



The Impact of COVID-19 on Pre-existing Sanitation Inequalities in India

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ABSTRACT

Water access, sanitation, and hygiene (WASH) procedures and practices are vital for the prevention of disease and for the promotion of good physical and cognitive development. In India, pre-existing issues in sanitation and sanitation inequalities, in particular access to menstrual supplies and toiletries, have been exacerbated by the COVID-19 pandemic. In order to help the people of India and learn more about their culture, I joined a virtual global health internship that was offered by Child Family Health International (CFHI). While I initially joined the internship program to help others, I had a thorough understanding that my main responsibility was to learn as much as I could about Indian culture and the healthcare issues without overstepping any boundaries. Over the next month, I conducted multiple virtual interviews with WASH specialists in India, created an infographic to describe the importance of toilet usage, and created a report that detailed my research into sanitation as a determinant of health and the impact of the COVID-19 pandemic on sanitation inequalities. In my report, I recommended to CFHI that an increase in communication between rural governments and state departments, the creation of sanitation clubs in rural areas, and mobile sanitary napkin stations would help reduce the impact of sanitation inequalities. After completing the internship, I felt that I had a better understanding of Indian culture, Indian healthcare, and cultural humility. Going forward, I plan to use my better understanding of cultural humility in an epidemiological setting. I will use what I learned in future interactions with specialists and researchers in different countries in a manner that is respectful to their unique culture.

GENERAL INFORMATION ABOUT INDIA

- 32,87,263 sq. km (India at a Glance, 2021)
- 1,210,193,422 people (India at a Glance, 2021)
- Climate: Tropical Monsoon (India at a Glance, 2021)
- HDI Ranking: 131 out of 189 (HDI, 2020)
- By late adolescence, 75% of girls experience some health problem associated with menstruation (Pugalethi et al. 2013)

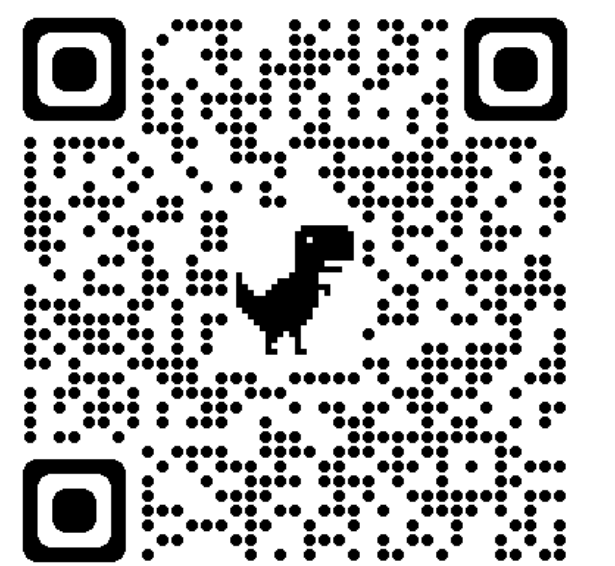
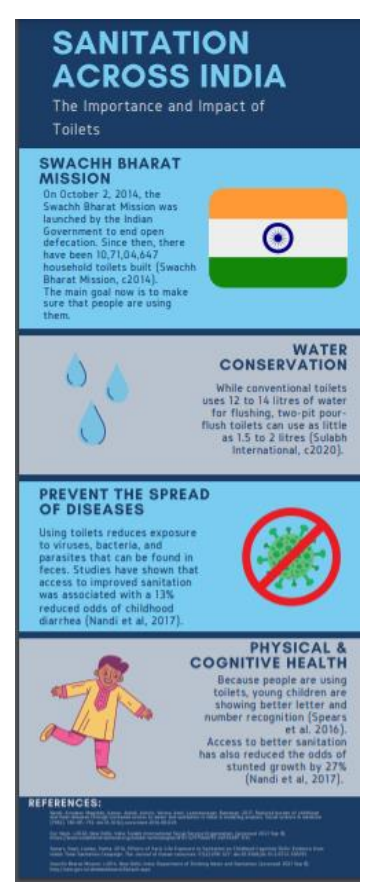


INTERVIEWS WITH WASH SPECIALISTS

- Rupak Roy: National Coordinator for the SULABH - WASH programs for schools
 - **Before COVID:** Because menstrual supplies are not commonly sold in marketplaces, girls and families had access to free menstrual supplies at schools.
 - **Now:** School closure limits girls' and women's access to menstrual supplies.
 - **Interventions:** The Indian government has supplied schools with a machine that can make sanitary napkins, so that girls could obtain sanitary napkins even while the schools are closed. There are also stations where girls can make and sell their own sanitary napkins.
- Samikshya Mohapatra: Sanitation Club Organizer
 - Sanitation clubs focus on peer-to-peer teaching of sanitation through interactive activities.
 - Reproductive health and menstrual hygiene is taught to boys and girls
- Dr. Himani Tiwari: WASH specialist
 - Sanitary inspectors given special training for safety during pandemic
 - Sanitary workers are called "Friends of Sanitation" to help lower stigma against them
 - Stated that people in lower income areas do not have proper access to sanitation information or menstrual supplies. In response, the Indian government made it compulsory for medical schools to give menstrual supplies to those that need them.

DELIVERABLES

- Created an infographic aimed towards general audiences to provide sanitation information to the public.
- Created a report to explore the inequalities linked to WASH as drivers to vulnerability in the COVID-19 pandemic. Analyzed the role of WASH as a determinant of health in India during the COVID-19 pandemic and produced culturally sensitive recommendations that could help increase access to sanitation information and menstrual supplies.
- Suggested that communication between rural villages and state departments be increased, educational techniques from the sanitation clubs be used in rural areas in a way that respects local cultures, and that mobile sanitary napkin stations be created to supply to rural and low-income areas.



Infographic QR Code

PERSONAL REFLECTION

At the beginning of the virtual internship, I was very nervous about talking to people from India. I have always struggled with communicating with others in my own country, so talking to someone with a different cultural background felt really intimidating. However, after learning about India and Indian culture from an Indian perspective, I felt a lot more confident that I could talk to others and obtain the necessary information for my infographic and report. In India, each state is so culturally diverse from each other that they could each be their own unique country. It reminded me of how the states in the United States of America have their own unique cultures, but not to the same degree that the Indian states have. As I looked at the similarities and differences between India and the United States, I felt more connected to both cultures.

This experience also helped me understand how important both tone and facial expressions are in communicating with others, especially when communicating with those of different cultures. For instance, during the first interview, the specialist I was interviewing did not have his camera on. There was a point during the interview with Rupak Roy when I expressed my surprise at the lack of access to information in rural areas and Mr. Roy responded in a way that made me feel as if I was being scolded for making assumptions. I quickly apologized for seeming insensitive, but to my surprise, he said I had no reason to apologize. This encouraged me to reflect on why I automatically assume that other people are upset with me whenever I make a small mistake. In the future, I plan on actively listening to my tone and watching other peoples' facial expressions when interacting with them so I can make sure I am conveying my thoughts in a way that is both culturally and socially appropriate. This will be very useful in a career as an epidemiologist because I will be working with a variety of different people from different backgrounds, countries, and cultures. In order to create effective disease prevention measures and responses to epidemics, I will ensure that I learn as much as I can about the culture of the country or community that needs assistance.

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Human Development Index. c1990-2020. United Nations Development Programme. [accessed 2021 May 20]. <http://hdr.undp.org/en/indicators/137506>
India at a Glance. c2021. India: National Portal of India; [accessed 2021 May 20]. <https://knowindia.gov.in/profile/india-at-a-glance.php>
Pugalethi T, Senthil J, Jayakumar KK, Pandiammal C. 2013. Determinants of menstrual hygiene practice among unmarried women in India. Archives of Applied Science Research, 2013, 5 (4):137-145.