GENDER AND SANITATION: OUR LEARNING JOURNEY

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GENDER AND SANITATION: OUR LEARNING JOURNEY

What are we learning?

Why this matters for you
BMGF WSH TEAM APPROACH: Gender and Sanitation

An action-learning approach to:

- Build capacity within the WSH team to apply a gender lens in investments
- Provide clarity on how the WSH team can be more gender intentional
- Conduct an evidence review on the links between WASH and Gender
- Produce a set of WASH and gender case studies
- Develop a learning agenda of priority questions to be answered through investments
- Identify transformative levers that can accelerate impact within and WSH at BMGF
- Build a simple and manageable system that identifies metrics and tracks results
- Gender aware WSH team strategy
WSH TEAM BEFORE...

Facilities and Use

WSH TEAM AFTER...

Decision / Influence  Facilities and Use  Construction  Maintenance  Containment  Emptying  Transport  Treatment  Reuse / Disposal
Qualitative, and select, quantitative data suggests returns to improved menstrual health may include:

- **Increased empowerment**: taboos around menstruation perpetuate widespread discrimination against women and girls resulting in a lack of dignity, confidence, mobility, and comfort managing a monthly period.

- **Better designed service delivery**: lack of consideration for the needs of women and girls leads to poorly designed sanitation services which, in turn, lead to increased women’s psycho-social stress.

- **Improved health and well being**: unhygienic MHM practices and low-quality products can lead to infection, discomfort, and result in permanent health problems.

Challenges with menstrual health, and menstrual hygiene management specifically, may be a symptom of discriminatory social norms that women, and girls face at puberty.

In Ethiopia, research shows that 25% of girls do not use any products to manage their period and instead isolate themselves during menstruation.

On any given day, more than 800 million girls and women between the ages of 15 and 49 are menstruating.

In India, 10% of girls believe menstruation is a disease.

WHY WE’VE INVESTED IN MENSTRUAL HEALTH
CORE COMPONENTS TO ADDRESS MENSTRUAL HEALTH + WHAT WE ARE DOING TODAY

1. Access to knowledge
   - Getting the basic information
   - A confidant to talk with about puberty
   - Knowing how to use products
   - Having a family that knows the facts

2A. Access to products
   - Affordable products
   - Safe products
   - At a girls home
   - In her normal orbit (school, work, markets)

2B. Access to services
   - Toilets at home
   - Toilets in public spaces
   - Appropriate product disposal
   - Water for hygiene

3. Better social norms
   - Breaking the taboo
   - Building girls agency
   - Removing religious barriers
   - Sexual control for girls
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WSH: ZanaAfrica is looking at in-expensive pads for girls coupled with knowledge provision in Kenya

WSH: PSI study Market research to characterize consumer preferences for MHM products

WSH PAC: WSH United’s global MHM campaign established global MH Day on May 28

FP/IntDel: The Institute of Reproductive Health, with Save the Children and PSI, is implementing a gender-transformative puberty education program in DRC

GC: ICDDR, B is conducting a school-based MHM intervention in Dhaka to inform national guidelines

WSH PAC: Speak Up Africa, is designing a community- and social media-based approach to breaking taboos around menstruation
GENDER AND SANITATION: OUR LEARNING JOURNEY

What are we learning?

Why this matters for you
EVIDENCE REVIEW

1. Understand if, where, and how gender influences sanitation and to what extent sanitation is important for gender equality and women and girls.

2. Understand the strength of the evidence base to show what the field knows and where there are gaps.

3. Surface the most important challenges that emerge across the sanitation value chain related to gender.

4. Highlight potential learning questions and knowledge gaps to inform the WSH team’s learning agenda.
HOW DOES GENDER INFLUENCE SANITATION?

• GENDER DIFFERENCES: Evidence shows there are gender differences in sanitation decision making, facility use, construction and maintenance; yet there is little evidence on gender differences in participation and leadership.

• BARRIERS: Failure to consider gender creates barriers across the value chain; current efforts are focused on increasing women’s participation, but rarely consider underlying gender norms that prevent them from doing so.

• RELATIONSHIPS: Marriage and relationships within the household influence sanitation related decisions including access and use; need for privacy.

• GENDER BASED VIOLENCE: Sanitation is not a significant driver of gender based violence, however, fear of sexual assault, shaming and harassment influences women’s mobility and access to sanitation facilities outside the home. Sanitation is linked to women’s psychosocial stress.

• LEARNING & WORK: Boys and girls are both impacted by poor sanitation in school. Some, but not all, studies show the effect is larger for girls than for boys. There is limited research on gender differences in sanitation access and use in the workplace and its impact.

• TECHNOLOGY: Gender differences are rarely considered in sanitation technology design and programming contributing to additional burden on female users and limitations in achieving sanitation outcomes for all. MH product disposal is rarely considered.

• POLICY: Women’s participation in sanitation policy making and decision-making is limited. There is some evidence that increasing women’s participation leads to better policies but we need more data.

• M&E: Measurement and evaluation is limited to sanitation access and use, with minimal consideration for empowerment outcomes.
**EARLY LEARNINGS FROM OUR EVIDENCE REVIEW**

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### Household

- **Discriminatory gender norms within the household**
  - Women have limited roles in sanitation purchasing decisions, maintenance, and access to new sanitation facilities.

- **Unequal representation**
  - Women are not equally represented in decision-making committees.

- **Gendered roles**
  - Men outnumber women by nearly 42% in decision-making roles for little or no income, perpetuating inequities and poor economic outcomes.

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### Community

- **Community sanitation enterprises**
  - Sanitation enterprises are largely run by men; however, its correlation to sanitation and gender outcomes is unclear.

- **Sanitation staff**
  - Half of the countries surveyed reported that women comprise less than 10% of total professional WASH staff.

- **Scavengers**
  - In India, up to 95% of the manual scavengers (people who remove human waste) are women.

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### Public and private enterprises

- **Sanitation enterprises**
  - Half of the countries surveyed reported that women comprise less than 10% of total professional WASH staff.

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### Governance, policy, and financing

- **Policies as gender neutral**
  - Policies are designed as gender neutral, overlooking diverse needs of men and women across the life course.

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**“Sanitation is not, on its own, the solution to achieving gender equality and improving women’s empowerment and other outcomes – but it can play an important role”**
CASE STUDY

**WaterAid Timor – Leste**
- Provide insight into *intra-household decision making* related to sanitation chores and facility maintenance
- Explore the *opportunity cost of women’s chore burden* with respect to engagement in community and income-generating activities
- Assess women’s *participation and decision making power* in community-based sanitation programs
- Consider *gender sensitive policies* and the challenges involved with *translation of policies to action*

**Sanivation**
- Recognize *intra-household decision making dynamics* and the effects on sanitation purchase behavior
- Explore influence of *monthly servicing models* on men and women’s sanitation access
- Consider impact of *gender diversity among sanitation engineers and designers* on facility use and safety for men and women
- Explore how integration of *women in consumer research* affects sanitation facility design, access, and use

BEST PRACTICE EXAMPLE

**WaterAid in Timor-Leste (WATL)** provided specialized gender sensitive training to aid workers facilitating community engagement with men and women. Tools such as the 24-hour clock helped highlight to the men in the community, the inequity in how sanitation workloads were divided between men and women. The program resulted in men taking more share in water-related domestic tasks and women having more time for other economic activities.
WOMEN IN ACTION

In the slums of India, a nonprofit coalition called MAHILA MILAN gave local women the opportunity to design and renovate community toilet blocks. Their designs included aligning stalls back to back, so that women’s and men’s stalls weren’t facing each other, and moving facility entrances so they weren’t facing the street. They also had ideas for enhancing cleanliness, such as installing doors that swing both ways to make access easier for maintenance workers.
PRIORITIZED LEARNING QUESTIONS

1. Will increased decision-making by women improve sanitation outcomes for all?

2. To what extent will increased engagement of women in key decision making roles as employees, entrepreneurs or leaders in the sanitation sector (e.g. utility companies) improve sanitation outcomes?

3. What is the relative influence of sanitation compared to other factors (e.g., social norms) in contributing to gender-based violence and related psychosocial stress?

4. What are some specific strategies for sanitation programming to build a woman’s decision-making power and shifting discriminatory social norms in the household and community?

5. What does it mean to mainstream gender in sanitation programming and design?
GENDER AND SANITATION: OUR LEARNING JOURNEY

What are we learning?

Why this matters for you
WHY GENDER MATTERS FOR WASH

If gender roles and differences continue to be ignored, then progress in sanitation will be slow and uneven. And many users—particularly women and girls—will continue to navigate the indignities and dangers of fecal pollution.

What is a gender analysis?
A critical and systematic examination of differences in the constraints and opportunities available to an individual or group of individuals based on their gender.
IDEAS FOR ACTION:

• Consider doing a gender analysis as you’re writing your proposal, developing your program or starting your planning.

• Integrate gender questions into every stage of your work.

• Collect sex-disaggregated data and do data collection methods that avoid gender biases.

• Share and document your experiences (successes and challenges!)

• Check your own gender assumptions. Do you have gender expertise on staff or can you build some capacity?

• Ensure data collection methods consider who will be consulted, when, where and how so that women and men have equal opportunity to voice their opinions.

• Make sure that there is a plan to collect and analyze information about whether and to what extent gender gaps, differences and outcomes are contributing to sectoral outcomes.

• Acknowledge how the experiences of women, men, boys and girls are different with respect to the targeted problems and proposed solutions.

• Share your ideas and reflections!
ADDITIONAL RESOURCES COMING SOON!

The Intersection of Gender and Sanitation, FSG Evidence Review Study, Available online by Dec. 2017

Three Gender and Sanitation Programmatic Case Studies, FSG Case Studies, Available online by Dec. 2017

An Opportunity to Address Menstrual Health and Gender Equity, FSG study, Available online
http://www.fsg.org/publications/opportunity-address-menstrual-health-and-gender-equity

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THANK YOU!!
MARRIAGE AND RELATIONSHIPS WITHIN THE HOUSEHOLD INFLUENCE SANITATION-RELATED DECISIONS

**Decision: Should the household have a latrine?**
- Studies found that men's in-home latrine preferences are driven by prestige; women by concerns for privacy. However, reported preferences may not be a true reflection of attitudes/needs and may be influenced by agency and norms.
- Programs have leveraged patriarchal norms to encourage men to build household latrines. India's 'No Toilet, No Bride' program demanded that potential marriage suitors construct a toilet.

**Decision: Who in the household can access or use the facility? When?**
- Norms within the household restrict certain family members from using toilets; e.g.,
  - Women and girls remain isolated during menstruation, contributing to sustained practice of open defecation.
  - Women negotiate access to sanitation with their husbands or in-laws and/or taboos prevent men from using the same toilet as their mothers in-law or daughters.

**Decision: What role does each household member play?**
- Women carry the bulk of the day-to-day sanitation burden (e.g., educating children to manage hygiene and latrine cleaning). This can lead to reinforced gender roles and time poverty, and may limit roles within and outside the home.
- Men take on the role of toilet construction and financing; we know less about the implications of this on other sanitation decisions (e.g., where a toilet is constructed).

*While household latrines can improve privacy & safety, it could also restrict mobility for women.* A study in Rajasthan found that household latrines increased women's social isolation, as they no longer had a reason to leave the home.
BOYS AND GIRLS ARE BOTH AFFECTED BY POOR SANITATION IN SCHOOLS, BUT GIRLS DISPROPORTIONATELY IMPACTED

How gender influences sanitation in school

- Lack of separate latrines can deter girls from using toilets | Only 7% of girls in Sierra Leone said that their schools had water in a private area
- Inability to manage menstrual hygiene is one contributing factor to school absences and causes discomfort and embarrassment for girls | 57% South Sudanese girls report the lack of a private place to change as their primary reason for school absenteeism during menstruation
- Improving latrine cleanliness and handwashing facilities can improve school attendance particularly among girls

How gender influences sanitation at the workplace

- Little is known about the influence of gender on sanitation in the workplace
- A study in India suggests that women agricultural workers have to travel further than men to seek privacy in sanitation
- Emerging findings from a forthcoming study in Pune, India suggest that women may choose lower paying jobs (e.g., domestic work) that have secure sanitation facilities over higher paying jobs without it – indicating potential economic impact
ACCESS TO RESOURCES AND NEED FOR PRIVACY INFLUENCE WOMEN’S USE OF PUBLIC SANITATION

There is limited supply of public facilities available to women in urban areas. Even when they do exist, gendered differences influence women’s access to public sanitation in the following ways:

### Pay-per-use public toilets can discriminate against women

- **Women need more frequent access** to facilities during menstruation and pregnancy – so the cost of public toilets affects them more

- **Women who have no income, women who earn less than men or have little to no control over household financial resources**, can find paying for public toilets as a significant barrier to use

### Need for privacy may affect willingness to use public toilets

- **Public toilet designs often do not protect privacy, causing stress, particularly for women**

  > “The toilet was made out of wood planks. I could see someone from inside and the person outside could also see me. It was really stressful as I would feel eyes watching me.” - Female user in an informal slum, Kenya

- **Since defecating is associated with shame**, both men and women also desire privacy while walking or waiting to use facilities

_A cross-sectional study of slum dwellers in Uganda and Tanzania found that public latrines, though of good quality, were under-utilized due to user fees_
FEAR OF VIOLENCE ALSO DISPROPORTIONATELY AFFECTS WOMEN’S ACCESS TO PUBLIC TOILETS

Taboos and norms related to privacy require women, in particular, not to be seen publicly accessing sanitation…

…women access public toilets or open defecate after dark to avoid being seen

…Women are vulnerable to the risk of gender based violence while accessing sanitation; greater concern for adolescents and women in urban areas

A focus group in Kibera, an urban slum of Nairobi, found that women were more likely to practice open defecation (flying toilets) than men due to fear for their safety in communal latrines, especially after dark

Latrines and water points were among the most dangerous places mapped by children in a study in Afghanistan

“Past eight, we can’t go out to use the toilet – there is no lighting and the men drinking Chang’aa [local alcohol] on that side get violent with us.”
THE SECTOR IS FOCUSED ON INCREASING WOMEN’S PARTICIPATION, BUT RARELY ADDRESSES UNDERLYING GENDER NORMS

Example | Community-Led Total Sanitation

- Community-Led Total Sanitation (CLTS) is a popular approach in the WSH sector that seeks to empower community members to make sanitation decisions, thus increasing sanitation demand and reducing open defecation.

- Although recent CLTS efforts aim to increase the number of women engaged, they rarely consider influencing gender relations between men and women as it relates to sanitation.

- Research in Sierra Leone noted that ‘Natural Leaders’ (motivated community members who influence their peers’ behaviors during CLTS) are often men due to existing power dynamics in the community. They lack training in gender issues and could exacerbate gender inequalities.

“I am not a fan of participatory approaches – women’s participation remains a token; we would be better off engaging men and women on the type of households and communities they envision.”

- Kathleen O’Reilly, University of Texas, A&M

BEST PRACTICE EXAMPLE

Water Aid in Timor-Leste (WATL) provided specialized gender sensitive training to aid workers facilitating community engagement with men and women. Tools such as the 24-hour clock helped highlight to the men in the community, the inequity in how sanitation workloads were divided between men and women. The program resulted in men taking more share in water-related domestic tasks and women having more time for other economic activities.
GENDERED DIFFERENCES ARE RARELY CONSIDERED IN SANITATION TECHNOLOGY DESIGN AND PROGRAMMING

Lack of gender-sensitive sanitation design ... 

For example, the septic tank, Aqua Privy, in South Africa was designed to avoid the need for consistent water supply and reduced odors. There was no consideration of gender differences in use and facility maintenance.

..can create added burden for women users

Aqua Privy requires water to be poured into the toilet bowl after use and the sludge needs to be emptied periodically—being seen doing these activities embarrassed female users. Additionally women could not flush sanitary pads into the bowl and the toilets were too small for pregnant women.

Lack of gender-sensitive sanitation programs...

For example, a drinking water supply and sanitation project in Rajasthan, India, aimed to empower women by building household latrines. However women were not actively engaged in the implementation.

..can limit sanitation access for women

As a result, many latrines were placed in courtyards which, traditionally, were spaces within the household reserved for men and guests, so women were unable to use the household latrines.
THERE IS LIMITED PARTICIPATION OF AND LEADERSHIP BY WOMEN ACROSS THE VALUE CHAIN

There are gendered differences in informal sanitation roles …

Pit emptying is mostly done by men from low-income communities

Latrine cleaning, even of public toilets, often remains a woman’s role

Formal roles in the sanitation sector are also gendered …

Women are under-represented in formal, technical roles in sanitation-related public and private enterprises, e.g., a 2011 survey reported that women comprise less than 10% of total professional WASH staff

...and these roles can perpetuate gender inequities

For example, in Ghana, pit emptying is done manually by men. The job is physically hazardous and causes stigma which reduces opportunities to marry

Low-caste women engaged in manual scavenging received little or no income, perpetuating inequities and economic disparity

...however, the impact of gender imbalances on outcomes in these enterprises is unclear

Although there are some efforts to improve gender equality in the sanitation sector, there is limited to no research on the impact of women’s employment or leadership on the effectiveness of sanitation programs
Policies can provide an enabling environment for gender mainstreaming

Lack of gender considerations in policy design can lead to unintended consequences

- India’s National Urban Sanitation Policy (2008) aims for universal sanitation through behavioral change and integrated sanitary installations. However, it did not provide ways to address the lack of safety for women users, resulting in increased open defecation.

Even when sanitation policies are in place, budgets are inadequate for implementation

- “We’ve been asked to mainstream gender by our donor, it is part of our strategic guidance, however, we have no line item budget for it.”
- “Sometimes, gender is seen as a ‘nice to have’ rather than a ‘need to do’ aspect; short time-frames and budget limitations add to this.”

Lack of gender disaggregated data further inhibits sanitation policy making and planning

- None of the indicators for Sustainable Development Goal 6 on ‘water and sanitation for all’ is disaggregated by gender. Even when indicators are collected, the focus is on access, and not on outcomes that matter to women, such as safety, privacy, and dignity.
- “Even household surveys may misrepresent views of women, particularly in patriarchal communities where the man speaks for the family.”
Currently WSH indicators are limited to…

- **OUTPUTS**: Access to sanitation facilities, use of sanitation facilities, sanitation behavior and practices
- **OUTCOMES**: Proportion of zero open defecation jurisdictions

...However, this limits the potential to measure positive or negative unintended consequences on men and women respectively

Although the field is nascent, illustrative WSH-related gender outcomes could include…

**Household-level interventions:**
- Changes in distribution of household roles and labor between men and women
- Changes in discretionary time
- Changes in levels of mobility and seclusion for women

**Community-level interventions:**
- Change in awareness of women’s rights by men and women
- Changes in personal safety for women

**Enterprise-level interventions:**
- Shifting of traditional social norms, including the diversity of roles available and acceptability of women in diverse roles within the public and private sectors