

3.4 Gender, Sanitation and Hygiene

Introduction

Water supply, sanitation and hygiene promotion and education must be considered as an integrated unit if real progress is to be made in improving the health and well-being of the poor. Sanitation and health are subjects that have been intimately associated with women and water supply or the lack of it. Globally, more people have access to water than to sanitation facilities. According to the WHO-UNICEF Joint Monitoring Programme, at the end of 2002, 1.1 billion people lacked access to safe drinking water, and 2.6 billion – 40 per cent of the world's population - did not have access to a sanitary means of excreta disposal. As a result, each year more than 2.2 million persons in developing countries die from diseases associated with lack of access to safe drinking water, inadequate sanitation and poor hygiene. The social, health and environmental costs of ignoring the need to address sanitation (including hygiene, wastewater collection and treatment) are far greater than the costs of incorporating sanitation and hygiene education into water supply programmes.

A focus on gender differences is of particular importance with regard to hygiene and sanitation initiatives, and gender-balanced approaches should be encouraged in plans and structures for implementation. Access to adequate and sanitary latrines is a matter of security, privacy, and human dignity, particularly for women. However, even in places with adequate latrine coverage, the availability of sanitation facilities does not necessarily translate into effective use, because of taboos, culture norms and beliefs.

Hygiene promotion and education are often missing between the construction and long-term sustainable use of latrines. As men generally control household income, hygiene promotion and education need to be targeted at them to ensure that resources are available for the construction and maintenance of sanitary facilities. To make programmes sustainable, cost recovery strategies for sanitation projects can be linked to income generating activities for the poor.

Women are acutely affected by the absence of sanitary latrines:

- When women have to wait until dark to defecate and urinate in the open they tend to drink less during the day, resulting in all kinds of health problems such as urinary tract infections (UTIs).
- Women are sexually assaulted or attacked when they go into the open to defecate and urinate.
- Hygienic conditions are often poor at public defecation areas, leading to worms and other water-borne diseases.
- Girls, particularly after puberty, miss school due to lack of proper sanitary facilities.

Policy Overview

At the policy level, sanitation lags far behind water resources, and in many interventions sanitation and environmental hygiene are added as an afterthought. At the 2002 World Summit on Sustainable Development (WSSD) in Johannesburg, sanitation was elevated to an unprecedented level of political priority. For the first time, world leaders agreed on a target to reduce by half the proportion of people who lack basic sanitation by the year 2015. Thus, sanitation was added to the water supply target as part of the Millennium Development Goals. In response, for instance, the Government of Bangladesh has initiated a campaign to attain 100 per cent sanitation coverage by 2010. However, hygiene still does not get the attention it needs in policy documents.

In the sanitation sector, there are encouraging efforts being made to mainstream gender in sanitation programmes in South Africa, Zambia and Zimbabwe. Current sector policies are

being supplemented with specific strategies to reflect gender concerns. These countries are currently implementing programmes for gender mainstreaming in the water and sanitation sector, including training programmes aimed at a variety of levels.

In Ghana, a national environmental policy was formulated by the Ministry of Local Government in May 1999. The document indicated that sanitation is for the public good, and is therefore the responsibility of all citizens, communities, private sector enterprises, NGOs and government institutions. Following the WSSD, Senegal was one of the first countries that created a ministry directly responsible for sanitation and hygiene promotion (now called the Ministry of Health and Hygiene). While the roles of men and women may not be specified in these national policies, the responsibilities of individual households and community-based organisations (CBOs) are included.

Key Actors in the Sector

At the national government level, line ministries, such as the ministries of health, water resources and social services are key actors and have important roles to play in ensuring that sanitation, hygiene promotion education and gender are incorporated into water resources and health policies. The line ministries should be motivated and willing to address gender in sanitation policies and legal frameworks.

At the community level, hygiene and sanitation are considered a women's issue, but they impact on both genders. Yet societal barriers continually restrict women's involvement in decisions regarding sanitation improvement programmes. Thus, it is important that sanitation and hygiene promotion and education are perceived as a concern of women, men and children and not only of women. Separate communication channels, materials, and approaches have to be developed to reach out to men and boys. It is also important to target community leaders for gender sensitisation; this would facilitate mainstreaming gender in sanitation and hygiene promotional activities.

Attention and funds should be focused on sanitation and hygiene in schools, in order to reduce transmission of water-related diseases and implement hygiene and health education. School children are key change agents because they can influence their parents and will be tomorrow's adults. When they learn sanitation-related behaviours, such as hand washing, they can bring about change in their families and communities, leading to health improvements and higher school attendance of girls. It is critical that school sanitation and hygiene programmes address both boys and girls.

One problem that has been observed is that the latrine designs, especially for primary and secondary schools, are mainly prepared by male masons. The tendency therefore has been to construct latrines which are not sensitive to the special needs of girls. This has resulted in girls staying away from schools when they are menstruating, even when their schools have latrines. In the case of small boys too, the urinals are often too high. Moreover, it is important that separate sanitary latrines are constructed for boys, in order to prevent boys from taking over the latrines that are meant for the girls. And toilet blocks for girls and boys should not be constructed next to each other. Sanitation design needs to be sensitive to physically challenged girls and boys too.

A study in Senegal of over 5,000 schools showed that 53 per cent of schools had no water supply and 46 per cent had no sanitation facilities. Only half of the schools had separate facilities for boys and girls (Republic of Senegal and UNICEF, 2002). In India, a survey carried out among school children revealed that about half the ailments found were related to unsanitary conditions and lack of personal hygiene (UNICEF and IRC, 1998).

Gender Mainstreaming in the Sector

While promoting an integrated approach to water resources management, separate sanitation and hygiene strategies should be designed to address the needs of both men and women for hygiene promotion and sanitation improvements.

Given the importance of gender issues in sanitation and hygiene, specific institutional arrangements are necessary to ensure that gender is considered an integral part of efficient and effective implementation of projects and programmes. Financing is one of the major constraints to expansion of sanitation services, partly because most policies delegate financing to local governments. Governments, NGOs, small-scale providers, development partners and male community leaders are important actors who should make sure that gender is addressed in policy formulation and that legislation and by-laws go through a gender review before they are adopted.

Finally, it is vital to take women's needs into account in planning and implementing sanitation projects. For example, in South Africa, the use of the Aqua Privy ignored the needs of women. The toilets faced the street, causing embarrassment and harassment. When the latrine tank was full, it was a woman's task to empty it and women performing this task were seen to be unmarried.

Providing urban sanitation to informal settlements is a unique challenge. Urban problems tend to be more complex and involve many issues beyond the traditional aspects of water supply and basic sanitation. For example, many people in slum areas lack legal title to the land they occupy and have little or no political voice. Most poor urban dwellers, unlike their rural counterparts, must pay cash for their sanitation and water services and thus may have to settle for wholly inadequate facilities as that is all they can afford.

The results of surveys and studies can be very instructive. For example, in a research study conducted by NETWAS International in Kenya (2003), the results suggested that women's educational level is related to hygiene practices. Women with some primary school education tended to have some hygienic behaviour, but better-educated women were more likely to have hand washing knowledge, skills and practice, as well as consistent latrine use. Educated women and girls are agents of change.

It is important to note that improving sanitation is a process affecting individuals and households, not a top-down directive. Women and men must be meaningfully consulted and involved in sanitation and hygiene education programme planning, implementation and follow-up.

References

Appleton, B. and I. Smout, (eds.), 2003. *The gender and water development report: Gender perspectives on policies in the water sector*, Gender and Water Alliance (GWA)

Available at:

http://www.genderandwater.org/content/download/307/3228/file/GWA_Annual_Report.pdf

Shordt, Kathleen and Sandy Cairncross, 2004. *Sustainable hygiene behaviour and the effectiveness of change interventions: Findings of a multi-country research study and implications of water and sanitation programmes*, Booklet 2. International Water Sanitation Centre (IRC). Available from: publications@irc.nl

Wegelin-Schuringa, Madeleen and Pauline Ikumi, 1997. *Report on sanitation and communication situation analysis in per-urban and rural areas in Zambia*, IRC.
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IRC, 1994. *Working with women and men on water and Sanitation: An African Field Guide*.

This field guide defines concepts and then works through the programme planning cycle. Concepts discussed include Gender, Gender awareness, Gender policy, Partnership, Integrated water supply projects, Environmental problems and Sustainability. The Guide looks at the general stages of a water supply and sanitation project and offers concrete suggestions to involve women and men and ensure their needs and perspectives are included. The document was produced in Africa and was developed through a process that explicitly aimed to draw on the experiences and expertise of Africans. Concrete examples from various countries are provided.

Available at: <http://www.irc.nl/page/1858>

Wijk Sijbesma, C.A, 1998. "Cinderella and the Missing slipper: Sanitation and Gender" in *Gender in Water Resources Management, Water Supply and Sanitation: Roles and Realities Revisited*, Delft: IRC.

Additional Resources

Coates, S, 1999. *A Gender and Development Approach to Water, Sanitation and Hygiene Programmes*, a WaterAid Briefing Paper. Available at:
http://www.wateraid.org/documents/a_gender_development_approach.pdf

Eales, Kathy, 2005. *Bringing pit emptying out of the darkness: A comparison of approaches in Durban, South Africa, and Kibera, Kenya*. London: Building Partnerships for Development (BPD), Sanitation Partnership Series.

Much attention has been focused in recent years on partnerships in the water and sanitation sector. However, as is often the case when sanitation is bundled with water, much of the spotlight has been on water. Consequently, while we increasingly understand the circumstances in which partnerships to provide drinking water are successful, much less is really known about sanitation. One often encounters the false assumption that what applies to 'water' partnerships (or solid waste partnerships) will hold true for those catering specifically for sanitation. In order to gain a better understanding of where partnerships fit in the debates around sanitation, BPD set out in 2004 to work with a series of sanitation-specific case studies. The first challenge was to find such partnerships, less easy than first supposed; eventually Dar es Salaam, Durban, Maputo, Maseru and Nairobi were chosen.

This paper is one of a series that looks at sanitation partnerships in poor urban communities, and questions when and why partnership may be appropriate or inappropriate to the delivery of on-site sanitation services.

IRC/SEU, 1996. *The community managed sanitation programme in Kerala: Learning from experience*. Delft: IRC and Kerala: Socio-Economic Unit.

Schordt, Kathleen and Sandy Caincross, 2004. *Sustainability of hygiene behaviour and the effectiveness of change interventions*, Booklet 2, Delft: IRC.

The booklet is on findings and implications for water and sanitation programmes from a multi-country research study. The research was to see the link of sustainability of hygiene behaviour after a hygiene promotion intervention. Countries in the research included Ghana, Kenya, Sri Lanka, India, Nepal and Uganda with guidance from IRC and London School of Hygiene. The booklet describes how the study was conducted and its findings. Booklet 1 outlines the methodological lessons learnt.

Available at: publications@irc.nl

Khan, Mohammad Taimur Ali, 2005. *Livelihoods and gender in sanitation, hygiene and water services among the urban poor*, London: DFID.

Mathew, T, 1998. "New Skills, New Lives: Kerala's Women Masons", *Waterlines*, 17(1), pp. 22-24.

Simpson, Mayling, Ron Sawyer and Lucy Clark, 1997. *The PHAST initiative: Participatory Hygiene and Sanitation Transformation, a new approach to working with communities*, UNDP-World Bank Water and Sanitation Program, WHO Geneva

This is an information document to the water and sanitation sector. It is a participatory hygiene and sanitation transformation, an innovative approach designed to promote hygiene behaviours, sanitation improvements and community management of water and sanitation facilities using specifically developed participatory techniques. The document describes the underlying principles of the approach, the development of the specific participatory tools and results of the field tests done in four African countries.

NETWAS, 2003. *Iguacu Action Plan: Key findings for the rapid study for the WASH programme in Soweto & Korogocho villages in Nairobi, Kenya*. Network for Water and Sanitation, NETWAS

SIDA, 1997. *Health – Sanitation: Handbook for mainstreaming a gender perspective in the Health Sector*. Available at:

<http://www.sida.se/shared/jsp/download.jsp?f=HDD1997.8%5B1%5D.pdf&a=2512>

UASNET (Uganda Water and Sanitation NGO Network) and WaterAid Uganda, 2002. *Mainstreaming Gender in Sanitation and Hygiene in Uganda*.

Paper presented at sanitation and hygiene conference held in South Africa. The theme of this paper is the mainstreaming of gender in sanitation with a purpose to facilitate incorporation of gender. The paper focuses on the concept of mainstreaming and the status of sanitation in Uganda, the progress made in this field, gaps and lessons learnt.

Available at: <http://www.wateraid.org/documents/ugnangender.pdf>

Voorden, Carolien Van der and Kathy Eales, 2002. *Mainstreaming Gender in South African Sanitation Programmes: A Blind Spot or Common Practice?*

Paper prepared for the AfricanSan Conference, South Africa 2002.

WHO, UNICEF, UNIHABITAT, UN/DESA, UNEP, 2004. *The sanitation challenge: Turning commitment into reality*.

This document looks at international sanitation development targets, legislation and commitments, building capacity, gender and equity issues, and progress on monitoring.

Available at:

http://www.who.int/water_sanitation_health/hygiene/sanchallengecomp.pdf

Wright, Albert M, 1997. *Toward a Strategic Sanitation Approach: Improving the Sustainability of Urban Sanitation in Developing Countries*. UNDP/World Bank Water and Sanitation Programme. Available at: wsp@worldbank.org

or http://www.wsp.org/publications/global_ssa.pdf

WSSCC and WHO, 2005. *Sanitation and Hygiene Promotion: Programming Guidance*. Geneva: Water Supply and Sanitation Collaborative Council (wsscc@who.int) and the World Health Organisation (bookorders@who.int).

This document is a collaborative product, based on an earlier UNICEF Handbook, which looks at setting in place a process whereby people (women, children and men) can develop and sustain a hygienic and healthy environment for themselves. It argues that the objective of policy-makers should be to establish a consistent set of rules under which all sanitation and hygiene promotion projects and investments can be made, such that they all work towards an agreed long-term vision for improved health and dignity for the entire population, particularly women and adolescent girls.

Case Studies

The complete case studies are found in the annex of this resource guide.

- Egypt: Empowering Women's Participation in Community and Household Decision-making in Water and Sanitation
- Ghana: Gender Integration in a Rural Water Project in the Samari-Nkwanta Community
- India: From Alienation to an Empowered Community - Applying a Gender Mainstreaming Approach to a Sanitation Project, Tamil Nadu
- Nicaragua: Gender Equality as a Condition for Access to Water and Sanitation
- South Africa: Women in Sanitation and Brick Making Project, Mabule Village
- Togo: Integrating Gender into the Promotion of Hygiene in Schools SSHE
- Zimbabwe: Gender Mainstreaming in water supply and sanitation in Manzvire Village, Chipinge District