

The *GENDER* Millennium Development Goal

What water, sanitation and hygiene can do
in **India**

The Millennium Development Goals

In September 2000, the United Nations Millennium Summit agreed a set of time-bound and measurable goals aimed at combating poverty, hunger, illiteracy, environmental degradation and discrimination against women.

The third Millennium Development Goal (MDG) is to promote gender equality and empower women. The target is to achieve gender parity in education by 2015.

The associated indicators concern schooling, literacy, non-agricultural waged employment, and seats in national parliaments. Only 24% of countries have achieved this goal to date and 39% are on track.



Headline facts

The MDGs are strongly inter-dependent and programme interventions must reflect this. *Water, Sanitation and hygiene deliver outcomes across the MDGs.*

Why is water, sanitation and hygiene so important for women and girls?

- *Gender and Domestic Work*
Protected and improved water supply reduce the burden of domestic tasks and give women more time to care children and productive purpose.
- *Gender and Income Generation*
Protected and improved water supply reduce chances for disease and provide time and money for women to form Self Help Groups and income generation activities.
- *Gender and Education*
Attendance/enrolment of girls will improve when the availability of improved water supply at habitat level and provision of separate sanitation facilities for boys and girls at schools increases.
- *Gender and Health*
Protected and improved water, and availability of latrine facilities at community level, will encourage women to develop hygienic habits and transform this benefit to all at home and to community.
- *Gender and Social Mobility*
Protected and improved water, and availability of latrine facilities provide women with physical, mental and social happiness, status and saves time to enable them to participate in activities at community level.



Gender and Domestic Work

The facts

- Women and girls are estimated to carry on an average 150 litres of water per day in summer months.
- On an average, a woman has to make ten trips to the water source to fetch 150 litres water (for a family of four). This is equivalent to a 5Km walk and takes at least 2 hours, excluding any waiting time.
- Women and girls carry the burden in providing water for households along with other domestic activities.
- The opportunity cost for women fetching water is Rs.6 per day. At this rate, water cost Rs.40 per cum - far higher than the cost of water provided in cities.

Why water, sanitation and hygiene?

Distance and time to collect water

Women in Indian communities are the primary carriers and water users. Providing water source at a reasonable (250 mtrs) distance gives women more time for rest, time for their children and reduces the effort of carrying heavy loads of water to their home.

- In a study conducted by *Planet Kerala* in five Panchayat covered under *Jalanidhi* Project Found that women in low-income households could save 123 minutes on an average due to the supply of drinking water.
- The drudgery of fetching water washing cloths & vessels etc are also reduced.

Gender and Income Generation

The facts

- The average household income is very low resulting in a low standard of living.
- The brunt of low income is predominantly affecting the women and children.

Why water, sanitation and hygiene?

Protected and improved water supply & sanitation provided the time to learn new skills and to undertake income generation activities.

Women make direct use of improved water services.

Women make use of the time saved

- With the support of Unicef 10 rural sanitary Mart, 10 production centers were started by the women groups in Alapetty, Kottayam and Malappuram districts of Kerala State.
- In Kerala State, under the *Jalanidhi* (World Bank aided CMWSS project, Kerala) project, after commissioning of the project, women in different Gram Panchayat formed Self Help Groups and ran micro- enterprises like diary unit, coconut drying unit, curry powder making unit, papad making, umbrella making unit, grocery shop, restaurants etc. This project had opportunities.
- In *Uthanchel* women's economic productivity was increased due to time saved by a new water supply system installed by the *Swajal* Project. An additional programme of support for the women extended to learn new skills to develop handicrafts.
- *Womens Group* in *Anjengo* a coastal village with high density of population (3.3 sq km, 4174 households, population of 16742) constructed "Pay and Use Latrine Unit" and making profit of Rs.1400 per month after all expenses.
- In Kerala masons' jobs are monopolized by men, women remain unskilled helpers. *Dutch Danish* supported Water and Sanitation programme provided training to women to undertake promotion and construction of low cost latrine construction. Now the women masons are given the same wages as masons.



Gender and Education

The facts

- The education gap between boys and girls is narrowing and dropout rate continues to be high among girls. Less than 50 per cent complete Grade V.
- Boys are given priority in education over girls.
- Gross enrolment ratio: females as 84% of males, in primary school in 2003.
- Adults literacy: females as 66% of males in 2003.

Why water, sanitation and hygiene?

When girls no longer have to walk long distances to fetch water, their school attendance increases. Girls are free to attend schools that have separate adequate and hygienic toilet facility for girls and boys. Provision of girl friendly toilets enables adolescent girls to attend classes during menstruation.

- The absence of safe drinking water and toilets in many schools in Rajasthan's Alwar district used to make children fall ill frequently and seriously affect the enrolment and retention of students, especially girls.
- School attendance by girls has risen since the introduction of water points in four communities in Arappalipatti and Panjappatti in Tamil Nadu, India.
- Baby Friendly Toilets, as promoted by UNICEF in Tamil Nadu and Kerala State, give toiletry practice for the 3 to 5 years age group.

Gender and Health

The facts

- Lack of privacy affects women more, compelling them to wait for convenient times, (early morning late evening) thereby delaying defecation. This causes health hazards.
- Women also have to face security problems when they have to go out at night or early morning.
- The peculiarity of Indian culture magnifies these problems.

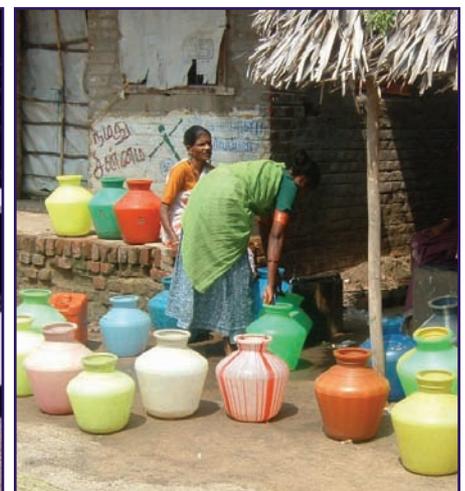
Why water, sanitation and hygiene?

Provision of water and sanitation facilities at home helps the women more than men in performing the routines. Non-availability of proper sanitary facilities would cause gynaecological problems such as urinary infection and white discharge among the women. Health education will enable women to maintain more hygienic standards in behaviour practices of family members.

- Dutch Danish supported projects in Perathura (costal village) and Rananttukara reduced the incidences of cholera and diarrhoeal diseases.
- Water Aid projects in India reduced the incidence of scabies and diarrhoeal episodes, and child mortality.
- SWACH(SIDA assisted) project in Rajasthan reduced the incidences of guinea worm cases.

Maternal Health

- Non-availability of proper sanitary facilities would cause gynaecological problems such as urinary infection and white discharge among the women.
- Infant mortality rate (Below 5 years-UNICEF) reduced to 2.7%



Gender and Social Mobility

The facts

- In the male dominant Indian Society, the status of women is low. Due to the drudgery of domestic work women are not able to socialise outside home.

Why water, sanitation and hygiene?

Provision of water and sanitation facilities will relieve the drudgery of domestic work and give them time to socialise with others. Reduced incidents of diseases will relieve them from tending the sick family members.

Women's status in the community and family

- In SWACH project the idea of women hand pump mechanics was floated in one of the animators training in October 1988 at Banswara. Most of the animators showed interest in taking up hand pump training. But their families rejected the idea and said mechanics was a man's job not women's work and women cannot handle hammers and pipes and do the hard manual work of a mechanic. The village men who used to laugh at these women and doubted their skill, today speak very high of them. The unmarried girls say they are highly sought as brides.
- "If the villagers of Gkhanter in the arid deserts Western Gujarat have supply of sweet water today, they have their women to thank" says Reema, of SEWA. SEWA supported women from the village got the brackish village pond excavated and lined it with water-proof polythene to keep the rainwater in and salt out.
- Assam Public Health Engineering Department with support of UNICEF launched Village Level Operation & management, under this project 2500 pumps are looked after by women in the two blocks of Kamarup district and they enjoy their new found status and take pride in their work.
- The ordinary women who were members of the ward water committees in the RNE supported watsan project in Kerala were elected as Grama Panchayath members in the succeeding elections.

This Country Note provides evidence for the impact of water supply, sanitation and improved hygiene on education in India.

Key references

- Jalavaani-NGO.
- Jalavaani-State-Assam.
- A note on SWACH-by swach Project Rajasthan.
- Strategies and Approaches for Community based Initiatives, A source book on Environmental Hygiene Promotion Socio-Economic Units ,Kerala 1995.
- The Community Managed Sanitation Programme in Kerala, Learning From experience,IRC,1996.
- Fresh Water for India's Children and Nature,Unicef,WWF.1998, UNICEF, <http://www.irc.nl/page/9497>.

Full details of all the material used in support of this Country Note available at www.Lboro.ac.uk/well

This Country Note is part of a series based upon the six WELL Millennium development goal briefing notes (MBN). The MBNs can be found at: <http://www.Lboro.ac.uk/well>

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