

## **Gender Issues in Bangladesh Sanitation Programs**

by Suzanne Hanchett and Begum Shamsun Nahar

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“Sanitation” needs a broad definition, rather than a narrow one, as many now know. It is more than simply having a suitable latrine; it also means that all people are using it. It is essential that it be used and maintained properly, or its public health purpose is defeated. Waste must be confined and safely disposed of, if the facility is cleaned. Drainage patterns affect the environment directly. Sanitation issues are closely associated with other practices, especially post-defecation hand-washing with soap, and probably also other aspects of personal hygiene, such as bathing, clothes washing, methods of cleaning utensils. There are many examples of both good and bad practice in Bangladesh, where sanitation has received concentrated attention from numerous agencies, public and private for more than 20 years now.

When thinking about the social factors affecting latrine use and other sanitation practices, it is impossible to avoid gender considerations. Ways that women’s work differs from men’s; and different degrees of value assigned to women’s and men’s interests; and the opportunities and obstacles facing either men or women – these and other gender issues come into play when we think about sanitation in Bangladesh.

Sanitation is a household matter, of course, but it also is a quintessentially public issue as well, since people’s defecation habits affect the health of many others. Unlike water use, sanitation practice needs to be 100%, if it is to have a positive public health effect. There also is the matter of public latrines, installed by governmental agencies at bus stands or in schools: gender issues are found in this aspect of sanitation as well.

According to the Bangladesh Bureau of Statistics (1998 Statistical Yearbook) in 1994 approximately 63% of urban households and 15% of rural households had some kind of sanitary latrine facilities. There has been a significant increase since 1980, when only 21% of urban households and 1% of rural households had sanitary latrines (Environment Management, by A.K. Monowar Talukder. Dhaka: LGED, 2002).

We would like to discuss the gender aspect of sanitation in terms of: (1) use and maintenance of sanitary latrines; (2) sanitation and social status/hierarchy; (3) the need for safe and separate facilities – public or private; and (4) sanitation, pollution, and health.

### **Use and Maintenance of Latrines**

Any professional doing hygiene education or promoting sanitary latrine use knows that people often have difficulty learning how to use and maintain their facilities. Despite extensive public education campaigns, the public's awareness level and general habits are still at too low a level to prevent spread of diseases associated with poor sanitation practices, many of which affect children.

It is unfortunately common to see evidence of this lack. People install latrines but do not use them. People break the middle ring and allow contents to flow out into a nearby ditch. People break the water-seal. Or they let the contents overflow. These are commonplace occurrences in Bangladesh rural and urban areas. Avoiding such problems requires significant follow-up attention from those promoting sanitary latrine use.

At the household level convenience makes it simpler for people to observe good sanitation practice and associated hygiene practices – if they are aware of the need to do so. Maintenance of facilities is closely associated with social patterns: especially the household division of labor. Women's and men's time use habits are key to this issue; both have been found to take the household responsibility in various parts of the country. This is especially important in the large percentage of households (more than half) who cannot afford to hire paid cleaners to do the job.

The condition of public latrines is more often than not very much worse than that of private latrines. It seems that “everyone's property” is actually “no one's property.” Missing doors, piles of feces, over-flowing pans – all are visible reminders. Hired caretakers can solve the problems, but resources are not always dedicated to such services.

### **Sanitation and Social Hierarchy**

In many parts of Bangladesh that have been covered by sanitation promotion programs, nice latrines serve as status symbols as well as environmental health measures. We have found sanitary latrines among lists of items provided as dowry during marriages. One poor woman met in Gopalganj District was saving money from her meager income to install a new latrine before trying to arrange a marriage for her daughter. She felt that the family reputation, poor as they were, would be enhanced by the presence of the new latrine, making a good match possible. The experience of VERC, conducting sanitation promotion in several rural areas has demonstrated that elite families take considerable pride in raising sanitary latrine use to “100%” in their villages. One wealthy household gave a latrine to a poor household, explaining that to do so increased their family honor. Status concerns are, of course, important to both men and women.

Status or hierarchy can work in a negative manner, if the elite is not engaged. In a few locations we have observed a high status household refusing to install a sanitary latrine even after all others had done so. They did not want to lose status by being “followers” instead of “leaders.”

Some men in VERC/WaterAid villages have developed careers as “local sanitation engineers,” who build simple latrine models for their neighbors. This is a new sort of honor for poorer men – as well as an income-earning opportunity.

### **The Need for Safe and Separate Latrines**

Women need separate facilities at public places, especially bus stands or train stations; also markets. Normal DPHE practice is to allocate one stall for women’s use and several for men’s use. But women need them more than men do because of their greater need for privacy during elimination. In a society, such as Bangladesh, in which many women are expected to maintain purdah (seclusion, or not being seen by unrelated men), privacy of latrines is all-important. This becomes especially difficult and painful when women are living in public during floods. Sanitation needs to be part of “flood-proofing” and disaster management. Cyclone shelters should be equipped with private latrines but do not always have them.

In schools there also is a need for attention to girls’ special needs. All too often one finds (a) the best school latrines are reserved for teachers, rather than students; and (b) the second-best are reserved for boys’ rather than girls’ use. In some cases girls are expected to use private homes, as their mothers often do. UNICEF programs are working on these and related issues at present.

Security and safety of women is closely related to latrine use. Often acid-throwing or rape attacks occur when women are going out at night to use latrines at a distance from their homes.

### **Health-related Sanitation Issues**

There are some sanitation and health-related gender issues that do deserve more attention than they now receive. One is the greater impact of poor sanitation on women. As poor sanitation often causes pollution of water sources and associated disease, women’s work increases. For they are the primary care-givers of sick family members.

A second issue has to do with menstrual hygiene. Since menstruation is such a personal and private matter – a virtually taboo subject – women are very secretive about cleaning the cloths they use to catch menstrual flow. Often this means keeping the cloths inside, where they do not dry properly, so that men will never see them. This practice could encourage bacterial growth and possibly cause reproductive health problems; but there are very few studies of this subject. (ICDDRB has done some work in Matlab, and Mahmuda Rahman Khan did a guide for adolescents based on BRAC focus groups<sup>1</sup>.

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১০০ জন মহিলা, বাংলাদেশের বিভিন্ন জায়গায় (২০০৩)

Shireen Akhter has done some preliminary field interviews on this subject in connection with the WaterAid-Bangladesh Hygiene Promotion Evaluation, 2002.)

The subject of menstruation leads to a third gender-related issue. As men are typically unwilling to be exposed to menstrual blood, some are unwilling to use the same latrines used by women. So they may defecate outside. If their financial position allows it, families in some areas (especially the southeast) construct two household latrines, one for men's use and another for women's use. In such cases the likelihood of men getting the best facilities is very high. In fact, women may be using kacca (improvised, not hygienic) types of facilities, though hidden from public view. The men-only facilities often are pucca (cement-built) structures positioned proudly at the entrance to the homestead.

Old cultural notions of 'purity' and 'pollution' greatly influence acceptance of sanitary latrines in South Asia. Fecal matter is considered polluting by all; so latrines are inherently 'polluting'. Menstrual pollution is equally feared, but rarely discussed in open forums. It also affects defecation patterns, as the above examples show.

### **Different Defecation Patterns**

Generally men and women have very different defecation habits, because of these various public and private considerations. Because of their greater need for privacy, it is possible that women's habits are less likely to pose health hazards than men's. Men can defecate or urinate openly, but this is almost unheard of among women, who seek privacy and often find their way to a sanitary latrine one way or another. However, promoting awareness among men is far more difficult than communicating with women. Men are harder to reach, and they move around more than women do. As the CARE-SAFER team found in Chittagong and Cox's Bazar, men were interested in discussing sanitation, but one rarely found the same group in the same market area week after week.

### **Proposed Themes/Points for Discussion**

1. How can sanitation programs reach men?
2. What methods work best to persuade elite groups in rural areas?
3. How can public agencies, such as Dhaka City Corporation, be made more accountable for maintenance of public latrines they install in slums?
4. Can/Should DPHE expand its approach to sanitary latrines, allowing for transitional types to encourage sanitary latrine practices, rather than maintaining its steadfast commitment to the water-seal, ring-slab system?

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