

Mainstreaming gender in South African sanitation programmes: a blind spot or common practice?

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1. Introduction

Reading through a number of prominent recent policy documents on sanitation in South Africa, it is disturbing to find they have almost nothing to say about women and gender. Yet South Africa has one of the most progressive Constitution's in the world, and its Bill of Rights makes special provision for safeguarding women's rights and addressing their needs.

The September 2001 White Paper on Basic Household Sanitation is a crucial document: it lays out the policy and framework for planning and implementing basic household sanitation initiatives in South Africa. It provides a basis for formulating co-ordinated local, provincial and national strategies to address the needs of the estimated 18-million South Africans without adequate sanitation.

Yet the White Paper seems to have overlooked one crucial group of role players involved in improving basic household sanitation: women. Except for one statement that "It is especially women and the elderly who are the most inconvenienced [by poor sanitation]",¹ there is no mention whatsoever of the crucial role women should – and do - play in establishing proper sanitation systems and creating health and hygiene awareness. This is a critical shortcoming in such a high profile document.

The linkages between women, sanitation and health and hygiene practices are strong, abundant, diverse and often self-evident. Yet the gaps in policy documents are not confined to government. Even the Mvula Trust, a leading NGO in the water and sanitation sector, has been remarkably quiet on the issue of gender in sanitation.

Policy and practice are often quite distinct. If sanitation policy is gender blind, what, then, is really happening on the ground? Does the low profile of gender indicate that issues concerning access, equity, opportunity and consideration of women's particular needs have been addressed, and no longer need to be flagged in policy documents and implementation plans? How prominent are women's voices and women's needs in planning and implementing sanitation initiatives – or have they been marginalised? Do women have the same opportunities as men, for instance, in access to paid jobs in sanitation projects? And is the value of the way women contribute to better sanitation and family hygiene being acknowledged – or is it simply taken for granted?

2. Gender and sanitation in practice

A brief survey of these issues gives mixed answers, but the trend overall is not positive.

In some regions, both women and men play active roles in community sanitation programmes – and both women and men have access to the paying jobs in projects. In most of the country, though, the picture is less positive. While women often take the initiative for getting sanitation projects underway in their communities, it seems men tend to take over as soon as there are big decisions to take, project funds to manage, and paid jobs to allocate.

In South Africa, sanitation provision is the responsibility of local government. However, due to capacity and resource constraints, municipalities often contract out the implementation of rural programmes to implementing agents, who work directly with the residents of targeted settlements, often through village sanitation committees. While these committees are largely based on volunteerism, there is often some money involved – reimbursement for

¹ White Paper on Basic Household Sanitation, DWAF, 2001:17

travel expenses, a stipend for committee work, and so on. Especially in the large, construction-oriented projects that are preferred by many municipalities, community workers are generally paid for their labour.

In May 2001, a number of institutions and organisations teamed up to conduct a participatory evaluation of the first phase of the provincial sanitation programme in KwaZulu Natal. One of the most striking conclusions of the evaluation was that the paid jobs that had been created through the programme – mostly toilet building – benefited men almost exclusively. The standard explanation given was that these jobs were deemed '*too difficult for women, and a man's job*' – even though women routinely make bricks, build dwellings and do hard agricultural labour.

Yet, with just one exception, the sanitation committee members and community health workers in the projects evaluated were all women. In the one project that was an exception, the committee included two men. Women from several projects said they had been encouraged by their communities to participate actively in the sanitation committee, because sanitation is perceived as 'female territory', and cleanliness has to start with the mother first. Committee and village health promotion work in these projects is generally not remunerated.

In the North West Province, it seems that women are fairly well-represented in sanitation committees – yet invariably they occupy relatively low status positions, at best as secretaries and treasurers. In very few cases do they have positions with important decision-making power. Furthermore, while committee members in that province are generally paid a committee expense fee, the only real paid jobs in the programme are those of builders – and in 90% of cases, the builders are men.

One feature common in all provinces is the perception that women should be involved in the 'soft' sanitation issues, notably health and hygiene promotion, while men should be involved in the technical issues, notably construction. Not only does this mean that the paid jobs are almost exclusively for men, it also means that women are still very much marginalised in decision-making processes. Arguably, gender quota systems in village sanitation committees all too often amount to tokenism.

3. Why poor sanitation impacts most on women

Household sanitation is everyone's responsibility, and everyone benefits from good sanitation. Yet the reality is that women make a disproportionate contribution to good household sanitation, and stand to benefit the most from better sanitation.

Particularly in deep rural areas, women still carry almost sole responsibility for reproductive tasks. These include household tasks such as cooking, cleaning and washing. Women raise and nurture the children and show them how to look after themselves; and women carry most of the responsibility for caring for the elderly and the sick. For these reasons, women tend to be the most direct beneficiaries of improved knowledge on health and hygiene related issues. Moreover, when women's raised awareness is translated into better hygiene practice, there will be obvious benefits all round for their children, the elderly, their families, and the wider community. Therefore, the first targets of health and hygiene messages should be women.

Better sanitation also impacts on personal safety. Rape and assault are all too common in South Africa, and having toilets on-site or close to home makes a significant difference to women's safety from attack, as compared to using public toilets, or open defecation far from the house.

Especially for women, sanitation is also about privacy, and dignity. Exposing oneself in the open, especially during menstruation, affects women's dignity, and sense of self-worth. These issues are particularly important for adolescent girls: studies in KwaZulu-Natal show that not having access to proper, safe and private sanitation, substantially increases absenteeism among girl learners, and contributes to them dropping out of school altogether.

Sanitation is crucial in the light of HIV / Aids. Poor water and sanitation undermines immune functioning, and can accelerate the progression from HIV+ to full-blown AIDS. Poor sanitation increases the vulnerability of HIV positive people and those with AIDS to opportunistic infection, and has huge quality of life impacts for people with AIDS and their care-givers. In most cases, women are the primary care-givers to those who are sick.

Furthermore, because it is a matter so close to their hearts, women tend to be more willing catalysts for better sanitation, taking what they have learned and spreading it more widely – in some cases even to other communities.

In Kraaipan, a village in the North West Province, Jacobeth Mabeo and her sanitation committee colleagues are fully responsible for implementing their village sanitation project. This includes planning and constructing toilets, health and hygiene training and awareness raising, and financial management of the project. When budgeted government funds for household toilet subsidies were cut unexpectedly, the Kraaipan committee decided to share the available funds among a much larger pool of households – reducing the amount available per household so that more could benefit. For those who argued that R600 per household was too little to build a better toilet, Jacobeth and her team could point to excellent toilets built with household resources and an external subsidy of just R350.

At present Jacobeth and her colleagues are raising awareness and giving health and hygiene training in surrounding villages, thereby expanding the project further and further. While they receive a stipend for their committee expenses, their work is essentially unpaid.

Since women tend to be the ones involved in cleaning and maintaining toilets, it is important that the selected technology / system is manageable by and convenient for women. For example, pour flush systems without in-house taps will greatly increase women's workload if they have to fetch the water needed for flushing. Equally, toilet floors and seats need to be smooth so that they can be easily cleaned. Toilet seats and pedestals need to be right height and width to allow children to use them, and the toilet top-structure needs to be sufficiently wide to allow comfortable access for large people, or those requiring help. Pre-fabricated 'zinc' toilets are frequently too narrow for many people – and it is frequently women who feel the brunt of this!

An added discomfort in urban settlements is that often toilets are built with the door facing the street – which can cause great embarrassment where the door can't be closed because of the size of the people or their need for assistance, and generally compromises people's preference for privacy.

Often these design flaws are the result of inadequate thinking, planning and consultation with the end-users. All too often, important features are decided by technicians, engineers and builders, who tend to be male, rather than users.

For all these reasons, it is crucial that women are involved in the planning and implementation of sanitation improvement initiatives. They need to be involved in decision-making processes concerning service level, type of system, design and construction, they

need to be targeted for health and hygiene awareness creation, and they need to have equal access to all the opportunities that funded sanitation projects bring.

4. A way forward

Women are well represented in numbers and motivation in community sanitation projects in South Africa – yet in terms of power, payment and recognition of the value of their contribution, there is a long way to go.

The reality is that many women's lives are already busy and demanding, and they don't necessarily have the time or energy to challenge men to the degree required to get men to share the opportunities for paid employment. It is important that men be required to consider the needs of people whose needs for an income are equal to their own. Room needs to be set aside in every project for women to be able to participate equitably in decision-making and income generation.

In many communities, sanitation is still perceived as a rather unpleasant, rather embarrassing issue that is best left to women. The fact that women are tasked with cleaning toilets and assisting relatives, links directly with their perceived status as somewhat inferior to men. It is striking that as soon as money and status become involved, in the form of paid jobs and decision-making power, sanitation improvement becomes a men's issue. Yet how much is changing in the home?

One of the most widely used tools for promoting gender equality in sanitation projects is the gender quota system - where, for example, 50% of committee members must be women. Yet all too often this accommodates tokenism, and no wider changes in perception occur.

There is wide scope to use sanitation projects to raise awareness of how household responsibilities are shared, and to offer women equal opportunities for advancement and financial gain. In some school sanitation improvement programmes in Limpopo Province, teachers are taking important small steps to challenge stereotypes by making young boys as responsible as young girls for keeping school toilets clean. They have instituted rosters requiring all children, irrespective of their gender, to take their turn in sweeping and cleaning toilets. By starting at a very young age, they quietly undermine assumptions about whose job it is to keep toilets clean and promote good sanitation – hopefully lessons that will stay with them for the rest of their lives. This might just be the first step on the way towards gender equality in sanitation, as well as in other spheres of life.

The energy and the frustration of the unemployed youth needs to be harnessed to vitalise the sanitation sector. Government needs to promote strategies that enable women, just like men, to acquire training in sanitation improvement, through skills development programmes. There they too can gain access to training in all aspects of sanitation, including social marketing and physical construction.

Most of all, policy can no longer afford to turn a blind eye on issues of gender and female representation in sanitation. Changes in perceptions cannot be prescribed from on high, but policy frameworks can at least set more gender-sensitive objectives and require implementing teams to monitor their real impacts. Where there are short-falls in meeting these objectives, government at all levels needs to pay more attention to focussing on the real reasons for these. There is more to gender equity than having equal numbers of women on a project team.