

# Gender and sanitation: breaking taboos, improving lives



Photo: Jay Butcher / Tearfund

Good sanitation (the safe management of human waste) and hygiene (practices that prevent the transmission of disease) are critical for long-term health and well-being. Far more needs to be done to improve sanitation infrastructure and hygiene education and practices.

Currently 1.8 million children under the age of five die each year as a result of diseases caused by unclean water and poor sanitation – equivalent to 5,000 preventable deaths each day. Improvements in sanitation and hygiene are fundamental to ending this tragedy. Improved sanitation contributes

to better health, increased education opportunities, safety and dignity, especially for women and girls.

Urinating and defecating are natural and everyday activities for all of us. In developed countries we take modern flush toilets for granted; nearly half the households in

England have two or more toilets. The true importance of safe water and adequate sanitation is often only recognised when they are not available. We can all think of times, perhaps when camping or making a long journey, when the lack of a toilet has caused us significant discomfort or embarrassment. When we are unwell, clean, convenient toilet facilities become critical for health and comfort.

There are few things more unpleasant or humiliating than having chronic diarrhoea without access to a private latrine – yet this is a reality for billions of people around the world who do not have access to even the

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2.5 billion people live without 'improved sanitation'. This has a disproportionate effect on women and children

most basic sanitation. Poor women and men are vulnerable to serious illness owing to poor nutrition, and people living with HIV are particularly susceptible to diarrhoea as their immune system is weakened. Diarrhoea can also be a side-effect of antiretroviral drugs. The ability to use a latrine safely, hygienically and discreetly, is essential for health and dignity and promotes human development across many other areas.

Women are particularly affected by a lack of adequate latrines and sanitation facilities. In developing countries women are often primarily responsible for managing their households, collecting water, cleaning and looking after children and family members who are sick. Clean, private facilities and appropriate education around sanitary health are particularly important to women for

ensuring dignity and good health, particularly during menstruation. In any interventions to improve sanitation and hygiene it is therefore critical to consult both men and women to ensure that everyone in the community benefits.

Tearfund's vision is to release 50 million people from material and spiritual poverty through a worldwide network of 100,000 local churches. We call our approach 'integral mission', which involves valuing every aspect of a person's life, promoting restored relationships and challenging injustice. We are working with churches to end the poverty and gender injustices caused by inadequate sanitation, which have a disproportionate impact on women, to bring transformation to individuals and whole communities.

## Scale of the sanitation scandal

2.5 billion people globally live without 'improved sanitation', ie without sanitation that safely separates human excreta from human contact. Eighteen per cent of the world population have no sanitation infrastructure whatsoever and defecate in the open, in fields, forests, bushes or bodies of water, or dispose of human faeces with solid waste. This figure is a massive 48 per cent in Southern Asia (including 665 million people in India), and 28 per cent in sub-Saharan Africa. This has tremendous health implications, and can also make women more vulnerable to serious harm and abuse.

For households with no latrine in rural areas, defecation often involves a journey outside the village into scrubland or forest, to a location where people are able to go to the toilet without fear of being seen. In some countries, there may be a communal pit that people use. In other places, people traditionally seek out an isolated spot, which leaves women particularly vulnerable to abuse. Population growth and environmental degradation due to the cutting of trees for firewood mean that women in particular have to walk further than ever to find private places to go to the toilet.

In urban areas, the lack of adequate sanitation facilities is particularly serious, as the high population density increases the risk of disease. In many slum communities, such



Photo: Tim Clarke / Tearfund

as Kibera slum in Nairobi, the principal means of sanitation is the 'flying toilet', whereby people defecate in a plastic bag and dispose of it by flinging it as far away from their house as they can. The health of the whole community is put at risk by the indiscriminate and unhygienic disposal of waste products. In slum areas, the lack of land rights for people living in informal settlements means that local authorities have no obligation to provide adequate sanitation facilities, and governments often lack a clear policy to deal with these areas.

According to the World Toilet Organisation (WTO), the average person goes to the toilet six times a day – 2,500 times a year – and women spend three times longer in toilets than men because of biological differences. It is important that women are consulted in the design of toilets to ensure that facilities meet their needs and are safe, clean and pleasant to use. Improved sanitation is about much more than building toilets; infrastructure needs to be accompanied by education to help change attitudes and behaviour.

## Sanitation can bring dignity and safety

In many cultures, it is embarrassing to be seen going to the toilet as it is associated with shame and perceptions of uncleanness. Many women will wait until dark to relieve themselves, with serious implications for their health and safety. Walking to remote locations outside the village leaves women vulnerable to attack and potential rape. Attempting to 'hold out' until the evening may result in physical harm, such

Tearfund's Disaster Management Team has been working in Liberia since 2004, providing relief and development in the aftermath of the civil war. In one village, residents told of the difference that latrines have made to the community. One member of a community women's group stated simply:

*'It has saved us from being raped by having to go into the bushes.'*

## Children's sanitation and care of infants

The safe management of infants' faeces is particularly important for health and reducing infant mortality rates. Children's faeces are more infectious than adult faeces, and are less likely to be disposed of safely. In most developing countries the responsibility of childcare falls to women, and in poor communities there are many things that make the hygienic disposal of children's waste difficult. For instance, poor people are less likely to have access to soap and other hygiene products. Only a minority of the middle class would be able to afford disposable nappies, which are hard to dispose of adequately, but most women would have to regularly clean soiled clothes or nappies with an inadequate supply of clean water. In India, it is common to see children going to the toilet anywhere in the household compound, and then to be wiped dry with the edge of a sari. The World Health Organisation reports that in Bangladesh, children's faeces are adequately disposed of less than half of the time, and in 37 per cent of cases are left in the open.



as urinary tract infections. People may also attempt to modify their diets, by not eating certain fibrous foods such as pulses or leafy vegetables. An unbalanced diet may result in negative long-term health consequences, including various disorders of the bowel, such as constipation, piles, serious inflammation and irritable bowel syndrome. There are also links to heart disease and diabetes.

Tearfund works alongside and through the local church to improve health and access to sanitation. In the community of Abayatir in Ethiopia, a Tearfund partner has been running participatory hygiene and sanitation training. The training has taught members of the community the importance of having a latrine and how to build one. Serekelem Denkenhe, 30, speaks of the improvements she has experienced as a result of building a latrine:

*'Before we constructed a latrine, if we had to go, we had to find an open field and during the dark we were exposed to danger, especially women. In our culture a woman's dignity means that if she needs to defecate she has to go early*

*in the morning before 6 o'clock, when people wake from their beds. If you miss that time in the morning then you suffer all day.*

*'Three years ago we built a latrine which has had huge benefits for us, in terms of cleanliness and privacy. Before we would use stones rather than paper. Because the latrine is in my own compound I can use water to clean myself. These problems have been solved because of the pit latrine [and hygiene education].'*

There are times when it is not possible for women to walk long distances to go to the toilet, such as during the rainy season, or after pregnancy. This may cause serious discomfort, and women may seek other ways to manage this, such as by using pots filled with sand within the home. In such circumstances, hygienic management of waste is extremely difficult and risks of disease increase. Washing and bathing in privacy are also more difficult for women without adequate facilities.



Photo: Harry Sharpe / Tearfund

Methods of sanitary protection are extremely important for health and dignity

## Women and menstrual hygiene

People often find it embarrassing to talk about menstruation, the monthly period when the unused lining of a woman's uterus, rich in blood to feed and protect a fertilised egg, is discharged. However, methods of sanitary protection are extremely important for health and dignity. In the lifetime of an average woman, she will have to manage more than 2,000 days of menstruation.

Women and girls need to change their sanitary protection around three or four times a day during the period of menstruation. What is available to them in terms of sanitary protection often varies according to their income. Poor women are likely to use a variety of inexpensive, reusable materials. A study in Uganda found that to purchase sanitary protection at market prices cost around a tenth of a poor family's monthly income – equivalent to the cost of enough paraffin for a month – which is prohibitively expensive.

Professional women in developing countries also face challenges due to inadequate

sanitation facilities. Many businesses do not have separate toilet facilities for men and women, and lack sanitary bins to dispose of sanitary products.

Although a few societies celebrate 'menarche', a woman's first period, menstruation is taboo in most countries. In many cultures menstruation is associated with uncleanness which restricts the behaviour of women at these times. For example, in some regions of Nepal, tradition forces menstruating women to live in separate huts and not participate in community life. Such taboo could reinforce a woman's sense of shame or low self-image. Menstruation often causes physical discomfort, cramps, tiredness and nausea. While women in developed countries may be able to afford painkillers and other pharmaceutical products to alleviate these symptoms, women in sub-Saharan Africa or Asia rarely have access to these products.

### A tragic taboo

The vast majority of women and girls in Bangladesh use rags – usually torn from old saris, known as *nekra*, held in place with string. Rags are washed and used several times. There is often no private place to change and clean the rags and often no safe water and soap to wash them properly. A culture of shame and embarrassment forces women to seek well-hidden places even in their homes to dry the rags. These are often damp, dark and unhealthy, leading to serious health risks from mouldy cloths. In Bangladesh, Water Aid reports a case where a girl died after a harmful insect entered her body after landing on her rag as she left it to dry. Such a tragic example shows the need for good education around adequate menstrual hygiene and appropriately designed facilities, and the potential benefits of the supply of low-cost menstrual hygiene products.



Photo: Jay Butcher / Tearfund

**'It appears that, especially as girls get older, having private latrines in schools is critical, not just nice.'**  
 Herz and Sperling (2004)  
*What works in girls' education*

## Girls, sanitation and education

Young girls, particularly after puberty, are less likely to attend classes if schools do not have adequate sanitation facilities. For a girl's basic schooling period from grade four to ten (age ten to 16), she will have to manage about 450 days of menstruation. It is estimated that ten per cent of school-age girls in Africa do not attend school during menstruation or drop out completely at puberty because of the absence of clean and private sanitation facilities in schools. About half the girls in sub-Saharan Africa who drop out of primary school do so because of poor water and sanitation facilities.

It is important for schools to have separate latrines for boys and girls, ideally in different blocks. In Pakistan, two-thirds of schools do not have any latrines, which is a significant factor in the low enrolment rate of girls. Researchers in Kenya, Uganda and Zimbabwe found that in those schools that did have toilet cubicles, they were often overcrowded and overflowing. Official guidelines state that there should be one toilet per 20 students. In reality the ration was much higher, with some schools having 200 students to one toilet.

In southern Sudan, the lack of sanitary protection is often mentioned as a barrier to girls' education. For families with barely enough clothing for the whole family, finding sufficient rags from which to make home-made sanitary pads can be very difficult. Inadequate or insufficient sanitary protection can be very embarrassing, since soiled uniforms can provoke ridicule, putting girls at risk of experiencing stigma and discrimination.

Water Aid Bangladesh found that a school sanitation project with separate facilities for

### Menstruation and school attendance in India

*'I was brought up in the city of Pune, India. My parents were quite unorthodox in their approach to menstruation and I did not have to endure exclusion from religious functions, or seclusion at home and elsewhere and so on, during my periods. But I did face a major problem – attendance at school. It was about 7 km away from my home and commuting was not direct; hence I could not come home easily if I had a problem at school. The school was located in an area with very little groundwater, and municipal water supply was also inadequate. As a result, on most days, all taps in the school, including those in the toilets, ran dry. I needed to change every four to five hours for about three to four days and hence I had to remain absent from school at the beginning of each period – which lasted for nine or ten days. One or two of my teachers were concerned about the gaps in my attendance and I distinctly remember two occasions on which I was asked why I remained absent so often. Unfortunately, I did not have the courage to broach the subject myself and I remained guiltily silent, as if I had no valid reason, and accepted the blame.'*

Case study from a Pune-based NGO, quoted in Bharadwaj and Patkar (2004)

boys and girls helped boost girls' attendance by 11 per cent per year, on average, over seven years.

Education around puberty and menstruation is inadequate in most countries, as school

pupils are rarely given accessible and accurate information. Teachers themselves may have only a limited understanding, and may not be confident in teaching about sanitary health. Female teachers and adequate facilities are key to increasing girls' attendance in schools, alongside ensuring their safety and addressing parents' concerns.

## Women and decision making

As mentioned earlier, women typically manage the household in developing countries, and are responsible for many of the activities relating to sanitation and hygiene. This responsibility means that women may value sanitation facilities more highly than men, but often do not have the control of resources to ensure that these are put in place. According to the Federal Ministry of Health in Nigeria, men make 57 per cent of all decisions regarding health-related issues at the household level, even though women are largely responsible for the care of sick family members. While men in most developing countries construct latrines, women are usually responsible for keeping them clean and useable.

The low political priority of sanitation at all levels reflects the under-representation of women in positions of political power. The many household responsibilities of women often prohibit them from participating in political life. This means that national and international governments typically do not put as great an emphasis on sanitation and hygiene education as they should.

## Conclusion

Sanitation and hygiene are vitally important issues in developing countries, with clear links to health, infant mortality and education. Educating girls and incorporating practical aspects such as personal hygiene and sanitation in the school curriculum can have massive impacts on the whole community. Women are made more vulnerable by a lack of sanitation infrastructure and must be included in decision-making to ensure that new sanitation initiatives are appropriate for all. There is a need for greater awareness of the different impacts on women and men, and cultural stigmas and taboos around these issues must be broken. Tearfund, working with and through the local church, is bringing transformation to whole communities, including improvements in health and dignity for women, men and children. Tearfund is calling on governments and policy makers to play their part by prioritising sanitation and hygiene and committing to global and national action which leads to sanitation for all.

[www.tearfund.org/waterandsanitation](http://www.tearfund.org/waterandsanitation)

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are made more  
vulnerable by a  
lack of sanitation  
infrastructure

# tearfund

Tearfund is a Christian relief and development agency working with a global network of local churches to help eradicate poverty.

[www.tearfund.org](http://www.tearfund.org)

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