

Sanitation, urban poverty and gender

Title of the presentation

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Imagine a changed reality...

Imagine waking up tomorrow morning to find that your bathroom has totally changed: there is no bath/shower, no taps, the wash basin too has disappeared – what remains is just the toilet/ commode.

Worried, you rush out of your home to check with the neighbours and you find everyone is outside on the streets, agitated as you. The streets outside are littered with trash, your drains are no longer underground – they are suddenly visible and choked with garbage, with waste of all types.

Pasted on the walls are notices from your Municipality office explaining – that from here on, managing sanitation is your responsibility; at the most, the Municipality will assist with the safe disposal of faeces – since this has a direct health impact.

At the end of each notice is the caption:

“Safe sanitation = safe removal of faeces!”

Reflection

Reflect for few moments [2-3 minutes], write down your immediate reactions.

Amused / angry / agitated? But this is precisely what is on offer as sanitation to around 2.5 billion [urban and rural poor] who currently lack any sanitation services.

Population without sanitation – counted as more than 40% of the world's population; what is the indicator for sanitation: do not have access to or use a sanitary toilet (defecate in the open or use unsanitary toilets).

Current definition of *adequate sanitation*: 'facilities that hygienically separate human excreta from human contact' (UNICEF/WHO/JMP 2006; 7).

The developmental sanitation target: 'access to *any* means of safe excreta disposal... [this] linked to improved hygiene behaviour [handwashing after defecation]... will yield large benefits' (Evans, 2005).

appropriate, basic sanitation” – enormous health impacts!

Learning outcomes of this lecture:

Reflection on the following questions:

- What is appropriate sanitation? Who defines what is appropriate?
- Is sanitation all about health or are there other dimensions of sanitation?
- Is access to '*any* means of safe excreta disposal' viable for diverse groups of the urban poor?
- What are the gendered impacts of a narrow conceptualization of sanitation issues and solutions?

Sanitation – only a health issue?

Sanitation is indeed about health!

- Global burden of sanitation-related diseases: 4% (60.7 million DALYs); 1.6 million deaths per year.
- safe disposal of human feces and hand-washing after defecation is almost twice as effective in reducing (by 36%) diarrhea - compared to improving the availability of water and improving water quality (Esrey 1991; Huttly 1997)
- Safe excreta disposal facilities are undoubtedly important, as is hygiene awareness but is sanitation all about toilets and health?
- And even if only about toilets - 'It has got to be nice!' (Black, 2008).

Safe defecation practices may be recognised as a great medical advance, but virtually no one installs a toilet as a health aid. People are motivated by the comfort, convenience, privacy, safety and social status aspects of sanitation. We want decent toilets because we want to manage our bodily output needs in a satisfactory and dignified way.

Safety, privacy, comfort and cleanliness matter – to all

The [urban] poor – *especially* do not wish to look different: unclean, dirty, smelling, poor!

Practical reasons: looking / being clean = feeling good: as basic a human need as the need to defecate.

Social reasons: *One has to be clean to hang around with others; looking clean helps find customers; I feel unwell when I am not clean...*

Religious reasons: to cleanse oneself before prayers, before going to a place of worship, after defecation, menstruation, child-birth; after sex... *these rules are difficult to bend!*

Poor people are unaware about hygiene?

A slum dweller in Bangladesh: *'Give us water, and we will teach you what is sanitation'*.

Basic becomes appropriate

IMPROVED SANITATION FACILITIES^b

- > Flush or pour–flush to:
 - piped sewer system
 - septic tank
 - pit latrine
- > Ventilated improved pit latrine
- > Pit latrine with slab
- > Composting toilet

UNIMPROVED SANITATION FACILITIES

- > Flush or pour–flush to elsewhere^c
- > Pit latrine without slab or open pit
- > Bucket
- > Hanging toilet or hanging latrine
- > No facilities or bush or field

WHO & UNICEF, 2006

‘Toilets connected to sewerage systems and functioning Sewage Treated Plants is important for urban areas’

‘Sustainable solutions: small bore sewers, effective waste removal, wastewater treatment are important... BUT

the problem in urban slums is complex: high population density, poor infrastructure, lack of space, lack of secure tenure and sustained poverty... AND

How will complex problems of tenure, space be resolved? Who will foot the bill for a comprehensive sanitation plan?

Basic becomes appropriate (Evans, 2005):

- “Fundamentally, we have to stop assuming that the situation (in the poorest countries) is comparable to that experienced in countries (in the North), where universal coverage is the norm; or even to experiences in Victorian Britain, where municipalities establish a networked service available universally and finance operation and maintenance. We need a new idea of sanitation.”
- “More money is clearly needed but little is available...to recognize the important role to be played by households themselves in investing in sanitation and hygiene behaviour change.” “...new approaches need to increase the focus on and influence of the citizen/ consumer...”

Sustainable, effective sanitation requires BIG public investments

Around 150 years ago, the Thames was a disgusting trickle in dry summers. The 'Great Stink' off the river caused fear of cholera and public outrage resulting in a then, unheard-of public sum – three million pounds sterling – for a complete transformation of sewerage in London. This created public health engineering history throughout the industrializing world.

Unfortunately, an absolute lack of any sanitation services by over 40 per cent of the world's population – 2.6 billion people – no longer instils any dread (Black, 2005).

The developmental sanitation offer today is of quick-fix, low-cost, often unsustainable toilet options – and increasingly the strategy is a no-subsidy; user-pays, user-manages option – Community-Led Total Sanitation [CLTS].

Appropriate? Who decides?

A dualism? Low-cost, quick-fix toilet-only options for the poorest - when most others clearly want and have decent toilets networked to sewage-removal systems as well as other sanitary goods and services that allows managing bodily output needs in a satisfactory and dignified way.

Whatever else is proposed, sustainable solutions will require public attention to the core problems of urban poverty and massive public investments in a holistic sanitation .

Do current sanitation plans work for the urban poor?

- *'access to any means of excreta collection and disposal'* is a common goal, but the *'sanitation ladder'* shows that *'improved'* sanitation is not always achieved. *'Basic'* sanitation is often the most common outcome, but it is not always *'improved'* sanitation.
- A practice of *safe sanitation* will still be rare in the urban poor, but it will start to climb up the 'sanitation ladder' to include *improved* sanitation.
- Bond (2002) argues, low-cost, temporary, and becoming permanent for poor communities is a more realistic goal than *improved* sanitation and economically justified.



Inconvenience, indignity, inhumane

60 year-old Gul Bano pays to use the above communal toilet:

'During the monsoon, there is a slush of water and feces. It is so dirty that I lose my appetite. If only one could breathe calmly and not have to hold one's breath while defecating'.

The human costs of basic sanitation

- Unequal and impossible to sustain:
- In crowded urban slums in Nairobi, completely de-networked from the urban sewerage systems, the “provided” options are community latrines, where communities pay to use the toilets. The fees include the cost of periodic vacuum lifting of the sewage by private entrepreneurs. The poorest, who cannot pay or are unwilling to pay, dig their own shallow pit latrines: small holes in the ground covered with corrugated tin or wooden planks with a squat hole. The stench from the numerous shallow pit latrines permeates the surroundings, and the pits, being shallow, need to be emptied frequently, manually. The feces, still raw, are carried in buckets and dumped into the nearby river. Those who do not have even this option defecate in the open or in a plastic bag that they throw away when no one is around or in the dark, resulting in what is popularly known as the “flying latrine”.

Fifty year-old Bernard Mutitso, living in Kibera, speaks of the horror of ‘...defecating and urinating in the narrow alleys when it’s dark – creating an awful odour.’ In his perception, should this de-humanizing trend not be reversed?

The human costs of appropriate solutions: Community Led Total Sanitation (CLTS)

- CLTS... is revolutionary.... thrilling and transformative: the approach forces individual communities to “confront their shit” and then puts them in “the driving seat” of dealing with their “shit” – ***Open Defecation Free Communities*** (Mehta, 2010)

At the 2012 World Toilet Summit a CLTS practitioner recounted a story to illustrate the coercive power of this approach. In one area where he had worked, the community was triggered but one woman refused to build a toilet. Some community members followed her around the village until she defecated in the bush. They forced her to pick up her shit and carry it around until she agreed to build a toilet. *The conference room erupted in applause!* (Galvin, 2015).

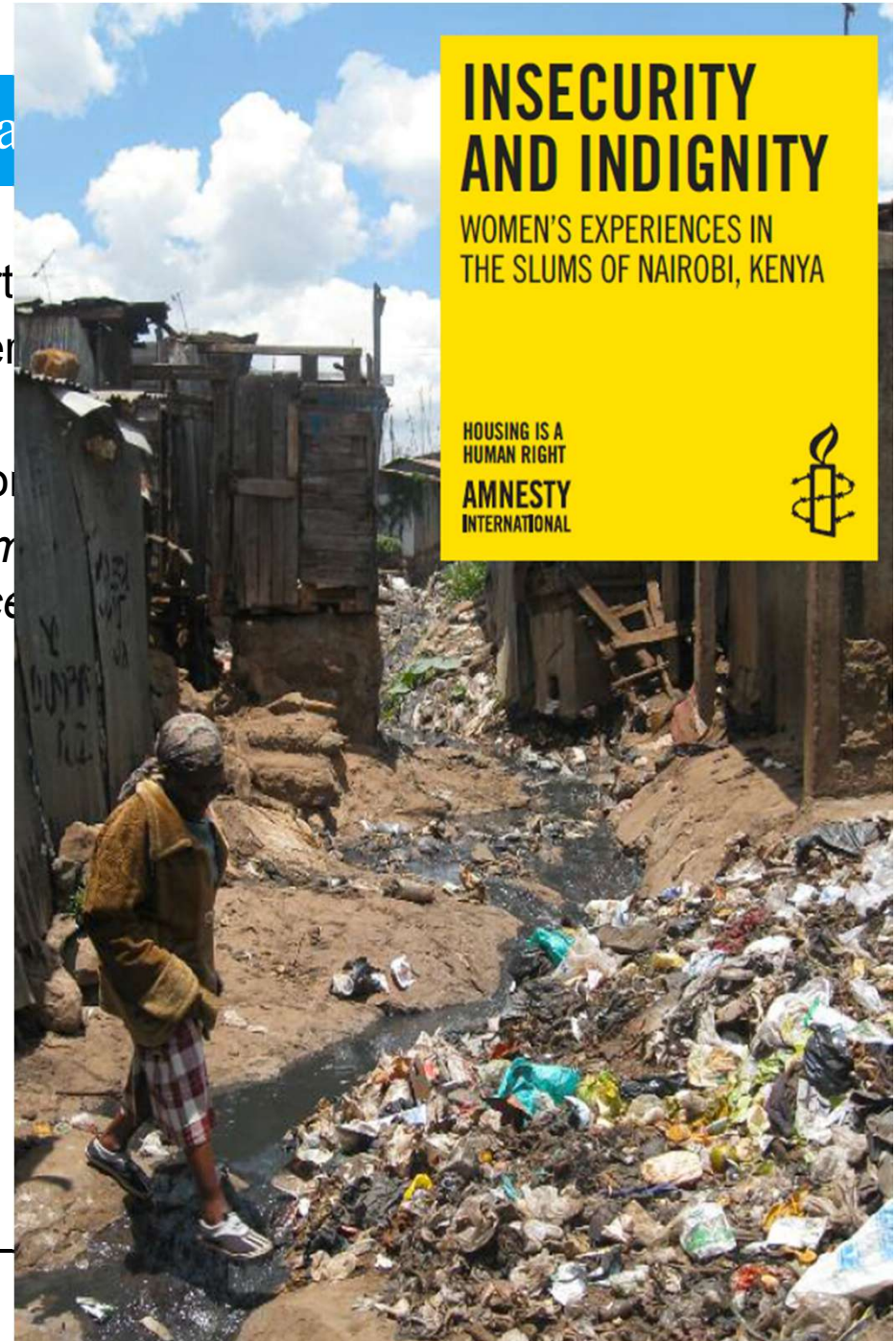
The gendered costs of basic sanitation

- The poorest, most marginal – disproportionate
- Who, where in the urban context? Paved
- A disproportional shame / burden on women
- *‘...we are told that the little girl is ashamed with her bottom uncovered – but whence Beauvoir (1949).*

“I see that what brings all these problems here in the slums are the [communal] toilets.”

Summary

For the women in this study sanitation was inadequate not only because the toilets were few, filthy and costly, but because using them deprived the women of dignity and safety, exposing them instead to shame and fear.



Reflection

- Penner (2010) “...*the question that emerges is not, ‘How can we best sell this product [excreta-disposal]?’ but rather, ‘How can we address the structural inequalities [inherent in] sanitation provision?*”
- Progress? The current Sustainable Development Goals speak of “*adequate and equitable sanitation... paying special attention to the needs of women and girls and those in vulnerable situations*”.



Questions?