

Role of Women in the Sanitation Promotion and Management

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Abstract - Women are often in charge of cleaning and, in many instances, of disposing of human waste. It is especially important to maintain good sanitation during menstruation, pregnancy, and the postpartum period, when dehydration from toilet avoidance is a serious health risk. Women are particularly sensitive to the concerns about safety and privacy raised by the need for cleanliness. In dozens of nations, including Fiji, India, Brazil, Sri Lanka, the Philippines, Kenya, Ethiopia, and South Africa, widespread violence against women in connection to sanitation usage has been widely documented. Lastly, programmes and initiatives meant to address sustainability in sanitation have been hampered by men and women not being involved enough. Improved sanitation services provide significant socioeconomic advantages, such as increased productivity (owing to less time spent on health and caregiving costs), safety, better health, transparency, good governance, and empowerment. In terms of rights to resources and services, gender mainstreaming may provide women the authority to make strategic decisions, which can increase social capital, education, and the health and productivity of the population.

Keywords - Women, Role, Sanitation, Promotion, Management

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INTRODUCTION

The lack of proper hygiene and sanitation was not a problem in ancient India. Even 400 years ago, as compared to other river valley civilisations of the time, ancient India was highly advanced in hygienic standards, as shown by the bathrooms and drainages discovered during archaeological digs at Mohanj adara and Harappa in the Indus valley. The Meenakshi Temple in Madurai is almost a thousand years old, yet its superior design and construction are still visible today. Its rainwater drainage system is top-notch. According to the author, "India was in fact: nn advanced industrially, commercially, and monetarily as any nation before the industrial revolution."

The colonial government exploited and oppressed India's commercial and financial sectors. They didn't care about individuals getting an education or being healthy. Protected water supply in homes and the arrangement for - the disposal of waste water were amenities enjoyed by only a tiny fraction of city dwellers who belonged to the elite stratum. The sanitary situation was very bad in the countryside.

Due to indifference and lack of knowledge, millions of wells, ponds, tanks, rivers, canals, lakes, and streams were at risk of pollution. Inadequate storage and careless use led to the contamination of even the purified water that was provided. This resulted in

elevated rates of illness and death due to the widespread spread of infectious illnesses.

At the middle of the nineteenth century, England had a massive awakening to the need of cleanliness, which eventually expanded around the globe. Because of this reawakening, people's habits began to shift, and a new age of public health was inaugurated. Slums sprang up, populations exploded, dirt piled up, illness and mortality rates skyrocketed, particularly for women and children, and new diseases like TB were unleashed on an unsuspecting population by the millions. People's health was negatively impacted as a result of this. During the devastating cholera outbreak that swept England in 1832, a British barrister named Edwin Chadwick began looking at the living circumstances of city dwellers in order to better their health. A watershed moment in the development of public health, Chadwick's study "The Sanitary circumstances of the labouring people in Great Britain" prompted reforms in housing and working conditions for the working class in London and elsewhere. Public and governmental attention was brought to the critical need to enhance public health thanks to Chadwick's report. An anti-dirtiness movement, or a great hygienic awakening, started when people realised that filth was their biggest threat. As a result, England passed the Public Health Act in 1848. V/hieh was a novel idea that suggested the government should take more of an

active role in ensuring its citizens' wellbeing. The federal and state governments enacted similar laws to curb the spread of disease and ensure citizens have access to basic services like safe drinking water and proper waste disposal. Because of the lack of resources available for executing the terms of these Acts, the advantages were instead directed towards European lifestyles and affluent communities, leaving urban slums and rural hovels little changed.

SANITATION CONCEPT

Sanitation refers to measures taken to protect people from becoming sick, as defined by the Water Supply and Sanitation Collaboration Council. Human and animal waste, as well as waste water, must be properly disposed of and managed hygienically, and infectious illness must be contained and prevented by measures including the provision of washing facilities for personal and home cleanliness. Both individual practises and institutional arrangements contribute to the cleanliness of a community (UNICEF, 2008). Sanitation, according to the World Health Organization (WHO), is a set of practises that ensures the safe and sanitary collection of human waste (faeces, urine, etc.) and communal waste waters without negatively impacting individual or group health. (WHO, 1987) As compared to other modern authorities, however, Cross has made an honest attempt to provide a complete definition of what cleanliness really is. Sanitation now encompasses not only the removal of human waste but also liquid and solid waste, food hygiene, and personal, domestic, and environmental hygiene, as argued by Cross (2003). As a result, the term "sanitation" has been broadened to include topics such as personal hygiene, home sanitation, garbage disposal, excreta disposal, pit latrines, bucket systems, and more.

IMPORTANCE OF SANITATION

The capacity to combat poverty, improve health, and increase educational opportunities have made promoting better hygiene practises and latrine usage a top priority in most developing countries (Avvannavar & Mani, 2008; Cross, 2003). By eliminating the spread of oral-faecal illnesses and transmissions such as diarrhoea, helminthic infections, and ascariasis, proper waste management may save lives (roundworms). In addition, having access to latrines helps ensure that people, particularly women, may go about their daily lives in peace and safety (Jenkins & Curtis, 2005). Despite these realities, it is estimated that over 2.6 billion people lack access to improved sanitation; the problem is worst in Asia and Africa, where twice as many people lack access to improved sanitation as improved water supply, and about 40% of the world's population lacks even access to a basic pit latrine (UN, 2010).

Despite appearances, the targets for water and sanitation are rather modest. Second, the criteria of access include the most basic facilities - most

definitely not a tap and a toilet in every home - therefore they only contemplate reducing the population if they don't have these. The World Health Organization's definition of access to water varies by region but, on average, it's 20 litres per person, per day, within a mile of the home. Women in Africa often have to trek more than six kilometres a day, spending up to eight hours a day just to get water for their families (UNFPA, 2002). It's also dangerous to one's health to carry water for long distances, particularly during critical phases of growth and pregnancy. Women endure both the danger of drowning (due to floods) and injury (from assaults) when they gather water every day. In many parts of the world, it is the female gender that is expected to go to the nearest water source and bring back 15 to 20 litres of water for the family to use. As a result, lack of infrastructure for providing clean water and toilets might be a factor in keeping females from attending school. Schools without latrines are generally off-limits to females in impoverished nations for fear of invasions of their privacy and modesty (World Bank, 2004).

The elimination of extreme hunger and poverty (goal 1), the completion of primary education for all children (goal 2), the advancement of women's rights and the empowerment of women (goal 3), the provision of clean water and sanitation (goal 7), the mitigation of diarrhoea and other preventable diseases (goal 6), the enhancement of maternal health (goal 5) and the reduction of infant mortality (goal 4) are just some of the Millennium Development Goals that have been shown to benefit greatly from improved sanitation and hygiene (Chambers, 2009; Peal, Evans, & van der Voorden, 2010). Inadequate focus on sanitation and hygiene issues may explain why these seven objectives have not been completely accomplished. Sanitation is frequently approached in impoverished countries from a medical viewpoint, and its potential benefit is sometimes lost when related measures are grouped in with water programmes. Thus, the issue has received little political attention, with negative consequences for efforts to solve the problem due to a lack of resources (Lenton et al., 2008). Over a third of the world's population, or 2.6 billion people, do not have access to better sanitation (Montgomery, Desai, & Elimelech, 2010; WHO/ UNICEF, 2008), despite the fact that roughly US\$ 16 billion is spent in water and sanitation. Of this, only a fifth goes to sanitation (UN, 2011). The water target is thus expected to be greatly exceeded by 2015, whilst the sanitation target may not be met until 2049. One of the three goals of the Seventh MDG, which focuses on environmental sustainability, is to halve the percentage of the world's population that lacks access to clean water and sanitary facilities by the year 2030. (Lenton et al., 2008).

In contrast, according to the World Health Organization's burden of illness study, lack of access to clean water, sanitation, and hygiene is

the third most important risk factor for ill health in developing countries (WHO/ UNICEF, 2008). Zwane & Kremer (2007) reviewed 25 studies by Esrey et al (1991) and concluded that improving sanitation and hygiene promotion efforts had a greater impact on reducing diarrhoeal illness (35% and 33% reduction, respectively) than improving water quality and/or quantity (15% reduction). (Sidibe and Curtis, 2002)

A more recent study by the United Nations (2011) underlines these inequities by demonstrating that sanitation coverage for the poorest 40% of families has scarcely changed and that 80% of persons in the lowest two quartiles still utilise the open method of defecation. Sub-Saharan Africa has been hit particularly hard by these disparities because of its extreme poverty; about half of the region's population lives on less than \$1 per day (Morella, Foster, & Banerjee, 2008; United Nations University, 2010) It may be difficult to persuade individuals to part with their money to build a toilet if they are already struggling to meet basic requirements like food (Jenkins, 2004; McConville, 2003). When it comes to sanitation-related diseases, such families are similarly unable to adopt preventative measures or get medical help. A person's inability to work, combined with the expensive expense of treatment, creates a vicious cycle of poverty when disease takes hold (UN, 2011).

The grim image painted by the poor sanitation coverage rates is reflected all throughout the developing globe. Despite relatively high coverage and the construction of new toilets and washing facilities, correct utilisation is often limited and little value is realised.

CURRENT STATE OF SANITATION IN INDIA

Poor sanitation is a serious problem in both rural and urban areas of India. It's no secret that poor sanitation causes a number of preventable illnesses that kill people, particularly young children, and reduce productivity and earnings. Due to a lack of proper sanitation, many homes are still forced to adopt the shameful practise of open defecation, which disproportionately affects women and girls. Diarrhea is responsible for the deaths of almost one thousand children under the age of five every day in the nation. Children in India have approximately twice the global prevalence of undernutrition compared to children in Sub-Saharan Africa (47% vs. 19%). (Institute for International and Strategic Studies; Macro International) The frequency of diarrheal illness contributes to child under-nutrition and accounts for 22 percent of the country's disease burden (World Bank 2005). It may have negative effects on children's academic performance, as well as their cognitive and motor development, according to certain research. Poor sanitation affects both children and adults, lowering productivity and adding to the cycle of poverty. Lack of proper sanitation not only threatens public health, but also causes many people,

particularly women and girls, to be subjected to the humiliation of defecating in the open. Girls and young women are more likely to drop out of school throughout puberty, but this trend reverses when they have access to proper sanitary facilities at school.

When it comes to cleanliness, India is second to worst in the world. If just 33 percent of the population has access to a toilet, you can imagine the magnitude of the issue in India. In 1990, just 14% of the population in rural regions had access to toilets; by 2006, that number had increased to 28%. Surprisingly, in urban areas, coverage stands around 59% (WHO/UNICEF, 2004). Seventy-four percent of India's rural population still uses open defecation. As disposable expenditure is little in these settings, constructing a separate toilet room may appear unnecessary. Even when infrastructure is in place, it may not be enough. In India, 13 million people still use unclean bucket latrines, which forces scavengers to go from home to home collecting human waste. There are still about 700,000 Indians who rely on this kind of subsistence for their livelihood. In addition, India loses billions of dollars annually as a result of inadequate sanitation infrastructure. Families and the economy as a whole lose out when someone is sick because of lost time at work and money spent on medical treatment (United Nations, 2008).

- Lack of toilet facilities
- Lack of access to water supply and drainage facilities and implications for sanitation
- Widespread practice of manual scavenging
- **A larger portion of the budget should be devoted to solving the sanitation issue**

INTER-LINKAGES BETWEEN SANITATION, GENDER AND WATER

It's undeniable that women play a crucial role in WASH (water, sanitation, and hygiene) initiatives (WASH). There is a lack of recognition of the advantages of including women into the planning, design, administration, and execution of such projects and programmes, despite the fact that doing so has shown to be both beneficial and efficient. Many women and girls in impoverished urban slums and rural parts of developing countries lack access to basic sanitary facilities and clean water. As night fell, several of them were forced to brave harassment or even sexual assault just to go to the bathroom. During an emergency, individuals are so focused on staying safe that they may not think of going out of their way to grab something as simple as water. There is a greater incidence of attrition and lower enrolment of female students in schools that lack running water and separate facilities for the sexes in many regions of the globe.

Making headway on several MDGs will be difficult if these issues aren't addressed. (WSSCC, 2006)

Research conducted by UNICEF in 2002 found that half of rural households in 23 countries in sub-Saharan Africa spent 30 minutes or more each day transporting and gathering water. Women who lived in areas with easy access to water had higher levels of confidence, were subjected to less sexual harassment, and were more likely to enrol in and finish secondary school, according to a research done independently in Ethiopia, Ghana, Tanzania, and India. A Piece From The Washington Post (2004) When water infrastructure choices are decided without women's input, it is often the women who will suffer the most. Women make up a significant portion of the population and play a crucial role in water and sanitation systems, although they are often excluded from decision-making processes concerning the provision of these services.

Issues of gender equality are essential to the provision, management, and conservation of our limited water resources, as well as the protection of public health via sanitation and hygiene. Since the United Nations Water Conference in Mar del Plata in 1977 and the International Drinking Water Supply and Sanitation Decade, 1981-1990, the need of include both men and women in water and sanitation management has been widely acknowledged. "Women have a crucial role in the supply, management, and preservation of water," the Dublin principles said during a 1992 international conference on water and the environment. Institutional frameworks for the development and administration of water resources were asked for in the statement to recognise women's responsibilities as water suppliers, consumers, and guardians of the living environment. (2003) UNICEF

At Rio de Janeiro in 1992, during the United Nations Conference on Environment and Development that followed Dublin's 1987 meeting, options for freshwater management were proposed in Chapter 18 of Agenda 21. In Chapter 18, we go further into the topic of women's empowerment and their role in determining the future of water and sanitation systems. Women's involvement is essential for environmental advancement and management, as stated in Principle 20 of the Rio Declaration. If they want sustainable development to happen, they have to put in 110%. During the 2002 World Summit on Sustainable Development, states committed to "...promoting capacity-building for water and sanitation infrastructure and service development, ensuring that such infrastructure and services...are gender-sensitive" as part of the Johannesburg Plan of Action (para. 24). (GWTF, 2006)

The International Decade for Action "Water for Life" was declared by the General Assembly from 2005 to 2015 to ensure that the commitments made at the end of the International Year of Freshwater in December 2003 would be fulfilled. This Decade's objectives, as stated in Resolution 58/217, are to "guarantee

women's inclusion and engagement in the water-related development initiatives" and to "put greater attention on water-related concerns." (GWTF, 2006) In order to put these ideas into practise, it is crucial to learn what customers want, what they are willing to provide, and how they want to be engaged in decisions concerning the kinds, amounts, and maintenance of services. Planners may benefit from thinking about the different ways men and women contribute to society in order to develop more sustainable initiatives.

WOMEN'S ACCESS TO WATER SUPPLY

In addition to contributing to gender equality (by relieving girls and women of the burden of water collection), sustainable development, and the reduction of poverty, access to clean drinking water is a fundamental human right. There would be more time for individuals to focus on things like education, child care, food growing, and revenue generating if water stations were located closer to the homestead. The latter may include tasks like constructing and maintaining a system for handling water and trash. (GWTF, 2006)

In areas where there is an abundance of water, residents often have better overall health and nutritional status. Women and children, in particular, should avoid going on long-distance boat trips. Women who gather water are particularly vulnerable to sexual assault and drowning during floods due to the regularity with which they must do so. General Comment 15 on the right to water was published by the Committee on Economic, Social, and Cultural Rights in November 2002. The right to safe, clean, visually beautiful, conveniently available, and affordably priced drinking water is a basic human right (Gender and Water Alliance, 2003). When it comes to public and private water and sanitation system distribution, siting, and technology, both sexes should be heard and considered.

The number of people without access to or unable to afford clean drinking water was committed to be cut in half by 2015 by global leaders at the Millennium Summit in 2000. This "Millennium Development Goal" received more support when a similar goal for sanitation was adopted at the 2002 World Summit on Sustainable Development (WSSD). This was known as the Johannesburg Plan of Implementation (JPOI) (MDG). Although the targets for water supply and sanitation may seem ambitious at first, they are really very realistic. They are not required to provide a flushing toilet or running water in each and every bathroom. Access to water is defined by the World Health Organization (WHO) as having a daily supply of 20 litres of water within one kilometre of one's residence. (GWTF, 2006)

In Africa, women often have to trek more than six kilometres (or eight hours) to collect water for their households (UNFPA, 2002). In many cultures, it is normal for young girls and women to transport 15-20 litres of water from a well or stream back to the household. Furthermore, the time commitment involved in attending school is affected by the accessibility of water and sanitary facilities, which may dissuade women from doing so. Yet, due to concerns about the girls' privacy and modesty, schools in many developing nations do not allow females to enrol if they do not have access to latrines (World Bank, 2004). Because of this, it's clear that having access to clean water and sanitary facilities is beneficial for family health, makes it possible for girls to attend school, and frees women up to perform productive work rather than wasting time fetching water. An extra \$30 billion year in investment is needed to achieve the Millennium Development Goals for access to clean water and basic sanitation, or double the amount already spent in the countries with the greatest rates of access gaps (Devarajan et al., 2002).

THE ISSUE OF PARTICIPATION AND EQUITY FOR WOMEN IN WATER AND SANITATION MANAGEMENT

Women are the principal consumers (collectors) of water worldwide, therefore water management must be democratic, transparent, and responsive to the demands of all stakeholders, particularly the people. It's important to reduce the number of individuals, especially women, who don't have regular access to clean drinking water and sanitary waste disposal systems. In addition to ensuring the purity of water supplies, proper repair of water treatment plants, storage facilities, and distribution networks is essential. Improvements in water and sanitation—including infrastructure and services, technology transfer and capacity building—should be supported by an institutional framework that is accessible to women and men and prioritises their needs. This includes both local and national policies and development organisations. There is evidence that initiatives or programmes that give men and women an equal voice are more likely to succeed and last because they are better able to accommodate the preferences of both sexes. (2000) The Worldwide Bank In today's economy, both men and women need access to resources like money, property, the law, and the capacity to make good decisions.

The "water world," on the other hand, has always been ruled by mankind. It is often men who seek out and get employment or study in the water management industry. Fewer women than men often attend international water symposia and conferences. Just 10 women out of 115 people registered for the conference held by the Global Water Partnership Consultative Committee (GWP). Just three of the World Water Council's 32 board members are women, and none are in positions of leadership. These numbers accurately reflect the gender distribution of top

executives at some of the world's most prominent water-related institutions. One noteworthy exception was the 2004 meeting of the African Ministerial Council on Water (AMCOW) in Entebbe, Uganda, when four women ministers attended and one was chosen chair (Athukorala, 2003).

Yet, women who attempt to enter the "water world" may be stigmatised for what they are seen to be: an invasion of men's turf. Women may face additional societal hurdles to successful water management, such as a lack of access to community-based forums and public discussions with the potential to shape water policy. It may be difficult to foresee progress in the direction of water policy in many nations, despite the fact that affirmative action policies and laws that discriminate against women have shown to be effective in empowering women in South Africa. (2000) The Worldwide Bank Sanitation and cleanliness must be marketed to the public so that they are seen as desired and appreciated values. There are a variety of open avenues that governments may use to reach out to the private sector for expertise in this area. Educators in the field of hygiene have a duty to solve the problem of unequal gender roles that is a barrier to the progress of water, sanitation, and hygiene programmes. Men are more likely to decide how to allocate spare resources, such as time and money. Women are the ones who are usually tasked with ensuring that their communities have access to clean water, sanitation, and hygiene facilities, but they are also the ones who would benefit most from having their own restroom facilities.

PRIVATIZATION, PRICING AND THE RIGHT TO WATER

It's a contentious issue whether or not the right to water should be prioritised above the rising tendency of privatising water utilities. Rather than being a commodity to be bought and sold, water is recognised as a fundamental human right and public benefit. Since water is a public good, it should be administered in a way that benefits people and the environment, rather than a private company's bottom line. Yet, there is no excuse for the government to provide citizens with free water. Profit motive may easily overcome people's interests and rights, highlighting the dangers of entrusting businesses with authority. It is possible that large private firms may remain largely immune to oversight from the people who are meant to profit from the services they supply. Governments have an obligation to ensure citizens have access to water for both human and environmental needs. This may be accomplished by price regulation, broad-based taxes, bank borrowing, or international aid. (GWTF, 2006)

Despite widespread consensus, the exact amount customers would have to pay for water above and beyond this is still unclear. Demand management to reduce waste and targeted subsidies for the needy

might help with sustainable cost recovery. A realistic tariff policy might charge customers more per unit as their use rises, in the form of an increasing block rate, in order to promote resource conservation. Several price systems may be developed for customers in urban and rural areas, as well as in agriculture and industry, after hearing the opinions of the most significant parties involved. Placing a monetary value on water conservation might lead to less need for high-priced solutions like desalinization. New water price rules may elicit distinct responses from men and women. There is often a disconnect between people's financial means and their propensity to make good on their financial obligations. While clean water is necessary, low-income ladies may have to decide between accepting free, contaminated water and going thirsty. (WSSCC, 2004) This has important repercussions for public health and has the potential to significantly raise health care expenditures.

Yet, as demand is determined only by the amount bought, the market for water will not reflect this unfulfilled need. Although though women are responsible for raising the necessary finances to meet the demand, males may be the only ones can accurately assess the community's water and sanitation needs. As the majority of the previous decade's water and sanitation funding has gone towards individual homes, it is important to assist the small-scale private provider in building reliable sewage systems. (GWTF, 2006) Many of local drinking fountains and public bathrooms are provided by companies run by women. Local business owners' efforts will continue to be crucial in reaching the millions of inaccessible people who reside in urban and rural locations.

THE ISSUE OF WATER RESOURCES AND CONFLICTS

While water is essential for life, it also has the potential to cause friction if it is contested. Throughout the course of the twentieth century, while the global population quadrupled, its water consumption grew by a factor of six. Trans-boundary water issues have been at the centre of global discussion for quite some time, with prominent commentators predicting that they would be at the centre of conflicts in the twenty-first century.

Combat on the high seas will go on for decades this century. There has always been contention between upstream and downstream water consumers. (GWTF, 2006)

Few wars have been started over a simple water shortage. Nonetheless, the high number of shared international waterways between nations increases the risk that disagreements over water would strain relations between them. Because of this, water insecurity persists in a great number of nations. Van Wijk-Sijbesma conducted the study in 1998.

The necessity for access to clean water might be a tremendous incentive for cooperation, despite the fact that water itself may be a spark for violence. The presence of water may be perceived either as a source of contention or as a means of bringing people together. It has been shown via several studies that collaboration rather than conflict is often sparked by the need for water, as reported by Unicef (2002). Israel and Jordan, as well as India and Pakistan, two nations at war with each other on other fronts, have successfully negotiated the sharing of water resources. Rivers provide the framework for specific suggestions on how to share and work together to manage a resource that is essential to society. It is difficult for any one nation or company to manage the problem on its own since water is so essential to every area of human life, including health, human rights, the environment, the economy, the welfare of the people, politics, and culture. Thus, it is essential to pay greater consideration to how peacebuilding and conflict prevention are linked to the administration of natural resources. When it comes to fostering collaboration and peace via the management of water resources, women play a pivotal role because of their intimate knowledge of the necessity of such access.

Because of its crucial role, water is often a point of contention during armed conflict. Intentionally poisoning water supplies and wells or destroying flood-control dikes to flood regions that an adversary has threatened are also options. That's what the folks at Unicef say, anyhow (2002)

But, in times of war, the lack of clean water and inadequate sanitation usually worsens. Women and children, in particular, would be among the most vulnerable people in the case of a water crisis. There have been several instances when hunger has been more lethal than weapons. The majority of casualties among victims of both natural and man-made catastrophes are the result of infections brought on by a lack of clean water and sanitation services. (UNICEF,2003). In the aftermath of a natural disaster or other emergency, it is imperative that sanitation services immediately return to acceptable levels.

The effects of a water shortage are felt most acutely by women and girls. Finding water might require them to go farther, perhaps into a more dangerous region. Because of the well-documented violations of women's basic human rights that occur during war, conflicts that worsen water shortage disproportionately hurt women. Van Wijk-Sijbesma conducted the study in 1998.

Because of gender imbalances in political and economic power, human rights, education, and health, women are disproportionately impacted by catastrophes like floods and earthquakes. Due to a lack of access to information and warnings, women bear a disproportionate share of the burden of disaster-related mortality. They may be unable to

evacuate in the event of a crisis because of cultural conventions and mores. If women do not get prompt treatment after experiencing a traumatic event, such as one caused by a natural catastrophe, their recovery time may be extended because of gender inequality. Due to a lack of safe drinking water, many Mozambican women in the year 2000 were compelled to prepare their meals using contaminated floodwater (Bank of the World, 2000)

Women in rural areas of Bangladesh are disproportionately affected by floods. With the goal of addressing problems of vulnerability, risk reduction, and preparedness, the Centre for Environmental and Geographic Information Services (CEGIS) and other national agencies launched a project in a flood-prone zone utilising a community-based information system in the early months of 2004. The flood-risk programme that was put in place as part of the project was sensitive to the requirements of people of both sexes. The goal was to identify the most efficient means of flood protection, preparation, and information transmission, with a focus on women's traditional responsibilities. It was found that males were less affected by floods than females since they had more control over financial resources and were more mobile in their search for employment. As a result of this research, scientists have been able to test out novel approaches of warning women about flood risk. Posters, flag systems, drums, and broadcasts from mosques were all used alongside the native language to spread the word about flood preparedness. Building evacuation boats, storing food, and transferring pets were all tasks that ladies who could not read or write were given assistance with. During the floods of 2004, the warning systems significantly increased preparedness (Fakhruddin, 2006).

CONCLUSION

By the chapter's end, you'll be able to draw the conclusion that women's participation and interests should be prioritised if we want to improve sanitation results. The quality of life of the women affected improves in a wide variety of ways as a result of the interventions, which tend to be more effective and long-lasting, and the empowerment of women, which is facilitated. The chapter's main ideas make it clear that the positive effects are felt well beyond the immediate circle of women and their families. Providing facts alone is not enough to convince individuals to change their opinions. Coordinated efforts on many fronts and from a broad variety of stakeholders are necessary to bring about more significant improvements in business and the lives of millions of women and girls throughout the world.

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