

WOMEN'S EMPOWERMENT UNDER SULABH MOVEMENT

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ABSTRACT

The “Millennium Development Goal (MDG)” for the year 2022 was to decrease in half the number of people who lacked access to basic sanitation, from 2.6 billion at the beginning of the 21st century to 1.1 billion by the end of the same year. This would bring the total number of people without access to basic sanitation down from 2.6 billion. Because of this, the total number of individuals who lacked access would increase to 2.6 billion. As a direct response to the “Millennium Development Goals (MDG)”, Sulabh has made it his personal goal to include every member of the community as an active participant in the movement to reduce the prevalence of poverty and enhance the quality of sanitation. The mission of the organisation was to "achieve a healthy and hygienic India, free of the practise of defecating in the open and the feculent pollution of the environment," as stated in their mission statement. It is not the norm for people to live in communities where they will not give you funny glances if you pick up human faeces by hand, which is sometimes referred to as scavenging. This is because scavenging is becoming increasingly common. In order for Sulabh to fulfil its objective and live up to its vision, the organisation has been devoting a significant amount of effort towards educating and inspiring the general public, raising awareness among policymakers and public employees, and lending support to the efforts of the government and public projects. The women sanitation and empowerment is among the key issues of India and thus, Sulabh has particularly focue on those issues.

KEY WORDS: Sanitation, Women, Cleanliness, Health, Human Development

INTRODUCTION

“Sanitation to my mind is a women's issue and it is fundamentally of women's issue. This is concerned with the safety of women, their dignity and self-respect”, “If there is one step for women empowerment, it is sanitation and toilet construction. We are working on it in different states”.

- Rural Development Minister Jairam Ramesh (January 2014)

“Much defecation in India still occurs in open spaces. But pioneering work by Sulabh International, a non-governmental organization (NGO), has shown that human waste can be disposed of affordably and in a socially acceptable way. Sulabh’s approach is based on partnerships with local governments, backed by community participation, and has substantially improved environmental quality in rural and urban slums inhabited by poor people.”

- Human Development Report 2003

“The importance of improving water supply and waste disposal, specially for the poor and the less privileged, has been repeatedly recognized by the assembled governments of the world in recent years; first at the Habitat Conference in Vancouver in 1976, then at the U N Water Conference of Primary HealthCare in Alma Ata in 1978. The 1980s have now been declared as the ‘International Drinking Water and Sanitation Decade’ by a resolution of the UN General assembly. The purpose of the decade is to encourage efforts to provide all people with adequate water supply and sanitation in so far as it is possible.”

- UN General assembly

“Women-friendly public toilets can help to achieve the objectives under SBM 2 and ensure access to safe drinking water, sanitation and hygiene for all. The women-friendly public toilets should be built to keep the safety and privacy of the women. Other aspects like accessibility, menstrual hygiene management, good maintenance with an uninterrupted water supply and female caretakers can make public toilets women-friendly,” -Naina Lal Kidwai, (chair, India Sanitation Coalition)

This observation was made in an article that was released by the “World Bank” in the year 1980. The research highlighted the growing urgency of difficulties connected to health and

sanitation as well as the crucial role that international agencies play in addressing these concerns. In addition, the report highlighted the critical role that international agencies play in addressing these challenges. According to the findings of the research, two of the most significant obstacles to expanding sanitation services are the high expense of utilising traditional techniques to dispose of human waste and the enormous number of individuals who do not have access to these facilities. Both of these factors contribute to the difficulty of extending sanitation services. The number of people who do not have access to clean water in developing countries is roughly equal to the number of people who do not have access to sanitation facilities in these countries. If the projected increase in population from now to the year 1990 is taken into account, then more than two billion people will require access to facilities that purify water and provide sanitation. According to a preliminary estimate that is based on the current cost per person, it is feasible that the traditional water supply and sewage system might end up costing as much as \$500 billion. This figure was derived from the current cost. The recipients were not in a position to make financial contributions that even came close to covering the costs of investing in sewerage, which ranged from \$150 to \$250 per person. The high expense of sewage treatment systems has been a barrier to their widespread implementation, particularly in nations that are still developing or are considered to be poor.

SANITATION IN INDIA

The findings of a survey that was carried out in India in 1998 and was given the name the "National Sample Survey" of houses without latrines found that terrible levels of sanitation were present. Only 25.5% of families living in urban areas had access to a toilet, whilst 82.5% of families living in rural regions did not have access to a toilet. When comparing the values discovered in one state to those discovered in the following state (Exhibit 2), there was a large amount of variation. According to the "Human Development Report" from 2001, out of India's 1.3 billion residents, or around 120 million families, 700 million did not have access to a "adequate sanitation system⁴" in the year 2001. (Exhibit 6) Research conducted by the Government of India (GOI) in 1996b found that just 1% of homes in rural areas and 22.5% of homes in urban areas had toilets that were linked to the public sewer system. This was a shameful state of affairs for a nation whose 5,000-year-old Indus Valley Civilization paved the way for the contemporary design of cities and the management of trash, and it was happening in

India. India's economy is light-years behind that of Russia and Brazil, which means that the country's people do not have access to the same level of sanitary services. This is the case in spite of the positive progress that the Indian economy has experienced over the course of the last twenty years. Even when compared to its neighbour Sri Lanka, which is not nearly as well known as India, and a group of nations with low or low and medium incomes, India did poorly in terms of sanitation. Sri Lanka is a country that is located in the Indian Ocean and is a neighbour to India. As a consequence of the fact that India was home to the overwhelming majority of South Asians, the country's cleanliness rates were very comparable to those observed around the region. Nevertheless, India exerts a significant amount of effect on the general performance of the nations that are located in South Asia. (Exhibit 7)

One of the problems that afflicted the sanitary system was a shortage of water that was readily available. It was essential for homes to have access to a sufficient quantity of water in order to guarantee that their sanitation systems would continue to function properly. This was the only way this could be accomplished. Acute water shortages in Indian cities and towns, much alone rural areas, have led some people to question whether or not those who use pour-flush latrines or have access to a sewer or septic tank system are in fact making use of a safe and effective method of sanitation. This is especially true in rural areas of the country. This is particularly relevant for people who reside in more remote locations. In spite of claims that 88% of people in India have access to water, a closer examination of the definition of accessibility and quality of water supply in Indian cities⁵ reveals that only a tiny portion of the population has access to a sanitation and water system that is functioning (Exhibit 6). This is despite the fact that it has been asserted that 88% of people in India have access to water. This is despite the fact that it is estimated that 88 percent of people in India have access to some form of potable water.

THE REALITY ABOUT CITY SEWAGE TREATMENT PLANTS

Sanitation in the cities was undeniably better than what was available in the surrounding rural areas, but it was by no means perfect by any stretch of the imagination. Many people in urban areas were forced to continue defecating in the open since they were unable to utilise the public restrooms that were available to them. It was discovered that just two of India's seven main cities had sewage networks that are highly linked to one another and drainage systems that

are completely underground. India is home to seven of the cities that rank in the top ten most populated in the world. The other five didn't have very strong coverage from the sewage network, which was a problem. There was a huge problem caused by the fact that three of the seven communities did not have a sewage treatment facility that was functioning at full capacity. This was a problem since it caused the problem. The wastewater coming from the other four municipalities was only treated to a level that was between 48% and 59% of the volume it was originally. If untreated sewage is permitted to damage aquatic bodies such as lakes and rivers, those who live downstream are put in a position where they face severe risks to their health and safety (Exhibit 8). The government had provided funding for efforts to clean up just a few major rivers, such as the Ganga (under the Ganga Action Plan), and the Yamuna; but, these efforts had produced very few positive effects. Large quantities of untreated raw sewage that had been dumped into rivers across India, notably the Sabarmati and the Gomti in the cities of Ahmedabad and Lucknow, respectively, have caused environmental damage. Cholera broke out in London in the 1850s as a direct result of the city's tendency of dumping its trash into the Thames River. This practise contributed directly to the outbreak of the disease. When one takes into consideration how terrible the sewage problem is in India's main cities, one can only image how dire the situation is in the hundreds of medium and small towns that are spread out over the nation.

THE FUTURE CHALLENGES

There were over 1.1 billion people in the world who did not have access to clean drinking water, and approximately one-third of the world's population did not have access to modern sewage facilities. There were also over 1.1 billion people in the world that did not have access to modern sewage facilities. Additionally, there was a shortage of access to clean water, in addition to poor sanitation, which led to the premature deaths of 600,000 small infants. Sanitation was also inadequate. They could have avoided contracting the illness by roughly 77 percent if they had been able to make use of clean water and sanitary facilities. A gradual imbalance in the environment and a rapid deterioration in the health of the community have resulted from a combination of factors, including a growing population, increasing urban migration, unregulated exploitation of natural resources, and the concentration of urban poor in slums without access to proper water supply and sanitation services. This has led to a situation in which the health of the

community is rapidly deteriorating. This has led to a rapid decline in the general health of the community as a whole as a consequence. The Millennium Development Goals set a deadline of 2025 for achieving universal access to safe drinking water and sanitation facilities for all people on the planet. It was necessary for there to be a fifty percent rise in total global investment in these spheres so that these criteria could be satisfied. It's likely that therapies that are easier on the wallet may speed things up. If Sulabh were able to overcome all of the obstacles in his path, he may be in a position to make a big contribution to the resolution of this problem.

There was an improvement in living conditions for 1.2 million individuals, but the reality that 120 million families did not have access to a toilet did not change. The number of families without access to a toilet remained unchanged. This truth continued to be true despite the fact that there had been some kind of progress. Growing Sulabh's business strategy to accommodate a bigger number of consumers was the most challenging task the company encountered. Given that there are still 120 million houses in India that do not have access to even the most fundamental sanitation services, it will take a lot more than simply well-meaning intentions and genuine concerns for an organisation like Sulabh to have a significant impact in the next 30 years. It was vital for the organisation Sulabh to widen its operations in ways that they had never done before in order to achieve their goal of making India cleaner. This was required in order for the company to be successful in achieving their goal. When considered on a global scale, the task's complexity multiplied by a factor of ten, making it nearly impossible to complete.

RECOVERY AND WOMEN'S DEVELOPMENT

At first, Sulabh made an effort to address community-wide issues about sanitation. Nevertheless, the organisation was able to do more than merely pay lip service to the problem of cleanliness when they modified the two-pit, pour-flush toilet for usage in low-income regions in both rural and urban settings. Because of its low cost, its adaptability to the circumstances in India, its necessity for less water and space, and its ease of maintenance, the two-pit-pour-flush toilet was a feasible alternative to scavenging that could be adopted on a big scale. In addition, it could be implemented on a wide scale because of its low price. In India, sanitation used to be mostly accomplished through the practise of scavenging. Sulabh's goal in developing this design for a toilet is to raise people's awareness of the necessity of maintaining both personal cleanliness

and communal sanitation. Sulabh's purpose was to offer a paradigm in which scavengers may be spared the dreadful work of scavenging and instead be employed in less brutal jobs related with cleaning. This goal was accomplished despite the fundamental cultural underpinnings of the caste system. The year 1986 marked the commencement of Sulabh's attempts to provide education and reintegration initiatives for the children of scavengers, and it was the first year that these activities were offered. Pathak defied the inhuman rigidity that prevailed during that time period by guiding a party of Harijans to the Nathdwara temple in Udaipur in the year 1988. This was done in an effort to promote greater social cohesion. In addition to that, he organised a community meal and ceremony for a group that included both low-caste scavengers and high-caste Brahmins. In the year 1992, the city of Delhi built up a school that provided instruction in the English language to the children of garbage collectors. Sulabh's goal was to make the lives of garbage collectors in Delhi better in every way imaginable, and this was one of the ways he planned to do so. In 1995, the United States Agency for International Development (USAID) and the United Nations Women (UN Women) started a campaign to educate women on environmental sanitation and community health in an effort to empower these persons. The goal of the programme was to educate women on environmental sanitation and community health. At nine o'clock in the morning, thirty women wearing blue uniforms presented themselves to the office of Nai Disha. A little over a year later, they were fully capable of signing and writing their own names on their own without any assistance whatsoever. In April of 2003, Sulabh opened Nai Disha, a vocational training institute, in the town of Alwar, which is situated in the Rajasthan area of Alwar, roughly 170 kilometres west of Delhi. Alwar is located in the state of Rajasthan. His objective was to make it possible for skip divers to have respectable careers. These women were given training in areas such as food processing, tailoring, and beauty care so that they might find alternate ways to augment their incomes. They were required to learn banking processes since Sulabh deposited a stipend of Rs. 1,500 into their local bank accounts. This was a threefold increase in revenue from their previous career of scavenging. This resulted in an increase in earnings for them from their previous occupation of skip diving. The individual would continue to receive payments until such time as they were in a position to support themselves. The training facility's gift shop sells pickles, ready-to-wear, and a variety of other appetising foods in addition to a variety of other items. After the first group of thirty women joined in 2005, a second group of forty women joined in the following year.

CONCLUSION

The women who would benefit from better sanitation in the long run need to be the ones to pay the expenditures that are related with the building of a sanitation system and the supply of universal sanitation. In order for the system to be financially viable, it would need to be able to cover not just the expenditures connected with its development but also the costs associated with its ongoing operation and maintenance. In a nutshell, the government was unable to shoulder the whole financial responsibility of guaranteeing that everyone had access to clean water and sanitary facilities because it did not have the means to do so. This prevented the government from fulfilling its obligation to ensure that everyone had access to both. It is essential for communities, local governing organisations (LGOs) such as Panchayats, non-governmental organisations (NGOs), funding agencies, and private enterprises to work together in order to maintain the long-term survival of the system. Because of the continuous costs that are connected with their operation and maintenance (O&M), the investments that were made in the building of public and private toilets were not going to result in financial returns that were comparable to those investments. For example, if the water supply was doubled without concurrently improving the ability to remove wastewater, the end result would be living circumstances that were much more hazardous and represent a bigger threat to people's health than they did before the increase in water supply was implemented. As a consequence of this, adequate funds needed to be set aside for O&M costs, or the operations of the bathrooms needed to be rendered cost neutral through the imposition of user fees. Both of these options were necessary. Non-governmental organisations (NGOs) that work in the field and scientists that investigate new and creative ways to improve sanitation have not been able to obtain the recognition or funding necessary to continue the critical work that they do because there is a lack of interest in and focus on the issue of sanitation. Because of this, neither of the two groups was able to carry on with the vital job that they had been performing. It did not receive as much attention from the media as other big crises, such as AIDS or SARS, or the presence of toxins in cola drinks, for example.

Convincing the women of the value of cleanliness and getting him to pay for the services that were offered in this area was a huge challenge that Sulabh needed to face and conquer. Consumers of Sulabh's public toilets might have included local communities as well as private

organisations like shopping malls and other retail complexes located in cities and towns. It is possible that the firm will be able to find these potential clients if it is able to properly mobilise its resources and offer long-term financial affordability. The challenge was in selling the concept and earning the confidence of potential clients in its validity. In a similar fashion, the social structure in rural India continued to take for granted the occupation of scavengers and related it with the customary job of socially weaker groups. In other words, the social structure continued to take the profession of scavengers for granted. That suggested that the majority of people were not prepared to make any sort of financial investment in an alternative facility or technique for sanitary sanitation, which indicated that they were not ready to make any type of financial investment. At the time in question, defecating in public places like fields, next to railway lines, on the side of motorways and other such sites was considered to be an acceptable and common activity. When viewed in this light, it was surprising to see that a bigger number of homes in India had a television than a toilet that really works, yet this was the case. It is vital to educate people about the significance of sanitation and to enhance their understanding of the role that it plays in the avoidance of illness and the installation of healthy living circumstances in order to guarantee the success of any plan for women empowerment. This will allow for the creation of healthy living conditions and will reduce the risk of disease to women.

REFERENCES

1. Scavenging involved disposing of human excreta by the scavengers in the buckets. Scavenging is required in case of dry latrines where the excreta cannot be flushed by water. The work of scavenging is despicable as this work is undertaken by a particular caste, designated by the social hierarchy in place for thousands of years in India. This inhuman practice involves one human being carrying head load excreta of another human being.
2. http://aphe.nic.in/sch_and_prog.htm

3. <http://sulabhervis.nic.in/project.htm>
4. Proper sanitation means the toilets linked to sewerage or any other excreta disposal system.
5. The numbers shown in the above table for water are somewhat misleading as simple access (88 percent) does not necessarily translate into good quality potable water supply for 24 hours across the year. Most water supplies is for a few hours per day. It can even be just for few minutes every 3 or 4 days in a week in certain urban areas. In many rural areas some people have to walk long distances to get water. The situation becomes worse in summer and in years of drought. When there is shortage of water the chances of water contamination increases manifold. For example, intermittent water supply creates negative pressure in the pipes when there is no water supply and thus dirty water is sucked in from sites of leakages in the pipe system. When water supply resumes, this dirty water is supplied first.
6. Mavalankar, Dileep and Shankar, Manjunath (2004). Sanitation and Panchayats in Infrastructure, India Infrastructure Report 2004.
7. Curtis, Valerie. Op.cit. adapted from the The Fortune At The Bottom Of Pyramid; Prahalad, C K (2006).
8. Prahalad, C K (2006). "Selling Health: Hindustan Lever Limited and the Soap Market," The Fortune At The Bottom Of Pyramid, Wharton School Publishing, pp 273.
9. Water and Sanitation Programme. Op.cit.; the number of deaths (660,000) was derived by multiplying 2.2 million diarrhea deaths annually by India's percentage contribution of 30% as estimated by UNICEF.
10. Cited by Dr. Jan P Pronk, Chairman, Water Supply & Sanitation Collaborative Council, while addressing a gathering at Sulabh Gram, New Delhi, on February 8, 2004
11. Access to sanitation is defined as the percentage of the population using adequate sanitation facilities, such as a connection to a sewer or septic tank system, a pour-flush latrine, a simple pit latrine, or a ventilated improved latrine. An excreta disposal system is considered adequate if it is private or shared (but not public) and if it hygienically separates excreta from human contact.
12. Access to water is defined as the percentage of the population with reasonable access to an adequate amount of drinking water from improved sources. 'Reasonable' access is

defined as the availability of at least 20 litres per person per day from a source within 1 km of the user's dwelling. Improved sources include household connections, public standpipes, boreholes with hand-pumps, protected dug wells, protected springs, and rainwater collection (not included are vendor, tanker trucks, and unprotected wells and springs)