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WATER, SANITATION, ENVIRONMENT and DEVELOPMENT

The traditional role of women in RWSS in Ghana

Mrs Mamaa Entsua-Mensah

Introduction

Rural areas in developing countries usually lack facilities such as electricity, pipeborne water, hospitals, good roads and adequate educational inputs. Development in rural areas has sought to allocate resources to ensure the provision of a minimum level of services and infrastructure development. This may be economic, social or educational.

Unfortunately for a large majority of women in these areas the developmental process has not brought about any visible change for the better in their lives.

The rural Ghanaian woman just as her counterparts worldwide, is in charge of domestic household management, including water supply and health care in addition to her other responsibilities of farming, catering, producing and socially bringing up her children. She also engages in local industries like gari processing, palm oil and sheanut extraction, fish smoking, pottery making and handicraft production.

In all these activities women use water in one form or another. Thus the reliability and availability of water must be ensured because of the close relationship between people and water related diseases. Women decide where to collect water for what purpose, how much to collect, and how to use it. In their choice of water sources they make decisions based on their own criteria of access, time, effort, water quality, quantity, and reliability¹. This paper is a review of the role of the Ghanaian woman in rural water supply and sanitation, her problems, needs and solutions to them.

Sources of water supply

In Ghana the sources of water supply to rural households may include:

1. Pipeborne water which is treated,
2. Shallow boreholes
3. Dugout wells
4. Ponds, streams, rivers, springs, lakes and other impoundments.

Of these, the main source of water to rural areas however are from the last two; the quality and quantity of water are usually sub standard.

Water supply in Ghana is related to rainfall regimes. Communities in areas with poor rainfall or a long spell of dry season face serious water shortages. The water table level may be so low that hand dug wells or boreholes remain dry for long periods. This situation has practical negative effects on women and children who have to travel long distances to collect water².

Admittedly, in some rural areas in Ghana, the problem of women going on long treks for water of doubtful quality is a thing of the past, as they benefit from potable water supply through hand pumped boreholes usually sponsored with assistance from NGO's, but a vast majority of women in the rural areas do not have access to such facilities.

Sanitation

Provision of water is inextricably linked to sanitation. Facilities usually not available in rural areas. Defecation takes place on farm fringes, on the sea shore, on refuse dumps and in the bushes in or around compounds (especially at night) and in the forest. Even though a number of water supply and electrification projects are under way in rural Ghana, there has not yet been any comparable improvements of rural excreta and solid waste disposal facility. Yet these are important in breaking up the cycle of communicable diseases such as cholera, typhoid, and diarrheal diseases³.

There are some public latrines, and private bucket latrines but sometimes when these break down they are never repaired. Also they can be wet and smelly and full of flies when not properly cared for. The cleansing material used is generally not hygienic. Solid waste where there is no communal waste disposal point is thrown indiscriminately around.

Problems

Distance

Water collection is one of the most time consuming domestic chores. Collecting water is almost an exclusive task of women and children. Apart from a small number of young boys who should collect water for households, men collect water mainly to sell or for their enterprises. They usually have some form of transport such as bicycles, wheelbarrows and carts¹. Women sometimes walk long distances to fetch water.

Health

The health of women and their families will also benefit from reduction in time and energy spent on water collection. Water collection is not only energy consuming but may have detrimental physical consequences. Carrying heavy water pots, for instance, is mentioned as a cause of pelvic distortion which may lead to death in childbirth or miscarriages¹. It is classic to see pregnant women carrying heavy containers of water on their heads and pregnant with babies on their backs. Women also run high risks of falling whilst carrying food, water and the baby.

Water related diseases

Due to the fact that women use water all the time they are exposed to a number of water related diseases.

Guineaworm can be seen as the commonest disease, it occurs throughout the country. It can be obtained by drinking water from infected ponds, pools or wells. There are areas where there are handpumps and conventional pipeborne water but the disease exists. This may be due to the fact that in the dry season, the water table is so low that water does not flow from the pumps. The people then fall on ponds or stagnant water. Sometimes there is pipe borne water in the village but the villagers prefer water from a more traditional source, or they can not or do not pay their water bills.

In Torgome in the Volta Region, bilharzia and river blindness are also present even though there is conventional pipeborne water. With bilharzia, the women wash and use untreated water from the Kpong headpond. The prevalence of the river blindness may be due to past infections. This is because the disease vector, the *Simulium* is no longer present in the area.

Diarrheal diseases and cholera occur in areas where the main source of water supply are streams, rivers, traditional wells and ponds and where the sanitation methods are far from adequate. This can be clearly seen in the villages in Brong-Ahafo, (where there are also skin infections) Volta, Northern, Upper East and West Regions.

Traditional waste management

In the Upper Regions, women manage refuse through a traditional composting system known as "Tampurgre". All wastes, household sweepings, ashes from kitchens are dumped in a controlled fashion and moved off to vegetable farms before the planting season. Cow dung is also composted to straw and also moved to farm plots as soil conditioning material. Sullage water is also drained from compound bathrooms into vegetable plots or into the bush. This practice in the rainy season produces messy puddles in the kraal and generates very messy conditions such as fly breeding grounds and odours. This method is ecological sound but neither hygienic nor adequate though it can be improved upon.

Solutions

Safe drinking water and adequate waste disposal are basic human needs that should be available in every rural household. Women play a valuable role in achieving these basic needs. Their personal experiences of difficulties in water collection and waste disposal make it important for them to be involved in projects pertaining to these items. Men dig the well but women usually maintain them.

It is apparent that women are the main users of water for economic and other activities. These activities have important consequences for the nutrition, income and health of the family especially when water and sanitation projects enable women to make more active use of their economic potential and interests. Involving women in project activities implies recognition of their domestic and economic roles. It also enhances their status and increases their skills and capacities for development in their household and communities¹.

Rural women need to be educated on the risks of the transmission of water and sanitation related diseases. Putting in a water system does not necessarily mean getting rid of water borne diseases, it should go hand in hand with a comprehensive health and hygienic education programme.

When a good water system is put in place the women should see to it that everyone uses it. The water must be adequate, properly placed and easily accessible.

References

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