“Ecological sanitation approaches can only be empowering if both women and men have the possibility to influence the direction of, participate actively in the implementation of, and benefit from these approaches.”
(Hannan & Andersson, 2002, p.5)

**Background**

This publication is meant to give background information on the pressing need to integrate a gender perspective into the efforts to promote safe and sustainable sanitation. It will give guidance to mainstream gender into this sector. Access to safe toilets and sustainable sanitation are essential to ensure the health of citizens. It limits the burden of treating preventable illnesses, is a prerequisite for ensuring education for all, and for the promotion of economic growth in the poorest countries and regions of the world. Access to adequate sanitation is a matter of security, privacy, and human dignity. The costs of ignoring the need to address sanitation are far higher than the expenses of providing sanitation and hygiene. Therefore all efforts are needed to ensure that also the 40% of the world population – 2.6 billion people - that lack such access presently, will be provided with the best possible sanitation facilities.

**Gender and sanitation**

One of the most observable divides between women and men, especially in developing countries, is in sanitation and hygiene. The provision of hygiene and sanitation are often considered women’s tasks. Women are promoters, educators and leaders of home and community-based sanitation practices. However, women’s concerns are rarely addressed, as societal barriers often restrict women’s involvement in decisions regarding toilets, sanitation programmes and projects. And in many societies, women’s views – as opposed to those of men - are systematically under-represented in decision-making bodies.

Women and children often bear the brunt of the lack of toilets and other sanitation facilities. Women, more than men, suffer the indignity of being forced to defecate and urinate in the open, even at risk of assault and rape. The majority of those using public defecation areas, where hygienic conditions are often poor and disease is close, are women. In the absence of sanitary facilities, women often have to wait until dark to go for toilet. That is why women often drink less, causing all kinds of health problems (incl. urinary tract infections, chronic constipation and other gastric disorders). Evidence from Nazlet Fargallah in Upper Egypt confirms that this has severe health impacts.

In rural areas of many regions, men often do not use the bad smelling pit latrines and relieve themselves in the nature whereas women are dependent on the pit latrines several times a day. In urban areas women and girls face innumerable security risks and other dangers when they use toilets shared with men. Research in East Africa indicates that safety and privacy are women’s main concerns for sanitation. With the lack of safe sanitation women’s dignity, safety and health are at stake.

**Box 1: What means gender?**

**Gender:** identifies the social relationships between women and men. In these, power differences play a major role. Gender is socially constructed, gender relations are contextually specific and often change in response to altering circumstances. Class, age, race, ethnicity, culture, religion and urban/rural contexts are also important underlying factors of gender relations.

**Gender equality:** the equal visibility, opportunities and participation of women and men in all spheres of public and private life; often guided by a vision of human rights, which incorporates acceptance of equal and inalienable rights of women and men. Gender equality is not only crucial for the wellbeing and development of individuals, but also for the evolution of societies and the development of countries. However, gender equality is not yet a fact; violence against women continues to be a curse worldwide. On an average every minute one woman dies and 20 face serious harm due to pregnancy and giving birth. Worldwide 600 million women, against 320 million men, are illiterate, and particularly in South Asia and Sub-Saharan Africa, girls have only limited changes to complete primary schools. And although important progress is made (e.g. regarding universal school enrolment, women’s access to the labour market, and women gaining political ground), gender inequality is one of the most pervasive forms of inequality worldwide.

**Sources:**
(UNDP, 2005; UNFPA, 2005; UN, 2007)
In Sri Lanka, after the Tsunami hit in 2004, many people had to live in refugee camps, where they received shelter and food, but without adequate sanitation facilities. Many went in the surrounding area to relieve themselves, until a girl was raped. NetWWater, network of women water professionals got together with universities and constructed emergency latrines, which were later adapted for longer use. (Kusam Athukorala, NetWWater; in: 25)

There is sufficient water for sanitation and there are many cases where women have to pay for water from limited household budgets. (4) Despite the role of women in hygiene and sanitation at household level, toilet construction programmes that provide income-generation opportunities often presume that only men will be interested in or suited for those tasks. Both women and men need access to cash income and would welcome the potential economic benefits of ecological sanitation and related small entrepreneurials. (15)

In the design, location and construction of toilets and sanitation blocks, inadequate attention is paid to the specific needs of women and men, boys and girls. Sanitation programmes, as with many other development programmes, have often been built around assumptions of some gender-neutrality. This results in gender-specific failures, such as, toilets with doors facing the street in which women feel insecure, school urinals that are too high for boys, absence of disposal for sanitary materials by women, pour-flush toilets that require considerably more work for women in transporting water. Also, sanitation blocks are sometimes used for multiple functions, including washing and drying, shelter from rain etc., but are not designed for these purposes. (4)

A combination of discrimination, lack of political will or attention, and inadequate legal structures result in neglect of women’s needs and lack of their involvement in sanitation development and planning. The majority of the world’s 1 billion people living in poverty are women, and the feminization of poverty, particularly among women-headed households, continues to grow. Land tenure is a significant stumbling block as well; worldwide women own only up to 2% of all land (IFAD, 2008), and therefore often lack access to related assets and resources, including water and land for toilet construction. (1, 4)

During the World Water Forum – 4, in Mexico City in 2006, local actions on gender in water and sanitation in Armenia, Bulgaria, Romania, Ukraine, Mexico were shared. It was demonstrated that a stronger involvement of civil society groups, in particular women and minority groups, in decision making on sanitation and wastewater management is often necessary to achieve a breakthrough in the sector. (25)

**Sustainable Sanitation**

Apart from the gender-specific issues mentioned, the gender perspectives of sustainable sanitation projects have not been fully explored yet. Hannan and Andersson (2002) remind us, that women are actively involved in food crop production and food security in many parts of the world, and would be directly affected by increased soil nutrients provided through ecological sanitation, for their rural and urban agriculture. (15)

For example, the ecosan toilet in use in South India requires much less water than the water flush toilets, favoured by more well-off families. This reduces the work burden for women in

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**School sanitation**

School sanitation is a neglected problem in many parts of the world. The hygienic conditions are often very poor, hand washing facilities are missing. Separate individual cabins for the pupils and anal cleansing materials are missing in many toilets. The deplorable conditions do not comply with human dignity for boys and girls. Children and teachers do not drink adequately in order to avoid the toilet visit (xy) which has negative impact on their health.

Girls, particularly at and after puberty, do miss school or even drop out of their schools due to the lack of sanitary facilities, and/or the absence of separation of girls’ and boys’ toilets. In these situations girls also stay away from school when they are menstruating. (2) (15) In rural Pakistan, more than 50% of girls drop out of school in grade 2-3 because the schools do not have latrines. (22) An assessment in 20 schools in rural Tajikistan revealed that all girls choose not to attend when they have their periods, as there are no facilities available. (23) Lack of adequate toilets and hygiene in schools is a key critical barrier to girl school attendance and girls education. (1, 2) If sanitation facilities fail, women might not attend (vocational) training and meetings. (1) Simple measures, such as providing schools with water and safe toilets, and promoting hygiene education in the classroom, can enable girls school attendance, and reduce health-related risks for all. (3)

**Responsibilities, construction and maintenance**

Whereas cleaning of toilets is primarily the responsibility of women, construction and maintenance of pit latrines (digging, repairing and exhausting) is primarily done by men. (4, 15) However, in some regions, the task of emptying the latrines falls exclusively on the shoulders of poor women, and the labor-conditions under which they do this work are appalling. (1) In many households women are also responsible for making sure
providing water for the toilets. (16) In Zimbabwe women in some rural areas preferred the ecological sanitation alternative – the arbor loo – to the conventional pit latrines as they can be built closer to the house. Filled pits are used by women for planting fruit trees. And men expressed appreciation of the arbor loo because the pits are smaller and require less labour in building.

Box 3: Lessons from Garla Mare, Romania? (24, 25)

In Garla Mare, a typical Romanian village of 3,500 citizens without central water supply, ecosan school toilets (urine diverting) were introduced by Women in Europe for a Common Future (WECF), Medium et Sani tis and Hamburg University of Technology replacing the old unacceptable pit latrines.

The toilets were built for demonstration and proved to be clean, cheap, and produce excellent fertilizer, that has been used to grow corn and paprika. Both men and women contributed to their implementation in their traditional roles, men were the builder and women were those teaching their children about how to use the toilets and hygiene.

After one year of operation, a survey that was executed in the village among 40 respondents (21 women/19 men) showed the following results:

Only 3% of women were willing to invest in a (new type of) toilet; for men this percentage was 20%. 10% women were willing if it would fit into their budget. This is understandable as the income level of most families is extremely low and they can hardly afford to buy enough food for themselves. But is also shows that more investigation is needed around financial aspects, and the fact that men feel there are enough financial options, and women do not.

74% of women as opposed to 58% of men want dry urine diverting toilets for the school; whereas 32% of the men and 17% of the women would prefer a water flush toilet. The arguments women mentioned were that the toilets are good for children’s health, there are less odors, and children are happy with them. School girls, who were interviewed separately, would like to have such toilets at home.

In general: women’s attitudes towards urine diverting dry (UDD) toilets seem to be more positive than those of men. In many cases, such as in Garla Mare (see text box), women prefer the UDD toilets while men prefer water flush toilets. Women would like to have the toilets in house, as that would reduce walking distances also during bad weather conditions, but often there is not enough room in the house. They are also often more willing to use the fertilizer in their fields and gardens. Therefore women and children (via schools) could play an important role in motivating and educating others to use reuse oriented toilets.

Experiences until now also show that demonstration projects of local women’s groups can be great examples of how fast and sustainable change can be made. (25)

Some experts, however, warn for the fact that sustainable sanitation systems such as urine diverting dry toilets (UDDT) require more work in cleaning, maintenance, and application of urine and faeces. Much of that work is done by women, so that could add to their work burden. Therefore it is important to closely monitor these projects and operations in a gender specific way. Also, women need more education because it is not allowed to throw tampons and other menstruation materials in the toilets (especially in the UDD toilets) and the use of urine diverting toilets is a little more complicated for women. (17)

Box 4: International commitments and goals for gender equality:

Apart from the global development goals, resolutions, comments, and expert reports recognizing the right to water and addressing sanitation as a right along-side water, there are some specific international (legal) instruments that are relevant for ensuring a gender perspective in sanitation. (8)

Millennium Development Goal (MDG) 3, calls for the promotion of gender equality and women’s empowerment. Four indicators – relating to education, literacy, wage employment and political representation – are used to monitor progress.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW; 1979), is the most important legally-binding international instrument for the protection of women’s rights. While addressing the living conditions of women in rural areas, CEDAW mentions in its article 14(2)(h), that States parties shall ensure to women “the right to enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communication.”

A Resolution of the 23rd Special Session of the General Assembly, New York, June 2000, mentions under “Further actions and initiatives to implement the Beijing Declaration and Platform for Action”: Actions to be taken by governments at national level: 72(e) “Ensure universal and equal access for women and men throughout the life-cycle, to social services related to health care, including education, clean water and safe sanitation, nutrition, food security and health education.”

Gender mainstreaming in sanitation

In order to achieve gender equality women’s empowerment and full participation are important strategies. The process to thoroughly integrate a gender perspective in institutions and operations is called gender mainstreaming. According to the ECOSOC definition gender mainstreaming is: “ the process of assessing the implications for women and men of any planned action, including legislation, policies or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.” (ECOSOC, 1997)

As has been argued above, there is an urgent need to bring a gender perspective into the sanitation and hygiene sector, and to involve and address both women and men in these efforts. Gender mainstreaming leads to benefits that go beyond good water and sanitation performance, including economic benefits; empowerment of women, more gender equality and benefits to children. (5)
Gender mainstreaming works best through an adaptive, process-oriented approach, that is participatory and responsive to the needs of the poor. Specific institutional arrangements are necessary to ensure that gender is considered an integral part of efficient and effective planning and implementation. (2) This encompasses, for example, the development of gender policies and procedures, commitment at all organizational levels, the availability of - internal or external - gender expertise. Gender must be addressed in policy formulation and by-laws. (2) The following elements of the gender mainstreaming process can safeguard a gender perspective in sustainable sanitation. (5)

A gender analysis helps in understanding the socioeconomic and cultural concerns in a project area. At the end of this chapter a list of guiding questions provides the framework for such an analysis. A gender analysis builds understanding of demands and needs of women and men, their respective knowledge and expertise, attitudes and practices, and it draws light on the constraints for women's and men's participation in activities. (6) In order to make such an analysis, gender disaggregated data and involvement of women and men in sanitation planning, construction and maintenance are needed. (3)

It is also important to assess the impact of policies and programmes on women and men, of different social and age groups. There the question should be raised who benefits and who bears the burdens/face drawbacks of these policies and programmes. (6)

Financing and budget allocations are often major constraints, as most of the governments delegate the support for and financing of sanitation facilities to local governments. (2) However, the right investments in sanitation and hygiene usually pay off. Adequate resources should be allocated to implement gender strategies in the sector. (6) Gender responsive budgeting could be a useful tool to make sure that women and girls also benefit from hygiene and sanitation efforts.

As not all women (and men) are the same, it is important to classify them amongst different groups: women and men from different age groups, classes, castes and ethnicities, women and men living in poverty, as refugees, and in female-headed households.

In gender mainstreaming in sanitation, one has to be aware of a few pitfalls, according to a publication of the Asia Water Watch 2015: (6)
(a) Women may be encouraged to take on sanitation management roles and additional work, but they might receive no additional resources or influence to perform these tasks. This could be the case in particular for UDDT systems, where more maintenance work is required than for pit latrines.

(b) The introduction of a ‘user pays’ system for toilets and other sanitation facilities may cause a considerable burden for women, particularly for those living in poverty. On the other hand there are also studies showing that women are willing to pay for hygienic and safe toilets (2).

(c) If hygiene education is identified solely as a ‘women’s area’, men may stay away from those, and those components may be seen as less important.

(d) Women may receive more training, but may be prevented from putting their own skills and knowledge into practice by cultural or social norms.

**Box 8: UDD Toilets: heavier work for women**

The Centro Mujeres Tonantzin, in Mexico, undertakes women’s empowerment and leadership training, helping the very poor in the slums of Ciudad Juarez, close to border between Mexico and the USA. 700,000 people are living in poverty in desert-like situation without any water and sewage services. In this area 250 bathrooms with dry urine diverting toilets were build in the period 2001-2007.

But some women stopped using these as the compost and urine reservoirs have to be emptied out, which is very heavy work for women, and men do not help them. (Aurora Ramirez & Petra Penan; in: 25)

In order to succeed in bringing a gender perspective in sustainable sanitation policies and programs, it is imperative to also involve men, enable them to share their views on gender issues and promote their gender sensitivity. Women as well as men have to be recognized as important actors, stakeholders and change-agents in households and communities.

**Box 9: Afghanistan: Burden on boys shoulders**

Katachel is an NGO that has been working in N.Afghanistan for many years, focusing on schooling, health care, shelters for the poor. Katachel is also addressing the issue of accepting better and healthier sanitation, but talking about toilets is still a bit of a taboo and 90% in the area are illiterate. This makes it difficult to get UDDT accepted. In Akachal it are the boys that need most support in water-related issues: they spend long time per day getting polluted water from a river 15 km away; leaving them only 2 hours to attend school. (Sybille Schnehage; in: 25)

Specific consideration is needed for hygienic needs of women and girls. During a girl’s or women’s menstrual cycle, blood will inevitably enter the urine and faeces chambers when she uses the UDD toilet. This organic material poses no threat to the sanitizing or composting process nor to its future use as agricultural fertilizer or compost. But there are psychological problems raising from this: traces of blood that are left behind and remain there for future users to see are often an embarrassment to women and girls, and could hinder their use of the toilets. A simple solution is to provide a brush and water to wash the toilet; limited amounts of water, one or two cups, do not do harm to the system. If the faeces chamber becomes too moist, additional absorbing material like wood, dust or ashes can be added. As sanitary materials are often non-biodegradable, that should not be disposed of in the toilets. Therefore, wrapping materials and a proper container for disposal should be provided. This is particularly important in public places, and in schools. (26, 27, 28)

**Box 10: Lessons from the WASH Campaign**

Based on experienced in the global WASH Campaign (Water, Sanitation and Hygiene for all), that started in 2001, the following results were identified. Putting women at the centre of the water, sanitation and hygiene activities led to: (19)

- better health for all
- greater privacy and dignity for women
- better women’s health and well being
- more girls attending school
- improvement in the status of women
- greater opportunity for women to earn and income
- better service provision.

Reasons for these results were, amongst others:

- women have good knowledge about local water and sanitation practices and any associated problems, which can direct interventions
- women’s interest in the family’s health motivates them to bring about improvements
- women’s particular needs are taken into consideration
- women can relieve themselves when they need to, rather then waiting until they can have some form of privacy
- women suffer less harassment, abuse and violence
- women no longer have to endanger their health by delaying defecation and urination
- the role of care of the disabled becomes less demanding
- the disabled experience improvement in their personal hygiene, health and independence.
- where schools have clean water supplies and private toilet facilities for girls, they are more likely to attend school
- female teachers are easier to recruit and retain, if schools have good water and sanitation provision
- they are encouraged as having skills and knowledge that is outside the scope of their traditional roles
- they strengthen their voice in their family and community to negotiate their own needs
- opportunities are presented for employment, greater autonomy and independence
- women also spend less time suffering from sickness and caring for others who are ill
- women can develop particular aspects of income-generation that are dependent on a supply of water
- women are targeting men for involvement in sanitation and hygiene promotion so that they too take responsibility for this aspect of personal and family living
- success based on women’s involvement can lead to changes in attitudes in both women and men.
As has been shown in the text and cases above: without a gender perspective in sustainable sanitation and hygiene policies and efforts, unexpected side effects can occur, such as adding extra burdens for women or men and/or that the constructed facilities do not meet the needs of women and girls. On the other hand: mainstreaming a gender perspective in the sector can add to its effectiveness and efficiency. The following guiding questions can be helpful in the process of integrating a gender perspective in sustainable sanitation planning, design and implementation. (1, 3, 5, 6, 7, 20)

**Gender analysis:**
- Have you developed a socioeconomic profile of the target population?
- Have you investigated the gender issues related to sanitation provision and use in the project area?
- Are women’s (and men’s) needs, interests and priorities regarding sanitation clear?
- What are the gender-specific elements in the sanitation policies and strategies of the government, company or institution?
- Did you use a gender perspective to gather information? Are the gathered data sex-disaggregated?

**Institutional aspects:**
- Is expertise in social development, sanitation and hygiene education available in the organization, project or program team?
- Are women and men fully involved in the organization and have internal discriminatory factors been tackled successfully?
- Are there any constraints for women and/or men to access and control over resources?

**Gender impact assessment:**
- Will the programme objectives and activities have an impact on existing inequalities between women and men, boys and girls?
- How will women and men be affected by the programme? E.g. will their work burdens be in/decreased; their health be affected; economic benefits. Is there gender balance in the burdens and benefits?
- Is the budget gender sensitive?

**Gender specific monitoring and evaluation:**
- Do you measure and monitor for separate effects on women, men, girls and boys? How?

**Location and design:**
- Does the design and location of sanitation facilities reflect the needs of women and men?
- Are toilets situated in such a way that physical security of women and girls is guaranteed?
- Is the location close to home and is the path well accessible and well-lit?
- Are separate toilets for women and men, boys and girls constructed and maintained (e.g. in schools, factories, public places)?

**Technology and resources:**
- Does the technology used reflect women’s and men’s priorities and needs?
- Is the technical and financial planning for ongoing operation and maintenance of facilities in place? And how are women involved?
- Have funds been earmarked for separate sanitation facilities for girls and boys, and for hygiene education in school curricula?

**Empowerment and decision-making:**
- Is women’s capacity developed and their participation in training encouraged?
- Are women and girls enabled to acquire access to relevant information, training and resources?
- Is there gender balance in decision-making?
- Are women involved in the planning (incl. location and quality) and management of sanitation services?
- Have hygiene education messages been promoted through women’s groups, schools and health clinics?

**References**

- (7) UNICEF, 2008. Water, Environment and Sanitation. 10 Key Points to Check for Gender Equity; a checklist for managers of water and sanitation programs, (www.unicef.org/wes/index_key_points.html)
Further readings


- Water Aid Uganda & the Uganda Water and Sanitation NGO Network (UWASNET), Mainstreaming Gender in Sanitation and Hygiene in Uganda. A background paper for the sanitation and hygiene conference in South Africa, 29 July-1 August 2002; with support of Gender and Water Alliance


Websites

- Gender and Water Alliance: www.genderandwater.org
- Women in Europe for a Common Future: www.wecf.eu
- Interagency Task Force on Gender and Water (UN): www.un.org
- Water Supply and Sanitation Collaborative Council (WSSCC): www.wsscc.org
- Women’s Environment and Development Organisation: www.wedo.org
- International Water and Sanitation Centre (IRC): www.irc.nl

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SuSanA fact sheet

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