

Abstract:

**'Gender, water sanitation and health – a family advancement
For future investment**

By:

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Gender, women and health (GWH) is the area of work in health sector but mostly considering the areas beyond health, such as: social, economic, culture and political aspects. The gender inequality on those aspects would lead to health inequity between men and women or boys and girls. One important area is water, sanitation and health. The improper care of the area would lead to diarrhoea, dysentri, cholera, skin diseases and other water-borne diseases. Thus, hygiene related to water and sanitation are subjects that have been intimately associated with health outcomes.

More women involve in the water supply and sanitation; however they have lack of knowledge and control to support the hygiene needed for health. Most men control the resources and decision making and gender differences is oftenly missing on the consideration with regard to hygiene and sanitation initiatives. India has several initiatives on the gender and water sanitation. Several gender risks related conditions are noted for health inequity outcomes: open area for urinate and defecate that led to sexual assaulted; lack of water in the family; lack of sanitary for girls etc. Health is not health sector responsibility alone because it is investment for the family advancement. Multisectoral approach on women/ family empowerment is needed. This paper will explore the possibility areas of community development and health care related to gender, water sanitation and health to reduce the health inequity in the community.

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INTRODUCTION

In 2005 United Nations has announced the UN policy brief on Gender, Water and Sanitation³. The effort has started earlier in 1977 for water conference. Many activities performed afterwards, mostly in highlighting the safe water for hygiene and involving women in managing water and sanitation. The activities had event touched early promotion in schools for girls education curricula performed by several international organizations including WHO.

For activists, the relevance of gender and water have widely understood. Many leaders constitute for the need of integrating gender into water and sanitation policies and programmes. It is believed that involving women to sustainable management of water resource and sanitation affected to gender equality that would give benefits to society and the economy as a whole. Many women have increasing risk on sexual harrasment/ assault while gathering the water. On the other side, women take more time to health, care giving and productive endeavours due to bad water services and management.

This paper would not repeat at once all explanations about the importance of water and sanitation related to women that has been highlighted before by many parties. The important issue is now to highlight the need of knowledge and information from gender perspectives to women as change agents on hygiene and water borne diseases prevention. The related issue on hygiene, water and sanitation if not handled well will give impact to family and community health. Women are mostly have lack of education and not getting used to have analysis on the relation of water, hygiene and sanitation conditions for health. The understanding about gender, water sanitation and health would become asset for future investment on the family advancement.

In health we believe that prevention is better than cure. Lack of sanitation and poor hygiene will be related to diseases in family, such as: diarrhoea, dysentri, typhoid, cholera, schistomiasis and so on. As we might know diarrhoea is become the most enemy

³ *UN Policy Brief on Gender, water and sanitation (2005-2015)*.

to children under five's health. Children is the future generation for family, community and nation. Since the children are mostly depend on their mothers - the involvement of women and family to the prevention action would become investment to the family advancement because women are mostly close related to hygiene and water sanitation.

Water Sanitation and Health related in The South East Asia

The South East Region⁴ held about 40% of the global death due to diarrhoeal diseases which occur mostly among children under five, and only 60% of population has accessed to the improved sanitation. However, there is declining cases from 980,000 in 1999 to 540,000 in 2005. It is noted that women bear the primary responsibility for water, sanitation and hygiene at household level. Regional Director emphasized the need to involve both women and men as equal-rights holders in the implementation of sanitation programmes.

Since 1992 the World Water Day is celebrated as international observance and initiative that grew out of the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro. On the 2008 World Water Day WHO put the desire to continue to support all stakeholders in creating policies, investment in sanitation as a cost-effective health intervention and developing tools and guidelines to support sanitation for all.

The East Ministerial Conference on Sanitation and Hygiene (EASAN) 2007 has delivered a declaration on broad-based, equitable, and sustainable progress to sanitation and hygiene made by 15 countries. They highlighted the statement taken from Human Development report 2006. "*Clean water and sanitation are among the most powerful preventive medicines for reducing child mortality*".⁵ The South Asian Ministerial Conference on Sanitation (SACOSAN) 2008⁶ had highlighted the importance of government mechanism to support the national sanitation. It is reported that civil society

⁴ Regional Director WHO/SEARO message on World Water Day 2008, 22 March

⁵ World Bank.org, 2007 Water and Sanitation Program. <http://www.wsp.org>

⁶ Fresh Water Action Network South Asia (FANSA), <http://www.freshwateraction.net>

declared that access to sanitation is not only a development imperative, but it is also a human right. An improved health is a key outcome of sanitation. It was stated that sanitation and hygiene promotion are the most cost-effective health interventions.

India in order to prevent the water-borne diseases has performed joint monitoring program (WHO/UNICEF) in 2004⁷. The population has directed on improving water supply and sanitation. Focus was given on provision of sanitation in schools and communities. Innovative community total sanitation approaches has been implemented in Tamil Nadu, Maharashtra and West Bengal. In Tamil Nadu, 10 women involved as members of a self-help group (SHG) which provided masonry services to support the 'water sanitation (watsan) programme in ensuring water supply and sanitation to all its houses. As the results, people have their own household toilets and public toilets are also provided in the market place. The solid wastes, human secreta and unhealthy piles of garbages has been managed and removed from common public village place. In Maharashtra, women act as agent for change in managing toilets within the four active SHGs formed in 2001. The SHG women performed discussion with community on the need for good hygienic behaviour, toilets and the need for well maintenance. The village of Sakhara has received award as the first '*open defecation free*' village in the block from the State government of Maharashtra.

In Thailand, the strategy of development of public toilets based on health, accessibility and safety (HAS). The vision is to make available clean public toilets and to educate and encourage users to exercise good toilet hygiene practices. The goal is 60% public toilets in HAS by 2007. In the aspect of accesibility the government consider equal access for men, women, elderly people, pregnant women and diabled or handicapped persons for all time. In the aspect of safety; it covers from accident and crime; separate facilities for men and women and interior compliance such as: dry, light etc.

⁷ WHO/SEARO website: www.searo.who.int on water, sanitation and health (WSH) for sustainability development and environmental health (SDE)

On the other hand, technology of sanitation is growing. The Ecological Sanitation (ECOSAN) technique has been introduced and implemented as a sustainable sanitation option adopted in Nepal⁸. The three fundamental principles are; (1) preventing pollution rather than attempting to control it after pollution; (2) sanitizing the urine and faeces; and (3) using the safe products of treatment for agricultural purposes. This concept was introduced in 2002 in Siddhipur, Lalitpur as pilot project of Department of Water Supply and Sewerage (DWSS) with support from WHO. The benefits are not only to provide hygienic latrines but also utilize the human wastes produced therein were applied to agriculture after treatment. Thus, the technology has supported health and economic aspects.

Due to their nature as women and the greater need on water sanitation for living; role of women in water sanitation and health is absolutely challenging.

Gender perspective in water sanitation and health

Women have been considered in several programmes of water sanitation and health. We have understand the greater involvement of women in water, sanitation and hygiene that means for higher risk to women's health related to access, security, time, strength, economic, power etc. compared to men. When we mention about human right as access to water and sanitation, women's right is included. However, many cases noted for women were being raped on the way of after taking water which is located far from home. Women who are not having suitable tools in taking water for a long period received back pain, muscle pain and so on. Woman used to carry her child on her back while taking the water; thus the children have greater risks also to their health. Physical protection, hygiene and climate change are some crucial factors to their health. Sanitation and hygiene are important mostly to women as the centre person of family care because women are mostly play role as care givers. Ignorance to harmful situations and bad sanitation will lead to worse health situation in the family.

⁸ as above

The more involvement of women has reduced the security aspect of water access while increasing the dependency of family care which obviously contributed to the woman and family well being. The contradictory situation for the above condition is due to gender disparities if compared to men. Men are relatively stronger to bring water from distance if compared to women and women are relatively have mostly occupied with other chores of family activities, such as: children, elderly, cooking while the water is the media to support their activities. Women is the centre of family activities, one cannot deny it. Double burdens is created when women are also involved in the economy. This latter condition of dual income family could not be avoided because they are struggling in the poverty and facing financial crisis. On the other side due to cultural, women have less economic bargaining power, less decision making support, less education that may influence the access, opportunity, understanding, management and benefits of utilizing the water for sanitation and health.

Understanding gender disparities between men and women will lead to gender sensitivity. While we talk about gender we distinct it with sex which talk only about physical differences between men and women. The gender talk about all disparities between men and women not merely from physical, but mostly from social, economic, culture and political aspects. Because the person is a woman she might be raped when taking water from a distance, less bargaining power in decision making, less economic support and so on; those will affect the control and benefits of women in managing hygiene, water, sanitation for health. So, the inequality condition between men and women covers not only physical but mostly due to perspectives (of culture – including myth); social stratification made by community, buying power as impact of less economic and less voice/ choice as impact of culture and no social/ institutional support.

The macro economic is controlled by men as well as most resources for living. Poor women is worse than the poor men, because they have close dependency to children; and most of them have less education that made them less survived than men.

Lack of information, knowledge and social support to women in water, sanitation and health will give further impact to children's health and family's health. The health inequity happened due to social determinant of health. Thus, gender equity in all aspects as follow up to gender equality perspectives (*egalitarian culture*) need to be promoted over the time. On the other side, women as changed agent could become asset to family advancement. The need of integrating gender into water, sanitation and health become investment to future family advancement. This could be performed with multi-sectoral approach.

The below picture has shown community access to water. Men are seems mostly leading; however we noticed that one girl has reached on top of the water tanc. The picture has shown also many women in surrounding water resource. The nature of women and cultural practices have made women mostly put their position as recipient only.



(self taken photo shoot: Chanakyapuri, New Delhi, Sept 2007)

This condition must be changed. Men and women need to support each other in equality perspective based on understanding that the benefits are not only for women but to the whole family, community and nation.

In gender responsive programmes, the overall situations of women in reaching greater access and opportunity of the water sanitation programmes need to be accompanied by leverages to reduce the risk. Some examples: appropriate tools for women (bucket weight/size, shape etc); gloves for prevent water-borne diseases; secured

route or best selection of well or water resource place with guard or fence; complete information about hygiene, safety, security and health promotion on water-borne diseases.

Community development programmes may seek development of suitable tools for water sanitation in utilizing the Self Help Group (SHG) which is better composed in balanced men and women. The gender equality perspective needs to be developed in the group work. This activity is not health sector specialty; social, water or environment sector will work better; however the advocacy about family health care could be better performed by health personnel. By experiences, the programmes need a careful management and mechanism for sustainability because it is a multi facet process.

By experiences, in 1978-1981, in one district in West Jakarta, Indonesia, the author had pushed forward the development of self supported school health by utilizing the education sector and 'social sense' of school community (135 schools with teachers, principals, Head of District Education Supervisor called by 'Penilik'; Head of District – called by 'Camat', parents and mostly the students). During 1995-1996, the author as Chief HIV/AIDS Awareness team of 5 personnel for 209 private education institutions had succeeded taken the Minister of Health and Minister of Education in Indonesia for a public dialogue with academists, government officials, NGOs and students on HIV/AIDS Awareness for higher education. A continuing process is needed as well as dedicated personnel and suitable management.

The growing technology in ECOSAN might be complicated to women; this needs to be anticipated by involvement of more women expert in water sanitation as well as women medical doctors for disease explanation to support the community development. Stereotype in engineering as the boys/men's area, needs to be challenged in the future to support gender programmes in water sanitation and health.

Suggestion for further work

In order to support the prevention program in water-borne diseases; women need to get involved or have suitable knowledge in hygiene, water, sanitation and health management. Gender perspectives and gender analysis in sanitation and health could be used to eliminate all limitation within gender disparities that need to be highlighted clearly in any programme where women as agent of changes.

Early promotion or prevention program in school and or community may involves girls and boys; men and women teacher/ leaders to provide clear understanding on why gender perspectives is important in water, sanitation and health programmes. The SEA Region suggests for seminar, competition in writing, painting for scholls and community. Any public campaign on gender importance to the subject is consider give benefits to the programme.

It is hoped the effort of gender, water sanitation and health is not health sector alone responsibility, all other related sectors may also contribute, such as: education, communication, social, industry sectors and so on towards family and community advancement.

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