

# **Safe sanitation and hygiene access for WOMEN**

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## **Abstract:**

While the topic of women and water, sanitation and hygiene is a widely accepted concern among academics and activists, it continues to be an issue in developing countries with serious consequences. Women and girls are especially affected by inadequate sanitation because of gender related differences - cultural and social factors - but also because of physiological factors. Based on a qualitative research conducted in Khulna city, the paper affirms that sanitation issues for women and girls are compounded by inequitable gender norms that put them at greater risk of experiencing violence and multiple health vulnerabilities. Women, despite having a high demand for safe toilet facilities, continue to practice unsafe sanitation. This paper follows the JMP( Joint Monitoring Program) method with 26 indicators related to water, sanitation and hygiene( WHO, 2018) to evaluate the sanitation and hygiene condition of public place and slum in the context of Khulna, Bangladesh. Besides, the Fish Bone diagram has been used for carrying out the cause and effects of women access to sanitation. The findings highlight the role of three structural constraints as the key factors influencing toilet construction and use: poverty, inadequate sanitation policy and its implementation and gender-based power dynamics at the household level. The paper concludes by emphasizing the relevance of engendering sanitation programs and policies by involving women and girls in the planning process to ensure that dignified and gender sensitive sanitation solutions are developed.

***Key words:*** Women , Safe access , Sanitation and Hygiene

## **1. INTRODUCTION:**

There are strong linkages between access to water, sanitation and hygiene, and gender equality. A lack of access to water, sanitation and hygiene (WASH) affects women disproportionately, 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 realization 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. Because women generally tend to have the main responsibility for health, child care and act as managers of domestic water as well as promoters of home and community based sanitation activities.

Lack of access to WASH at home and school has a negative impact on children's education especially a problem for girls. The lack of access to drinking water and toilets during the school day affects the learning environment for both students and teachers.

With improved access to WASH, women have more time to undertake income generating activities. WASH programs 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 programs is critical to their empowerment, but it is important not to overburden them with additional unpaid work on top of their existing responsibilities. And fully accessible, child-friendly and gender-segregated WASH facilities should be considered an essential component of education programs.

Being the academicians of ‘Human Settlement’, thus, it’s a prime concern to scrutinize the whys and wherefores of this basic human right as a major issue. Which compelled us to the initiative of exploring the issues behind the inaccessibility to WASH, especially for the women of Khulna, as the representative city of the developing world. Which implicitly comprises the concerns of the SDG 3,5,10 and 12 too.

### **1.1. BACKGROUND:**

Bangladesh has been working towards eliminating open defecation since before its independence in 1971. The Department of Public Health Engineering (DPHE) began some of its first sanitation and latrine projects in the mid-1960s, a time when latrine coverage was estimated to be less than 1% (Al-Muyeed 2015). Since then, Bangladesh has made substantial progress in improving sanitation coverage across the country. According to the WHO/UNICEF Joint Monitoring Program (JMP), in 2000, approximately 18% of the population was practicing open defecation ((WHO/UNICEF, 2018)). As of 2018, the country had nearly ended open defecation. The significant accomplishments of improving sanitation are largely attributed to the leadership of the GoB and initiatives such as Community-Led Total Sanitation<sup>2</sup>, which was developed and launched in Bangladesh in the early 2000s (CRI 2017).

The first national sanitation-related policy in Bangladesh was the 1998 National Policy for Safe Water Supply and Sanitation. The policy guided the sector throughout the MDG-era, under which Bangladesh declared itself an open defecation free (ODF) country. In the SDG-era, Bangladesh is facing the ‘second generation’ sanitation challenge of FSM. Despite the new challenges, the same policy continues to guide the sector. However, there are a number of ongoing efforts to streamline

the old and to develop new policy and planning frameworks that strengthen the sanitation sector and enable new national targets to be met, aligning with SDG 6(Hutton & Varughese, 2016).

Thereafter, the lack of access to water, sanitation and hygiene (WASH) affects women disproportionately, in social, cultural, infrastructural, mental or even biological means. Against this backdrop, this report has made a concerted effort to investigate the issues behind the poor accessibility to WASH by women as well as explore the significance of women's role in improved WASH initiatives, citing evidences of several case studies.

## **2. RESEARCH OBJECTIVES:**

The main objectives of this term paper are the following:

- To describe the real condition for women in accessing to safe water, sanitation and hygiene in Khulna city in terms of equity and sustainability.
- 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.

## **3. 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.

#### **4. 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 women during her period to a cow shed (owing to her perceived uncleanliness 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 day’s 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.”

## **5. 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/>).

SDG targets 6.1 and 6.2 relate to drinking water, sanitation and hygiene and are far more ambitious than the previous MDG target 7c, which aimed to halve the proportion of the population without access to water and sanitation by 2015. First, the SDG targets call for universal and equitable access for all, which implies eliminating inequalities in service levels. Second, they include hygiene, which was not addressed in the MDGs. Third, they specify that drinking water should be safe and affordable, and that sanitation should be adequate. Lastly, they include explicit references to ending open defecation and to the needs of women and girls and those in vulnerable situations. The SDG goal-6 which specifically focused women access to WASH is the goal- 6.2: “By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.”

The SDGs recognize the importance of human rights for eliminating gender inequality (Goal 5) and for reducing inequality in general (Goal 10). Within Goals 3 and 4 on health and education, there are also requirements to achieve gender equality. It is therefore both crucial and timely to be discussing how gender inequalities are limiting progress in social and economic development. Meeting a single goal will take us nearer to achieve other SDG goals.

## **6. METHODOLOGY:**

In this study we have followed the JMP (joint Monitoring Programme) indicators to evaluate the water, sanitation and hygiene condition in the context of Khulna, Bangladesh. It has been carried out based on primary data collection. The JMP is established by WHO and UNICEF for Water Supply, Sanitation and Hygiene in 1990, and published regular global updates throughout the Millennium Development Goal period. The JMP estimates for a total 27 indicators

related to water, sanitation and hygiene (WHO, 2018). It is by far the most comprehensive global assessment of drinking water, sanitation and hygiene to date and includes a wealth of new information on the types of facilities people use and the level of service they receive. Additionally, the report provides global data on the percentage of people who have access to soap and water for hand washing. These new indicators correspond with the ambition of the SDG targets, and raise expectations for both service providers and monitoring systems (SDG-6, 2017).

The study had been conducted in a variety of sites like marginalized informal settlements (three slums of Khulna city) and public spaces (shopping areas, bus terminals, etc.). The most challenges faced by young women outside of own home are mostly the school-colleges and public places. Again in marginalized settlements, women face a lot hinders (unhygienic and unavailability) while in need of safe water and sanitation. So the study covered these highlighted areas to get an idea. The baseline of these variety of data gives quite a clear picture of the obstacles and poor condition of women access to WASH.

## 7. SURVEY

### FINDINGS:Site

#### Analysis :

The study is conducted to find out the present sanitation status of Khulna City. For this reason a survey was conducted which would represent sanitation problem in Khulna City. To study the sanitation system of public place the survey covered all five public toilet of Khulna City. Two urban slums in Khulna city were selected for the study: (i) Khashipur slum and (ii) Rishipara slum. Focus Group Discussions

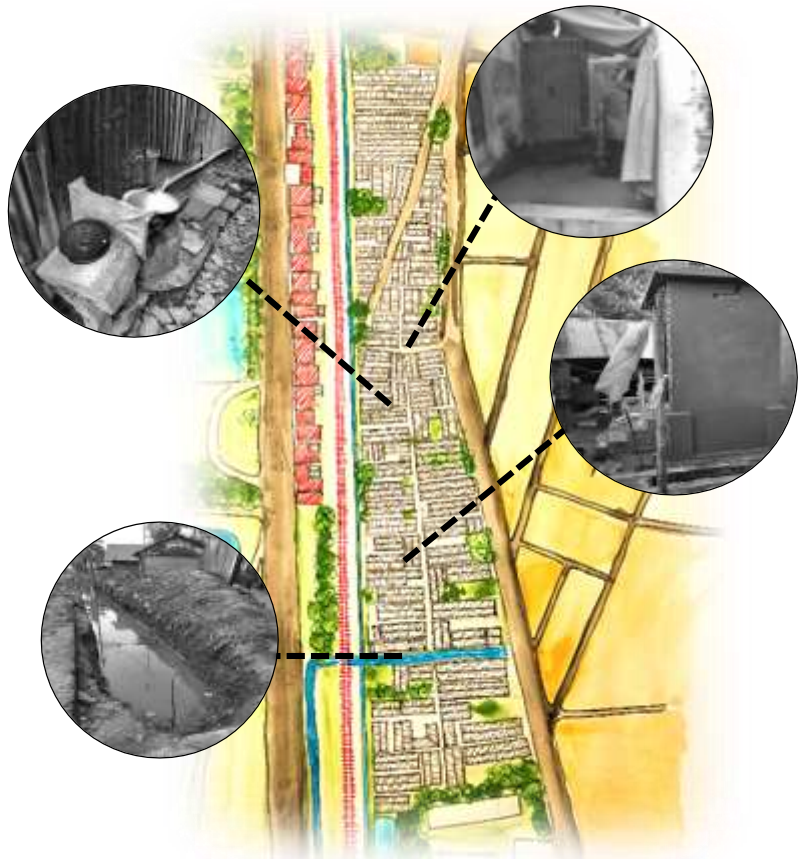


Figure 1:Khashipur slum Problem Map



(FGDs) were carried out, one in each slum. The data and information have been taken from the field survey and local authorities. Our study was carried out on observation and open ended questionnaire survey basis. The samples were selected on random basis from different public places area.

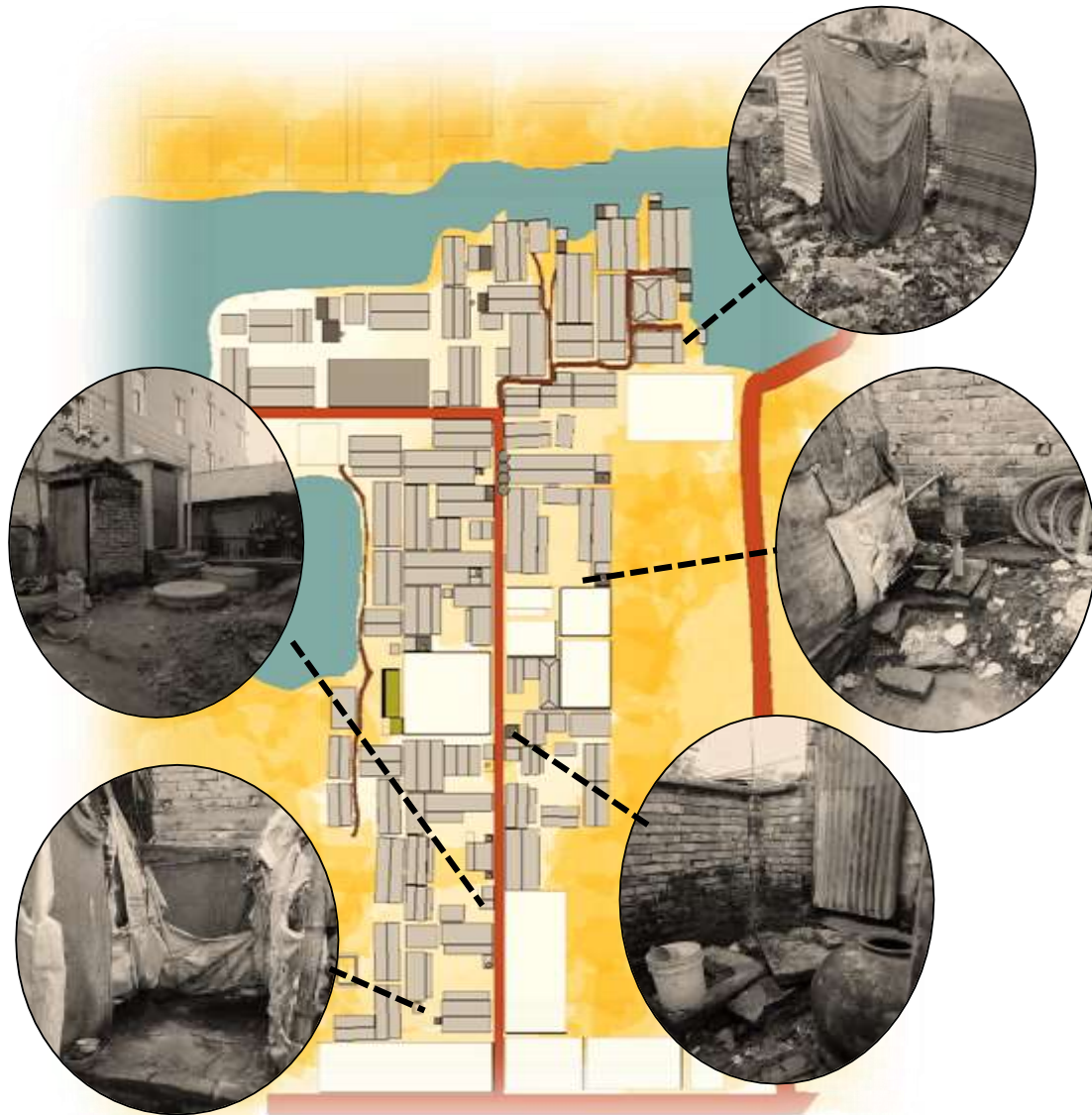


Figure 2: Rishipara slum Problem Map

While access to water supply was hard in all the surveyed slums, access to proper sanitation facilities has been found to vary significantly among the surveyed slums. The situation has been found to be particularly alarming in the Rishipara slum .In Rishipara slum, almost 30% latrines are unhygienic (i.e. without water seal and venting system). Open defecation is still practiced by some children living in the slum. In this privately owned slum, the slum-owner is not interested to

install sanitary latrines, while slum people are not permitted to construct latrines. Because of this, a very unhealthy situation is prevailing in the slum.

Khulna city most of the public places does not have a sewer network or drinking water provision of any kind. Lack of administration forces the large sections of the people to use unhygienic latrines and drink impure water which are not only a threat to their health but also to the environment. Most of public places have unhygienic latrines and some have no latrines. That's why women are face trouble in public place.



Here, the researchers have used JMP suggested indicators to evaluate the accessibility of women to WASH in Slum and public places. The entire water, sanitation and hygiene status is done following the **JMP** format.

**Table 1:Sanitation JMP indicators Survey outcomes**

<b>Indicator</b>	<b>Slum</b>	<b>Public places</b>
Improved sanitation facilities	S1.Dry latrines	P1.yes
	S2.Pour flush latrines	P2. No
Improved sanitation facilities connected to sewers	S1. No	Connection with drain
	S2.Yes	
Improved sanitation facilities connected to septic tanks	S1. No	P1.Yes
	S2.No	P2. Yes
Improved pit latrines or other on-site improved facilities	S1. Yes	P1.No
	S2.Yes	P2.NO
Unimproved sanitation facilities	S1.Few households	NO
No sanitation facility ( open defecation)	No	NO
Improved sanitation facilities which are shared ( limited sanitation services)	Yes, not limited	Two Common toilet(L/G) One Common toilet
Improved sanitation facilities which are not shared ( basic sanitation services)	No	NO
Sewer connections where wastes research treatment plants and are treated	No	NO
On site sanitation facilities where wastes research treatment plants and are treated	No	NO
On –site sanitation facilities where wastes are disposed of in situ	Yes	NO
Safely managed sanitation services	No	Yes

**Table 2: Hygiene JMP Indicators survey outcomes**

<b>Indicator</b>	<b>Slum</b>	<b>Public places</b>
A hand washing facility on premises	No	NO
A hand washing facility on premises with soap and water available ( basic hand washing facility )	No	NO
A hand washing facility on premises lacking soap and /or water ( limited hand washing facility	Yes	Yes

The diagram below (Figure 4) shows our substantial objective of investigating the condition of ‘Women access to WASH’ in Khulna as the fish head, while the issues behind are arranged under some broader dimensions with consecutive sub issues influencing them.

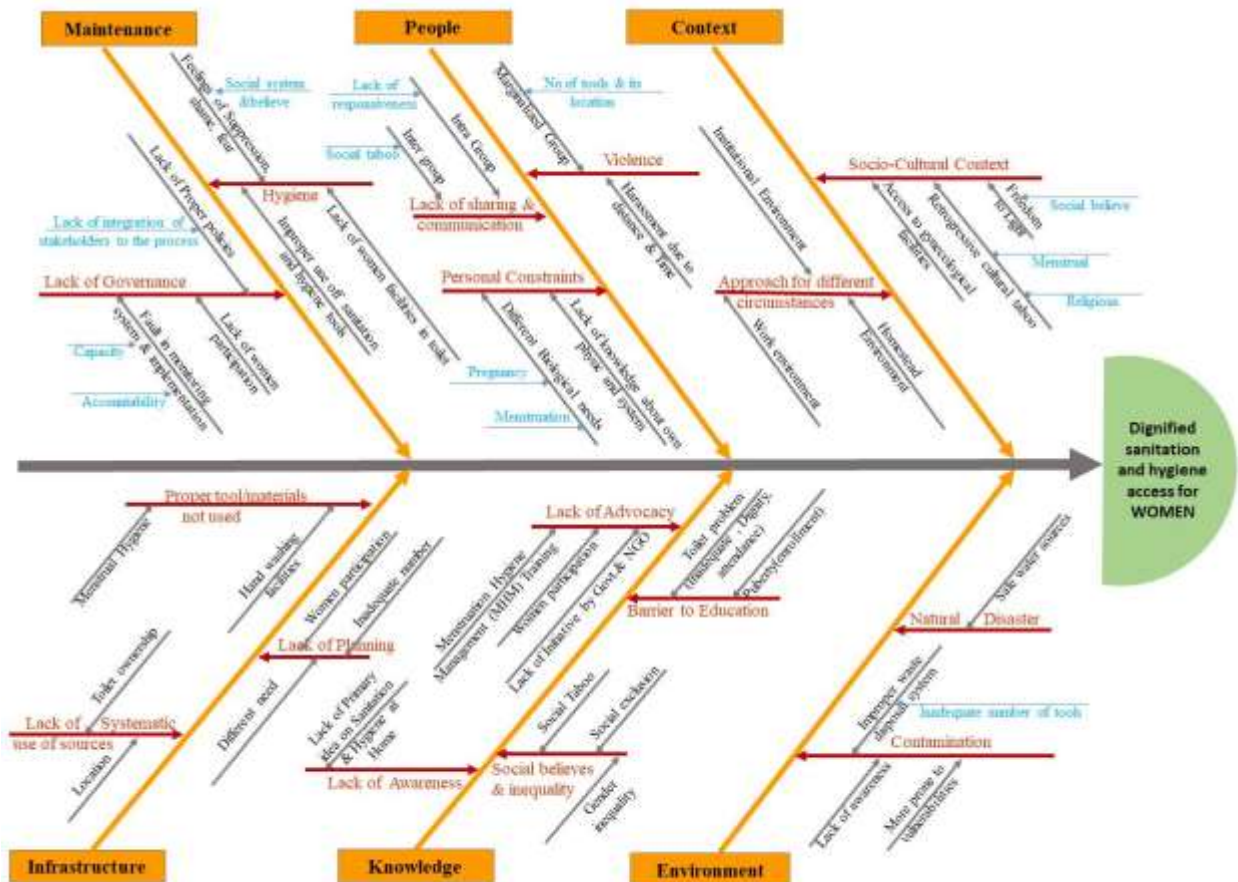


Figure 4: Fishbone Diagram

As the fishbone diagram is a cause-and-effect diagram that helps to track down the reasons for imperfections, variations, defects, or failures to its root, it was used as the analysis tool for stating the problematic condition of Women Access to WASH in Khulna.

## **8. LEARNING POINTS FROM THE KHULNA SANITATION EXPERIENCE**

- In educational institution toilets are commonly designed for male and female and thus in female toilets one third fittings are unused.
- Due to lack of proper management female toilets are unhealthy and unhygienic compare to male toilets.
- Female toilets are not user friendly for pregnant, female child and senior citizens.
- Proper and enough sanitary facilities are very limited in female toilets and thus during menstrual and emergency times females are unwilling to go to toilets for cleanness and discharge urine for a long time. This situation is caused for suffering urinary and others female diseases.
- Concern authority doesn't look after toilets for a long time.
- The existing situation doesn't ensure the equity for female to WASH.
- No drinking water sources in public places.
- Toilets are not adequate in public places and exiting toilets are unusable.
- In public places toilets are not mentioned separately for women and for this working women are not interest to use these toilets which impacts on their reproductive health for a long time.
- Hygiene provision is so limited in public toilets.
- Safe drinking water sources are inadequate in slum areas and existing facilities might be contaminated due to lack of proper management.
- Many people of slum areas purchase drinking water which indicates we still cannot ensure basic right like drinking water for all easily.
- Due to lack of proper drainage system in slum areas toilets are logged during rainy season.
- Infrastructural condition of maximum toilets is poor but due to intervention of stakeholders like NGOs built forms of toilets are quite good.
- Hand washing tools are very few in shared toilets in slum area.
- The health of female in slum area is at risk due to unhygienic condition of sanitation.

## 9. GOOD PRACTICES IN SECURING WOMEN'S RIGHTS TO WATER AND SANITATION

- Working for Water in Southern Africa and some progressive watershed development schemes in India are examples of the ways in which women's access to water and land has increasingly led to greater empowerment.
- Multiple use water services, often known as "MUS", is a participatory, integrated and poverty-reduction focused approach in poor rural and peri-urban areas, which takes people's multiple water needs as a starting point for providing integrated services, moving beyond the conventional sectorial barriers of the domestic and productive sectors. Research guided by MUS can help generate better insights and action to create a more bottom-up and joined up approach to address the MDGs.
- If school sanitation is gender sensitive, girl's attendance increases radically, as demonstrated in the Rural Water Supply and Sanitation Project in Morocco, sponsored by the World Bank. In the six provinces in which it was implemented, school attendance increased by 20% in four years whilst dramatically reducing the time spent collecting water by women and young girls.
- Projects focusing on improving sanitation facilities with a gender sensitive approach can also have an empowering effect for women. Addressing gender imbalances amongst students and ensuring the participation of the entire community in the East-Mono region of Togo led to girls taking up a leadership role and increasing their self-esteem and the creation of gender balanced school health committees.
- Gender mainstreaming activities in Uganda's Ministry of Water and the Environment led to both an increase in the Ministry's capacity to mainstream gender, as well as an increase in the representation of women at management level. In Kenya, incentives and boundaries for gender mainstreaming activities were introduced by the Ministry of Water and Irrigation, which supported both individual and collective gender mainstreaming mandates.



## 10.DISCUSSION

Reasons for not using the public toilets included dirtiness; inappropriate location; presence of men near the entrance; and having male caretakers. Features they wanted or liked included running water and soap; female caretakers (or trained older male caretakers if not); women only blocks; access off the main road (in an arterial road for privacy); toilets in or near petrol stations, bus stops and railway stations; a choice of squatting and raised seats; better availability; and means for disposal of sanitary pads.

To address the factors outlined and meet the requirements of women and girls, public and community toilets should: 1. be safe and private 2. Cater for menstrual hygiene management and other hygiene requirements 3. Be accessible to all users 4. Be affordable and available when needed 5. Be well maintained and managed 6. Meet the requirements of caregivers and parents these six broad requirements are important for all toilet users. However, focusing on the specific requirements of women and girls within these will maximize the benefits for them and reduce the disadvantages they face while also meeting the needs of men and boys and a wider range of toilet users, such as older people and people with disabilities.

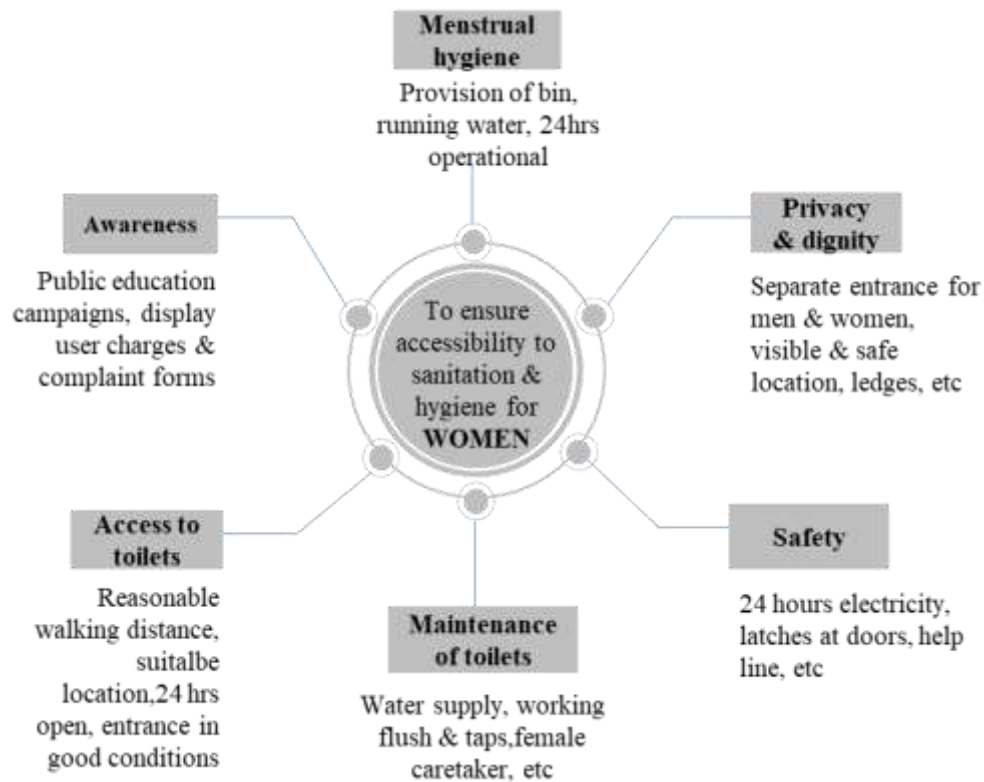


Figure 5: Gender aspects in the sanitation process

## **11.CONCLUSIONS AND WAYS FORWARD**

At the end of analysis of water and sanitation condition of public places the condition is really harmful for men and women both. But women and young girl are being suffered in most of the cases. And a big percent of women don't use public place because of the unhygienic condition. Another group of women are suffering many diseases for using these toilets. So it is really should be in the concern of the KCC of Khulna and other related management sectors.

The findings from this research, contributes to the broad area of assessment of sanitation needs and specifically addresses needs of women. Conclusions from the qualitative assessment of this on-going study was used by the city government in designing and setting up sanitation facilities for women in Khulna city. The results of this study are being used as an initial framework to reconstitute behavior change models appropriate to the region.

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