



Sanitation: A woman's issue

No issue touches the lives of women – particularly poor urban women – as intimately as that of access to sanitation. In low income settlements where there are no individual toilets, women have to queue for long periods to gain access to public toilets; some have to bear the indignity of having to defecate in the open, which exposes them to the possibility of sexual harassment or assault.

Although men also suffer from the burden of poor sanitation, they are more likely to resort to other means to relieve themselves. In many slums, men urinate and defecate along railway tracks and in open spaces. But women – whose anatomy, modesty and susceptibility to attack does not allow them to discreetly relieve themselves in public – have no choice but to wait until dark, usually early in the morning when there is less risk of being accosted. “Going to the toilet” for these women often means squatting in a private spot or waking up before dawn to queue at public toilets.

One woman interviewed in a Mumbai slum explained what it means to have no toilet: “We use the toilet outside our settlement, five minutes away. We have to stand in a queue for half an hour. That is why the men all go under the bridge and only the women use the toilets. Children also go out in the open.”

A disproportionate share of the labour and health burden of inadequate sanitation falls on women. For women living in slums, a long wait at the public toilet can mean that children are left unattended, or that a household chore is delayed. Unhygienic public toilets and latrines threaten the health of women, who are prone to reproductive tract infections caused by poor sanitation. For women who are menstruating, the need for adequate sanitation becomes even more acute. Moreover, because it is generally women who are responsible for the disposal of human waste when provision of sanitation is inadequate, they are more susceptible to diseases associated with contact with human excreta.

Despite all this, the sanitation crisis affecting women has not been given a high priority on the agendas of human rights and women's organizations. United Nations and other international bodies tend to confine women's issues to reproductive health and education. Few, if any, governments focus on the impact of inadequate sanitation on women. This could also be partially explained by the fact that improving access to sanitation was only recently recognized as a pressing internationally agreed target – in 2002 at the World Summit on Sustainable Development – so the issue has not been on the public agenda for long. Although women's lack of access to water in both rural and urban areas and its health implications – including severe back pain caused by carrying heavy vessels of water over long distances – has been the subject of several studies, women's lack of access to sanitation has not received the same attention. Preliminary UNHABITAT analyses indicate the need for further study of the issue, as they show that lack of sanitation in slums increases health risks among all slum residents, women and children in particular.

Because rural women – no matter how poor – do not have to face the same dilemma as their urban counterparts when it comes to sanitation, poverty reduction efforts, which are currently focused on rural areas, particularly in sub-Saharan Africa and Asia, do not factor in women's access to sanitation in urban areas. Most rural households have access to at least one toilet – even if it is a crude pit latrine – which means that women in rural areas rarely queue to go to the toilet and are less likely to share toilets with dozens of other people. They are also more likely to keep the toilets clean, as their family's health often depends on it.

Sources: Rasna Warah 2005a; UN-HABITAT 2003a; Hardoy, et al. 2001; Mukherjee 2001.

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