

# Report

on

**A Critical Analysis on Empowerment of Women through  
Sanitation Activities : With Reference to Jehanabad District  
of Bihar**

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## Preface

A woman is dynamic in the many roles .The terms Women Empowerment refers to the increasing of the spiritual, social, political or economic strength of all women. It is frequently seen that the empowered in their capacities develop confidence. Women have withstood perennial health problems due to the lack of toilet facilities and are forced to use fields and open spaces for defecation.

**A Critical Analysis on Empowerment of Women through Sanitation Activities : With Reference to Jehanabad District of Bihar .**The rationale behind this particular study is to find out the aspects of women development through sanitation activities undertaken at village level by BRLPS.

It was a pleasurable experience to conduct a research on behalf of Bihar Rural Livelihood Promotion Society (Jeevika) pertaining to the study of the HEALTH AND SANITATION sector.

To carry out this research a simple study was pursued where the target was made to the women in Kalanaur village, Makhdumpur , Jehanabad . Various statistical and analytical tools and techniques are applied to ascertain and depict the present scenario.

Conclusion and there by recommendation has been arrived at by proper and justified interpretation of the result from the above said analytical tools and techniques.

# Table of Contents

<b><u>Number</u></b>		<b><u>Page No.</u></b>
<b>1</b>	Introduction	1-6
<b>2</b>	Survey of Literature	7
<b>3</b>	Statement of the problem	8
<b>4</b>	Methodology of study	9-11
<b>5</b>	hypothesis	11
<b>6</b>	Organization and study area	12-14
<b>7</b>	Findings and Analysis	15-22
<b>8</b>	Limitations	23
<b>9</b>	Recommendation	24
<b>10</b>	Conclusion	25
<b>11</b>	Bibliography	26

## **Executive Summary**

To work with a State organization with a World Bank Supporting is an immense pleasure. The Organization Bihar Rural Promotion Society works on policies and guidelines which help them to work efficiently to achieve their goals and target.

When I started working on the topic which was given to me i.e, **A Critical Analysis on Empowerment of Women through Sanitation Activities : With Reference to Jahanabad District of Bihar** I was explain how the organization works and was given a set of policies and guidelines that was required for analysis of various aspects of women development through sanitation activities undertaken by BRLPS.

After completing the task I visited my field area i.e. Kalanaur village, Makhdumpur block in Jehanabad district and met my guide. After reporting there in , Jeevika, I started my work by Block Project Implementation Unit visiting Kalanaur village and meeting the women localities there help me in analyzing the various aspects of women development and role of sanitation in it,whether they are following sanitation activities and make other family members follow sanitation practices . In total I visited different tolas of kalanaur village in makhdumpur block and collected all the data required of the completion of the work and the report.

# Introduction

Women's empowerment is very essential for the development of society. Empowerment means individuals acquiring the power to think and act freely, exercises choice and fulfill their potential as full and equal members of society .Women empowerment refers to the creation of an environment for women where they can make decisions of their own, live their life with a sense of respect and dignity, get equal opportunity for education and employment, determine financial and economic choices without any gender bias for their personal benefits as well as for the society.To get the high level goal of women empowerment, it should be ensured from the childhood in each and every family.

The health of a Indian specially ,rural woman is intrinsically linked to their status in society.The son preference along with high dowry costs for daughters sometime results in the mistreatment of daughters. Further rural women have low levels of both education and labour force participation.They typically have low autonomy living under the control of first their fathers ,then their husbands and finally their sons. All of these factors exert a negative impact on health status of rural women that is major area of concern and challenging issue. In this context ,the role of sanitation can't be ignored to improve the health status of rural women as it affects the physical and psychological well being of a woman and reduces her working capacity by the time.

While women are expected to carry entire burden of domestic work ,such as collecting water,cooking ,washing and cleaning ;they are provided few facilities to meet their own need of defecation ,bathing ,hand wshing and menstruation hygiene management.As a result,they are unable to prioritize their own health and hygiene. Existing gender inequalities ,lack of participation in decision making have left the "Right to Sanitation" out of women's reach.

Open defecation is widely practiced in rural areas. Women are scared to go alone for open defecation ,especially at night for fear of being sexually harassed .They delay going to toilet, eat and drink less water to avoid going to toilet at night and this causes negative impact on their health. Due to lack of privacy if they are seen while defecating by passer-by ,they feel embarrassed. In addition to the risk of physical and sexual violence ,they also face the risk of animal attacks and snake bites. Defecating in the open arises a very difficult situation for them during rainy or winter season and also when they are sick .Disabled women suffer major difficulties as they have to depend on the help of other family members for their sanitation needs.They are bound to sit nearby their houses for defecating. If the women have small kids or disabled person at their home, it becomes very difficult for them to go outside for a long time.

Women don't need toilets and bathrooms just for defecation they also have a much greater need for privacy and dignity when they are menstruating. Managing sanitation and hygiene while menstruating is a challenge every single month as there is no privacy ,insufficient water ,no place to change and no where to throw out used clothes or pad. Besides health problems

due to poor hygiene during menstruation ,the lack of unaffordability of facilities and appropriate sanitary products may push menstruating women and girls temporarily or sometimes permanently out of schools. Due to this women and girls get left behind and there is no equal opportunity for education. Toilets in public places such as markets ,health care, government buildings are either not available or poorly maintained.

Sanitation also makes the women improve their knowledge about making healthy environment in their homes and hygienic measures that should be taken into account like using sanitary pads when they are menstruating. Managing menstruation reduce the chances of getting infected.Women in poor health are more likely to give birth to low weight infants.They also less likely to be able to provide food and adequate care for their children .Finally a woman health affects the household economic well being as she will be less productive in the labor force. Good health saves health system costs. Sanitation promotes regular checkup and taking vitamin and iron supplements during pregnancy and institutional delivery for a healthy child and mother as well.

Rural women make their kids to sit for open defecation nearby their houses.Children often prefer to defecate in the open because toilets are not designed for them.

Women also suffers from various diseases like bladder and kidney infection ,skin disease, respiratory disorder.

The role of women institution (SHGs) of Jeevika is vital in mobilizing community and constructing toilets in rural areas.They play as “Triggers” of sanitation movement in Bihar that has potential to turn up more use of toilets rather than just constructing it .Women CRPs different Panchyats form a group and join “Follow-Up” session in morning and evening to mobilize people for using toilets. Due to various social constraints in rural areas ,they have several boundations even not to come out from their homes ,they are only meant to manage household chores but now SHGs women are contributing to eradicate social evils of Bihar.They are also contributing for their economic well being as they are saving a big portion of amount which they were spending for gaining health/medical services.They can also generate livelihood activities with the help of this saved amount and be independent.

Safe sanitation can be promoted only if people ,men and women both change their personal habits ,or “Behaviour” about staying clean.Various sanitation activities like drinking water and food should be kept covered ,washing hands before and after eating,using toilets ,wash their hands with soap after using toilets,washing fruits and vegetables or cook them well before eating ,keeping animals away from household food and water resources ,making choices on different kinds of toilets.For example,in 2-pit toilets keeping the faeces and urine for 18-20 months in the pit turn into soil conditioner and chemical-free fertilizer that is harmless to soil fertility for agricultural production and this reduces the chances of cancer and various diseases.

There are social systems that resist ,deter or don't support women's decision decision making either at household level or outside home. Decision making is one of the aspect of women empowerment. Sanitation activities has an impact on women's decision making that are

associated with “taking a stand” for a choice or decisions made on the use control and management of various health and sanitation initiatives at household level and outside home as well. Women’s decision making also signifies what changes they have made in themselves and make their family to change in their sanitation behaviour.

Decisions made by women on usage of toilets ,usage of soap after using toilets ,cleaning clothes using soap/detergent ,covering food and drinking water are some of the indicators that influence rest of their family member’s sanitation behaviour. Bringing water to toilets ,cleaning toilets on regular basis,disposal of garbage,linkage of drainage to governmental drainage. if done by male members of the family ,can reduce the burden of women in doing their household chores and also helps in abolishing patriactic mindset that only women are expected to do household work. Women can have also some free time for taking rest.

Self help groups(SHG) of Jeevika monthly savings help them to take decisions for their personal use ,generate their own livelihood activities or for taking loan from banks.This improves their economic condition also ,as they don’t need to depend upon others to take decisions.Jeevika SHG members joined the movement by taking decision on their own to make Bihar as“Alcohol –free ” state.

## **Statement of the Problem**

This study will help BRLPS to make comparative analysis of the improvements which have been made in the life of rural women through sanitation activities and may help in finding the loopfalls of sanitation initiatives undertaken by BRLPS.

The result of the present study can be taken by Governmental, semi-governmental and non-governmental agencies in drafting guidelines or formulation of some new policies aiming at promoting health and sanitation in Bihar.

- Has quality of living of women in rural areas has improved?
- Are rural women practicing sanitation activities undertaken by BRLPS?
- What is the role of sanitation in empowering women?

## **Review of Literature:**

Sanitation promotes Women's involvement in sanitation, improves the success of interventions, and assists in project transparency and accountability. Women can encourage other women and promote positive change in traditional gender roles. Empowering women increases their power to assist in relieving poverty and gives them freedom from the constraints of the lack of good sanitation facilities. (WSSCC, 2006)

The absence of female teachers perpetuates girls' and women's low status and self-esteem and conveys negative signals to girls about the ability of women to achieve). If sanitary are available then teachers, particularly female, are more easily recruited and retained. (Water Aid/UNICEF Bangladesh, 2005) .

Time and energy savings can have numerous benefits for women, including more time spent ensuring children are given sufficient care, domestic hygiene, increased rest time and community development work, all of which will carry their own benefits through ODF initiatives to the individual and surrounding community and its economy (Casella, 2004).

Nearly 80 per cent of the total female workforce is employed in agriculture but very little attention has been paid in practice by social planners to improve the social situation of these women. (Alfred De )

The working and living conditions of poor women in poverty with the changing social and economic conditions, has taken up various issues, like gender inequality, technology, invisibility, health, legislation, housing, political approach etc; revealed that awareness has spread with education, through slowly in the country, awareness of their rights and they being protected somewhere by someone is there in back of their minds. (National commission on self employed women and women in the informal sector: 1988)

## **Objective:**

To study about the aspects of women development through sanitation activities undertaken at village level by BRLPS.

## **Hypothesis**

It is optimistically being assumed that practicing sanitation activities play an important role in upgrading the life of rural women and get them empowered. It helps the women to get away from diseases, improve their health, and promote education, her decision making power, etc.

It is assumed that sanitation makes a woman to make a change in sanitation behavior of her rest of family members and make a change in the whole society.

## **Research Methodology:**

The study is conducted in Kalanaur village, Makhdumpur in Jehanabad which was selected by simple random sampling technique. Quantitative, qualitative and participatory rapid appraisal techniques were used to conduct the study. Interviews are conducted with the rural women of the block to identify the role of Open Development Free (ODF) in the upliftment of their lives.

A house to house survey is conducted to assess the coverage of latrines in the study Population. Women from different age groups were selected in order to ensure a range of views.

The current state of the facilities will be observed and the role of women will be discussed.

**Test field:** The study is conducted in Makhdumpur block of Jehanabad district of Bihar.

**Universe and Unit:** Distribution of the female members from different age groups will be the universe of the study, availability of toilets and water supply, problems facing due to open defecation, etc of Kalanaur village in Makhdumpur block of Jehanabad district will be taken as universe of study.

**Sampling:** Non Probability-accidental- sampling technique will be used to select respondents from Kalanaur village. Community, SHGs members, key authorities of Kalanaur village, women from different age groups like adolescents elderly and disabled women will be selected for the interview. They form the key informants to situation and have the best information about open defecation and the objectives of this study.

**Data Collection and Analysis:** The study used both primary and secondary sources of data. Primary data was collected through the use of in-depth interview. That is both Semi-structured and personal interviews will be employed. The interview schedule constituted the primary source. Relevant books, journals, news items, newspaper articles and information from the internet served as the secondary data. The primary data collected using questionnaire will be tabulated.

The data obtained were first sorted and edited. The data was described and analysed according to the responses from the various categories of the respondents. A simple describe statistical measures such as frequencies was employed. In addition graphs and tables were used for the description of the responses.

## **Organization and the Study Profile Area**

Bihar Rural Livelihoods Promotion Society (BRLPS) popularly known as JEEViKA was established in 2005 by Government of Bihar, GoB with the assistance of World Bank for Poverty Alleviation in the state. The World Bank assisted Bihar Rural Livelihoods Project was launched in 2006.

After a successful pilot in 22 villages across 5 blocks in 2006, the project expanded to 18 blocks in 6 Districts in 2007. In 2009, 24 more blocks were added. JEEViKA commenced operations in 11 more blocks of 3 districts in Kosi area under Bihar Kosi Flood Recovery Project in December, 2010. In April 2011, JEEViKA was designated by Government of Bihar as State Rural Livelihoods Mission to roll out National Rural Livelihoods Mission in entire state. JEEViKA has upscaled its interventions in 533 blocks across 38 districts in February, 2014.

JEEViKA promotes rural livelihoods and enhances social and economic empowerment of the poor, particularly women. The project has been making significant strides in supporting and nurturing institutions of the poor, its federations and their livelihoods.

### **Objective**

Social and Economic Empowerment of the Rural Poor through:

- Creating self-managed community institutions of poorest of the poor and poor households.
- Enhancing income through sustainable livelihoods.
- Increasing access to social protection including food security through greater voice.

### **Mandate**

To mobilize 1.5 crore Rural poor HHs into 11 lakh SHGs, 65000 Village organizations (VOs) and 1600 Cluster Level Federations (CLFs).

### **Functioning**

The top management of the organization comprises of the dedicated society general body and executive personnel who with the authority formulates guiding principles and policies which are undertaken by State Project Management Unit(SPMU), the SPMU is in the capital of Bihar i.e. Patna which is headed by Chief Executive Officer(CEO) and Addl. Chief

Executive Officer which are supported by Thematic Heads i.e. State Project Manager (SPM) and Project Manager and they formulate guiding principles and policies which is mandatory for District office to coordinate.

The District office has District Project Coordination Unit (DPCU), the DPCU is in nine district of Bihar each DCUP has its District Project Manager(DPM), who is in charge of the district and he/she is supported by thematic heads and the lay down policies and guidelines for the block office to implement. In the Block Office which is called Block Project Implementation Unit (BPIU). In each BPIU has a Block Project Manager (BPM) who is the in charge of his respective block and he/she is assisted by Livelihood specialist, AC and CC.

The role of the BPIU is to allocate Community Based Organisations and formation of Cluster Level Federations (CLFs) take care of the Village organization (VO) and VO looks after the Self Help Group (SHG). The Block also has its production unit which is Known as Producer Group (PG) and Producer Companies (PC) which has different set of policies and guidelines other than CBOs.

In each Stage for smooth functioning of the organization and the thematic managers are assisted by supporting staff and by Young Professional (YP), in laying down the policies and guidelines.

## **Area of Study**

The research study was conducted in Kalanaur village of Makhdumpur block in Jehanabad district of Bihar.

Kalanaur is a Village in Makhdumpur Block in Jehanabad District of Bihar State, India. It belongs to Magadh Division . It is located 15 KM towards South from District head quarters Jehanabad. 5 KM from Makhdumpur. 68 KM from State capital Patna

Kalanaur Pin code is 804427 and postal head office is Tehta .

Sugaon ( 3 KM ) , Malathi ( 3 KM ) , Makhdumpur ( 5 KM ) , Dharaut ( 5 KM ) , Kohara ( 6 KM ) are the nearby Villages to Kalanaur. Kalanaur is surrounded by Makhdumpur Block towards west , Ghoshi Block towards North , Jehanabad Block towards North , Belaganj Block towards South .

Makhdumpur , Jehanabad , Islampur , Masaurhi are the nearby Cities to Kalanaur.

This Place is in the border of the Jehanabad District and Arwal District. Arwal District Kurtha is North towards this place . Also it is in the Border of other district Gaya . Maithili is the Local Language here. The Kalanaur village has population of 5274 of which 2739 are males while 2535 are females as per Population Census 2011.

In Kalanaur village population of children with age 0-6 is 924 which makes up 17.52 % of total population of village. Average Sex Ratio of Kalanaur village is 926 which is higher than Bihar state average of 918. Child Sex Ratio for the Kalanaur as per census is 886, lower than Bihar average of 935.

Kalanaur village has lower literacy rate compared to Bihar. In 2011, literacy rate of Kalanaur village was 60.90 % compared to 61.80 % of Bihar. In Kalanaur Male literacy stands at 70.83 % while female literacy rate was 50.26 %.

As per constitution of India and Panchyati Raaj Act, Kalanaur village is

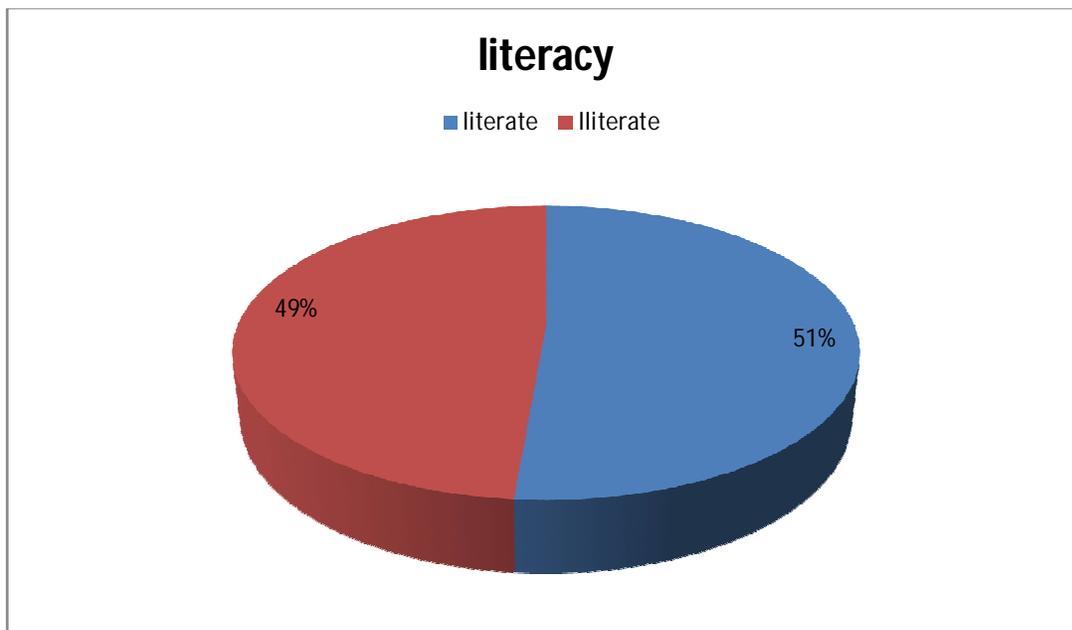
administrated by Sarpanch (Head of Village) who is elected representative of village.

People of this village are living in very peacefull manner.Agriculture is the main professtion of the village.Still this village is waiting for industrial development. Education ,road ,drinking water and electricity are the main concern of this village.Young generation is more attracted towards mobile,laptop and computer technology these days.If banks and financial institution proves loan and other financial support to the villagers ,this village will see the real development.Medical and health services has to be improved.

## Finding and Analysis

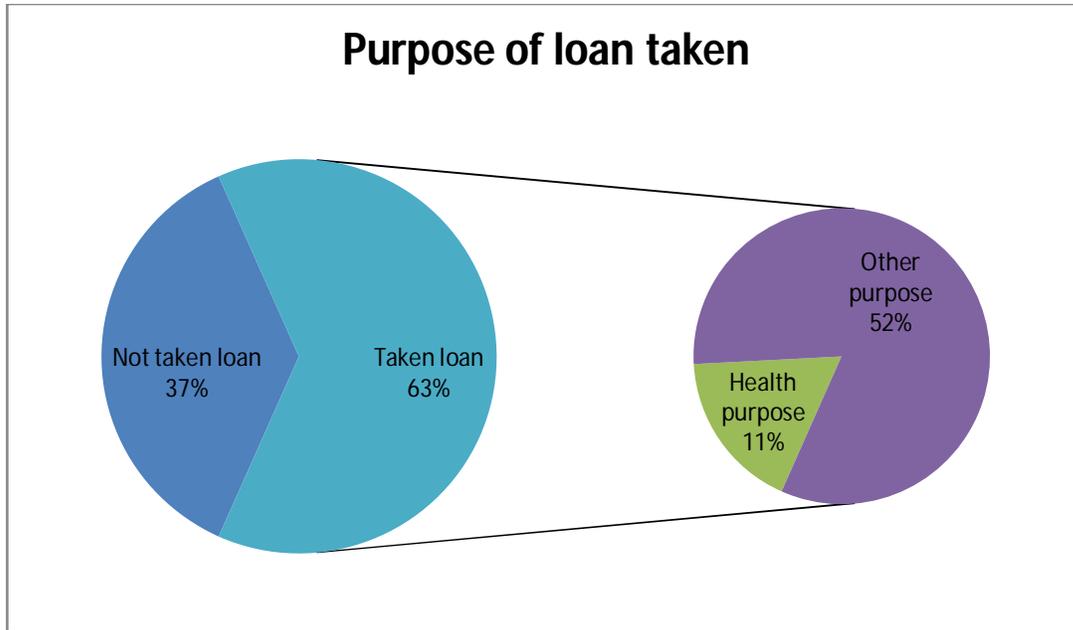
The findings and analysis is based on the various outcomes of the research work. The tools of data collection have been instrumental in the outcomes of the research work. The various tools utilized and their outcomes are as follows:

Table:1 Literacy level among women in Kalanaur village



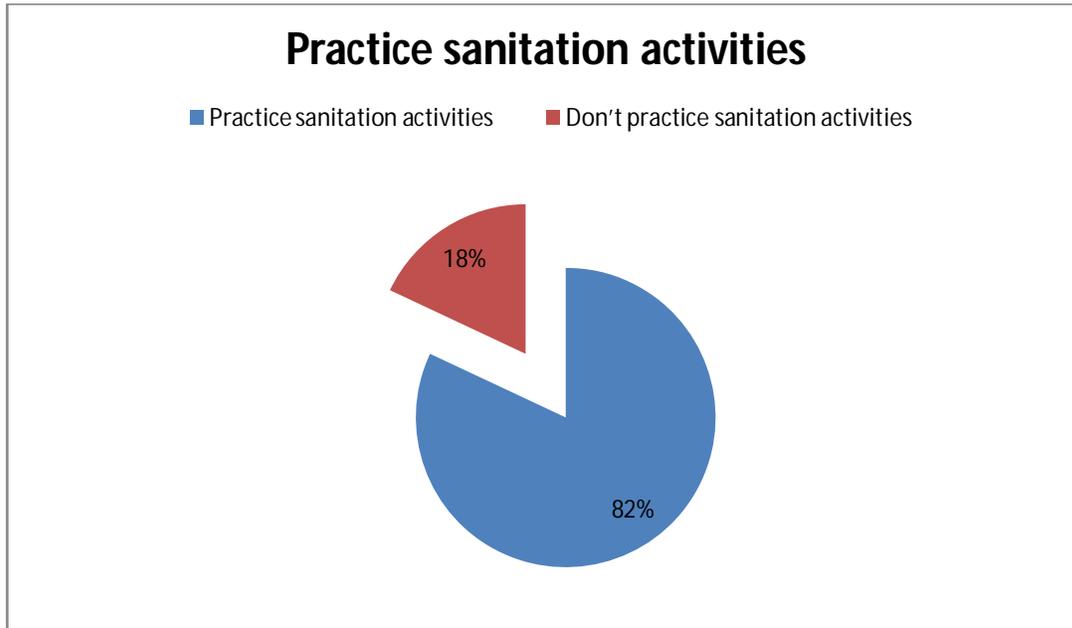
Inference: This pie represents literacy level among women of Kalanaur village. pie region with blue colour represents literate population and red represents illiterate population. It depicts that approx half of the women population surveyed are illiterate. They have no education and even not able to write their name or put their signature. On the other hand, 32.66% of the women among literate are having primary education only. Approx 18.66% of the women have higher secondary grades or vocational or skill based training. Education facility needs to be improved, as only one school upto secondary level is available in Kalanaur village.

Table 2: Women have loan taken from SHG or Banks and its purpose



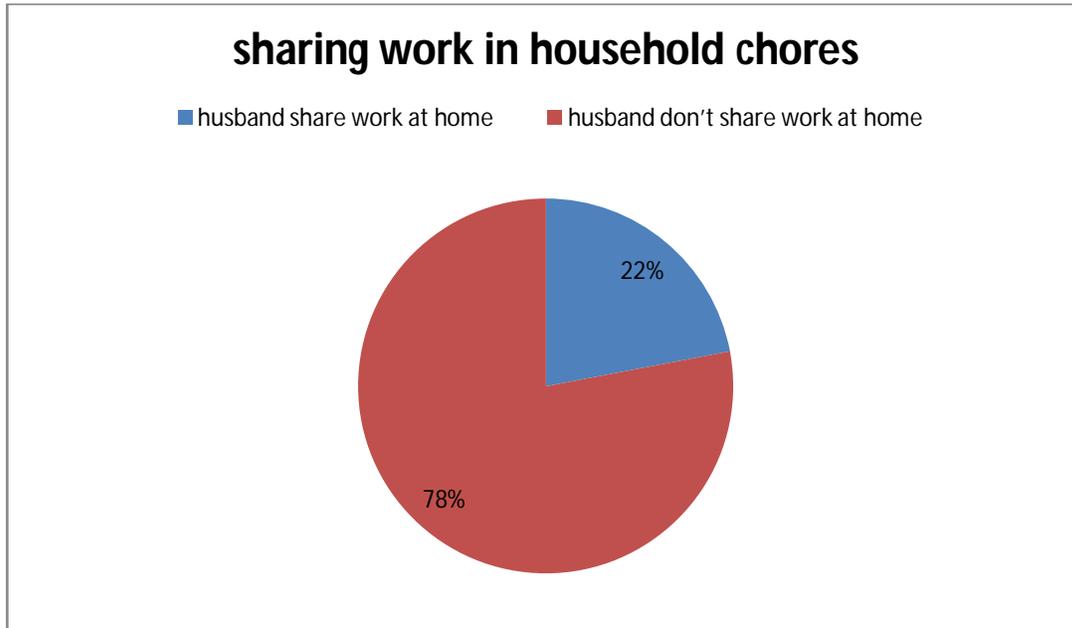
Inference: this PIE having skyblue region represents loan taken by women through SHGs or Banks. Approx. 11% women have taken laon for health services and rest of them for other purposes like their personal use or for generating livelihood activities like poultry ,goatry farming,agarbatti making,etc.Earlier a huge portion of their total savings was spent on medical services due to poor sanitation behavior.

Table :3 Practices sanitation activities



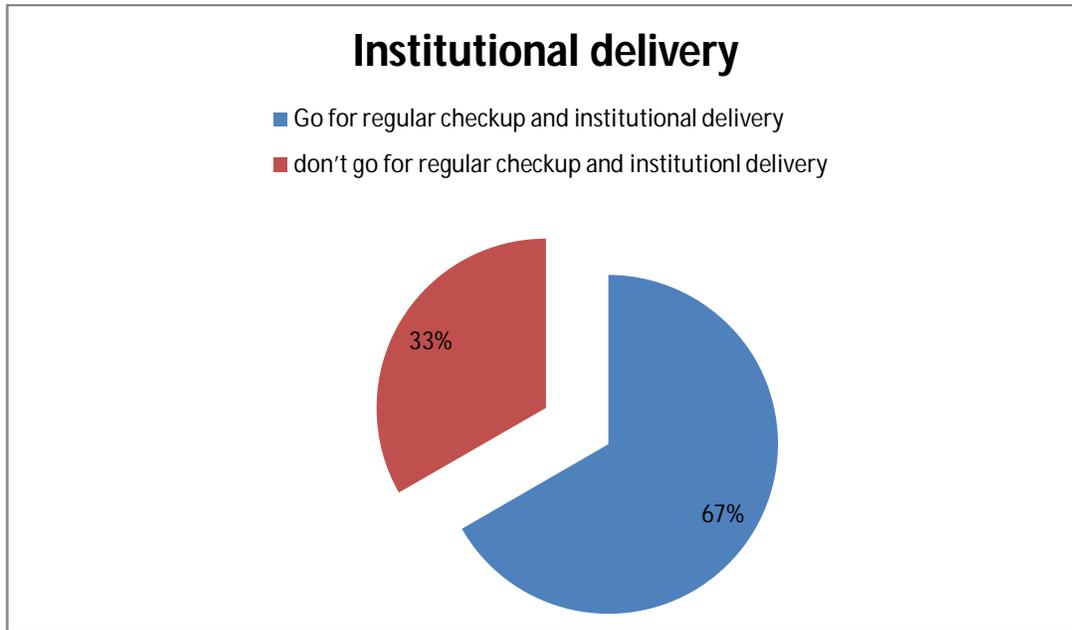
Inference: This pie having blue region represents population surveyed practicing healthy sanitation behavior and 18% not practicing it. As women of Kalanaur village said, we mobilizes people for practicing sanitation behavior also helps us to make a change in Sanitation behavior of rest of her family members. This shows the decision making power of women in her family like washing hands before and after eating, using toilets, washing hands after using toilets, disposal of garbage and wastes.

Table: 4 Sharing work in household chores by husbands



Inference: This pie shows data for total women population getting help from their husbands in their household chores. only 22% of women are getting help from their husbands in household chores like cleaning home and toilets, bringing water to toilets and household, care kids..etc and rest of them are not. This shows patriarchal mindset of men that women are made for household work and only they are responsible for it.

Table:5 Women go for regular checkup and institutional delivery during pregnancy



**Inference:** This pie shows women who goes for regular checkup and institutional delivery during pregnancy.as shown in pie diagram ,67% of women go for instutionl delivery durig pregnancy in nearby hospitals or aanganbadi centres and also for immunization for their children.Aaganbadi centres provides iron supplements to pregnant women.this shows that mobilization for sanitation are making an influence to make a change in their behavior.

## **Limitations of the study**

As said basic research was conducted in Kalanaur village to analyze the sanitation behavior of women there and what changes they are experiencing through sanitation measures. During the course of the study the following limitations were observed.

- The internship period was limited, thus collection of further of information was not possible.
- Lack of proper guidance during crucial time.
- It is very difficult to check the accuracy of the information provided.
- During personal interview and semi –structured interview the relevant information was not gathered accurately.

## Conclusion

Currently 2.5 billion people live without access to basic sanitation, and approximately 1 billion practice open defecation, most of them living in rural areas. This sanitation crisis is detrimental not only to women's health but also to their education, dignity, community status, and over all well-being. With improved sanitation, women all over the world will experience an elevated standard of living in several aspects.

Women and girls are most often the primary users, providers and managers of water in their households and are the guardians of household hygiene.

Women play a vital role in raising awareness about water and sanitation issues in their communities, and improved water and sanitation sources are the first steps to empowering women in developing countries. Lifewater strives to provide entire communities with education on disease transmission, effective latrine construction, operation and maintenance, as well as changing social attitudes and behaviors towards proper waste disposal in the hopes of bettering the lives of billions.

Women who have improved sanitation facilities close to home and work enjoy better health and are able to work more productively. When their families are healthier, women and girls also spend less time caring for sick family members.

We all know how access to clean water and sanitation transforms the lives of women and girls, impacting on wider development. It gets girls back into school, women into employment, and improves health, dignity, wellbeing and independence. We have been making some great progress, not only in meeting women's immediate needs for clean water, safe toilets and improved hygiene, but also by championing their voices and their leadership.

## **Suggestions and recommendations**

The men SHG should also be formed to make them understand the benefits of healthy sanitation behavior easily

There should be more focus on driving people for using toilets rather than just constructing more and more toilets.

In addition to the construction of toilets ,facilities of water supply should also be made in toilets.

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