addition, views of key informants like the Sarpanch and health workers (AASHA) were captured. This report is a cumulative analysis of the data collected by the students.

The in depth interviews of 177 rural women respondents from 11 villages were collated and analyzed. The descriptive statistics of the data was obtained and the quantitative responses as well as qualitative data was analyzed. Key words were identified to elicit themes arising from the varied experiences and observations of the students. Frequency of occurrence was quantified.

Results: The study covered one hundred and seventy seven women in the age group 12-57 years. The mean age of the group was 25 years. Out of 177 women, 55 belonged to Scheduled Tribes, 13 belonged to Scheduled Castes, and the rest belonged to other backward castes and General caste. Most of the family members were engaged as laborers. The average land holding size for the sample was 0.32 hectares. About 37 percent respondents lived in dilapidated houses, while the majority stayed (48.58 percent) in liveable houses, and the rest lived in houses with good condition.

Around 71 percent of women responded that they did not have secured bathing spaces. Out of these, 42 women used hand pumps as their main source of water for bathing and other purposes. Well water, surface water, and bore wells were the other frequently used water sources. The remaining 29 percent of women had made some form of make shift arrangements near their house which was used for bathing. The arrangement was mostly behind fences or bushes that were covered with sarees. These women who had built make shift arrangements preferred to bathe near their house with little privacy to bathing in the open near the water source. Out of the all who were interviewed, around 45 percent of them noted they have to travel at least 0.5-1km daily to fetch water for various purposes. This was one major reason why they prefer bathing near the water source itself. Financial constraints emerged as one of the key reasons for not having bathrooms. Competing priorities like food, education, and health were few of the reasons that can be attributed for not having secured bathing

food, education, and health were few of the reasons that can be attributed for not having secured bathing spaces. Apart from these, lack of water supply was another highlighting reason. Activities like farming and cooking were given a higher priority than bathing. With regard to usage of water for various activities, bathing naturally attained the last spot after drinking water, cooking, and washing.

For some women, even though they realized that they wanted to prioritize bathing, financial constraints did not allow them to fulfil their need of a bathing space. The women lacked necessities like proper shelter, food, and water. Therefore, for them thinking about a bathroom was like a luxury. The inconveniences faced by women while bathing in the open is shown in Table 1.

Tuble 1. meonveniences raced while backing in the open	
INCONVENIENCES FACED WHILE BATHING IN THE OPEN	NUMBER OF PARTICIPANTS
BATHING SCHEDULES CHANGED TO AVOID MEN	151
FEELING INSECURE WHILE CHANGING CLOTHES	136
FEELING UNCOMFORTABLE	140
EVE TEASING	42

Table 1: Inconveniences Faced While Bathing in the Open

Around 70 percent of the women respondents reported that there was no demarcation or separate bathing spaces for men and women. Therefore, to avoid encountering men during bathing, the women had adjusted their bathing schedule according to the work timings of men. Bathing schedules of more than two-third (151) women were dependent on the work timings of men. These women generally took bath after the men have left for work or very early in the morning. Around 42 women reported to have been victims of eve teasing belonging mostly to the young age category though it could not be ascertained whether it happened during or on their way for bathing. The young girls remain vulnerable during such times and do not speak up due to fear and shame.

Thus it is seen that a large proportion of women face eve teasing but it has not led to push for building bathrooms in most cases. There was also clear acknowledgement of the fact that lack of bathing spaces made women susceptible to eve teasing. In light of this, deeper analysis is needed of factors that affect people's choices with respect to building bathrooms.

Varied themes emerged when women were asked about community's perception regarding the bathing practices followed in villages. The most common answers were that there were other needs on which they

ought to focus on instead of bathing spaces. According to them, this practice of open bathing was followed since earlier times and has been passed down through generations. The respondents reported that though they faced inconveniences while bathing in the open, they do not have any other option than to bathe in the open. The idea of a bathroom was itself novel for most of the rural women and many confused it with toilets. Since they had never given much thought about having a closed space to perform their daily bath, most women seemed confused. This unfamiliarity blocked their ideas and they were unable to visualize a secured space. However, after they were given a brief background, they could understand the question and tried to express their idea of a bathroom. Around 42 percent said four walls and availability of water is sufficient.

A mixed response was obtained when the women were asked if they were ready to pay (in a daily or monthly basis) for an in built bathroom for certain households in a community. Forty-two women refused to pay for anything, citing reasons of poverty, competing priorities, and the lack of awareness of the significance of a closed bathing space. Among these, some women believed that the government or any other organisation should build a bathroom for them. Though these women acknowledge that bathing in a secured space will be a better thing to do, yet they were not ready to invest in building one of its own.

Women, who had earlier used bathrooms and knew about its importance, were willing to pay around INR 2 on a daily basis and some even agreed to pay 20 or 50-200 per month varying on their income levels. However, broadly, the older women were not willing to pay and the mothers with young school going girls were most willing. In addition, women belonging to the upper castes were not willing to pay for a community bathroom, as they would have to share it with the women from lower castes.

Conclusion: The practice of bathing in the open has been followed by rural women since ages. However, this issue has never been highlighted in the development sector. While on one hand social norms dictate that women should maintain proper modesty, on the other hand women are forced to defecate and bathe in the open. Women and children in such situations being the most vulnerable remain the worst affected as they become victims to rape and molestation (Abhilasha. R, Prof. Onkargouda Kakade, 2016). To ameliorate the situation, a lot of effort has been made to eradicate open defecation, but no attention has been given towards ending the practice of open bathing.

A step in the right direction would be to improve the situation of water availability. The study suggested that lack of water and financial restraints are the main reason for absence of bathrooms. Even the WHO guidelines suggest that any water source which is 30 minutes away from the home should be categorized as inaccessible. While the all India average is below the number, few states like Jharkhand and Rajasthan are above it (NASSO Data, 69th Round). It is due to this lack of water that women are not able to take bath regularly or they take bath in a hurry. As they bathe in a hurry, maintaining hygiene becomes a secondary issue. This leads to vaginal infections mostly during menstruation (Anuradha 2000; Hansdeep Kaur Kohli, Satwanti Kapoor, Meenal Dhall, Suman Dua, 2017). Also, diseases like trachoma and scabies are transmitted due to lack of water linked to inadequate personal hygiene (Annette Prüss, David Kay, Lorna Fewtrell, and Jamie Bartram, 2002). The impact gets aggravated as women in rural areas lack of knowledge. Also the women feel shy in discussing such issues among them as well.

Most of the women in our study confessed to facing discomfort and insecure while bathing in the open. But still they have never talked or discussed about this problem. It is important that women are empowered so that they can change or at least find some solution to those traditional practices which is unjust to them (Bhagyashree Patilhede, N. S. Sarap, Sonam Malik 2016; Sridevi Krishna, 2016). Thus, the need for bathrooms is important on the grounds of security, privacy and health perspective.

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References:

- Abhilasha. R, Prof. Onkargouda Kakade. "The Impact of Radio on Sanitation Behaviours of Rural Women-A Case Study of Vijayapura Akashwani." Social Sciences International Research Journal : Volume 2 Spl Issue (2016): page 48-50
- 2. Annette Prüss, David Kay, Lorna Fewtrell, and Jamie Bartram. "Estimating the Burden of Disease from Water, Sanitation, and Hygiene at a Global Level." Environmental Health Perspectives Volume 110 (2002) page: 537–542
- 3. Anuradha R. "Menstrual Hygiene Practices and Reproductive Morbidity: A community based Survey in Rural Thiruvananthapuram, Kerela." (2000)
- 4. Bhagyashree Patilhede, N. S. Sarap, Sonam Malik. "Women Empowerment in India: Schemes and Strategies." Human Rights International Research Journal ISSN 2320-6942 : Volume 4 Issue 1 (2016): page 201-2015
- 5. Hansdeep Kaur Kohli, Satwanti Kapoor, Meenal Dhall, Suman Dua. "Reproductive Health of Kumaoni Rajput Women of Pittorgarh." Social Sciences International Research Journal ISSN 2395 0544 Vol 3 Issue 1 (2017): page 26-32.
- 6. Ministry of statistics and program implementation, Government of India. (2012). National Sample Survey Report.
- 7. Sridevi Krishna. "Empowerment of Women in India- Facts and Realities." Social Sciences International Research Journal ISNN 2395-0544Volume 2 Issue 1(2016): page 93-96.
