



Moving beyond sanitation's diarrhoea fixation

This letter relates to the Article by Thomas Clasen and colleagues¹ on the effectiveness of a rural sanitation programme on diarrhoea, soil-transmitted helminth infection, and child malnutrition in India (November, 2014, p e645). We don't deny the usefulness of this study or its results. Rather it reaffirms something we know from field experience. Toilets are one part of the complex solution to the problem of diarrhoea and malnutrition. The history of work on sanitation has informed us that toilets alone are not the answer, and our sanitation programmes have inadequately addressed this gap.

We write this letter having learned through a recent community-based qualitative study² that access to toilets have important effects beyond sanitation, and these effects should be considered by public health experts and policy makers when assessing programmes. Women (adolescents, married women, mothers, and senior citizens) from rural areas in Karnataka, India, reported that their main concerns about the poor access to toilets were related to being subjected to teasing, sexual harassment, suspicion, and violence, and consequently to feelings of humiliation, insecurity, distress, and even suicidal thoughts. These findings become more important in the light of the recently launched National Mental Health Policy in India.³ Awareness about toilets is increasing through media exposure and health promotion, and now women from some rural areas in India are demanding for toilets through innovative campaigns ("build toilets or go without food").⁴ Women, who are considered as the primary educators within the family, are expressing their need for toilets. It is now up to the programme implementers and

evaluators to see this as a legitimate reason for supporting construction of toilets, and modify and evaluate the sanitation programme accordingly. Reduction of diarrhoea and malnutrition are larger goals, which will be realised with concomitant efforts at addressing water supply, education, access to food, and other determinants.

We declare no competing interests.

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- 1 Clasen T, Boisson S, Routray P, et al. Effectiveness of a rural sanitation programme on diarrhoea, soil-transmitted helminth infection, and child malnutrition in Odisha, India: a cluster-randomised trial. *Lancet Glob Health* 2014; **2**: e645–53.
- 2 Ganesh CK, Prahlad IM, Pradyumna A. Mental health impacts of poor access to toilet among women in Hospet, Karnataka. 14th World Congress on Public Health. Kolkata: WFPHA; 2015
- 3 Times News Network. India's first mental health policy launched. Mumbai: The Times of India, 2014. <http://timesofindia.indiatimes.com/india/Indias-first-mental-health-policy-launched/articleshow/44778494.cms> (accessed Dec 4, 2014).
- 4 Pallavi A. Kitchen strike for toilets. Down To Earth, 2014. <http://www.downtoearth.org.in/content/kitchen-strike-toilets> (accessed Oct 27, 2014).