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**WATER, SANITATION AND HYGIENE SERVICES BEYOND 2015:
IMPROVING ACCESS AND SUSTAINABILITY**

Gendered priorities for ‘improved’ sanitation: insights from Kisumu Kenya

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This paper explores how official concepts of ‘improved’ sanitation often fail to reflect the priorities of female users. As the health benefits associated with improved sanitation cannot be fully realised until all potential user groups habitually utilize it, specific user preferences/constraints need to be better understood and catered for. Drawing on empirical work in nine schools in Kisumu, Kenya, attention is focused on gendered sanitation priorities including menstrual hygiene management, gender-based violence and broader safety, privacy and dignity issues associated with accessing and using sanitation facilities.

Introduction

In order to track progress towards MDG sanitation targets, the Joint Monitoring Program (JMP) defines an ‘improved’ sanitation facility as one that ‘hygienically separates human excreta from human contact’ (WHO/UNICEF 2014a). Since 2008, a more detailed analysis of access to different forms of ‘improved’ and ‘unimproved’ sanitation has been achieved through the use of the ‘sanitation ladder’ concept that divides sanitation facilities into four main rungs (WHO/UNICEF 2014b). Although useful, the technology-oriented ladder used by the JMP provides no information on where, how (or if) different facilities are being used and by whom. As a result, there have been calls for a function-based approach to the concept of improved sanitation that focuses on how well facilities meet the needs of different users as well as on their ability to satisfy health and hygiene criteria (Kvarnström et al. 2011). Drawing on empirical research with schoolgirls in Kisumu Kenya, this paper highlights the girls’ sanitation priorities and the failure of school-based sanitation systems to meet their menstrual hygiene management needs or address concerns about gender based violence.

Methodology

Our research in Kisumu sought to investigate the extent to which MHM (and a lack of access to sanitary products in particular) were responsible for girls’ absence from school (Jewitt and Ryley, 2014). The research was primarily qualitative in nature as it sought to elicit the feelings and opinions of schoolgirls in and around Kisumu and encourage them to share their experiences and aspirations. Data were collected from 9 schools (4 rural 5 urban). Seventeen semi-structured interviews were conducted along with seven focus groups (FGs) involving 53 participants. A range of participatory tools were used in the focus groups. These included participatory ranking approaches to investigate why girls missed school and sketching exercises to identify problems with girls’ existing school sanitation facilities and what their ‘perfect toilets’ might look like.

Shifting sanitation approaches

Traditionally, the sanitation sector has been dominated by top-down, ‘supply led’ construction-oriented approaches focused more on sanitation hardware (toilets, pipes, sewers) than on user needs, priorities or affordability (Jenkins and Sugden 2006; Peal et al. 2010). In an effort to meet MDG targets, a range of

software initiatives were developed to better understand different people's motivations for adopting sanitation and hygiene systems (Peal et al. 2010; O'Reilly and Louis, 2014). In spite of this shift, gendered sanitation priorities remain poorly understood (Tilley et al. 2013). According to Tilley et al. (2013) gender is 'mostly seen as a "nice to have" rather than a "need to do" aspect' (304) of sanitation programs that 'very few agencies' (303) provide clear guidance on or material for. This is despite evidence to suggest that gender sensitive sanitation initiatives have potential to improve female health, dignity and safety as well as helping to address gender inequalities in poor school attendance (Sommer 2010; Jewitt and Ryley 2014).

Improved for whom? Gendered sanitation priorities

Although relatively few studies have been conducted on gendered sanitation priorities, software oriented sanitation approaches have highlighted some important differences in how men and women perceive sanitation facilities (Jenkins and Sugden 2006; O'Reilly 2010; O'Reilly and Louis 2014). Amongst female users, the privacy, convenience and dignity benefits of toilets are often highlighted while there is a tendency amongst men to consider how toilets can 'improve the comfort and modernity of their homes and ... well being of their family members' (Jenkins and Sugden 2005: 14). These findings are linked to widespread cultural restrictions on women (but not men) practicing open defecation during daylight hours which force women to 'discipline their bodies around a lack of accessible and private sanitation, or face public shame, humiliation and embarrassment' (Truelove, 2011:148). To address this, many women eat less to reduce the risk that they will need to defecate in the daytime. But accessing open defecation sites or even public toilets at night often presents an additional set of practical and logistical difficulties. These include attempting to avoid injury from wild (including venomous) animals and negotiating difficult or dangerous access routes (for example crossing of busy roads and railways or traversing waterways and drainage canals via narrow and slippery logs) in the dark (Bapat and Agarwal, 2003; Jenkins and Sugden, 2005).

Even where sanitation facilities are accessible in daylight and are situated in relatively close proximity to potential users, gender specific difficulties often present themselves. Focus groups with schoolgirls in Kisumu, Kenya, for example, highlighted their reluctance to use school latrines as they were poorly constructed, often malfunctioning and too few in number to cope with demand at break and lunch times. A lack of natural light entering the toilets meant that they rarely stayed clean for long and girls expressed disgust about using them as well as fear that they might encounter creatures that could attack them. Broken doors and missing latches added to the general lack of privacy and safety in school toilets and were a greater concern amongst girls than boys.

Sanitation, safety and fears of gender-based violence

Safety-related considerations are a common facet of women's (and also children's) sanitation preferences, reflecting fears about gender-based violence (GBV) as well as the more logistical dangers mentioned above. Whilst WASH-related GBV is by no means one of most prevalent forms of GBV (House et al., 2014), it nevertheless comprises an important element of user-based perceptions of 'improved' sanitation. Interestingly many of the examples given in the WEDC/WaterAid practitioner's toolkit on 'Violence, Gender and Wash' (House et al. 2014) are based in schools where sanitation facilities are often less well supervised than community-based latrines (Abrahams et al, 2006).

Echoing this, focus group discussions with schoolgirls in Kisumu indicated that the style and location of school toilets had an important influence on how comfortable girls felt about using them. In particular, girls preferred toilets built of solid material rather than of corrugated iron sheets as the latter often had holes or gaps through which boys could spy on them. In the 'perfect toilet' sketching exercises, several girls drew individual toilets rather than several toilets in one block as they considered the former safer as they could be more easily monitored by staff. Electric lighting was also a common feature of girls 'perfect' toilets, echoing their fear of using existing poorly-lit latrines where boys could potentially go in and hide, ready to attack them. Many also drew toilets with solid lockable doors reflecting their desire for greater privacy and safety.

Other important themes arising from these exercises was a desire for good hygiene facilities including water, soap and toilet paper. Toilet paper was widely used as a form of emergency sanitary protection amongst our respondents while the emphasis on soap and water reflected not only concerns about hygiene but also the need to wash sanitary materials and uniforms when they got stained with menstrual blood. One of the girls even added a wash room to her 'perfect toilet' sketch reflecting local cultural preferences for frequent bathing as a form of MHM, as well as her desire for a safe and private space for washing her reusable sanitary towels (and clothes if needed) away from the prying eyes of male pupils and teachers.

Menstrual Hygiene Management

This girl's emphasis on MHM as an important user-based priority for 'improved' sanitation in school is particularly interesting for the attention it draws to 'one of the most neglected aspects' (Tilley et al. 2013: 306) of WASH. Interviews and focus group discussions in Kisumu highlighted the considerable MSM-related challenges faced by many schoolgirls including difficulties associated with changing/disposing of sanitary towels and washing hands or soiled uniforms. Many girls said that they felt unable to change their sanitary products at school as the facilities were not sufficiently clean, private or quiet enough for them to do so. The absence of bins for disposable sanitary towels and facilities to wash re-usable sanitary protection were also important themes.

Although some of the schools we visited did have water taps, these were quite distant from the latrines, compounding difficulties associated with general hygiene and MHM. A key difficulty mentioned by many girls was the ease with which their pale coloured school uniforms became stained when their (often makeshift) sanitary protection leaked. Having menstrual bloodstains on their uniforms was something that all girls dreaded as this would attract mockery and harassment from other pupils (especially boys). As girls had nowhere private to go during break times in order to wash these stains out, they often missed class so that they could remove and wash their clothes or sanitary rags in private. In schools without washing facilities, meanwhile, girls took great measures to prevent leaks from occurring including sitting in class all day (missing lunch and play breaks) and refusing to answer questions as classroom etiquette dictates that pupils must stand to do so.

Although there is disagreement in the literature about the linkages between menstruation and girls' absence from school (Grant et al. 2010; Oster and Thornton 2011), our interviews with girls and teachers in Kisumu indicated that MHM was an important factor in schoolgirl absenteeism. Girls with good access to WASH facilities at home indicated that MHM was much easier there than at school as they could wear old, dark-coloured clothes and bathe frequently and in private. Several girls also added that they could find safe, private spaces for washing and drying re-usable sanitary products at home but not at school. An important theme amongst girls with poor access to reliable sanitary protection (and underwear), meanwhile, was restricted mobility during menstruation. Fears that their make-shift sanitary protection might leak or even fall out made them reluctant to make the journey to school or to move far from their homes. A related issue that came up in our focus groups was that girls sometimes resorted to 'transactional sex' in order to buy disposable sanitary towels that would give them sufficient protection to confidently attend school during menstruation. In an attempt to address this problem, one of the head teachers that we interviewed said that he had made emergency sanitary towels available in school for girls who needed them. Girls from that school confirmed in focus group discussions that transactional sex for sanitary towels had declined since this initiative had started but discussions at other schools alluded to this type of transactional sex as an on-going problem.

Despite the millions of girls and women who share such MSM-related difficulties, however, the monitoring of MSM provision or its incorporation into the idea of 'improved' sanitation appears to have received little attention. Even less emphasis has been placed on the need to improve understandings of how MHM varies culturally and reflects (and helps to reproduce) wider gender inequalities in mobility, exposure to GBV, access to education and broader life chances (Jewitt and Ryley, 2014).

Conclusions

If 'improved' sanitation for all is a serious goal, there is a need for greater 'scrutiny of the intimate as a social issue and its regulation by explicit and implicit power relations' (Tilley et al., 2013: 305). As health concerns rarely stimulate demand for sanitation facilities (Jenkins and Sugden, 2006; Peal et al, 2010), there is a need to prioritise user-based preferences for comfort, convenience, privacy, safety, dignity, and accessibility if existing gaps between official and user-based conceptions of 'improved' sanitation technologies are to be bridged. In particular, there is a need for greater consideration of intra-community (notably gender) variations in these priorities and the wider cultural and geographical contexts within which these are situated. As emphasis shifts from MDGs to 'Sustainable Development Goals', the inclusion of additional functions and monitoring mechanisms to address gendered sanitation priorities could help to improve MHM provision and address broader concerns about WASH-related GBV. Such initiatives might also have potential to 'spur innovation within the sanitation sector' and 'force donors, nations and municipalities to think beyond purely sanitation infrastructure provision' (Kvarnström et al. 2011:10).

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