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PEOPLE AND SYSTEMS FOR WATER, SANITATION AND HEALTH

Women's rights in water and sanitation issues

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WATER IS ONE of the fundamental and vital elements that sustains human life. In Nigeria, the national average coverage levels for water supply were only 39% in rural areas and 52% in urban areas. Sanitation coverage levels were 48% for rural and 52% for urban areas.(MPO, 1997-2001). The urban poor constitute the segment of the population that is the most affected by the lack of access to clean, safe water supply. They live in crowded areas, such as periurban and squatter settlements not usually served by water and sanitation services. Water has been closely linked with sanitation. To have a good sanitation, one must have access to water supply. The lack of good water supply has resulted in poor sanitation in our urban areas, and good water in conjunction with hygienic behaviour will reduce diseases and contribute to the health and well-being of the population. Water and sanitation related diseases like diarrhoea, worm infestations, typhoid, skin and other diseases have accounted for a very high percentage of deaths in Nigeria. Studies have shown that children under five years of age are the most affected group, accounting for over 200,000 deaths per year (MPO, 1997-2001). It was in recognition of the health and well-being of the society that the United Nations declared 1980-1990 as the International Drinking Water Supply and Sanitation Decade. In 1990, the World Summit for Children adopted access to safe water supply and sanitation among the universal goals to be reached in the 2000.

Women suffer most when there is inadequate supply of water and sanitation facilities. Women make up the largest group of consumers of water and sanitation facilities, needing it for themselves and their families. Their inferior social and economic status in Nigeria and other African countries make them targets of discrimination and unscrupulous marketing practices. The gender inequality existing in our society has made it almost impossible for women to sit on boards or committees where issues of provision of water and sanitation are discussed. The issues are technical, they say, and therefore women should not be part of the discussion, even though women are the greatest consumers. Their health is also most affected when there is a shortage. The men are usually the ones who own water tankers and sell water to the women at prices determined by the men. There is therefore a need to approach the issue of access and provision of water and sanitation from the gender perspective..

Provision of water and sanitation

Access to safe water and sanitation has been described as a right of all citizens and not a privilege. In Nigeria, the Federal Ministry of Water Resources and the State Water Boards play a central role in service provision to urban communities. Similarly, the State Environmental Protection Agency is expected to provide and maintain sanitation services. These agencies have not done well and many people are without water. A number of problems have been identified with their services which include:

- · Poor quality of drinking water provided
- The infrastructure such as pipes and other equipment are rusty and obsolete.
- Frequent disruptions in service availability.
- Lack of adequate vehicles and equipment for proper sanitation coverage.

Water and sanitation : The case of Nigerian women

In Nigeria, many low-income families and rural areas are without adequate water supply and sanitation. The women serve as water collectors and sanitation managers for their families. The women know where to locate reliable and good quality water sources. They are charged with the responsibility of collecting water, storage and managing its use.

Collecting water for a family is an arduous task because the woman needs to fetch water many times to meet the daily demands of her family. Usually a good source of water supply is located some distance away from the homestead, between 1 km - 5 km. The way to streams or springs are steep and treacherous, and often the women wade through mud or marshy ground to reach the clean spot of water. Water is collected in clay pots or plastic containers which are very heavy, between 20-50 litres, and the women climb up the hills carrying these containers on their heads. The path to the streams and springs are not usually accessible to vehicles, so the women trek the long distance to bring water for their families.

We know that water is used for drinking, domestic purposes, personal hygiene and sanitation. The number of times the woman goes to the stream or spring is a function of family size. We do know that the average size of Nigerian households is 6. Some families may have up to 14 persons living in one household unit. Pregnant women are not exempt from collecting water for their families, hence some have experienced bleeding and abortions as a result of the stress and strain associated with collecting water. For those families not able to cope with long distance trekking, some have resorted to collecting water from burst pipes, which are often laid close to gutters and wastewater pipes. Many families have fetched contaminated water from this source. Others have relied on the services of water tanker providers who, as stated earlier, are expensive.

Another group that serve as water collectors for the families are children, and in most cases, the girl child is involved. Many have missed school or lessons because they went in search of water for the family. It is the same sex that collects household garbage and carries waste to collection points and refuse dumps. Carrying out these family chores is integral to their lives and is seen as normal and nothing to complain about, not minding that water-bearing is capable of distorting the pelvis of young girls, thereby making pregnancy and childbirth dangerous.

Water and sanitation in peri- urban slums in Onitsha city

In 1999 UNICEF-Nigeria asked our NGO - Women in Development and Environment - to carry out a Situational Analysis of women and children in six peri-urban slums in Onitsha city. The six slums have similar characteristics, but differ in their geographical locations and tenure. The slums are Marine quarters, Mba farm, Iviowa 1 & 2, Okpoko 1 & 2. Three of the slums - Marine quarters and Iyiowa 1 and 2 - are located on the banks of the River Niger. Since they do not have access to safe water they use the river for their domestic purposes. In Marine quarters and Mba farm settlements, there is a spring which is the only source of drinking water, but unfortunately this spring is inappropriately shared with cattle and other domestic animals, and therefore unfit for human use. In Okpoko 1 and Okpoko 2, the residents of these slums rely on untreated water, with 27.1% of them using wells, and 46.9% rely on boreholes. It is a tragedy that despite the apparent potential abundance of water, people are always in short supply of water in both urban and rural areas. Only one third of the country's population (31.7%) has access to safe water. (FOS 1996.)

The national average does not adequately expose the great disparity in the distribution between and within the states and communities, and slums are commonly overlooked by municipal authorities in the provision of water and sanitation facilities.

Women and children who provide for the water needs of the family are further burdened with more work as they spend long hours daily in search of water. In Iyiowa 1 and 2 slums, the modal convenience is the open air. People defecate in the open spaces. Women find this extremely dehumanizing to squat in these open spaces to defecate, especially during the day. Some people defecate in the rivers which also serve as the source of water for bathing and other domestic uses. Refuse disposal is equally a problem as 67.5% of the squatters in Okpoko 1 and 2, dump their refuse in the open. The environmental sanitation situation in Onitsha slums is typical of most of the slums in Nigeria, which are occupied mostly by the urban poor.

A number of private service providers have emerged in response to high demands, offering various types of doorto-door services such as water delivery, digging of wells, septic tank emptying, collection of solid waste, building and management of public conveniences. These private service providers are usually concerned with selling their products, services and covering costs. They do not engage in hygiene and health education and awareness programmes. This has accounted for poor sanitation conditions of our communities. Hygiene education is an important component in the provision of water and sanitation. Children's faeces are believed to be harmless in our culture. It also believed that water is a gift from nature so, it is pure and should be drunk without reservations. The hygiene component is not given the important attention it requires.

Emerging gender issues and concerns

Deep rooted in our culture is the tradition that the home belongs to the woman. An outsider may think that this means the title deeds or 'Certificate of Occupancy' and property belongs to the woman. This is not true, as by tradition and culture a woman cannot inherit either her father's or husband's property (Ofong, 1996). While not allowed to inherit any property, women are saddled with virtually all the domestic problems that arise in that home. It is also part of tradition and culture that women provide the water needs and maintain good sanitation for the family. That accounts for the reason why a woman may wake up as early as 5 am, while others are still asleep, to collect water for her use and that of the family.

It is argued that women are the most affected by any environmental problem, be it flood disaster, inadequate housing, or inadequate water supply and sanitation (Ofong, 1998). In the design and construction of facilities for water and sanitation, no one seeks the views of women. In many of the facilities installed such as boreholes, the pumps are designed and located without any consideration for women. One exerts a lot of energy to pump water in some cases. Women are not part of the design team, nor belong to boards where water and sanitation decisions are taken.

During community involvement in project management, we discovered that men are often chosen to manage projects. In the study on the Functionality, Usefulness and Activities of sani-centres, which was carried out for UNICEF Nigeria in 1999, it was discovered that many of the sanicentres were managed by men. The few sani-centres headed by women were found to be very functional, with accurate records and accounts kept. (Ofong, 1999)

Our organization, WorldWIDE Network Nigeria, has started addressing the issue of gender discrimination and inequality in our society. In all the sensitization training we have organized for UNICEF in Zone A in Nigeria, we have insisted that men should participate in sanitation activities, such as solid waste collection and disposal, instead of leaving it for women and girls alone. In the Water and Environmental Sanitation Committees (WESCOM) we have set up in the 10 communities we are working with, we insist that out of the 10 committee members, per community at least 5 must be women. We have equally trained both men and women in skills such as soap making and sanplat construction in the sani-center, to enable them to generate a little income and maintain good sanitation in their homes.

Way forward

In designing innovation strategies for water and sanitation for the poor, great consideration should be given to the rights of women. They have the right to a better life by having access to affordable water and sanitation. They are said to be the poorest of the poor. The issue of water supply and sanitation sector reform should also be tackled from the viewpoint of both genders. The blue- print should spell out clearly how women will be involved.

In most developing countries women are denied full access and participation to economic opportunities that will bring them, not even on the same status with men, just close to them. This is despite the fact that most of these countries are signatories to the Convention on the Elimination of all forms of Discrimination Against Women.

There is a need to take another look at the health implications of our strategies on women. In Nigeria, and indeed many developing countries, many women give birth to many children, though they marry young. This reproductive activity endangers the lives of women. Therefore, we would suggest provision of alternative water supply and sanitation facilities that do not require a lot of energy to access.

We need to build the capacity of women for effective mainstreaming at all levels. The developing countries should always remember that it has been said that in order to achieve sustainable water reform through the enhancement of public / private partnerships, there is a need to wear " Gender Eyes"

We should ensure that there are equal opportunities and benefits for male and female workers at all levels. We need to integrate gender and equity in our national water and sanitation policy and practices. Women should be given credit facilities to enable them to participate as equal partners in the provision of water and sanitation services.

Non-governmental organizations (NGOs) active in the water and sanitation sector should also be involved as partners together with the government agencies charged with water and sanitation activities in the scheme of things. Additional funds should be made available to NGOs, since in their operation they move faster and are closer to the communities. In addition they tend to bridge the gender gap and offer equal opportunities for all.

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