Insecurity and shame

Exploration of the impact of the lack of sanitation on women in the slums of Kampala, Uganda
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Over two and a half billion people still lack access to improved sanitation, and women play a key role in righting this wrong. Their participation is essential, contributing greatly to the success of sanitation programmes. However, the consideration of women and sanitation cannot focus solely on what women can do for sanitation. It must also consider what inadequate sanitation is doing to them.

With the recognition of sanitation as a basic human right, there is a growing awareness that the impacts of inadequate sanitation reach far beyond the realm of diarrhoeal disease. When an individual is deprived of their right to sanitation, they can also be deprived of their right to dignity, privacy and safety. In this regard, the impact of inadequate sanitation on women is poorly understood.

A review of the literature on the issue of violence against women and inadequate sanitation reveals a commonly held assumption – that women are at risk of physical violence and humiliation when travelling to communal latrines or defecation sites.

Unfortunately, this understanding appears to be primarily anecdotal. The issue is given only a passing mention in a small number of academic works and in the writings of advocacy groups.

One notable exception is the Amnesty International report entitled *Risking rape to reach a toilet: women’s experiences in the slums of Nairobi, Kenya*. Documented in this report are women’s testimonies of their experiences of attack and rape when walking to use communal latrines after nightfall.

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Uganda is a small, east African nation, home to roughly 30.7 million people. The capital city of Kampala has a population of 1.53 million.

Sixty percent of Kampala’s population live in slum areas.

UN-HABITAT estimates that only 16% of slum dwellers in Uganda have access to improved sanitation.
The lack of substantive evidence concerning the connection between violence against women and lack of adequate sanitation demonstrated a need for further research.

The aim of this qualitative study – conducted in Kampala, Uganda in 2011 – was to explore whether women are exposed to humiliation, violence and rape as a result of inadequate toilet facilities, and to examine the scope and impact of this association in order to inform future policy and programming.

Thirty-two adult women from the slum communities of Jambula, Kiganda and Kifumbira in Kampala participated in this study. The toilet facilities in the communities consisted primarily of dilapidated pit latrines which had been constructed by landlords or development organisations.

Data was collected through key informant interviews and focus group discussions in both the Luganda and English languages. All conversations were recorded and transcribed with consent. Luganda transcripts were translated into English and a thematic analysis of all the data was conducted.
Flawed facilities

The first theme deals exclusively with the state and structure of the toilets in the study communities and explores why the women viewed the facilities as inadequate in this respect.

One key failing identified by study participants was that there were simply not enough toilets to meet the needs of the population, meaning that the few available toilets were overused and quickly filled.

“We are all using the same toilet and it gets filled up very fast. Everyone finds it disgusting because it is dirty and many people use it.”

Toilet facilities also lacked things such as rubbish bins for the disposal of used menstrual pads or water for washing. Coupled with poor maintenance, these factors resulted in facilities that were dirty, disgusting and demoralising to use. Women also reported that the toilets were often locked at night, meaning that anyone needing to use the toilet would be forced to resort to other options such as using buckets or plastic bags as makeshift toilets inside their homes.

“You do not want to demoralise yourself by using such a toilet.”

Women also reported that they often had to pay each time they used the communal latrine. For any person, and in particular a woman with children, this fee structure was deemed unmanageable.

Key findings

Women considered the level of cleanliness, cost and general adequacy (i.e. provision of rubbish bins or water for washing) of communal toilets to be grossly inadequate.
The women felt that toilets in their communities posed a risk to their safety.

Women feared that they would contract an illness due to the lack of cleanliness in the community toilets. Interestingly, women rarely mentioned illnesses usually associated with poor sanitation such as diarrhoeal diseases. Instead, they feared what they perceived to be the risk of catching a sexually transmitted infection (STI) from a dirty latrine, the kind of illness which could raise the suspicion of a spouse or partner.

“They tell you that you are suffering from candida or an STI and you are surprised because you never cheated on your spouse. Then you find that you have got the disease from the toilet.”

The women also felt that they were at risk of physical violence when travelling to a latrine after dark. Women reported a fear of being outside of their homes after nightfall due to what they perceived to be a high probability of attack and rape. This concern was a strong and consistent theme throughout the study population.

“There are two main difficulties for women when it comes to toilets in our community. The first one is money, and the second is that at night men can easily rape and murder us.”

While investigating the actual incidence of attack and rape was beyond the scope of this study, the possibility of it occurring was clearly a very real threat in the minds of the participants, strong enough to discourage women from leaving their homes during the night. The women also reported that it was not uncommon for potential assailants to hide inside the latrines, particularly after dark. This possibility added to the women’s fear of using communal latrines after nightfall.

“A woman would not feel safe walking to the toilet. Men rape women from there at night. The most dangerous time is the night.”

Key findings

Women felt that the toilets in their communities threatened their safety by exposing them to risk of rape and attack when travelling to communal latrines after dark, as well as STIs.
Shame

The combination of disgust with current facilities, prohibitive cost and the fear of illness or attack strongly discouraged women from using the few latrines available in their communities. As an alternative, study participants reported a wide use of what they termed ‘home toilets’ – buckets or plastic bags used as toilets inside the home. However, this solution carried with it its own set of consequences, central to which was a deep sense of shame.

This sense of shame came from two sources, the first of which was related to culture. The natural universal need to keep defecation private was added to by a need for absolute secrecy, whereby even being seen going to use a communal latrine was embarrassing; having to defecate inside the home was similarly humiliating.

“When somebody knows that you defecate in the house your household is hated and people do not want to visit because they cannot eat or drink anything from that household.”

The women also reported a sense of shame in relation to the use of home toilets because they felt that they ‘dirtied’ their homes when they defecated inside them and exposed their families and neighbours to disease.

This sense of shame produced an interesting coping mechanism. Even though it was common knowledge that home toilets were widely used, a façade of secrecy surrounding the behaviour was constructed and carefully maintained. This behaviour was isolating, preventing women from openly discussing the impacts of inadequate sanitation on their lives and community.

This combination of shame extended to menstruation, the presence and management of which was also expected to be kept secret. Unfortunately, this was almost impossible to accomplish with the existing sanitation facilities.

“It’s a secret and even shameful for others to know that you are having your period.”

Study participants also spoke of shame as a consequence of rape, explaining that a victim of rape was unlikely to report the crime due to the stigma associated with the event.

“He can even rape you, but you do not talk due to fear of being shamed. You just keep quiet.”

Key findings

A pervasive sense of shame was caused by a lack of privacy, rape, and the behaviours women adopted in order to cope with unusable toilets.
In general, women in the study felt that inadequate sanitation put a greater burden on them than on men.

It is the women who are responsible for managing scant household finances, meaning that they have to decide whether to spend money on toilets for their family or to resort to other options such as ‘home toilets’. Men were more likely to leave the community for work during the day, and thus potentially have access to more or better toilets.

The women also felt that men needed less privacy, as a woman required a toilet both to urinate and to defecate while a man could urinate in the open without any sort of negative stigma. This also meant that men needed the use of a toilet less and so were not faced as often with the problem of high latrine user fees or with the grim prospect of using a dirty communal latrine.

“The toilets are far from our homes and by the time you get there it is too late. A man can just go anywhere to pass urine, but a woman has to walk all the way to the toilets.”

Study participants also expressed their feeling that a man would be more able to resist an attack, making them less vulnerable than a woman when travelling within the community after nightfall. Women also felt that they were at greater risk than men because they were not just in danger of being attacked and robbed, but also of being raped.

“It is more dangerous for a woman than a man because an attacker can take money from you and rape you, and there are so many risks from rape, you see, like AIDS and other things. But a man will only be robbed of money.”

Key findings

Women in the study felt that inadequate sanitation put a greater burden on them as opposed to men.
The final theme presented in this study is one of helplessness. Using a ‘home toilet’ was universally condemned by the study population, but there appeared to be no other viable option as women faced the seemingly immovable barriers of high cost, lack of cleanliness and threat of personal injury associated with the communal latrines.

The study participants also talked of how difficult it was to try and improve the cleanliness of the communal toilets, giving the reason that women did not share the responsibility for maintaining shared facilities.

“Women use ‘home toilets’, not because they want to, but because of the situation. One feels she cannot afford 200 Ugandan Shillings (approximately five pence) to pay for the public latrine so it is easier to use a ‘home toilet’. They get ashamed but it is the situation.”

In relation to the issue of violence, women reported little confidence in the willingness of the police, either to protect them from attackers or to take incidences of attack and rape seriously. Also discussed was the low likelihood that a fellow community member would come to the rescue of a woman who was being attacked.

Essentially, the women felt as though they were without a defender. They were helpless.

“The girl really shouted, “Please help me! Please save me!” But no one was coming out, because you can come out and bump into trouble. That’s the kind of situation we are in.”

Key findings

Women in the study communities felt overwhelmingly powerless to improve sanitation in their communities or to reduce its negative impact on their lives.
Sanitation generally refers to the safe separation and disposal of urine and faeces, and also the management of garbage and wastewater. The adequacy of sanitation facilities is often evaluated solely based on these terms, restricting the understanding of what constitutes adequate sanitation provision.

High cost, lack of cleanliness and scarcity of the facilities available in the study communities were key reasons why women considered their sanitation to be inadequate. However, the risk of illness, injury and rape was also a significant dimension of inadequacy in this context. For the women in this study sanitation was inadequate not only because the toilets were few, filthy and costly, but because using them deprived them of dignity and safety, exposing them instead to shame and fear. Toilets in the community also contributed to the women’s feelings of powerlessness and experiences of gender inequity.

“I see that what brings all these problems here in the slums are the [communal] toilets.”

**Recommendations**

For women in the urban slums of Kampala, interventions aimed at providing adequate sanitation must not only provide facilities. They must also ensure that the toilets can be used in a way which allows women to maintain their privacy and security, taking into consideration the demands of the community and the culture.

The findings of this study raise the question of whether or not the provision of public latrines is a good solution for women living in unsafe, urban slum communities.

Inadequate sanitation could put women at risk of violence and harassment, and importantly, it contributes to an overall sense of insecurity and of shame experienced on a daily basis, with implications for the use of existing facilities. The gravity of this issue demands increased attention and action as a vital element of the global effort to provide sanitation for all.

**Summary**

For the women in this study sanitation was inadequate not only because the toilets were few, filthy and costly, but because using them deprived the women of dignity and safety, exposing them instead to shame and fear.
References