



UNIVERSITY OF
GOTHENBURG

DEPARTMENT OF SOCIAL WORK

"They're risking their lives to use the toilet"

- a qualitative study about women's strategies for coping with
poor sanitation in India

SQ4562, Vetenskapligt arbete i socialt arbete, 15 hp

Scientific Work in Social Work, 15 higher education credits

Bachelor thesis

Semester: Spring 2017

Authors: Julia Jimson & Anna Tillerman

Supervisor: Linda Lane

Abstract

Title: “They are risking their lives to use the toilet” - a qualitative study about women's strategies for coping with poor sanitation in India

Authors: Julia Jimson and Anna Tillerman

Keywords: Inadequate sanitation, strategies, women, India, gender, class, capabilities approach

This study is concerned with examining how women cope with inadequate sanitation. Through the lens of capability approach, gender and class, the aim of the study is to examine what strategies women have and use in order to cope with poor sanitation. The study is based on twelve semi-structured interviews with women in Tamil Nadu, India. The women adapted to the lack of sanitation facilities by applying a range of coping strategies, such as regulating their behaviour and walking together in groups during sanitation-related activities. Other strategies were recognised as avoiding water/food intake along with withholding urine/defecation. Searching for safe(r) places to perform open-defecation is another central aspect. Our research contributes to the existing research by providing an insight to how women on a daily basis perceive and use strategies to cope with inadequate sanitation. Our main finding is that women, regardless of class belonging, have to find strategies in order to cope with poor sanitation and inadequate access to toilet facilities.

Abbreviations

CA - Capability approach

MDGs – Millennium Development Goals

NGO – Non-Governmental Organization

OD - Open defecation

SIDA – Swedish International Development Cooperation Agency

SDGs - Sustainable Development Goals

UN – United Nations

WASH - Water, Sanitation and Hygiene

Acknowledgments

First and foremost, we would like to extend a special thank you to the women that participated in the study. Thanks for taking your time and for sharing your experiences with us. This study could not have been carried out without you. To the interpreter and the gatekeepers - thank you for your assistance and support.

We would also like to express gratitude towards our supervisor Linda Lane, whose constructive comments and feedback helped a lot. A thank you also goes to Ing-Marie Johansson, who inspired us a great deal to write this thesis in the first place.

We would also like to thank SIDA for providing us with the MFS-scholarship. A thank you also goes to our friends that provided us with support and important feedback.

Thank you!

Julia Jimson and Anna Tillerman

Table of contents

1. Introduction	1
1.1 Background	2
1.1.2 Current situation on sanitation	3
1.2 Purpose and research questions	4
1.3 Delimitations of the study	4
1.4 Relevance for Social Work in a Global and a Swedish context	4
1.5 Terminology	6
1.6 Disposition	8
1.6.1 Reading instructions	8
2. Literature review	9
2.1 Literature search	9
2.2 Previous research	9
2.2.3 Psychosocial stress	10
2.2.4 Menstruation	11
2.2.5 Economic impact	12
2.2.6 Insecurity	13
2.2.7 Gender norms	14
3. Theoretical framework	15
3.1 Capability Approach	15
3.2 Gender	18
3.3 Class	18
3.4 Intersectionality	20
4. Research methodology and process	21
4.1 Preconceptions	21
4.2 Qualitative research	22
4.3 Approach	23
4.4 Sampling	23
4.5 Semi-structured interviews	24
4.6 Conducting the interviews	25
4.7 Languages used in interviews	26
4.8 Data analysis and transcription	28
4.9 Evaluating qualitative research	29
4.9.1 Validity	29
4.9.2 Reliability	30
4.10 Limitations and reflections	30

4.11 Ethical considerations	31
4.11.1 Informed consent	32
4.11.2 Confidentiality	33
4.11.3 The right of usage	33
4.11.4 Our role as researchers	33
4.11.5 Ethical principle of do no harm	34
4.12 Division of work	35
5. Results and Analysis	36
5.1 To avoid difficulties	36
5.1.1 The unequal right to public space	36
5.1.2 Searching for safe places	37
5.1.3 Unpredictable factors	39
5.1.5 Specific conditions for women	43
5.2 Strategies to cope with difficulties	45
5.2.1 Activating network	45
5.2.2. Changing activity	47
5.2.3 Lack of cleanliness	48
5.2.4 Age	50
5.2.5 Managing menstruation	51
6. Concluding discussion	52
6.1 Future recommendations	53
7. References	55
Appendix 1	62
Appendix 2	63

1. Introduction

The right to sanitation is a human right that is at the core of all human rights, according to the United Nations (UN) (2014). Despite this, approximately 2.4 billion people worldwide “lack access to basic sanitation services, such as toilets or latrines” (UN, 2017). 946 million people are practicing open defecation, meaning that they have no option to exercise clean, safe or private sanitation (UN, 2016).

The consequences are devastating since inadequate sanitation neglects the right to life and health (UN, 2017). Children and women are particularly vulnerable. Poor sanitation leads to diseases such as diarrhoea, a disease that kills one child every 20 seconds. Unsafe water and lack of sanitation is the main cause for 80 per cent of the diseases in the Global South. Inadequate standards of sanitation in schools affects attendance negatively, in particular for girls. Lack of sanitation impacts people’s right to dignity (ibid.). Globally, women and girls spend 98 billion hours each year on searching for and traveling to safe places for defecation (Khanna & Das, 2016). To not act is costly. For every US \$1 invested in sanitation there is a \$5.50 return since adequate sanitation keeps people healthy and productive (UN, 2014a).

The UN argues that sanitation is a “powerful indicator” on the level of human development, in any community. There are many known benefits in regards to adequate sanitation (UN, 2014). The former secretary-general Ban Ki-moon referred to sanitation as a “sensitive issue”. The topic might therefore be difficult to discuss, which can contribute to making it a neglected issue. Adequate sanitation does not only improve health standards but also enhances the level of safety for women and girls. “Providing safe, private toilets may also help girls stay in school – which we know can increase their future earnings and help break the cycle of poverty” (UN, 2016).

The UN recognises sanitation as an important aspect of all human life and included this as a part of the Millennium Development Goals (MDGs). The aim was to half the proportions of the population without access to basic sanitation, by 2015. This goal was far from being achieved and is therefore included in the new Sustainable Development Goals (SDGs), which includes safe access to clean toilets for all (UN 2017a, UN 2017b).

1.1 Background

India is a large country, with a population of about 1.25 billion - the second largest population in the world. The country was under British rule until 1947 (Government of India, 2017a) and English, along with Hindi are the official languages (Luce, 2006). The Constitution of India recognizes 23 languages that are spoken in different parts of the country (Government of India, 2017a). India is often referred to as the largest democracy in the world with great cultural and religious diversity. Caste is a hierarchical system within India that impacts people's social and political belonging, which in turn determines their living conditions (Luce, 2006). Patriarchal structures are also a crucial aspect that restricts the living conditions, especially for women (Niyogi de, 2011). The country is developing rapidly, both in an economic and political sense. India is a traditional country where the majority of the population is religious and spiritual. It is a divided country in terms of resources between rich and poor. The majority of Indians are living under poor conditions, whilst the middle class keeps on growing in numbers and resources. The rapid development has increased the gap between rich and poor, and also between urban and rural areas (Landguiden, 2016). About 70 percent of the population live in the rural areas, but with the ongoing urbanisation, new demographic challenges will come (Travasso et al. 2014).

On the 27th of May in 2014 two adolescent girls in India were found gang raped and hanged (BBC, 2014). They had been to an open field after nightfall to relieve themselves. These murders led to worldwide media attention (ibid.). This did not only shed light on men's violence against women, but also on poor sanitation and consequences women are facing every day in relation to this. Shortly after the murders, Narendra Modi, prime minister of India, started a national campaign where he promised to build more than 1 million toilets (BBC, 2014a). This campaign was followed by several others, such as Swachh Bharat, where one objective was to provide sanitation facilities and make India free from open-defecation (Government of India, 2017). Another campaign was No Toilet, No Bride, where the aim was to improve the standards of safe sanitation for newly married women (Stopnitzky, 2012).

In the same year, in November 2014, we conducted a field study during six weeks in Tamil Nadu, India. At an early stage the lack of sanitation became apparent, and at times problematic, to us. The aim of our field study was to examine how social workers perceived ethical issues. Even though we did not have any questions in regards to poor sanitation, all the participants

kept on bringing this up as a central problem, especially for women. This, along with our own experiences of how lack of sanitation sometimes became an issue, made us interested to further examine this. Therefore, we decided to go back to India for our bachelor thesis to find out more about this phenomenon.

1.1.2 Current situation on sanitation

It is estimated that 600 million people in India practice open-defecation on a regular basis (Sahoo et al. 2015). Only half of Indian households have an indoor toilet (International Growth Centre, 2015). In the Indian context sanitation include different types of toilets; flush, compost and dry and also pit, latrine and lavatory. Another important aspect of sanitation is water, which is used in post-defecation cleaning, bathing and for managing menstrual hygiene (Sahoo et al. 2015). Women are in many aspects particularly vulnerable and exposed in regards to poor sanitation (Fernandes & Mahon, 2010). Many girls in the country do not attend school during menstruation due to inadequate sanitation. There are also several reports indicating that girls drop out of school for the same reasons (ibid.). Women have the main responsibility for the household along with providing care for children (Khanna & Das, 2016). Inadequate access to sanitation can therefore lead to loss of time and/or health for women and children when having to relieve themselves, since the distances can be far (ibid.). Traditionally, many women in India wear a sari - a long piece of fabric, often 5-6 metres long, that is wrapped around the body. Wearing a sari can become difficult when urinating and/or defecating depending on what kind of access to sanitation is available. Also, weather aspects such as rain seasons have to be considered in relation to sanitation practices, since heavy rain can lead to flooding that brings out faeces, dirt and animals (ibid.).

The aspects mentioned above are only a few examples of difficulties women face on a daily basis, due to poor sanitation. Sanitation is a basic human need and right and is therefore urgent to address.

1.2 Purpose and research questions

Against the background of women's exposed position in relation to poor sanitation, the purpose of this research study is to examine the experiences of women and how they cope with the situation of poor sanitation. The strategies women are using in order to cope with difficulties have been ignored in research. Our study is an important extension of research on inadequate sanitation, exploring women's perceptions which has not been well researched. We decided to focus on strategies in order to contribute to knowledge and understanding of women's everyday situation.

The study intends to examine this by answering the following research question:

What strategies do women have and use in order to cope with poor sanitation?

1.3 Delimitations of the study

Previous research suggest that women are more exposed than men in relation to poor sanitation. It also shows that women face different challenges in regards to this whereas our study focuses on women. Therefore, this research does not aim to provide a comparative research on male and female strategies. In order to get a deeper understanding of how coping strategies can be manifested within an Indian context, we chose to include twelve women in the study. A further limitation to this study is our narrow definition of sanitation which excludes important aspects, such as access to water.

1.4 Relevance for Social Work in a Global and a Swedish context

To urinate and defecate is a human basic need and right, for people all over the world. Sanitation is often referred to as a sensitive issue, which in turn makes it taboo to talk about in most contexts (UN, 2016, Fernandes & Mahon, 2010). Nevertheless, poor sanitation has negative effects on people everywhere - on social, physical, psychological and economical levels (Khanna & Das, 2016, Reddy & Snehathatha, 2011). In order to deal with these issues, we will further discuss the importance of incorporating sanitation to Social Work practices.

According to the global definition of Social Work, the core is to promote social change and social development. It is essential to work with reducing poverty and social inequality between

people, in a local and/or global context (Akademikerförbundet SSR, 2014). Human rights should therefore be the base of Social Work everywhere. In order to enhance equality all over the globe, and to make sure that human rights are placed in the foreground of all Social Work, it is essential to work across borders. This includes a greater responsibility for everyone involved (ibid.).

In the Swedish context issues, due to poor sanitation also exist and are problematic. In December 2016, the company Bring Citymail was criticised by the trade union, SEKO, of failing to provide toilet facilities to their employees (Sveriges Radio, 2016). The national chairman of SEKO described the female workers as the most exposed group where the women expressed that they did not drink water in order to avoid urinating (ibid.). This is only one of many examples where people have to deal with the lack of toilets at workplaces. Similar examples are told by bus drivers (Yle, 2017) and park-tenders (SVT, 2014), to name a few.

In 2014, a case in Sweden was reported where homeless people had no other option than using open fields to defecate, since a non-profit organization was closed during the summer (SVT, 2014). There are cases where homeless people have been fined because they had to urinate in open areas since there was no access to non-payable toilets (Sveriges Radio, 2016b). Also, research shows that pupils avoid using school toilets, especially girls (Vernon et al. 2002). A research study that was performed in a school shows that: “Twenty-five percent (overall 16%) of older children reported never using the school toilet to urinate, and 80% (overall 63%) never used it to defecate” (Lundblad, Hällström, 2005: 125). Lack of cleanliness, bad odour and “feelings of insecurity” were factors that pupils named as reasons to avoid using the toilets (ibid.).

Sanitation is a complex matter within Social Work. Because it is taboo it can be difficult to discover and discuss issues related to poor sanitation. However, people are forced to find strategies to cope with inadequate sanitation every day - all over the world. Poor sanitation should therefore be acknowledged as a social problem which needs to be addressed accordingly.

1.5 Terminology

In this section, we will clarify the definitions of concepts and how we have applied them in the thesis.

Sanitation

The World Health Organization (2017) defines the term sanitation as follows: "Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and faeces. The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal."

Since sanitation is a wide term we chose to define sanitation in accordance to the first part of WHO's definition: "the provision of facilities and services for the safe disposal of human urine and faeces". In addition to this we have also included menstrual management. In other words, our focus has been on what opportunities there are to urinate, defecate or manage menstruation. We recognize that there is an interconnection between sanitation and water, especially in an Indian context, that we chose to exclude in this thesis.

Inadequate/poor sanitation

When using the term inadequate/poor sanitation we refer to sanitation as stated above "the provision of facilities and services for the safe disposal of human urine and faeces" (WHO, 2017) along with being able to manage menstruation. The concept of inadequate/poor sanitation is when the definition of sanitation stated above cannot be reached. Inadequate/poor sanitation include different aspects such as 1) lack of facilities 2) unsafe facilities due to inadequate maintenance and/or cleanliness along with 3) unsafe access to sanitation facilities. We include all type of access in this concept -public/common/private toilets/latrines/lavatory/pits along with open-defecation.

Strategies

When referring to women's strategies in relation to poor sanitation we wish to shed light on the actual strategies they have developed and use. Strategies is defined as a way of coping with something that can be viewed as difficult and/or problematic.

Gatekeeper

Gatekeeper is a person that can provide access to the research site(s), and through this allow research to be conducted (Creswell, 2014).

Global North

The term refers to political and socioeconomic divide of the globe. Global North is a distinction that often refers to the countries that are considered to be more ‘developed’ (Hugman, 2010).

Global South

As stated above it is a political and socioeconomic divide where the distinction includes ‘less developed’ countries and or/regions (Hugman, 2010). Also, some of the Global South states seek to industrialise and urbanise further (Dominelli, 2010). These regions often have an interconnection with colonialism, that continually has a negative impact on the economical recourses and social conditions (Dominelli, 2010).

Rural area

Rural areas are often referred to as the countryside or village in an Indian context. It is quite common that the land in this area is undeveloped and agriculture is the most common livelihood (National Geographic, 2017)

Urban areas

When writing about urban areas we, in accordance with National Geographic (2017), refer to an area that includes “the city itself, as well as the surrounding areas”. Often urban areas are developed in relation to infrastructure and human structures such as houses.

Westernised hegemony

A world view where the Global North and its dominance is central and where it fails to acknowledge that “the exchange of ideas can travel in all directions to enrich all peoples on this earth, not just from the West to the ‘others’” (Dominelli 2010: 102). Knowledge production is also highly interlinked to this, where western ideas are predominated, and placed above others (Collyer, 2016).

Women

Our definition of women excludes non-binary, queer, transgender along with men. Definitions of woman can vary in relation to gender which refers to the social construction of the sex, where the sex on the other hand refers to physiological (biological) differences (Mattson, 2015). The participants in this study have through the interviews defined themselves as women.

1.6 Disposition

In chapter 2 previous research that is of relevance to the study's aim and research questions, will be discussed. The chapter will also include our methods to find previous research. This is followed by a description of our choice of theoretical framework - capabilities approach, gender and class, in chapter 3. Previous research and theoretical framework will be used to analyse the material. This is then followed by a detailed outline of our methodological choices and the research process, in chapter 4. In chapter 5 we will reveal our findings, which is followed by a discussion of the findings along with recommendations of future research, in chapter 6.

1.6.1 Reading instructions

In this thesis, there are several synonymous to avoid unnecessary repetition. To clarify these synonymous, a list of the words we are using is following below:

- Research, study, research study and thesis
- Participants and informants
- Researcher and interviewer
- Poor and inadequate sanitation

2. Literature review

This chapter will start by presenting the procedure of our process of finding relevant research, in order to get an overview of the research field. This is then followed by previous research connected to women and poor sanitation in India.

2.1 Literature search

To be able to find relevant research, we used Gothenburg University's platforms GUNDA, KVINNSAM along with Supersök. Our aim was to find previous research that focused on women's perceptions and what strategies they have in relation to inadequate sanitation. When performing the search, we used the following keywords: sanitation, toilets, strategies, India, lavatory and women. There were a lot of results in relation to sanitation, but fewer results in relation to the purpose of our study. Since the results were inadequate when searching for the words above in relation to the purpose of our study, we added the keywords: health, gender, water, hygiene and urban area. As a complement, we used the Social Science database, Gender studies database, Web of Science along with Social Services abstracts provided by Gothenburg University. The search results provided information on sanitation, but also included what consequences poor sanitation could mean for women, along with some strategies women have in regards to this.

Since the search results mainly focused on the consequences of poor sanitation for women and/or sanitation in urban slums/rural areas this became a difficult task. This indicated that there is an existing knowledge gap within this area. In other words, research concerning women's own perceptions and strategies are somewhat absent. However, since strategies and consequences are intertwined processes we have chosen to include some previous research about consequences, since it contributes to an understanding of the strategies women are using.

2.2 Previous research

Previous research highlights the importance of adequate sanitation and emphasises that women's health is strongly interconnected. To be able to understand in what ways strategies are essential it is of importance to connect consequences to strategies. We chose to mostly include

research conducted in India since the study was performed in an Indian context. This was of relevance to minimize the risk of putting the Global North above the Global South.

2.2.3 Psychosocial stress

In the article “Sanitation – related psychosocial stress: A grounded theory study of women across the life- course in Odisha, India”, Sahoo et al. (2015) examine how poor sanitation causes psychosocial stressors for women. The researchers focus on what challenges women face in regards to inadequate sanitation and how they adapt their behaviour according to these challenges. The authors emphasise that sanitation practices include more than defecation and urination. Aspects such as carrying water, washing, bathing, managing menstruation along with changing clothes were therefore included in the study.

Between the years 2013-2014 the authors conducted 56 in-depth interviews with women in Odisha, India. The women were recognised as either adolescent, newly married, pregnant or established adults. The interviews were performed in different settings where urban slums, rural villages and indigenous villages were represented. A grounded theory approach was applied and three types of stressors were identified – environmental, social, and sexual.

The participants that had access to toilets, either private or public, reported a few issues with the facilities; too unclean to access, often located outside the home and lacking a bathing or changing room. Many women expressed the fear of getting infections when accessing the different sanitation environments. They also described that the lack of latrine/toilet facilities required them to the public sphere where their actions and behaviour were observed. The lack of privacy was also linked to shame and contributed as a stressor. Sexual stressors during sanitation-related activities were recognised as peeping, flashing along with gender based violence, sexual assault and rape. During sanitation-related activities an imminent risk of sexual or gender based violence was something that the women were aware of. Women in this study reported incidents where men threw stones or teased them when they tried to access sanitation facilities. Fears of sexual assault were expressed in different ways by many of the participants. Also, urogenital tract infections, urinary incontinence and chronic constipation were highlighted as consequences of poor sanitary facilities or inadequate maintenance of these.

In this study women adapted to the lack of sanitation facilities by regulating their behaviour. They had no agency or little to say in the matter of the sanitation environment, and were as a result of this forced to adapt their behaviour. A few key methods were recognised in the study: seeking social support (walking together in groups), changing the time of sanitation activities (where the aim was to minimise exposure, through going early in the morning or late in the evening), and withholding (both withholding food/water and postponing defecation/urination).

2.2.4 Menstruation

When working with improving sanitation in South Asia, the term WASH is often used to gather the wide definition of sanitation. WASH includes water, sanitation along with hygiene and refers to all related practices connected. Managing menstruation is, however, excluded. In the article “Menstrual hygiene in South Asia: a neglected issue for Wash (water, sanitation and hygiene) programmes”, Fernandes and Mahon (2010) explore the social and health impacts of that menstrual hygiene management is left out of the WASH initiatives. Their study included 2 579 rural and urban poor women from the states of Madhya Pradesh, Chhattisgarh along with Uttar Pradesh. 686 of the participants were students. Fernandes and Mahon (2010) mean that the importance of menstrual hygiene management is not emphasised enough and should be incorporated by development practitioners. As a consequence, women and girls are “denied their right to gender equality, education, access to water sanitation, health and a life of dignity” (Fernandes & Mahon 2010: 111).

Fernandes and Mahon (2010) argue that the lack of sanitation and/or access to toilets has an impact on girls’ education. Menstruation affects the levels of school attendance, mainly due to lack of privacy for cleaning and washing. Lack of availability, water supply and/or disposal system were other reasons linked to school absence for girls. A survey performed by WaterAid in India showed that 28 percent of the students reported that they did not attend school during menstruation due to the lack of sanitation facilities. Menstrual hygiene is also considered a taboo topic and therefore not discussed in public. This contributes to the fact that women are less likely, also due to gender inequality, to speak about these issues, which in turn leaves them out of the processes of decision-making in relation to menstruation. Other health aspects that are brought up are the linkages between poor menstrual hygiene and urinary or reproductive tract infections along with other illnesses. Poor menstrual hygiene is here defined as not being

able to wash regularly but also re-using clothes that have not been properly cleaned and/or dried.

2.2.5 Economic impact

The research “Sanitation and hygiene: What does it mean to poor and vulnerable women?” by Reddy and Snehalatha (2011), was conducted in two urban slums of Hyderabad, Andhra Pradesh. The study emphasises that sanitation is not only an important index of socio-economic development, but also a complex matter where aspects of personal shame, dignity and hygiene should be considered equally important. The lack of women’s participation in schemes, decision making and implementation of sanitation programmes is also viewed as problematic, as women should instead have a central role in these aspects. Thirty-two households from four economic categories (vulnerable, poor, not so poor and better off) received individual questionnaires, and also their sanitation habits and behaviours were observed.

Reddy and Snehalatha (2011) stated that less than 20 percent of the population living in slum conditions within urban areas have access to flush toilets that are linked to a sewage system. Problems with open defecation (OD) are also brought up in the study. Some women are forced to travel 0.5 to 1 km to be able to urinate and/or defecate. They move in groups and during early hours (4 am until 4:30 am) to ensure their safety and to exercise privacy. OD was also brought up as more problematic during the rainy season when open spaces were described as muddier and slippery. Some women stated that instead of going to the field they try to hold themselves, with constipation as a result. To cope with men or peepers whilst defecating or urinating the women had different strategies. One example was that they were forced to stand up again in order to pretend that they were doing something else. Otherwise they were worried that the men would blame them and question their shame. Another aspect that was mentioned was stress caused by lack of toilets, especially in relation to when women have to manage menstruation, pregnancy and after childbirth (Government of India 2008, cited in Reddy and Snehalatha 2011: 400).

2.2.6 Insecurity

To be able to change toilet insecurity into toilet security, O'Reilly (2016) stresses three aspects that need to be considered. “(1) empowering women is both the means and the end to toilet security; (2) women and girls have a right to toilet security; and (3) sanitation projects must be accountable to women and girls” (p. 22). In the article “From toilet insecurity to toilet security: creating safe sanitation for women and girls,” the author focuses on the interlinked processes of gender equality and adequate sanitation for women. It's worth pointing out that the study also includes important aspects of the consequences linked to poor sanitation.

Inadequate toilet security is more complex than only including the absence of toilets. In this study, O'Reilly (2016) argues that inadequate toilet security rather has an interconnection with women's subordination in society. Gender inequality is highly linked to this issue, where she states that a change in gender relationships would contribute to reducing, for example, open defecation in poor countries. The consequences of OD are known to have a major impact on a country's overall health, including loss of lives along with loss of economic resources, due to illness. The study also states that the consequences of inadequate sanitation for women and girls include “fear of harassment, experiences of violence, and psychosocial stress” (O'Reilly 2016: 19).

The author refers to three aspects of insecurity in her specification. The first includes not having access to a toilet, either at home or within the community. The second insecurity has to do with the fear of OD, if the woman is in a place where she can't access sanitation facilities. Being forced to use inadequate public toilets where safety among other aspects cannot be guaranteed, is the third part of toilet insecurity.

Therefore, O'Reilly (2016) urges policymakers and civil society not to build toilets without including the considerations that are specific to being a woman. She emphasises that inadequate sanitation is linked to few toilets, poor quality, poor design, no locks on doors, lack of cleanliness and maintenance and insufficient lighting making it unusable and unsafe for women. To build toilets in people's homes is in itself insufficient since gender inequality would not single-handedly disappear. The risk of harassment and attack is also very present. There is a strong connection between gender based violence and WASH (Water, Sanitation and Hygiene).

2.2.7 Gender norms

Khanna & Das (2016) write in their article “Why gender matters in the solution towards safe sanitation? Reflections from rural India” that women due to inadequate sanitation are exposed to a greater risk of experiencing violence along with other health vulnerabilities. The authors to the article link the exploitation to inequitable gender norms. They also emphasise that women practise unsafe sanitation to a greater extent than men, whilst being the most in need of safe toilet facilities. Inadequate sanitation facilities impact women’s health and well-being. This study was conducted in Uttar Pradesh, in six different villages where the empirical data was gathered through focus group discussions along with key informant interviews.

The authors stress that many studies and reports include empirical data that show that women and girls are more likely to be sexually harassed and experience violence in relation to OD. To move to places for OD is considered to put women to a great risk where they are unsafe and vulnerable, especially at night-time. As a result, women decrease their food and water intake, in order to not have to relieve themselves. The subsidy-driven programmes have not been successful at contributing to sanitation coverage on a national level. It is also said that the toilets/latrines that were constructed were of “poor design and construction and culturally inappropriate” (Khanna & Das 2016: 1187). Some of the toilets are therefore used as a place of storage and remain unused due to this. The reasons is linked to the poor design of the latrines/toilets put to place with the aid of governmental subsidies. Some of the pits were too shallow, which caused flooding. Another aspect that is considered problematic is the low demand of toilets/latrines at the household level. “Men control the resources and women play a limited role in household spending decisions” (Khanna & Das 2016: 1187). This should be viewed in regards to lack of gender-equity within the Indian context.

3. Theoretical framework

In this chapter, we will present the theories and perspectives that will be applied in the analysis of our thesis. The study aims to examine what strategies women have and use in order to cope with poor sanitation. In this study, we use capability approach along with the intersecting social categories gender and class.

Capability approach (CA) can be of use when assessing and evaluating individual well-being (Robeyns, 2005). Since well-being and health of women is linked to strategies for coping with poor sanitation, we decided to include this in our theoretical framework. CA is emphasised as a highly interdisciplinary theoretical tool. It can provide us with an insight to some of the health aspects of the women we interviewed. The structural relationship of inequality contributes to putting women at greater risk in relation to inadequate sanitation. Using gender as an analytical tool highlights the differences between men and women. A class perspective contributes to shed light on how women, regardless of class belonging, relate to poor sanitation.

3.1 Capability Approach

In the 1980s Amartya Sen developed the capability approach which is an interdisciplinary theory that is commonly used in development work. The theory focuses on what resources people have in order to do what they want to do. The approach can be applicable when evaluating different aspects of well-being including inequality and poverty. Sen developed CA as a criticism to the more economic based measures that were predominantly used during the early 1980s within development work (Robeyns, 2003).

CA asks “whether people are being healthy, and whether the resources necessary for this capability, such as clean water, access to medical doctors, protection from infections and diseases, and basic knowledge on health issues, are present” (Robeyns 2003: 7). Along with this CA asks if real political participation is available to people, and if there are community activities that in turn support them to cope with struggles in their everyday life (Robeyns, 2003). For some of these capabilities to be enabled financial and economic production is necessary. However, others could be enhanced with political practices, or social and/or cultural practises. CA focuses on human well-being and its links to material, mental, spiritual and social well-being (ibid.).

Capabilities and functionings are central to this approach. The capabilities help us to create an understanding of what real opportunities a person might have whereas the functionings are related to the living conditions (Sen, 1999). Capabilities refer to the potential to live the life as one wish to. Functionings rather asks what the person is able to do and/or to be (ibid.). A common way of explaining the differences is described with the following example: Starving and fasting (functionings). The differences between starving and fasting has to do with choice. In a sense these two functionings can have similar effects on the body, but starving is not regarded as an active choice. The capability in this respect would have to do with the opportunity to get a hold of food, which is more likely to be done by the person who is fasting (Robeyns, 2005). “A functioning is an achievement (outcome), whereas a capability is the ability to achieve (potential)” (Sen 1987: 36). The capacity to function is essential for realising one's potential. In other words, people are able “to undertake the actions and activities that they want to engage in, and to be whom they want to be” (Robeyns 2005: 95). Functionings are “working, resting, being literate, being healthy, being a part of a community and being respected” (Robeyns 2005: 95). These functionings contribute to making life valuable. Once people have these opportunities they can choose the option that they find to be most valuable. An example of this is the choice to practice religion. Everyone should have the opportunity to practice it, but at the same time also have the opportunity not to (ibid.). Sen emphasises that people need to extend their sense of freedom in order to be able to improve their lives. It is important to focus on removing obstacles so that people can in fact achieve more freedom, in order to live the kind of life that they themselves find valuable. People should be seen as actors that are capable to shape their own destiny (Robeyns, 2003).

While CA is broadly used within development work it is not completely without criticism (Robeyns, 2005). It is argued that CA has little to say when it comes to group structures, making it an individualistic approach with little consideration to social structures (ibid.). It becomes clear that CA attaches great importance to personal choice (Robeyns, 2003). Another critique is that Sen's notion of CA relates more to measurements of economic reasoning (Robeyns, 2003). However, CA does not state that it is a theory that can explain the complexities behind poverty, well-being and/or inequality, but its focus rather lies on conceptualising and evaluating the phenomenon stated (ibid.).

The capability approach includes information that could otherwise be difficult to grasp. It focuses on non-quantifiable aspects (Robeyns, 2003). Therefore, it adds these non-economic capabilities in cost-benefit analysis, that could for example be used for evaluating different types of social development projects. In a female literacy project that was launched in Pakistan, non-quantifiable effects such as obtaining useful knowledge and making important friendships were made visible (ibid.). This could have risked being missed if the evaluation only focused on the quantifiable data. Also, this contributed to that “women learn that they are equal to men, that they do not need to suffer abuse, that literate women can solve their own problems, that they learn how to read, and their experience of great satisfaction at being able to study” (Robeyns 2003: 31).

Martha Nussbaum has added perspectives that she considered to be neglected in Sen's capabilities approach. She added a greater feminist direction to the CA (Robeyns, 2005). Nussbaum emphasises on narrative approaches where the aim is to better understand people's “hopes, desires, aspirations, motivations and decisions” (Robeyns 2003: 24). Her aim is to better understand people's actions along with meanings of these (Nussbaum, 2000). It is worth noting that women have worse achievements when it comes to several functionings. Malnutrition, morbidity and specific mortality rates being a few examples (Robeyns, 2003). The ten most central human capabilities are something that she stressed as important, the list contains “life; bodily health; bodily integrity; senses, imagination, and thought; emotions; practical reason; affiliation; other species; play and control over one's environment” (Robeyns 2005: 104-105). Nussbaum has also argued that the list above is something that should be guaranteed to be provided by the government, since it represents fundamental entitlements that ensures a sense of justice (Robeyns, 2005). Nussbaum has also emphasised that the list of the central human capabilities is to be considered as general, and amendments should therefore be considered in relation to local setting (ibid.). However, Nussbaum has been criticised for applying a westernised and individualistic view on autonomy that excludes communities and/or cultures importance (Niyogi De, 2011). Niyogi De (2011), emphasises that it is questionable to view an individual as a separable unit within the Indian context. Nussbaum's view is that women everywhere, regardless of living in a village in India or in urban America, “command the awareness that their bodies, inclinations and labours are separate from family and community members” (Niyogi De 2011: 199).

3.2 Gender

Gender is a term that focuses on the social construction of the sexes, where the differences between them become apparent. Sex refers to the physiological (biological) differences between men and women and/or non-binary persons (Mattsson, 2015). We would like to stress that the social understanding of gender is something that is socially constructed. It is essential to highlight that the different masculinities along with femininities exist side by side within the gender field, which are a part of a complex social system (ibid.).

There is a structural relationship of inequality between men and women that manifests in everyday life. How gender is perceived and portrayed is correlated in the social, historical and cultural context (Mattsson, 2015). Women's subordination is at issue, both in the Global North and the Global South (Mohanty, 2003). Male dominance puts women in a position where they are politically, socially and economically marginalized and exploited. The structural relationship of inequality creates the need for women to conform to the different forms of femininities. These different types of femininities are linked to the expectations of how women should act in a certain way at a certain time. This is reinforced by tradition, law and other norms (ibid.). Women are in some social contexts devalued as well as the conventional feminine attributes, in other cases women can be glorified for the same reasons (Niyogi de, 2011). "But in either case, women end up bearing a disproportionate burden of coercion and exploitation" (Niyogi de 2011: 197). Women are deprived in many areas, whereas autonomous decisions in terms of material practises is an example where their opportunities to make decisions are limited (ibid.). Mohanty (2003) argues that feminists from Global North tend to view women from the Global South as one powerless unity. This is something that is problematic since it implicitly implies that women from the Global South do not apply to "the right type of feminism". Or far worse, that the concept of feminism is non-existent within the Global South. This is something to be conscious and aware of.

3.3 Class

In a historical sense, class is something that has been broadly discussed and analysed in different ways and from different point of views (Mattson, 2015). In its traditional meaning, class is linked to the economic conditions within a society. However, many would argue that class is

far more complex and that goes beyond explaining the distribution of a society's economic resources (ibid.).

Bourdieu emphasises that class is not only linked to the material resources, and/or the lack of them (Mattson, 2015). Class is something that people relate to in different ways. Therefore, Bourdieu divided the concept of class to different categories; 1) Economic Capital 2) Cultural Capital 3) Social Capital along with 4) Symbolic Capital (ibid.). The first capital refers to the economic/financial resources that the individual has, whereas the cultural capital refers to music, theatre, film along with education. Social capital refers to the access of social networks that the individual has. Symbolic capital is based on how the individual is regarded in relation to honour and prestige. Bourdieu claims that these categories of capital are dependent on the context and can therefore differ in importance. In some social groups the importance of some attributes are accentuated, whilst at other times has no or little importance at all (ibid.).

Common definitions of class are: 1) consumption or 2) identifications and investments in cultural and/or social capital (Edgren, 2008). Class should be regarded as a power structure, intersecting with others and should therefore be analysed accordingly (ibid.). Class and gender are considered particularly intersected (Mattson, 2015), which can be exemplified through women's (lower) wages. Gender inequality can go hand in hand with (limited) resources. This also needs to be considered in regards to power (Mulinari & Selberg, 2013).

Class is an identification process, where the person internalises the position and adapt behaviours to uphold his or her class(belonging) (Mattsson, 2015). Therefore, it is equally important to focus on how class is constructed, perceived and reproduced in the social interaction. Class has an impact on women's subordination and/or super ordination (ibid.). As earlier mentioned class interacts with gender and therefore it becomes essential to also discuss that this has an impact for women amongst the collective of women. A woman from a middle-class background, can have more in common with a man from a similar background, than with a woman from a lower class. Class as a social identity cannot be used to fully understand the inequality between men and women, since it is impossible to view groups as homogenic with equal opportunities. However, it contributes to broadening our perspectives in regards to power relations, since it emphasises on the inequalities between women and women and (between) men and men (ibid.).

3.4 Intersectionality

Intersectionality includes different social categories that in turn intersect with each other, these depend on each other for meaning and significance (Mattsson, 2015). The perspectives consist of gender, class, ethnicity, sexuality, age and ability among other social categories (ibid.). Power relations are understood from an intersecting point, instead of viewing them as isolated and independent (Showunmi et al. 2016). Intersectionality creates a conceptualisation where one category cannot be viewed as excluded from another. It can also contribute to “integrating feminist and multiculturalist perspectives, which in turn can help us understand women’s experiences from a more nuanced perspective” (Showunmi et al. 2016: 920). The intersectional perspectives contribute to deepen and broaden the understanding of sanitation. Our focus within this theoretical framework will highlight gender and class since we found them to be applicable in relation to the aim of the thesis.

Since intersectionality is derived from the Global North the theory needs to be considered and questioned. Applying a theoretical framework that is sprung from the ideas, pre-conceptions, views and assumptions from the Global North and using it on a global phenomenon, as sanitation, in a different context could be problematic. However, we found it to be useful for our thesis since it focuses on the intersecting social categories, which are applicable everywhere and therefore not specific to the Global North. To use social categories in the analysis help us to get a broad understanding of how different factors intersect with each other, when examining what strategies women have and use to cope with inadequate sanitation. The different power relations can be understood from this intersecting point, where they depend on each other (Showunmi et al. 2016). These can also be categorised according to hierarchal positions where they have different meaning. In accordance with the intersecting social categories gender and class we can get an understanding of how these play a role for the women in our study. The meaning of these categories can differ at times where they can be categorised in a certain hierarchal position. The CA seeks to understand what real opportunity there is to use sanitation facilities. Dependent on their functionings women have different opportunities to find and develop strategies to cope with poor sanitation. The differing functionings can limit or enable one’s capabilities to find adequate sanitation facilities. The CA contributes to gain an understanding of the individual’s perceptions hence this is relevant to use in this thesis.

4. Research methodology and process

This chapter explores the framework on which the thesis is based. This is then followed by a detailed outline of the research method, the sampling of the participants and our positions as researchers. Method of analysis will be discussed as well as validity and reliability. Finally, ethical considerations associated with this thesis are outlined.

4.1 Preconceptions

In research, it is impossible to assure objectivity since the researcher and the participants both influence each other, and the result (Kvale & Brinkmann, 2009). This is something that we need to consider when conducting research and therefore it becomes more important to be transparent with the research process, when claiming credibility to the study (Bryman, 2011). In the following paragraph, we will discuss how we have been relating to our biases and preconceptions.

We conducted a research study in India in 2014. Therefore, we had some experience in being in the actual context, and being exposed to an environment where there is inadequate access to sanitation facilities. DeWalt and DeWalt (2011) argues that it is essential for the researcher to have basic knowledge of the field along with context that he/she is studying. We would like to underpin that these personal experiences have contributed to a greater understanding of the phenomenon. This we believe has been of importance when meeting the informants, since we could better relate to the information they shared. Also, we are convinced that this led to less/fewer misunderstandings with the participants. Another positive aspect was the fact that we were more aware of cultural codes, during this visit to India. For instance, when meeting the participants, we already had an insight to the dress code. In India, a woman should cover her knees and shoulders which we applied. This represents not only a cultural understanding, but also an ethical consideration (Hammersley & Atkinson, 2007).

During our time in India we were invited by some friends to join them on a three days' road trip as a "study trip". Our initial purpose was to use this trip as a participant observation. The method of participant observation can be seen as a compliment to interviews that enable a new perspective on the phenomenon that focus on what the participants do (May, 2001). This may not always become clear in interviews and can therefore be of help for the researcher to discover

both spoken and unspoken rules, which can contribute to bringing new thoughts and ideas to develop and deepen the research (ibid.). However, even though the people we were joining for the road trip knew about the research, we could not guarantee that they would be aware of their participation during the entire trip. Informed consent could be difficult to be sought and therefore we chose not to include this as a method. Instead the experiences from the road trip have contributed to deepen our knowledge and understanding of the phenomenon. This has been beneficial to us since we discussed sanitation from different points of views where it became clear that there were in fact differences between how these issues were perceived by men and women, where the latter were more exposed. We also had a meeting with a representative that works with rural development in regards to sanitation. This was an opportunity to get an understanding of the specific conditions of sanitation within this area. During the meeting, we received information on how the government had implemented subsidies in order to enable the construction of toilets along with general information about how to construct toilets within the Indian context.

By conducting our research within the Indian context, we were aware that our positions would be something to reflect upon. As two white young women, we knew that we would represent, not only us as individuals and researchers but also in a sense the Global North. In relation to history and post colonialism, it is even more important to be aware of what we might be representing (Mohanty, 2007). We understand that our biases and our preconceptions have had an impact on how we perceive the world and in turn the result of this thesis.

4.2 Qualitative research

The choice of method depends of what the research aims to examine (Backman & Gardelli, 2012). Since our aim for the study was to examine the participants' perception of and thoughts about sanitation, a qualitative approach was preferred. The main objective of qualitative research is to understand people's own social realities from their perspectives. This approach provides the researcher with rich descriptions of people and also emphasises the interaction between people and their natural settings (Bryman, 2008). It pinpoints the value of the participants' subjective viewpoints which in other forms of data collection may not be as apparent, such as quantitative research (Bryman, 2016). A qualitative approach challenges already established truths and/or presumptions with the aim to gain a better understanding of

the phenomenon (Aspers, 2011). Since sanitation is a complex matter it is crucial to use a qualitative approach in order to get a broader understanding of the situation. The analysis in this type of qualitative research design often focuses on *what* is being said and *how* it is being told (Nygren, 2012). This is usually done through analysis of texts, observations and/or interviews (Ahrne & Svensson, 2009). The data in this thesis is collected through interviews.

4.3 Approach

This research study applies an inductive approach which means that the research material forms the theoretical framework (Ahrne & Svensson, 2015). In other words, we conducted the interviews and looked at the recurring themes and thereafter decided what theoretical framework that was applicable. The inductive approach is part of grounded theory (ibid.), which has influenced our research design and analysis. In accordance to the core of grounded theory we have based the analysis on the informant's perceptions and experiences (Dalen, 2007).

4.4 Sampling

Since we in 2014 were interested in conducting research about women and sanitation, we emailed a few persons that we already had established contact with during our previous visit to India. The email included information about our interest in the subject and we requested if they could be of any assistance in relation to our thesis. This email was sent four months before travelling to India. Two of the persons responded and later they became our main contacts and acted as our gatekeepers, which in turn led us to the participants.

The sampling method used for the thesis has been snowball sampling, which means that the researcher gets in contact with a smaller group of people and through them establishes contact with the participants (Bryman, 2008). One of the potential negative aspects of using snowball sampling is assumed to be that the participants might have already established relations with the main contacts. Here we would like to emphasise that there is a risk that the informants then feel obligated to participate, which is something that we will discuss further in the chapter Ethical considerations. The relation between the participants and the gatekeepers could also potentially mean that they might have similar attitudes and experiences about a phenomenon (Eriksson-Zetterquist & Ahrne, 2015). This can contribute to that collected data is not versatile

enough (ibid.). Since our main contacts have different accesses to the field we managed to get in contact women with various social backgrounds. One of them made it possible for us to establish contacts in the rural areas, and the other one introduced us to women living in the urban areas. This contributed to that we had a much greater diversity than first intended, since our focus was any women, independent of social backgrounds.

The 12 women included in this study were between 23 and 72 years old. Half of them were living in rural areas, half of them in urban areas. All women in the urban areas had an academic background and stated that they belong to middle/upper middle class. The women from the rural areas had various experiences from schooling. One of the women had completed elementary school education, others had completed a few courses. Most of the women claimed to have had little or no access to the educational system.

4.5 Semi-structured interviews

The method of interviewing is useful when information about the social conditions is sought and when an individual's perception and emotions of individuals are of interest to the study (Eriksson-Zetterquist & Ahrne, 2015). We decided to conduct semi-structured interviews. This method enables the participants' views to emerge and allows us as researchers to be flexible in the questions we ask. Semi-structured interviews are based on a non-fixed interview guide where the questions are open-ended, allowing participants to answer in a more flexible way (ibid.). This flexibility enables the participants to be part of the process of forming the topics that are discussed to a greater extent (Bryman, 2011). Since we as researchers wish to influence the participants as little as possible, this is essential. Also, it allows the researcher to ask follow-up questions in a spontaneous manner which can contribute to a greater understanding of the information shared by the participants. This is of importance since their experiences are the main focus of this thesis.

Before conducting the interviews, we created an interview guide (see Appendix 2) that was discussed and approved by our supervisor. Our interview guide which organised according to three themes; personal data, general views on sanitation and personal views on sanitation. The first theme included biographical data where the participants told us about themselves. The second theme asked aspects of how people in general speak about sanitation, and where they

can access them etc. The third theme focused on the participant's personal experiences in regards to sanitation. In order to avoid questions that could be difficult to understand and to gain experience conducting interviews (Bryman, 2008), we conducted two pilot interviews. This was also an opportunity to adjust questions to fit the Indian context and an attempt to deepen our contextual understanding. The feedback from our pilot interviews indicated that no adjustments were needed. However, the pilot interviews generated a discussion on different aspects to understanding sanitation within this context. The pilot interviews ensured that the questions we asked were clear and understandable, and acted as an introduction to understanding sanitation on a local and national level.

4.6 Conducting the interviews

For this thesis, we conducted a total of twelve interviews which lasted approximately 40-50 minutes. Our initial contact with the participants was through our gatekeepers. This was necessary to obtain access to the field (DeWalt & DeWalt, 2011). We are aware that the participants received second-hand information about our research topic. To minimise the impact of this we provided the gatekeepers with the interview guide. We also discussed the topic and questions with them before they contacted the potential participants. The gatekeepers were given the opportunity to ask any questions that could potentially arise, in order to be able to inform the participants about our thesis and its aim in the best way possible. This was to minimise the risk for the women to participate in a research study that they had no or little knowledge about. Once contact was established between us and the women, we informed them about what the study would include, what would happen to the information provided by them, along with the overall aim of the study. To increase transparency, we encouraged the women to ask us any questions they might have, at any point throughout the process. This information was given face-to-face before the interviews. Participants were given the informed consent form (see Appendix 1) at the start of their interviews, informing the participants of their right to confidentiality and withdrawal from the study. They were also informed of their right to not answer questions, without giving a reason. The ethical aspects of the informed consent will be further discussed in the chapter Ethical considerations (see section 4.11). Before proceeding with the interview, both parties signed the form.

When deciding when and where the interviews should be conducted we asked what was most convenient to the participants. Here we wanted to make the conditions of participation as easy as possible, such as giving them the opportunity to choose an environment that they felt safe and/or comfortable in (DeWalt & DeWalt, 2011, Kvale & Brinkmann, 2009). Two interviews took place in a private room at the guesthouse where we were staying. Four interviews were conducted at a gym, in a private, separate room. The remaining six interviews were conducted in the rural area, in an office belonging to an NGO that one of our gatekeepers introduced us to. The interview surroundings allowed us to speak with the participants without interference from others. All the interviews were conducted individually. We as researchers had different areas of responsibility during this process. One researcher had the main responsibility to ask the questions from the interview guide, while the other researcher focused on formulating follow-up questions, managing the recording device, and taking notes when necessary. These responsibilities were alternated and shared equally. At the beginning of the interview we informed the participants about our separate responsibilities to clarify the structure and purpose of this. We did this in order to make the participants feel as comfortable as possible in this situation. The reason for providing information about our roles, the process and the aim of the thesis was to create transparency, which has a positive effect on the hierarchical relation between the researcher and the participant (Ryen, 2004). Also, at the end of each interview the participants received a small token of appreciation in form of fruits, pastries and gifts from Gothenburg University's gift shop. In accordance with cultural customs this was done to show gratitude. We also provided the participants with our contact details.

4.7 Languages used in interviews

Six of the interview were conducted in English. As English is neither our own nor the participants' first language it may have had an impact on the data collection and analysis. However, our knowledge of the English language proved more than sufficient for conducting interviews. We would also like to highlight that the women who participated in the interviews speak English on a daily basis, as it is mandatory at higher education institutions and workplaces. Therefore, we would argue that any impact on the research study would be minimal.

Due to the language barrier, the remaining interviews were conducted with the support of an interpreter recruited with assistance from our gatekeeper. Despite not having obtained any formal education, the interpreter was experienced in translating. Dalen (2007) argues that it is not only the ability to speak the languages that is of importance, but also other personal qualities of the interpreter. She claims that personal attributes, such as knowledge of the field, are equally important (*ibid.*). The interpreter in this study has experiences from the social work field which is beneficial to the research. Additionally, due to the patriarchal structures and the sensitive nature of the thesis we requested that a female interpreter was recruited. This was done in order to make the women feel as comfortable as possible during the interview process. Before conducting the interviews, we had a meeting with the interpreter to discuss and define guidelines of how the interpretation should be carried out. Together we formulated the following two guidelines: 1) To translate verbatim without adding or removing words. 2) Do not wait too long in between translations in order to be able to translate what is being said in a correct way. Interpreters have a duty to maintain confidentiality under the same principles as researchers (Dalen, 2007). After discussing the significance of confidentiality with the interpreter she signed a form to agree to these terms. When the interviews were completed the interpreter received payment for her work.

Conducting interviews with the assistance of an interpreter raises methodological issues (Dalen, 2007). One aspect could be the difficulties concerning that the information shared between the participants, the interpreter and the researcher is communicated through a third part where misunderstandings could be a consequence. Another concern is that it might be a challenge for the interpreter to have specific knowledge about terms and expressions that are used in the social work field (*ibid.*). Furthermore, the terminology could differ between how it is used in the Global North and in the Global South. Since the interview guide is formulated to be understandable by the participants it has been of relevance to avoid terms that could be difficult to understand for everyone involved.

We are aware of the potential negative aspects of using an interpreter. However, we would like to argue that without using one these women's perspectives could not have been expressed. This would discriminate against non-English speaking persons and result in research that only includes people of a specific group and with certain attributes (Kapborg & Berterö, 2002). In turn, this reproduces the white, westernised hegemony. Therefore, we would emphasise that by including these women in our study we address this knowledge gap in existing research.

4.8 Data analysis and transcription

The research applies a qualitative content analysis of the semi-structured interviews. Qualitative content analysis aims to find themes or categories that describe the social context in detail, which in turn emerge from those themes or categories (Bryman, 2016). It is common within social science since this “allows the codes to emerge during the data analysis” (Creswell 2014: 199). The initial coding within the content analysis focuses on research findings or theory (ibid.). Coding the data according to recurring themes is to organise the material in a structured way (Creswell, 2014). In accordance to this, we decided to apply a content analysis since it helps us to focus on the women’s experiences along with perceptions in regards to inadequate sanitation.

All the interviews were recorded in a recording programme on an Iphone, with the participants’ consent. Recording and transcribing the interviews allows the information shared in the interviews to be “captured with the participants own terms” (Bryman 2008: 443). To record interviews helps the researcher to stay focused on the interview instead of having to concentrate on taking notes (Bryman, 2008). We divided the interviews equally between us and transcribed all the interviews verbatim. Firstly, we individually read the twelve transcriptions carefully and marked themes that seemed to be frequent and central. Secondly, we discussed these themes that we both had identified. Information not relevant to the research question was excluded from the analysis. Inspired by grounded theory we then compiled a number of themes and subthemes. The themes: Strategies to avoid difficulties and Strategies to cope with difficulties will be further discussed in the chapter Result and analysis (see section 5.0). Carlson (2002) argues that the analysis process starts in the transcription phase, since the data is discussed and structured. Based on the recurring themes that emerged during the analysis of the data we decided to apply the theoretical framework: Capabilities Approach, Gender and Class.

As the quality of the audio was poor in some recordings, any inaudible sentences were excluded from the analysis. There is a potential risk that this had an impact on the result, but since this only happened a few times we would like to argue that this was not the case. We decided to keep the quotes as the participants formulated them. The reason for this was to avoid researcher bias and present the women’s ‘perspectives as accurately as possible, which is crucial to our study. However, some small adjustments were made to improve readability, such as removing interjections like “uhm” and “ehm”.

4.9 Evaluating qualitative research

There is an ongoing debate when it comes to assessing validity and reliability in qualitative research. This controversy has had an impact on how researchers relate to these approaches. Some researchers would claim that they are derived from a positivistic stance and therefore more useful in quantitative research (Bryman, 2016).

4.9.1 Validity

Validity “is the extent to which the research produces an accurate version of the world” (Bloor & Wood 2006: 147). Qualitative research does not aim to present the results in numbers. Instead it refers to the question of whether the researcher is actually measuring what he/she intends to (Bryman, 2016), which is known as internal validity. This makes validity complex to demonstrate. However, internal validity can be strengthened by a detailed description of the entire research process and a reflection of potential influences on the research (Bryman, 2016).

Performing the interviews with the assistance of an interpreter could be seen as an aspect that needs to be considered in relation to ensuring validity (Kapborg & Berterö, 2002). It is difficult for the researcher to assure that the interpreter has not summarized and/or modified the responses in any way (*ibid.*). However, Kapborg and Berterö (2002) emphasise that the interpreter should not only have sufficient language skills but also have experience from the field. We tried to address these potential risks by firstly agreeing on terms of how the interpretation should be carried out. Also, the interpreter that performed the interviews had experiences of operating within the social work field. Therefore, we would like to stress that we have tried to minimise the impact of these issues that could possibly question validity.

To enable a higher form of validity to our study we would argue that we have achieved this by studying the phenomenon that we were set out to do. Also, our intention has been to present the entire research process and thereby making it transparent. A greater level of internal validity is, because of this, upheld (Bryman, 2016). Adding to this, qualitative research is often criticised for not explaining how the process was conducted (*ibid.*). To achieve validity, we have therefore tried to describe the entire process in order to provide the reader with an insight to our research process.

Credibility refers to examine how believable the findings in the research are (Bryman, 2008). To achieve credibility to the research it is of importance to declare the choices that have been made during the research process. This is of great relevance to strengthen the credibility of the results, which will also enable the reader to analyse and potentially criticize the data. Through this process the research will achieve transparency (Ryen 2004, Bryman 2016). To clarify findings with the participants can enhance the credibility of qualitative studies (DeWalt & DeWalt, 2011). Since the participants did not get the opportunity to approve their quotes before publishing the research we cannot guarantee that we have fully understood the quotes correctly. This can contribute to reducing the credibility of the research (Bryman, 2011). External validity, also known as generalizability, is of importance when conducting research (Bloor & Wood, 2006). Due to small sample sizes in qualitative research, Bryman (2016) claims that this type of studies is not meant to be generalised or representative to the general population. However, we would like to argue that the validity can be strengthened and generalised to a further extent since the “research produces an accurate version of the world” (Bloor & Wood 2006: 147).

4.9.2 Reliability

Reliability questions whether the same results can be replicated, in other words if it is possible to obtain the same results on different attempts (Bloor & Wood 2006, Bryman 2016). Since our focus is to examine the experiences that are subjective to the twelve women that are included in this study, it is difficult to relate this to a high level of reliability. Firstly, this is rarely the aim with qualitative research (Bryman, 2016). Secondly it is essential to underpin that the results are dependent on the relation between the researchers and the informants (Kvale & Brinkmann, 2009). These circumstances are therefore not guaranteed to be replicated (Kvale & Brinkmann, 2009). In other words, the result is highly dependent on our roles as researchers along with other circumstances as where and when the interviews took place. In accordance with this we have also considered to what extent our biases and understanding of the cultural context may have had an impact on the research and its material.

4.10 Limitations and reflections

During the research process, there were many aspects that we had to consider. In retrospect, we might have dealt with some of them differently.

According to Kvale and Brinkmann (2009) it is of essence to have some time to perceive and understand cultural codes when you're performing research in a new context, such as being able to understand verbal and nonverbal communication. We had some knowledge about the Indian context from our last visit. Also, by performing pilot interviews we wanted to take the opportunity to examine the level of understanding in our questions. In the interview guide we were using the term "lack of toilets". We did not receive any feedback concerning this expression from the pilot interviews. However, it did not take long before we realised that this notion could be problematic in relation to the definition. In the meeting with the participants they might have been confused by this since toilet is a narrow definition, that is often equalized with a western constructed toilet within the Indian context. Instead we should have used the term sanitation which includes a much wider definition. As soon as we realised this dilemma, we verbally changed our formulation of the questions concerning sanitation, which we experienced was helpful to avoid further misunderstanding.

Another aspect that we have not been taking into consideration is the Hindu caste system. The system is more than 3 000 years old and divides Hindus into hierarchical groups based on their karma (work) and dharma (duty), which highly affects the social and religious conditions of people's lives (Luce, 2006). Any forms of discrimination based on caste is banned within the country. However, the caste system remains present in the Indian society (ibid.). By not including the caste system we therefore neglect the importance of the impact it has on the women's lives.

4.11 Ethical considerations

In this section, we will discuss why ethical considerations are of importance in research and how we have complied with ethical guidelines in this thesis. This is then followed by a discussion about how our own roles as researchers has had an impact on the material along with potential risks and harms of conducting a study.

The researchers aim should always be to uphold a high level of ethical awareness in the research conducted which goes hand in hand with ensuring scientific quality of the results that are published (Kvale & Brinkmann, 2009). To address ethical concerns and minimise potential risk to participants we followed the four ethical guidelines formulated by the Swedish Research

Council. These guidelines are as follows; information, consent, confidentiality along with the right to usage (Vetenskapsrådet, 2002). Sometimes the process of adhering to the guidelines of information and consent are intertwined, and therefore this is called informed consent throughout this chapter. Apart from relating to the requirements above we have also had to consider our roles as researchers. The researcher's personal moral integrity is something that also needs to be reflected upon, since it is essential to be able to understand the ethical considerations throughout the process (Kvale & Brinkmann, 2009). It is of importance to view the researcher as a part of the field that he/she is studying. The researcher is an actor within the field that is influenced by his/her own values, history and context (Aspers, 2011). These are aspects that are crucial to consider in all research, but it might be of greater importance when entering the field in a different cultural context (DeWalt & DeWalt, 2011).

4.11.1 Informed consent

The general purpose of the study should be presented to the participants (Kvale & Brinkmann, 2009) where we emphasised that their subjective views and perceptions on sanitation was our overall aim. The participants were also informed that they could withdraw their participation at any point throughout the study. They were also informed of their right to not answer questions, without giving a reason. Unfortunately, we were not able to send this information to the participants before the time of the interviews. To ensure that they had understood the overall purpose and information that we had earlier shared with the gatekeepers we decided to inform them again before conducting the interviews. In the beginning of each interview we also handed out informed consent forms where we took the time to explain these aspects face-to-face before proceeding.

Consent implies that that the participants should receive full, informed and meaningful disclosure of the research process. In other words, we as researchers should explain what we are doing and why (O'Reilly, 2012). Even though we found that we disclosed information we cannot guarantee that all the participants fully understood why we were conducting the interviews. Some people might have felt compelled to participate in the study due to our or/and the gatekeepers' positions. The participants might have given their consent to participate because they were hoping that we, as researchers, could do some good for them as individuals or for the wider community (O'Reilly, 2012). We also had to consider that the women might have felt compelled to participate in order to please the gatekeepers. When using, snowball

sampling it can be difficult to predict and be aware of the relations between the gatekeepers and the participants. This was another reason to why we emphasised that their participation was voluntarily and that they could withdraw their participation at any point throughout the study.

4.11.2 Confidentiality

The objective of confidentiality takes into account that data should be kept confidential and that identifiable data of the participants should not be disclosed (Kvale & Brinkmann, 2009). What information should be accessible and to who is one of the key aspects to consider (ibid.). The participants received information that the recordings would be accessed only by us. To ensure this, once the interview was completed, we deleted the material from the recording device (iPhone) and instead emailed these between us. They also received information that the material would be published in English and that we assured anonymity. Also, we have not published any other information that we consider could be potentially identifiable.

4.11.3 The right of usage

The ethical guideline of usage intends to ensure that the information provided by the participants will only be used in the purpose intended and that has been communicated to him or her (Kalman & Lövgren, 2012). This right entails that the data collected during our research study will only be used for the purpose of this thesis. The recordings along with the transcripts will also be destroyed altogether after the deadline of the thesis. For these reasons, we would like to stress that we have adhered to this ethical guideline.

4.11.4 Our role as researchers

Our position as white, women from a privileged background was something that we had to be aware of throughout the entire research process. Since this research was performed in a context within the Global South this became even more crucial to reflect upon. Because of these aspects, we were aware that we in a sense would be representing the Global North. This position might therefore have had an impact on the material as well as on the participants (O'Reilly, 2012). To get around this issue we tried to adapt an ethical stance where we discussed and reflected on the potential effects that this might have on the study. This process was started before going to

India, continued during our time there and also afterwards. According to Giota (2005) the relation between the researcher and the participants could be over bridged by the researcher's awareness of his/her role. In this sense, we would like to emphasise that awareness contributes to a respectful attitude in the meeting with the research participants.

4.11.5 Ethical principle of do no harm

To ensure the ethical principle of beneficence is met the researcher needs to consider that no harm, or as little as possible, should come to the participants (Kvale & Brinkmann, 2009). This should be considered in relation to the benefits that the research in question can contribute to (ibid.). A researcher can never ensure that no harm has come to the participants (DeWalt & DeWalt, 2011). In relation to this there is no way of guaranteeing that no harm came to the participants. The risks can also be categorised differently dependent on their severity where for example tiredness during interviews and taking up time from the informants are included (Giota, 2005). To deal with this accordingly we kept the interviews relatively short (40-50 min). More severe risks include causing damage to the informant's self-esteem and psychological distress (ibid.). Based on the chapter of previous research we are aware that there are women in India that have experienced difficulties due to the inadequate situation of sanitation. Since we didn't have any knowledge about what the participants could have experienced in the(ir) past there was a potential risk that we could have caused them harm. From an ethical point of view this could be problematic. In order to prevent harm, we encouraged them to get in contact with us if they felt the need. We shared our contact details with all the participants. During the end of each interview we asked them if they had any further questions or if they required that we clarified anything. However, we have not been able to let the participants take part of the study before being published. This is due to the fact that we do not have all of our participants contact details, and some of them do not have access to email or/and internet. Another aspect that we had to take into account is that not all of our participants speak English. After the thesis, has been published we will share it with our two main points of contact, thereby making it possible for them to share the material with the rest of the participants. This is also our opportunity to enable the non-English speaking participants to take part of the thesis. However, this is dependent on whether the gatekeeper has time and resources to fulfil this task.

When conducting research, it is impossible to guarantee that no harm has come to the participants since research is a complex process (Giota 2005, Kvale & Brinkmann 2009). By

considering the aspects mentioned above we have tried to apply an ethical stance during the entire research process. This was made in order to not only uphold a high level of ethical awareness, but also to be transparent to ensure scientific quality of the results.

4.12 Division of work

We have performed the thesis as a team where we have been processing and discussing all the different aspects of the research process together. The tasks during the interview process have been equally divided between us, where we took turns in being the interviewer/assisting the interviewer. We also divided the recorded material and transcribed an equal amount of this. The material has been written in Google Drive, meaning that we both had access to it. At times one had the main responsibility of writing a draft in different sections. However, we have systematically processed the material together, by going through it word for word. This contributed to making us equally involved in the entire research process where we have been able to discuss and reflect continuously.

5. Results and Analysis

In this chapter, we will present the findings to be able to answer the research question: What strategies do women have and use in order to cope with poor sanitation? We have divided the findings accordingly to the recurring themes - Strategies to avoid difficulties and Strategies to cope with difficulties. To enable the readability, we chose to include subthemes that capture the essence of the findings. The findings will be presented as quotes, which will firstly be introduced and then followed by an analysis including the theoretical framework: capabilities approach and the intersecting social categories gender and class, along with previous research.

5.1 To avoid difficulties

In the conducted interviews, different strategies to avoid difficulties in regards to poor sanitation appeared. A central aspect is that the women try to locate places where they feel safe when performing sanitation-related activities. We recognise these as safe zones. The strategies the women have and use aim to make it possible to stay in and/or move between different safe zones. Women's strategies are presented in the sub themes that follow below.

5.1.1 The unequal right to public space

Participants perceived that there were differences in how women and men related to sanitation practices. Along with this it was also emphasised that women consider the surroundings more than men, making them more inclined to use strategies to avoid exposed situations.

If a male urinates in public places no one is there to watch him. But if a female is doing that thing all will notice. That kind of society we are living in, so females are in a restricted condition. We are in an insecure place actually. We are in an insecure place, we cannot do all those things in public. It's not in our culture. Even the males shouldn't be doing that thing – but they are doing it. No one is watching them, no one is questioning them. But if we are doing the same things the public will question us. So let at least the females to be cultural. That's the thing what I am saying. (Informant B)

Male dominance (Mohanty, 2003) stretches across different sections within a society, which is exemplified where the access to public places is not the same for women and men. Women's

subordination is something that is expressed, since women are in a restricted condition. The informant speaks about if women were to urinate or defecate in public they would be held accountable. Instead, women have to make sure to relieve themselves before entering the public sphere. The men, however, are not being questioned about their behaviour. The informant disapproves of their behaviour and therefore points out that women should instead be above this, emphasising the social construction of gender where women are taught to act in a certain way, in accordance with the social and cultural context (Mattsson, 2015). This could therefore be identified as a strategy where women need to adhere to the expectations of being a woman. Niyogi de (2011) speaks of that women can be glorified and devalued for the same reasons, where the informant says that females should at least adhere to the social and cultural context. While being in a restricted condition the informant implies that she, in her role as woman, should be conscious of it, thereby taking responsibility where men fail to.

5.1.2 Searching for safe places

The distance of accessing toilet facilities is one of the recurring themes. As earlier mentioned, women globally spend around 98 billion hours locating safe(r) sanitation facilities and/or open spaces.

I have a public toilet nearby to me, but now the fishermen also live there. I told you already, right, they are a point of trouble, fishermen are. So I don't access public toilets in the fishermen's area. The toilet is clean, but even then it's too far away from my place, so near by my place I will go to an open place. I go in the daytime. I will go either in the morning around 4:30 am or 6,7 pm in the night. (Informant F)

Having a public toilet nearby does not guarantee that the facility is safe enough to utilise (O'Reilly, 2016, Khanna & Das, 2016). The distance to the toilet is in relation to the open field further away. The participant says that there is also an imminent risk of fishermen, if she was to use the toilet situated in the fishermen area. Pointing out that fishermen are troublesome could be understood as a threat along with being recognised as a sexual-stressor (Sahoo et al. 2015). Sexual-stressors are recognised as peeping, flashing, sexual assault, rape and other forms of gender based violence (ibid.).

This woman states that she goes to use the toilet during daytime and specifies that she goes early in the morning or early in the evening. Changing the times of sanitation activities is one of the key methods of minimising exposure (Sahoo et al. 2015). In accordance with this we have acknowledged this as a strategy that women perform in order to cope with inadequate sanitation. Personal shame, dignity and hygiene are aspects that cannot be left out when approaching women's health in regards to sanitation (Reddy & Snehalatha, 2011). These are highly interlinked, and these aspects affect how women adapt their behaviour in regards to inadequate sanitation. The poor toilet facilities and/or inadequate access has a large impact on women's well-being and health (Khanna & Das, 2016). As the woman mentioned she has access to a clean toilet – but it is not safe to use and situated too far from her home. Personal choice is emphasised as within the capabilities approach and people are actors that are capable of shaping their own destinies (Robeyns, 2005). Against this background, the woman makes a choice in accordance with making her life more valuable (Sen, 1999).

Apart from being time consuming it can also have severe impacts on a woman's health and well-being to spend time locating adequate sanitation facilities. Women who withhold themselves suffer a great deal.

Yeah, like when I want to urinate I don't find a good place so I don't urinate. By that time my stomach will be getting heavy like I feel like my stomach has gone bigger or something. I will not be able to communicate easily with others. Right now I am communicating with you. I will not be able to do that when I feel like my stomach is full of urine, like that. Sometimes I don't urinate outside the door. Even if I go in the morning, I'll come back 9 or 11 pm, I urinate. What I do is I do not take water at all. Because only when I take water I need to urinate often, so I avoid drinking water. (Informant C)

Exercising control in order to cope with inadequate sanitation and/or access to it is brought up by this woman. We recognise this as a strategy, whilst other researchers mention it as a challenge where women adapt their behaviour (Sahoo et al. 2015, Reddy & Snehalatha, 2011). These different definitions are similar in meaning and they bring focus towards women and their ways of coping. In accordance with Sahoo et al. (2015) this can also be viewed as a psychosocial stressor, that also manifests in a physical discomfort for this woman. Due to the lack of availability of toilets/latrines, recognised as one of the toilet insecurities (O'Reilly, 2016) where the informant puts her social along with physical well-being at risk. She withholds

her urine and decreases her water intake. Women practise unsafe sanitation to a greater extent than men, and inadequate sanitation facilities impact women's health along with well-being (Khanna & Das, 2016), which is something that is exemplified through this woman's words. In accordance with Nussbaum's central human capabilities bodily health, bodily integrity and control over one's environment (Robeyns, 2005) are ignored. The structural relationship of inequality is something that manifests in women's day-to-day life (Mattsson, 2015) and here we would like to argue that women are facing more and severe consequences due to inadequate sanitation.

5.1.3 Unpredictable factors

Women use a set of strategies in order to cope with inadequate sanitation. The informants bring up certain aspects that are difficult to sometimes predict, and other times adapt to – weather and animals.

They use the beach, only. In rainy season, it is really very tough for them to go out and come back. And again, in the summer there are lots of insects and snakes. So, it is not safe for them to use the open space. They are risking their lives to use the toilet, I could say. When there are no toilets, women need toilets. (Informant A)

Many problems occur when using open spaces for defecating, urinating and managing menstruation. This informant pinpoints that women performing OD are not safe in doing so. Women who perform OD are more exposed and put their health to greater risk (Khanna & Das, 2016, Reddy & Snehalatha, 2011). Here the informant raises the issue of insects and snakes, that in turn can cause health problems. It is also described that OD is more difficult during rainy season (Reddy & Snehalatha, 2011). The informant explicitly says that women are risking their lives in order to use a toilet, where she also emphasises the need for toilets. Not having access to toilets is recognised as a toilet insecurity (O'Reilly, 2016) where women are denied their human right of access to adequate sanitation (Fernandes & Mahon, 2010). In addition to this O'Reilly (2016) emphasises that toilet insecurity needs to be approached by actively focusing on gender inequality. Only providing a community with toilets would not be sufficient since the power relations would still be present and act as a threat towards women. The facilities provided also need to be adapted in accordance to the specific needs of women (O'Reilly, 2016, Khanna & Das, 2016). Toilet facilities need to be safe and useable, also if women in this

community were to be involved in the decision-making schemes that would be beneficial to the community as whole, especially for these women. O'Reilly (2016) adds that “empowering women is both the means and the end to toilet security” (p. 22). That women are left out of decision-making processes is considered highly problematic (Fernandes & Mahon, 2010, Reddy & Snehalatha, 2011). CA stresses that political participation is of importance (Robeyns, 2003). Therefore, it would be a key aspect to include women in these processes, allowing themselves to be actors (ibid.) within their community and thereby enhancing their life.

The presence of animals is something that women need to be aware of in order to avoid putting their health to risk. Sometimes safe zones can transform to become unsafe where unpredictable aspects, such as animals, are present.

We are doing farming and there's bushes. My family alone has access to that place. There are a lot of snakes in my place where I usually go. So I avoid going during the night because you cannot see the snakes during the night. In the light we can. There are insects and snakes mostly because it's a banana tree area. My family owns that place, so it's more comfortable because other people are not allowed, right. It's our own place so it's comfortable. For us the beach side area is the public place, so there we are uncomfortable (Informant E).

An environmental stressor or threat can be recognized as this woman cannot see snakes during night time, so she avoids going then (Sahoo et al. 2015). This informant is adapting times to perform sanitation related activities, which can be viewed as a strategy to cope with arising difficulties (ibid.). However, this informant has access to the bushes on her family's own land. OD is still practised but in a more private manner. Connected to CA it can be said that this woman practices OD in a way that is making her reach (her) standards of bodily integrity and personal choice to a greater extent (Robeyns, 2005). The functioning also asks whether the person is able to do what he/she intends to (Sen, 1999). OD exposes women and make them vulnerable, especially during night-time (Khanna & Das, 2016, Reddy & Snehalatha 2011), where this informant brings focus to the difficulties that arise with snakes and insects as a potential threat towards her health. Entering the public sphere is associated with being more exposed in different ways (Sahoo et al. 2015). Shame and dignity is upheld by this woman by being able to relieve herself on her family's own land (Reddy & Snehalatha, 2010). Her family is central and present in the quote above which in accordance with Niyogi de (2011) pointing out that women cannot be separated from family (and/or community).

5.1.4 Sanitation - a class issue?

As earlier mentioned open defecation affects not only women, but also the general well-being of a country. Lack of sanitation facilities leaves women with no other option than to find strategies in order to avoid difficulties.

It is difficult for women to defecate outside, but since there is no other option, we have to go for it. If we feel shy or like that also we will not hold. Because there is no other way, we have to defecate every day, right, so we have to go if we are rich enough or if we're not rich. Like, if we have money to build a separate toilet for us, then it will be easy for us. Since we don't have money, we have to go outside. There is no other way, that's why we're going. Even though we feel shy and uncomfortable. (Informant H)

The informant shares the conditions that force her to practice OD. The lack of privacy and feeling shy is something that she has to consider when defecating. This is recognised as a stressor (Sahoo et al. 2015). Women that perform OD are more likely to be observed in the public sphere (ibid.). Since defecating is also a daily need, the stressor is something that is present on a daily basis. Being left with no choice but to perform OD is to deny women their right to a life of dignity, access to sanitation along with gender equality (Fernandes & Mahon, 2010, Khanna & Das, 2016). O'Reilly (2016) stresses that inadequate toilet security for women will not go away without a change in power relations. Women are in comparison to men more socially marginalized and exploited (Mohanty, 2003). Gender inequality can also go hand in hand with (limited) resources (Mulinari & Selberg, 2013). The informant says that defecating is a human need regardless of class(belonging). She emphasises that economical recourses or the lack of them in this case, is significant. Class and gender are considered particularly intersected (Mattson, 2015) meaning that women without sufficient resources are even more vulnerable and exposed.

Women need to act in accordance with what is viewed as appropriate, where class can be regarded as a social category to consider when performing sanitation-related activities.

Before I got married I used to travel a very long distance to go for the toilet. Since I have a certificate it's really difficult and I feel shy to go to in open places. I will go to a place where there are no women and I'm not going along in groups. It's really uncomfortable. If somebody knows that I defecate outside then people would say she is educated and still

she's doing the same as uneducated people. So people will talk like that. There is no other way than that, because there are no public toilets available. (Informant G)

Before this informant got married she practised OD to a greater extent. Now she only does it when she has no other option, which can be seen as a toilet insecurity (O'Reilly, 2016). This toilet insecurity is also related to her workplace, where there are no other facilities available. The woman shares her feelings of discomfort of being forced to perform OD. In accordance to Reddy's & Snehalatha's (2010) reasoning her shame would be questioned along with her sense of dignity. She avoids to join the other women for open defecation since she is afraid that they would question her shame. When other women choose to use walking together in groups, as a strategy to be less exposed (Sahoo et al. 2015) and as an extension to this able to uphold security and their level of shame this woman shows that she does the opposite. In this particular case, not only does she do this to uphold her level of shame but also makes a personal choice not to join the other women for sanitation based activities. Where other women use each other for support in everyday struggles (Robeyns, 2003) she chooses not to be included, as this would go against her personal preferences, and risk what Sen (1999) would refer to as her sense of freedom. In accordance with how class is internalised and perceived (Mattson, 2015) her way of reasoning could be interpreted as linked to this intersecting category. Class belonging is communicated through the ways of social interaction. Symbolical capital goes hand in hand with honour and prestige (ibid.) which this woman is aware of and therefore avoids to perform open defecation since this is associated with uneducated people, making class as clear identification process where behaviours are adapted accordingly (Mattson, 2015). The intersecting categories of gender and class is therefore exemplified throughout this quote.

Class and gender are highly interlinked with adequate sanitation. Social status can therefore go hand in hand with having more opportunities and/or possibilities to ensure adequate sanitation. The informant identifies her class belonging, in the quote below, and points out issues that she believes people of low(er) classes face in regards to sanitation.

People in our circle they don't talk much about these toilet issues because in every household there is a toilet. Like, we are in a modern family, so middle class like this. They say middle class, upper class and lower class. And lower class will have experienced difficulties. They will not have a separate toilet in their homes, so what they do is using the public toilets. They will start early in the morning, like around 6 o'clock. They do pay for

the public toilets and use the toilet. And when they are going for work they would be doing it outside in an open area. (Informant K)

In this quote the woman makes a difference between how people from different classes face challenges in relation to sanitation. Issues related to sanitation is not a part of her circle. Sanitation has been acknowledged as a sensitive matter, and it can therefore be taboo to talk about issues linked to inadequate sanitation (Fernandes & Mahon, 2010). The informant identified herself as middle class, and expressed that issues in relation to poor sanitation concern people from lower classes. When expressing this, she creates an “us” versus “them”. This sheds some light on how class can be perceived and constructed (Mattsson, 2015). To not talk about issues/challenges in regards to poor sanitation could be understood as a strategy to distance herself from these difficulties. Class can be seen as an identification process, where the person internalises his/her class belonging (ibid.).

5.1.5 Specific conditions for women

Managing menstruation is something that women face on a regular basis. We would like to stress that menstruation can be described as a neglected issue along with taboo topic in several contexts.

Actually, there will be a lot of things, there will be more boys than girls. I will be the only girl traveling with them. So, when I menstruate I don't go, because there is lack of toilets in the rural areas. Even when there are villages no public toilets will be there. We will have to travel at least 3-4 hours to reach a good toilet. I don't prefer to go in an unhygienic place so I rather don't go to the toilet at all. So, in that case I avoid going on a trip with them. (Informant K)

Women practise more unsafe sanitation in comparison to men (Khanna & Das, 2016) whilst being the most in need of adequate sanitation. Toilet insecurity in this case can be seen as being exposed to unhygienic toilet facilities, as well as not being able to find facilities to manage menstruation (O'Reilly, 2016). To not be able to manage menstruation properly can cause stress (Government of India 2008, cited in Reddy and Snehalatha 2011: 400). Fernandes & Mahon (2010) express that there is a lack of clean, private and secure places to manage menstruation where supply of water and a hygienic disposal system of cloth are present. To

avoid stress from occurring this woman adapts her behaviour by not going at all and therefore restricting her ways of movement, in order to stay in her safe zone. Menstruation has an impact on women's overall health and well-being (Fernandes & Mahon, 2010). In accordance with Sahoo et al. (2015) there are psychosocial stressors linked to inadequate sanitation. It also implies that women's behaviours are thoroughly watched in the public sphere, acting as an environmental stressor where privacy as an aspect is not always available (ibid.). The informant adapts her behaviour in relation to the lack of toilet facilities within the public sphere. It is also worth pointing out that Sen emphasises on eliminating the obstacles for people, in order for them to be able to live their life in the way that they find most valuable (Robeyns, 2005). Removing the obstacle in relation to inadequate sanitation would contribute to safe and useable facilities.

The two findings above are both expressed by the same woman. In the first quote, she exemplifies that women from lower classes are facing the most problems in regards to inadequate sanitation. In the latter quote she talks about her own strategies to avoid difficulties. It becomes obvious that even though this woman has access to adequate facilities at home, she faces difficulties outside her home. O'Reilly (2016) argues that toilet security is far more complex than only providing sanitation facilities. She states that gender inequality as a social structure is one of the key aspects that need to be addressed before being able to ensure safe and adequate sanitation facilities for women. *All* women face the public sphere and therefore the absence of toilet facilities needs to be dealt with.

Menstruation and pregnancy are two specific conditions linked to the female body where the need for adequate sanitation is stressed. Women are denied their right to life and health if these needs cannot be met.

For women, especially for pregnant ladies, it is really difficult because they shouldn't be doing sitting pose for a long time, it will be difficult for them. Even doctors don't advise, during pregnancy, they advise stand up toilets. So it is difficult for pregnant ladies and teenage girls like us, in early 20s during menstruation. It is very difficult. And for handicapped, especially for handicapped women it is more difficult. Because even people like us are feeling urge to go to the toilet, we will just leave all work and then we will go by ourselves. But for physical handicapped they need someone's support to go, so it's really difficult for them. (Informant J)

The strategy to leave all work and go to relieve themselves, in order to avoid difficulties is not an option for everyone, according to this woman's quote. She brings focus to the difficulties that are specific for being a woman - pregnancy along with menstruation. These states are recognised as particularly delicate (Fernandes & Mahon, 2010, Government of India 2008, cited in Reddy and Snehalatha 2011: 400). Not being able to manage menstruation is not only seen as threat towards health, well-being and dignity (Fernandes & Mahon, 2010, Khanna & Das, 2016) but also as a toilet insecurity (O'Reilly, 2016). Here she also reflects on people who depend on others to be able to urinate and defecate, where she uses the term handicapped to categorise. In accordance to this ability is recognized as a social category that intersects with each other (Mattson, 2015). These categories are dependent and cannot be viewed as isolated (Showunmi et al. 2016). Women have several functions that have worse achievements, than men (Robeyns, 2003) where the states of menstruation and pregnancy put them to a greater risk (Sahoo et al. 2015). Poor menstrual hygiene can be linked to urinary tract infections along with other illnesses (Sahoo et al. 2015, Fernandes & Mahon, 2010).

5.2 Strategies to cope with difficulties

When strategies to avoid difficulties are insufficient, women need to develop another set of strategies to cope with arising difficulties. Women can be exposed to unsafe zones where they have no or little choice to impact the situation and/or the surroundings. Strategies that the informants have and use are exemplified in the quotes below.

5.2.1 Activating network

A common strategy for women in order to feel safer, is to perform OD in groups. Even so, they might need to apply extended strategies in order to feel comfortable within the group.

Sometimes it is uncomfortable to go in a group. What we do is that we have some distance between one person to another. Like, long distance and then we go, defecating. Though we are going together we are still uncomfortable. If I'm going alone there will be more possibilities for the men to come and tease me. Those cases happen sometime. So if we are

going in group, the men will be afraid. The possibility is less and that's why we'll be going in a group. (Informant J)

Walking together in groups could be recognised as a strategy for the women to cope with inadequate access to sanitation, since walking together in groups is safer than not to do so (Reddy & Snehalatha, 2011, Sahoo et al. 2015). Since the informant does not have any other access to sanitation facilities a toilet insecurity is recognised (O'Reilly, 2016). The woman also implies that she feels safer since the possibility of men coming and teasing her decreases, when walking together in groups during sanitation based activities. Sexual stressors can also be identified, since teasing is part of the definition sexual gender based violence (Sahoo et al. 2015). These women are activating their network in order to create safe(r) zones. Women are also seen as being more vulnerable and unsafe during open defecation, since the risk of experiencing violence and being harassed is present (Khanna & Das, 2016). However, security is put against lack of privacy, which is also a stressor linked to shame (Sahoo et al. 2015, Reddy & Snehalatha, 2011). This woman shares that she feels uncomfortable during performing OD, and as a way of dealing with this the women place themselves with long distances apart. Gender based violence can be linked to women's subordination (Mohanty, 2003, O'Reilly, 2016, Khanna & Das, 2016), making it something that is present for the women to relate to in everyday aspects. To walk in groups can also be analysed through CA, where focus would be on if community members are able seek support from one another (Robeyns, 2003), which the women in this case are able to do.

When women are not able to activate their network, they are forced to use other strategies to face the issues that can occur.

In the summer there is not much problem but during the rainy season when I feel an urgency, when I call for my friends they'll be saying that it's raining outside and are not interested to come. Once the rain stops, they will go in the evening. But for me it's really urgent to go at that time. What I do is that I go alone, at that time the risk is too much. Mostly there is no one outside, but there can be men on the beach which is difficult when I have to go out on my own. (Informant H)

This informant says that it's difficult to urinate/defecate during the rainy season. Open defecation is her only option and more difficulties occur when it rains. In accordance with

Sahoo et al. (2015) and Reddy's & Snehalatha's (2011) research, rain seasons are considered more problematic, especially in regards to performing OD. The spaces were described as muddy and slippery (Reddy & Snehalatha, 2011). As a result, women avoided going to use sanitation facilities during the day, with constipation as a potential outcome (ibid.). The informant tells us that she at one point was not able to withhold and asked for the support of friends to join her on the beach. Moving in groups is considered as safer than not to (Reddy & Snehalatha, 2011, Sahoo et al. 2015). However, she was at that point forced to go alone. The possibility of men being on the beach is something that is present. Inadequate sanitation highlights fear of harassment as one of the consequences (O'Reilly, 2016). Additionally, it can be difficult for the informant to urinate and/or defecate in a private manner in open fields. The choice of going versus withholding is something that this woman considered before going to the beach on her own. On one hand putting her health to a risk, and on the other putting her safety along with health at risk. In accordance to this, it is also said that women are far more worse off when it comes to certain functionings (Robeyns, 2003). Here we would like to claim that the functioning of being respected (Robeyns, 2005) is put to risk. Bodily health and bodily integrity act as fundamental rights and entitlements that should be guaranteed by the government (ibid.), which is something that in this respect is far from being reached. This is interconnected to women's subordination (Fernandes & Mahon, 2010) which is something that need to be addressed, before being able to guarantee women's right to safe sanitation (O'Reilly, 2016).

5.2.2. Changing activity

Not only do women have to be conscious and aware of their surroundings, they also have to find strategies to cope with being approached and/or interrupted during sanitation-related activities.

For men it's easy because they don't have to check if anyone's around or not, before going to toilet. But for women it's different. They have to check before and while defecating if someone is coming, and if men are coming they have to pretend that they're standing. But for men that's not the case they don't care about if people come near or not. But for women it is different. They have to be aware of people around. (Informant F)

There is a structural relationship of inequality between the sexes (Mattsson, 2015) that can be seen in everyday activities, such as during sanitation-related practices. Women have to take the

surrounding into consideration before, as well as during defecation. Sexual stressors are identified where fears of men watching/approaching/peeping can be seen (Sahoo et al. 2015). There is an imminent risk of men approaching during this practise. Since men are the norm (Mattsson, 2015) they do not have to take any consideration towards the privacy need of women. Men are able to go whenever and wherever they choose to relieve themselves. Due to this, women are denied their right to dignity, gender equality and safe sanitation (Fernandes & Mahon, 2010, Khanna & Das, 2016, O'Reilly, 2016). In order to cope with these types of situations, accordingly, women use the strategy of changing activity. Meaning that they do not complete urinating or defecating, but abruptly interrupt the sanitation act in order to pretend they are doing something else. This can be seen as highly intertwined with the process of shame (Reddy & Snehalatha, 2010). Women are therefore putting their health to a great risk. In accordance to Nussbaum's ten central human capabilities we would argue that bodily health and integrity are not reached (Robeyns, 2005).

5.2.3 Lack of cleanliness

Access to sanitation facilities is dependent on different factors, where access to water, bins, cleanliness (maintenance) are of importance. The lack of cleanliness is something that is described as problematic for several reasons.

No, I don't. Because it's highly risky like, there could be infections. Sometimes the water will not be available. So it will be too infectious, carrying diseases or something when using the non-payable ones. So far I haven't used one. It smells very bad. Like, I go for trips – I like to travel actually. Those times I find it very difficult to find a clean toilet. We go for trekking, so it will be mostly rural area so there we don't find any toilets, clean ones. We use the petrol bank toilets usually. Petrol bank, the gas station, they have a toilet so usually we go there. Sometimes when there are no toilets available, we have to go in an open area. There is no other choice, so we have to. It's like uncomfortable, but then we have no other choice, right. (Informant C)

The informant reveals her experiences in relation to inadequate sanitation. Lack of water, unclean toilets and fear of getting diseases and or/infections are identified as environmental stressors (Sahoo et al. 2015). Urogenital tract infections have a correlation to inadequate access and/or poor maintenance (Fernandes & Mahon 2010, Sahoo et al. 2015). The informant express

that infections and diseases can be connected to inadequate sanitation, where she rather performs OD than using unclean and unhygienic sanitation facilities. OD is described as uncomfortable. According to Reddy & Snehalatha (2010) OD is linked to shame along with lack of hygiene and dignity. The informant describes these difficulties to appear whilst travelling. She describes that she never uses non-payable toilets, but in order to travel in the way she wants to, she has no choice but to perform OD, if necessary. The capability approach is useful when evaluating the individual well-being (Robeyns, 2005) and also brings focus if access to toilets and water is available to the person (Robeyns, 2003). The functioning relates to the things that the individual is able to be (Sen, 1999). Nussbaum's contributions to CA help us to understand people's decisions and motives for doing it (Robeyns, 2003). Travelling is something that this woman describes an important part of her life. In accordance with CA, we can view this as a way for her to making her life valuable, her personal way of extending her sense of freedom (Sen, 1999).

Insufficient cleanliness can contribute to make sanitation facilities unusable. The lack of sanitation facilities might not be the issue, but rather the lack of maintenance.

One of my friends, she had gone for vacation. The toilet was too bad she couldn't even manage it. She couldn't even visit it. She had a tough time. Actually, I feel disgusted to say this out loud. She just did it in her own clothes and she felt bad about it, she just rushed to the nearby hotel, and booked a room there and then she had a full bath. That's the thing when we travel, we don't get these experiences in our home place. But when we travel to another place to explore something or on our vacation we face all of these types of problems. (Informant D)

This woman sheds light on the fact that as soon as women leave their houses they are subjected to several threats in relation to inadequate sanitation. Cleanliness is not guaranteed therefore contributing to making toilets unhygienic, useless and unsafe (O'Reilly, 2016, Khanna & Das, 2016, Sahoo et al. 2015). Sanitation is a complex matter where aspects of shame, dignity and hygiene are always present (Reddy & Snehalatha, 2011). Women are forced to travel long distances to be able to use a toilet (Reddy & Snehalatha, 2011, Sahoo et al. 2015). When women are travelling, these distances seem to grow, and the strategy of being forced to urinate and/or defecate in one's clothes to avoid unhygienic facilities is shown here. Since this woman's friend had enough money to pay for a hotel room, she includes this as a part of her coping strategy.

The presence of economical capital is therefore recognised (Mattson, 2015). This woman has little control over the environment when she's travelling, and as a way to uphold some bodily integrity along with bodily health (Robeyns, 2003, Robeyns, 2005) she uses money to pay for a hotel room in order to still be able to reach some of these aspects. The capabilities to live one's life as one wish to (Sen, 1999) can in this case go hand in hand with economical resources.

5.2.4 Age

Sanitation is a complex matter where not only factors, such as menstruation and pregnancy, are effecting women's possibilities to perform safe sanitation. When getting older, new strategies to cope with difficulties need to be developed.

I have become old now, right. So there will be problems once you become old. So when I feel the urgency and there is a toilet at home, I can easily go for that toilet. Since I have to go to the beach when there's an urgency, I have to run to the beach. When somebody is asking a question in the middle I will not answer, and I will just run to the beach. It's really difficult for me. (Informant I)

Another intersecting category is highlighted by this informant, where age as a social category appears (Mattson, 2015). This woman shifts attention towards difficulties that occur when becoming older, specifically mentioning her issues with incontinence throughout the interview. As a result, she is forced to run to the beach, since she does not have a toilet in her own home. Her strategy to cope with the arising difficulties in accordance to her best ability, is therefore to run. She also emphasises that she is not able to stop and have a conversation with others while running since her aim is to reach the beach as quickly as possible. This woman's level of dignity might be better met if she had a toilet nearby. Being left with no choice but to perform OD is to deny women their right to a life of dignity, access to sanitation along with gender equality (Fernandes & Mahon, 2010, Khanna & Das, 2016). Adding her age and issues with incontinence therefore sheds some light on the complex difficulties that women experience, and that these shift during the course of life. The intersecting categories gender, age along with class can all contribute to understand women's different experiences from a more nuanced perspective (Showunmi et al. 2016).

5.2.5 Managing menstruation

Women restrict their ways of movement when adequate sanitation cannot be guaranteed. However, at times women have no choice but to expose themselves.

First thing I wouldn't travel while menstruating. I, personally, I can't do that, I will cancel the trip if it comes to that. Secondly if there is a need, an urgency to travel, I'll just make sure I'll put the pads properly, so over there I have spare ones. Thirdly I'll just make sure I won't change the pad, I will not use public toilets to change the pad, the napkin. Because I haven't changed anywhere else then in my home or anywhere like in a hotel somewhere. I haven't used a public toilet to change napkins. Because you can't find a bin, you can't find a proper place to dispose the napkins. (Informant B)

This informant says that she has not changed her pad/napkin somewhere else apart from at home or at very least in a hotel room, which can be seen as a part of her definition of safe zones. She has a set of different strategies, which she also shows by dividing them according to different steps. In accordance to Sahoo et al. (2015) cancelling the trip would be the first way of regulating her behaviour, along with restricting her movement. To consider that she has enough pads if forced to travel is her second priority, whereas the third involves the strategy not to use public toilets to change the napkin/pad. The informant does not explicitly say how long she will wait in between changing napkin/pad. However, poor menstrual hygiene is linked with illnesses such as urinary and/or reproductive tract infections (Fernandes & Mahon, 2010). Not choosing to access inadequate sanitation facilities can be seen as avoiding an environmental stressor (Sahoo et al. 2015). The lack of bins in this particular case also poses as an issue (Fernandes & Mahon, 2010). Women have the right to toilet security where cleanliness and adequate maintenance should be included (O'Reilly, 2016). The absence of a safe disposable system is recognised by this informant, which in accordance to Fernandes & Mahon (2010) acts as a threat towards basic hygiene standards. Managing menstruation and being able to dispose and change sanitary napkins is part of sanitation activities (Sahoo et al. 2015). To manage menstruation in inadequate facilities can act as a stressor for women (Reddy & Snehalatha, 2011, Sahoo et al. 2015). Due to poor menstrual hygiene management women are denied their right to health, dignity and gender equality (Fernandes & Mahon. 2010 Khanna & Das, 2016).

6. Concluding discussion

In this chapter, we will present the conclusions of the research, based on our research question as well as a discussion on inadequate sanitation. This is followed by suggestions for future research.

This study explored twelve women's experiences in relation to inadequate sanitation. The study's intent was to examine this by answering the following research question: What strategies do women have and use in order to cope with poor sanitation?

The findings revealed a range of strategies that women have and use: decreasing intake of drinks/food, withholding urine/defecation, staying at safe zones, going in groups of women when practicing open defecation, using and activating network to create safe zones, as well as strategies of changing activity. Although participant's experiences were complex and varied, the findings reveal that women adapted their behaviour on a daily basis where loss of health, time and not participating in activities were present consequences and strategies. Some of these findings support research on sanitation. In addition to previous research, this study has also revealed that all women, independent of class belonging, have a similar set of coping strategies when it comes to poor sanitation. Since women face the public sphere they are all subjected to inadequate sanitation. Our research study has focused on women's perceptions and experiences; therefore, we have contributed to providing a more complete picture of women's exposed situation in relation to inadequate sanitation.

Sanitation is a complex issue and a taboo topic (Fernandes & Mahon, 2010). During our research study, we have tried to shed light on the complexities. Women, regardless of social background and education level, are negatively affected by inadequate sanitation. Women have to adapt their behaviour and regulate their ways of living due to poor sanitation. Therefore, we would like to stress this as an issue that traverses through different social and intersecting categories. In addition to this, functionings limit an individual's capability to access adequate sanitation. Since the functionings differ amongst the women they have different possibilities of accessing clean, useful and safe sanitation facilities.

Despite that women cannot be viewed as a homogenic group, the findings reveal that all women in the study, regardless of class belonging, have experienced difficulties in regards to

inadequate sanitation. However, women's class belonging has an impact on their hierarchical position and therefore their experiences of exposure can differ amongst the collective of women. Against this background, we would like to emphasise that poor sanitation is an issue, not only to the women in this study, but also for women on a more general level. Women are left out of the decision-making processes, which is problematic in relation to sanitation related issues (Fernandes & Mahon, 2010, Reddy & Snehalatha, 2011, Khanna & Das, 2016, O'Reilly, 2016). On a household level men control the resources and women play a limited role in these decisions (Khanna & Das, 2016). This implies that in order for a toilet to be constructed in a household the woman has to convince the husband that this is a necessity. If this is not possible she will suffer the consequences of inadequate sanitation. On a national level the construction of toilets can also at times be inappropriate and of poor design, making it questionable if the subsidy-driven programmes can meet the specific needs of women. Some of the toilets are due to this used as storage space, instead of being utilised for its initial purpose (ibid.) Therefore, we urge that women are included in the decision-making, since this would have an impact on women's everyday lives. We have also raised the issue of inadequate access to facilities in school, which lead to that young women drop out of school, since managing menstruation becomes difficult (Fernandes & Mahon, 2010). This is something that needs urgent attention since it affects the possibilities for women to complete education. We would also like to express that these issues are linked to women's subordination. In accordance with O'Reilly's (2016) reasoning, we would like to argue that this needs to be dealt with since safe access to sanitation cannot be guaranteed before a shift in structural inequality is met. In conclusion, we would again like to stress that in accordance with previous research and our sample, that our findings could be applicable to women on a more general level, and therefore not only specific to the women that participated in our research study.

6.1 Future recommendations

Through our study, we want to contribute to knowledge and understanding of women's everyday situation. Our study is an important extension of research on inadequate sanitation, exploring women's perceptions which has not been well researched. Since sanitation is a basic need and human right that affects and limits women's lives every day, we would argue that it is of great importance to conduct further research on this topic.

Based on the findings presented in our research, we suggest that future research needs to further explore how social and health risks are experienced and perceived by women. In our study, we applied the intersecting social categories gender and class, since we found them to be of relevance. However, we would stress that more studies applying a broad spectrum of intersecting categories would need to be applied to research on sanitation. For example, further research on how Dalit women perceive and cope with inadequate sanitation could be conducted. Dalits are considered to be vulnerable in relation to other social groups, and are at the bottom of the hierarchal caste system in India (Luce, 2006). This would also be beneficial in accordance to examine conditions that women have in regards to the caste system, since this is something that was unfortunately left out from our research study. Therefore, we would recommend that further research is conducted in relation to these topics.

We will briefly mention the challenges in regards to sanitation issues linked to the Swedish context, since we previously mentioned this in the chapter of Relevance for Social Work in a Global and Swedish context. The issues that homeless people face need to be addressed in future research. Also, sanitation in relation to work places need to be further assessed in research.

In conclusion, we would like to stress that inadequate sanitation is a global issue that negatively impacts women's lives to a great extent, therefore making it urgent to address this on different levels.

7. References

Ahrne, G. & Svensson, P. (2015): Kvalitativa metoder i samhällsvetenskapen. I: Ahrne, G. & Svensson, P. (red.) *Handbok i kvalitativa metoder*. Malmö: Liber.

Akademikerförbundet SSR (2014): "Global definition av professionen socialt arbete"
http://cdn.ifsw.org/assets/ifsw_124418-5.pdf Last accessed: 2017-02-18.

Aspers, P. (2011): *Etnografiska metoder*. Malmö: Liber.

Backman, Y., Gardelli, T., Gardelli, V. & Persson, A. (2012): *Vetenskapliga tankeverktyg: till grund för akademiska studier*. Lund: Studentlitteratur.

BBC (2014):
<http://www.bbc.com/news/world-asia-india-27629211>
Last accessed: 2017-02-12.

BBC (2014a):
<http://www.bbc.com/news/world-asia-india-29502603>
Last accessed: 2017-02-12.

Bloor, M. & Wood, F. (2006): *Keywords in qualitative methods a vocabulary of research concepts*. London: Sage Publication.

Bryman, A. (2008): *Social Research Methods*. Third Edition. New York: Oxford University Press.

Bryman, A. (2011): *Samhällsvetenskapliga metoder*. 2., [rev.] uppl. Malmö: Liber.

Bryman, A. (2016): *Social Research Methods*. Fifth Edition. New York: Oxford University Press.

Carlson, M. (2002): *Svenska för invandrare - brygga eller gräns? Syn på kunskap och lärande inom sfi-undervisningen*. Göteborg: Sociologiska institutionen.

Collyer, F. (2016): "Global patterns in the publishing of academic knowledge: Global North, global South" in *Current Sociology* pp. 1-18.

Creswell, J. W. (2014): *Research design: qualitative, quantitative, and mixed methods approaches*. Fourth edition, international student edition. Los Angeles: SAGE publications.

Dalen, M. (2007): *Intervju som metod*. Malmö Gleerups Utbildning.

Das, P., Baker K.K., Dutta A., Swain T., Sahoo S., Das B.S, et al. (2015): "Menstrual Hygiene Practices, WASH Access and the Risk of Urogenital Infection in Women from Odisha, India" in *PLoS ONE* 10(6). pp.1-16.

DeWalt, K. M. & DeWalt, B. (2011): *Participant Observation: A Guide for Fieldworkers*. Rowman & Littlefield.

Dominelli, L. (2010): *Social Work in a Globalizing World* : Cambridge Polity Press.

Edgren, M. (2008): "Förord – från redaktionen" in *Tidskrift för genusvetenskap* 3(4). pp.2-4.

Eriksson - Zetterquist, U. & Ahrne, G. (2015): "Intervjuer". In Göran, Ahrne & Peter, Svensson. (red.) *Handbok i kvalitativa metoder*. p. 34-54. Stockholm: Liber AB.

Fernandes. M. and Mahon. T. (2010): "Menstrual hygiene in South Asia: a neglected issue for Wash (water, sanitation and hygiene) programmes" in *Gender and Development* 18(1). pp. 99-113.

Giota, J. (2005): "Exempel på forskningsetiska krav i enkätundersökningar". In Larsson, Sam, Lilja, Johan & Mannheimer, Katarina (red.) *Forskningsmetoder i socialt arbete*. p. 251-268. Malmö. Studentlitteratur.

Government of India (2017):

<https://india.gov.in/spotlight/swachh-bharat-abhiyaan-ek-kadam-swachhata-ki-ore>

Last accessed: 2017-02-11.

Government of India (2017a):

http://knowindia.gov.in/knowindia/culture_heritage.php?id=4

Last accessed: 2017-02-12.

Hammersley, M., Atkinson, P. (2007): *What is ethnography? Ethnography, Principles in practice*. 3rd ed. New York, NY: Routledge.

Hugman, R. (2010): *Understanding international social work: a critical analysis*. Basingstoke: Plagrove Macmillan.

International Growth Center (2015):

<http://www.theigc.org/blog/no-toilet-no-bride-the-unlikely-link-between-private-toilets-and-marriage-market-outcomes-in-india/>

Last accessed: 2017-02-10.

Kalman, H. & Lövgren, V. (2012): *Etiska dilemman: forskningsdeltagande, samtycke och utsatthet*. Malmö: Gleerups.

Kapborg, I. & Berteröa, C. (2002): "Using an interpreter in qualitative interviews: does it threaten validity?" in *Nursing Inquiry* 9(1). pp. 52–56.

Khanna, T. & Das, M. (2016): "Why gender matters in the solution towards safe sanitation? Reflections from rural India" in *Global Public Health* 11(10). pp. 1185-1201.

Kvale, S. & Brinkmann, S. (2009): *Den kvalitativa forskningsintervjun*. 2. uppl. Lund: Studentlitteratur.

Lalander, P. (2015): "Observationer och Etnografi". In Göran, Ahrne & Peter, Svensson. (red.) *Handbok i kvalitativa metoder* p. 93-113. Stockholm: Liber AB.

Landguiden (2016):

<http://www.landguiden.se/Lander/Asien/Indien>

Last accessed: 2017-01-26.

Luce, E. (2006): *In Spite of the gods - The rise of the modern India*. New York: Anchor Books.

Lundberg, U. (2012): "Psykobiologiska processer, stress, och ojämlikhet i hälsa". In Rostila, Mikael & Toivanen, Susanna (red). *Den orättvisa hälsan - om socioekonomiska skillnader i hälsa och livslängd*. p. 240-264. Stockholm: Liber.

May, T. (2001): *Samhällsvetenskaplig forskning*. Malmö: Studentlitteratur.

Mohanty, T.C. (2003): *Feminism without Borders: Decolonizing Theory, Practicing Solidarity*. Duke University Press.

Mulinari, P. & Selberg, R. (2013): "Intersectional Directions in Working Life Research—a Proposal" in *Nordic Journal of working life studies*. Vol. 3(3) pp.91-98.

National Geographic (2017):

<http://www.nationalgeographic.org/encyclopedia/urban-area/>

Last accessed: 2017-02-08.

Niyogi de, E. (2011): *Empire, media, and the autonomous woman: a feminist critique of postcolonial thought*. New Delhi: Oxford University Press.

Nussbaum, M. (2000): *Women and human development: The capabilities approach*. USA: Cambridge University Press.

Nygren, L. (2012): "Risken finns, finns nyttan? Etikprövningsnämnderna och den kvalitativa forskningen". In: Hildur Kalman & Veronica Lövgren (red.) *Etiska dilemman: forskningsdeltagande, samtycke och utsatthet*. Malmö: Gleerups.

O'Reilly, K. (2012): *Ethnographic methods* (Second edition) Abingdon: Routledge.

O'Reilly, K. (2016): "From toilet insecurity to toilet security: creating safe sanitation for women and girls" in *WIREs Water*. 3 pp. 19-24.

Reddy, S. & Snehalatha. M. (2011): "Sanitation and hygiene: What does it mean to poor and vulnerable women?" in *Indian Journal of Gender Studies* 18(3) pp. 381-404.

Robeyns, I. (2003): *The Capability Approach: An Interdisciplinary Introduction*.
http://commonweb.unifr.ch/artsdean/pub/gestens/f/as/files/4760/24995_105422.pdf

Robeyns, I. (2005): "The Capability Approach: a theoretical survey" in *Journal of Human Development*, 6(1). pp.93-117.

Ryen, A. (2004): *Kvalitativ intervju - från vetenskapsteori till fältstudier*. Malmö: Liber.

Sahoo K. C., Hulland K.R.S, Causo B. A, Swain R, Freeman M.C, Panigrahi. P & Dreibelbis, R. (2015): "Sanitation – related psychosocial stress: A grounded theory study of women across the life- course in Odisha, India" in *Social science and Medicine* 139 pp. 80-89.

Sen, A. (1999): *Development is Freedom*, Random House, USA.

Sen, A. (1987): The Standard of Living. In Hawthorn, G. (de) (1987): *The Standard of Living*, Cambridge: Cambridge University Press.

Showunmi, V., Atewologun, D. & Bebbington, D. (2016): Ethnic, gender and class intersections in British women's leadership experience. *Educational Management Administration & Leadership*, Vol. 44(6). pp. 917–93.

Stopnitzky, Y. (2012): "The Bargaining Power of Missing Women: Evidence from a Sanitation Campaign in India" in *SSRN Electronic Journal*.
https://mpira.ub.uni-muenchen.de/37841/1/MPRA_paper_37841.pdf

Sveriges Radio (2016a):
<http://sverigesradio.se/sida/artikel.aspx?programid=103&artikel=6582597>
Last accessed: 2017-02-10.

Sveriges Radio (2016b):

<http://sverigesradio.se/sida/artikel.aspx?programid=95&artikel=6468186>

Last accessed: 2017-02-10.

SVT (2014):

<http://www.svt.se/nyheter/lokalt/smaland/toalettbrist-skapar-arbetsmiljoproblem-1>

Last accessed: 2017-02-10.

Travasso, S., Rajaraman, D. & Heymann, S.J. (2014): “A qualitative study of factors affecting mental health amongst low-income working mothers in Bangalore, India.” in *BMC Women's Health* 14(22). pp. 1-11.

UN (2016):

<http://www.unric.org/en/sanitation/27281-sanitation-as-a-human-right>

Last accessed: 2016-10-26.

UN (2017):

<http://www.un.org/sustainabledevelopment/water-and-sanitation/>

Last accessed: 2017-02-08.

UN (2014a):

<http://www.un.org/waterforlifedecade/sanitation.shtml>

Last accessed: 2016-10-26.

UN (2014):

http://www.un.org/waterforlifedecade/human_right_to_water.shtml

Last accessed: 2017-02-08.

UN (2017a):

<https://sustainabledevelopment.un.org/sdg6>

Last accessed: 2017-02-10.

UN (2017b):

<http://www.un.org/sustainabledevelopment/water-and-sanitation/>

Last accessed: 2017-02-10.

Vernon, S., Lundblad, B. & Hellstrom, A.L. (2003): "Children's experiences of school toilets present a risk to their physical and psychological health" in *Child: Care, Health & Development* 29(1). pp. 47–53.

Vetenskapsrådet (2002): *God forskningssed*. Stockholm: Vetenskapsrådet.

Yle (2017):

<https://svenska.yle.fi/artikel/2017/01/18/busschaufforers-toalettbrist-blev-namndmotion-i-abo>

Last accessed 2017-02-11.

Appendix 1



UNIVERSITY OF GOTHENBURG

Informed consent

Our names are Julia Jimson and Anna Tillerman and we are students of Social Work at Gothenburg University, Sweden. We are writing our undergraduate thesis about the health effects of poor sanitation (primarily lack of toilets) for women in Pondicherry.

Any information you share with us will be given the highest confidentiality. No names or any other details that may compromise our informants will be published. When completed, the thesis will be published online by Gothenburg University. During the interview, you have the right to withdraw your participation and/or not answer questions without giving reason. Feel free to interrupt us at any point during the interview if you have questions, or if we need to clarify anything. To improve the quality of our analysis we ask for your approval to record the interview. The recorded material will be destroyed once the thesis is completed.

To assure that you have understood the contents of this document, please give your approval by signing below.

Informants Signature

Place and date

Interviewers Signature

Place and date

Appendix 2

Interview Guide

Personal

- Could you please tell us a little bit about yourself?
- Where did you grow up? Background? Age? Family? Do you have children?

Theme toilets

General views

- Where is the nearest toilet available to you?
- Can you access it anytime you want without cost?
- How do you experience your access to toilets?
- Do you think your experiences are different from men's? If yes, could you please describe how?
- Do you think that some places are more or less exposed (due to lack of toilets)? Could you please describe in what ways?
- In what ways, do you experience that people in general are talking about this phenomenon?
- According to you, what are the biggest challenges for woman when it comes to this phenomenon?
- Do you think the challenges are different for women and men? Could you describe in what ways?
- What do you think could be done differently in regards to this?

Personal views

- Could you describe if you have experienced any situations where you have been avoiding performing an activity due to the lack of toilets?
- Have you or do you know any women that have experienced any difficulties in regards to lack of toilets? If yes, could you please describe in what ways?
- Do you think there is a difference between how women and men perceive difficulties in regards to the lack of toilets?

- Do you feel that your health has suffered in anyway due to lack of toilets? Such as availability, cleanliness, distance, safety or costs? In what ways?

Conclusion

- Anything else you would like to add? Do you have any questions before finishing the interview? Anything we would need to clarify?

Contact details

Our thesis will be written in English. If you wish to take part of it, we will be able to send a copy via email when it is completed. If you have any other enquiries, please don't hesitate to contact us on the details below.

gusjimju@student.gu.se

gustilan@student.gu.se