Valuing Toilets: Towards Improved Access and Use of Toilets in Karnataka

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Introduction

It is alarming to note that a whopping 3.6 billion people in the world do not have access to usable toilets. On November 19, 2021, the United Nations observed World Toilet Day to raise awareness on the need to address and tackle the global sanitation problem of lack of access to safe sanitation among these billions of people and draw the attention of the world to the fact that sanitation systems *"are underfunded, poorly managed or neglected in many parts of the world, with devastating consequences for health, economics and the environment, particularly in the poorest and most marginalized communities"*[5]. Against this background, there is a need to assess the situation of toilet access and use in Karnataka and provide policy suggestions.

The importance of sanitation was realized long back in India. During the pre-Independence period, Mahatma Gandhi stated that *'sanitation is more important than Independence; unless we get rid ourselves of our dirty habits and have improved latrines, Swaraj can have no value for us'*.[6] Realising that access to safe sanitation facilities is an important prerequisite for health and hygiene and a dignified life, Karnataka has initiated several programmes for the improvement of sanitation. The latest is the Swachh Bharat Mission (SBM) introduced in 2014 to provide awareness on and incentives to access to toilets (individual, public and community) that would result in open defecation free villages, towns and cities.

Against this background, the Institute for Social and Economic Change (ISEC), Bengaluru, organised a webinar where the faculty members presented the findings of their research and the policy implications that emerged from these studies. This policy brief summarizes the key findings of these research carried out in rural and urban Karnataka.

Rural Karnataka

Access to individual toilets

D. Rajasekhar noted that over 71% of the sample households in rural Karnataka were having access to individual toilets. This was revealed by a study on the Swachh Bharat Mission carried out in 60 villages spread across 30 GPs located in 5 districts representing different agro-climatic zones in Karnataka (Rajasekhar and Manjula, 2019). The study compared the pattern of access between 2014 and 2019, and found that an overwhelmingly large majority of the sample households in rural Karnataka had constructed individual toilets, especially in Chamarajanagara and Davanagere. However, the situation continued to be grim in Kalaburagi wherein a majority of the households were without toilets. Two important factors affecting the access to individual toilets are high construction costs and space constraints. In general, irrespective of the ownership of individual toilets, the households do not share the toilets. Where public toilets were available, their use was, in general, low (except in Dakshina Kannada) because of their poor maintenance.

Sustainable use of individual household toilets

'Valuing toilet', the main message of World Toilet day, implies that when the access to individual toilets is enabled, households are expected to value them by way of regular use. **R. Manjula** notes that as many as 92% of sample households having access to individual toilets were using them (Rajasekhar and Manjula, 2019). This proportion was 100% in the developed district of Dakshina Kannada and the least in the backward district of Kalaburagi (68%).

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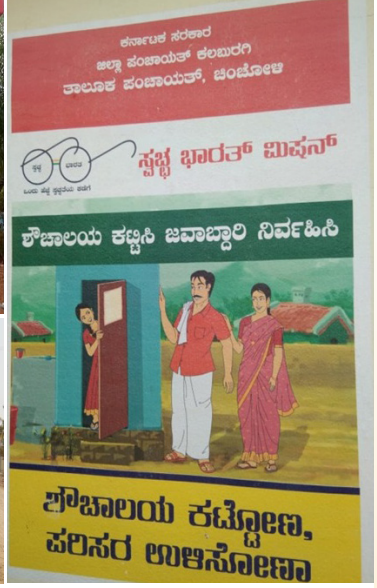
[5] https://www.un.org/en/observances/toilet-day. Accessed on November 27, 2021.
[6] https://www.mkgandhi.org/articles/cleanliness-sanitation-gandhian-movement-swachh-bharat-abhiyan.html Accessed on January 10, 2022.

Editor: Malini L Tantri



Manjula noted that there are gender-wise differences in the use of toilets. Overall, more women use toilets regularly. The usage of toilets among men and women in the age group of 13 to 25 years has been high. As one moves to the subsequent age cohorts, there is a decline in the proportion of male members using the toilet. About 8% of the sample households did not use toilets for reasons such as conversion of toilets as storage places and bathrooms, lack of toilet-use culture, water shortage and faulty construction.

Toilet usage in rural Karnataka depended on two crucial aspects: First, whether the toilets are self-funded or government funded. Over 49% of the sample households were reported to have constructed the toilets with their own funds, while the rest largely depended on government's sanitation programmes. The quality of construction in terms of floor, roof, door, etc., was comparatively better among the self-funded toilets. Own-funded toilets are comparatively better equipped with electricity, and with water facility enabled through a running tap inside the toilets. The use of toilets was therefore better among self-funded toilets.

Second,the use of toilets would also be influenced by the distance of toilets from the house, poor quality of toilet construction and lack of facilities in the toilet. Rajasekhar and Manjula (2019) found that most of the toilets were not located inside the house. This may be due to the widespread perception that 'toilet should not be inside the house' due to purity concerns such as a worship place existing in the house and that toilets may emanate smell and make it difficult to have food. However, those who were having toilets inside their houses were happy that it was a lot safer to use them at night and they did not need to worry about animals, and could also find it easy to use them during the rainy season.

Of the households having access to individual toilets, 88% stated that they did not practice open defecation, while 12% responded that they did. The proportion of households practicing open defecation even while owning an individual toilet was higher than the state average in Kalaburagi (40%), Davanagere (16%) and Chamarajanagar (13%). The reasons attributed for the continued open defecation were lack of toilet-use culture and water shortage (especially in north Karnataka), high cost of toilet construction and lack of space.

Urban Karnataka

Access to and use of toilets

S. Manasi noted that, globally, urbanisation had emerged as one of the most protuberant dimensions of the development process. Consequently, with extensive migration to cities, it had been estimated that the percentage of people living in slums in India's largest cities ranges between 49 to 60 percent. Sanitation was an important infrastructure that needed to be addressed urgently. However, complete sanitation access was yet to be achieved in Bengaluru city. While the latest Census 2011 data indicated that 94.8 percent of households had access to toilet facility in Bengaluru, the absolute numbers were still high for a majority who comprised the large segment of the population living in poorer pockets of the city. This also had been evidenced by the study by Manasi et.al (2017) on pathways to usage and access to toilets among the urban poor in Bengaluru which found that 67 percent (i.e. 268 households) have access to individual toilets (in-house toilets), while a significant percentage of the households (19.5 percent - 78 households) were dependent on shared/ pay-and-use public toilets. Another 13.5 per cent of the households (54 households) were denied toilet facility of any kind and used open spaces/lands for defecation.

While the public/community toilet initiatives to a certain extent had served as an important part in serving the urban poor, they remained inadequate. The findings of the study highlighted the complexities that were involved in providing toilet access and reasons for the existence of open defecation. The study showed that among the slums surveyed, 40% of the slums had an inadequate number of toilets, thus affecting access, leading to open defecation. Despite having access to water, 33% of slum dwellers found that water was insufficient. A major concern was poor operations and maintenance; 44% of the sample households were unable to use the toilets due to problems of toilet damage by rodents and termites, overflowing of pits during the rainy season and the pit collapsing due to heavy rains. Only 89% and 65% of public and community toilets, respectively, had caretakers. About 60% of the toilets had repair work attended within two days when a complaint was raised by caretakers and for the rest it took 3 to 24 days. Public toilets serve as an alternative for toilet access among the densely populated low-income communities in urban areas. Among the surveyed slums, 7 percent of the total surveyed households were dependent on public toilets. People were not satisfied with public toilets due to poor maintenance (76%) and water scarcity (24%) and hence, resorted to open defecation. Besides, the respondents found it inconvenient to use public toilets because their usage was subject to restricted timings (closed by 9 pm), leaving people with

no choice other than defecating in the open. Other inconveniences included poor lighting facilities, absence of doors and latches.

Gendered access to toilets in Urban Karnataka

Channamma Kambara discussed gendered access to toilets in Bengaluru city based on the study by Manasi and Kambara (2018) which undertook a primary survey to understand the women's safety and privacy issues across 8 zones of Bengaluru. A representative sample of 35.4% of the total number of toilets in Bengaluru was surveyed with toilets consisting of public, community and e-toilets. Female respondents were 1229 in number. Of them, 78 percent informed that there were safety and privacy issues in public toilets and 11 percent had faced similar issues in e-toilets, whereas around 8 percent of community toilet users faced issues pertaining to safety and privacy.

On probing further, 56% women reported there were no toilet doors; 41% reported that door locks were not proper. 3% reported that the toilets were located near bars, affecting the accessibility of toilets, especially in the evening when men were mostly under the influence of alcohol, making it uncomfortable/unsafe for women to use the toilets. Additionally, cleanliness and hygiene were a matter of concern as they had a direct impact on their health. Such unclean places also triggered tension among the users, especially pregnant and aged women as the floor was slippery. The lack of adequate lighting discouraged women from using the toilets and made them feel unsafe and it was inconvenient for women, especially in the night. The timings of the toilets was an issue. In some communities, toilets were closed during afternoon and almost all toilets were locked by 7 pm. The distance of the toilets also acted as one of the determinants of toilet accessibility because the approach road would be crowded with men staring or standing close to these toilets. Also, the very location of the toilets beside the men's toilets made them seemless private and unsafe. This made the women to seek social support by taking a household member to accompany them and to stand guard while they used the toilets.

Since most women lacked the ability and/or agency to modify their sanitation environments, they were forced adapt their behaviour in response to stressors, namely social, environmental and sexual stressors. They were *changing behaviour* to minimise sanitation-related psychosocial stress like changing the timing of sanitation activities to minimise confrontation and exposure. These included *maladaptive behaviours or physiological regulators* like limiting intake of food and liquids to reduce the frequency of defecation or urination and withholding defecation or urination to relieve themselves even when they felt the urge. And they were *seeking social support* as 56.38% toilets did not have doors, making it extremely difficult for women to use the toilets. Hence, women were always forced to have company to guard them while they used the toilets.

e-toilet in Gandhibazar, Basavanagudi

Sulabh Toilet at the busy Majestic area


Nirmala Toilets in Bengaluru

In addition to this, 31 percent reported resorting to postponing defecating in spite of the urge. This reduced the frequency of using the toilets. However, this had serious implications on their health. Half of our female respondents complained of mental stress and 47 percent reported to have upset stomachs frequently. Around 3 percent reported urinary tract infection (UTI).

Policy Suggestions

The policy suggestions that emerged from these studies discussed in the webinar are presented below.

Improving access to toilets in rural Karnataka

- *Provide customised awareness:* A 'one-size-fits-all' approach will not work in the provision of awareness on sanitation, and awareness strategies need to be situation specific. The focus should go beyond access to and the use of toilets in developed areas such as Dakshina Kannada, and these activities should focus on sustainable use of toilets in places (such as Chamarajanagara and Davanagere) where there is considerable success in the achievement of construction targets. On the other hand, awareness should promote basic knowledge of the importance of sanitation in backward regions such as Kalaburagi.
- *Awareness promotion through children:* Awareness activities targeting school-going children should be continued as it was found that children have started to talk of sanitation and cleanliness at homes to the parents, thus implying that these activities will have a considerable positive impact on future citizens. Hence, these activities should continue and focus should be on access to sustainable use of toilets and basic sanitation.
- *Democratisation in the provision of awareness*: Awareness should mainly be provided through democratic channels such as Grama Sabhas in rural areas and ward committees in urban areas rather than through the staff of local governments. While motivating the households to go for individual sanitation, force

and threats should not be used, as it may provide momentary gains but are not appropriate for long-term sustainability.

- *Increase the incentive amount*: Currently, the amount of incentive provided under SBM to construct a toilet is Rs. 15,000 for households belonging to SC/ST categories and Rs. 12,000 to others. Rajasekhar and Manjula (2019) found that toilets constructed under SBM did not have quality door, roof, flooring and so on. Further, the toilet use was found to be low in the case SBM supported toilets as compared those constructed with own sources and funding support from the other programmes. The households are also of the opinion that they need to have larger pits as filling of pits scares them, and comes in the way of households going for toilet construction. Thus, sustainability potential of toilets constructed under government programmes was relatively less as compared to self-funded toilets. In view of this, there is a need to increase the assistance amount to Rs. 40,000 each to construct quality toilets.

Promoting sustainable use of toilets in rural Karnataka

- Toilets were not used due to perceived beliefs and the problem of water inadequacy. Hence, emphasis should be on behavioural change through awareness and education, and provision of rainwater harvesting to promote toilet use.
- The process of declaring a grama panchayat as open defecation free (ODF) should not be based on 'what is in the book' and should be on 'what is practiced at the ground level'. Hence, the process to declare a GP as ODF needs to be improved, standardised and shared among the public.

Improving access to toilets in urban Karnataka

- *Step up efforts*: Several agencies such as KSDB and BWSSB are making efforts to improve the access to toilets. In addition, there are conscious efforts by corporate agencies, NGOs and other civil society agencies. However, these remain minuscule given the magnitude of the problem. Hence, the problems and issues concerned are to be addressed in a holistic way through concerned efforts without which cities like Bengaluru cannot become free of open defecation affecting health and the quality of life.
- Provide proper infrastructure and give due importance to operation and maintenance in order to improve the access to and use of toilets in urban Karnataka.
- Formulate guidelines to ensure effective monitoring and accountability of public and community toilets. It is also important to upgrade the quality of toilets so that there are aesthetically appealing.
- Maintain data and information systems on levels of toilet quality and services provided.
- Address the concerns of sanitation workers to ensure effective operations and maintenance.
- Bring in innovations in cleaning technology and design of public toilets and awareness provision.
- Promote stakeholders' involvement in implementing need-based interventions to ensure sustainability of toilet use.

Promoting access to toilets among women

- Initiate gender mainstreaming of sanitation facilities and thereby treat women not as passive recipients but as active partners by including them in the design, implementation, monitoring and evaluation of policies and programmes.
- There is a need to collect gender disaggregated data to understand the needs and demands of women, and undertake local planning accordingly on the location of and other aspects relating to toilets.
- It is a good idea to introduce family cards for unlimited toilet visits in a day.
- There is need to create awareness about how to use toilets and disposal of sanitary pads to avoid clogging.
- The government needs to construct more number of Pink-Toilets as it has additional features like sanitary napkin vending machines, incinerators for disposal, proper dustbins, feeding facilities for moms, etc. Besides, it would be empowering to engage women self-help groups to manage the toilet complexes.

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