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Informing women and improving sanitation: Evidence from rural India

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ABSTRACT

A lack of access to sanitation not only has negative effects on the health outcomes of women, it adversely affects their physical security and threatens the lives of children, who are most susceptible to water-borne diseases. This paper explores the underlying conditions that improve access to basic sanitation services for women, with a particular focus on the role information has on the ownership of household latrines. Drawing from nationwide household-level panel data between 2004 and 2011 in rural India, I find that households in which women have regular access to mass media and accurate health knowledge are more likely to have latrines. I also find that women's decision-making power in the household makes a difference, but to a lesser degree. Extending this analysis with district-level data from India's sanitation campaign, the study also demonstrates that different mass media channels have distinct influences on the rural poor and non-poor. For the rural poor, where the consequences of a lack of sanitation are most acute for women, increasing latrine provision is more strongly associated with changes in radio ownership; for the non-poor television ownership has a stronger relationship. By highlighting the role of mass media in latrine ownership, and differentiating by gender, this study identifies an important mechanism that has been given less consideration in the study of women and access to basic services.

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1. Introduction

The United Nations estimates that about 2.5 billion people around the world still do not have access to adequate sanitation (UN, 2015). Despite the fact that only 57 percent of the population in developing countries has access to sanitation, compared to 90 percent with access to clean water, it is a basic service that is rarely studied alone (World Bank, 2012). A lack of sanitation in many developing countries has resulted in continuous cycles of water-related diseases such as diarrhea, cholera, intestinal worms, and trachoma and poses a serious threat to human security (UNICEF, 2009; Obani and Gupta, 2016). These problems are particularly acute in rural India, which has the highest number of open defecators in the world.

The negative consequences of inadequate sanitation are considered to be concentrated among women compared to men. This is because women are at greater health risks from unsanitary environments and may be the victims of violence when defecating in the open (World Bank, 2011). In addition, women are usually the primary caregivers of children, who are most susceptible to sanitation-related diseases. Therefore, the questions that arise are: what factors are associated with access to sanitation for women? And in particular, what effect does information have?

This article examines these questions through the efforts of India's government to increase household sanitation in rural areas. In particular, it tests underlying conditions, especially the role of information, in overcoming barriers to access to sanitation by women. A group of studies that examine the capacity of governments to deliver basic services such as sanitation emphasize that the poor have a lack of information that significantly weakens the accountability mechanism between them and the government (Khemani, 2007; Sen, 2001; Reinikka and Svensson, 2011). Without information about basic services, it is difficult for the poor to make demands of the government for improved services, and they may lose out on policy concessions made to other, more informed interest groups (Keefer and Khemani, 2005). Among the poor, women in rural areas are often one of the most disadvantaged groups, and yet their lack of access to basic services has been less studied than other socially disadvantaged groups based on class or ethnic identities. This consideration is particularly important because in

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many developing countries, women are less able to demand government services due to several factors, including lower levels of education and societal attitudes towards women.

Using nationwide panel data between 2004 to 2011, this study shows that the decision of a household to make improvements in sanitation is contingent upon women's access to information and health knowledge. Households in which women have regular access to mass media had latrines, even after controlling for household income. At the same time, there is evidence that women's financial decision making power makes a difference, but to a lesser degree. To support the findings on the importance of media access, this study also examines the relative effectiveness of different mass media channels (e.g. radio, television, and newspapers) on sanitation provision for the poor using district-level data in India's largest state, Uttar Pradesh. The results show that for poor households, where the lack of sanitation is most acute for women, the ability to secure benefits from sanitation programs is influenced particularly by radio access and women's health knowledge. In contrast, for richer households access to television has a larger influence compared to other media channels.

These findings have wide-ranging implications. First, this research highlights the role of mass media in promoting access to basic services for women. Although information is a key factor in the public goods provision literature, its impact on women's access to services has received less attention (Besley and Burgess, 2001, 2002; Strömberg, 2001; Snyder Jr and Strömberg, 2010). Second, this study reveals that the impact of factors like information that influence access to services is not evenly distributed among household members. Therefore, in contrast to the current literature on the poor's lack of access to basic services that treats households as unitary actors, the findings show that the preferences for basic services of men and women in a household are shaped by different factors. Lastly, it complements existing studies that examine the influence of female empowerment on family health outcomes such as child stunting (Spears, 2013) and malnutrition (Smith et al., 2005) by focusing on an important basic service that may drive these health outcomes.

1.1. Overview of sanitation and women in rural India

This research focuses on access to sanitation in India, where about 70 percent of the rural population still practices open defecation (Census of India, 2011). India's case is particularly important because it has one of the worst sanitation records in the world despite the government's long-term commitment to the issue. Since the 1980s, the central government has launched a series of nationwide schemes to improve access to sanitation, such as the Total Sanitation Campaign in 1999 that provided subsidies for rural households to build latrines. Despite improvements in the past three decades, progress has been slow and an estimated 394 million people in India still practice open defecation, which is more than half of the total number of open defecators in the entire Sub-Saharan African region (UNICEF and WHO, 2015). In 2006, the World Bank estimated that the cost of inadequate sanitation is equivalent to 6.4 percent of the country's GDP (World Bank, 2011).

Experts at the World Bank have also noted the higher risks of sexual violence, security, and health for women due to a lack of sanitation. This argument is supported by a growing body of scholarly work that demonstrates gender segregation in social norms regarding open defecation practices. A study in rural Uttar Pradesh finds a clear gender division in the practice of open defecation in ways that make it most restrictive for newly married women and young girls to go out during the day for defecation due to notions of shame (Khanna and Das, 2016). Similarly, a study in Odisha finds heightened sanitation-related psychosocial stress among newly married women due to social restrictions on leaving the house when living with their in-laws in rural areas (Sahoo et al., 2015). Due to the fact that women are often confined to their home, they use the opportunity to go out in small groups in the evening for defecating to socialize with other women, which impedes latrine adoption (Routray et al., 2015). At the same time, a study in Maharashtra finds that personal safety, including verbal, physical, or sexual abuse, is the predominant concern among women who defecate in the open (Hirve et al., 2015).

Another group of studies examines the health benefits of having latrines for women and children. Access to sanitation reduces the risk of being exposed to the pathogens in human waste that spread waterborne diseases (World Bank, 2011). One common illness is diarrhea, which is responsible for 13 percent of the deaths per year for children under five in India (Lakshminarayanan and Jayalakshmy, 2015). Since mothers are the primary caregivers to children, there is a higher loss of productive time for women from time spent at home taking care of sick children who have stomach problems (World Bank, 2011).

Research that measures the impact of sanitation on women and children's health in India is in its infancy and remains inconclusive. Studies find that compared to access to clean water, poor sanitation is more strongly associated with maternal deaths, especially from infections that are more likely during pregnancy and surrounding the time of child birth (Kumar, 2010; Benova et al., 2014). Padhi et al. (2015) show preliminary evidence linking poor maternal sanitation practices to adverse pregnancy outcomes such as preterm births. In contrast, Clasen et al. (2014) find that increasing latrine coverage alone does not reduce diarrhea in children or exposure to fecal contamination.

Many of the studies on gender and sanitation are limited to state-specific case studies based on small samples (Khanna and Das, 2016; O'Reilly, 2010; Halvorson, 2004). This is surprising considering the number of studies that use large cross-country samples to examine the gendered consequences of access to a variety of essential services including clean water (Sorenson et al., 2011), primary school enrollment (Huisman and Smits, 2009), and health facilities (Hazarika, 2000) in developing countries. While we know that women bear the brunt of a lack of sanitation, the obstacles that they face in demanding this basic service remain unclear. Therefore, there is much to understand about why and when women in households decide to make sanitation investments.

1.2. Informing women to improve sanitation

Achieving health literacy among the population increases the likelihood that people will adopt the advised practices in their daily lives for the desired health outcome (Nutbeam, 2000). Gakidou et al. (2010) attribute half the reduction in child mortality in 175 developing countries over the past 40 years to the enhanced education of women. Studies suggest that mothers' health knowledge is an important factor in reducing children's malnutrition (Christiaensen and Alderman, 2004), which often includes an understanding of the causes of diarrhea (Sheth and Obrah, 2004; Appoh and Krekling, 2005). Maternal health knowledge also increases women's capability to diagnose common sanitation-related illnesses among children and provide simple remedies at home (Frost et al., 2005). It may also increase their willingness to enforce regular hygiene practices at home. For example, Coffey et al. (2014) show that latrines are more likely to be used when household latrines are constructed privately rather than through government funds, which is a reflection of the importance of a household's preferences for latrines.

In addition, health literacy is expected to have indirect

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