

# MAKING CONNECTIONS: WOMEN, SANITATION AND HEALTH

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Photo: WaterAid/Kate Holt

## Acknowledgments

Many thanks to the following speakers and panellists who participated in the event:

Spera Atuhairwe  
Simon Bibby  
Eileen Chappell  
Barbara Frost  
Rose George  
Prof. Wendy Graham  
Dr Lori Heise  
Thérèse Mahon  
Dr Helen Pankhurst  
Archana Patkar  
Sanjay Wijesekera

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Women and girls have distinct needs that are often overlooked in debate, policy and planning in the water, sanitation and hygiene (WASH) and health sectors. This neglect in policy, research and practice means that certain specific vulnerabilities experienced by women linked to WASH and health are not fully addressed. Furthermore, sectors working in silos can mean that key cross-cutting issues are overlooked. Tackling these issues requires integrated approaches rather than narrow, sector-specific interventions. *Making connections: Women, sanitation and health* brought together a diverse mix of academics, journalists, practitioners and activists from the WASH, gender and health sectors to present and debate critical issues linking gender, sanitation and health including violence against women and girls, maternal health and menstrual hygiene.

Audio and slides from the event can be accessed at:

<http://www.youtube.com/user/SHAREresearch1>

## OPENING

### Dr Helen Pankhurst

CARE USA Senior WASH Adviser; CARE UK Voices against Violence Campaign  
Presentation: <http://youtu.be/yxw34ZZSGbk>

*“...Biological considerations are extremely important. In the history of women they play a part of the first rank and constitute an essential element in her situation... For, the body being the instrument of our grasp upon the world, the world is bound to seem a very different thing when apprehended in one manner or another.”*

Simone de Beauvoir,  
The Second Sex (1949)

Dr Pankhurst drew on Simone de Beauvoir's words to open these discussions of the particular experiences of women and girls related to sanitation and health. During her PhD studies in Ethiopia, she experienced firsthand the challenges that women experience when living without adequate sanitation: feeling fearful and vulnerable when having to defecate in the open after dark and the challenging in dealing with menstruation. Her subsequent work in both the WASH and gender sectors has highlighted that women across the globe are experiencing the same challenges arising from inadequate WASH.

Dr Pankhurst challenged the audience by declaring that introducing notions of equity and inclusion as side additions to 'business as usual' will not address these fundamental issues. She drew on the legacy of her relatives in the universal suffrage movement to stress the importance of tackling WASH as an openly political issue. Dr Pankhurst said the *Making Connections* event was an important step forward, and encouraged participants to consider the pragmatic reality of women and girl's lives and take a more consistent approach in making practical connections between WASH, health and gender issues. She closed by stating that we need to ensure that work on sanitation and health addresses underlying social norms and attitudes which perpetuate inequality.



Photo: Lynn Johnson © National Geographic

## VIOLENCE AGAINST WOMEN AND GIRLS

### Dr Lori Heise

Senior Lecturer in Social Epidemiology at LSHTM; Chief Executive of STRIVE Consortium  
Presentation: <http://youtu.be/AS9ulpJqh7s>

*“The toilets themselves were associated with fear... in (the) slums. Boys were said to loiter around the toilets at night... There were cases of boys hiding in the cubicles at night waiting to rape those who entered. Women were also scared of drug addicts who were said to hide in the toilets.”*

Keren Massey, *Insecurity and Shame* (2011)

After working for 25 years on issues of violence against women and girls (VAWG), Dr Heise first began to consider the links between VAWG and WASH last year. In her presentation, she drew on three pieces of grey literature which investigated the topic in the context of urban slum settings in Kenya, Uganda and India:

1. [Odongo, G. \(2010\) \*Insecurity and indignity: Women’s experiences in the slums of Nairobi, Kenya\* \(Amnesty International\)](#)
2. [Massey, K. \(2011\) \*Insecurity and Shame: Exploration of the impact of the lack of sanitation on women in the slums of Kampala, Uganda\* \(SHARE Research Consortium\)](#)
3. [Lennon, S. \(2011\) \*Fear and Anger: Perceptions of risks related to sexual violence against women linked to water and sanitation in Delhi, India\* \(SHARE Research Consortium\)](#)

Dr Heise outlined that women’s experience of sanitation was different in that they are vulnerable when using communal sanitation facilities, and are more likely to be confined to their home (and sanitation facilities available there) than men who by virtue of employment mobility can access better sanitation facilities. Coping strategies used by women are either to call on a male family member to accompany them, or to use ‘flying toilets’, the practice of defecation in a bag or receptacle which is then thrown out into a public space. The act of defecating within the home causes significant shame. Dr Heise emphasised that in addition to the risk of violence faced by women using the toilet at night, the majority of violence against women occurs within the family.



Mapping Violence in the community

When she started to investigate this area, Dr Heise was struck by the lack of peer-reviewed literature on the subject. She closed by declaring the need for further research both to characterise the problem and identify solutions.

## MATERNAL HEALTH

### Professor Wendy Graham

Chair in Obstetrics and Gynaecology at University of Aberdeen; Research Advisor to DFID  
Presentation: [http://youtu.be/ U4qEaCaKnQ](http://youtu.be/U4qEaCaKnQ)

*“After 25 years of working on maternal health issues, I’ve only just started to think about the link with WASH. After all these years of looking at infection and quality of care, I’m outraged that we don’t have clean, safe births.”*

Professor Wendy Graham

Prof Graham noted that 60 million women each year give birth in healthcare facilities. During the 1800s, there was an 80% decline in maternal mortality in a 15 year period which was partially due to a reduction of sepsis through the improvement of hygiene and quality of care. *Infection, Prevention and Control* (IPC) continues to be a core principle in the maternal health sector, yet hygiene is often overlooked in healthcare facilities. Water is another vital issue as in resource-constrained settings it can be intermittent



Photo © Wendy Graham 2000

and unsafe which limits the ability to maintain a clean and sterile environment. Prof Graham has encountered many healthcare facilities that have extremely poor sanitation facilities that are shared by both patients and healthcare workers. However, she noted that many healthcare facilities she had visited were clean and hygienic, and this difference was not just caused by increased resources but was due to significant behaviour change. Prof Graham concluded that a greater evidence base was required regarding this behaviour change to understand who some facilities achieve good quality of care while others don't. She also argued for increased collaboration between healthcare facilities and community WASH committees who can support facilities to improve the quality of care. She referenced new collaborations that are working to achieve this, such as the Soapbox Collaborative.

Prof Graham used compelling images gathered throughout her career to exemplify the importance of WASH to maternal health. Images are available on request from Soapbox Collaborative:

<http://www.soapboxcollaborative.org/>.

## MENSTRUAL HYGIENE MANAGEMENT

### Rose George

Journalist and Author of 'The Big Necessity'  
Presentation: <http://youtu.be/8EOGe0R4SPw>

*"I thought it was an issue to get people to talk about sanitation, but encouraging people to talk about menstruation is even more important."*

Rose George



Making MHM bracelets at the WASH Yatra

When writing *The Big Necessity*, Rose George acknowledges that she barely considered menstruation. She was invited in 2012 to join the [WASH Yatra](#), a travelling sanitation carnival in India. As part of the Yatra, there was a Menstrual Hygiene Management (MHM) Lab which was a specific tent for women only where women could access information about menstruation and menstrual hygiene. The MHM Lab was revelatory – 71% of girls had no idea what was happening when their period started and 70% thought menstrual blood was dirty. Rose highlighted how insidious, pervasive and universal this sense of shame is and noted that she herself also had internalised stigma regarding menstruation. Rose concluded by noting that the MHM Lab at the WASH Yatra demonstrated how much women wanted to learn about menstruation and how effective this knowledge can be in improving quality of life and reducing shame.

### Thérèse Mahon

Regional Programme Manager South Asia at WaterAid, Co-Author of [Menstrual hygiene matters: A resource for improving menstrual hygiene around the world](#)

Presentation: <http://youtu.be/uga45JHyJp4>

*"We want to make menstruation a part of normal daily life, rather than something that brings life to a standstill"*

Thérèse Mahon

Thérèse spoke of her experiences of compiling the Menstrual Hygiene Management Resource, which is a substantial publication of modules and toolkits giving practical guidance on menstrual hygiene management (MHM) in a range of settings including communities, schools and emergencies. The Resource was a collaborative initiative capturing the wealth of experience of many contributors and co-published by 17 organisations. The Resource covers links between MHM and health, finding a very plausible link with increased risk of infection. However, there is little clinical evidence and confusion at field level between menstrual disorders and health conditions associated with poor menstrual hygiene. Due to the taboos, fear and shame associated with menstrual hygiene it is important to consider health more broadly as physical, social and mental wellbeing.



Thérèse noted that Menstrual hygiene management needs to involve a wide range of sectors as there was a clear link with WASH, education, health and the private sector as both employers and providers of services. It is also essential that we consider the additional needs of women and girls in particularly vulnerable or marginalised circumstances. She concluded by stating that there are still knowledge gaps, and further research into MHM is required.

## PANEL DISCUSSION

Presentation: <http://youtu.be/4TDkrd56OjA>

The panel at Making Connections included:

- [Sanjay Wijesekera](#) (Chief of WASH at UNICEF)
- Simon Bibby (WASH Adviser at DFID)
- [Archana Patkar](#) (Programme Manager for Networking & Knowledge Management, WSSCC)
- Spera Atuhairwe (Head of Programme Effectiveness at WaterAid Uganda)
- Professor Wendy Graham (Chair in Obstetrics and Gynaecology at University of Aberdeen; Research Advisor to DFID)



To start, the panellists were invited to respond to questions related to women, sanitation and health.

*What opportunities are there in the post-2015 development agenda to address challenges faced by women and girls, and what can we do to provide to promote inter-sectoral approaches to address gender inequities relating to women's rights, sanitation and health?*

Simon Bibby (DFID) responded that he was encouraged by news from recent meetings of the High Level Panel on the post-2015 UN Development Agenda where commitments were made in tackling gender inequities. While there is some pressure for a continued stand-alone goal on gender equality, Simon argues that the issue of gender empowerment should be mainstreamed to promote inter-sectoral approaches. Other approaches that can be adopted are collaborative working methods, such as DFID colleagues based in Sierra Leone who work from a joint-MDG office that encourages cross-cutting working.

Archana Patkar (WSSCC) argued that MHM should be viewed as a meta-indicator that cuts across all social and political stratifiers of inequality. By focussing on such cross-cutting issues, this will help the global community to address wider issues of inequality and inequity. She also updated the audience that WSSCC and the SHARE Research Consortium is jointly funding research into MHM and other related issues to create a stronger evidence base for policy and practice.

*What is the importance of addressing issues of stigma and practical needs related to women, sanitation and health with children and adolescents?*

Sanjay Wijesekera (UNICEF) recalled being inspired by a group of adolescent girls he had met as part of the DFD-funded SHEWA-B programme who were developing community plans to tackle inadequate hygiene practices. Not only were they conducting mapping in their community, they had established a shop to meet women's needs such as selling sanitary pads and business was thriving. This example demonstrated that young people can be agents for change in their communities. Sanjay also highlighted the importance of measurement to develop programmes and policies, and notes that in the UK issues such as dignity are measured. He therefore supports the development of a wider evidence base regard women, sanitation and health.

*Working collaboratively usually means more complexity and time. What are the incentives for putting in this additional effort in contexts with limited resources?*

Spera Atuhairwe (WaterAid Uganda) agrees that collaboration is important to ensure not just efficiency but also that experience and solutions from various sectors can be shared. Spera feels that this sense of collaboration are currently lacking in issues related to VAWG. She argues that collaboration also creates the space for empowerment of women which will also strengthen approaches in tackling VAWG.

Professor Wendy Graham (University of Aberdeen, DFID) argued strongly that greater collaboration is required – her recent realisation of the synergies between WASH and maternal health demonstrates this. Prof Graham argues that the key incentive to collaboration is that without it, sectors pursue what she terms as 'naive interventions' that are not joined up. She also argues that collaboration is win-win, as resources and creativity can be shared. In order to support collaboration, we need to support a new generation of 'hybrid workers' in the sector that move between academic, NGO and donor sectors.

## **QUESTION AND ANSWER SESSION**

*How can we get men and boys involved in improving women's experience of WASH and health?*

Simon Bibby (DFID) responded that we need a better understanding of behaviour change and the role that both men and women can play. He also recognised the value of using influential figures to raise the profile on an issue and set a good example. Sanjay Wijesekera (UNICEF) responded that we are addressing very deep social norms, with even the Old Testament of the Bible making reference to segregation of women during menstruation. He argued that we are making progress in behaviour change in the field of sanitation, which can be transferred to other contexts. Rose George (journalist) responded that from her experience at the WASH Yatra, the best way to involve boys and men is to tell them they cannot be involved!

*Do you think there is enough awareness of women's fertility cycle in approaches related to women, sanitation and health?*

Archana Patkar (WSSCC) responded that at the WASH Yatra, there were resource available that explained how men and women develop physically, and the reproductive cycle. Sanjay Wijesekera (UNICEF) responded that the evidence on approaches was limited, and that UNICEF was investing in knowledge pieces to develop effective approaches. Spera Atuhairwe (WaterAid Uganda) reported that significant work had been undertaken in Uganda to break down taboos in talking about menstruation and reproduction and in some areas it is now part of the school curriculum which encourages parents to tackle these issues with their children.

## CONCLUSION

### Dr Helen Pankhurst

*CARE USA Senior WASH Adviser; CARE UK Voices against Violence Campaign*  
Presentation: <http://youtu.be/4YxvU8YRhfE>

Dr Pankhurst observed that the key theme emerging from discussions is the importance of breaking the silence and sharing information on issues related to women, sanitation and health. To support this, it is clear that collaboration between different sectors and organisations is vital. In addition to practical support such as the [Menstrual Hygiene Matters resource book](#), this is about tackling norms, political issues and power dynamics, and allowing the conversation to happen. She closed by declaring that in order to address issues related to women, sanitation and health, we need non-naive interventions that can only be brought about through collaborative approach.

## RESOURCE LIST

[A Systematic Review of the Health and Social Effects of Menstrual Hygiene Management](#)  
[PLOS ONE](#) Sumpter, C. and B. Torondel (2013), SHARE Research Consortium

[Fear and Anger: Perceptions of risks related to sexual violence against women linked to water and sanitation in Delhi, India](#) Lennon, S. (2011), SHARE Research Consortium

[Insecurity and indignity: Women's experiences in the slums of Nairobi, Kenya](#) Odongo, G. (2010), Amnesty International

[Insecurity and Shame: Exploration of the impact of the lack of sanitation on women in the slums of Kampala, Uganda](#) Massey, K. (2011), SHARE Research Consortium

[Menstrual hygiene matters: a resource for improving menstrual hygiene around the world](#)  
House, S., Mahon, T. and Cavill, S. (2012) WaterAid and SHARE Research Consortium

[School Menstrual Hygiene Management in Malawi: More than toilets](#) Piper-Pilletteri, S. (2012) SHARE Research Consortium