

# Caring for the Carers: Gender Responsive Sanitation Policy and Action

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Advancing just sanitation across Mwanza

Figure 1: Rock painted with community bylaws at Lake Victoria, Kigoto, Mwanza, 2023. Photo Credit: Reham Alotaibi

## POLICY BRIEF

### Key points

- Prevailing social norms and bylaws related to sanitation contribute to the disproportionate burden on women and their isolation from the community. To effect meaningful change, challenging these norms and bylaws is crucial.
- 'Time Poverty' – women bear a disproportionate responsibility for sanitation and care duties, impeding their ability to pursue their own personal and economic development.
- Breaking isolation aids in fostering the growth of social networks and systems of mutual support, targeting women who feel isolated from their communities as a result of the lack of support and participation in general and sanitation-related activities.
- Cultivating a greater sense of community through shared spaces can help meet women's sanitation needs, enhance their well-being, encourage collective action and lessen the burden on women.
- Incorporating gender-responsive bylaws and changing social norms can promote greater gender equality, lessen the burden on women's workloads, increase community involvement, and promote better sanitary practices.

### Introduction

This policy brief will outline and analyse how social norms and bylaws impact women's everyday experiences at the body, household, and community levels (Trulove, 2011) and what a path to just sanitation may look like. Social norms and bylaws are nuanced and intertwined– they manifest in the exclusion of women and their additional everyday burdens and shame placed on them (Vouhé et al., 2021). Social norms are cultural beliefs and expectations that regulate sanitation practices and behaviour, reinforcing stigmatising views on sanitation (Eaton et al., 2021; Jalali, 2021). Community bylaws are community and official rules established to govern both individual and collective practices (Massay, 2019). Although bylaws exist to protect the community's environmental health and well-being, they are ultimately exclusionary (Koonan, 2019). Social norms, on the other hand, reinforce the burdens placed on women both inside and outside the household, as well as barriers to the agency (Eaton et al., 2021).

Many women face significantly more sanitation and water access barriers, including safety, accessibility, and hygiene concerns (Carrard et al., 2022). Challenges include lengthy journeys to access water, lack of disposal options for menstrual products, shared sanitation facilities, unpaid sanitation work, and exclusion from water connection options via the Mwanza Urban Water and Sanitation Authority (MWAUWASA). In addition to their income-generating roles, women are subject to an overwhelming amount of unpaid sanitation work, caring for children and the home and shouldering the burden of daily responsibilities. As a result, these enormous burdens and barriers– imposed by social norms, bylaws, and gendered power dynamics– impact women's mental and physical well-being and the community at large (Jabeen, 2014).



## 1. Overview of Issue

It is essential to acknowledge the pivotal role of toilets not just as physical structures but also as symbolic seats of gender equality and empowerment (ESD Learning Alliance, 2022). Through quantitative and qualitative analysis— in addition to the insights gained from OVERDUE's existing research on just sanitation in urban Africa— it is clear that the complex interplay of social norms and community bylaws profoundly impacts women and marginalised communities pragmatically and strategically (ibid).

These norms and bylaws, in conjunction with the accessibility, affordability, and safety concerns related to sanitation in Mwanza, Tanzania, collectively influence the trajectory of socially just and sustainable urban development in a region where

progress in sanitation is intertwined with cultural and structural challenges (ibid).

### 1.1 The Uneven Burden of Care Work on Women

Cultural and legal expectations surrounding household sanitation duties manifest in an uneven burden of unpaid time, labour and care placed disproportionately on women and subsequent physical and mental impacts. Despite estimates that, globally, women's unpaid work constitutes between 10% and 39% of the GDP, the care economy remains almost invisible; women, as a result, go unacknowledged and are often entirely excluded from decision-making processes (OVERDUE, 2022). In Africa specifically, women bear the brunt of unpaid care work, spending 3.4 more hours in unpaid care work than men (ILO, 2018). Previous

research conducted in Tanzania demonstrates how deeply ingrained social norms and fixed gender roles dictate this division of labour and care at the household level (OVERDUE, 2022; Van Aelst, 2014; Feinstein, et al., 2010).

As seen in the UN's Sustainable Development Goal 5.4, the uneven burden placed on women in relation to unpaid time, labour and care is an essential issue acknowledged on a global level; nevertheless, there remains an urgent need to recognise unpaid care work in an effort to address gender inequality (UN, 2015). This policy brief serves as a tool for reconstruction and reimagining of integrated gender-responsive policy, inspired by the spirited voices of women in the Kigoto settlement. The outcomes outlined in this brief aim to provide valuable insights and actionable recommendations and serve as a microcosm for a greater issue of equity and sustainable development.



Figure 1: Women participating in workshop discussions in Kigoto, Mwanza, 2023. Photo Credit: Shann Goh

### Insight from a women-only community workshop:

When asked at a community workshop if they felt unsafe accessing the toilet at night, 11 of the 14 attendees said they did not feel safe.



### 1.2 Research Approach

In this research a mixed-approach methodology was employed, consisting of comprehensive desk-based research conducted over a period of five months to gather relevant background contextual information in preparation for on-ground data collection. Following the desk-based research, the methodology transitioned into a field-based approach which consisted of:

- 1) **Transect walks** involving systematic observations, photography and note-taking, documentation of physical conditions, toilet locations, pathways, accessibility challenges, and other observations throughout the settlement.
- 2) **One-to-one interviews** conducted with women to gain insights into their experiences, needs, and perspectives related to sanitation practices, social norms, and gender roles.
- 3) **A focus group discussion** organised to facilitate group interactions, encourage open dialogue and co-creation among participants, and allow for the exchange of ideas, shared experiences, and community-level insights.
- 4) **Time-use surveys** which collated data of a woman's day to understand the interconnectedness of social norms and time labour and care which perpetuate a cycle of time poverty among women and girls in the settlement.

Purposeful sampling was used to select participants for interviews and focus group discussions wherein women from diverse ethnic backgrounds and age

groups were included to capture a range of perspectives. Informed consent was obtained from all participants, ensuring their understanding of the research objectives and procedures. The confidentiality and anonymity of participants were ensured throughout the research process. Researchers maintained sensitivity towards cultural norms, traditions, and local practices to avoid causing harm or offence.

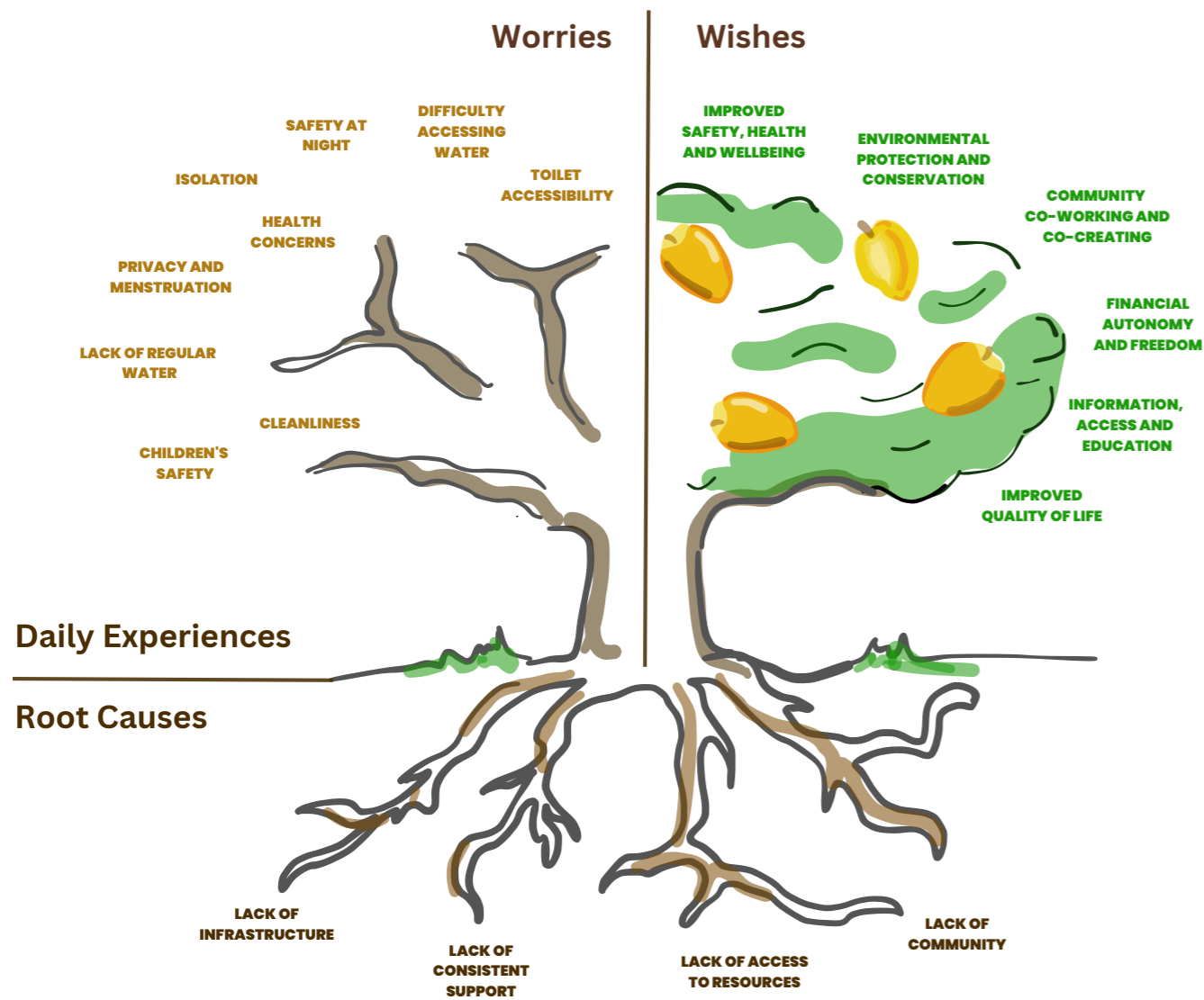
Through a comprehensive research endeavour, critical insights and practical suggestions were developed. However, the limitations of this research should be considered when interpreting the findings. Due to resource constraints and time limitations, the sample size of

participants in transect walks, interviews, and focus group discussions was limited, potentially affecting the representativeness of the findings. Therefore, caution should be exercised when generalising the results beyond the specific context of the settlement. Language and cultural barriers between researchers and participants also presented challenges in fully understanding and interpreting responses. These limitations highlight the need for further research and a broader range of perspectives to enhance the validity and applicability of future interventions and policies.



Figure 2: Private sanitation facility with signalled separated shower and loo spaces, Kigoto, Mwanza, 2023. Photo Credit: Reham Alotaibi





**Figure 3: Tree of Worries, Wishes and Root Causes.** Women's sanitation concerns and wishes were collected during interviews. The worries are outlined in the top left third of the diagram, while wishes are described on the top right. Research led to the root causes of women's concerns, organised into four main categories. These can be found in the lower third of the diagram. Illustration Credit: Calle, D., 2023

## 2. Findings & Recommendations

Recommendations aim to address the root causes of uneven burdens along with daily concerns, to meet the expectations of women.

### 2.1 Care Hub

#### Findings:

After conducting a series of interviews, women were found to be primarily responsible for childcare and sanitation duties in Mwanza. Most women are responsible for cleaning their homes and sanitation facilities; this includes cleaning toilets, managing hygiene or washing clothes. Women living in compounds often take turns between female tenants cleaning sanitation facilities; otherwise

women who access a single-family facility are the primary caretaker. Additionally, some women work to provide an income for their families, leaving them with little time to take care of themselves.

Furthermore, women expressed difficulty accessing and using sanitation facilities (see Figure 3). The most impacted groups are the elderly and physically disabled, with some women describing having to crawl to access their toilet or not having enough light at night to use their facility. More specifically, most of the interviewees reported feeling unsafe using their facility at night due to the risk of falling, encountering animals or experiencing physical violence or robberies. Consequently, many women are forced to use a bucket inside their houses, which causes discomfort and creates sanitation issues. In managing the conditions of their

sanitation facilities, women carry the physical and psychological burdens of assuring sanitation for their families. Women interviewed expressed feelings of loneliness, exhaustion and worry for themselves and their children's health and safety.

#### Care Hub Implementation:

The Care Hub can respond to community needs on multiple levels. Practically, it is a sanitation site that offers safety and privacy. However, at its core, the Care Hub responds to the need for a collective space. It is a space for sanitation workers and community members to get together, discuss issues and develop solutions and a space for community building. The Care Hub is an strategic choice to promote local resilience, empowering community members and building on their capacity to solve community challenges.

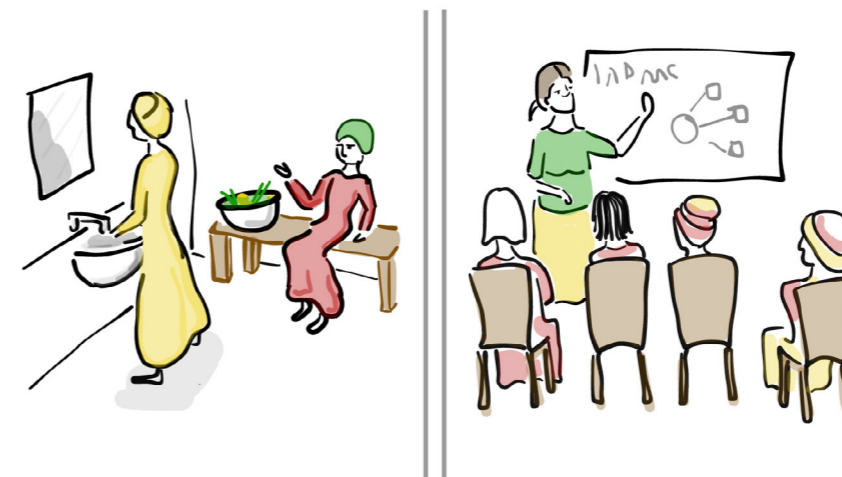
In collaboration with local sanitation workers, considering all critical aspects of the Hub - including location, design, privacy, accessibility and safety - the Care Hub should offer clean sanitation services with flushing toilets, a bathing space, and a clothes-washing area. It should be built with differentiated rooms for men, women, and children; the Hub should be located in an area that is easily accessible to all members of the community, explicitly integrating the needs of those with disabilities or mobility challenges in a disability-specific facility. The suggested operating hours are from 6 am to 10 pm.

- Space for children must prioritise accessibility and cleanliness; the Care Hub should accommodate children who need to use the facility both with supervision and alone if necessary.
- The women's area should focus on privacy and security, creating a space where women feel safe and comfortable. Considerations include secure locks, night lights, mirrors, and dustbins for menstrual pads. As an additional consideration, larger stalls for women and girls could help improve comfortability and accessibility, especially for those with physical constraints or accompanying children (Schmitt et al., 2018).
- The spaces for the elder and disabled should prioritise physical limitations, including seated toilets, handrails, and proper lighting (UNICEF, 2023)

At its core, the Care Hub is a community-building and knowledge-exchange site:

- A centre for health information to allow community health officers to meet with the community and share sanitation and health knowledge.
- A communications and announcement board aimed to promote services and share information.
- A space for personal care to provide community members with a safe, secure communal space to take care of themselves comfortably.
- A meeting space in which community groups may encourage entrepreneurship and financial literacy or create workshops and events to foster community engagement and support.

The Care Hub should be stewarded by women, allowing women to act as managers of the facilities and encouraging women to be leaders in their community (Caruso et al., 2022). This space could also allow for income generation, promoting financial agency amongst women and encouraging capacity building within the community (Mengistu, 2012). Locally elected women, in collaboration with the local government, can legitimise these efforts and Care Hub management processes (Chaplin, 2017). Through education and empowerment, the Care Hub can promote clean, safe sanitation, allowing women to care for themselves and encouraging people within the community to support one another.



**Figure 4: The Care Hub.** Created to support the community as a meeting space and safe, secure sanitation facility, is illustrated above. Women can spend time on themselves in a comfortable, clean facility, and can also partake in education events or community forums in one community hub. Illustration Credit: Calle, D., 2023.

Another way in which the Care Hub has the capacity to encourage and promote financial agency and foster community growth is by creating a space where people can offer their services and products and a learning space to share and learn skills.

As a result, the investment made into the Hub will be reinvested back into the community, securing a source of livelihood that contributes to women's financial autonomy, empowering the community while also encouraging economic growth.

### 2.2 Cluster household developments

#### Findings:

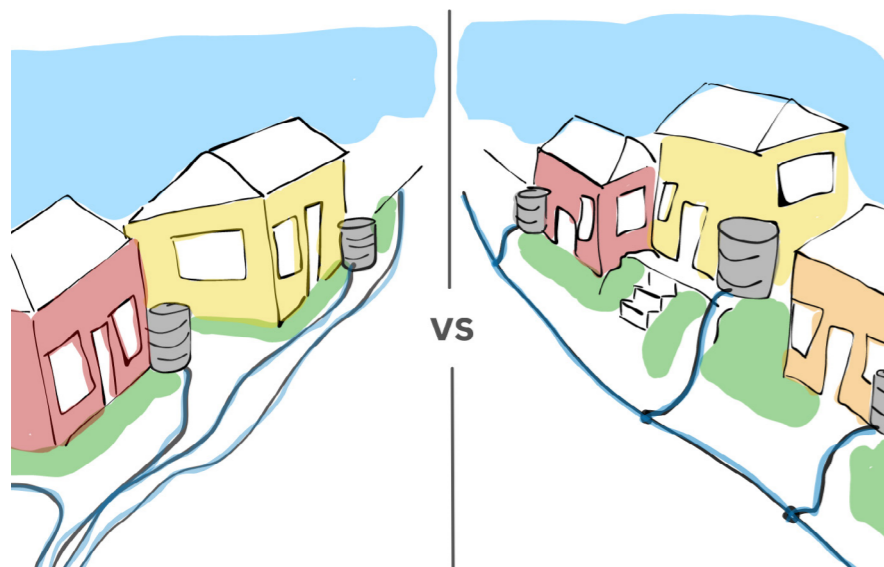
Throughout the community, there are varying sanitation facilities, including improved toilets, traditional pit latrines, automatic flush toilets, and manual flush toilets. Only a few of these facilities are integrated with MWAUWASA. Women in households not connected are inevitably forced to spend more time on daily sanitation duties.

#### Cluster household developments implementation:

In alignment with MWAUWASA's objective to increase coverage to 100% of inhabitants by 2040, inclusive and efficient water provision should be implemented through integrated water connections (Ministry of Health and Social Welfare, 2008). Cluster connections can improve water provisions while emphasising the importance of economies of scale, providing affordable options for MWAUWASA and households.

Promotion of cluster connections and the establishment of a robust connection point can increase the number of homes connected to MWAUWASA's network and reduce non-essential physical infrastructure.

MWAUWASA and residents may take advantage of economies of scale as more homes are connected via cluster connections, lowering instalment costs and infrastructure investment. As a result, more resources can be channelled into maintenance and service improvements.



**Figure 5: Cluster connections.** Improved access to water for households is possible through cluster connections. The current connection method is shown on the left, while the ideal connection option for residents is illustrated on the right. Illustration Credit: Calle, D., 2023.

Co-production should be emphasised in cluster connection implementation, encouraging a locally appointed committee of women to be involved in the design and implementation processes and ensuring the efficacy of investments.

Regular community meetings should be spearheaded by the local committee, providing space for the community to share their experiences and feedback on the service. These meetings can serve as a platform for collective decision-making.

## 2.3 Resources and voices

### Findings:

In Tanzania, women are, on average, burdened with a 14-hour day, as opposed to men's 7-hour day (ESD Learning Alliance, 2022). Based on time-use surveys approximately 50% of women's time is spent on unpaid sanitation work. This unpaid work is reinforced by by-laws and social norms within the community; these bylaws are in theory gender-neutral but, in implementation, have a gendered impact (Ministry of Health and Social Welfare, 2008). Thus, bylaws have a gendered effect even if they are not explicitly gendered.

Furthermore, women who belonged to community-based saving groups presented a sense of hope and unity and advocated for the group's capacity-building and overall effectiveness. Those

who expressed interest in being part of a savings group often could not because of financial barriers.

It is clear that social norms and bylaws are a barrier to self-care, financial autonomy, time availability, and agency. Subsequently, recommendations centred around incorporating inclusive community bylaws



**Figure 6: Resources and Voices For Women.** In the revision and reinterpretation of social norms and guidelines, decision-making must include members of the community, specifically women and carers. Illustration Credit: Calle, D., 2023.

and guidelines are key. Self-organising community savings groups can promote autonomy and agency within the community, building economic development opportunities for women.

### Resources and Voices Implementation:

The first part of this strategy proposes saving groups designed and created for women, by women, which can generate income for sanitation-related needs and community-building efforts (Kesanta and Andre, 2015).

- Savings groups can support women's ambitions to seek economic development opportunities and serve as a community support system; this will promote female leadership, enable local action, and encourage inclusive development (Rickard, 2022:48).
- Savings groups should be tailored to the community's needs, emphasising diversity and inclusivity to consider the different financial capacities of women. Savings groups must be centred on financing while being mindful of all facets of community-building, giving women the tools necessary to encourage capacity building.
- Support and training must be provided to saving groups for their ongoing growth. This must include workshops and educational events on financial literacy.

Second, to achieve inclusive bylaws, the voices of all women— regardless of ethnicity, age, religion and class— must be included in the development process (King and Mason, 2001). For this reason, the second part of this strategy proposes inclusive decision-making and knowledge exchange at all levels of governance to develop comprehensive, inclusive policies (Moser, 1993). To achieve sanitation justice all multitudes of experiences should be considered, highlighting the importance of women's integration into decision-making processes (Rusca, Alda-Vidal, and Kooy, 2018).

- Women in the community should be included in the revision of bylaws, centring on women's experiences in new community guidelines. Doing so would allow by-laws to accurately and adequately reflect the needs of women and girls in the community (Koonan, 2019).

- The Sanitation Forum should make space for carers, allowing women to voice their concerns surrounding the management of sanitation facilities and their vital roles contributing to community and household sanitation.

- Encouraging capacity building on all levels is essential, including training for community representatives on crucial community issues such as sanitation development and mediation and negotiation. This work can support inclusive knowledge-sharing and ensure effective decision-making.

### Case study 1:

#### “The power of a savings group”

Nia has lived in Kigoto for 15 years and is a single mother to 6 children. She provides for her family by working through the night selling fish. Like many women in Kigoto, she is the primary earner for the family, in addition to her role as the mother and caretaker of her family's sanitation facility. Nia is also part of a savings group— one that she started 3 years ago. The group currently has 12 members, with each contributing 4,000 shillings (TZS) every week. The group was founded for women interested in income-generating activities, but funds can be used for sanitation improvement and healthcare needs, among others. Within the group, the women established a sense of trust and comfort, often sharing any concerns they have during their meetings. Nia also shared that being in the group helped with her self-confidence and public expression. Although this group began as something out of necessity, it has transformed into a group of care and connection highlighting the role of community groups.

**“Empowered women have also linked water, sanitation and hygiene-related activities with small-scale businesses, generating crucial household income to support the educational and nutritional needs of their families, proving that investments in safe water and sanitation bring wider and more profound changes to the lives of women and girls than simple economic benefits”.**

**Lydia Zigomo**

(as cited in Mengistu, 2012:4)

## 3. Conclusion

Through research and analysis, this policy brief has concluded that women's experiences were impacted and shaped by their access to improved sanitation. The absence or presence of a community influences the relationship between women's physical and mental well-being with sanitation. A sense of community, or lack thereof, drastically shaped women's everyday sanitation experiences and feelings of loneliness or isolation.

Consequently, recommendations must underscore the need to care for those who care. The insights and suggestions within this brief address women's practical and strategic needs, stressing their critical concerns in the settlement and addressing their needs through integrated, community-focused methods (Moser, 1993). At the intersection of these solutions is the community itself, which should be prioritised to alleviate the isolation felt by women to support collective action and sustainable development.

Integrated, gender-responsive sanitation does not just benefit women—it empowers the entire community. Future research and community engagement should shift responsibility away from women, tackle time poverty and the disproportionate care burden, and reduce the isolation felt by women in the community.

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