

GLOBAL WATER PATHOGEN PROJECT

**PART ONE. THE HEALTH HAZARDS OF EXCRETA: THEORY AND CONTROL**

# **GENDER, WOMEN AND SANITATION**

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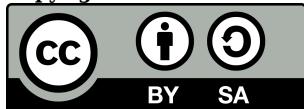
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## Summary

Women and girls are especially affected by inadequate sanitation because of gender related differences - cultural and social factors - but also because of sex-related differences - physiological factors. Gender refers to the social differences and relations between men and women which are learned and often constructed and which differ in various societies and can change over time. Women often bear cleaning responsibilities and in many cases also are responsible for the disposal of human waste. During menstruation, pregnancy and postnatal stages the need for adequate sanitation becomes even more critical and Toilet-avoidance dehydration is a particular health threat. Women are acutely aware of safety and privacy issues associated with the need for sanitation. Widespread violence against women in relation to sanitation use has been well documented in dozens of countries, including Fiji, India, Brazil, Sri Lanka, Philippines, Kenya, Ethiopia, and South Africa. Finally, inadequate involvement of both men and women has hindered programmes and projects aimed at addressing sustainability in sanitation. There are tremendous socio-economic benefits associated with improved sanitation services including efficiency (that is reduced time due to health and care-giving burdens), safety, improved health, transparency and good governance and empowerment. Gender mainstreaming can empower women to make strategic choices in terms of rights to assets and services, leading to better education and a healthier and productive population and improved social capital.

### 1.0 Introduction

The main objectives of this chapter are the following:

- To explain the nexus between gender, women and sanitation and to give relevant examples
- To give ideas how to integrate a gender perspective in the sanitation sector
- To give insights how to decrease inequalities between men and women in the sanitation sector

### 1.1 Why women and gender in this context?

In the water and sanitation sector (WSS) but particularly in the sanitation sector, women and girls are especially affected by inadequate sanitation because of gender related differences - cultural and social factors - but also because of sex-related differences - physiological factors. Gender refers to the social differences and relations between men and women which are learned and often constructed and which differ in various societies and can change over time.

Women and men generally have different roles in sanitation. In most societies, women have primary responsibility for management of household water supply, sanitation and health.

Women and girls are especially affected by inadequate sanitation conditions due to physiological/biological factors. This includes issues around menstruation and reproductive health which require a certain sanitation standard.

### 1.2 Why and how are women and girls more affected by inadequate sanitation?

Inadequate or no access to sanitation affects women and girls in the following ways:

- Unhygienic (public) toilets and latrines threaten the health of women and girls who are prone to reproductive tract infections caused by poor sanitation (Phillips-Howard et al., 2011).
- In the absence of sanitary facilities, factors such as cultural norms of female modesty mean that women often have to wait until dark to go to the toilet. To avoid the need for such frequent toilet use, women often drink less, causing severe health impacts (urinary tract infections, chronic constipation and other gastric disorders). Toilet-avoidance dehydration is a particular health threat to pregnant women.
- When sanitation facilities are available, women often bear cleaning responsibilities and in many cases also are responsible for the disposal of human waste (such as “manual scavengers”), often without adequate health protection or equipment.
- Especially children and old people suffer from WSS related diseases, especially diarrhea. Women usually take care of them, have to stay home and cannot follow productive activities.
- During menstruation, pregnancy and postnatal stages the need for adequate sanitation becomes even more critical.
- Girls and women stay at home during menstruation if the school or work place does not provide adequate WSS conditions.
- Women who are pregnant commonly have greater urgency of urination and need high-standard sanitation facilities to meet their needs.
- When women and girls use public or open sanitation facilities, they are extremely vulnerable to violence, especially if they have to use those facilities at night.

### 1.3 Unequal access to sanitation for women and girls due to stigmatizing menstruation

Menstruating women and girls are stigmatized in many cultures, being perceived as dirty, impure and polluting. Due to the low priority of menstrual hygiene from policy-making to decision on household budgets, many girls and women face very practical difficulties in managing their menstruation. They fear smelling or staining and are not able to attend school or work.

E.g. the practice of ‘Chaupadi’ or the confinement of a woman during her period to a cow shed (owing to her perceived uncleanness and bad luck) was outlawed in Nepal’s Supreme Court in 2005, but deep-rooted beliefs still persist (Sharma, 2005).

*Quote by Catarina de Albuquerque, former UN Special Rapporteur on the human right to water and sanitation:*

“In many countries, social or cultural norms prevent girls and women from using the same sanitation facilities as male relatives, for instance the father-in-law, or prohibit the use of household facilities on the days women and girls menstruate. More generally, menstrual hygiene management presents an enormous challenge for many adolescent girls and women. I have made it a priority during my mandate to always enquire about menstrual hygiene, and I have found that talking about menstruation is taboo all over the world.”

## 1.4 Sanitation and gender-based violence

Women are acutely aware of safety and privacy issues associated with the need for sanitation (Hannan and Andersson, 2002). Women are much more facilities-dependent than men: men may be able to urinate discreetly in open spaces outside latrines. Given cultural norms and physiological differences, women, however, are typically much more dependent on using latrine facilities. According to the United Nations, 2.5 billion people do not have access to proper sanitation, including private toilets in their homes. Sharing public toilets with men puts women at great risk of violence and sexual assault. From the tsunami refugee camps of Sri Lanka, to the slums of Kibera, Kenya, to the everyday toilet landscapes of most of the developing world, reports are common and frequent of women being raped, stalked, or assaulted when they use public facilities that are not monitored or secured. Open defecation brings the same dangers, while also breaking cultural and body taboos for women.

Widespread violence against women in relation to sanitation use has been well documented in dozens of countries, including Fiji, India, Brazil, Sri Lanka, Philippines, Kenya, Ethiopia, and South Africa.

## 2.0 Typical roles of women and men in the sanitation sector

In most societies, women have the prime responsibility for the management of household water supply, sanitation and health. The provision of hygiene and sanitation are often considered women’s tasks. Women are promoters, educators and leaders of home and community-based sanitation practices.

Cultural norms of femininity impose their own demands: for example in some societies, pregnant women should not be seen in public, and pregnant women are prohibited from using public facilities. In other cultural settings, daughters may not use the same latrine as their fathers or fathers-in-law. The imposed social isolation of women in many societies also prevents them from having access to public and communal facilities (Coates, 1999) .

Women are seldom involved in decision making in WSS (ADB, 1998; ADB, 2006). Women’s concerns and needs are rarely addressed in the provision, design, and siting of sanitation facilities, as societal barriers and discriminatory

practices and/or laws often restrict women’s involvement in decision-making regarding planning sanitation facilities, sanitation programmes and projects (GWA, 2006). Management of the sanitation sector is typically seen as a technology domain, which is a key reason for male dominance in the sector as technicians, construction staff and engineers are predominantly male.

It is important to fully involve both men and women in demand-driven sanitation programs, acknowledge the high correlation between gender and poverty reduction where communities decide what type of systems they want and are willing to help finance (Environmental Sanitation, 2005).

## 2.1 Gender Mainstreaming

Women and men are important stakeholders in the water supply and sanitation due to the different roles they play in the management and use of water and sanitation. Women bear the impact of inadequate, deficient or inappropriate water and sanitation facilities and services. However, men dominate the arena of planning and decision-making regarding water and sanitation investments and women’s views are under-represented, implying that women’s practical and strategic needs are not addressed (Wendland et al., 2012). Inadequate involvement of both men and women has hindered programmes and projects aimed at addressing sustainability in sanitation (Government of Uganda, 2009). Community participation and management approaches have failed to address these issues, largely because communities are seen as a homogeneous unit. This not only affects women but also has an impact on the well-being of households/families and communities and on the education and economic development.

A deliberate strategy of gender mainstreaming in the WSS therefore has many socio-economic benefits, including:

- Efficiency: Reduced time, health, and care-giving burdens from improved water and sanitation services give women more time for productive endeavors, education, empowerment activities and leisure. For example, limited sanitation facilities and lack of privacy have been linked to high drop-out rates for school girls. Mainstreaming gender in school hygiene and sanitation by providing separate sanitation facilities and washrooms that offer privacy for girls is therefore an important factor for ensuring that they stay in school longer;
- Safety: Convenient access to sanitation facilities increase privacy and reduce risk to women and girls of sexual harassment/assault while searching for sanitation facilities;
- Improved health: Higher rates of child survival are a precursor to the demographic transition to lower fertility rates; having fewer children reduces women’s household responsibilities and increases their opportunities for personal development;
- Transparency and good governance: Equal

representation within institutions has been related to transparency and good governance. Gender mainstreaming can therefore bring about institutional and organizational change necessary to ensure equality in the WSS, as an on-going commitment;

- Empowerment: Gender mainstreaming can empower women to make strategic choices in terms of rights to assets and services. It is therefore a poverty reduction strategy as it reduces barriers to access and control of productive resources. For example, equal access to improved sanitation systems can lead to less disease in the family and in case of productive sanitation improved household incomes and poverty reduction, as both men and women can participate in wealth creation. On the other hand, improved access by both men and women to sanitation services and facilities can lead to better education and a healthier and productive population.
- Social capital: Community-based organizations for water management can improve social capital of women by exposing them to leadership and networking opportunities and building solidarity amongst them (Government of Uganda, 2009).

### **3.0 Gender and sanitation in the Sustainable Development Goals (SDG)**

The MDGs' focus on aggregate outcomes tended to mask inequalities. Improvements in access do not always reach a universal access. Due to the focus on drinking water and toilets, hygiene promotion including hand washing and menstrual hygiene management, critical for

public health and gender equality, was not reflected in the MDG framework and has been neglected (United Nations, 2014a).

The new proposed targets under the SDG Water Goal address many of the MDG program shortcomings. Specifically, the SDG scope is expanded to include also hygiene, as well as moving water and sanitation concerns beyond the household to cover non-domestic settings, such as schools, health facilities and working places.

For sanitation, the first priority of the SDGs is to eliminate open defecation. The next step is to strive to achieve universal access to basic drinking water, sanitation and hygiene. Having achieved universal access to basic services, the next step would be for countries to progressively increase the number of people whose services are safely managed (United Nations, 2014b). The final essential element would then be to progressively eliminate inequalities in access to services.

Although there is a lot of evidence that women are deprived in the sanitation sector, gender-disaggregated data is currently mostly absent or significantly incomplete. It's needed to collect disaggregated data by women and men in the different population groups (e.g. rich/poor; urban/rural) and monitoring the difference in the rate of change between women and men in each group and the general population. The United Nations World Water Assessment Programme UNESCO Project for Gender Sensitive Water Monitoring Assessment and Reporting is proposing and promoting this approach in order to have transparent data and then to target intervention (<http://www.unesco.org/new/en/natural-sciences/environment/water/wwap/water-and-gender/>).

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