



The *GENDER* Millennium Development Goal

What water, sanitation and hygiene can do

The Millennium Development Goals

In September 2000, the United Nations Millennium Summit agreed a set of time-bound and measurable goals aimed at combating poverty, hunger, illiteracy, environmental degradation and discrimination against women.

The third Millennium Development Goal (MDG) is to promote gender equality and empower women. The target is to achieve gender parity in education by 2015. The associated indicators concern schooling, literacy, non-agricultural waged employment, and seats in national parliaments. Only 24% of countries have achieved this goal to date and 39% are on track.



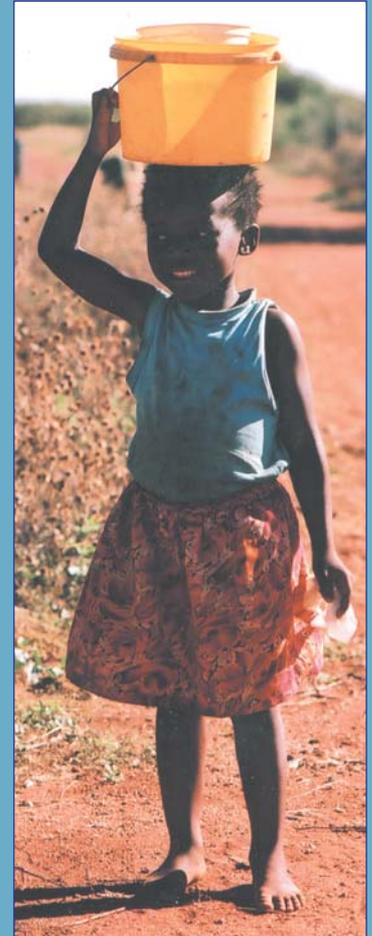
Headline facts

The MDGs are strongly inter-dependent and programme interventions must reflect this. *Water, sanitation and hygiene deliver outcomes across the MDGs.*

Why is water, sanitation and hygiene so important for women and girls?

Gender cuts across development sectors:

- *Gender and Education*
More girls attend school when community water supplies are improved and when there are separate and private sanitation facilities for girls and boys at school.
- *Gender and Health*
Widespread health improvements benefit women directly (including maternal health), aid women as carers of the sick and result in better household hygiene.
- *Gender and Domestic Work*
Improved water supply reduces the burden of domestic tasks and gives women more time with children and for economic activity.
- *Gender and Income Generation*
Improved water supply and reduced burden of disease frees up more time for women to work to generate income and develop enterprises.
- *Gender and Culture*
Improved water and sanitation facilities enhance women's dignity, status and opportunity.



Gender and Domestic work

The facts

- Women suffer the double burden of both household work and economic effort.
- In Nepal, over 75% of women work in agriculture compared to 48% of men. In the home, women carry out all the domestic tasks in 99% of households and in 94%, they fetch the water for the family.
- African and Asian women walk an average of 6km in order to fetch water. Indian women spend on average 2.2 hours per day in this activity.
- Women are disadvantaged because they do not have adequate time for resting, time for their children and time for engaging in economic activities.

Why water, sanitation and hygiene?

Distance and time to collect water

Providing local water sources gives women more time, takes away the need to carry heavy loads over long distance and makes their domestic chores less difficult.

- Community-managed integrated water sanitation and hygiene (WASH) projects in Ethiopia increased the amount of water available for domestic uses from less than 10 litres per day per person to 18-22 litres. The length of time women spent providing water for the family reduced from around 6 to 8 hours down to 5 to 20 minutes. The women reported that their domestic chores were easier as the amount of water used was not so severely restricted.

- Part of the impact of improved WASH in Ghana and Tanzania, was the opportunity for women to 'lie with their husbands until daybreak', resulting in improved marital relations.

Gender and Education

The facts

- Of the 120 million school-age children not in school, the majority are girls. 41% of primary aged girls worldwide, not enrolled at school, are in South Asia, and 35% are in Sub-Saharan Africa.
- Where there are working and well-maintained sanitation facilities for girls, school enrolment increases.
- In low and middle income countries the general trend towards equity in education is upwards.
- Female illiteracy has fallen from 32.6% in 1998 to 29.9% in 2002. Nevertheless, two thirds of illiterates are women.
- In rural Pakistan more than 50% of girls drop out of school in grade 2-3 because schools do not have latrines.
- In 20 schools in Tajikistan all girls choose not to attend when they have their periods, as there are no facilities available.

Why water, sanitation and hygiene?

In the community

When girls no longer have to walk long distances to fetch water, their school attendance increases.

- School attendance by girls has risen since the introduction of water points in four communities in Arappalipatti and Panjapatti India, with a recorded increase in women's literacy levels.

In schools

Girls are less likely to go to school if there are not separate and private sanitation facilities for girls and boys.

- In Bangladesh in 1998, the provision of water and sanitation facilities increased girls' attendance by 15%.

Hygiene behaviour

It is essential to teach children sanitation-related behaviours such as handwashing, as they can then become agents of change in their families and communities, leading to health improvements and higher school attendance.

- In Nigeria over two years, provision of water, sanitation and hygiene education increased hand washing by 95%. School attendance, especially amongst girls, had increased, as had the general health and nutritional status of the community.



Country classification	Ratio of female to male enrolments in primary and secondary school (%)	
	1990	2000
Low & middle income	1990	2000
East Asia & Pacific	83	97
Middle East/ N. Africa	79	95
South Asia	68	79
Sub-Saharan Africa	79	82

Source: World Development Bank Report

Gender and Health

The facts

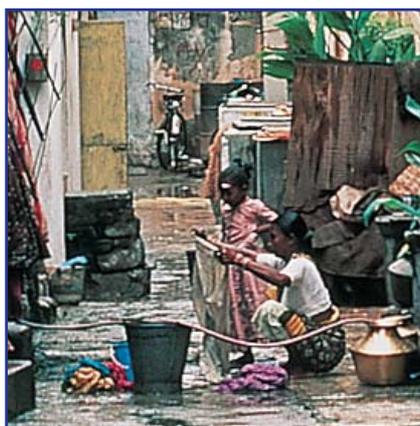
- Water, sanitation and hygiene result in widespread community health improvements. These are advantageous for women, not only in respect of their own health, but as the main carers of the sick.
- There are additional health benefits to women through not having to carry heavy loads long distances, and in respect of pregnancy and childbirth.
- Maternal health can be improved; the maternal mortality ratio in sub-Saharan Africa is 50 times that in developed countries.

Why water, sanitation and hygiene?

Community and family health

The incidence of water-related diseases decreases with the provision of improved water supply, sanitation and hygiene. Women require less time to tend the sick. It also enables women to maintain more hygienic standards of childcare.

- WaterAid projects in India reduced the incidence of scabies and diarrhoeal episodes, and child mortality.
- Households with a 10 per cent increase in water use for cleaning purposes enjoy a decrease in occurrence of diarrhoea of 1.3%.
- A yard tap nearly doubles the chances of a mother washing her hands after cleaning a child's anus, and of her washing faecally soiled linen immediately.



Maternal health

A contributory factor to poor maternal health is contaminated water and poor hygiene, leading to infection and slow postnatal recovery.

- In Tanzania, increased availability of water during and after childbirth reduced postnatal infections. The task of traditional birth attendants was made easier by being able to replenish their stocks of water. Frequent bathing during menstruation also improved women's hygiene.



Gender and Income Generation

The facts

- Improved water supplies increase opportunities for women to improve their economic productivity.
- Less time dedicated to fetching water frees up time for income generation and enterprise development.
- Women can develop particular aspects of income generating work which depend on an adequate water supply.

Why water, sanitation and hygiene?

Water availability

Women make direct use of improved water services.

- Women potters in Ghana had time to increase their production. Also, water was now available for cola nut and palm oil processing and for distilling Akpeteshie, a local alcoholic drink for sale.
- Women's groups in Senegal benefited through loans raised from selling water from community boreholes. They set up enterprises selling fruit, vegetables and groundnuts.

Time availability

Women make use of the time saved.

- Gujarati women's economic productivity was increased due to time saved by a new water supply system. An additional programme of support for the women to develop handicrafts addressed the usual constraints to taking up new enterprises – lack of funds and access to credit.
- Tanzanian women devoted more time to economic activities such as working in shops, tea-rooms, and selling produce (ground nuts, potatoes, cassava, fruit).

Gender and Culture

The facts

- There are several ways in which improved water, sanitation and hygiene impacts on the socio-cultural position of women. It has the potential to provide them with privacy and dignity, and increased status within the family and the wider community.

Why water, sanitation and hygiene?

Privacy and dignity

With access to improved water, sanitation and hygiene, women and girls can use sanitation facilities without shame, embarrassment and fear. It is vital to take their needs into account in planning and implementing sanitation projects.

- In South Africa, use of the Aqua Privy ignored the needs of women. For example: the toilets faced the street, causing embarrassment and harassment; when the latrine tank was full, it was a woman's task to empty it and women performing this task could be seen to be unmarriageable.



Women's status in the community and family

Women value water for its benefits to their families' health and well being and to their economic activities. There are enormous advantages in involving women in planning and management.

There are also benefits for women in terms of empowerment within the family and the community.

- Although women were not well received initially as mechanics for the India Mark II handpump, they are effective, skilful and dependable. One woman, Shambhu, says: 'People used to laugh at us in the beginning. They didn't think we could do what they said was a man's job'.
- Sudha is a master handpump mechanic in Tamil Nadu, India. This has allowed her to become economically self sufficient, with money to pay for her children's education.
- In the Akatsi and Sogakope districts of the Volta region, women undergo training in various technologies for latrine construction. In 1996, five women among a host of men, in both districts, received artisan training. This was the first time that women had been trained in construction on the project.

This Briefing Note presents evidence for the impact of water supply, sanitation and improved hygiene on the position of women and girls.

Key references

- WaterAid (2001) Looking back: The long-term impacts of water and sanitation projects. WaterAid. London.
- World Water Vision (1999) Mainstreaming gender in water resources management. World Water Vision Unit. France.
- UNICEF (2004) Real Lives. http://www.unicef.org/infobycountry/nigeria_1468.html
- WSSCC (2004) WSSCC Resource Pack on Water and Sanitation Millennium Development Goals

Full details of all the material used in support of this briefing note are available at www.Lboro.ac.uk/well

There are six briefing notes in this series:

1. The Poverty Millennium Development Goal: What water, sanitation and hygiene can do
2. The Education Millennium Development Goal: What water, sanitation and hygiene can do
3. The Child Health Millennium Development Goal: What water, sanitation and hygiene can do
4. The Gender Millennium Development Goal: What water, sanitation and hygiene can do
5. The HIV/AIDS Millennium Development Goal: What water, sanitation and hygiene can do
6. The Environmental Sustainability Millennium Development Goal: What water, sanitation and hygiene can do

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