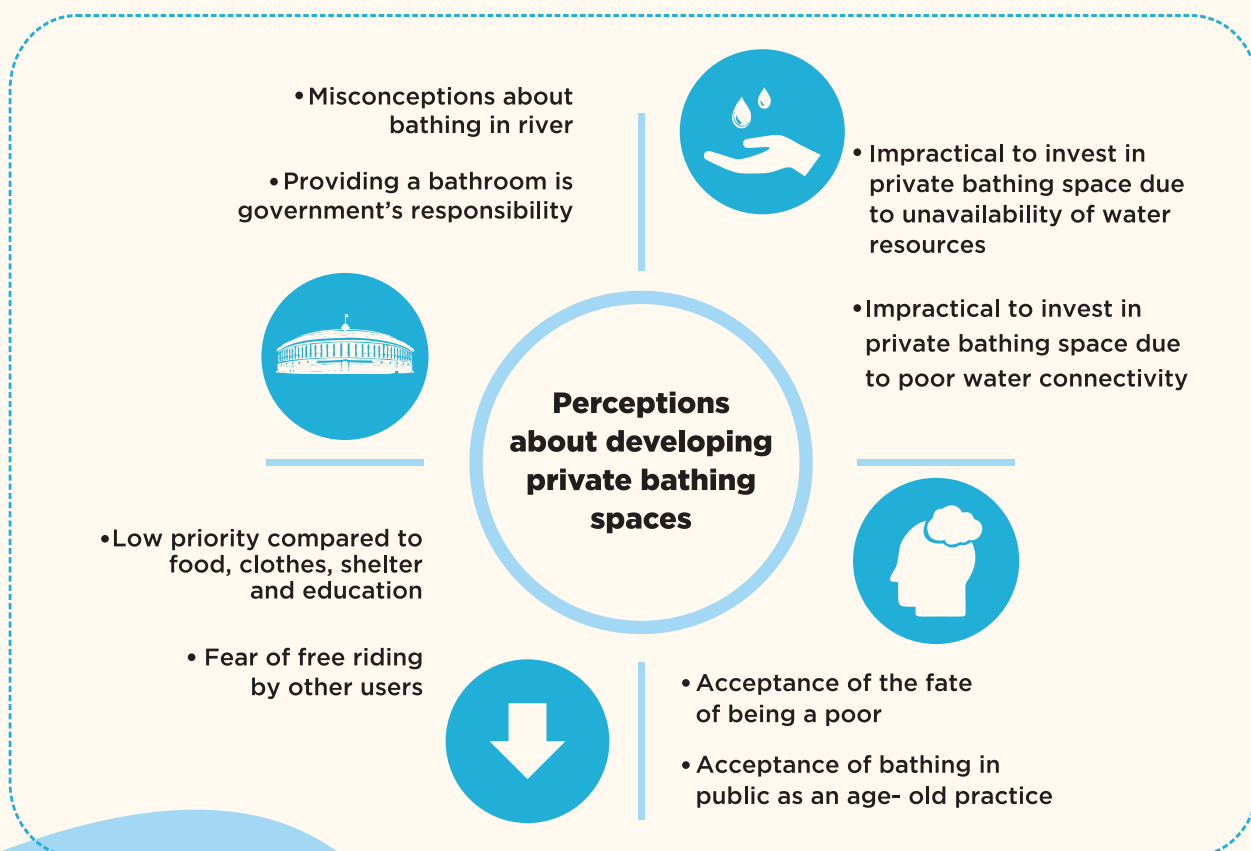
The findings of these two locations are similar to the other reports and surveys conducted over the past years on this particular issue where a large number of women have vaginal discharge and lower abdominal pain as the most common symptoms. It might be possible that non-availability of bathroom facilities hinders menstrual as well as overall hygiene, leading to various infections among rural women.

2.5. Community's perceptions

Most of the respondents admitted that they had never talked about this issue. Largely, women cursed their fate for being poor while some accepted it as an age-old practice. They said that they were accustomed to it and did not have any problem. Even after acknowledging the discomforts their women faced, building a bathroom was the lowest in the priority list of families and local bodies. The community's perception in the villages of Rajasthan was that there were other needs on which they ought to focus on instead of bathing spaces. Some women who felt the need for a bathroom did not build one due to the fear of free-riders. Some villagers have had prior experience of people coming to their houses to use the toilets and leaving them dirty. They were wary of others enjoying the benefits of their investment. They felt that the same might happen with bathrooms, eventually turning it into a community bathroom.

In villages of Khandwa, around 40% of the sample houses had private bathing spaces. Most of the women were unaware of the symptoms and the risk factors associated with bathing in the public. Many had the perception that bathing in a river is a good practice due to availability of plenty of free flowing water. Some women in Bihar and Jharkhand were willing to access closed bathrooms only if it was provided by the government. Success of schemes such as *Indira Awaas Yojana* and *Swachh Bharat Abhiyan* (SBA) had made them believe that the government would provide them with bathrooms as well. In Rayagada and Mayurbhanj districts, lack of water was a major concern for the community. One of the participants said, "Even if a bathroom or a latrine is built, what is the use if we don't have water? We don't have water to drink, how can we think of bathing?" Women in Gaya cited the same problem, saying that bathing cannot be a priority when sufficient water is not available.

Many women justified the need for a secluded bathing space by stating the inconveniences faced by them. Had there been a bathroom, they would not have considered taking bath as a difficult task, they said. According to them, bathrooms would have made their lives much easier. One of the respondents who is studying in a town and living in a hostel admitted that now it is difficult for her to bathe in an open pond after being accustomed to a bathroom. Further, she stated that her father was building a bathroom in their house so that she did not have to bathe in public any more.



2.6. The idea of a bathroom and the willingness to pay for it

In Odisha, women could not visualise a bathroom. One respondent said, “I have never thought about it. I have not used a bathroom. So how can I say how a bathroom should be?” While many women stated that having water in the bathroom was the most important aspect and later added that a *pukka* structure with walls and a roof would give them privacy.

Their idea of a bathroom included a tap, buckets, soaps and stands/shelves. Some who have tried convincing their husbands about the need for a bathroom said that the community should be united to raise such an issue. Hardly anyone bothered about how they bathed, they added. The relatively educated (completed high school) women said that there were meetings about SBA that focused on toilets but no one spoke about bathing spaces. They were of the view that they needed a bathing space - private or community-based - but mere structures would not bring any relief. “We need a bathing space that has piped water supply and proper drainage,” they said.

We received a mixed response when we asked the women in rural areas of Udaipur, Rajsamand and Bhilwara districts if they were ready to pay on a daily or monthly basis for an in-built bathroom. Citing poverty and competing priorities, 23.7% of them said they would not pay for it. There was also a lack of awareness on the significance of a closed bathing space, behind the refusal to pay. Among them, some women believed that the government or an organisation should build a bathroom for them.



Why is it not a public issue yet?

1. Age-old practice

In the study villages, most of the women have accepted bathing in the open as a common practice. As bathing in the open has been accepted as a norm, the NGOs that have worked in these villages for the last two decades were also surprised when we started enquiring about the same. According to them, this had never been a part of the problems discussed with the rural community. Even a lady *sarpanch* in one of the villages of Udaipur said she had never thought of discussing this issue before. Many believed that they were poor and had no or limited access to facilities because of their fate or *karma*. Given such a perception, they did not even talk about it in the regular village level *mahila* mandal meetings.

2. Lack of awareness about consequences

For a woman who has never perceived the idea of a closed bathroom, it is not easy to understand the consequences of bathing in the open. Bathing in the dirty water of the lake / pond or a quick splash of water to avoid encountering men makes it very difficult to maintain cleanliness. Many women in villages are not aware of the very fact that not maintaining hygiene can cause vaginal infections. When we explained this during focus group discussions, we got mixed responses and many considered it to be trivial. According to the elderly women in Chamrabad village of Jharkhand, they were quite robust and hence did not pay much attention to the aspects that we discussed. Some women on the other hand were curious to know more as they started associating their problems with the symptoms of gynecological problems that we described. Thus, ignorance about ill-health due to compromising on hygiene is another reason why the need for bathing facilities is not much discussed.



3. Competing priorities

Many social workers who have been working with rural communities for long were of the view that there were many other issues of rural importance which are inevitable. According to them, an NGO works for the rural people and their priorities. For a household with children suffering from malnutrition, with the head of the family as a casual labourer with no fixed income, where there is little access to water, the absence of an enclosed bathroom is not a grave problem. The rural women said they already had too much on their plate and complaining about lack of bathrooms was of least importance.

4. It is a taboo to discuss

There were also cases where women felt insecure about bathing in the open but did not voice their concerns. One of the women said, "As a woman, I feel embarrassed to talk about it". For some women, it was the fear of speaking against the man of the household that prevented them from expressing themselves. During the interviews, one of the women mentioned that she had told her husband about the dirty pond and how she had itching problems in her genitals. But the articulation with her husband and the tone in which she spoke to the *sarpanch* had a substantial difference. One of the men in a village in Udaipur who had overheard the question said, "My wife never told me that she had difficulty. Bathing is not an issue faced by women in this village. This is how it is done here".

It is important to note that some women had voiced their concerns to their husbands / mothers as they found bathing in the open uncomfortable and also realised the ill effects on health. However, due to financial constraints, nothing could be done. In some cases, where the topic was discussed at the panchayat, the response that the women received was "it is a trivial issue when education, housing, and health are more important".



Recommendations

It is paradoxical how the bathing conditions of rural women are taken so casually in India. When people are poor and are not able to meet their basic necessities, maintaining hygiene becomes a secondary issue. The study results underline the fact that women pay a price and compromise their dignity, if not health, due to the absence of secluded bathing spaces. They are not able to demand this necessary facility because of lack of empowerment and their marginal role in decision making in the rural household. Interventions need to be designed and implemented keeping in mind their well-being and convenience.

Given that availability of water plays a major role in making decisions related to its use, it is of paramount importance that provision of water should be given the utmost priority. It is important that schemes such as National Rural Drinking Water Programme (NRDWP) that focus on provision of water be extended to providing water for other purposes also.

Based on our field observations, we have summarised a few recommendations to construct secluded bathing spaces.

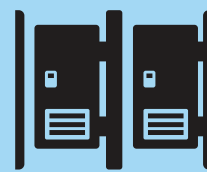
Pay and use model



1. Constructing a community bathroom with 'pay and use' concept

A replication of Sulabh Sauchalaya where one can use the bathroom by paying either on a daily or monthly basis as per their convenience.

Community bathrooms

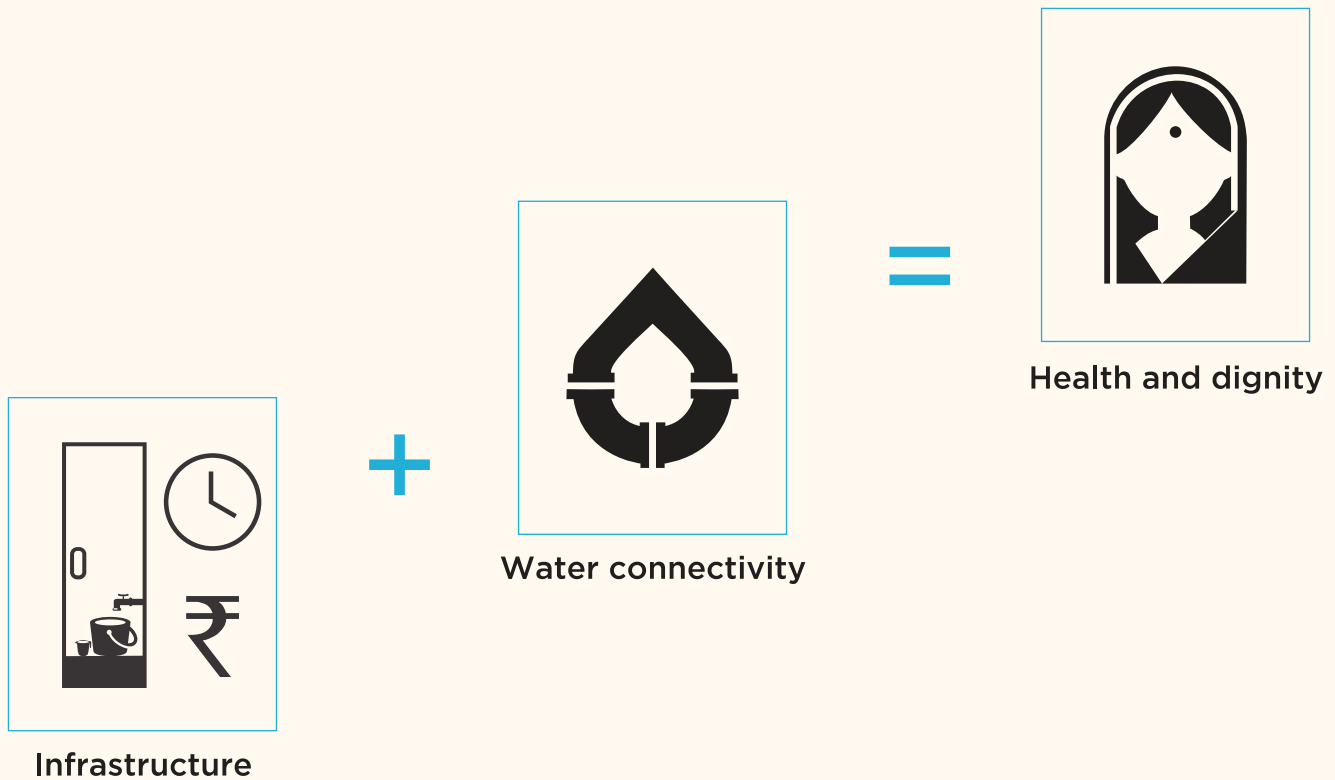


2. Creating an enclosure near the water source

Structures having a bare minimum of four walls with a door and one roof can be constructed near the common water source of the village. Construction of such structures will not only provide privacy and security to the women but also relieve them from the arduous task of carrying water to their houses.

The above two recommendations must be carried out with simultaneous efforts from the state or donor organisation and the community. Any intervention in a village should be commenced, only if the village agrees to fully contribute to the construction of community bathrooms.

To elaborate, the organisation should make water storage and supply arrangements with the necessary condition that the residents of the village will contribute to the construction of the community bathrooms. While laying such conditions may not always result in construction of bathing spaces, it will at least initiate a serious dialogue about the need for such a facility and the community's responsibility towards its womenfolk.



Policy recommendations however will be effective when they are supplemented with behavioural change of the community. Efforts need to be made to change the perception of women taking bath in the open and make them realise the importance of bathing in a secluded space.

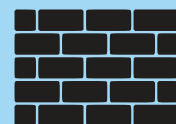
Better water supply and connectivity



3. Access to water

A secured pipeline to a water tank can be constructed from the nearest water source where a motor can lift the water. The water tank can be connected to many households through strong pipelines and a main switch could regulate the water supply. This has been well demonstrated by Gram Vikas in the villages of Odisha and Seva Mandir in the villages of Rajasthan.

A bathroom adjacent to the toilet



4. Building a small room adjacent to the toilet built under SBA

Since SBA is in full swing, constructing three more walls should not be much of a problem and could provide a space where women can have the freedom to bathe comfortably. Aga Khan Rural Support Programme India (AKRSP) and Gram Vikas have motivated the community to construct similar structures in rural areas of Madhya Pradesh and Odisha respectively.

A bathroom built adjacent to the toilet(by SBA)
in one of the villages of Khandwa



A bathing space near a water tank in Rajasmand



A pipeline connected to an underground well helps in supplying water to tank situated at an elevated level in Udaipur



Studies in Development Processes

The documents brought out in this series are based on intensive and field- based research work carried out by VAF staff and associates in the respective fields. Formal research papers would have been written on these researches and published or presented elsewhere. These documents are meant to primarily disseminate the findings with a view for creating interest and awareness about the issue on which they focus and act as a basis of discussions and eventually lead to action. The focus is on the subject matter rather than on scholastic exactitude. These documents can be used freely for academic purpose or for the purpose of advocating action inherent to the issue. VAF will appreciate being acknowledged when they are so used.

DIGNITY

HEALTH

SAFETY

HARDSHIPS

SOCIAL AWKWARDNESS