



# Women and WASH

Water, sanitation and hygiene for women's rights and gender equality.

A lack of access to water, sanitation and hygiene (WASH) affects women disproportionally, due to both biological and cultural factors. In addition to meeting women's specific practical needs, WASH is also essential for their social and economic development, contributing towards gender equality and the realisation of their rights. To achieve these goals, decision-makers must address the persisting inequalities between women and men, embracing the human rights principles of equality and non-discrimination to ensure universal access to water and sanitation for all women everywhere<sup>1</sup>.

#### Maternal and newborn health

Countries with high maternal mortality are those where the burden of infectious diseases remains high, and health information and primary healthcare are difficult to access. Improving access to WASH, and providing expectant mothers with basic services and accurate hygiene information, is vital to reduce maternal mortality rates and meet global goals for ending preventable child deaths<sup>2</sup>.

Collecting and carrying water while pregnant can cause difficulties in pregnancy and other reproductive health consequences, such as uterine prolapse<sup>3</sup>. Women who lack safe water are more prone to WASH-related illnesses, such as hookworm infestation, which, when occurring during pregnancy, is linked to low birth weight and slow child growth<sup>4</sup>, and hepatitis<sup>5</sup>. Emerging evidence suggests that giving birth in a setting without safe drinking water or sanitation has a negative impact on the health and survival of both mother and baby<sup>6</sup>.

Hygiene promotion and supplies are key to a safe delivery and breastfeeding. A lack of safe drinking water can be a death sentence for babies who must have infant feeding formula to prevent the transmission of HIV. Lack of safe WASH causes up to 50% of under-nutrition worldwide<sup>7</sup>, so improved access to safe WASH is pivotal for ensuring good nutrition during the first 1,000 days of life. This is a critical period for ensuring health and physical and cognitive development later in life<sup>8</sup>.



"During my period at school, I had to carry my dirty cloths with me in a plastic bag to throw away after school, as there was nowhere for me to dispose of them. I would also have to leave early because I was soaked and had to go and bathe and stay at home until my period had reduced. Now I'm at a school with new toilets, I don't need to miss lessons. We can throw our dirty cloths away during the day and get new ones. Our toilets here are nice and clean, so I like using them. Having the clean toilet block helps me with my studies."

Chimunya, aged 17, Zambia





#### Girls' education

Lack of access to WASH at home and school has a negative impact on children's education. Opportunities for learning are lost when children have to spend time collecting water or finding a safe place to defecate or urinate in the open; this is especially a problem for girls. Children miss school completely when they are sick with WASH-related diarrhoeal diseases.

The lack of access to drinking water and toilets during the school day affects the learning environment for both students and teachers. Adolescent girls in particular are unwilling to use school toilets that are dirty or lack privacy, especially when they are menstruating, and this affects their attendance. Fully accessible, child-friendly and gender-segregated WASH facilities should be considered an essential component of education programmes.

#### Menstrual hygiene

In many cultures menstruation is a taboo subject and has negative connotations attached to traditional beliefs. The resulting stigma exacerbates the challenges of managing menstrual hygiene where there are no safe, private toilets with water<sup>9</sup>. Women's dignity, self esteem and ability to participate in society are all affected.

Raising awareness about menstrual hygiene management (MHM) in both genders can reduce fear and discrimination, and MHM must be a component of all WASH programmes<sup>10</sup>. MHM has three facets: replacing the silence and shame of menstruation with pride and confidence; equipping women and girls with the knowledge and means to manage their menstruation hygienically and with dignity; and providing means for the safe disposal of menstrual waste. Providing MHM in schools encourages adolescent girls to continue their education, improving their long-term development and self-confidence, helping to prevent early marriage and early pregnancy, and contributing to ending the cycle of poverty.

## Violence against women / dignity and self esteem

Women are often vulnerable to harassment or violence when they have to travel long distances to fetch water, use shared toilets, or practise open defecation. Women and girls often wait until nightfall to defecate, which increases the risk of assault. Many choose to 'hold it' or limit their consumption of food and drink to delay the need to relieve themselves, which can increase the chance of urinary tract infections. The shame and indignity of defecating in the open also affects women's self esteem, as does the lack of water for washing clothes and personal hygiene<sup>11</sup>.

A lack of political will for ending violence against women, and the veil of silence that shrouds it (especially sexual violence), gives women and girls little voice to end their impunity, or demand services that would reduce their vulnerability. A notable lack of research on the links between a lack of access to WASH and increased vulnerability to violence perpetuates these challenges. WASH policies and programmes must prioritise safety and privacy for women and girls, and actions aimed at reducing violence against women must highlight the importance of access to safe water and sanitation.





#### Inequality and discrimination

While progress has been made towards achieving the Millennium Development Goals (MDGs), this has not yielded equitable results. For poor women in poor places, sizable gender gaps remain<sup>12</sup>.

While they stem from gender-based discrimination and human rights violations, these disparities are even larger when poverty combines with other forms of exclusion, such as remoteness, ethnicity, disability, chronic illness and ageing<sup>13</sup>. Many women facing multiple disadvantages are unable to use water and sanitation services due to physical barriers to access, institutional barriers, attitudinal barriers such as stigmatisation, or because they are unable to pay for services.

It is vital to focus on reaching the most marginalised populations, providing adequate, affordable and accessible WASH services, and challenging discriminatory legal frameworks, policies, practices and beliefs that prevent some people from using facilities.

#### Economic empowerment

Women and girls perform most of the unpaid labour associated with WASH in households and communities. This reduces the time they have available for education, economic activities and leisure. A lack of economic independence compromises their empowerment and perpetuates gender inequality.

With improved access to WASH, women have more time to undertake incomegenerating activities. WASH programmes also provide women with the water needed to carry out economic activities and can create opportunities for paid work. Easier access to water can, for example, enable a woman to water a kitchen garden, improving their family's food security and providing an opportunity to earn money by selling the surplus. Women's involvement in decision-making about water resources and in WASH programmes is critical to their empowerment, but it is important not to overburden them with additional unpaid work on top of their existing responsibilities.

# Women's rights

Access to water and sanitation are recognised as fundamental human rights<sup>14</sup>, incorporated in the International Covenant on Economic Social and Cultural Rights. The rights to water and sanitation require that these basics are adequate, accessible, safe, acceptable and affordable for all without discrimination<sup>15</sup>, and violations of these constitute a violation of women's rights.

Participation is key to claiming rights. A lack of informed participation by women often results in WASH services that are inappropriate, inaccessible and unaffordable<sup>16</sup>. Programmes that include women at all stages of planning, implementing and monitoring are more efficient, effective and sustainable than those that do not prioritise equitable participation and decision-making<sup>17</sup>.

WASH programmes need to work in collaboration with other initiatives that address discrimination and women's rights violations. Programmes must strengthen the connections between the rights to water and sanitation and other rights, including to health, education, food, work, land, freedom from violence, and the right to

### **Briefing note**





information. Equipping people with knowledge of their rights and the skills to undertake advocacy for themselves, by themselves, really can shift the balance of power.

#### Indian women demand their right to water

The Centre of Rural Studies and Development (CRSD), an Indian rights-based organisation, selected women to take part in advocacy and human rights training. The women formed groups in their villages, held meetings to raise awareness about women's issues, and analysed solutions and strategies that could help improve their lives. They organised workshops between community leaders and the Rural Water Supply Department aimed at making the department more responsive. They developed support networks and used the media to pressurise the government to take corrective measures. They also demanded their rights through peaceful rallies and demonstrations. Consequently, the women now feel more confident to articulate their demands to a variety of stakeholders. Men are starting to accept the women's new leadership roles and the Rural Water Supply Department is more responsive and accountable to the communities. The quality of services has improved and women spend an average of 20% less time collecting water.

Further resources can be downloaded from: www.inclusivewash.org.au/resource-library-gender-women-and-girls

Written by Shamila Jansz and Jane Wilbur (2013)

#### www.wateraid.org www.wsscc.org

#### **Endnotes**

<sup>14</sup> UN (2010) Resolution adopted by the general assembly, sixty forth session, agenda item 48.

<sup>&</sup>lt;sup>1</sup> Satterthwaite M et al (2012) JMP Working Group on Equity and Non-discrimination final report. JMP.

<sup>&</sup>lt;sup>2</sup> World Bank (2012) World development report on gender equality and development.

<sup>&</sup>lt;sup>3</sup> Sultana F and Crow B (2000) Water concerns in rural Bangladesh: A gendered perspective. In Pickford J (Ed) *26th WEDC Conference – Water, sanitation and hygiene: Challenges of the millennium, Dhaka, Bangladesh*, pp 416-419.

<sup>&</sup>lt;sup>4</sup> Beach et al (1999) Assessment of combined ivermectin and albendazole for treatment of intestinal helminth and wucheraria bancrofti infections in Haitian schoolchildren, *American Journal of Tropical Medicine and Hygiene*, no 60, pp 479-486. <sup>5</sup> WHO/UNICEF (2005) *Water for life: Making it happen.* WHO/UNICEF, Geneva.

<sup>&</sup>lt;sup>6</sup> Ali T, Fikree F, Rahbar M and Mahmud S (2006) Frequency and determinants of vaginal infection in postpartum period: A crosssectional survey from low socioeconomic settlements, Karachi, Pakistan, *J Pak Med Assoc*, no 56, pp 99-103. See also: Darmstadt G, Hasan M, Balsara Z, Winch P, Gipson R and Santosham M (2009) Impact of clean delivery-kit use on newborn umbilical cord and maternal puerperal infections in Egypt, *J Health Popul Nutr*, vol 27, no 6, pp 746-54.

World Health Organisation (2008c) Safer water, better health: Costs, benefits and sustainability of interventions to protect and promote health. Available at: http://whqlibdoc.who.int/publications/2008/9789241596435\_eng.pdf

Bhutta Z A, Ahmed T, Black R E, Cousens S, Dewey K, Giugliani E, Haider B A, Kirkwood B, Morris S S, Sachdev H P S and Shekar M for the Maternal and Child Undernutrition Study Group (2008) Lancet series on maternal and child undernutrition:

What works? Interventions for maternal and child undernutrition and survival *Lancet* no 371, pp 417-40

What works? Interventions for maternal and child undernutrition and survival, *Lancet*, no 371, pp 417-40.

<sup>9</sup> Fisher J (2006) For her it's the big issue – Putting women at the centre of water supply, sanitation and hygiene. WSSCC and WEDC.

House S, Mahon T and Cavill S (2012) Menstrual hygiene matters – a resource for improving menstrual hygiene around the world.

world.

11 International Women's Development Agency and WaterAid (2012) Now we feel like respected adults – Positive change in gender roles and relations in a Timor L'este WASH programme. ACFID.

<sup>&</sup>lt;sup>12</sup> World Bank (2012) World development report – Gender equality and development.

<sup>13</sup> lbid.

<sup>15</sup> Special Rapporteur on the Human Right to Water and Sanitation website

www.ohchr.org/EN/Issues/WaterAndSanitation/SRWater/Pages/SRWaterIndex.aspx

16 Freshwater Action Network (2010) Rights to water and sanitation, a handbook for activists: Using a human rights approach for advocacy on access to water and sanitation.

for advocacy on access to water and sanitation.

17 World Bank and International Water and Sanitation Centre (2001) Linking sustainability with demand, gender and poverty: A study in community-managed water supply projects in 15 countries. Available at www.wsp.org/sites/wsp.org/files/publications/global\_plareport.pdf