

**A Report on**

**'Women Access to WASH' in the Context of Khulna**

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## **Chapter 01**

### **Introduction:**

Sustainable Development Goal 6 (SDG 6) is one of **17 Sustainable Development Goals** established by the United Nations General Assembly in 2015. The establishment of SDG 6, ensure availability and sustainable management of water and sanitation for all, reflects the increased attention on water and sanitation issues in the global political agenda. It clearly showed the importance of water and sanitation to other elements of sustainable development, and vice versa. 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. 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 JMP (Joint Monitoring Programme) has developed a normative interpretation for each of the terms used in the targets, and the approach to global monitoring aims to reflect these as closely as possible. As a researcher belonging in the Human Settlement Program, we are trying to find out the equity of access for women to safe water, sanitation and hygiene.

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.

Here we follow the JMP (Joint Monitoring Program) method with 26 indicators related to water, sanitation and hygiene (WHO, 2018) to evaluate the water, sanitation and hygiene condition of educational institution, public place, institution and slum in the context of Khulna, Bangladesh. To compare the condition of Bangladesh we have already observed the slum area of socialist Vietnam as a case. From all of our study the research trying to draw an overall picture of the existing condition of water, sanitation and hygiene of different places of Khulna city. And our study is conducting through the lens of a women's perspective in our society.

## **Chapter 02**

### **Background**

In this era of globalization, majority are appertaining to the logistics of equity for all. A ‘Justified Living’ for ‘All’ with fulfilled basic needs is the motive. But woefully the reality is antithetical. For instance, access to safe drinking water, sanitation and hygiene is the key element of the life. Though access to water and sanitation are recognized as fundamental human rights (Monteith, 1947), incorporated in the International Covenant on Economic Social and Cultural Rights; even, billions of people around the world are continuing to suffer from these basic needs. According to the report by UNICEF and the World Health Organization (WaterAid, 2015), some 2.2 billion people around the world do not have safely managed<sup>1</sup> drinking water services, 4.2 billion people do not have safely managed sanitation services, and 3 billion lack basic<sup>2</sup> handwashing facilities.

The vulnerability of this issue can be apprehended well if we focus on the Sustainable Development Goal 6 (Tobergte & Curtis, 2013), which calls for clean water and sanitation for all people. The official wording is: "Ensure availability and sustainable management of water and sanitation for all." Because, for a sustainable future ensuring good health is a prerequisite, which is impossible without proper water, sanitation and hygiene facilities.

Being the academician 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<sup>3</sup>, 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 (Sida, 2015).

**1. Safely managed drinking water and sanitation services:** Drinking water from sources located on premises, free from contamination and available when needed, and using hygienic toilets from which wastes are treated and disposed of safely.

**2. Basic services:** Having a protected drinking water source that takes less than thirty minutes to collect water from, using an improved toilet or latrine that does not have to be shared with other households, and having handwashing facilities with soap and water in the home.

## **2.1 Context:**

### **2.1.1. Why Women?**

There are strong linkages between access to water, sanitation and hygiene, and gender equity (Gender and Development Network, 2016). A gender approach to water and sanitation services refers to assuring that all people, regardless of gender, benefit from, and are empowered by improved water and sanitation services, and hygiene practices. Which captivated our interest to the issue of deprivation of women from some basic needs like proper water, sanitation and hygiene facilities.

Research suggests that the lived experience of inadequate sanitation may contribute to poor health outcomes above and beyond pathogen exposure, particularly among women (House, Mahon, & Cavill, 2012). Because, in most cultures, women are primarily responsible for the use and management of water resources, sanitation and health at the household level. Over the years, women have accumulated an impressive store of environmental wisdom, being the ones to find water, to educate children in hygiene matters and to understand the impact of poor sanitation on health. At the same time, women and girls are often obliged to walk many hours every day fetching water, while men are rarely expected to perform such tasks (Jansz & Wilbur, 2013). Thus, the effects of the lack of clean water and decent toilets are felt most by women and girls.

Moreover, the vital role of women in water, sanitation and hygiene (WASH) interventions is undeniable. But even though women's involvement in the planning, design, management and implementation of such projects and programmes has proved to be fruitful and cost-effective, the substantial benefits of this approach are not properly recognized (Decade, 2006).

**3. WASH** is an acronym that stands for "water, sanitation and hygiene". Universal, affordable and sustainable access to **WASH** is a key public health issue within international development and is the focus of Sustainable Development Goal 6. Adequate water, sanitation and hygiene are **essential** components of providing basic health services.

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.

### **2.1.2. Why Khulna?**

Women and girls suffer more, being deprived from proper WASH facilities. In fact, this is an acute problem for the women and girls who live in poor, overcrowded urban area and in the rural areas of the developing world. Many of them have to wait to relieve themselves until dark or being crowd less, sometimes confronting the fear and the reality of harassment and sexual assault. When crises hit, even fetching water becomes risky for the distance and physical stress they have to go through. In many cases, school attendance by girls is lower and drop-out rates are higher in schools that have no access to safe water and no separate toilet facilities for boys and girls. And these generally seems to happen in the under developed as well as developing cities and villages due to lack of proper concern, planning, knowledge and so on.

Khulna is such a developing city with promising future. The population along with its development are assumed to be bustling in near future, and so are the crisis. The scenario is not so pleasant at present though. In Khulna city, inefficient and inequitable water & sanitation and environmentally unsafe solid waste management is leading to unhealthy living conditions, unsafe environment, poor quality of life for the disadvantaged people, especially for women (Parvin & Mostafa, 2018). This inefficient and inequitable portrayal of WASH is the evident of its urge to be concerned about.

As a result, if we do not focus on these challenges as soon as possible, it will negatively affect the cities future along with our chances of delivering on a number of Sustainable Development Goals.

Again, having better accessibility to the city was another catalyst to take it as the context. The goal was to understand women's lived experiences of WASH in Khulna, within different circumstances surrounding them; like Household, Educational Institution, Public spaces etc. Though, the study has been done in the specific context of Khulna, also, compared with some scenario of Vietnam as a global case, with a view to use the findings to develop some recommendations about women access to WASH.

Thereafter, in a nut shell, this report aims to a brief overview on why and how the women are being affected regarding the WASH, especially in the context of Khulna, Bangladesh. As a broader vision this may also lead to the recommendations on how to consider gender aspects in water, sanitation and hygiene (WASH) development projects and programme.

## **2.2 Problem Statement:**

### **2.2.1 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.

The diagram below (**Figure 1**) 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



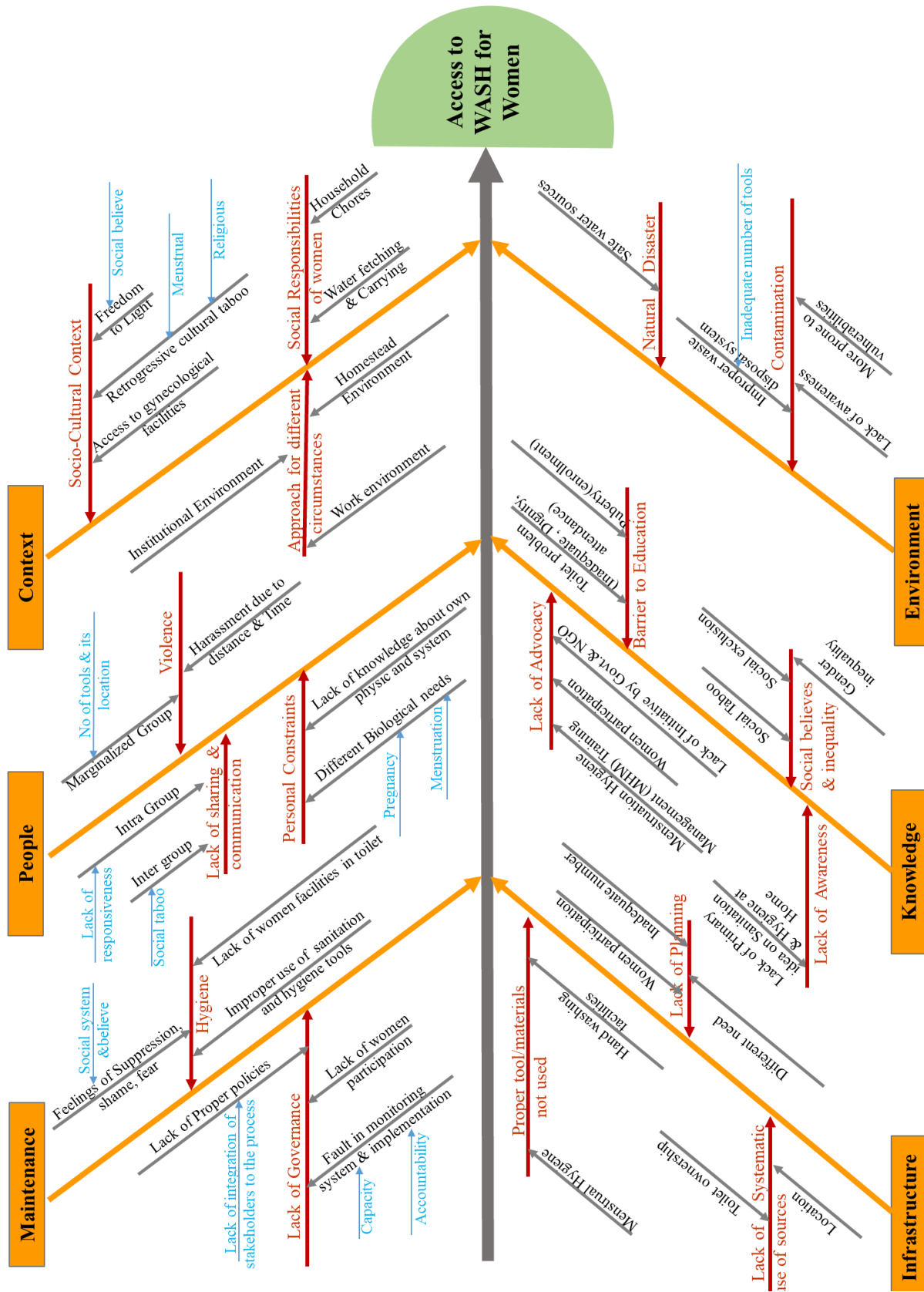


Figure 1 : Fishbone Diagram for Women access to WASH

## 2.2.2 Discussion

### 2.2.2.1 Maintenance:

Maintenance is a major issue to ensure and retain the WASH facilities for women. It is tough to secure the proper tools and access to WASH for women but it is tougher to maintain the conditions.

#### 2.2.2.1.1 Hygiene:

Hygiene is the most important part of women health, as they have special biological needs like menstruation or pregnancy, yet it is the most compromised one for lack of awareness, suppressing social believes, shame and so on.

##### 2.2.2.1.1.1 *Feelings of Suppression, shame, fear*

Dignity and self-esteem are something that have the potential to even change the entire scenario. The social system of Khulna as a growing city, is still something that does not allow the women to express their natural bodily function need without hesitation. There are thousands of stories where women ignored to go to the washroom just because she was in a circumstance full of male. Like, it's something of shame to attend the biological need. Again, there are stories where they pretend to be fasting during RAMADAN even when they are menstruating since exposing the fact will make her feel impure and it's a matter of shame.

To ignore their natural bodily functions out of fear causes discomfort but also increases the risk of being affected by health problems such as urinary tract infections, chronic constipation and mental stress (Kilsby, 2012). Due to security, cultural or social constraints women's mobility can be restricted which will decrease their access to water and adequate sanitation facilities even further.

##### 2.2.2.1.1.2 *Lack of women facilities in toilet*

Even if they come forward beyond the social taboos, there comes

the second burden, proper tools for women toilet. Due to obvious reasons, women toilet needs adequate hand washing, drying and recycling facilities in their zone. Let alone the facilities or tools, there are barely any separate zone specialized for women in any public/office/institutional washroom in context of Khulna. While there are thousands of ideas like ‘sanitary pad vending machine, automated hand drying tool’ are being practiced worldwide or even in some parts of our country.

#### *2.2.2.1.1.3 Improper use of sanitation and hygiene tools*

This issue is even more alarming. The women here, are less concerned about their hygiene as they are not properly groomed on this since their childhood. In many cases they lack the idea and knowledge about the proper usage of the hygiene tools or unaware about the proper rules of healthy sanitation.

#### *2.2.2.1.2 Lack of Governance*

There remains a lot of faults in the governing process. Instead of required insight and expertise, the intended outcomes are merely achieved due to lack of proper execution strategy. Which comprises the whole procedure starting from recommendation of convenient policies assessing the situation, up to the accountability of monitoring system. The absence of representatives of the target group i.e. the women participant in this level is also an element to care about.

#### *2.2.2.1.2.1 Lack of Proper policies*

Women have accumulated knowledge about water resources, including location, quality and storage methods, as well as insights in common habits and problems within a community, which are important information for programming (Sida, 2015) the required policies to guide towards the equitable WASH condition. But in many cases, the policies are

merely general and vague for these target group just because they do not integrate the women with the process of decision making. Whereas there should be definite framework to assist practitioners and researchers in planning, identifying and documenting gender outcomes associated with WASH programs (Carrard, Crawford, Halcrow, Rowland, & Willetts, 2013).The guidelines should be more distinct and practical so that it can help the practitioner to engage with the inherent complexity of gender inquiry, contributing to sector knowledge about the potential for WASH initiatives to advance gender equality.

#### *2.2.2.1.2.2 Fault in monitoring system & implementation*

In lieu of policies and program initiatives to eradicate the inequalities of WASH facilities based on gender, the success story is beneath the satisfactory level. One of the main causes are the faults in monitoring system & implementation. Specifically, in case of Khulna, the reason lies in the synchronization of different authorities associated with WASH. They plan and process different projects out of individual benefits instead of being a group of expertise who can hold the back if worked together. Lack of synchronization among the water and sanitation programs, integration of target groups for better implementation etc. are the causes behind the cumbersome processes.

#### *2.2.2.1.2.3 Lack of women participation*

Everyone has a right to health and dignity, and women and girls have specific needs too. Meeting these requires their equal and active participation in decision-making about sanitation and hygiene. (Crowley, 2007)

Because women are disproportionately affected by water and sanitation issues, it is critical that women are involved in consultation and decision making when it comes to improving water and sanitation solutions in communities (Does, Equality, Wash, &

Assessments, 2012). And yet women and girls are often prevented from participating in decision-making related to their access to water and sanitation. Women's generally lower economic and political power in comparison to men leaves them with reduced choices in how they access services. Traditional gender roles typically involve women and girls doing more work and spending more time than men and boys in managing the household's water, sanitation and hygiene.(Halcrow, Rowland, Willetts, Crawford, & Carrard, 2010). Thus, it is essential to ensure that women and girls are able to engage meaningfully in the decision-making processes that impact their access to water and sanitation.

## **2.2.2.2 People:**

### *2.2.2.2.1 Violence*

Aside from the health risks, the inaccessibility to WASH is uncomfortable, embarrassing and puts the women at risk of verbal and even physical abuse. They face various forms of violence at different ages, places and circumstances of their life just to attain some biological needs, which are meant to be their basic rights.

#### *2.2.2.2.1.1 Marginalized Group*

Female-headed households tend to be poorer and located in more precarious places, such as informal settlements or low-quality housing, compared to households that are led by two adults. This impacts the accessibility, quality, affordability, and acceptability of services available.

#### *2.2.2.2.1.2 Harassment due to distance & Time*

This is particularly risky business for women who have an increased chance of assault when they go to the toilet in the open. Women's experience of not

having access to toilets is different from men's, and it adds to the WASH problem significantly. One of the most fundamental issues is that women are at risk in places where open defecation is the norm and is at a distant place from their dwelling.

In recent years highlighting the danger of sexual assault to women and girls leaving the home to relieve themselves in fields or go to public toilets. (Slums & Nairobi, 2010) In many cases, the accused get away with the crime, demonstrating not only a disregard for the individual who has been attacked but also a wider social and cultural disregard for women and girls. Women's lives are fraught with danger simply for needing to fulfil a bodily function.

#### 2.2.2.2.2 *Personal Constraints*

##### 2.2.2.2.2.1 *Different Biological needs*

Women also have different needs when it comes to basic services. The reasons for this are both biological and cultural. Women's ability to reproduce makes the need for safe water, sanitation and hygiene especially important. When a woman is pregnant, access to safe water, sanitation and hygiene can be a matter of life and death. After all, the moments and days surrounding the birth of a child are fragile for both mom and baby; a lack of water for washing is a risk no one should face. 15% of all maternal deaths are caused by infections in the six weeks after childbirth, mainly due to unhygienic conditions and poor infection control during labor and delivery.

Even if a woman never gets pregnant, they will menstruate. In many places, menstruation is grounds for stigma, discrimination, prohibitions from using shared resources like water taps, and missed school days.

#### 2.2.2.2.2.2 *Lack of knowledge about own physic and system*

The alarming fact is that, most of the women lack basic knowledge about their own physical system. The social taboo, structure lead them to be ignorant about own self.

#### 2.2.2.2.3 *Lack of sharing & Communication*

##### 2.2.2.2.3.1 *Inter Group*

It took some very gentle prodding, but the women in one extended family finally opened up about menstruation, acknowledging that they had never before spoken about it in front of their husbands—while their husbands looked on silently, even curiously, but did not intervene. The social system of the city is not flexible yet to accept the natural sharing of this knowledges, even among there kith and kin.

##### 2.2.2.2.3.2 *Intra Group*

Water collection can foster social cohesion and provide women with an opportunity to communicate with other women and people outside their homes. On the other hand, it is a heavy task that also can expose women to threats of violence and health hazards when they need to go far distance to collect water, as well as the competitive conditions make the situations worsen.

### 2.2.2.3 **Context:**

#### 2.2.2.3.1 *Socio-Cultural Context*

##### 2.2.2.3.1.1 *Freedom to Light*

Without access to latrines, many women and girls become ‘prisoners of daylight’, using only the night as privacy. Night-time trips to fields or roadsides expose them to risk of physical attack and sexual violence.

#### *2.2.2.3.1.2 Retrogressive cultural taboo*

This is the root of all other social issues. The socio-cultural settings of the city are what makes the access of women to WASH a taboo. This makes the matter something not to discuss, not to know and not to deal with. To something mysterious and shameful.

#### *2.2.2.3.1.3 Access to gynecological facilities*

The resultant of thus retrogressive socio-cultural taboo is the accessibility of the facilities related to the gynecology. The separate washroom specialized and equipped for women use is nearly absent. Social structure force them to avoid even medical assistance from a male doctor. All these forces seize the accessibility of women to gynecological facilities.

#### *2.2.2.3.2 Approach for different circumstances*

##### *2.2.2.3.2.1 Work environment*

The needs of menstruating women and girls are also seldom considered in the provision of services, particularly outside the home in schools or other institutions.

##### *2.2.2.3.2.2 Institutional Environment*

Constructing secure, sex-segregated latrines at schools can give girls a place to manage their menstrual hygiene needs, keeping them clean, providing them dignity, and creating a measure of protection against discriminatory cultural norms, such as purity norms that posit that menstruating women will contaminate food or water pumps. Then, perhaps, they can just be students.



A lack of adequate private toilets and clean water to wash hands in schools, and the workplace, make managing periods difficult for girls and women. This means adolescent girls either miss school once a month or they drop out altogether. It is also a barrier for women going to work and earning an income. In India 23 percent of girls drop out of school when they start menstruating. In Nepal it's been reported that 41 percent of girls miss out on school during their periods.

#### *2.2.2.3.2.3 Homestead Environment*

The lack of access to adequate sanitation in the home, which often leads to people being forced to defecate in the open, has a different social and cultural impact on women and girls' health and safety, due to their status within most societies. These factors directly affect gender equality and women and girls' ability to enjoy their human rights

#### *2.2.2.3.3 Social Responsibilities of women*

##### *2.2.2.3.3.1 Water fetching & Carrying*

Due to cultural and historic reasons, women are often the primary collectors, transporters and users of water in developing countries. 40 billion hours total each year; a life of missing school, work, and playtime because, in many cultures, bringing water home is the only priority for women and girls. It's been acknowledged widely that the responsibility for collecting drinking water for the household, usually falls to girls and women.

According to Care Australia, women spend up to five hours walking an average of three-and-a-half miles every day simply to collect water. This impacts on their productivity significantly. It means that young girls spend their days walking long distances as part of their daily chores, when they could be in school receiving an education.

#### 2.2.2.3.3.2 *Household Chores*

They tend to have the main responsibility for health, child care and are managers of domestic water as well as promoters of home and community-based sanitation activities. This division of labor generally results in women's and men's different priorities for water use and management. It's not just the task of collecting water that falls to the females in the family, it's also dealing with the dirty water after it's been used.

“Women are more likely to be in the home and they are more likely to be associated with sanitation – looking after young children, for example. They are more at risk of disease due to pathogens as a result of their exposure to wastewater.

#### 2.2.1.1 **Environment:**

The impact of environment change will increasingly test the resilience of sanitation systems and availability of safe water owing to floods, droughts and extreme weather patterns, impacting vulnerable communities around the world.

##### 2.2.1.1.1 *Natural disaster:*

Due to natural disaster pollute sources of safe water. So, many people lacked safely managed drinking water. Even, use unprotected water sources.

##### 2.2.1.1.2 *Contamination:*

People use unimproved sanitation facilities that can pollute water and spread disease. Improper waste disposal system cause contamination. Women cannot dispose their menstrual pads properly due to negligence and inadequacy of source of disposal.

### **2.2.1.2 Knowledge:**

Women and girls are most often the primary users, providers and managers of water in their households and are the guardians of household hygiene. If a water system falls into disrepair, women are the ones forced to travel long distances over many hours to meet their families water needs.

#### **2.2.1.2.1 *Barrier to education:***

Inadequate private toilets and clean water to wash hands in schools, and the workplace, make managing periods difficult for girls and women. This means adolescent girls either miss school once a month or they drop out altogether.

#### **2.2.1.2.2 *Lack of advocacy:***

WASH programmes need to work in collaboration with other initiatives that address discrimination and women's rights violations. Equipping women with knowledge of their rights and the skills to undertake advocacy for themselves, by themselves, really can shift the balance of power.

#### **2.2.1.2.3 *Lack of awareness:***

Most of the cases it is evidence that women and girls are not aware about the safe disposal of menstrual waste. Even, they do not know about safe tools for menstruation

#### **2.2.1.2.4 *Social believes and inequalities:***

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. Women's dignity, self-esteem and ability to participate in society are all affected.

### **2.2.1.3 Infrastructure:**

Women and girls spend significantly more time acquiring water than men and boys. So, if the source of water is in long distance than it will be difficult for them. Even right of decent toilet seems unavailable for women and girls.

#### **2.2.1.3.1 *Lack of planning:***

When plan for public or institutional toilet less concentration towards women and also no women involvement seen in decision making. As result, inadequate toilet, sanitary facilities, undignified environment occurs.

#### **2.2.1.3.2 *Proper tools/materials not used:***

In public place no proper sanitary facilities for women. Basic hand washing facilities were missing in few places along with menstrual facilities.

#### **2.2.1.3.3 *Lack of systematic use of sources:***

Women are vulnerable to ownership and location of toilet. In some places assault occurs when women or girls travel far for toilet or water collection.

## **Chapter 03**

### **Aims and Objectives**

#### **3.1 Aim of the Study:**

The present study will be prepared based on primary sources which seek to find out the equity of access for women to safe water, sanitation and hygiene.

#### **3.2 Objectives of the Study:**

Every research has a set of objectives which make the study more specific in its nature of analyzing the selected field. In this respect it needs a specific set of objectives in relation to the aim which are mentioned hereafter:

1. To describe the real condition for women in accessing to safe water, sanitation and hygiene in Khulna city in terms of equity and sustainability.
2. To compare the condition of WASH (Water, Sanitation and Hygiene) of women with that of male in terms of equity and sustainability
3. To evaluate the role of concerned authority for ensuring the accessibility of women to WASH.
4. To recommend the solution for improving accessibility of women in WASH.

## **Chapter 04**

### **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 academic institutions (schools, universities, etc.), 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 of hindrances (unhygienic and unavailability) while in need of safe water and sanitation. So, the study covered these highlighted areas to get an idea. To compare the local condition of Bangladesh with respect to global south context, we have also observed the slum area and few public places of Vietnam as a case. The baseline of these variety of data gives quite a clear picture of the obstacles and poor condition of women access to WASH.

## **Chapter 05**

### **Literature Review**

#### **PREVALENCE OF ACCESS INEQUALITY AND INEQUITY FOR WOMEN:**

In most cultures, women are widely neglected in the planning and management of equal access to safe water, sanitation and health. And the consequences are severe like kidney diseases, UTI, menstrual hygiene, risky pregnancy and maternal conditions and overall poor health. This is still an acute problem in Bangladesh compared to other global south countries. Over the years, women and girls are often obliged to walk many hours every day fetching water, while men are rarely expected to perform such tasks. (WGTF, 2006). At this backdrop, this write up has made an effort to explore the hindrances that are still in place widely for women's equal access in safe water, sanitation and hygiene, citing evidences of several case studies within Khulna city and as an abroad case from Vietnam slum and public spaces.

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."

There are strong linkages between accesses to water, sanitation and hygiene, and gender equality. A gender approach to water and sanitation services refers to assuring that all people, regardless of gender, benefit from, and are empowered by improved water and sanitation services, and hygiene practices.

Women are more at risk than men. It is women and girls that are most affected by the lack of water and sanitation. Here are four reasons why water and sanitation are a gender issue:

1. Impacts on productivity - In many developing countries, people don't have access to a supply of reliable clean water nearby and therefore have to travel to find a water source. It's been acknowledged widely that the responsibility for collecting drinking water for the household, usually falls to girls and women.

According to Care Australia, women spend up to five hours walking an average of three-and-a-half miles every day simply to collect water. This impacts on their productivity significantly. It means that young girls spend their days walking long distances as part of their daily chores, when they could be in school receiving an education. Boys are not given the same gendered responsibilities so are more likely to have more time to go to work and school and prosper and thrive.

2. Barrier to education -A lack of adequate private toilets and clean water to wash hands in schools, and the workplace, make managing periods difficult for girls and women. This means adolescent girls either miss school once a month or they drop out altogether. It is also a barrier for women going to work and earning an income. In India 23 percent of girls drop out of school when they start menstruating. In Nepal it's been reported that 41 percent of girls miss out on school during their periods.



3. Risk of violence - According to the World Health Organization 1.1 billion people (15% of the global population) practice open defecation. This is particularly risky business for women who have an increased chance of assault when they go to the toilet in the open. There have been several reports in international news in recent years highlighting the danger of sexual assault to women and girls leaving the home to relieve themselves in fields or go to public toilets. In many cases, the accused get away with the crime, demonstrating not only a disregard for the individual who has been attacked but also a wider social and cultural disregard for women and girls. Women's lives are fraught with danger simply for needing to fulfil a bodily function. (Volume 7 | Issue 6 | Page 24-31 | November 2016, Women and WaSH: The Human Rights to Water and Sanitation)

4. Poor health - It's not just the task of collecting water that falls to the females in the family, it's also dealing with the dirty water after it's been used. At World Water Week (WWW) in Stockholm earlier in 2017, Professor Cynthia Mitchell from UTS Institute for Sustainable Futures outlined - "Women are more likely to be in the home and they are more likely to be associated with sanitation – looking after young children, for example. They are more at risk of disease due to pathogens as a result of their exposure to wastewater."

Because women are disproportionately affected by water and sanitation issues, it is critical that women are involved in consultation and decision making when it comes to improving water and sanitation solutions in communities (WaterAid, 2017).

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.

All of these major findings and personal life experiences influenced our research team to look more deeply in the present condition of our own city Khulna and also triggered to investigate and compare with another south Asian country Vietnam to understand the situation and progress.

## **Chapter 06**

### **Discussion and Analysis of The Result**

#### **Slum areas: Khulna Slum**

Over the past two decades, water-supply and sanitation improvements in urban areas have failed to keep up with population growth in the developing world. Many people who live in cities do not have access to improved sanitation facilities, and the urban poor pay far more for a litre of water than their wealthier neighbors, since they often have to buy it from private vendors. Urban slum dwellers have very limited access to safe water, sanitation and waste management.

People living in slums are often unaware of the ill effects of unsafe water, unhygienic latrines, and improper disposal of solid wastes and consequently suffer from diseases and burdens of health care costs. For improving WASH services, it is a prerequisite to have a clear understanding of the WASH challenges in urban slum areas. There are 520 slums in Khulna, among them here we review 4 out of those slums access to WASH for women condition. Four urban slums in Khulna city were selected for the study: (i) Rupsha slum, (ii) Railway slum, (iii) Khashipur slum and (iv) Rishipara slum. Focus Group Discussions (FGDs) were carried out, one in each slum. The main purpose of the FGDs was to get views of slum dwellers on different aspects of WASH for women.

#### **Slum overview:**

Among the four slums, Rupsha slum is the largest, with about 3240 households. This is followed by Railway slum with about 1200 households. Rishipara slum smaller than Kashipur slums. Out of these four slums, two are located on Government-owned land, while one (Kashipur slum) is located on railway land and other one is few owned and private land.

In Rupsha and Railway slums, WASH intervention took place by an NGOs in the past, whereas in Kashipur and Rishipara slums, no intervention. These three slums, where there is no ongoing

service intervention activity, have been referred to as “non-intervened” slum. Currently WASH interventions is continuing by a number of organizations/NGOs (DSK, IPD, Water for All, UPPR);



Fig. Rupsha char slum problem map