

# Public Toilets for Young Urban Women

A Report on Gender Responsive  
Public Services in Six Cities of India



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## FOREWORD

Gender responsive public services are extremely important for women in urban areas, especially to access work, and public toilets are a crucial component of these public services. *Public Toilets for Young Urban Women* is a report that seeks to assess the gender responsiveness of public services in six cities of India, and public toilets were chosen as the focus of this research.

This focus is significant in understanding the pivotal value of accessible, affordable and effective public services in promoting the mobility and independence of women as there is a direct link between investments in infrastructure, particularly those related to water and sanitation projects, in improving women's overall participation in economy.

*Public Toilets for Young Urban Women* looks at both quantitative and qualitative parameters that determine the gender responsiveness of public services and has a two-fold objective. Firstly, to learn whether or not public services, especially public and community toilets, in low income areas across six cities are gender responsive, and secondly to understand the needs, demands and challenges of young women in urban areas and translate them into insightful recommendations for policy makers, civil society organisations and donors to address some of these issues in a holistic manner.

This research builds on ActionAid Association's project entitled "Young Urban Women: Life Choices and Livelihood" that addresses young urban women's economic security, sexual and reproductive health and rights and access to public services. The data collection was conducted across Bhubaneswar, Chennai, Delhi, Hyderabad, Kolkata and Mumbai, with the help of teams from ActionAid Association's regional offices leading interventions in Andhra Pradesh & Telangana, Maharashtra, North India, Odisha, Tamil Nadu and West Bengal.

We are grateful to the volunteers and young women community leaders, without whose support, this study would not have been possible. Additionally, we are immensely grateful to the young women, family members, community leaders and the management staff of public toilets who cooperated with us for this study. Much is also owed to the consultants who supported the process of designing the study and compiling the national report, and of course to our own colleagues from the Young Urban Women project team for the conception and execution of the study.

I look forward to comments and suggestions so we can derive better insights on the issues related to this study.

**Sandeep Chachra**

Executive Director

ActionAid Association, India





## ACKNOWLEDGEMENTS

*Public Toilets for Young Urban Women* is the product of a major collective effort and was made possible by the shared vision and sincere efforts of numerous persons and stakeholders.

The study was driven by the participation and efforts of the young urban women and community leaders who carried out and took ownership of the study, and without whose leadership this study would not have been possible. Much is owed to the cooperation and insights of the participants of this study - the respondent young urban women, their families, staff of the community toilets, and various other stakeholders who took the time to contribute to this study.

The study would also not have been possible without the support and encouragement of ActionAid Association leadership especially, Sandeep Chachra, Executive Director and Anjaneyulu Madduluri, Nirja Bhatnagar, Tanveer Kazi, Debabrata Patra, Esther Mariaselvam and Chittaranjan Mandal, Regional Managers of Andhra Pradesh & Telangana, Maharashtra, North India, Odisha, Tamil Nadu and West Bengal regions respectively, who constantly supported this process and put in their confidence in the team. Gratitude is owed to Kumkum Kumar and Nasmin A. Choudhury for conceptualising this study. This study would also not have been possible without the efforts and co-operation of colleagues Sunitha K, Reshmi Ganguly, Ghasiram Panda, Karishma Gupta, Vandana Burder, Mashkoor Alam and Nisha Singh in the Regional Offices. Thanks are also due to Baishali Chatterjee, International Project Manager of the Young Urban Women project, for supporting us through all stages of the study and the finalisation of the report. Special thanks go to Nasmin A. Choudhury, National Project Manager of the Young Urban Women project in India, for anchoring the study and the publication and coordinating with all concerned. The Communications Unit published the document, the efforts of Joseph Mathai, Susan Yadavalli, Nabajit Malakar and MV Rajeevan need to be recorded. Thanks are also due to Sharmila Chandra who edited the typescript.

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Acknowledgements are also due to the efforts of our consultants Ms. Jyotsna Siddharth and Ms. Marissa Dunne who worked on compiling the report you now hold.





## **ABBREVIATION**

AA	:	ActionAid
AAA	:	ActionAid Association
CB	:	Capacity Building
CSO	:	Civil Society Organisation
CT	:	Community Toilet
GoI	:	Government of India
GRPS	:	Gender Responsive Public Services
IEC	:	Information, Education, Communication
IHHL	:	Individual Household Latrines
JNURM	:	Jawaharlal Nehru Urban Renewal Mission
MHM	:	Menstrual Health Management
NBA	:	Nirmal Bharat Abhiyan
OD	:	Open Defecation
PT	:	Public Toilet
PwD	:	Persons with Disability
RAY	:	Rajiv Awas Yojna
SBA	:	Swacch Bharat Abhiyan
SBM	:	Swacch Bharat Mission
SHG	:	Self-Help Groups
SWM	:	Solid Waste Management
YUW	:	Young Urban Women





## EXECUTIVE SUMMARY

*Rameshwari is a resident of Valmiki Nagar, a slum in Hyderabad city. She is a 25-year-old woman and a manual scavenger by occupation. A Dalit woman from the backward caste, she cleans private toilets in order to earn a living, but she struggles to access the toilet at home. Rameshwari lives with her family of four members; her house does not have a private toilet and she uses a community toilet. She does not have easy access to the toilet since it is used by her family and neighbours, and often has to wait a long time to use the toilet. Rameshwari especially choses to stay home during for the first two days of her menstruation resulting in a loss of wages; she has had to change jobs frequently due to the non-availability and inaccessibility of toilets in her work place. As a Dalit woman she faces greater harassment than other women while accessing toilets within the community and her work place. She feels, "The toilets at my workplace and in my community are not accessible for all women, irrespective of caste."*

Rameshwari's story is similar to many other young women who reside in slum communities across the country. Despite the Gandhian movement for sanitation, which forms the very basis of the Swaach Bharat Mission (SBM) committing to provide sanitation facilities to every Indian, easy access to toilets remains a mere dream for socially excluded groups especially for women and adolescent girls. Current policies and schemes that have tried to address sanitation requirements may have acknowledged needs and challenges of women, but none have outlined clear strategies on how to bring forth these changes.

ActionAid (AA) as part of its global programme on young urban women being implemented across countries of Ghana, India, South Africa and Kenya aims at addressing issues of economic justice, and bodily integrity for socially excluded groups. The project is rooted in ActionAid's belief towards social justice, gender equality and poverty eradication by enhancing skills of young urban women to challenge inequalities and demand accountability, at various levels, for the delivery of their rights. The project focuses on three thematic areas namely Economic Security, Sexual and Reproductive Health Rights (SRHR) and Gender Responsive Public Services.

ActionAid Association's (AAA) Young Urban Women Programme has been working with young urban women to advocate for Gender Responsive Public Services. The programme has provided safe spaces to discuss issues that affect young urban women including sanitation needs. A critical issue that has emerged is the availability of toilets within communities, public places, work spaces and educational institutions. This is especially crucial for young urban women of lower income groups living in slums. The issue has been further deliberated upon in two national level consultation workshops which brought together young women leaders, partner organizations and AAA's staff members who finalized guidelines on a research study, commissioned during the

months of April- August 2018. The study aimed at assessing and measuring the status of public toilets for low income young urban women, understanding their needs, demands and expectations around public services and assessing gender responsive policies and programmes on public toilets. The six city study covered 300 young urban women and adolescent girls, 300 family members, 21 community leaders, 10 Staff who managed Public toilets and about 100 end users. The findings of the study have been compiled into *Public Toilets for Young Urban Women* - a report on gender responsive public services in six cities of India. This report will support and strengthen efforts with policy makers, municipal authorities and civil society organisations (CSOs) to ensure more gender responsive sanitation services for young urban women.

Some of the key objectives of the study are to assess the status of public toilets for women from low income families in urban areas aged 15-29 years, to understand needs, demands and expectations of these women around public services and to assess gender responsiveness of policies and programmes on public toilets.

The study has investigated the following key areas for which some key observations and finding have been made.

## **1. Community Toilets**

The study found that 72% of respondents accessed community toilets within the survey localities, 21% of whom reported community toilets being over 500 meters from their residence. Inadequacy of toilets is a pressing concern as respondents mentioned queuing up for more than 30 minutes, causing delays in reaching their work places and educational institutions on time, and also seems to have a health impact. In the city of Chennai, since a majority of the households of respondents did have private toilets attached to it, as the survey area was a relocation site, the concerns surrounding community toilets are lesser compared to the rest of the five cities.

## **2. Accessibility of toilets in work places**

91% of working young women reported toilets existed within their workplaces, however only 67% had access to these toilets. 55% of them mentioned these toilets lacked privacy as they are not separated from the washrooms for men and 20% reported inadequate infrastructure and facilities, which were not gender friendly viz. lack of dustbins, hand washing facilities etc. For the remaining 8% who did not have access to toilets in work places, they were forced to access pay and use toilets in transit points or had to control their bladder till they reached their homes.

## **3. Affordability of Public/Community Toilets**

On the affordability of public/community toilets 42% of respondents mentioned they paid between ₹5-₹10 a day for using community toilets with 33% respondents earning

incomes that were less than ₹800 per month which affects their usage of community and public toilets, especially those that levied a user fee. The general feeling of utilizing community/ public toilets was largely dissatisfying to most end users who participated in the survey.

#### **4. Safety and Sanitation**

Safety and sanitation is a massive hurdle even when toilets are available. 86% women and girls mentioned that they had to be escorted by a family member/ spouse to access community toilets. 20% of the respondents reported that they were escorted between 3 to 10 times a day making them highly dependent on family members apart from being inconvenient for all the members of the household. 34 respondents reported facing some form of gender based violence while trying to access community and public toilets. 74% of these respondents (N=25) belonged to minority groups specially Scheduled Caste, OBC and Muslim minority groups indicating heightened vulnerability of young women from marginalised communities. A beneficial situation was noticed in Chennai, where many young urban women and girls reported that accessing private toilets within households did provide a greater sense of safety and security.

#### **5. Sanitation and Its Impact on Reproductive Sexual Health of Young Urban Women and Adolescent Girls**

Sanitation has a massive impact on the reproductive sexual health of young urban women and adolescent girls. The study suggests that 64.4% young urban women reported controlling their bladder and reducing their water intake for a period of 1-3 hours daily. Out of this number 26% reported suffering from a urinary tract infection (UTI's) and stomach ailments including severe constipation and other urogenital and gastric problems. With regards to menstrual health management 58% of young urban women and adolescent mentioned they prefer changing sanitary napkins only when they returned home and not when they are in work, school or public places. A common reason cited was the inadequate disposal facilities viz. dust bins etc. in community toilets, schools and work places.

#### **6. Sanitation and Education**

The survey also considered the availability of toilets in educational institutions. Out of a total 103 adolescent girls, 59% mentioned there were functional toilets in their schools, while 41% reported toilets were non-functional in their schools. The inadequacy of the separate toilets for girls in schools, coupled with lack of running water facilities, provision of sanitary napkins, hand washing materials and dustbins is a key reason for girls not to change sanitary napkins frequently in schools and hence were forced to carry back their soiled napkins for disposal at their homes.



## **7. Operation and Maintenance of Public/Community Toilets**

The young urban women, adolescent girls including and others who used public toilets surveyed, mentioned that a critical challenge remained in keeping these toilets clean raising concerns about the operation and maintenance of public/community toilets. 49% of respondents young urban women and adolescent girls reported community toilets get cleaned. However 43 % of them mentioned the frequency of cleaning varied from once a week to a month and in some cases respondents mentioned toilets had never been cleaned. A key reason for unsanitary conditions in community/ public toilets was the inadequacy of running water as reported by 50% of respondents.

## **8. Family members of respondents**

Family members of respondents interviewed expressed that community/ public toilets were not beneficial to women and girls since these were not fully functional, nor accessible. Family members did emphasize a great deal on the safety and privacy issues in using public utility services in and around their slum communities

## **9. Third party users**

Third party users were involved in the survey so as to understand the overall degree of satisfaction while accessing public toilets. 58% of these respondents mentioned they were highly dissatisfied with the experience of accessing public toilets, but were forced to pay and use this due to lack of alternatives.

## **10. Community Leaders**

Community leaders feedback on sanitation facilities for young urban women show that out of 20 community leaders interviewed, 6 mentioned there were no functional toilets within their slums, while the remaining 14 mentioned there were approximately 1-5 toilets, though these were poorly maintained. A majority of the community leaders did take a proactive stand with regards to maintenance of community toilets by either informing ward level functionaries for improving facilities, personally monitoring the upkeep of these toilets as well as upgrading infrastructure within toilets so that these respond to needs of marginal groups within the slums.

Information and individual accounts received from various stakeholders show that existing public toilet services are either not functional or have very low-quality standards. It suggests that services that are used especially by low-income groups or surrounding slum communities are poor in design and implementation. In addition, the lack of gender perspective in planning and provisioning of public services contributes to the under-utilisation of these services. The findings illustrate the need for gender budgeting and provisioning of public services across sectors such as transport, water and sanitation, urban and city planning. It is well known that women, men and others access and use these services in different ways and these differences must be recognized and

addressed. The report touches upon key needs and demands of young women in low income communities in urban areas where government must look into. Some recommendations based on such findings are as follows:

1. More toilets to be made available in the community especially for girls and women. More public toilets for women should be built, as the number of toilets for men and women are not proportionate and nor are they adhering to the provisions mentioned in the SBA guideline.
2. Community toilets and public toilets should be well maintained and have all the necessary amenities like proper lighting, running water, sanitary pad, soaps, proper doors and covered windows, disposal mechanism and many such essential facilities.
3. Increase in public financing to push for more women-only community toilets, and water and sanitation services. Integrating gender perspective and sensibilities into urban planning, infrastructure design, planning and implementation is essential for catering to the needs and demands of young urban women in low income communities.
4. Creating inclusive public systems and policies to ensure the benefit of services reaches to people from different caste, class and religious backgrounds
5. Initiatives to build awareness and orientation on community, state and centre level with various government and non-government officials on linkages between social, economic, and political participation and freedom of women and utilization of public services.
6. Build networks with allies and likeminded formal and informal groups to strengthen linkages between public service systems and security, safety and prevention from violence against women.
7. To make it mandatory for companies/small factories where there are women workers to provide safe and hygiene sanitation facilities i.e., women toilet, water, electricity, and sanitary pads.
8. There should be stock taking of all public toilets in Delhi to see how they comply with the SBA guidelines and necessary action needs to be taken to ensure compliance. Similar stock taking in major urban centres of the country.
9. There should be provision of 24x7 guard facilities for women toilets as safety has been found one of the biggest concerns when it comes to women's toilet.
10. There should be adequate provisions for ramps, instructions in Braille, special toilet seats for PwD in every toilet unit – to increase access to PwD and the elderly.
11. The practice of manual cleaning should be stopped and other forms of disposal should be promoted such as bio digester with reed bed systems/soak pits, bio tank, septic tank with soak pits.







# 1

## INTRODUCTION

The India Urban Poverty Report 2009 indicates that the pace of urbanisation in India is increasing along with the increase in urban poverty and urban slums, despite 62% of GDP contribution from towns and cities. Urban poverty in India is more than 25% and around 81 million people live in urban areas on incomes below the poverty line. It is projected that by 2030, urbanisation in India will reach 50%.<sup>1</sup> This does cause a strain on public and civic amenities, namely sanitation services. Evidence of this was reflected in Census 2011, where 13 % (10 million) households resort to open defecation, and another 3% or 1.8 million households have “unimproved” sanitation (unimproved pit latrines, removal of night soil by humans, animals or direct flow into drainage). Six per cent or around five million households rely on public toilets but these do not include toilets shared by neighbours. As per the WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation there has been a sharp decline in percentage of open defecation from 65.97% in the year 2000 to 39.84% in the year 2015.<sup>2</sup> Much can be credited to India’s policy of the Swachh Bharat (Clean India) that brings renewed commitment and momentum to address the country’s sanitation crisis. The national government’s initiatives promise to improve sanitation coverage and end open defecation, conferring benefits in terms of health, education, and even women’s safety. However much of these changes have been brought about in rural areas, with only a few select urban pockets accessing improved sanitation facilities.<sup>3</sup> Besides inadequate

1. Policy Options to Improving Toilet access among the urban Poor Available from: [www.isec.ac.in/PB%2013%20Manasi%20Policy%20Brief%20Sanitation%20final.pdf](http://www.isec.ac.in/PB%2013%20Manasi%20Policy%20Brief%20Sanitation%20final.pdf)
2. Ref: <https://data.worldbank.org/indicator/SH.STA.ODFC.ZS>
3. PTI. Construct separate toilets for girls in schools: Modi. The Hindu. New Delhi; 2014 Aug 15. Available from: <http://www.thehindu.com/news/national/construct-separate-toilets-for-girls-in-schools-modi/article6321025.ece>

infrastructure, low rates of sewage treatment pollute drains and water bodies, hence adversely affecting the urban poor and those residing in slum dwellings.

Based on the current national scenario of urban sanitation development, ActionAid Association (AAA) has conducted a six-city study on gender responsiveness of sanitation facilities amongst low income young urban women and adolescent girls living in slums. AAA holds that Gender Responsive Public Services enables women and girls from marginalized backgrounds to access opportunities. Gender Responsive Public Services are public services that meet practical and strategic needs of gender groups with regards to their design, process, resource allocation, services location and provision. Gender Responsive Public Services ensure equality in access, use and control of public services.

## **International Commitments Towards Gender and Sanitation**

The Sustainable Development Goals (SDGs) have committed the international community to expand international cooperation and capacity building on water and sanitation related activities and programmes, and also to support local communities in improving water and sanitation management. Through Goal 6, the countries of the world have resolved to achieve universal access to safe drinking water and adequate sanitation and hygiene to all by 2030. More specifically, Indicator 6.2.1<sup>4</sup> mentions the proportion of population using (a) safely managed sanitation services and (b) a hand-washing facility with soap and water. The Government of India aims to reach the following targets by the year 2030, as ratified within Sustainable Development Goal (SDG):

1. By 2030, achieve universal and equitable access to safe and affordable drinking water for all.
2. By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

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4. SDG 6: Clean Water and Sanitation, Taken from <http://in.one.un.org/page/sustainable-development-goals/sdg-6/>

3. By 2030, improve water quality by reducing pollution, eliminating dumping and minimising release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally.
4. By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity.
5. By 2030, implement integrated water resources management at all levels, including through trans- boundary co-operation as appropriate.
6. By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers and lakes.
7. By 2030, expand international co-operation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, waste water treatment, recycling and reuse technologies.
8. Support and strengthen the participation of local communities in improving water and sanitation management.

Unfortunately, the current reality paints a grim picture with regards to the implementation of SDG 6 in India. The overall proportion of Indian households with access to improved water sources increased from 68% in 1992-93 to 89.9% in 2015-16. However, in 2015-16, 63.3% of rural households and 19.7% of urban households continued not using improved sanitation facilities. According to the World Bank, more than 520 million in India were defecating in the open – the highest number in the world.<sup>5</sup>

## India's Sanitation Policy

Women have specific sanitation needs, access, and utilization patterns and experiences of sanitation services. Poor sanitation facilities and services exist

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5. SDG 6: Clean Water and Sanitation, Taken from <http://in.one.un.org/page/sustainable-development-goals/sdg-6/>

in case of both sexes, but women and girls are particularly vulnerable to a loss of dignity, increased health concerns, and safety risks. Thus the Government of India has implemented a few flagship programmes and policies to address the challenges of urban sanitation namely the National Urban Sanitation Policy, Jawaharlal Nehru Urban Renewal Mission (JNURM), Rajiv Awas Yojana (RAY), National Urban Health Mission (NUHM), Nirmal Bharat Abhiyan (NBA) and the more recent Swachh Bharat Mission (SBM). The SBM addresses some concerns of gender responsiveness of sanitation facilities, which is as below:

1. Adequately provisioned separate toilets and bathing facilities for men, women and PwDs in SBM (Urban).
2. Special focus in SBM (Rural) on providing access to various categories of low income group women who are otherwise unable to use safe sanitation facilities.
3. Gender sensitive concerns, especially those related to dignity and safety, have been taken into account at each stage, namely planning, implementation and post implementation management of sanitation issues in SBM (Rural).
4. Special provision has been made for disposal of menstrual waste in Community/ Public Toilets as well as for raising awareness on menstrual hygiene management.
5. Constructing Individual Household Latrines (IHHLs) for women headed households.

The SBM (Urban) aims at improving urban development and service delivery to benefit the urban poor through the construction of household toilets and image conscious marketing, well represented by the “no toilet, no bride” campaign to name a few. However the programme undermines the importance of proper collection, processing, treatment and disposal of waste that continues to remain a major challenge in urban areas. Further though a gender consideration, primarily women’s sanitation-related needs, is mentioned within the policy, there is no clear cut strategy on how these could be addressed. Hence issues of reproductive & sexual health, menstrual health management and gender- based violence continues to persist despite the efforts by the Gol.



Further, union budgetary allocations for construction of Individual Household Latrines (IHHL) and Community Toilets (CT) forms a mere 32% of the overall allocations of the SBM but as of 2018, “58% of the allocated funds under toilet construction have been sanctioned, whereas only 28% of the allocated funds under SWM (Solid Waste Management) and only 22% and 25% of the allocated funds under IEC (Information, Education, Communication) and CB (Capacity Building) have been sanctioned”(Khan, 2018). The statistics on toilet construction present an optimistic picture of the success of the SBM. However, behavioural change is essential to ensure toilet usage and behaviour is linked to surroundings people live in.<sup>6</sup> Massive investments in toilet infrastructure tend to ignore the concerns that the toilets built are not safe, sanitary or accessible, especially for women and girls.

## National Campaigns

There have been a few national campaigns that focus upon gender responsive approaches to sanitation. One such campaign is the Right to Pee (RTP) campaign which was launched on May 3rd 2011 by a network of 35 NGO’s to voice women’s right to clean, safe and free public urinals in Mumbai. The idea behind the campaign was that “in a city which has 57,41,632 women there are no public urinals for them and even the number of toilets is far less in comparison to men”.<sup>7</sup> The campaign was a success with the BMC acknowledging the problem and agreeing to increase its budgets for gender sensitive public amenities. The financial allocation for building women’s toilets increased from ₹75 lakhs in 2011-12 to ₹5.25 crores in 2015-16. Further, continuous advocacy efforts have led to BMC incorporating suggestions of RTP campaigners into the city’s Development Plan 2034, in which three plots of land have been reserved for women’s toilets.

A similar campaign that focuses upon improved sanitation within the country is UNICEF’s “Take Poo to the Loo” Campaign - social media campaign on the problem of open defecation and safe sanitary practices in India. The campaign aims at mobilizing youth by reaching out to them via social media, thus creating

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6. Khan, Sama, Swachh Bharat Mission (Urban): Need vs Planning, CPR <https://www.cprindia.org/research/reports/swachh-bharat-mission-urban-need-vs-planning>

7. Ref:<https://swachhindia.ndtv.com/mumbai-women-claim-public-spaces-right-pee-campaign-5235/>

awareness about acute health issue, but also to help influence the various agencies in the city to join in and create a meaningful change.

On the occasion of the World Toilet Day on 19th November 2016, Action Aid Association started a campaign on public toilets across cities, focusing on the problems faced by women due to the absence or inaccessibility of public toilets. The campaign was based on the understanding that the principle of a sustainable and just city includes access to safe and healthy sanitation as a basic right for all citizens. As part of the campaign, AAA commissioned a Primary Survey of Public Toilets in Delhi,<sup>8</sup> which revealed critical information regarding status of sanitation facilities within the city. The survey revealed that more than 71% of the toilets surveyed were unclean, there were no separate toilets for men and women and 53% of these toilets did not have running water and had washing facilities. Safety of these toilets was undermined with 46% toilets being unguarded and 30% toilets having minimal infrastructure to protect the privacy and safety of women.

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8. Find publication on <https://www.actionaidindia.org/publications/public-toilets-in-delhi/>



## 2

## METHODOLOGY

The Young Urban Women Project being run by ActionAid Association has enhanced leadership skills of women belonging to lower income groups. These have been built through the formation city-level collectives comprising of young urban women leaders. These groups were encouraged to discuss their concerns on Gender Responsive Public Services and availability of public toilets through a series of consultative meetings. A list of key priority needs/ issues emerged which included safety around public toilets, availability of water in them, Street lighting in and around Public toilets, taboos related to menstruation and sexual harassment, public toilet usage fee and sanitary napkins in public toilets. Based on this discussion, AAA commissioned a study to explore gender responsiveness of public toilets in low-income urban communities, across six cities of India viz. Bhubaneswar, Chennai, Delhi, Hyderabad, Kolkata and Mumbai.

### **Study Objectives, Sample, and Data Collection**

The study aims to address the following objectives:

1. To access the status of public toilets for low income young urban women between the ages of 15 to 29 years.
2. To understand needs, demands and expectations of low-income young urban women around public services.
3. To assess gender responsiveness of policies and programmes on public toilets.

The sample consists of young urban women from lower income groups, residing in the areas identified in each city (description of the areas and respondents in the next chapter) to help us understand the needs, demands, and expectations around public toilets as expressed by young urban women and adolescent girls. Apart from this focus we also gathered responses from the families and communities of the respondents including the community leaders who have been involved with the project, municipal maintenance staff, local representatives, and non-respondent users of the toilets. The survey conducted covered public toilets in three areas- community, workplace, transit (within distance of 3 kilometres from the community or nearest public toilet) and educational institutions. AAA conducted a two-day brainstorming workshop for young urban women leaders, partner organisations and staff across six cities on how to carry out the Gender Responsive Public Services study for low income young urban woman and developed a guideline to conduct the action research with their consultation. The respondents were administered a survey questionnaire combined both quantitative and qualitative approaches and the comments made by respondents when answering questions were also recorded (See Annexure II for Survey Schedules). The data gathered from participants included information about themselves and their households (age, years of residence, caste, religion, marital status, current occupation, education levels, status of household ownership), access to toilet facilities viz. household/ Community/Public toilets or OD (Open Defecation) sites, access to water in community/ public toilets and the maintenance and cleanliness of community toilets (See Annexure I for Data Tables). The survey captured information on how low water intake, toilet avoidance and bladder control by young urban women and adolescent girl's impacts health problems especially Reproductive and Sexual Health and Menstrual Health Management (MHM) issues. The survey also covered the access and availability of toilets within homes, educational institutions and workplace and how this further marginalizes young urban women and girls. Information on sensitive issues including challenges and barriers faced while accessing community/ public toilets and toilets in the work place was captured through more qualitative approaches.

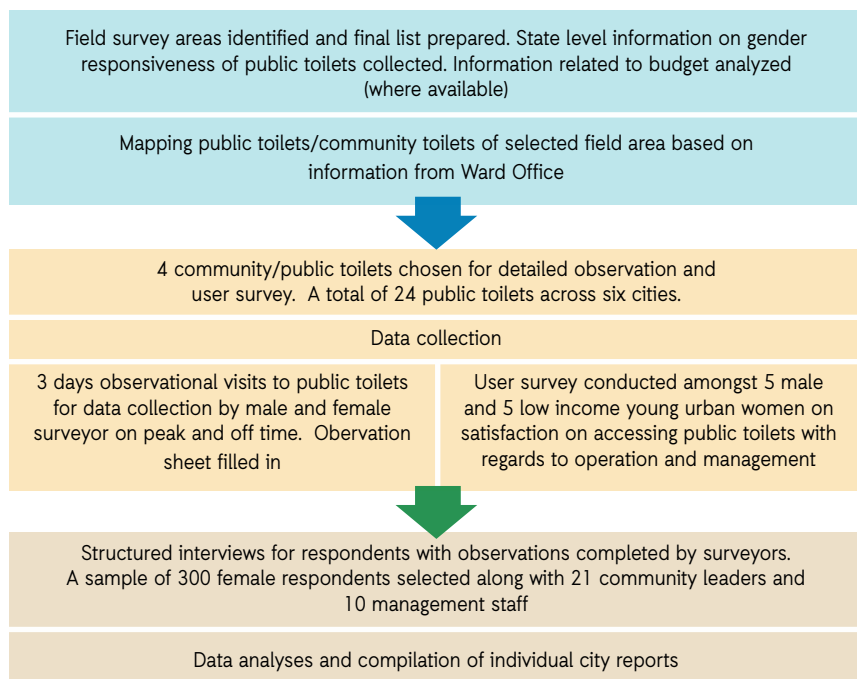
Human interest stories, structured questionnaires and observational visits tried to explore problems faced by young urban women and adolescents while using public toilets including experiences and perception of harassment and violence



faced while using toilets or OD sites as well as strategies and suggestions on making community/ public toilets more gender responsive. The survey also tried to collect information on levels of Awareness and Behaviour change regarding hygiene practices amongst adolescent girls attending educational institutions. 30 women from those surveyed were encouraged to share a more in depth understanding on the challenges related to access to sanitation facilities for poor young urban women within slums. Their testimonials were recorded in the form of human interest stories by surveyors and sheds light on realities on ground.

Open Interviews were conducted with municipal officials and Community Leaders to understand diverse perspectives around public toilets and roles played in enabling accessibility of community/ public toilets by young urban women and girls.

The process for data collection followed during the study is as follows:



## Limitations of the study

The sample in this study does not allow for the study's findings to be generalized to a larger population as the purpose of the study was to gain insight into the range and nature of the concerns that would have to be considered in order to make public services more gender responsive. This is an area that could be explored further.

Certain concerns such as the accessibility of public toilets to persons with disabilities, the effectiveness of MHM and Hygiene management awareness sessions in schools, and additional charges paid by users of public toilets to bathe/wash clothes etc., were repeated observations made in the comments by respondents and were incorporated as concerns in the findings, however, reliable quantitative data is not present for the same.

In some of the cities surveyed respondents viz. young urban women interviewed, were from on-going projects being implemented by AAA's partner. An assumption can be made that levels of awareness and behavioural practices amongst these respondents would be higher than those in non-AAA project sites. Additionally due to time and cost factors, sample sizes selected from amongst these groups, may not represent the holistic sanitation needs of all young urban women and adolescent girls across city slums. However the nature of the issues faced by them is reliably inferred from the data.

In cities like Hyderabad and Chennai many respondents interviewed did not access community toilets since Private toilets existed within their households making some sections of the survey inapplicable to them. Especially in Chennai, since the study was conducted in a relocation colony, a very small portion of respondents used community toilets. The data from Chennai is also missing in certain sections; however the sample size has been indicated accordingly as and when the gaps in the data appear.

In many cases municipal authorities refused to cooperate with surveyors to share necessary information. In the absence of such co-operation from the municipal authorities across the six cities on gender responsive sanitation needs of young urban women means that the study could not incorporate their

perspective into the study, however this does not compromise the findings of the study as the focus remains on the experiences of young urban women.

As per the feedback shared by surveyors, it was difficult to collect information, especially from third-party users of public toilets, mainly due to the paucity of time in interviewing them as well as a general feeling of awkwardness in answering questions related to sanitation and personal hygiene practices.







# 3

## STUDY FINDINGS

This chapter enumerates the key findings from the research study. A description of field sites and profile of participants looks into the nature of the slum, the composition of households, personal information including age, caste, marital status, family size, education and employment status. The major part of the findings reflect the status of available, accessible and affordable community and public toilets accessed by primary respondents and their perception of needs, demands and expectations on improving sanitation facilities within their localities. The latter part of the section outlines feedback received from significant others viz. family members, community leaders and management staff with regards to the status of community toilets accessible to women and adolescent girls within the community and measures adopted to help improve and promote gender friendly sanitation facilities.

### Field Sites

A total of 300 primary respondents viz. young urban women and adolescents, 300 family members, 20 community leaders and 9 management staff were interviewed across 15 slum localities across six cities - Bhubaneswar, Chennai, Delhi, Hyderabad, Kolkata and Mumbai, where ActionAid Association is implementing its Young Urban Women project.

A total of 15 slums were surveyed during the study, which covered respondents from both notified and non-notified slums.

In the city of Kolkata participants from the slums of Hastings, Dakhineswar, Bagbazar, Jorabagan, Dhapa, Rajabazar Ward 36 and Ward 29 participated in the

study. Six out of eight slums selected were unauthorized while the remaining two slums were home to rag pickers and pavement dwellers. Those living on footpaths were forced to live in make shift homes made of plastic sheets and were mainly manual scavengers working in the nearby dumping sites of Dhapa. Residents of Dakhineswar slum which is close to a railway track are in constant fear of being evicted by the Railway Authorities. There are minimal civic amenities in these slums, with sanitation facilities especially for women and girls in dismal condition. There are a few community toilets within these slums, but the conditions are unsuitable for women and girls to access such as , so some of them are forced to defecate in the open or in make shift bamboo toilets near canals and water bodies.

In the city of Hyderabad, slums and surroundings covered under the study were Siddiq Nagar, Sultan Shahi, Valmiki Nagar, Aman Nagar, Nashemaan Nagar and Gowlipura. The residents of these slums belong to backward minority communities including Muslims, Dalits and Other Backward Castes (OBC). Though most of the slum families do have toilets attached to their households, they are inadequate as the size of the families also is large. Community toilets in transit areas were covered mainly in Charminar, Charminar bus stop, Kaveli Kaman, and Mecca Masjid for the purpose of the study.

Nearly 52 % of Delhi's slum dwellers are without basic services like water, electricity, sanitation, sewage system and proper housing (Census 2011). According to the Mission Convergence Survey conducted by the Government of Delhi in 2012, a staggering 56% of children in the city's unauthorised colonies and slums defecate in the open, compounding the sanitation crisis. The study covered two resettlement colonies namely Bawana and Bhalswa resettlement colonies in Delhi, where sanitation infrastructure viz. community toilets were inadequate and inaccessible especially by women and adolescent girls.

Even though Chennai is considered as one of the most urbanized cities in India, yet access to sanitation is much lower as compared to other metro cities. As per census 2011, many as 3.2 lakh slum dwellers in undeclared slums of Chennai revealed that only 29% of had access to individual toilets, while 48% depended on public toilets and 22% of the total population used other means, including open defecation. It has been reported that 866 public toilets were

constructed in the whole of Chennai city, however only a minimum number viz. 577 public toilets were found to be operating and accessible. The slum area surveyed was Semmencherry Slum, which is a resettlement colony. The residents of this colony have private toilets attached to their houses, though minimal access to running water in these toilets and large number of family members accessing household toilets continues to be an issue. Only a small percentage of families mentioned using public toilets, since these were badly maintained and unsafe for women and children to access.

In the city of Bhubaneswar, as per Census 2011, total population of Bhubaneswar Municipal area is 8, 37,737. At present, BMC has 60 functional public toilets. This shows there is only one Public Toilet for every 14,000 people, which is highly inadequate. The study was undertaken across four slums in Bhubaneswar namely Banafula, Ishaneswar, Mandap Basti and Patharbandha. Though there are toilets attached to a few individual households, many of these lack water closets, hence forcing most slum dwellers to make do with pit latrines and other forms of dry toilets. Those who access community/ public toilets mentioned poor infrastructure as a major reason for low usage. Open defecation continues to be the preferred practise amongst slum dwellers within the city.

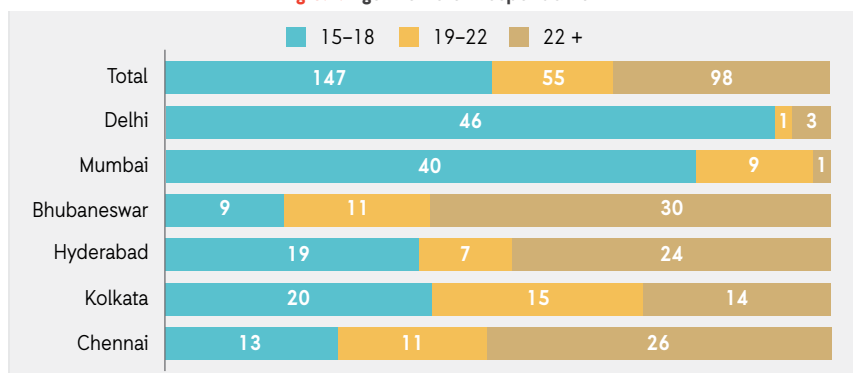
In Mumbai the survey was conducted in three slums of Dyaneshwar Nagar, Bandra East (Raju Nagar) and Lalmitti Slum. Dyaneshwar is a large slum comprising of 45,000 populations, many of whom are migrants from Andhra Pradesh, from other parts of Maharashtra and well as evictees of other slums within Mumbai. In comparison Lalmitti is a smaller slum comprising of 1200 households, whose residents are predominately Muslim. In case of both slums, there is a lack of civic amenities and tenurial rights. In case of Lalmitti slum, residents are in constant fear of eviction by MAHADA and BMC since they lack the required identity documents to provide them with tenurial rights.

## Profiles of Respondents

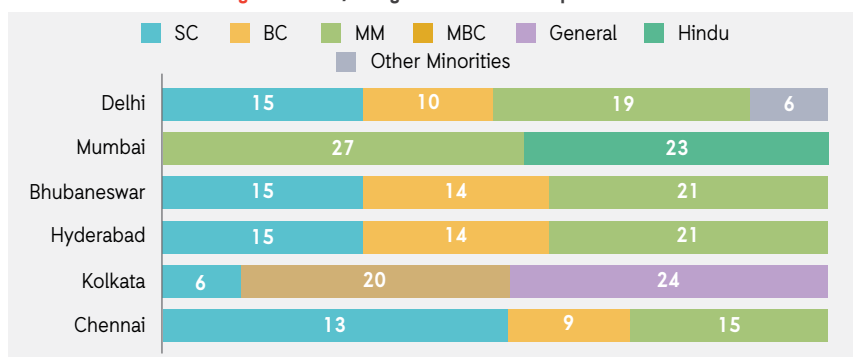
The following section details the age, caste, marital status, family/ household size, educational and occupational status of the survey respondents. Out of 300 respondents 49% were aged 14-18 years, 18.3% respondents aged 19-21 years and 32.7% are aged 22 years and above (Fig 3.1)

The caste and religious composition of the survey respondents show that 25.7% of respondents belonged to Schedule Castes (SC), 15.7% to the Other Backward Class/ Backward Class (OBC/ BC) category while a majority of the respondents belonged to Muslim Minority (MM) groups viz. 34.3%, while in Mumbai, the caste composition of the respondents is unavailable, 23 (8% of total) respondents identified themselves to be Hindu, and overall 8% of the respondents belonged to the “General” category (Fig 3.2). As the answers were predominantly based on State-level Administrative Categories, in West Bengal 20 respondents (6.7% of total respondents) identified as belonging to the “More Backward Category” (MBC) and in Delhi 6 respondents (2% of the total respondents) identified as belonging to “Other Minorities” mostly being Christian. While it is clear that there

**Fig 3.1: Age Profile of Respondents**



**Fig 3.2: Caste/ Religious Profile of Respondents**



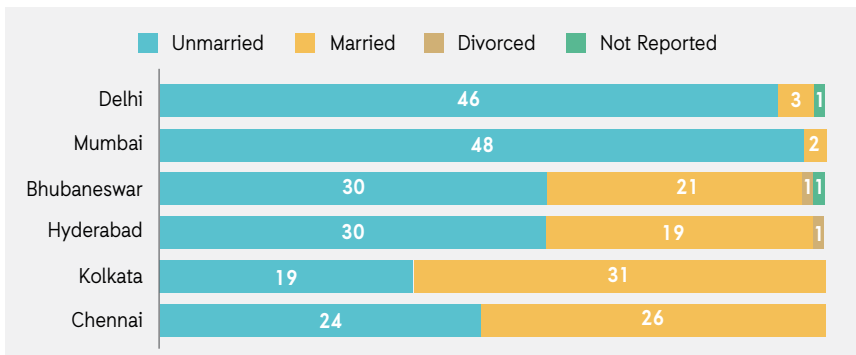


exists gender inequality with regard to urban sanitation facilities, the study finds that caste driven vulnerabilities further worsens the difficulties faced by women from these socially excluded groups in accessing these services.

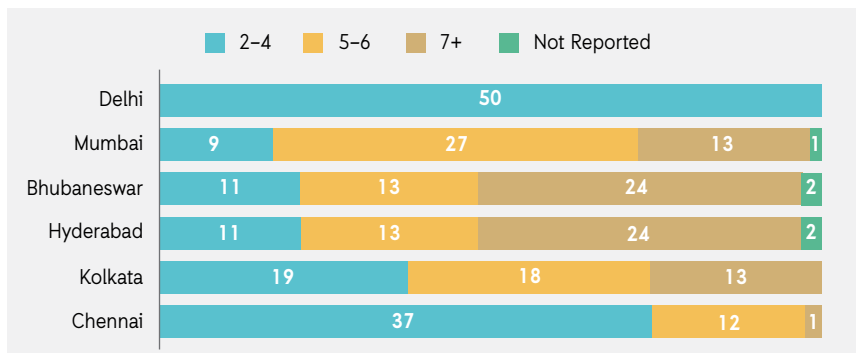
With regards to the marital status, 66% of respondents were unmarried while 33% respondents reported being married and 0.5% were divorced/ separated from their spouse and there was no response from 0.5% of respondents (Fig 3.3).

The study finds that the total family size of respondents is a critical indicator while understanding access to sanitation facilities within households. Among

**Fig 3.3: Marital Status of Respondents**



**Fig 3.4: Family Size of Respondents**



the respondents 29% had between 2-4 family members, 44.3% respondents had 5-6 family members and 25% had 7 or more members in the family residing in the household. It was frequently reported that large family sizes further strain young women's access to sanitation facilities within the household and community as they habitually use the toilets only after older and male members of the family.

Educational status of respondents suggested that 91.2% respondents had received some form of formal education through government and private institutions, whereas the remaining 7.6% reported being semi-literate. Of the 270 (90% of total) respondents who reported receiving some form of education, 6.7% of respondents reported completing primary education up to class IV, 18% had completed their upper primary up to class VII, 46.7% their secondary education up to class X, 13.7% respondents completing their higher secondary education up to class XII, while a smaller number 5% respondents had either a graduate or post-graduate degree. The maximum number of respondents who were had received no formal education and were illiterate belonged to slum localities in Kolkata and to a smaller extent, from Bhubaneswar, while, the highest number of respondents who had completed their tertiary education belonged to Chennai city followed by Bhubaneswar. (Fig 3.5).

207 respondents were either engaged in housework and reported being housewives or were students pursuing their studies. Of the 85 respondents who were employed, 68% were engaged in the informal/ unorganised sector working as domestic worker (32%), daily wage earners (13%), shop assistants (5%) and other informal sector workers (19%), while only 32% belonged to the formal sector (Fig 3.6). It was observed that poor educational attainment corresponds with engagement in unorganised sectors to earn a living, where workplace facilities like sanitation continue to be inadequate- a challenge which was reported to be eventually affecting their productivity.

Annual Income of families/households interviewed suggests that out of 200 respondents (Data from Hyderabad and Delhi are unavailable) only 2.5% reported annual incomes of over 1 lakh, lakh, 37.5% chose not to respond, 29% respondents reported family incomes between ₹60,000/- and ₹1,00,000/-, 16.5% reported to have family incomes between ₹30,000/- and

Fig 3.5: Educational Attainment of Respondents

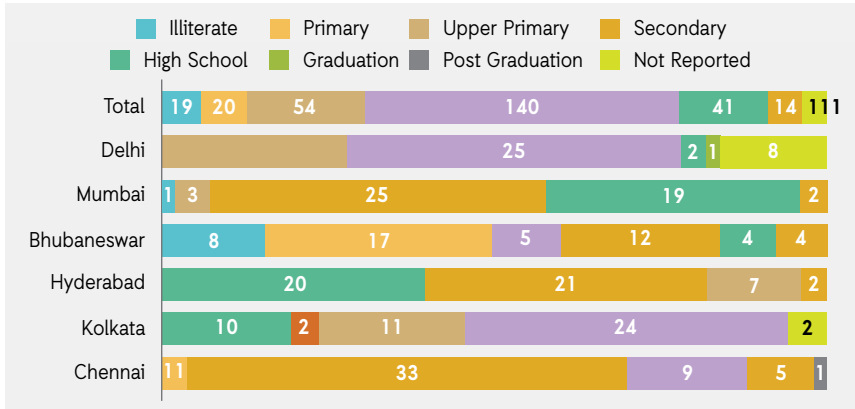


Fig 3.6: Employment Profile of Respondents

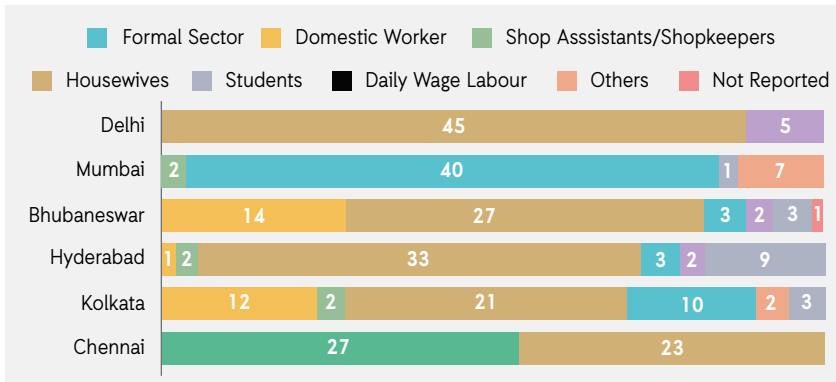
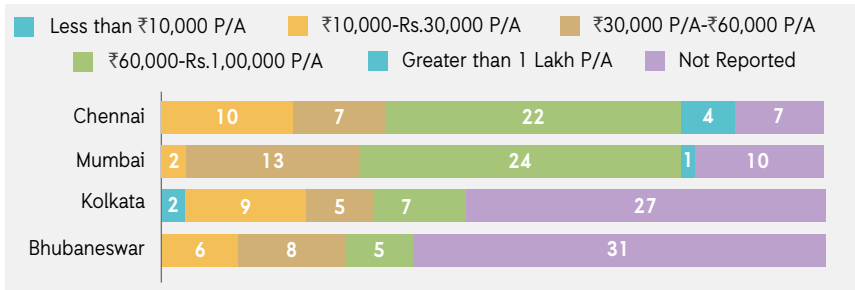


Fig 3.7 Household Income Profile of Respondents



₹60,000/-, and 1% of the respondents reported an annual income of less than ₹10,000/-. With the lack of community toilets and user fee imposed to use public toilets one could infer the burden of paid toilets on the respondents. (Fig 3.7).

## **Key Findings**

While reviewing the key findings amongst young urban women and adolescent girls who participated in the survey the following areas presented gaps and challenges in accessing sanitation services.

### **Availability and Access to Toilets in Community and Homes**

“My family uses toilets that are constructed within our home. I find this most convenient and accessible as compared to using community toilets within my locality, which are at a distance and would delay me in my daily chores. It is essential for toilets to be clean and safe for use,” adds Sujata (name changed), an eighteen-year-old student who is pursuing her diploma in computer studies in Chennai.

The survey finds that there are inadequate and inaccessible community toilets in the localities in which the respondents are residents with the exception of Chennai in which the locality chosen for the survey is a resettlement colony where all the houses have attached private toilets. Though 72% of respondents (out of a total 250 respondents from Kolkata, Delhi, Mumbai, Hyderabad, and Bhubaneswar) reported having access to community toilets, (See Annexure I Table 1.1.1) 43% of respondents reported that the community toilets were not open 24 hours (See Annexure I Table 1.1.2). Furthermore, 21 % of the respondents mentioned that community toilets were located beyond a 500 meter radius from their homes (See Annexure I Table 1.1.3). Overall, 33% of respondents take over 10 minutes to reach these community toilets, and 63% of the respondents spend over 10 minutes queued up to use toilets. (See Annexure I Table 1.1.3 & Table 1.1.4). This usually delays women and girls from reaching their work place and schools on time.

With regard to toilets attached to households, out of total of 300 respondents, 71% had ownership of the houses they were residing in and 64% of the

respondents have been resident of their localities for more than 13 years (See Annexure I Table 1.2.1, Table 1.2.2). However only 33% of respondents reported that they had toilets attached to their homes with only 40% of respondents receiving regular supply of water (See Annexure I Table 1.2.3 & Table 1.2.4). However, since most of these private toilets were accessed by large number of users, given the size of the family residing in the household, coupled with the observation that women and girls often access toilets only after male family members - the existence of private toilets does not directly imply ease of access and use for young urban women.

In Delhi, a study undertaken by the Delhi Urban Shelter Improvement Board (DUSIB) in 2011 suggested that 55% of households in Jhuggijhopri clusters may have had access to community toilet complex, the overcrowding, distance to be walked, the insecurity and lack of maintenance forced women and girls to resort to open defecation practices.

### **Access to Toilets in Work Places**

Tarranum Begum is a 22-year-old degree student who works as a receptionist at a local nursing home as well as attends evening college. A resident of Aman Nagar slum in Hyderabad city, she belongs to the Muslim minority community. Since most of the households in those slums do have private toilets attached to them, Tarranum too has a private household toilet. However the toilet is accessed by 10 family members, hence making access for her difficult especially in the morning, when she is in a hurry to reach her work place.

While being asked about whether she can access toilets in her work place, Tarranum mentions it is difficult since many a time while handling patients she either overlooks it or finds it awkward owing to the number of male colleagues around. She finds it particularly difficult especially during her periods to carry a sanitary napkin to the toilet, since the toilet in her work place has no provision for this. "I usually stay at home, and miss work till my periods are over." This affects her salary, and in turn her studies, since she is unable to pay her college fees. Tarranum thus has to hold back on her water and food intake due to her long hours of work and then attending evening college, and uses the toilet once she returns home. This has impacted her physical health adversely with



her suffering from recurrent urinary tract infections. Tarranum shares how the slums she resides in has no community toilets, and for many who don't have access to toilets this becomes particularly difficult especially for women and girls. "It is essential for slum localities to have a community toilet separate for males and females. These toilets must be equipped with running water, electricity and other sanitation facilities that help make women feel safe." She mentions as a working woman, her choice of employment is usually governed by factors like access to public utility services and believes that employers in work places should be more sensitive to sanitation needs of female employees.

Given the growing role of women in informal and formal work environments, inadequate workplace sanitation has an impact on the productivity and overall health and well-being of female workers. But there is a dearth of research on such loss of productivity caused by absence of proper sanitation affecting working women. This study has tried to address this by interviewing 80 young urban women working in formal and informal sectors across the six cities. Of the 80 women interviewed, 91% mentioned that they had toilets in workplaces, though only 80% of the respondents reported being allowed to use these toilets as per their need, and a mere 55% reported that they had separate toilets for male and female employees. Though the number of respondents with a toilet facility in work places may seem fairly high, the facilities in these toilets remained quite poor with only 43% of respondents reporting that the washrooms in their workplace had facilities including running water, soap, buckets, mugs and dustbins (See Annexure I Table 2.2). Most respondents worked between 8-10 hours per day (45%), and only 27.5% workers lived within a 1km radius of their workplace (See Annexure I Table 2.1). It is imperative that employers and Government uphold the rights of women in both formal and informal sectors by addressing their sanitation needs and requirements to ensure dignified working environment so that women may be productive members of the workforce by reducing absenteeism and promoting the health and well-being of women workers.

### **Affordability of Community Toilets**

Though user fees levied on toilets helps towards its maintenance and upkeep, it poses a barrier for accessibility for women and girls. Out of 250 respondents (excluding respondents from Chennai who do not use community toilets),

only 39% respondents reported that they did not pay a user fee for accessing community toilets, 42% paid ₹5/- or less per use for using latrine facilities while 17% paid between ₹5/- and ₹10/- for accessing toilets (See Annexure I Table 3). It was however observed that across the cities respondents mentioned that they paid an additional amount for bathing and washing clothes. What is significant to note is that only 2.5% of respondents have reported annual family income over one lakh rupees per annum, which raises a question about the affordability of sanitation facilities. Most respondents have reported an annual income between ₹60,000/- and ₹1,00,000/- (See Fig 3.8) With regard to third party satisfaction of public toilets most non-respondents who were surveyed were highly dissatisfied with services provided in public toilets, but were forced to use and pay for these due to lack of alternatives. Users in cities of Kolkata, Delhi and Hyderabad reported greater dissatisfaction as compared to those in Bhubaneswar and Mumbai.

## **Safety and Sanitation**

Shabbo Sheikh is a 17-year-old Muslim girl, who lives in a slum in Mumbai. She was forced to drop out from school and help with domestic chores owing to the poor financial conditions of her family. In order to help with the family expenses she works as an Assistant in a nearby pharmacy. She mentions that her house lacks a private toilet and she is forced to use the community toilet which is inaccessible owing to its location and level of cleanliness. She further mentions how she almost always is teased and harassed by males who loiter around these facilities and hence holds back whenever she can. Since there are so few community toilets and so many users, she is forced to queue up which delays her in reaching her workplace on time and is often reprimanded by her employer. "There was this one time when a boy followed me from my home to the toilet, and was even peeping inside the broken window of the toilet." Shabbo mustered courage and shared the incidence with her father who made a formal complaint. This resulted in the boy being taken to task and stricter surveillance around community toilets so that males didn't loiter and harass women and girls in future.

Our findings show us that community toilets that exist are largely unsafe, dirty, poorly maintained and do not offer any privacy. The respondent young urban women had reported feeling unsafe and awkward since men loiter around

public toilets and have to risk facing harassment while using community toilets. 86.4% women and girls out of 250 mentioned they felt the need to be escorted by a family member. 69.6% respondents used the community toilet 1 and 3 times a day while 20% used it anywhere between 3 and 6 times (See Annexure I Table 4.1).

Gender based violence was perceived as a major threat to safety of young urban women and girls, and hence could be a deterrent for accessing public toilets (See Annexure I Table 4.2). 13.6% respondents reported having faced harassment on their way to and from community toilets and 10.8% have knowledge of harassment faced by their peers, out of the 34 cases a mere 47.1% of cases were reported and legal action was taken.

City wise distribution of sexual harassment cases reported suggested that out of 34 cases, 14 were reported from Mumbai, 6 from Delhi and Kolkata, and 4 from Bhubaneswar and Hyderabad. Out of a total number of respondent young urban women and adolescent girls who reported being harassed, 73.5% belonged to the marginalised communities. Sexual harassment faced while accessing toilets within community or workplace especially amongst young urban women belonging to socially excluded groups further increases their vulnerability. Hence there is a need for focussed intervention, taking cognizance of challenges and needs of more vulnerable groups of women and girls. Hence, there is a need for focussed intervention, taking cognizance of challenges and needs of more vulnerable groups of women and girls. Hence an inference could be made that identity based gendered violence further marginalizes marginalised urban women belonging to minority communities from accessing and using available services and accessing public spaces (See Annexure I Table 4.2).

Similar findings have been reported on the effects of open defecation and inadequacy of community/ household toilets was reviewed by a study conducted by Water Aid and DFID on Sanitation and Hygiene in 2011. The study showed that women living in urban slums of Delhi reported specific incidents of girls under 10 “being raped while on their way to use a public toilet”. Women in one slum said when they went out in the open to defecate, local boys stared at them, made threats, threw bricks and stabbed them.

Others said they were under threat from “lewd remarks, physical gestures and rape when they relieved themselves in the bushes”. A good practice model was seen with regards to Chennai city, where private toilets were attached to homes, thus making access/ usage of toilets safer for young urban women and adolescents, especially in case of migrant families.

The current study also found that with regards to Safety of Infrastructure within Public/ community toilets, the respondents cited the following factors, that dissuaded them from accessing community toilets. What is significant to note that out of a total of 34 young urban women who reported being sexually harassed, 74% belonged to the Schedule Caste, OBC and Muslim Minority groups. City wise distribution of sexual harassment cases reported suggested that out of 32 cases, 14 were reported from Mumbai, 6 from Delhi and 4 each from Kolkata, Bhubaneswar and Hyderabad. Sexual harassment faced while accessing toilets within community or workplace especially amongst young urban women belonging to socially excluded groups further increases their vulnerability. Hence the need for focussed intervention, taking cognizance of challenges and needs of more vulnerable groups of women and girls. Issues related to community toilets that were reported include:

- » Poor and Dim lighting
- » No separate toilets for men and women: “Once I entered the community toilet and was shocked to see a man entering at the same time.... I felt uncomfortable and unsafe,” mentioned a respondent from Hyderabad
- » Boys and men congregating in front of toilets/ eve teasing and harassment by local boys
- » Poor infrastructure viz. doors made of cheap material, broken doors, and windows and damaged roofs.
- » Dirty and unhygienic conditions.

Hence, inadequate infrastructure targeted for ensuring the safety of women around public toilets, was yet another reason hindering young urban women’s access to community toilets, thus having an ill effect on the physiological and social wellbeing.

## **Sanitation Facilities and Maintaining Reproductive Sexual Health**

Roshan Begum is a working woman residing in Nasheman Nagar slum in Hyderabad city. She lives in a one room chawl with her family and shares one toilet with six other families. An unwritten rule is that males of the family use the toilet before women. In Roshan Begum's case this almost always delays her reaching her workplace in time as well as increases the risk of developing infection due to unsanitary conditions. She has been suffering from a UTI due to incessant bladder control and unhygienic toilet conditions. "It was particularly difficult for me when I was pregnant, and I was unable to control my bladder, since I had little or no access to a toilet."

Girls' and women's ability to undertake measures for menstrual management is undermined by poor sanitation facilities in urban slum dwellings. Respondents complained of inadequate privacy, and water and hygiene amenities when accessing toilets in homes, communities, educational institutions and workplaces. The study shows that 58% of respondents mentioned they prefer changing sanitary napkins only when they return home and not when they are in work, school or public places. 55.6% of respondents reported needing to change sanitary napkin three or more times a day. A reason reported for changing sanitary napkins only when they return home, was due to inadequate disposal facilities viz. dust bins etc. in community toilets, schools and work places (See Annexure I Table 4.2).

As part of its WASH programme World Vision India, had conducted an urban baseline study amongst adolescent girls in Chennai which reports similar findings. The study suggested that a maximum number of girls (55%) continue to use and reuse cloth during their menstruation owing to the non-availability of affordable and subsidized sanitary napkins. Further, despite the efforts of UNICEF and the Government 93% girls who did access toilets in schools, mentioned there was no running water available, thus leading to many of them suffering from Urinary tract infections. Further, these respondents did mention that disposing sanitary napkins was a challenge, where 64% were forced to carry their soiled napkins and dispose of these with household garbage, 21% segregated the sanitary napkins waste, 9% flushed the napkin into toilets and 5 % disposed of it openly. The problems persist when disposing of sanitary napkins in schools, which are ill equipped with incinerators and proper disposal



facilities. Many a time girls absent themselves from classes during their menstruation, which impacts their learning outcomes.

### **Sanitation and Health Impacts**

Khurshia Sayyed is a 30-year-old home maker who lives with her family in a slum in Mumbai. Khushia mentions how community toilets are so dirty within her locality and hence she is forced to use the pay and use toilet. However, she experiences harassment with men lurking around these toilets and feels unsafe using them. She has been forced to condition her body where she visits the toilet once in eight days to defecate. This means that Khushi limits her food/nutrition and water intake, which has severely affected her health. She resorts to taking laxatives on the eight day to relieve herself. During her menstruation she is forced to use the “mori” in her home, which is usually used for cleaning utensils. She feels there is a need for community toilets to be more accessible for women and older people within the community.

Existing researches suggest that women and girls control their food and water intake so as to limit defecation and urination to more convenient times of the day viz. morning and night where they can access toilets or openly defecate. The current study finds that 64.4% young urban women reported controlling their bladder and reducing their water intake for a few hours every day. Out of this number 26% reported suffering from a urinary tract infection and stomach ailments including severe constipation and other urogenital and gastric problems (Annexure I Table 5.2). Implications for adolescent girls and pregnant women are particularly important, given the health needs during these life stages. A research study undertaken in Bareilly, Uttar Pradesh suggested that out of a sample of 620 women 6.77% of urban respondents had suffered from some form of RTI/STI where lower abdominal pain was the commonest symptom amongst them. (2010). A primary factor for this was inadequate sanitation facilities.

### **Sanitation and Education**

Neha Kumari Thakur is a fourteen-year-old student of class IX is living with her family in a slum in Hastings area in Kolkata city. Her mother is engaged in tailoring and her father is a barber. While being asked about the status of

sanitation within her slum Neha proudly mentioned that there exists a public toilet within her locality which was built seven years back. She had also described the hardships of having to openly defecate near the canal close to the slum dwelling. “The public toilet in my locality is clean and hygienic and I’m happy with the service. There is no fee charged for usage of the toilet and hence affordability is not a problem for me and my family. However, what I would like is a toilet attached to my home, which would be private and more convenient. My mother continues to accompany me to the toilet which at most times delay her in doing her daily chores.” Neha mentions that young boys and males surrounding these toilets makes her feel uncomfortable and unsafe and she has personally experienced being harassed by miscreants. This has led her to either use the toilet when she attends school or when she is back at home, which means she controls her bladder. Though she didn’t explicitly mention suffering from a UTI, she did mention many women within the slum complaining of symptoms of urinary tract infections.

While being asked about menstrual hygiene she says the community toilet within the locality has a good disposal system but wishes that government schools and educational facilities make provision for sanitary napkins as a way of addressing health problems. “The public toilet has eased the plight of many young girls like me and women in my community. Now we don’t feel awkward to use community toilets during our menstruation like before.” What helps in her community is the proactive support from ward councillors and a strong political commitment, which has ensured accessible sanitation services for these women and young girls.

Quality sanitation facilities are a factor in school enrolment and retention, especially for secondary education amongst menstruating adolescent girls. In the current study out of total of 103 adolescent girls, only 59% mentioned there were functional toilets in their schools, while 41% reported that toilets were non-functional in their schools. Out of this number 76% of respondents mentioned there were less than 4 toilets in their schools for both boys and girls, while a smaller percentage of 14.6% mentioned there were between 4-8 toilets in their school, with 6.8% saying that there were more than 8 toilets. 59.2% respondents reported that school toilets were ill equipped especially with regards to availability of running water, sanitary napkins, dustbins and hand

washing material. This definitely impacted menstrual health of these young girls, where 59 adolescent girls mentioned there were provisions for sanitary napkins within schools, while 44 mentioned sanitary napkins were not available. (See Annexure I Table 6).

Besides ensuring better sanitation facilities, there is a need for behaviour change in sanitary practices. Schools are important socialising agents that help build awareness amongst students with regards to personal hygiene and development. Merely 34% of respondents out of 103 adolescent girls reported that their schools were conducting sessions on personal hygiene practices and menstrual health management. The outcome of awareness programme could be linked to the current study findings which suggest that 80 respondents mentioned had washing practice after using the toilet as a priority while 12 mentioned bathing/ washing themselves. According to the Annual Status of Education Report (ASER) 2013, published by education non-profit Pratham, with the Right to Education Act as well as the WASH programme implemented by UNICEF in collaboration with the GoI have been effective to some extent where the percentage of toilets for girls has increased from 32.9% in 2010 to 53.3% in 2013 in government schools. However, 47% of the schools in the country still do not have separate functional toilets for girls vis-a-vis boys, hence suggesting that girls do not enjoy the same level of access to working sanitation facilities as boys do. This becomes a major disempowering factor for Adolescent girls discontinuing their studies “Toilets are highly inadequate in schools and are definitely one of the reasons for dropping out. But more than anything it’s a dignity issue and an issue of security for girl students,” says Sachin Golwalkar, programme director at Child Fund India, a non-profit organization working in the field of school improvement, including building toilets in several states.

### **Inadequate Attention to the Operation and Maintenance of Public/ Community Toilets**

Many of the young urban women and adolescent girls including others who used public toilets mentioned that a critical challenge remained in keeping these toilets clean. 48.8% of young urban women and adolescent girls mentioned community toilets get cleaned, however the frequency of cleaning suggests that only 27.6% community toilets are cleaned daily, 18.8% toilets

are cleaned weekly and about 1.2% mentioned toilets were not cleaned at all by concerned municipal staff. (See Annexure I Table 7). One of the primary reasons attributed to unsanitary condition in these community toilets was the inadequate provision of running water. Respondents frequently mentioned there was no running water in these community toilets, and when running water was available it was irregularly provided. Hence the burden of filling water and carrying this lay with the women and girls within families, which has a negative effect on their physical health and adds to their unpaid care work responsibilities. Another reason for women feeling inhibited about using these community toilets was either the absence of supervisors as reported by 53% respondents, and although some toilets had supervisors 32% of respondents used toilets with male supervisors. Only one toilet had both a male and a female supervisor managing a community toilet. About 12.8% of the respondents mentioned that these supervisors demonstrated rude behaviour, and since most of them were males, it was difficult to ask them for any assistance. All these reason affected women's access to community toilets. (See Annexurel Table 9.2).

### **Sanitation woes of Differently abled women**

Seeta Savarkar, is a fifty-year-old woman living with her husband in a community in Mumbai. Seeta suffers from partial paralysis and uses a wheel chair. Since the locality she resides in has no attached household toilets she is forced to access the local community toilet. Seeta mentions the physical challenges faced to access the community toilets are immense since there are no ramps and infrastructural amenities catering to differently abled members. "Accessing community toilets is a daily nuisance for me and many a time I have tripped and fallen while trying to use the toilet. What is worse is that there is nobody to support me to access these toilets. There is a need for leaders to take into account needs and problems of differently abled persons while designing and constructing community toilets. The toilets should be western style toilets and must have a male and female supervisor to assist people with disabilities."

There is also reason to believe that inclusion and participation of marginalised groups viz. women and adolescent girls in construction and maintenance of sanitation facilities including toilets are not adequately ensured so that their needs are included and addressed.

## Stakeholder Perceptions

### Family Perception on the Sanitation Facilities

300 family members were interviewed to share their views on sanitation needs of young urban women. A majority of the family members, 61% mentioned that public toilets were not beneficial to young urban women since these did not take into account their specific need for privacy, cleanliness and security, while the remaining 39% did feel these were beneficial, while 39% of them did feel they were accessible. Further, 56% respondents mentioned that though toilets were not fully functional, they were adequate and accessible for female members of their families. However, 44% respondents expressed their concerns with regards to community toilets being inaccessible primarily because of their locations, infrastructure being unsafe and male presence in and around these facilities all the time. Out of 103 students a mere 20.4% respondents went to schools with disable-friendly toilets.

### User Feedback on Access to Community/ Public toilets

The study also collected third party feedback collected from 10 men and 10 women accessing public toilets across all six cities (N=120) who were randomly chosen from persons who had used the toilets in the survey areas. The degree of third party/ non respondent user satisfaction with regards to the features of community toilets suggest that less than a quarter felt that the community toilets were highly accessible, 18 % felt these were partially accessible and a majority of users interviewed viz. 58% mentioned these public toilets were highly inaccessible. Similarly, only 10% of the users were satisfied with the wait period of using public toilets, while 60% mentioned the wait period inconvenienced them and hence was highly dissatisfying experience. While being asked about their levels of satisfaction regarding cleanliness and proper upkeep of the public toilets 71% mentioned these were usually unclean and dirty. 68% were highly dissatisfied with the safety features of these toilets viz. weak doors, no/ damaged locking devised and 68% with privacy of these toilets. The overall satisfaction levels amongst end users of public toilets suggest most of them were highly dissatisfied with the present conditions of these toilets, and hence there is a need for municipal authorities to take cognizance of this and provide for improved sanitary facilities especially since there is a user fee levied on the use of these toilets. Satisfaction levels were



higher in case of some cities where public toilets were placed in central places and the upkeep and maintenance was being managed through a PPP mode, while the infrastructure was more gender neutral, hence satisfying female users.

### **Community Leaders Feedback on Sanitation Facilities for Young Urban Women**

Community leaders, young urban women, usually lead the change process and hence their role is central in planning and implementing improved sanitation, taking into account the needs of diverse community members, including vulnerable groups, like women and girls. Surveyors interviewed community stakeholders to understand their perception of sanitation needs and requirements for young urban women and adolescent girls as well as understand their roles in helping to facilitate the process. These community stakeholders included government workers from Local Ward Officers, a few ward councillors and local leaders. Out of 20 community leaders interviewed, 6 mentioned there were no functional toilets within their localities, while the remaining 14 mentioned there were approximately 1-5 toilets, though these were poorly maintained. While being asked about what measures they have undertaken to improve upkeep of these toilets, 9 respondents mentioned they had formally complained to Ward Counsellors/ Corporators and local MLAs, 2 had conducted surveys and were personally monitoring the upkeep of these toilets and 7 had invested in improving toilet infrastructure by providing for electricity, lighting and ensuring regular cleaning of community toilets.

### **Management Staff Feedback on Sanitation Facilities for Young Urban Women**

"I find it difficult to manage public toilets owing to people being very rude to me or denying payment of the user fee. Additionally, the irresponsible behaviour shown towards toilet amenities is yet another challenge I face on a day to day basis," says Mr. Sanjay Mallick, supervisor of a public toilet in Baghbazar, Kolkata. Mr Mallick feels there needs to be shared responsibility with the public as a way of keeping toilet clean.

The role played by management staff that supervise and clean public toilets was essential for the study. This helped understand the challenges faced while

maintaining public utility systems as well as assessing the role being played by the local community in supporting clean and hygienic sanitation facilities. Out of 9 management staff interviewed, 7 were recruited for less than four months and 2 had been working for over 10 years in their respective localities. 5 of 9 respondents had one toilet under them while 2 were in charge of 2-4 toilets and 2 staff from Mumbai had 357 toilets under their management. Since a majority of the staff mentioned they were recruited through advertisements and formal processes, management staff from Mumbai referred to a system of “personal treatment”, where family members of ex-employees retired or deceased, would be given the position. While being asked about community behaviour towards them, 55% mentioned that public/ users were rude and unpleasant towards them, while 44% were happy with the treatment met out to them.

“I clean toilets in 15 places and work for 12 hours a day to help support my family. What I find particularly troubling is the long hours of work and the minimal incentives provided to me. What is even more disappointing is the disrespect shown to me by the users,” said a management staff of a community toilet in Hyderabad. She suffers from severe back problems, as well as chronic skin problems owing to the need to bend to clean the facilities and from handling acid and chemicals as cleaning material. She feels that the government definitely needs to introduce more toilets for women within the community and invest in better sanitation facilities. She also feels that those who manage toilets and waste disposal should be given the necessary recognition and incentives to carry forth their duties.

Duty hours for these staff varied from eight to more than 12 hours per day. Five respondents worked between 10 to more than 12 hours per day with little or no incentive viz. holidays, extra bonuses, which did seem as a demotivating factor for them to do their jobs efficiently, while the remaining 4 staff worked for 8-10 hours a day. While mentioning operational and management issues being faced while supervising public utility services, 3 respondents mentioned insufficient cleaning staff and hence being overburdened with work as a challenge, 3 shared that users and cleaners were unsupportive, 1 mentioned the presence of drug addicts around these toilets making it unsafe and 2 staff stated that lack of incentives like holidays and bonuses as a major operational issue. (See Annexure I Table 9.1).

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SHE TOILETS

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## 4

## CONCLUSION

Through its on-going initiatives ActionAid Association has helped enhance leadership skills of young urban women and formed six city level collectives. These groups of women advocate for specific needs and concerns that affect young urban women in the contexts of their cities. In Mumbai the young urban women's collective had identified road safety from sexual harassment and access to public toilet as the two major advocacy issues to be addressed. They have successfully drafted a memorandum of demands and presented this before the Nagak Sevak/local counsellor for further action. Similarly in Bhubaneswar, since the Government sponsored Khushi schemes distributed subsidized sanitary napkins only to school going girls between classes 6-12 and to rural women, the young urban women leaders in the state felt these provisions must be extended to include urban women and adolescent girls not attending school as well. Hence an appeal letter was shared with the Chief Minister of Orissa to extend the scheme to all women up to the age group of 29 years. Similarly the Delhi collective of young urban women along with other organizations had identified sanitation within slum communities as a major challenge and hence carried out a delegation meeting with the Delhi Municipal Corporation, the Department of Water and Sanitation and the Delhi Jal Board to put forward a charter of demands for improved urban sanitation development, which is under process.

In conclusion, lack of safe toilet facilities, whether in the household or community, negatively affects young urban woman and adolescent girls. The study sites adolescent girls and young urban women being at a greater health risk due to self-imposed food and water restriction, harassment and safety issues while accessing community toilets and the burden of domestic sanitation

responsibilities that are undertaken by women. Given these challenges there is a need for concerted efforts between Government, Communities and CSO's to address equity and inclusion in sanitation and hygiene services in cities focussing upon the most socially excluded groups. These could be done by creating platforms and avenues for constructive dialogue and engagement amongst policy makers, as a way of ensuring that demands and needs of these groups are heard and translated into legislations to bring forth the necessary change. Current sanitation and health policies must go beyond simply constructing toilets to a more holistic understanding of sanitation needs of women and children, including bringing about positive behaviour change so that communities can adopt hygienic practices. Hence the goal of gender responsive approaches to Sanitation can only be successfully achieved if those groups living in the fringes of society participate in the change process, and the rights of women are respected and upheld within households, communities and society at large.

## **Key Asks**

The primary respondents for the survey were young urban women and adolescent girls, their families, community leaders, management staff who supervise cleanliness of toilets (including municipal authorities) and users of public toilets.

A list of common ssks keeping in mind young urban women and adolescents has been put together as part of the interview and feedback sharing process across all groups. The include:

- » Safe, clean, affordable, accessible and acceptable sanitation facilities not only in case of household toilets alone, but also in case of community toilets and toilets in public places/transit locations viz. bus stands, tourist spots, railway stations, markets etc., which will enable a life of dignity to the most vulnerable groups viz. women, adolescent girls and children. In cities like Delhi, women expressed the need for greater safety in community toilets, by appointing 24x7 security guards.
- » In order to ensure reproductive and sexual health rights are upheld for young urban women and adolescent girls, provisions for menstrual health management through the availability of free or subsidized sanitary napkins



through dispensing machines in and around public and transit locations, provision of water, soap, private, safe and clean spaces for changing and disposing of soiled sanitary napkins including incinerators and dustbins within communities, workplaces and schools.

- » Disabled friendly toilets built within communities that are accessible and designed to cater to special needs of persons with disabilities. These should include wider doors, ramps for wheel chair access, western style commodes, adequate lighting, sign boards in Braille to name a few.
- » Inclusion and participation of marginalised group's viz. women and adolescent girls in construction and maintenance of sanitation facilities including toilets so to ensure that their needs are included and addressed. This would include access to financial resources and assistance for constructing toilets at the household level.
- » Greater awareness and health education for communities with a special focus on women and adolescent girls on good sanitation practices and menstrual health management. Role of schools is important while trying to build awareness of personal health and hygiene amongst students, as well as ensuring that toilets in schools are adequately equipped with necessary facilities viz. soap, running water, sanitary napkins, incinerators/ dustbins for disposal of soiled napkins.
- » Upgrading of infrastructure and regular maintenance of community/public toilets by municipal authorities, supervisors and the local community. "There should be regular stocktaking exercise conducted in all public toilets in Delhi to see these comply with the SBA guidelines," expressed a team member in Delhi. Further there is a need for representatives of communities and leaders to take a more proactive stand in maintenance of these public utility services. Public toilets built in a central tourist spot of Hyderabad city operated through a successful PPP mode, was accessed more by end users specially marginalised groups like women and girls since these were designed to meet their needs.
- » Staff that manage these public/ community toilets felt a greater need for recognition and acceptance by government municipality and the community. They did feel dissatisfied with their jobs since it involved dealing with uncooperative users, long hours of work and little or no incentives.

Municipal bodies could ensure that manual cleaning practices are reduced while other forms of waste disposal measures such as bio digester, bio tanks, and Septic tanks with soak pits are introduced.

## Recommendations

Information and individual accounts received from various stakeholders show that existing public toilet services are either defunct or have minimal quality standards. The findings suggest that services that are used especially by low-income groups or surrounding slum communities are poor in design and implementation. In addition, the gender bias or lack of gender perspective essentially, responsible for under or semi-utilisation of public services. The findings illustrate the need for gender budgeting of public services across sectors, including gender neutral sectors such as transport, urban and city planning. The report touches upon key needs and demands of young urban women in low income communities where government must look into following:

- » More toilets to be made available in the community especially for girls and women. These toilets should be well maintained and have all the necessary amenities like proper lighting, running water, sanitary pad, soaps, proper doors and covered windows, disposal mechanism and many such essential facilities.
- » Increase in public financing to push for more women only community toilets also water and sanitation. Integrating gender perspective and sensibilities into urban planning, infrastructure design, planning and implementation for catering to the needs and demands of young urban women in low income communities.
- » Creating inclusive public systems and policies to ensure the benefit of services reaches to people from different caste, class and religious backgrounds
- » Initiatives to build awareness and orientation on community, state and centre level with various government and non-government officials on linkages between social, economic, and political participation and freedom of women and utilization of public services.

- » Build networks with allies and likeminded formal and informal groups to strengthen linkages between public service systems and security, safety and prevention from violence against women.
- » To make it mandatory for companies/ small factories where there are women workers, to provide safe and hygiene sanitation facilities i.e., women toilet, water, electricity, and sanitary pads. A respondent mentioned that once there is a Government Order, the factory owners will have this as obligation.
- » There should be stock taking of all public toilets in Delhi to see how they comply with the SBA guidelines and necessary action needs to be taken to ensure compliance. Similar stock taking in major urban centres of the country.
- » More toilets for women should be built, as the number of toilets for men and women are not proportionate and nor are they adhering to the provisions mentioned in the SBA guideline.
- » There should be provision of 24x7 guard facilities for women toilets as safety has been found one of the biggest concerns when it comes to women's toilet.
- » There should be adequate provisions for ramps, instructions in Braille, special toilet seats for PwD in every toilet unit – to increase access to PwD and the elderly.
- » The practice of manual cleaning should be stopped and other forms of disposal should be promoted such as bio digester with reed bed systems/ soak pits, bio tank, septic tank with soak pits.







## ANNEXURE: DATA TABLES

**Table 1:** Availability and Access to Household Toilets and Community/ Public Toilets by Young Urban Women\*

**Table 1.1: Access to Community Toilets**

Particulars	Number of Respondents	% of Respondents
<b>1.1.1. Use of Community Toilets</b>		
Yes	215	72%
No	35	12%
<b>Total</b>	<b>250</b>	

<b>1.1.2. Timings of Community Toilets</b>		
24x7	107	43%
12-24 hrs.	107	43%
Less than 12 hrs.	0	0%
No fixed timing	5	2%
No Response	31	12%
<b>Total</b>	<b>250</b>	

<b>1.1.3. Distance to Community Toilets</b>		
less than 500 meters	194	78%
more than 500 meters	52	21%
Not Reported	4	2%
<b>Total</b>	<b>250</b>	

Particulars	Number of Respondents	% of Respondents
<b>1.1.4. Time Taken to Reach Community Toilet</b>		
Less than 10 min	152	61%
10-20 min	65	26%
20 mins-30 min	18	7%
Not Reported	15	6%
<b>Total</b>	<b>250</b>	

<b>1.1.5. Time Spent in Queuing to Use the Community Toilet</b>		
1-10 mins	58	23%
10-20 mins	71	28%
<20 min	87	35%
No Information/ Response	34	14%
<b>Total</b>	<b>250</b>	

\*Chennai data is not included due to non-applicability of the city sample to this question due to availability of private toilets at the site of the survey.

**Table 1.2: Status of Household Toilets**

Particulars	Number of Respondents	% of Respondents
<b>1.2.1. Type of Housing</b>		
Resident-Owner	214	71%
Rented	86	29%
<b>Total</b>	<b>300</b>	

<b>1.2.2. Years residing in locality</b>		
5-7 Years	42	14%
8-10 Years	35	12%
11-13 years	31	10%
More than 13 years	192	64%
<b>Total</b>	<b>300</b>	



Particulars	Number of Respondents	% of Respondents
<b>1.2.3. Running Water facilities available at homes</b>		
Yes	121	40%
No	166	55%
Not Reported	13	4%
<b>Total</b>	<b>300</b>	

<b>1.2.4. Private toilet attached to households</b>		
Yes	98	33%
No	23	8%
Not Reported	179	60%
<b>Total</b>	<b>300</b>	

**Table 2: Working Women and Access to Sanitation****Table 2.1: Status of Toilets in Workplace and Working conditions**

Particulars	No. of Respondents	% of Respondents
<b>2.1.1. Distance from residence to work place</b>		
Less than 1 km	22	27.5%
1-6 km	22	27.5%
Above 6 km	29	36.3%
Not Reported	7	8.8%
<b>Total</b>	<b>80</b>	

<b>2.1.2. Operating hours</b>		
1-4 hrs.	18	22.5%
5-7 hrs.	25	31.3%
8-10 hrs.	36	45.0%
>10 hrs.	1	1.3%
<b>Total</b>	<b>80</b>	

**Table 2.2: Availability and Usage of Toilets in the Work Place**

Particulars	Number of Respondents	% of Respondents
<b>2.2.1. Toilet at work place</b>		
Yes	73	91%
No	7	9%
Not Reported	0	0%
<b>Total</b>	<b>80</b>	<b>100%</b>
<b>2.2.2. Allowed to use as per need</b>		
Yes	64	80%
No	12	15%
Not Reported	4	5%
<b>Total</b>	<b>80</b>	<b>100%</b>
<b>2.2.3. Separate Toilets for Male and Female workers</b>		
Yes	44	55.00%
No	33	41.25%
Not Reported	3	3.75%
<b>Total</b>	<b>80</b>	<b>100.00%</b>
<b>2.2.4. Facilities available in work place toilets (Wash basins/sinks, running water)</b>		
Yes	34	43%
No	16	20%
Not Reported	30	38%
<b>Total</b>	<b>80</b>	<b>100%</b>

**Table 3: Cost of Usage of Community Toilets**

Amount paid to use toilet	No. of Respondents*	% of Respondents
Re.1/- to ₹5/-	104	42%
₹5/- to ₹10/-	42	17%
Don't Pay	98	39%
Not Reported	6	2%
<b>Total</b>	<b>250</b>	

\*Chennai data is not included due to non-applicability of the city sample to this question due to availability of private toilets at the site of the survey.

**Table 4: Safety and Sanitation****Table 4.1: Safe Access to Community Toilets for Young Urban Women**

Particulars	No. of Respondents*	% of Respondents
<b>4.1.1. Whether accompanied by family member to Community Toilets</b>		
Yes	216	86.4%
No	34	13.6%
<b>Total</b>	<b>250</b>	

<b>4.1.2. Use of Community Toilets (Per Day)</b>		
1-3 times	174	69.6%
3-6 times	50	20.0%
7-10 times	12	4.8%
<10 times	3	1.2%
Not Reported	11	4.4%
<b>Total</b>	<b>250</b>	

\*Chennai data is not included due to non-applicability of the city sample to this question due to availability of private toilets at the site of the survey.

**Table 4.2: Gender Based Violence and Sanitatio**

Particulars	No. of Respondents*	% of Respondents
<b>4.2.1. Harassment faced while using CT</b>		
Yes	34	13.6%
No	214	85.6%
Not Reported	2	0.8%
<b>Total</b>	<b>250</b>	
<b>4.2.2. Caste/Religious Profile of respondents who reported being harassed</b>		
Belonging to SC/OBC/Minority community	25	73.5%
Not belonging to SC/OBC/Minority community	9	26.5%
<b>Total</b>	<b>34</b>	
<b>4.2.3. Legal Action was taken</b>		
Yes	16	47.1%
No	18	52.9%
<b>Total</b>	<b>34</b>	
<b>4.2.4. Knowledge of harassment faced by peers while using Community Toilet</b>		
Yes	27	10.8%
No	222	88.8%
Not Reported	1	0.4%
<b>Total</b>	<b>250</b>	

\*Chennai data is not included due to non-applicability of the city sample to this question due to availability of private toilets at the site of the survey.

**Table 4.3: Status of Infrastructure of CT**

Particulars	No. of Respondents*	% of Respondents
Weak ceiling	2	0.8%
Broken windows/ doors	8	3.2%
Men Loitering Around Washrooms	45	18.0%
Absence of Streetlights	18	7.2%
No CCT or Oversight	0	0.0%
Unsanitary Conditions	12	4.8%
No Information	165	66.0%
<b>Total</b>	<b>250</b>	<b>100.0%</b>

\*Chennai data is not included due to non-applicability of the city sample to this question due to availability of private toilets at the site of the survey

**Table 5: Reproductive and Sexual Health and Sanitation****Table 5.1: Menstrual Health Management**

Particulars	Number of Respondents*	% of Respondents
<b>5.1.1. Change in Sanitary Pad during period when outside</b>		
Yes	96	38.4%
No	145	58.0%
Not Reported	9	3.6%
<b>Total</b>	<b>250</b>	
<b>5.1.2. Frequency of changing sanitary pads</b>		
less than 2 times per day	59	23.6%
between 3 and 5 times per day	126	50.4%
over 5 times per day	13	5.2%
Not Reported	52	20.8%
<b>Total</b>	<b>250</b>	

Particulars	Number of Respondents*	% of Respondents
<b>5.1.3. Disposal of used sanitary pads</b>		
Throwing in dustbin/ dispenser machine	89	35.6%
Carry it home to dispose	7	2.8%
Absenteeism during periods	1	0.4%
Not Reported	153	61.2%
<b>Total</b>	<b>250</b>	

## **5.2: Coping Mechanisms of Low Access to Toilets and Related Medical Issues Reported**

Particulars	Number of Respondents*	% of Respondents
<b>5.2.1. Avoidance of Water</b>		
Yes	118	47.2%
No	132	52.8%
<b>Total</b>	<b>250</b>	

<b>5.2.2. Bladder Control</b>		
less than 1 hour	112	44.8%
1-3 hours	49	19.6%
Not practising bladder control	86	34.4%
Not Reported	3	1.2%
<b>Total</b>	<b>250</b>	

<b>5.2.3. Reported UTI/ Health issues</b>		
Yes	65	26.0%
No	164	65.6%
Not Reported	21	8.4%
<b>Total</b>	<b>250</b>	

\*Chennai data is unavailable.



**Table 6: Status of Toilets in Education Institutions**

Particulars	Number of Respondents	% of Respondents
<b>6.1 Presence of Toilet in School</b>		
Yes	61	59.2%
No	42	40.8%
<b>Total</b>	<b>103</b>	

<b>6.2. Presence of Disabled-Friendly Toilets</b>		
Yes	21	20.4%
No	80	77.7%
Not Reported	2	1.9%
<b>Total</b>	<b>103</b>	

<b>6.3. Number of Toilets Available</b>		
less than 4	79	76.7%
between 4 and 8	15	14.6%
over 8	7	6.8%
Not Reported	2	1.9%
<b>Total</b>	<b>103</b>	

<b>6.4. Sessions on Hygiene and Menstrual Health conducted in school</b>		
Yes	35	34.0%
No	68	66.0%
<b>Total</b>	<b>103</b>	

<b>6.5. Availability of running water, sanitary napkins, dustbins and hand washing material</b>		
Yes	42	40.8%
No	61	59.2%
<b>Total</b>	<b>103</b>	

**Table 7: Cleanliness and Hygiene of Community Toilets**

Particulars	Number of Respondents	% of Respondents
<b>7.1. Toilets were clean</b>		
Yes	122	48.8%
No (Irregular)	119	47.6%
Don't know	9	3.6%
<b>Total</b>	<b>250</b>	

<b>7.2. Frequency of Cleaning Community Toilets</b>		
Daily	69	27.6%
Weekly	47	18.8%
Fortnightly& Monthly	0	0.0%
Never	3	1.2%
Don't know/NR/NA	131	52.4%
<b>Total</b>	<b>250</b>	

<b>7.3. Regularity of Cleaning Toilets</b>		
Regular	113	45.2%
Sometimes irregular	2	0.8%
Irregular	124	49.6%
Not Reported	11	4.4%
<b>Total</b>	<b>250</b>	

**Table 8: Family Feedback on Sanitation facilities for Young Urban Women and Girls**

Particulars	Number of Respondents	% of Respondents
<b>8.1.1. Are Community Toilets beneficial for Young Urban Women</b>		
Yes	117	39%
No	183	61%
<b>Total</b>	<b>300</b>	
<b>8.1.2. Are Community Toilets Accessible to Young Urban Women</b>		
Yes	167	56%
No	133	44%
<b>Total</b>	<b>300</b>	

**Table 9: Management Staff of Community Toilets**

**Table 9.1: Issues Highlighted by Management Staff**

Particulars	Number of Respondents	% of respondents
<b>9.1.1. Operational/ Management Issues</b>		
Inadequate and irregular cleaning staff	3	33.3%
No cooperation from Users and cleaning staff	3	33.3%
Lack of incentive for staff viz. holidays, bonus etc.	2	22.2%
Others- Unsafe due to presence of drug addicts around CT	1	11.1%
<b>Total</b>	<b>9</b>	
<b>9.1.2 Community Behaviour</b>		
Good/Cooperative	4	44.4%
Rude/ Uncooperative	5	55.6%
<b>Total</b>	<b>9</b>	

Particulars	Number of Respondents	% of respondents
<b>9.1.3. Duty hours of Staff</b>		
8-10 hrs.	4	44.4%
10-12 hrs.	1	11.1%
Over 12 hrs.	4	44.4%
<b>Total</b>	<b>9</b>	

<b>9.1.4. Disposal Mechanism</b>		
Disposes of in Municipal Dustbins and regular clearance/collection	9	100%

**9.2: Gender of and Behaviour Towards Young Urban Women by Supervisor Managing Community/ Public Toilets.**

Particulars	Number of Respondents	% of respondents
<b>9.2.1. Gender of Staff</b>		
Female	24	9.6%
Male	82	32.8%
Both (female and Male)	1	0.4%
No Supervisor	133	53.2%
NR	10	4.0%
<b>Total</b>	<b>250</b>	

<b>9.2.2. Behaviour and Treatment by Supervisor</b>		
Conductive	79	31.6%
Inappropriate	32	12.8%
No Information	23	9.2%
No comment	116	46.4%
<b>Total</b>	<b>250</b>	

\*Chennai data is not included due to non-applicability of the city sample to this question due to availability of private toilets at the site of the survey



## ANNEXURE: SURVEY SCHEDULES

### 1: Observation Sheet

The observation sheet is prepared to observe detailed aspects related to public toilets for low income young urban women.

Date:			
Sl. No	Observation Points	Specifications	Source of Verification
1.	Toilet Location	Landmark	Actual Landmark
2.	Functional since the year	Year	Structured questionnaire
3.	Management System	Government	Supervisor interview
		Private (Name)	
		Pay and Use	
		If "Pay and Use System", what is the system	Recording the process of payment at the public toilet for three young urban women and male users
4.	Visibility/ Accessibility	Distance of public toilet from main road, symbols marking the place; is it easy to Enter and exit?	Observation
		Timings of the public toilet (open and close)	Observation and structured interview
		Is the public toilet locked when Supervisor is away?	Observation and structured interview

Sl. No	Observation Points	Specifications	Source of Verification
5.	Infrastructure of Public Toilet	Material of Entrance Gate (Wooden, Metal, Cloth); Status (broken/ clean); Opening (push/pull); broken locks, privacy to user especially women; ramp facility; separation of male and female entrance	Observation and Structured questionnaire
		Number of cubicles and sinks (male and female)	Counting and structured interviews
6.	Facilities	Number of wash basins (working taps and cleanliness; Soap dispensers)	Observation and structured questionnaires
		Sanitary Pad Dispensers, Disposal	Observation
		Dustbins-Empty/Full	Observation
		Built in (rack; hooks on door)	Observation
7.	Hygiene	Cleanliness of toilet facility (is there much stench/ odour)	Observation
		System of Cleaning	Observation and structured interviews
		Cleaning Staff	Structured interviews and questionnaires
		Is there running water or any other system	Observation
8.	Treatment system	Bio-Digester; Septic Tank	Structured questionnaires
		System of waste management (sewage and solid waste generated at site)	Structured questionnaires
9.	Security	Ease of entry and exit for women (Are there goons or dogs around the facility)	Observation
		Lighting/Dimming	Observation



Sl. No	Observation Points	Specifications	Source of Verification
		security guard or any other security system	Observation
		Are there any women cleaning staff?	Observation
10.	Special needs	Are there facilities for people with disabilities	Observation

## 2: User Survey Form

<b>User Number/Name:</b>				
<b>Male</b>			<b>Female</b>	
\$ Child			\$ Child	
\$ Youth			\$ Youth	
\$ Adult with child			\$ Adult with child	
\$ Person with disability			\$ Person with disability	
<b>Service Satisfaction level</b>				
\$ Fully Satisfied				
\$ Adequately Satisfied				
\$ Not Satisfied				
\$ Highly Dissatisfied				
<b>On a scale of 1 to 0, please score as per the level of satisfaction (Please tick as appropriate):</b>				
1	2	3	4	5
6	7	8	9	10
<b>Features of Satisfaction/Dissatisfaction (Please tick as appropriate)</b>				
Criteria	Fully Satisfied	Adequately Satisfied	Not Satisfied	Highly Dissatisfied
Easily Accessible toilet				
Adequacy (waiting time)				
Type of facility (convenience and Comfort of use)				
Cleanliness				
Safety				
Privacy				

### **3: Structured Questionnaires**

#### **Personal Information – Common for All**

1. Name
2. Address
3. Age
4. Gender
5. Caste
6. Marital Status
7. Education Qualification
8. Current occupation
9. Approximate annual
10. Income
11. Total family members
12. Relationship with young urban women

#### **Questionnaire for Low-Income Young Urban Women**

##### **Safety**

1. How many times in a day do you use the toilet?
2. Does someone accompany you to toilet?  
Yes/No If yes, at during what time of the day?
3. Is the supervisor male or female at the community toilet?
4. How is their behaviour towards people viz. a viz. people?
5. Is there staff to clean and maintain the toilets?  
Yes/No
6. Is there a security guard around the toilet?  
Yes/ No
7. Do you feel safe to use the toilet?  
If not, why?
8. Do you face any harassment while using toilets?  
A) community      b) workplace      c) educational institutions
9. Do you have any provision of sanitary napkins by the school?
10. How do dispose used sanitary napkins in the school/college?

11. After using toilets, what are the hygiene practices you follow?
12. Have you ever used your drinking water bottle for in the toilet?
13. Have your school /college organized session on safe hygienic practices?

### **Cleanliness**

1. Are the toilets regularly cleaned?
2. How many time your toilet gets cleaned?  
a) Everyday                      b) once a week                      c) frequently                      d) never
3. Who cleans the toilet a) community b) workplace c) educational institutions?
4. Have you been asked to clean the toilets, a) community b)
5. Workplace c) educational institutions?
6. Do you have running water facility in the toilet?

### **Public Toilets in Community**

1. Is there a public toilet in your community?  
Yes/no. If yes, are there separate toilets for men and women?
2. How far is the public toilet  
a) 500 meters                      b) more than 500 m
3. Is there a toilet inside your house?  
Yes/ No
4. Do you use public toilet in your community?  
Yes/ No
5. How much time does it take you to reach the public toilet?
6. Do you have to pay to use toilet?  
Yes/No. If yes, how much do you pay?
7. Do you often stand in queue to using public toilet?  
Yes/ No. If yes, how long do you usually wait?
8. What are the timings for the public toilet (opening-closing)
9. Is the toilet infrastructure safe to use? Please tick mark as appropriate
  - a. Ceiling
  - b. Street light
  - c. Closed windows/ unbroken / broken window panes/
  - d. CCTV camera

## **Public Toilets at Workplace**

1. Where do you work? (Formal/ informal sector)
2. How far is your workplace from your residence?
3. How many hours in a day do you work?
4. Is there a toilet at your workplace? If yes, are you allowed to use?
5. Are there separate toilets for men and women?
6. What facilities does toilet at workplace has?
7. Where are the toilets located- inside or outside?
8. Are you allowed to use the toilet as per your need?
9. During transit, where do you go if there is a need for toilet? (transit)

## **Public Toilets at Educational Institutions**

1. What is gender wise strength of your school?
2. Do you have functional toilets in your school/college?
3. If no, then where do you/ the students go to use the toilet
4. How many toilets are there in your school/college?
5. If you have toilets in the school then is it located within the school boundary?
6. Does girls toilets being used by male staff or students or for any other purposes?
7. Are the toilets disabled friendly?
8. What are the facilities available within the toilets (Please tick mark as appropriate)
  - a. Lights
  - b. Doors
  - c. Windows
  - d. Running water
  - e. Sanitary pads
  - f. Dustbins
  - g. Cleaner
  - h. Soap/handwash

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