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Discourse hierarchy on Gender Equality and Social Inclusion (GESI) for persons with disabilities:

A case study on the GESI WASH Program in healthcare facilities in Bandar Lampung city, Indonesia

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Abstract

This study examines power dynamics within the discourse hierarchy of gender equality and social inclusion (GESI) in the water, sanitation, and hygiene (WASH) sector, focusing on how persons with disabilities are transformed from a vulnerable group into subjects of GESI in the WASH sector. The research object is the GESI WASH program in healthcare facilities (HCF) in Lampung Province, Indonesia. This study contributes to understanding the actual power relations that operate and perpetuate the maintenance of the truth in inclusive development. Previous research on GESI has primarily used a rational-instrumental approach that relies on WASH practice indicators. The researchers consider it essential to uncover the complexity of regulatory and disciplinary processes to transform exclusivity into inclusivity, utilising Michel Foucault's discourse analysis method. The data type is qualitative and was obtained through primary and secondary sources, including documents, in-depth interviews, and observations. The research findings reveal power relations within the GESI WASH program in HCF that categorise persons with disabilities into vulnerable groups, which are assigned and accepted as objects for change toward inclusive development. The knowledge gap in advocating for inclusive development truth categorises vulnerable groups as passive subjects. This contrasts with the expectation of individuals with disabilities as autonomous subjects, leading to feelings of marginalisation and anxiety amid the euphoria of inclusive development and reinforcing discourse hierarchies.

Keywords: *Power relations, Discourse hierarchy, Gender equality, Inclusive development, Persons with disabilities, WASH sector*

1 Introduction

The global development agenda for 2030 aims to create a better and more sustainable world. Within this timeframe of less than a decade, Gender Equality and Social Inclusion (GESI) has become a truth that reinforces human rights in access to water, sanitation, and hygiene (WASH) services. GESI has evolved into a knowledge system, with robust processes organising poor WASH service conditions in various countries into access to services that are adequate and safe for all. As a result, various international conferences have brought together experts from gender and WASH organisations to discuss the GESI knowledge system, which emphasises inclusivity as

a fundamental principle. The statement regarding the need for water and sanitation services as a basic right, including everyone (regardless of their stage of development and socioeconomic conditions), is from the declaration of the United Nations Water Conference in Mar del Plata (Argentina) in 1977 (United Nations [UN], 1977, pp. 66-67). The 2010 United Nations General Assembly resolution states that countries must strive to achieve universal access to water and sanitation for all, without discrimination (ohchr.org, 2025). At the United Nations Expert Group Meeting on Gender Equality, Water Availability, Sanitation, and Hygiene (2017), an important statement was made that 'taps and toilets alone are not enough' (Miletto & L. Thuy, 2019). This statement emphasises that the WASH sector requires a comprehensive approach that addresses both access and benefits, taking into account social, cultural, and human rights factors. Meanwhile, according to WaterAid, WASH systems require the presence of all actors, working together to influence the achievement of WASH access (Tam et al., 2022, p. 5).

The principle of inclusivity has been agreed upon since 1995 at the World Summit for Social Development in Copenhagen. Inclusive development refers to the global agreement in 2015, in the form of the document 'Transforming our World: The 2030 Agenda for Sustainable Development', which contains the Sustainable Development Goals (SDGs) (Gupta & Vegelin, 2016, as cited in Widianingsih & Paskarina, 2019, pp. 137–138). The formation of an inclusive society is a society for all that actively participates in decision-making (Popova, 2020, p. 117) — additionally, enhancing capacity to enable marginalised groups to access opportunities, recognising a pluralistic rights system, and redistributing resources (Pouw & Gupta, 2017, p. 105). According to Gupta and Vegelin (2016), the scope of inclusive development acknowledges the strong relationship between goals and their integration into the global community. This requires conceptual coherence between the SDGs themselves and their implementation. Therefore, implementation methods must incorporate the principles of inclusive development to address unequal power relations, ensuring that these goals can be truly achieved.

The GESI WASH knowledge system classifies countries, regions, and populations based on their access to safe and poor WASH services. According to the 2022 WHO and UNICEF report, as well as the study by Shiva and Saha (2025), populations with low access to the WASH sector are primarily found in low-income and lower-middle-income countries. Furthermore, population segregation in fragile contexts affects approximately one in ten people worldwide. Fragile countries, in the context of the SDGs, are those facing difficulties achieving the SDGs due to their vulnerability to unstable economic, social, and political conditions. The SDGs aim to improve the foundation for developing countries and the world's poorest populations (Gupta & Vegelin, 2016, pp. 444–445).

The 2025 SDGs Report indicates that WASH conditions are not aligned with the 2030 agenda. By 2024, 2.2 billion people will still lack access to safely managed drinking water, 3.4 billion people will lack access to safely managed sanitation, and 1.7 billion people will lack basic hygiene services at home (UN, 2025, p. 20). In terms of GESI, these data represent disparities that need to be addressed to meet the 2030 commitments. According to the report, countries with low-income levels contribute to increasing inequalities, including in access to WASH services, with higher prevalence among urban populations, women, persons with disabilities, the poorest communities, and those with low levels of education (UN, 2025, p. 28). GESI WASH Truth also highlights the low level of community participation in development planning, partic-

ularly among marginalised groups such as women, youth, persons with disabilities, and slum dwellers.

Furthermore, GESI has developed a gender-sensitive governance framework. The GESI Truth not only identifies countries based on their access to WASH services but also identifies vulnerable groups within communities. Research by Macura and colleagues (2023) reveals that women, girls, sexual and gender minorities, persons with disabilities, communities marginalised due to ethnicity, caste, poverty, or other factors, and those living in vulnerable situations, such as refugees or homeless individuals, are considered to be disproportionately affected. Research by Walker & Walker (1997) states that this vulnerability takes the form of restrictions or denials of social, political, economic, and cultural rights that contribute to an individual's social integration into society.

The researchers have identified essential points for reflection and academic analysis in the implementation of GESI in the WASH sector. Research by Burt and colleagues (2016) indicates that WASH interventions are linked to demands for dignity, rather than merely to the meeting of women's safety and hygiene needs. When referring to hygiene and identifying who is 'unclean', WASH statements unconsciously create or reinforce social marginalisation, perpetuating existing forms of oppression or freeing those who are oppressed. This research can serve as inspiration, demonstrating that the truth about a program's goodness is not complete. Therefore, the researchers are interested in examining vulnerable groups and how GESI changes them to become disciplined and self-disciplined individuals in the WASH sector. The researchers examine this as a process of power that operates in discourse to shape the desired subject — subjects who are disciplined and self-disciplined by changing their behaviour to align with GESI in the WASH sector.

One of the developing countries in the context of GESI WASH is Indonesia, a country in Southeast Asia with significant infrastructure disparities and limited access to WASH services for vulnerable groups. According to data from the Central Statistics Agency of the Republic of Indonesia (*Badan Pusat Statistik*-BPS, 2025), the poverty rate in Indonesia in March 2025 was 8.47 per cent (23.85 million people) of the total population of 286,693,693. The country is committed to the SDGs set in 2015, with the target of achieving social, economic, and environmental policies worldwide by 2030 (UN, 2015; IPCC 2014; Revi et al., 2014, as cited in Pratama & Simatupang, 2024, p. 6). Indonesia's commitment to supporting the SDGs is documented in Presidential Regulation No. 59 of 2017 on the Implementation of SDGs. This regulation aims to ensure the achievement of Indonesia's SDGs through the development of national policy frameworks such as the Roadmap to 2030, the National Action Plan, and the Local Government Action Plan (National Action Plan and Local Action Plan for SDGs). Therefore, WASH sector development requires transformative GESI to improve and transform WASH development processes from exclusive to more inclusive (Prasetyo et al., February 2019, p. 1). One of the programs targets sustainable cities and communities (SDG 11), including addressing WASH issues. However, the challenges in implementing WASH are the provision of adequate infrastructure, sustainable water resource management, and changes in community behaviour related to sanitation and hygiene.

The principle of inclusive development based on human rights in the WASH sector has become a global agreement and an interesting topic for study. The researchers were interested in selecting a case study of individuals with disabilities participating in

a GESI WASH program at a primary health care facility, known as a puskesmas/*pusat kesehatan masyarakat* (Community Health Centre) in Bandar Lampung City, Lampung Province, Indonesia. The GESI WASH program in HCF is interesting because it is the first pilot project in Indonesia. The program involves all vulnerable groups, including persons with disabilities, in a working group that evaluates and provides recommendations on the performance of WASH services in puskesmas and acts as natural leaders on clean and healthy living behaviours in the community. Previous programs, such as WASH in HCF, did not incorporate a GESI approach, and most WASH sector implementation and research used a health sector approach.

The participation of persons with disabilities in various development sectors in Indonesia has been promoted through efforts to achieve equal rights to a healthy, productive, independent, and dignified life. The Indonesian government ratified the Convention on the Rights of Persons with Disabilities through Law No. 8 of 2016 on Persons with Disabilities, which aligns with the development of quality, competitive, and inclusive human resources as outlined in the National Long-Term Development Plan (*Rencana Pembangunan Jangka Panjang Nasional*-RPJPN) 2025–2045. This law emphasises the government's obligation to provide access to adequate health services, education, employment, and public facilities. Additionally, policies such as Government Regulation (*Peraturan Pemerintah*/PP.) No. 70 of 2019 and Ministerial Regulation of National Development Planning (*Peraturan Menteri Perencanaan Pembangunan Nasional*/*PPN*) No. 3 of 2021 provide operational frameworks for respecting, protecting, and empowering persons with disabilities (Ikawati, 2024).

Furthermore, achieving access to water, sanitation, and hygiene has become a sustainable mandate in Indonesia's development plans. The Indonesian government aims to achieve the following targets in the WASH sector by 2030: 45 per cent safe drinking water management and 100 per cent safe drinking water services in educational and healthcare facilities across Indonesia. The targets for adequate sanitation services are 100 per cent safe sanitation, 30 per cent safe sanitation, and zero open defecation (OD), as well as 100 per cent of villages and neighbourhoods achieving open defecation-free status (Ministry of National Development Planning of the Republic of Indonesia, 2023, p. 24; Ministry of National Development Planning of the Republic of Indonesia/*Badan Perencanaan Pembangunan Nasional*-Bappenas, 2024).

The GESI discourse advocates for equality in rights, responsibilities, and opportunities between men and women (Sukesi et al., 2021, p. 20), and the intersection of gender dimensions with marginal dimensions (Wolff, 2015, pp. 21–41) as exclusionary groups such as persons with disabilities, refugees, ethnic minorities, and children and families at risk (World Vision, 2023, p. 3), by accommodating their interests so that they receive protection from the state and stakeholders in society (Abdulkadir-Sunito et al., 2019, p. 22). Social inclusion is about placing the dignity and independence of individuals at the centre to achieve an ideal quality of life (Kertati, 2019, pp. 57–64), expanding access for marginalised individuals and groups, ensuring participation, and ensuring equitable benefits (Abdulkadir-Sunito et al., 2019, pp. 22–23).

In this study, the reality of inclusive development in the GESI WASH discourse can significantly impact the lives of persons with disabilities who strive to align themselves with the objectives of WASH sector development. However, on the other hand, they are faced with the reality that persons with disabilities are passive subjects of discipline as a vulnerable group. Vulnerable groups face a higher risk of poverty and social exclusion compared to the general population, experiencing stigmatisation, dis-

crimination, and marginalisation by society, both formally through laws, policies, and programs, and informally through social and cultural practices (Sugarda et al., 2021, p. 21). According to Ikawati and colleagues (2024), in Potret Penyandang Disabilitas di Indonesia (Portrait of Persons with Disabilities in Indonesia), disability is a complex and dynamic process that results from the interaction between individuals with functional limitations and an unaccommodating environment, thereby preventing them from fully participating in society. Furthermore, the researcher poses the research question: how does the GESI discourse hierarchy create passive subjects among vulnerable groups in GESI WASH programs, and what are the effects of this discourse, particularly on people with disabilities? The objective of this study is to elaborate on the power relations in the process of transforming people with disabilities into passive subjects of GESI in the WASH sector. The findings of this study are beneficial for fostering wise attitudes in the implementation of inclusive development.

2 Literature review

Previous research on GESI has primarily been conducted using a rational-instrumental approach, considering indicators and linking them to legal-rational factors, namely the effectiveness of achieving policy objectives. The dominance of the legal-rational approach stems from instrumental rational rules, the pursuit of desired goals (Max Weber, as cited in Gane, 2002, pp. 15–26). It leads to efficiency, coordination, and control over the physical and social environment (Elwell, 1999, as cited in Özer, 2010, p. 15), increased division of labour, and leads to increased production, distribution of goods and services (Gerth Mills, 1994, p. 6, as cited in Özer, 2010, p. 15). Weber's general theory of rationalisation, as body rationalisation, is an essential element in achieving goals (Gerth & Mills, 1994; Özer, 2010, pp. 14–15).

The researchers consider it important not to focus solely on the instrumental aspects of a policy or program. The political process cannot be reduced to a set of fixed state institutions and actors who maximise rational utility (Kulawik, 2009, p. 266). Therefore, the researchers are interested in analysing political discourse using Michel Foucault's approach. Michel Foucault's perspective can serve as an entry point for an alternative approach to understanding policies and programs in terms of instrumental rationality. Özer (2010, p. 14) emphasises Foucault's concept of the rationalisation of the body, which places greater emphasis on the relationship between knowledge and power in human beings, linking human science, discourse, and institutions.

Actions based (Foucault, 1977, as cited in Özer, 2010, p. 19). exclusively on instrumental rationality have minimal capabilities in complex environments. Discursive democracy can make a greater contribution to solving complex social problems (Dryzek, 1990, p. 57). In this regard, Foucault explains the rejection of the metahistorical dissemination of ideal meanings and teleology (the doctrine that everything and every event has a specific purpose) as being unlimited (Foucault, 1977, p. 140, as cited in Gane, 2002, p. 86). Power relations are directly linked to the body, which it invests, marks, trains, tortures, forces to perform tasks, and uses to emit signs (In political theory and systems of thought (discourse), it is a prison that disciplines its followers and serves only as a trap and means of oppression through various forms of subtlety (Foucault, 1980).

Furthermore, previous research on WASH has limitations, with few studies on WASH implementation or behaviour change interventions recorded in Indonesia, in-

dicating a gap between science and policy (Satriani et al., 2022, p. 1). Therefore, this article presents the results of a study examining the mechanisms of power dynamics within GESI in the WASH sector that influence WASH behaviour at the individual level among vulnerable groups with limited access to WASH and at risk of adverse WASH impacts. Furthermore, the researcher elaborates on experiences from GESI WASH practices at the individual level, with a focus on persons with disabilities. These power relations, often unrecognised, reveal a hierarchy of discourse that poses a challenge to the goals of inclusive development.

3 Theoretical framework

This theoretical framework outlines the existence of a GESI WASH discourse hierarchy in the process of regulating, disciplining, and ultimately changing the practices of individuals and communities with disabilities related to access to safe WASH. In the process of shaping the desired GESI WASH subjects, the researchers use the biopower model, a term used to describe the structures, relationships, and practices through which political subjects are formed and utilised, alongside the power that has shaped modernity. This is the mechanism that transforms knowledge-power into an agent of human life transformation. The emergence of this disciplinary form of power in the form of knowledge serves as a legitimising discourse for the GESI WASH regime of truth. Discourse creates tools for shaping knowledge and expertise that support the discourse (Cisney et al., 2020, p. 4).

In the early 1980s, Foucault identified three distinct ways in which humans become subjects. First, discursive practices that claim 'scientific status' for themselves and seek to define/shape human subjects as individuals who speak, work, and live. Second, an agenda of coercive, institutionalised, and largely invisible control practices that catalogue, differentiate, and engineer humans into modern subjects. They acquire identities as the insane and the sane, the sick and the healthy, criminals and good people. Discursive practices, as well as control practices, operate at various levels, involving humans in various modern knowledge-power projects or truth games (Krylova, 2024, p. 721).

Third, the process of subjectification as a practice of the self is a concern for the self as freedom to understand oneself, extending to social practice. This practice of the self is the way subjects actively shape themselves within society, amid complex regimes of knowledge and power that are not of their creation. Humans practice tools of self-formation — rules, regulations, and deep-seated doctrines — unconsciously, unspoken, and provided by society, which are largely pre-reflective and akin to quasi-subjects with full power within the self, enabling one to know oneself, improve oneself, transcend oneself, and master the desires that control the self. They have no choice but to learn, internalise, and apply (Krylova, 2024, p. 722).

Foucault claims that the body of knowledge production and discipline has the task of calculating, interpreting, and predicting the meaning of social data as considerations for regulating individuals and populations, as well as their bodies (Cisney et al, 2020, p. 5). Discipline is a set of strategies, procedures, and behavioural norms associated with a specific institutional context that subsequently permeates general ways of thinking and behaving. Discipline permeates various arenas and institutions that have regulatory mechanisms, such as prison regulation, as Michel Foucault highlighted in his book *Discipline and Punish* (1977). Disciplinary regimes permeate work-

places, the military, schools, universities, and so on. Foucault's disciplinary structure does not explain the process by which these practices are disseminated into other contexts through the role of agency. However, in his description of the disciplinary regime, the individual subject is seen as submissive to a particular discourse, in which resistance to its practices and procedures is futile, as they are so deeply ingrained in the individual (Mills, 2003, p. 44).

One of the disciplinary structures in Foucault's work is the panopticon, discussed in Discipline and Punish (1977), an architectural device designed to regulate people in such a way that they comply as if they were constantly being surveyed and watched (Mills, 2003, p. 45). Barry Smart argues that power, through hierarchical surveillance, is not ownership or property, but instead has the character of a specific apparatus, indicating that power is produced. Individuals are distributed within a permanent and continuous field (Smart 1985, p. 86, as cited in Mills 2003, p. 46). Individuals in the panopticon are compelled to internalise disciplinary views, thereby submitting to the field of visibility and assuming responsibility for power, inscribing within themselves power relations that simultaneously play both roles (Foucault 1991a, p. 202–203, as cited in Mills, 2003, p. 46).

What requires attention is the panopticon as a specific disciplinary control device in the form of sorting, categorisation, or segregation that serves to legitimise certain truths. The GESI discourse produces indicators that refer to categorisation as institutions that implement GESI comprehensively or with bias, or inclusively or exclusively. Institutions with GESI bias and groups considered vulnerable due to these conditions become the targets of programs aimed at disciplining, regulating, and changing them to comply with GESI principles and mechanisms. The dynamics of social hierarchy are one of the foundations of identity negotiations that reproduce individual subordination, as individuals seek to be accepted and valued (Kavoura et al., 2015, p. 9).

GESI-biased institutions and vulnerable groups are subordinated in GESI discourse, perceived as lacking knowledge, powerless, and lacking access, and thus in need of empowerment, guidance, assistance, and other special treatment. Productive power emerges when institutions and vulnerable groups strive to escape the categories of GESI bias and vulnerability. Thus, this categorisation serves as an effective surveillance mechanism within GESI discourse. However, it becomes an objectification of a set of GESI knowledge truths, which narrows the space for becoming a subject of GESI agency. Foucault views gender construction as an active, ongoing process of formation or enculturation. The tendency to view certain parties or groups as vulnerable and powerless within social structures hinders many types of analysis, obscuring the complexity of certain groups' experiences by placing too much emphasis on the universal nature of oppression (Showstack Sassoon 1987, p. 19, as cited in Mills, 2003, p. 64).

This model of disciplinary power is a critique of the juridical model of power. This research does not examine the implementation of development programs using the juridical model, which posits that power flows from a central source of state power that the people must exercise, nor does it study program implementation based on dialectical materialism. Instead, program implementation is the result of a process of power formation and discipline that operates within discourse. Foucault states that power is not conditioned by rulers but by discourse, and power is not repressive but productive, meaning it produces subjects who are subject to their subjectivity (Kelly, 1994, p. 374, as cited in Christensen, 2024, pp. 186–187). Foucault developed the

discipline model because he found that law was insufficient to understand the various power relationships at the micro level of society, which is a discursive and productive reality whose primary product is the human subject (Foucault, 1980, p. 98, as cited in Christensen, 2024, p. 187).

Power is closely related to knowledge. Power and knowledge are still considered two separate domains, but there is no field of knowledge without a field of power involved simultaneously (Foucault, 1980, as cited in Christensen, 2024, p. 187). Power that is exercised is given permanent, comprehensive, and ubiquitous instruments of surveillance (Foucault, 1991, p. 200; Christensen, 2024, p. 187). Power produces reality, the realm of objects and rituals of truth. The focus on regulating the body and shaping individuality, as described in subjectivation, highlights the adverse effects of power. It excludes, suppresses, censors, abstracts, masks, and hides (Foucault, 1991, p. 183, as cited in Christensen, 2024, p. 187). This form of power is applied in everyday life, directly categorising individuals, marking them with their individuality, binding them to their own identity, and imposing laws of truth that they must acknowledge, as well as others must acknowledge in them. This is a form of power that makes the individual a subject, a way of thinking different from subjugation (Foucault 1994b, p. 212, as cited in Christensen, 2024, p. 188), which states that power relations are only possible to the extent that the subject is free (Christensen, 2024, p. 189).

4 Methodology

This article is the result of research using Michel Foucault's discourse analysis to examine the relationship among power, knowledge, and truth in the context of the GESI WASH program in HCF. The researchers examines discursive practices to uncover the discourse process as a system of knowledge and practices that shape the understanding of reality considered proper or acceptable, both in terms of language and social and institutional practices. The linguistic aspect includes statements that reveal the context of the text and its effects. The social and institutional practice aspect is a procedural system that shapes the way of thinking about specific subjects, encapsulated in the regulations of the GESI WASH disciplinary process at the health centre. From this power-knowledge perspective, Foucault problematizes policies/programs as ideas and concepts aimed at increasing human control over the natural and social environment (Bacchi, 2010a, p. 2).

This discourse analysis research serves as an alternative to mainstream methods, namely conventional policy evaluation, which tends to focus on outcomes (Bacchi, 2010a). The stages of the research, as referenced by Bacchi (2010a, p. 3–13), is to determine the problematization, i.e., how the GESI WASH program in HCF is represented and conceptualised, in order to identify the representation of the program's problems. Second, examine the assumptions underlying the representation of problems in the statements of various program documents and interview results, to open up the possibility of discovering different, competing understandings and practices, and the existence of binary oppositions (i.e., concepts that place two ideas, each of which is understood in opposition to the other, e.g., strong men and vulnerable women). Women are not only opposed to men but also face other contexts such as economic status, ethnicity, religion, and so on, which affect their access to WASH services. In this context, discourse analysis rejects generalisations about the conditions of women and marginalised groups. Third, identify issues that can be raised but are silenced by

this representation of the problem. Fourth, reflecting on the implications or effects that flow from the representation of the problem, including discursive effects that are identified as silencing substantive criticism of the discourse.

Data collection was conducted through the examination of documents, research journals, in-depth interviews, and observations. Specific GESI WASH in HCF program documents related to persons with disabilities were obtained from the government, namely documents from the Bandar Lampung City Health Office, documents from five pilot project community health centres, activity reports from the National Development Planning Agency of the Republic of Indonesia (*Badan Perencanaan Pembangunan Nasional Republik Indonesia/Bappenas RI*), and documents from the Central Statistics Agency of the Republic of Indonesia (*Badan Pusat Statistik Republik Indonesia/BPS RI*). Non-government documents on the GESI WASH in HCF program were obtained from the Dutch development organisation Stichting Nederlandse Vrijwilligers (SNV) Indonesia and Yayasan Konservasi Way Seputih-YKWS (Way Seputih Conservation Foundation). Additionally, research journals containing data related to disability access in the WASH sector were reviewed.

In-depth interviews were conducted based on interview guidelines with the following informants:

Leaders at the Health Office of Bandar Lampung City, Lampung Province, Indonesia

Leaders and staff of community health centres (puskesmas) as pilot projects for the GESI WASH program in HCF Bandar Lampung City, Lampung Province, Indonesia.

Activists from the Dutch development organisation Stichting Nederlandse Vrijwilligers (SNV) Indonesia and local non-governmental organisation (NGO) in Lampung Province: YKWS (Yayasan Konservasi Way Seputih).

The members of the WASH service working group at the puskesmas specifically for persons with disabilities consisted of five people. They were the chairperson and members of disability organisations, the Indonesian Women with Disabilities Association (*Himpunan Wanita Disabilitas Indonesia*-HWDI) of Lampung Province and the Indonesian Association of Persons with Disabilities (*Persatuan Penyandang Disabilitas Indonesia*- PPDI) of Lampung Province.

At the beginning of the interview, an oral agreement was reached between the researcher and the informants, stipulating that their full names would not be included in the published article. The observation involved the researcher visiting facilities for people with disabilities at five pilot project health centres. The researcher observed the availability of toilets for people with disabilities and other facilities that make it easy and comfortable for them to access healthcare at the health centres. The research location was in Lampung Province (Indonesia) because most WASH research is conducted in provinces on Java Island, which has the best research facilities in Indonesia, followed by Central Indonesia and Eastern Indonesia. Therefore, there is still limited research on Sumatra Island, particularly Lampung Province (Satriani et al., 2022, p. 7). Furthermore, Bandar Lampung City, spanning an area of 197.22 km², serves as the economic hub and provincial capital, with a population density of 6,453 people per km². This coastal city faces issues of slum settlements covering an area of 4,365.23 hectares (Putri, 2021) and a poverty rate of 7.77 per cent (Badan Pusat Statistik [BPS], 2024, p. 16).

Data collection techniques: the researcher refers to Kendall and G. Wickham (1999, p. 26), who outline the steps of Foucault's discourse analysis research. First, collect

statements obtained from interviews, documents, writings, and media reports. Second, map the dynamic relationships between statements and how the statement system operates. Third, formulate rules for the repetition of statements, focusing on the procedures of government authorities, institutions, and disability groups to disseminate disciplinary statements so that they become part of the truth. Fourth, analyse the subject's position regarding the statements, which illustrate how to become an actor.

5 Problematization and the desired role of persons with disabilities

The WASH in HCF (Water, Sanitation and Hygiene/WASH in Health Care Facilities/HCF) program is one of the Indonesian government's commitments to the 2020 World Health Assembly (WHA) declaration, to increase investment in policies, infrastructure, and capacity related to the availability of WASH services in health facilities. These WASH services refer to WASH Fit (Water and Sanitation for Health Facility Improvement Tool) developed by UNICEF and WHO, which focuses on improving access to WASH services in terms of water availability, sanitation, hand hygiene, waste management, environmental cleaning and disinfection, energy and electricity, management, and consideration of gender and disability interests. The WASH in HCF program was being intensified from 2020 to 2023, as the world faced the threat of the COVID-19 pandemic. Lack of access to WASH services has hampered efforts to control the virus. Indonesia is implementing the WASH in HCF program in various community health centres (puskesmas). For example, a pilot program was implemented in five provinces from October 2020 to early 2021: Papua, Nusa Tenggara Timur, Nusa Tenggara Barat, Sulawesi Selatan, and Aceh. The program was then expanded to 300 puskesmas across Indonesia (Bappenas and UNICEF, 2022, p. 21).

An interesting aspect for the researchers is the WASH program in HCF using the GESI (Gender Equality and Social Inclusion) approach, namely the GESI WASH in HCF Indonesia program, which was first implemented in two cities in Lampung Province (Bandar Lampung City and Metro City) as a pilot project. What makes this program unique is that it establishes water, sanitation, and environmental hygiene working groups at health centres, involving representatives from health centres, government staff, journalists, community leaders, youth organisations, child-focused communities, women's activists, and disability groups, all of whom represent various vulnerable groups.

A baseline survey conducted by SNV Indonesia in 2018 found that found that out of 32 community health centers (puskesmas), 45 per cent did not have hand washing facilities, 16 per cent did not have toilets, and 84 per cent had toilets that were not adequate, meaning they did not meet basic standards, such as limited number of toilets, no separation between men and women, and no toilets for people with disabilities (Yayasan Konservasi Way Seputih [YKWS], 2021). Given this situation, SNV Indonesia considers that the development of WASH services in health facilities has not comprehensively applied a GESI perspective, which takes into account social, cultural, and gender differences as well as individual inequalities. According to SNV Indonesia, improving poor WASH conditions in health centres requires interventions to enhance the capacity of vulnerable groups to voice their aspirations, network, and participate in policy-making and decision-making related to WASH services in the region (Bappenas and UNICEF, 2022, pp. 49–50).

GESI WASH in HCF in Bandar Lampung City, sponsored by the Dutch Ministry of Foreign Affairs in collaboration with SNV Indonesia and the international NGO Simavi (*Steun in Medische Aangelegenheden Voor Inheemsen*/Medical Aid for Indigenous Affairs), and supported by the local NGO Yayasan Konservasi Way Seputih (YKWS). The program, implemented from June 2021 to September 2022, is part of the WASH SDGs program, also known as the urban sanitation program, as Indonesia's commitment to the 2030 Sustainable Development Goals (SDGs) global agenda. The program selected five community health centres in Bandar Lampung City as pilot projects for other community health centres to achieve good WASH services.

SNV Indonesia and YKWS interpret gender and disability indicators as essential elements of inclusive development. Inclusive development is crucial for ensuring community participation in the WASH sector, encompassing planning, implementation, and evaluation, as it fosters recognition and respect for diversity.

GESI is always a cross-cutting issue that we will always strive for. We integrate it into all our programs in any sector, ... including WASH (SNV Indonesia activist APP, interviewed on 6 February 2024).

Those who know their needs best in the WASH sector (YKWS activist FE, interviewed on 23 January 2024).

The government stated that the GESI WASH in HCF program is their first experience as an inclusive program in the health sector.

Previously, health programs were handled by the health department. So, no one left behind means we do not leave anything out in our services to the community. This is something we learned for the first time from our friends at SNV (Health department staff member AJ, city government, WASH SDG program workshop, 21 February 2024).

At the beginning of the program implementation, the concept of inclusive development introduced by SNV Indonesia and YKWS surprised the city government and health centres, particularly regarding the capacity of people with disabilities when involved as part of the working group (Health department staff member AJ, city government, interviewed on 13 March 2024). SNV Indonesia conducted a baseline survey in 2018, mapping out the vulnerable groups, their conditions, and the disparities among these groups at the city, provincial, and national levels in terms of welfare and other social inclusion factors.

We identified vulnerable groups, including women, the elderly, renters, children, people with disabilities, and the extremely poor. This became the basis for developing strategies to engage all these beneficiaries (SNV Indonesia activist APP, interviewed on 6 February 2024).

The results of the 2020 Long Form Population Census (BPS RI, 2023) revealed that the prevalence of persons with disabilities in Indonesia reached 1.43 per cent, or approximately one to two people out of every hundred residents. This data was collected following the international standards of the Washington Group and serves as an important basis for evaluating national policies, such as the National Action Plan for Persons with Disabilities (2021–2024), as well as monitoring global SDG targets (Ikawati, 2024).

People with disabilities can access the best WASH services and receive support from health centres to enhance their capacity for active participation in monitoring and providing feedback, thereby improving the quality of health centre services. Additionally, they serve as natural leaders within their groups, raising awareness among the sur-

rounding community about the importance of Clean and Healthy Living Behaviors-CHLB (*Perilaku Hidup Bersih dan Sehat-PHBS*) and supporting the Open Defecation Free (ODF) target in Bandarlampung City (Yayasan Konservasi Way Seputih [YKWS], 2022, pp. 22, 30, 33).

6 Compliance with inclusive development

The term 'inclusive' brings a breath of fresh air for vulnerable groups to have equal access to development. Disability activists recognise themselves as part of vulnerable groups, a result of the problematization of various programs, including GESI WASH. Thus, the discipline of being a vulnerable group has long been operating behind various development programs. They also believe that inclusive development provides opportunities for vulnerable groups to become more empowered. Edy, a disabled activist for disability rights (interviewed on 5 March 2024), stated that inclusive development serves as a reminder not to be discriminated against when accessing public services and always to be included.

Furthermore, disability activists welcomed the GESI WASH program in HCF. They can convey their aspirations to the health centre so that the services and infrastructure are disability-friendly. Disability rights activist Edy (interviewed on 5 March 2024) stated that health centres must reorganise their spaces so that pregnant women with disabilities can more easily access service areas. Health centres need to provide sit-down toilets with ample space to accommodate wheelchair users (Siti, an activist from the Women with Disabilities Organisation, interviewed on 29 February 2024).

People with disabilities conducted observations to assess the quality of WASH services at health centres. During this process, Siti and other disability activists visited one of the health centres that was a pilot project to check on patient-friendly services, the availability of toilets for people with disabilities, facilities that cater to people with physical disabilities, the presence of a gentle slope for wheelchair access, handrails, and so on, in order to increase the number of patient visits. Disability rights activist Any (interviewed on 4 March 2024) stated that the government should consult with people with disabilities when designing infrastructure. The lack of alignment with inclusive design standards and the exclusion of people with disabilities in the planning process led Any to conclude that the health centre's services are exclusive, highlighting areas for improvement.

The government must consult with people with disabilities when constructing buildings. They should not make the ramps at building entrances too steep for people with disabilities; ramps that are too steep are unsafe and can cause accidents. They always emphasise the importance of inclusivity, which means involving everyone. So, what are our needs from the government? I believe that the health centre services are not yet inclusive (Female disability rights activist Any, interviewed on 4 March 2024).

I have been studying inclusivity for a long time. The benchmark should be non-disabled people. This is what needs to be promoted more—whether they can understand and implement it (Disability rights activist Edy, interviewed on 5 March 2024).

These statements show varied responses over time, with persons with disabilities continuously categorised and accepted as a vulnerable group, even before the implementation of the WASH program. In health centre services, persons with disabilities are categorised as a vulnerable group because they are identified as having physical

limitations, making them one of the priority service recipients. Persons with disabilities can sit in chairs labelled as priority, which are not intended for other general patients. Additionally, they receive special queues to avoid long waits. In WASH services at health centres, WASH infrastructure also accommodates the needs of people with disabilities, such as toilets with ample space.

Yes, that is what we have to accept until now; we have to label ourselves as disabled... that is our condition as disabled people. However, it is important to distinguish between the general public and people with disabilities. The term 'disability' is used to describe a group or an individual who is different from the general public. However, the government should not limit us (Edy, a disability rights activist, interviewed on 5 March 2024).

Siti, a female disability rights activist (interviewed on 29 February 2024), stated that she is willing to participate in programs addressing issues related to women and disabilities. According to her, people with disabilities should regularly participate in various programs to receive assistance and develop skills. Demands for inclusive development are growing stronger, with discourse or knowledge about the need for assistance when people with disabilities face severe and layered vulnerabilities. Stereotypes about disabilities being either milder or more severe, as well as layered identities such as women with disabilities, poverty, and living in slum areas, reflect the complexity of discourse in shaping vulnerable groups.

The truth of inclusive development provides opportunities for persons with disabilities to provide feedback and suggestions to health centres regarding inclusive WASH services. These vulnerable groups strengthen the 'concept' of inclusive development. The involvement of vulnerable groups is a crucial point in building a solid, inclusive development. The knowledge that people with disabilities receive assistance, gain improved skills, become priority patients, and have access to disability-friendly public infrastructure is considered special treatment that is reasonable given their physical limitations. Special treatment is considered to provide people with disabilities with equal access, which is the best thing for them. People with disabilities who receive good WASH services will improve their health quality and participate in development. Acceptance of inclusive subjects is the result of repeated socialisation about inclusive development, which persons with disabilities have internalised. The researchers analysed the power processes operating in this discourse, showing persons with disabilities as passive subjects of the classification of the WASH sector as a vulnerable group.

7 Providing accessible toilets in health facilities

In an interview with local NGO activist YKWS on September 20, 2024, it was revealed that prior to implementing the program, the NGO conducted an initial survey on the condition of WASH services at the health centre. The findings showed that the number of toilets was still limited, making it unsuitable for the number of visitors, who can reach 200 per day. Toilets were not separated between male and female toilets, and there was no distinction between toilets for people without disabilities and people with disabilities. This was considered one of the reasons for reluctance to seek treatment at health centres.

There is a health centre with only one toilet, so everyone has to use it. However, people using wheelchairs still find it difficult to use the toilet (YKWS Activist FE, interviewed on 20 September 2023).

The WASH in HCF service guidelines stipulate that health centres must have toilets that are accessible to persons with disabilities. Toilets must have waste disposal facilities or washing facilities with water available, and there must be hygiene and health behaviour campaigns using information media to promote the proper use of toilets. At the start of the program, most health centres faced land and budget constraints in providing toilets for people with disabilities. With additional funding from the NGO SNV Indonesia, health centres were able to build toilets for people with disabilities using various strategies, as a practical approach tailored to the conditions of each health centre. These toilets also serve the elderly, children, menstruating women, and postpartum women. These toilets have seating for users and toilet handrails, and are equipped to meet the needs of menstruating women. They are also equipped with showers, menstrual pads, special waste bins for menstrual pads (also known as 'lady bins'), and hand soap.

The health department continues to encourage health centres to provide toilets for people with disabilities, emphasising the importance of achieving accreditation standards. Health centre accreditation is used to measure the performance of health centre services, which must also implement inclusive practices. However, even when toilets are available and fully equipped, health centre staff have occasionally been forced to close the toilet access doors, citing reasons such as to prevent frequent dirtiness, ongoing repairs, or frustration with users who do not follow the health centre's guidelines for maintaining cleanliness and comfort for other users.

8 The role of persons with disabilities in the WASH sector

Persons with disabilities, as representatives of the community, are expected to promote clean and healthy living behaviours (*Perilaku Hidup Bersih dan Sehat-PHBS*) among the community around the health centre, or at least within their own groups, including campaigns to stop open defecation. People with disabilities are asked to participate in the development of standard operating procedures (SOPs) for the GESI WASH in HCF program, namely SOPs for the implementation of the duties and functions of officers responsible for improving WASH services at health centers, consisting of guidelines for observing the possible environmental impact of health center activities; maintenance and upkeep of WASH facilities; and SOPs for proposing budgets for improving WASH services at health centers. Additionally, they participate in observation activities to monitor the availability and quality of services, propose ideas for service quality improvements, and advocate for policy formulation and budget allocation.

YKWS and SNV Indonesia, together with the Bandar Lampung City Health Office, then agreed to add four WASH service indicators in HCF to suit local conditions, namely the perceptions of the surrounding community, the perceptions of WASH services among health centre users, the perceptions of the local government and health workers about the WASH program.

...There is a working group that brings together the health office, health centres, and community members, people with disabilities, women's groups, representatives of religious organisations, and so on. This working group conducts a social audit to determine why these health centres have inadequate facilities and why they do not provide toilets for people with disabilities. From this process, it was found that most health centres have limited budgets. Furthermore, there is a lack of understanding

among service providers, namely health workers at puskesmas, regarding the meaning of inclusive services; they are not yet fully aware (YKWS activist FE, interviewed on 20 September 2023).

Various experiences of people with disabilities who are part of the WASH service working group at the puskesmas. HWDI activist Tri (interviewed on 26 February 2024), who works as a tailor, was asked to join the working group of one of the puskesmas for the WASH component of the HCF program.

I agreed to join the health centre's working group because it is a positive activity that will expand my knowledge and experience, so I immediately said yes. After that, I attended meetings and received guidance.

As a member of the WASH in HCF working group, Tri contributes suggestions and ideas based on observations about the condition of WASH services in HCF for people with disabilities. Tri suggested that toilets be built to meet standards for people with disabilities, making them easily accessible, especially for those with physical disabilities who use wheelchairs, which require specially designed doors and toilet spaces.

Tri admitted that the WASH in HCF program was her first experience participating in such an activity. When she received a request from the community health centre and YKWS to provide safe sanitation education to the surrounding community, Tri felt overwhelmed and awkward. She felt unable to convey something important to others because she had not been involved in women's activities in her neighbourhood, such as the Family Empowerment and Welfare Organisation (PKK/*Pemberdayaan Kesejahteraan Keluarga*). Previously, during elementary and junior high school, she often faced bullying from peers due to her physical condition. She continued to prove her academic excellence, even participating in mathematics and science olympiads. However, Tri was unable to continue her education in high school due to her parents' financial constraints. Her parents believed that with a disability, it would be difficult to find a job, so she needed to acquire a skill. Following her parents' advice, Tri enrolled in a sewing course.

The story of another person with a disability is similar. They feel incapable, lack experience, and believe it is not their area of expertise.

I hope I can convey it, but it is not my area of expertise. Someone professional in the field should do it. I can only understand it (Female disability rights activist Siti, interviewed on 29 February 2024).

Even among fellow people with disabilities, I feel hesitant to speak about sanitation. I am afraid I will make a mistake; it is not my area of expertise (Edy, a disabled activist for disability rights, interviewed on 5 March 2024).

The experiences of people with disabilities, without realising it, have been shaped by the discipline imposed on them as part of a vulnerable group, a condition accepted from a young age. This includes being part of a group that struggles to access education and employment and receives minimal support and recognition from family and the surrounding community. Most people with disabilities aged 15 and above have only completed primary school education. Furthermore, around 40 per cent of them have never attended school or completed elementary school. Meanwhile, only 16.78 per cent have completed secondary education or higher education (Tusianti et al., 2023, p. 79). More than 75 per cent of children with disabilities have not received adequate access to education.

In terms of access to employment, people with disabilities face discrimination in the labour market, both in terms of access to jobs and opportunities for advancement.

Women with disabilities are more vulnerable and disadvantaged in the labour market compared to men (Ikawati, 2024, pp. 85, 95). This leads to subordination and conflict between vulnerable and empowered roles. People with disabilities often struggle to collaborate quickly on assignments that promote WASH principles, as they may not have been involved in community groups or activities.

The role conflict between vulnerability and empowerment among people with disabilities has existed since the onset of discriminatory treatment toward them. Population categorisation during the colonial era was based on physical conditions to control the colonised population for efficiency. Health scientists and missionaries before the 1900s treated the sick by promoting the idea of assistance for the poor and those with disabilities. Before the era of the scientific medical perspective, society viewed disability as related to mystical or supernatural beliefs, including supernatural powers, disturbances from entities like jinn, sins, and similar concepts (Salim, 2021, pp. 134–135).

Advances in health science, marked by the development of categorisation or specification of service types based on the type of disability, accompanied by a focus on the quality of life of persons with disabilities and their families, to enable them to become independent (Salim, 2021, pp. 136–137). The scientific medical perspective on disabled bodies has increasingly influenced government bureaucracy in Indonesia. In terms of education, children with disabilities are provided with free 'special schools' by the government to ensure they have a decent life. However, an educational model that separates students based on physical conditions reinforces the stigma that people with disabilities are different. Accessibility in Indonesia, including the construction of facilities for people with disabilities, such as special toilets, began with the enactment of the first Law on Persons with Disabilities in 1997. This law referenced human rights as a result of the struggle by disability organisations and international pressure (Salim, 2021, p. 160).

Law No. 8 of 2016 on Persons with Disabilities changed the term 'disabled' to 'persons with disabilities'. However, the previous terminology, which focused on physical deficiencies, has received significant criticism. Many parties have called for a more appropriate term, as the previous terminology harms specific communities. 'Disability' is perceived to imply inability due to physical or mental deficiencies. Many parties tend to interpret attention to disability as a form of assistance for those considered weaker. Meanwhile, disability refers to individuals who are unable to function due to discrimination and a lack of access and accommodation. This legal regulation on persons with disabilities does not focus on the value of physical disability, but rather on discriminatory views toward people with certain conditions.

Not only is there uncertainty about the hierarchy of empowered and vulnerable persons with disabilities, but intersectionality, due to the intersection of various identities within an individual with a disability, creates even more complex internal conflicts. A female disability activist living in a slum on the coast admitted to experiencing anxiety in WASH practices.

I am an activist; I often receive education about sanitation, and outside I help women, but here I still dispose of toilet waste into the sea (interview with female disability rights activist Zairiah, 5 March 2024).

Zairiah lacks the economic means to secure adequate housing, forcing her to live in an urban slum. Her home is built on a foundation supported by piles of plastic waste and sand, with manual land reclamation over the sea. Although the house has a toilet,

it lacks a septic tank, resulting in waste being discharged directly into the sea through a pipe. Residents not only dispose of human waste but also household trash directly into the sea. Zairiah expressed her anxiety, which makes her feel uncomfortable, and she constantly tries to collect plastic waste to compact and mix with sand, hoping to eventually use it to build a septic tank. The anxiety intensified, leading to more intensive socialisation and discipline regarding WASH. However, the effectiveness of safe WASH discipline is challenged by the knowledge that safe sanitation requires funding and adequate land. The inability to access safe WASH is related to limited funds due to low income. Siyaranamual (2020, as cited in Ikawati, 2024, p. 96) explains that workers with disabilities tend to be employed in low-level jobs, often characterised by informal work and low wages. Women with disabilities are more likely to work in informal activities than men. Furthermore, the low access to WASH experienced by people with disabilities poses challenges in terms of perceived loss of opportunities for education, career, and the ability to participate in meaningful and productive work (White et al., 2016; Wrisdale et al., 2017). Efforts to claim the role of persons with disabilities continue through awareness-raising, skills development, mentoring, and empowerment. However, this is accompanied by the internalisation of persons with disabilities as a vulnerable group over time and across various development programs. Ultimately, this becomes a paradox for persons with disabilities, as passive subjects experiencing anxiety.

9 Discussion: The hierarchy of discourse as the creation of passive subjects

In this discussion section, the researcher explores the relationship between power and knowledge to understand how discourse creates vulnerable groups as passive subjects. In this study, the process of implementing GESI WASH in HCF, from the government level to the individual level, reveals the intricate and interwoven nature of power. Power only exists when it is manifested in relational forms (Foucault 1982, 219, as cited in Haugaard, 2022, p. 346). Regarding subjects and power, Foucault begins his writing by acknowledging that economic history provides a good instrument for studying economic-political relations as a process of exploitation. Foucault uses the structural model provided by Marxism and Saussureanism as an analogy for power, with the consequence of overemphasising structure at the expense of agency. Power is theorised as something metaphysical in itself or a deep structural phenomenon that conditions social relations in a way analogous to the economy in structural Marxism. Furthermore, linguistics and semiotics offer instruments for studying relationships of meaning (Foucault Chomsky, 2011, as cited in Haugaard, 2022, p. 347).

He argues that the relationship of power processes is how humans are made into social subjects (Haugaard, 2022, p. 347). However, in Foucault's conceptualisation, the social subject is a passive entity shaped by power. In this case, he argues that the word 'subject' has two meanings: submission to others through control and dependence, and attachment to one's own identity through conscience or self-knowledge (Haugaard, 2022, p. 347).

The WASH discourse identifies vulnerable groups that are targeted by WASH sector development to achieve equal access. Vulnerable groups, including persons with disabilities, will receive some treatments to transform them into desired subjects. The desired subject, which is the demand for participation of persons with disabilities or

categorisation as a vulnerable group, is a regulation that generates anxiety. The anxiety that persons with disabilities must face is the transition from passive subjects to autonomous subjects, not merely from exclusive subjects to inclusive subjects.

For Foucault, the process of becoming a social subject is almost inherently a process of subjugation. Individuals are the result of power, and at the same time, or precisely to the extent that they are the result, they are elements of its articulation (Foucault 1980, 98, as cited in Haugaard, 2022, p. 347). The idea that power 'articulates' social subjects is highly structural, reminiscent of Althusser (1970), and deprives social subjects of the right to act meaningfully (Haugaard, 2022, p. 347).

In Davies' (Loveday, 2018, 2003, p. 93, as cited in) work on 'new managerialism' in Australian higher education, fear and anxiety are helpful from the system's perspective because they drive the continuous renewal of resolutions to make oneself compliant with guidelines and considered good enough within the new system. Anxiety is not an unintended consequence or malfunction, but rather an inherent feature of a system designed to enhance productivity and the potential accumulation of capital (Loveday, 2018, Hall Bowles, 2016, as cited in). Anxiety should be conceptualised as one of the tactics of governance, which may persuade and encourage individuals to adjust their behaviour in line with the sector's objectives (Loveday, 2018, Adams et al., 2009, p. 249, as cited in) as an 'anticipatory regime', used to interpellate and regulate subjects.

Anxiety about GESI in the WASH sector is an uncertainty deliberately created to operate on the mind and body as a disciplinary and disciplining practice, and it operates, both in the affective and somatic registers, through feelings of anxiety. Neurotic citizens are those who regulate themselves through responses to anxiety and uncertainty (Isin, 2004, p. 223, as cited in Loveday, 2018, pp. 7–10). The drive to improve clean living habits and safe sanitation can cause anxiety. However, anxiety itself then plays an active role in governance, so that anxiety is not merely a residual effect but shapes the subjectivity of safe sanitation. Anxiety, then, acts as a tool in achieving the disciplinary goal of safe sanitation, and those who do not meet the required standards — or who fail to 'overcome' them — are labelled as slum dwellers, unclean, and so on. Neurotic citizens experience anxiety triggered by a sense of insecurity when they are unable to align with safe sanitation principles, as their capacity to achieve safe sanitation goals is limited. Significantly, the shift from neurotic subjectivity to citizenship involves responding to calls to adjust behaviour not through calculated habits but by managing anxiety and insecurity (Isin, 2004, p. 226, as cited in Loveday, 2018, pp. 7–10).

This analysis is crucial: how the body becomes the foundation of hierarchy in life, regulating differences in treatment of humans and the development process. The concept of differentiation becomes significant as a reflection of power relations in discussions of equality and justice, aiming to dismantle the existence of groups considered inferior. Before the Enlightenment in Western Europe, anatomists understood male and female bodies as non-dualistic; they were not opposites but rather variations on a single theme (Love, 2008, Howson, 2004, p. 43, as cited in). However, after 1800, there was a shift in anatomical studies, from non-hierarchical and non-binary representations of the female anatomy to hierarchical and binary representations that emphasised differences, portraying women as weaker, driven by social and political forces to exclude women from the new public sphere of the bourgeoisie (Love, 2008, Howson, 2004, p. 46, as cited in). Gender is constructed from the body as 'two hierarchical so-

cial essences', thereby giving the body meaning, utility, and functions that legitimise dominant relationships (Love, 2008, Bourdieu, 2001, p. 23, as cited in).

10 Conclusion

In this section, the researcher attempts to answer the research questions regarding how the GESI discourse hierarchy creates passive subjects among vulnerable groups in GESI WASH programs and the effects of this discourse, particularly on people with disabilities. GESI discourse in the WASH sector classifies the world into populations and individuals who are in good WASH conditions and those who are vulnerable. This classification serves as a hierarchical structure of knowledge that attempts to test the truth of inclusive development. The truth of inclusivity needs to be implemented in development to transform the governance of the WASH sector and regulate clean living for the population. Populations with minimal access to WASH, who are part of vulnerable groups, tend to be passive throughout the process of WASH internalisation, lacking autonomy over their circumstances. People with disabilities have experienced oppression as a vulnerable group since earlier times, in development policies on education, employment, income, and other aspects of life. "Yes, we are a vulnerable group, whose needs should be understood" is a passive statement made by subjects to be understood as human beings who require assistance. This presents a challenge to the truth of inclusive development, which should encompass everyone, yet inadvertently marginalises them.

Furthermore, the discourse process shapes the GESI WASH subject. First, the passive subject of vulnerable groups is formed through discursive practices. Discursive practices work through the formation of objects, whereby GESI discourse shapes how an object is understood and treated. The term 'people with disabilities' replaced the previous term 'people with impairments'. The term 'people with impairments' emphasises physical deficiencies that affect specific communities, prompting a societal understanding that these impairments necessitate special attention, assistance, and priority. Although there has been a more sensitive change in terminology to 'people with disabilities', the focus on disability has already shaped knowledge that is internalised in policies and at the micro level, in the form of social norms and how individuals behave towards disability. The GESI discourse shapes the understanding that inclusive development, which includes and recognises the existence of vulnerable groups such as persons with disabilities, is needed to support safe WASH services. These statements of knowledge are conveyed by gender and WASH experts, ensuring that knowledge is continually reproduced to ensure the smooth operation of GESI WASH programs. However, this knowledge is confronted with self-knowledge, as individuals are often seen in terms of their physical limitations. This results in a hierarchy of knowledge about physical limitations and discrimination against people with certain conditions. Furthermore, intersectionality, due to the intersection of various identities, such as gender, religion, ethnicity, economic status, and physical condition in a single person with a disability, creates increasingly complex internal conflicts.

Second, the agenda regarding coercive, institutionalised, and largely invisible practices of control over subjects. GESI in the WASH sector for people with disabilities produces knowledge that supports categorisation as a vulnerable group, which in turn becomes the basis for policies and programs. Unbeknownst to them, gender and disability subjects are regulated and disciplined through GESI WASH discourse pre-

cisely because their bodies are considered different, i.e., as vulnerable groups rather than empowered subjects. The principles of equality and social inclusion are questioned, as persons with disabilities face hierarchical structures that foster feelings of marginalisation and anxiety. The feeling of marginalisation stems from the inability to play a more active role in society as natural leaders in the WASH sector, such as advocating for clean and healthy living behaviours. The anxiety arises because, instead of being autonomous subjects, they are constantly categorised as passive members of vulnerable groups. The truth of inclusivity presents them as vulnerable groups solely.

Third, the process of subjectivization as a practice for persons with disabilities concerns oneself as a freedom to understand oneself in GESI WASH practices, even to participate in providing GESI WASH education to the community. This freedom to be active is within the framework of compliance with GESI discourse discipline. Passive subjects in this context are formed because people practice GESI WASH sincerely, unconsciously, and unspoken, as provided by society, within the discourse that is beneficial for individuals to know themselves, improve their abilities, and transcend themselves, leaving them no choice but to learn, internalise, and apply GESI WASH.

Based on these conclusions, the discourse hierarchy in GESI WASH knowledge ultimately reinforces the discourse hierarchy that people with disabilities are a vulnerable group when GESI WASH conditions are poor. Furthermore, do people with disabilities not have autonomy over their bodies? According to the researchers, development requires a wise approach in mapping issues to determine targets for change in specific community groups. Additionally, development mechanisms need to create public spaces to articulate diverse knowledge and perspectives.

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