

APPG DAT inquiry on gender and development

Submission by WaterAid

February 2011

References and further details on the issues detailed in this submission are available on request.

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1. How development is experienced differently by men and women – access to water, hygiene and sanitation

Improvements in water, sanitation and hygiene (WASH) form an essential first step in overcoming poverty and satisfy the most basic of human needs. Access to WASH and the fulfilment of these fundamental human rights is experienced differently by men and women. The lack of access to sanitation and drinking water affects women and girls disproportionately, by impacting on their health and dignity, contributing to their vulnerability to rape and violence, and thereby frustrating efforts to empower women to lead a healthy and economically productive life.

Despite women bearing much of the burden caused by lack of access to WASH, they are often excluded from participating meaningfully in decision-making and management of WASH programmes. Even when approaches are implemented to address gender inequalities, deeply-embedded power relations persist.

Many people who are disabled, old, chronically ill, or who belong to particular marginalised groups face both physical and social barriers to WASH facilities, even where they exist. Women are often more badly affected than men, suffering multiple levels of discrimination.

Access to appropriate and inclusive WASH facilities that recognise the different needs and priorities of women and men would have a significant positive impact on both the daily lives and long-term prospects of millions of women and girls that are currently living without them. Efforts to improve WASH services not only benefit women; they benefit everyone.

2. How DFID's new priorities are likely to affect women in the developing world

DFID's priorities will have a positive impact on gender equality and the lives of women and girls if they are implemented in an integrated manner and the intrinsic links between WASH and other gender-related issues are fully recognised.

2.a. International commitments

In order to deliver results it is crucial that the most neglected and off-track areas of development are recognised and acted upon. The sanitation MDG target is currently the most off-track target in sub-Saharan Africa – at current rates it will not be reached until the 23rd century (UNICEF/WHO, 2010).

2.a.i. Access to WASH cannot be separated from progress on other economic and human development issues, and on the achievement of the MDGs:

- Without access to WASH, poor health and frequent illness lead to lower productivity and lower income; for every £1 invested in sanitation, £9 is returned in increased economic development. (UNDP, 2006) (MDG1)
- Chronic infections due to lack of WASH also have long term impacts on education, thorough impaired cognitive development as well as prolonged absence from school due to illness. (MDG2)
- The availability of sanitation services at school can have a tremendous impact on the drop out rate of girls from full time education, as private and safe facilities are necessary for adolescent girls during menstruation. Furthermore, when water is not available close to home, it is often girls who are tasked with fetching water during school hours. (MDG3)
- Diarrhoea kills 4,000 children every day – more than AIDS, malaria and measles combined. (WHO, 2008) (MDG4)
- Puerperal sepsis is among the leading causes of preventable maternal death and morbidity and is particularly prevalent in countries where home delivery and induced abortion are carried out without safe water and sanitation. (MDG5)

- At any given time, half of the hospital beds in the developing world are occupied by patients suffering from water and sanitation-related diseases (UNDP 2006), compounding the challenges faced by the health system. (MDG6)

- Poor access to sanitation and water greatly exacerbates conditions of squalor and increases the degradation of natural surroundings and resources such as water sources and soils, especially in slums and informal settlements. (MDG7)

2.a.ii. Every Woman, Every Child strategy

This crucial strategy should help drive progress on women’s and children’s health. It makes explicit reference to the need for integrated approaches to delivery of health services for improvement of women’s and children’s health.

However, the strategy does not encompass the full human and financial resources implication for addressing the determinants of children’s and women’s health such as WASH. For the strategy to deliver tangible health outcomes for women and children, signatories including the UK Government should act to enhance the links between the relevant various policy and programmatic areas to not only respond to the health needs of women and children, but also to address the determinants of those needs.

2.b. Value for money

Efforts to foster women’s empowerment often require investing in social change that involves long-term programmes and can be difficult to measure in terms of tangible results. Furthermore, providers of external aid may have little influence on existing social structures in programme countries.

Investment in women’s access to WASH is a relatively straightforward way to empower women, and lends itself more easily to external support. It is one of the few areas of women’s empowerment where financial and technical support can drive wider social change. If efforts to address women’s WASH needs are to be sustainable, they should also help address discrimination against women and promote their own control over access to resources and basic facilities.

This means empowering women to claim their rights and working with men and women to challenge existing gender inequalities, age-based discrimination and social relations. The inclusion of women in local-level decision-making processes on the management and provision of water and sanitation provides a sound example of the way in which social barriers to women’s empowerment could be addressed.

2.c. Wealth creation

The absence of WASH represents major opportunity costs for women’s economic activity. In many poor societies, women

and girls are expected to be responsible for collecting water; a time-consuming, unpaid and difficult daily burden which leaves them with less time for education and paid employment. Women are also those who most often provide care for children and sick or disabled people in their household – and the burden of disease associated with lack of access to WASH increases this burden even more.

Diarrhoea caused by the absence of clean drinking water and sanitation is the biggest killer of children under the age of five in sub-Saharan Africa. Improved access to water and sanitation has a dramatic effect on the lives of women and girls and yet this is often unrecognised by planners and providers.

The lack of availability of water also impacts directly on economic opportunities for women, whether related to production (small-scale irrigation, aquaculture, small industries such as cooking, brewing and crafts) or services (laundry, cleaning, hairdressing etc).

In South Asia, obstacles to women’s empowerment, wealth creation and economic growth are exemplified by the practice of manual scavenging, which involves the inhumane practice of cleaning excreta from dry toilets and clearing carcasses with bare hands. This practice, which can be seen as a form of bonded labour in the caste system in India, is mainly carried out by women and girls and the responsibilities are

1. www.actionaid.org/drc/index.

automatically handed down through generations. According to government statistics, an estimated one million dalits in India are manual scavengers with 98% of those engaged in scavenging work being women.¹ This practice infringes on the health, dignity and rights of women and girls.

In Pakistan, WaterAid has found that gender inequities in WASH have an acute impact on the lives of women as they suffer from the lack of availability of toilets and carry out hazardous roles as sanitary workers or manual scavengers. Sanitary workers, one of the most deprived and marginalised groups in the country, are unprotected and subjected to discrimination due to their low social status and the nature of their employment.

Disparities faced by this group are severe: the usual manifestations of gender discrimination such as job insecurity, unsafe working conditions, non-payment of wages, religious intolerance, rape and harassment are experienced more strongly by women sanitary workers, especially those belonging to the Hindu religious minority. UK development cooperation policies implemented in Pakistan therefore require an understanding of the deep-rooted socio-cultural issues which keep women and girls locked into a vicious cycle of poverty and discrimination, which in turn holds back the country's social and economic development.

2.d. Climate change

Those who experience poor access to WASH are often those who are most vulnerable to the impact of climate change. Adverse variations in seasons and extreme weather can make a dire situation even worse. And with poor access to WASH affecting women disproportionately, the impacts of climate change may serve to exacerbate this inequality. It is crucial that the UK invests now in WASH to build the resilience of vulnerable communities to increase their ability to survive and handle uncertainty and change.

3. How DFID's priorities interrelate with other gender-based issues

3.a. Health: maternal and HIV/AIDS

Interventions to improve women's access to sanitation and drinking water are not only essential for the survival of mothers and newborns during and immediately after childbirth; they also play a crucial role in improving gender equality and women and girls' empowerment – both of which are major determinants of women's health.

The lack of access to sanitation and drinking water affects women disproportionately; it impacts on their health, contributes to their vulnerability to rape and violence, and frustrates efforts to empower women to lead a healthy and economically productive life.

- There is some evidence that poor menstrual hygiene caused by the lack

2. Forthcoming 2011

3. www.amnesty.org.uk/news_details.

of sanitation and hygiene facilities at schools and in the home may be linked with reproductive health problems.

- Since access to WASH may affect the duration of girls' education, it can also have a knock-on effect on their age at marriage and the age at which they first give birth. WASH provision can therefore contribute to other strategies directed at reducing the number of unintended pregnancies, reducing the adolescent fertility rate, and the number of unsafe abortions.

- Access to WASH directly relates to women's health and their vulnerability to the risks involved with pregnancy and childbirth, as good clinical hygiene in particular is essential for preventing infections.

- Poor access to WASH particularly affects people living with HIV. They are more vulnerable to infections and diarrhoea, need more drinking water to make antiretrovirals effective and when sick are less able to access facilities. This impacts the health, survival and wellbeing of women living with HIV and their children. It also affects those caring for sick family members, often women, and of older women left caring for children whose parents have died.

3.b. Violence against women

Poor sanitation negatively affects health, as well as dignity. Women and girls, often already marginalised, are further disempowered and even put

at risk because of a lack of access to adequate sanitation facilities. Where private and secure areas to defecate do not exist, women often have to wait until night for privacy, which exposes them to the risk of rape or other violence. Ignoring their natural bodily functions out of fear not only causes discomfort but also increases the likelihood of health problems such as urinary tract infections, chronic constipation or mental stress.

A recent WaterAid study² has shown that women living without basic sanitation services face increased violence such as sexual harassment, as well as health problems (for example due to avoiding defecation or withholding food in order to reduce the need to defecate) and feelings of shame and indignity.

Violence is also experienced by women in the process of fetching water, in the form of quarrelling and physical violence while queuing. The study, which focused on slums in Bhopal, concluded that there is a need to understand the links between WASH and gender-based violence in slums.

WASH programmes should be approached more broadly and integrate with aspects of women and girls' empowerment. The study concluded that the Government of India needs to be more responsive to the WASH needs and priorities of the population as well as ensure that the services that are provided to slum communities are safer for women and free from violence.

4. WaterAid in Nepal (2009) *Is menstrual hygiene and management an issue for adolescent school girls? A comparative study of four schools in different settings of Nepal.*

Research carried out by Amnesty International (2010) in the slums of Nairobi, Kenya, further highlights the dangers faced by women living in informal settlements and slums lacking adequate sanitation facilities: “Women and girls living in these informal settlements are particularly affected by lack of adequate access to sanitation facilities for toilets and bathing. Not only do women have different physical needs from men (for example, related to menstruation) but they also have greater need of privacy when using toilets and when bathing. Inadequate and inaccessible toilets and bathrooms, as well as the general lack of effective policing and insecurity, make women even more vulnerable to rape and other forms of gender-based violence. Violence against women is endemic in Nairobi’s slums and settlements, goes widely unpunished and significantly contributes to making and keeping women poor.”³

3.c Girls’ education

Menstrual hygiene management is fundamental for the dignity of women and girls and an integral part of basic sanitation and hygiene services to which every woman and girl has a right. Women and girls require access to WASH services to manage menstruation hygienically, yet this has been largely neglected by management programmes focusing on WASH, reproductive health and education. In South Asia, the burden of this neglect is borne by millions of women and girls who are denied their

rights to gender equality, education, access to WASH, health and a life of dignity. As a consequence, government commitments to achieving national and international development goals will not be met.

Even when girls are not completely withdrawn from school, menstruation affects attendance and performance for many. Over half of the respondents in a study by WaterAid in Nepal reported being absent from school at some time due to menstruation. As one respondent notes: “In our school there is no water facility in the toilet – It is so difficult. Sometimes I have to miss school. The water supply is outside the bathroom. There is only one tap. We have to carry water to the toilet. Also there is no arrangement of disposing the cloth [makeshift sanitary towel]. Sometimes the used cloth has to be disposed of in the toilet-pan. Some days we bleed heavily, and we need to change clothes at least two or three times during the school hours. There is no place to change and dispose the cloth – there is question of putting back those used cloths in our pockets. So we just bunk classes when we have to change the cloths.”⁴

Lack of privacy for cleaning and washing was the main reason, with other key factors being the lack of availability of disposal systems and water supply. Girls in India and Nepal also reported that when they did attend school during menstruation, they often performed

poorly due to the worry that boys would realise their condition (through staining on their clothes as they do not have facilities to change their cloths), causing them to suffer from stress and depression.

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