Sanitation brings dignity, equality and safety

1.2 billion people around the world practice open defecation. They go to the toilet behind bushes, in fields, plastic bags, ditches or along railway tracks and for them sanitation is all about dignity, equity and safety – and ultimately Human Rights.

Women and girls

While having a toilet is important for everyone, access to safe, clean toilets brings particular benefits to women and girls. Freed from the need to defecate in the open, they no longer have to suffer the indignity of physical and verbal abuse or humiliation when relieving themselves. Sexual harassment and rape are also a risk for many women who wait until nightfall and seek the privacy of darkness to relieve themselves.

Women and girls don’t need toilet facilities just for defecation; they also need privacy and dignity when menstruating. The symptoms of menstruation, pregnancy and the postnatal period become more problematic if women have nowhere to deal with them adequately. Separate toilets at school mean more girls are likely to attend in the first place, and more girls are likely to stay on after puberty to complete their education.

Women place a higher value on access to private sanitation facilities than men but often remain unheard. There is a real need for facilities which meet women’s physical and psychological demands and preferences, and these can be readily achieved by including women in the design and placement of these facilities.

Disabled, elderly and sick

Some of the poorest and most marginalized people in the world are those with physical disabilities, the elderly, and those with HIV/AIDS or long term illnesses; but these people are also the ones whose needs are often overlooked. Not only do disabled people face social hurdles in the form of prejudice, pity or stigma from other members of the community, but, unable to negotiate obstacles in the natural environment, their social isolation can be mirrored by physical isolation. Access to improved sanitation is vital in order to ensure the dignity, safety and equality of this group of people and enhance their social inclusion. Additionally, sanitation can also play an important role in reducing the risks of opportunistic infections. It can greatly improve quality of life and make home based care for people living with HIV/AIDS easier and more dignified.

Poverty or The Poor?

Sanitation is one of the most inequitably distributed services, with the richest quintile of the global population four times more likely to use improved sanitation than the poor. In sub-Saharan Africa they are more than sixteen times more likely to have access to sanitation as people in the poorest quintile. Over 60% of the poorest quintile in sub-Saharan Africa practices open defecation, while only four percent of the richest quintile does.
An analysis of household wealth quintiles illustrates that sanitation disproportionately affects the poorest and progress in the lowest quintiles lags badly. In several countries – including Benin, Burkina Faso, India and Nepal – 95% or more of the poorest practice open defecation, and there has been minimal progress in terms of improving sanitation for the poorest 40% of people in these countries since 1995.

**Significant inequalities – between and within countries**

The WHO/UNICEF Joint Monitoring Programme on Water Supply and Sanitation (JMP) publishes biennial estimates of global access to water supply and sanitation services. The latest report, in 2010, indicated that 2.6 billion people worldwide do not use improved sanitation. It also reported marked disparities between regions and countries in the world. Notably, people in sub-Saharan Africa and South Asia have particularly poor access to sanitation. The percentage of people with improved sanitation is just 36% in South Asia and 31% in sub-Saharan Africa, compared with an average across all developing countries of 52%.

**Differences within countries**

The JMP report also highlights important disparities within countries:

- Between rural and urban areas: seven out of ten people without sanitation live in rural areas.
- Between rich and poor: for example, in India, only 2% of people in the richest quintile practice open defecation, but 86% in the poorest quintile do so.
- Between ethnic groups: minority groups often experience poorer access to sanitation than the majority population. For example, in Latin America, disparities are often seen between indigenous and non-indigenous people.

**Lack of access to sanitation – both a cause and effect of inequity**

Access to safe drinking water and adequate sanitation, and the practice of hygienic behaviours such as handwashing, have key impacts on health and well-being. Lack of access results in poor health, with consequent economic and development impacts. On the other hand, poor access to sanitation is more likely for the poorest precisely because they are disadvantaged. Inadequate water, sanitation and hygiene keep women especially in poor health, out of education, in poverty and destined to bear and raise sickly children.

**Sanitation – privacy and dignity**

The tangible benefits of having a toilet are easy to identify and measure – better health, higher levels of education, increased wealth and productivity for nations and individuals and a cleaner environment. Less tangible, but every bit as important, are the benefits in terms of privacy and human dignity.

Communities who have chosen to end open defecation are motivated by a strong sense of wanting to improve their lives through better sanitation. Sustainable sanitation: the five year drive to 2015, is calling for a worldwide end to open defecation. Here, the decision-making power is firmly in the hands of those within each community – each village, each district, each urban settlement. Those in other sectors or regions, however, can play a vital role in supporting this movement.

*Sustainable Sanitation: the five year drive to 2015* is a global campaign to redouble efforts to reach the MDG targets – and then go beyond them to ensure Sanitation for All. Sanitation is a human right – help us turn the right into a reality. To find out more visit [www.sanitationdrive2015.org](http://www.sanitationdrive2015.org)

Main sources: UNICEF, WHO