

59th Commission on the Status of Women

Unlocking multiple benefits for women and girls through sanitation and hygiene in the Post 2015 Era

Side Event: 13th March 2015, UN Headquarters, New York

Why this event

Menstrual hygiene management is an entry point to wider development outcomes in health, education, jobs, and well-being. Unfortunately, in many countries, sanitation facilities are inadequate and unsuitable for menstruating women and girls. This has meant that women and girls have no choice but to limit their cultural, educational, social and economic activities while menstruating, as well as having to deal with the stigma, silence, shame and embarrassment that surround this purely biological phenomenon. This event seeks to i) raise awareness and break the taboo surrounding sanitation and menstrual hygiene management; and ii) highlight country case studies to better understand the nature and consequences of the problem, and how to address them. It draws on the Open Work Group's Proposal and the Secretary General's Synthesis Report on the post 2015 development agenda highlighting the need frame and reinforce the sustainable development agenda: dignity, people, prosperity, planet, justice and partnership. Sustainable Development Goals 3, 4, 6 and 11 clearly articulate the need for inclusion in health, education, water and sanitation services and human settlements as prerequisites to achieving Goal 5 – gender equality in all its forms.

Background

In March 2014, the Water Supply and Sanitation Collaborative Council (WSSCC) and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) entered into a three year partnership to improve policies and practices to help progressively realize the human right to water and sanitation for women and girls in West and Central Africa.

The studies that will be presented are one of the main components of the research agenda of the "Gender, Hygiene and Sanitation" aimed at better informing policies. (Besides applied research, the other pillars of the programme are policy transformation with linked budgets and monitoring,, capacity strengthening and inter-sectorial work.) The two studies conducted in Senegal (West Africa) and Cameroon (Central Africa), use menstrual hygiene management (MHM) as an entry point to better understand whether services are appropriately designed for women and girls.

In Asia, the research in several parts of India and Bangladesh with the SHARE Research Consortium looked at women's experiences around sanitation and hygiene in public toilets and labour wards. The research reveals the psychosocial stress, trauma and physical insecurity experienced by hundreds of poor women as they try and attend to their sanitation needs every day.

Findings of the programme

West and Central Africa

A general culture of silence surrounds all aspects of MHM in West and Central Africa affecting access to information, resulting in myths and taboos that in turn generate harmful practices. Public policies also do not recognise and address the menstrual needs of women and girls. The perceptions of menstruating girls are based on age-old superstition and beliefs passed down across generations, shaping how women manage their cycles, restrict their activities and clean and dispose of materials used to absorb menstrual waste. This silence and failure to address the basic biological needs of women and girls violates several rights including the right to education; the right to work and to decent working conditions; the right to a decent standard of living and the right to water and sanitation, in turn leading to the failure to fully empower women and girls economically and socially.

The Joint Programme in West and Central Africa endeavours to accelerate policies and practice in favour of equity and the human right to water and sanitation for women and girls of West and Central Africa. Through improved public policies informed by research, the ultimate aim is to ensure that women and girls are able to access credible, high-quality information before they have their first period, alongside safe sanitary facilities that take into account menstrual hygiene needs to guarantee privacy and dignity.

South Asia

In a similar effort in South Asia, the SHARE Research Consortium and the WSSCC formed a research partnership in 2013 to investigate the specific impact of inadequate access to water, sanitation and hygiene (WASH) facilities on women and girls in India and Bangladesh. This partnership supports four studies which focus on: 1) Specific WASH needs of women and impact of coping strategies in Vadu, Maharashtra; 2) Hygiene in maternity wards in Gujarat and Dhaka; 3) Social and psychological impact of limited access to sanitation, link between MHM and reproductive tract infections, and between WASH practices and pregnancy outcomes in Bhubhaneshwar and Rourkela, Odisha; and 4) Links between the psycho-social stress women face of where to relieve themselves and wider structural inequalities in Pune, Maharashtra and Jaipur, Rajasthan.

Key findings highlight psycho-social stresses associated with unsafe, inadequate or complete lack of sanitation facilities, which vary by caste, class, age, kind of sanitation facility and slum locations. Lessons from these studies include:

- Sanitation in the form of open defecation (OD) and Pit Toilets (PT) in a heavily gendered society exacerbates women's vulnerability. Safety is a major concern for women, ranging from preoccupation with coping strategies against teasing, sexual harassment and violence.

- Many women surveyed engaged in maladaptive behaviours such as withholding food or liquid, defecation and urination and in some cases limiting their use of water for personal and menstrual hygiene.
- Access to safe WASH can be a matter of life and death for a pregnant woman and her fetus. Women who lack access to a sanitation facility or use unhygienic places are more likely to experience maternal mortality and severe birth outcomes as disease may be passed on to their neonates who face higher risks for sepsis, death, diarrhea and malnutrition.

Mothers and babies face particular risks owing to both natural and complicated physiological processes of birth, such as cutting of the umbilical cord, perineal tears, or caesarean section wounds.

Format of the event

The event will be a moderated panel discussion on gender equality and water, sanitation and hygiene. It will aim to rally further support and attention to the issue for policy and development purposes, but will also ensure the attention of financing for WASH programmes in order to fulfill the full range of rights for women and girls as a prerequisite to economic progress for individuals, societies and economies. After a presentation of key findings from the studies in Africa and Asia, participants will hear from key speakers, including practitioners, working on these issues.

The experience sharing and presentations will be followed by a moderated discussion with Government representatives, policymakers and other practitioners, which will address the relevance of this issue in the post 2015 agenda.

List of Speakers

- Presentation:** Representative from WSSCC and UN Women
- Moderated Panel:** Permanent Representative, Singapore (Chair)
 Phumzile Mlambo-Ngcuka, Executive Director (UN Women)
 Chris Williams, Executive Director (WSSCC)
 His Excellency Ms Mansour Faye, Minister of Water and Sanitation in Senegal
 Gloria Steinem or other renowned women's rights activist in WASH
 Expert to present the Share research in Asia (name tbc)

Staged Interventions:

- Pr Abdou Salam Fall, University of Dakar
 Her Excellency Ms. Mariama Sarr, Minister of Women in Senegal
 Minister/Permanent Representative from India