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Water and sanitation-related violence

The experiences of women and girls in
Bangladesh, Nepal and Uganda

About Simavi

Too much, too little or too dirty water. Globally, women and girls are hit hardest by climate change and the lack of safe drinking water and toilets. Development organisation Simavi works with partners in 10 countries in Africa and Asia on programmes that support local solutions, so women and girls can enjoy their human rights to water, a toilet and equal treatment.

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EXECUTIVE SUMMARY

Background

Human rights are integral to the United Nation's Sustainable Development Goals (SDGs). In particular, Goal 6 of the SDGs explicitly links water and sanitation to human rights in calling for the universal availability and sustainable management of safe water and sanitation for all by 2030 (United Nations [UN], 2015).

Gender-based violence, particularly against women and girls is recognised as a critical and extensive problem, globally (World Health Organisation [WHO], 2021)¹. The United Nation's (UN's) SDG 5 aims to eliminate all forms of violence in both the private and public domains (UN, 2015). It establishes a connection between SDG 6 with SDG 5's target 5.2, by highlighting the relationship between water, sanitation and the prevention of violence against women and girls (United Nations Water, 2016:18).

A large body of research has focused on the biomedical adverse effects of the inadequate availability and access to safe water and sanitation (Cairncross, et al., 2010; Antonji & Githinji & Kistemann, 2018; Nery et al., 2019; Wolf et al., 2018). However, studies have only more recently begun to emerge on the links between poor water and sanitation provision and violence against women and girls (Nunbogu & Elliot, 2023).

This report presents the findings of studies in sites in Bangladesh, Nepal, and Uganda, three of the countries in which Simavi implements a sub-programme of the WASH SDG programme. The research explored possible connections between the availability and accessibility of water and sanitation and gender-related violence experienced by women and girls. It used qualitative research methods, including transect walks within communities, community workshops, focus group discussions and individual in-depth interviews conducted in selected urban and rural sites in the three countries.

¹ Gender-based violence is defined as "...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion.... whether occurring in public or in private life" (United Nations General Assembly, 1993:2).

The WASH SDG programme, which focuses on gender equality, social inclusion, climate vulnerability, and resilience is in line with the Dutch government's commitment towards realising SDG 6's water and sanitation goals (Simavi, n.d).

Findings and discussion

Despite diverse country and local contexts, there was a common theme of women and girls being susceptible to some form of water and sanitation-related violence.

In low socio-economic urban and rural areas across the countries' research sites there was poor water and sanitation provision for residents. This included instances in which women and girls covered long distances to collect safe water; experienced inadequate bathing facilities; and commonly shared community septic tank toilets or pit latrine facilities. These were most often unsecured structures outside their dwellings. The problems arising from poor water and sanitation services placed the heaviest burden on women and girls, who were traditionally made responsible for collecting water and maintaining household sanitation. In addition, men in these communities dominated decision-making and control of resources in WASH projects.

The poor water and sanitation infrastructure available to households in these low socio-economic communities to meet their WASH needs are a form of structural violence (Nungogu & Elliot, 2023). Structural violence was also evident in the traditional patriarchal norms that side-lined women in WASH committees. Many men perceived women's responsibilities as confined to the domestic sphere and did not view them as having a role to play in WASH decision-making. This undermined women's confidence to step outside of their roles in the domestic space, which curtailed their capacity to promote women and girls' safer water and sanitation access in the planning and location of WASH facilities.

Across the three countries studied, participants reported that women and girls were teased and harassed by boys and young men when fetching water from water points. In Bangladesh and Nepal respectively, women and girls were embarrassed or ridiculed while bathing in non-gender segregated ponds, walking home in wet clothing or fearing they could be observed when using outdoor taps to wash. Girls experienced being mocked and shamed if menstrual blood leaked through their clothing while at school. There have been similar findings in school settings in studies in rural Kenya, Ethiopia and Zambia and urban South Africa (McMahon et al., 2011; Mason, et al., 2013; Tegegne & Sisay, 2014; Lahme, Stern & Cooper, 2018; and

Crankshaw, Strauss & Gumede, 2020). All of these incidents are clear examples of psychological violence.

Study participants reported husbands subjecting their wives to verbal abuse, accusing them of neglecting domestic duties or of infidelity while spending time at water collection points. The psychological stress women experienced from domestic abuse from husbands after collecting water is indicative of unequal power relations and husbands' dominance over their wives in many households. Similar findings have been reported in studies in Kenya and Ethiopia (Stevenson et al., 2012; Collins et al., 2019).

Ugandan adolescent girls experienced physical violence linked to sexual harassment when accessing water at collection sites. In Nepal and Uganda, reports included a combination of physical and psychological violence and sexual harassment in school settings. This included boys attempting to peep and throw stones through holes in toilet doors, and at Ugandan schoolgirls' bathing facilities where there was insufficient privacy.

In Uganda, research participants recounted women and girls fearing potential rape either while using communal sanitation facilities or collecting water, especially after dark. This also arose in reports by Bangladeshi and Nepalese participants, although less frequently mentioned than in Uganda. Actual rape incidents were reported to substantiate these concerns. Consequently, girls and women refrained from water collection or using toilet facilities at night or sought out someone to accompany them for protection. The findings indicate the presence of a form of masculinity that allows perpetrators of violence to feel a sense of power, control over and sexual entitlement towards women and girls. A number of other studies show similar results in Ethiopia, South Africa, India, Kenya, Rwanda, Uganda, Tanzania and Cameroon (Assefa et al., 2021; Meyiwa et al., 2014; Narang, 2014; Pommells et al., 2021 and Thompson et al., 2011).

High water costs forced some Ugandan women and girls to exchange sexual favours to access water. This underlines how poverty contributes to girls and women's vulnerability to sexual extortion (sextortion), perpetuated by some men who abuse their control of water sources in such situations. Similar findings were reported in research in Malawi (Chipeta, 2009), several East African countries (Pommells et al., 2018) and Bangladesh (Merkle et al., 2023).

Despite the vulnerabilities that exposed women and girls in this research to water and sanitation-related violence, the findings from Simavi's studies in Bangladesh, Nepal and Uganda highlight examples of women and girls seeking ways to avoid situations in which they felt unsafe. These measures represented efforts they took to improve their safety within the very limited avenues available to them, considering the social conditions in which they lived.

The interlinking forms of structural, psychological, physical and sexual violence experienced by women and girls in Simavi's research findings and in other studies, highlights imbalanced gender norms and roles imposed on women and girls in numerous settings. Such systems of gender inequality serve to legitimise forms of masculinity that promote male domination and aggression towards women and girls. While water and sanitation services themselves do not directly cause violence against women and girls, the way services are provided can make women and girls vulnerable to violence.

This research had several limitations. The qualitative research methods used were aimed at gathering in-depth insights from participants regarding their perspectives on the types and nature of water and sanitation-related violence against women and girls in the three-country research sites rather than the extent of this violence. Therefore, these findings do not offer information on the prevalence of the WASH-related violence experienced by women and girls. Moreover, the research was conducted in a limited number of rural and urban areas where Simavi projects operate. Hence the findings may not necessarily reflect the situation in other settings within these three countries or be generalisable to other countries. Additionally, given the sensitivity of discussions surrounding gender-based violence, participants in this research may have felt constrained in reporting instances of water and sanitation-related violence.

Conclusion

The research conducted in the Simavi project sites in Bangladesh, Nepal and Uganda offers valuable insights into types of water and sanitation-related structural, psychological, physical and sexual violence to which women and girls are vulnerable in these settings. These experiences of violence underscore the unequal power relations between men/boys and women/girls and the negative consequences for their water and sanitation practices.

Traditional patriarchal norms that contribute to women's' marginalisation in WASH decision-

making place significant limits on programmes' capacity to influence safer environments for women's' and girls' water collection and sanitation.

The research conducted adds to knowledge emerging on sanitation and water-related vulnerability of women to violence in societies in which it is normative for women and girls to be responsible for water and sanitation. It also provides valuable perspectives on the challenges women and girls are confronted with in accessing water, sanitation and hygiene resources within communities struggling with poverty. Additional qualitative and quantitative research is required in diverse research settings to contribute to the expanding knowledge on this important issue.

The examples of water and sanitation linked violence against women and girls in Simavi's research underscore the pressing need to confront both the immediate and deeply entrenched factors contributing to gender disparities within such contexts. WASH programmes can play a role not only in preventing illness and death, but in promoting human rights, gender equality, development, dignity and contributing towards addressing violence against women and girls linked to water and sanitation.

Some general recommendations for WASH programmes include:

- Strengthening support for women and girls' inclusion in water and sanitation decision-making through initiatives that promote their confidence and solicit their input, potentially leading to improved safety in planning and placement of facilities.
- Concurrently, deepening engagement with relevant stakeholders, such as governments, civil society organisations, and the private sector, to provide finance and enhance skills for improving water and sanitation infrastructure.
- Leading or collaborating with community-based initiatives working with men, boys, women and girls to change social attitudes and behaviours that perpetuate the underlying primary causes of violence against women and girls.

The full report includes actions within Simavi programmes, indicating directions for comprehensive WASH programmes to pursue in addressing the issues highlighted in this report. Additionally, it is important to prioritise integrating initiatives into WASH programmes that specifically mitigate water and sanitation-based violence against women and girls.

INTRODUCTION

The rights to water and sanitation are considered fundamental human rights. In 2010 the United Nations (UN) General Assembly adopted resolution 64/292, which explicitly recognised all people's rights to water and sanitation (United Nations [UN], 2010). Human rights are embedded in the UN's adoption of the Sustainable Development Goals (SDGs) in 2015. Goal 6 of the SDGs and its associated targets specifically makes a connection between water and sanitation and human rights by advocating for the universal availability, equitable access and sustainable management of safe water and sanitation for all by 2030 (UN, 2015). The SDGs are seen as interconnected, with actions toward achieving one goal affecting the realisation of outcomes in other goals. While the SDGs are not legally binding there is an expectation that governments take ownership and establish national frameworks to achieve these goals. However, achieving these goals remain challenging in many parts of the world. Approximately 2.1 billion people worldwide lack access to safe, readily available drinking water and 4.5 billion do not have safe access to managed sanitation (World Health Organisation [WHO], 2017).

The UN's Sustainable Development Goal 5 (SDG 5) targets the eradication of all forms of violence in the private and public sphere (UN, 2015). It connects SDG 6 with Goal 5's target 5.2, by emphasising the link between water, sanitation and preventing violence against women and girls (UN Water, 2016:18). While water and sanitation may not directly bring about violence against women and girls, the way these services are delivered may expose women and girls to different forms of violence.

Globally gender-based violence, particularly against women and girls, is recognized as a serious and widespread problem. The World Health Organisation (WHO) estimates that approximately 27% of women (over the age of 15 years) ever married or partnered have experienced physical or sexual intimate partner violence (IPV) in their lifetime (WHO, 2021: 22). It estimates women's lifetime experience of physical or sexual violence by a person other than a husband or intimate partner to be approximately 6%. The WHO cautions that the actual prevalence of both IPV and non-intimate partner violence is likely to be much higher due to underreporting caused by significant fears of retaliation, social stigma and its associated repercussions (WHO, 2021). The UN's definition of violence against women (and

girls) is “...any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion... whether occurring in public or in private life” (United Nations General Assembly, 1993:2). Physical violence against women and girls includes fighting, beating and throwing of objects that may cause physical harm. Psychological violence encompasses actions that cause emotional distress. Examples include verbal abuse or ridicule, which causes shame, fear and embarrassment. Sexual violence includes sexual harassment and assault, rape, as well as inappropriate touching such as grabbing or rubbing against another person in a sexual way (Nungogu & Elliot, 2023). Sexual extortion (Sextortion) is another form of sexual violence in which individuals in authority abuse their power to elicit bribes in the form of sexual favours instead of for example, monetary payment for goods or services (Merkle et al., 2023:02). Nungogu and Elliot (2023) add structural violence as a dimension of water and sanitation gender-based violence, which includes the effects of social, economic, political and institutional factors. This can occur through the poor provision of water and sanitation facilities that create environments in which women or girls are vulnerable to violence. It can additionally entail women or other marginalised groups being side-lined from water and sanitation governance.

Effective Water, Sanitation and Hygiene (WASH) programmes have the potential to play a role not only in preventing illness and death but also in promoting human rights, gender equity, development and dignity. These programmes can also help to prevent water and sanitation-related violence against women and girls.

There has been substantial research on the biomedical negative consequences of poor availability and access to safe water and sanitation, focusing on infectious diseases related to contaminated water and sanitation, particularly with respect to children and women (Cairncross et al., 2010; Antonji & Githinji et al., 2018; Nery, et al., 2019; Wolf et al., 2018). However, research on the potential for water and sanitation-related violence against women and girls has only begun to emerge in the last five years (Nunbogu & Elliot, 2023).

The WASH SDG programme, under the auspices of which this research was conducted, aligns with the Dutch government’s commitment to contribute towards achieving WASH SDG 6. It focuses on gender equality, social inclusion, climate vulnerability, and resilience, basing itself on three main objectives: Encouraging demand for enhanced WASH facilities

and practices through behaviour change; Promoting the quality of WASH service provision in order to support its sustainable and equitable access; and supporting the WASH sector's governance and institutional frameworks to aid governments in delivering access to more efficient, effective, inclusive, sustainable and equitable WASH services (Simavi,n.d). The programme, of which Simavi is in the lead, operates in 73 sub-national locations in seven countries covering a total population of more than 9.5 million people. It is implemented by a consortium including Simavi, Dutch partners of WASH Alliance International (WAI), SNV, and Plan International Netherlands. The programme is organised across 14 sub-programmes, three of which are under the direct leadership of Simavi. The WASH SDG programme works with many in-country partners in implementing its activities².

This report presents the findings of research conducted in sites in Bangladesh, Nepal, and Uganda. The research explored the potential relationships between WASH access and the gendered dimensions of vulnerabilities to violence for women and girls. While it is acknowledged that boys and men can also experience gender-based violence, this report focuses only on women and girls.

METHODS

The research was conducted in two rural sites (Balli and Jhaudanga) and two urban areas Kolaroa and Shatkhira Sadar) in Bangladesh; in an urban and rural site in the districts of Surkhet and Banke in Nepal; and in the Patongo urban and Omot rural sites in the Agago district in Uganda. These sites were chosen to capture diversity of experience, underlying social norms, different ages, genders, ethnic and cultural groups.

Qualitative research methods were used in all three countries. At the start of the studies researchers conducted transect³ walks with approximately five to eight community members to examine the provision of water and sanitation in each site and to determine access

² Personal Communication, Karin Bojorge-Alvarez and Sandra van Soelen (Simavi, Netherlands)

³ Transect walks are a participatory exercise, where members of the community, planners and other municipality representatives walk through different areas of the neighbourhood, interviewing passers-by and drawing a map with observations of characteristics, risks and existing solutions to problems that arose.

constraints. They then organised community workshops with groups of community members in each of the study sites to gather their perspectives on water and sanitation-related violence against women and girls. Subsequently they conducted in-depth interviews with purposively selected key informants and with survivors (women and girls) of violence to gather their experiences and understandings. Finally, focus group discussions involving key informants, gatekeepers, male and female community members and high school girls and boys were held to gain their insights into various forms of water and sanitation-related violence against women and girls, as well as the specific locations where such incidents occurred.

Bangladesh

In Bangladesh the research was conducted by a Simavi research team together with three research consultants experienced in qualitative research. Eight transect walks and eight community workshops of between twenty and twenty-four community members were held. Six focus group discussions were conducted with between ten and twelve participants. Key informant interviews took place with 83 key informants, including government law enforcement officials and judicial representatives, journalists, and civil society organisation representatives. In addition, two in-depth interviews were conducted with survivors of gender-based violence. All the research activities were conducted in Bengali. A research team member took notes during the community workshops. Focus group discussions and individual interviews were audio recorded, except in the case of nine key informants and the survivors of gender-based violence, who declined to be recorded. The recordings were transcribed and translated into English by two research team members. The research was conducted between June 2021 and February 2022.

Nepal

In Nepal, the research was conducted by trained researchers from the Nepal Institute for Social and Environmental Research (NISER). Orientation meetings were held with the researchers prior to the research to familiarize themselves with the research objectives, methodology and the study instruments to be used in the research. The researchers travelled from Kathmandu to the research locations to conduct the research activities. The research was conducted in the final two weeks of February 2021. Four transect walks took place, four community workshops of eight to twelve men and women respectively, and sixteen focus group discussions were held. In-depth interviews were conducted with thirteen key

informants including representatives from selected local government authorities, civil society organisations, community leaders and five survivors of gender-based violence. A total of 199 (111 female and 88 male) respondents participated in the research. Workshops, focus group discussions and individual in-depth interviews were conducted in Nepali. All research activities were recorded except in the case of five participants (two key informants and three survivors of gender-based violence) who did not wish to be recorded. The researchers who had conducted the research transcribed the recordings into English.

Uganda

In Uganda, the research was conducted by a team of research assistants with experience in qualitative research, recruited from Makerere University. They were trained in data collection and research ethics specific to this research. Forty participants took part in nine community workshops. Eight focus group discussions, with twelve people per group, were held with 96 participants. Twenty-four individual in-depth interviews were conducted with key informants consisting of local government officials, representatives of civil society organisations, WASH district officers and WASH partners. Four individual in-depth interviews were conducted with survivors of gender-based violence. Some of the workshops, focus group discussions and individual in-depth interviews were conducted in the local language, Acholi and others in English. All data were transcribed and that in Acholi, transcribed into English by the research assistants. The research was conducted between February and September 2021.

Research ethics

Permission to conduct the research was obtained from all local authorities and in Uganda, research ethics approval was obtained from the Ugandan Makerere University School of Health Sciences Research Ethics Committee. In Bangladesh, the local government chairperson of rural Upazilas or mayors of urban municipalities provided signed letters giving permission for the research team to conduct the transect walks and invite participants for the workshops from their respective areas. Participants were taken through an informed consent process in which the researchers outlined the reasons for the study, the issues and questions that would be covered in the interviews and the use of the data. Written consent was obtained from participants for the in-depth interviews, focus group discussions and workshops. In the case of participants being under the age of 18 years (minors), apart from their own assent, consent for their participation in the research was also obtained from a

parent/caregiver. Verbal consent was obtained from transect walk participants. Individual participation was voluntary. Participants were free to withdraw from the participation in the research at any time without being penalised. Participants were assured that their identities would be kept confidential. When research was conducted during the COVID-19 pandemic, all required national government and WHO safety protocols were followed, including physical distancing, limiting of numbers in gatherings, wearing of masks and washing of hands/use of sanitisers.

Data analysis

The data were manually coded and themes extracted for analysis. These were based on characterisation of the types of violence that emerged from the data in the three country research site settings and that contained in the literature on categories of gender-based violence.

FINDINGS

The findings below focus on the types of water and sanitation-linked violence experiences of women and girls reported across the three countries' research sites.

Structural violence

Observations from the transect walks and community workshops elicited information on the inadequate water and sanitation provision in the different country research sites⁴.

Bangladeshi urban poor residents, who comprised the majority of people in these areas, relied on public standpoints or underground water from tubewells for drinking water. In rural areas residents depended on accessing drinking water from distant tubewells. Except for wealthy residents, open ponds were used for bathing in urban and rural areas.

⁴ The qualitative data gathered from the research conducted in the three countries' sites encompassed details about general intimate partner violence against women. Additionally they included insights into socio-cultural practices involving the seclusion of girls and women during menstruation and pregnancy. These details have been excluded from this report as they lack a direct connection to water and sanitation-related violence.

Both urban and rural residents from low socio-economic areas faced challenges in accessing adequate sanitation facilities. Most urban residents used shared community septic tank toilet facilities, used by multiple households. Rural residents living in low socio-economic areas used communal makeshift pit latrines toilets, often without doors or locks, most of which were far from their dwellings.

Nepalese urban residents obtained water primarily from rivers and springs, with a few using hand pumps and community taps. Rural residents accessed water from boreholes. In both urban and rural locations, the majority of residents used septic tank toilets located outside their dwellings, while some relied on public toilets.

Most Ugandan rural residents from low socio-economic areas depended on water sourced from boreholes or wells located at considerable distance from their dwellings. The majority of urban residents accessed water from nearby natural sources such as rivers and springs. A few urban residents had access to hand pumps and piped water provided by non-governmental organisations and government authorities. Kiosks provided a further option for urban residents to obtain water. Payments for water were required at boreholes in rural areas and kiosks in urban areas, placing a heavy financial burden on residents. Some residents had constructed outside bathing facilities; however, they offered minimal privacy. Rural and urban residents most commonly used pit latrines as toilet facilities. Some were established outside a cluster of households as shared facilities. In addition, public pit latrines were available.

Participants in all three countries described the disproportionate impact of the poor water and sanitation services on women and girls who were assigned traditional gendered tasks for collecting water and ensuring a reasonable level of sanitation for their households.

A Bangladeshi key informant echoed information provided by study participants in the other country research sites, by stating: “Women collect water, walking long distances to water collection points. In rural areas this is often in rainy conditions and in urban areas they regularly cross busy roads to reach water collection points”. Upon reaching water collection points women were confronted with a time-consuming task of having to wait in long queues to collect their water supply.

Across the three countries, women participants shared similar experiences of having responsibility for ensuring toilet sanitation. An urban Ugandan woman focus group participant noted: "...the women are the ones to maintain the cleanliness [of the latrines]". Other women's focus group participants added: "This means that if latrines were misused and made dirty, it is the women who face the hardships in cleaning [them]". In study sites in all three countries, participants reported that men in their communities made decisions and controlled resources in WASH projects.

According to Bangladeshi study participants, despite women's inclusion in WASH decision-making being one of the principles underpinning the country's 2014 National Strategy for Water Supply and Sanitation (Government of Bangladesh, 2014), this was seldom implemented in practice. An urban key informant explained: "Even if a woman is appointed to a WASH committee, she is rarely involved in decision-making. If committee members visit the municipal offices to discuss water and sanitation, they don't invite her to go with [them]". A rural key informant participant stated: "Women cannot enjoy their freedom of taking decisions, speech and financial management. The perspectives of their male counterparts towards them are humiliating and insulting".

Urban and rural Nepalese women participants shared comparable experiences of women's marginalisation in water and sanitation decision-making. As expressed by rural woman's focus group participants: "Men think women's involvement in WASH committees will not make a difference to [the committee's] decision-making... [they will] not say anything important or give any new ideas". They explained that even when a woman was appointed to a WASH committee her position was viewed as nominal:

A group of men handpick people and make a committee. They just put a name of any woman from the village as a treasurer, for example. They don't think it is important to invite her, so [they] just ignore her. [Then]... they come to her house and ask her to sign this or that. The woman obeys them and signs without knowing what it is about because they [the male WASH committee members] are big men in the village.

Water User Committees were created in Uganda to mobilise community contributions to water points' construction. In common with Bangladesh and Nepal, Ugandan participants stated that men were the key WASH decision makers who determined the location of WASH resources and exerted control over them and hence women were marginalised. An urban Ugandan woman key informant stated: "Women's experience [is]...when they are planning to construct a water source...they don't involve the women - they call some men to participate". As a result, women and girls often had their water and sanitation needs with respect to availability, reasonable access and safety neglected. In Bangladesh and Nepal women's discrimination in accessing water extended to their use for agricultural purposes. For example, a rural Nepalese adolescent boy's focus group participant explained:

If there is a woman headed household, they are sure to be the last ones to get the water [for irrigation for their crops] ...Men who are active will use it...if there are only women in the house, they will get it only after everyone has watered the fields. ...if they get it at all. By that time the time to plant the paddy will have passed.

Bangladeshi rural women focus group participants highlighted similar challenges to those reported in Nepal. Water scarcity during the winter months resulted in rural women-headed households being marginalised in access to water for irrigation. They either had to resort to expensive pump irrigation or abandon agricultural activities altogether as the planting season elapsed.

Psychological (Emotional) Violence

Bangladeshi rural and urban women focus group participants shared experiences of women and girls from low socio-economic areas feeling embarrassed by having to bathe in non-gender segregated ponds. Moreover, there were no designated places at the ponds for women and girls to change into dry clothes. This left them little option but to walk back home from bathing facilities while still wearing wet clothes. This made them vulnerable to men and boys staring at them, heckling and shaming them while on their way home.

Several Nepalese urban female adolescent focus group participants mentioned using outdoor taps to bathe due to the absence of baths in their homes. This led to embarrassment because of the fear of being observed by others.

A Nepalese rural key informant reported incidents of local boys teasing and harassing teenage girls fetching water from waterpoints. An urban Ugandan women's focus group participant related: "Sometimes a girl is [coming] from fetching the water, then she meets some boys on the way when she is carrying water on her head, then.. some of them start whispering and clapping their hands". Bangladeshi rural and urban participants similarly reported women and girls getting teased and harassed by boys and young men when fetching water from tubewells.

Research sites' participants noted that during long water queue times, women's frustration often resulted in quarrels between women over queue placement.

In all three countries' research sites, participants reported incidents of husbands subjecting their wives to verbal abuse, criticizing them for spending too much time at water collection points and not returning home promptly to fulfil their expected domestic duties. In addition, husbands sometimes accused their wives of infidelity when they had to access water from distant collection points. These incidents instilled fear of and actual incidents of domestic violence.

Bangladeshi, Nepalese and Ugandan participants identified schools as specific sites where girls experienced psychological violence related to menstruation. Since water and sanitation facilities were frequently dysfunctional or non-existent in many schools, participants recounted instances of girls being ridiculed and embarrassed, if menstrual blood leaked through their clothing while at school.

Physical violence and sexual harassment

There were reported incidents of physical violence at Ugandan water collection sites. For example, an urban female adolescent focus group participant related: "Sometimes.. the big boys come here for water....at the water source.....they throw your containers away and if you talk back they beat you up".

Physical violence and sexual harassment were frequently intertwined. A rural Ugandan woman workshop participant recounted an incident that occurred after a fifteen-year-old boy had been rejected in making sexual advances to a thirteen-year-old girl: “ One day when she was coming from the water source with a jerry can on her head, she met the boy on her way home and he pushed the jerry can from her head”.

Sexual harassment combined with psychological violence was evident in the account of a rural Bangladeshi woman research participant:

About a year ago I was bathing in a community block and suddenly found out that my next-door neighbour was peeping through a hole in the tin structure. I immediately informed the man's wife and other residents about the incident, but no-one took it seriously. I have to be extra-cautious every time I use the facilities... that memory still haunts me...

In Nepal and Uganda, a mix of physical and psychological violence and sexual harassment was reported in school settings. Nepalese rural female adolescent participants recounted that school toilets often had small holes in the doors to let in light. However, “boys would gather and stay around the girl's toilet and would do mischiefs such as trying to peek or throw woods, stones through the holes”. Another participant added: “there is a separate toilet for [girls]...[but] there is no proper lock at the door, so we have to go in a group and take turns to watch over each other [by standing outside the door]”. This situation either made girls hesitant to use the toilet facilities or to use them only in the company of other girls who would be vigilant and provide protection. Participants also reported incidents in which boys deliberately damaged school bathrooms by creating holes in the structures, in attempts to peep at girls using the facilities. In Uganda, a female school student participant described fears of sexual harassment while bathing on school premises: “..[this] did not happen on me but ... boys could climb trees.. to peep [at] girls in the bathroom... [through a gap in the structure]”.

Fears and incidents of rape

Research participants in Bangladesh and Uganda reported that women and girls feared the potential occurrence of rape either while using communal sanitation facilities or collecting water.

Bangladeshi urban and rural women focus group participants reported that as communal toilet facilities were poorly erected and maintained, they felt able to use these facilities only during the day. At night they refrained from using them as they feared they may be subjected to sexual attacks. Similarly in Uganda, women urban focus group participants reported that use of outside toilets at night was dangerous for girls: "...when you are using these toilets which are shared... a young girl can be defiled...a young boy [can] get the girl in the toilet and begin [a] bad touch".

Ugandan urban and rural women participants feared that they could be raped if they attempted to fetch water after dark. A young rural female participant reported: "The route to the water source is bushy. If someone comes you can't see them. I fear somebody might catch me and rape me. It's better not to go if it is evening because that place is not safe". An urban Ugandan woman focus group participant shared similar fears: "At night we women are not safe [fetching water] ... some boys, they are drunk. They can catch you on the way [and] then they may rape you".

Specific cases of water-related rape were reported by Ugandan participants. A rural Ugandan male workshop participant reported on an incident of rape that had occurred at a water point: "In the nearby village, a girl was going to the well [which] was far. Two men ...took her to the bush and raped her badly in turns". It was reported that after this incident if a girl needed to fetch water they went in groups of girls or were accompanied by older women or men for protection. An urban Ugandan women's focus group participant reported: "last month.. there is a girl.. they caught her on the way [from fetching water] and they raped her.. [it was] at around seven p.m."

An urban Nepalese adolescent male focus group participant reported that he was aware of a schoolgirl being raped when she used a public toilet: "...the condition of [the school] toilet

was not good and another toilet was being made....she was raped while going to a toilet [outside the school]”. While unable to pinpoint specific examples, Bangladeshi key informants mentioned that there were anecdotes of some teenage girls being raped while collecting water, particularly from distant tubewells. However, when these occurred, they tended to go unreported as community members shamed girls if it became known that they had been raped.

Ugandan rural women reported cases of incidents of women feeling obliged to provide sex to waterhole keepers in exchange for water. As one rural women focus group participant related: “... here people pay for water per month, so when you do not pay you have to go and beg for allowance of days to pay, if the man is interested in the woman, he gives her water for free and begins demanding other things”. Nevertheless, participants reported that when waterhole keepers became known as repeatedly sexually exploitative, people within the community would resort to retaliating by shunning their services.

DISCUSSION

Specific incidents of water and sanitation-related violence in the three countries’ research settings showed commonalities and differences, due to their diverse country and local contexts. Nevertheless, there was a common thread of women and girls being vulnerable to some form violence related to water and sanitation problems.

The inadequate and weak water and sanitation infrastructure available to households in low socio-economic communities to meet their WASH needs can be viewed as a form of structural violence (Nungogu & Elliot, 2022). Structural violence is also embedded in the traditional patriarchal norms in which women were marginalised in WASH committees. Most men tended to see women’s roles as limited to the domestic realm and therefore viewed their lack of participation in WASH decision-making as nothing out of the ordinary. This was disempowering for women and led to many of them lacking the confidence to occupy spaces outside of socially accepted norms and roles. Their limited input into WASH facility design and placement reduced their ability to ensure women and girls’ safer water and sanitation access.

The emotional distress experienced by women and girl participants during bathing situations in Bangladesh and Nepal serve as marked examples of psychological violence. There is a lack of comparative research from other settings in the literature that specifically examines these aspects of water-related psychological violence.

Ugandan boys' psychological harassment of girls making their way home after collecting water created continuous feelings of stress. These findings align with a qualitative study in rural India in which women reported similar experiences (Narang, 2014).

The psychological stress women experienced from domestic abuse from husbands when returning from collecting water due to perceptions that they had taken too long and were thereby neglecting their domestic duties, is indicative of unequal power relations and husbands' dominance over their wives in many households. This has been reported in several other studies such as in Ethiopia by Stevenson et al. (2012) and by Collins et al. (2019) in Kenya.

The emotional stress experienced by schoolgirl participants when leakage of menstrual blood occurred while at school has been found in other research findings such as in rural Kenya (McMahon et al., 2011; Mason, et al., 2013), Ethiopia (Tegegne & Sisay, 2014) and Zambia (Lahme, Stern & Cooper, 2018) and urban South Africa (Crankshaw, Strauss & Gumede, 2020). This type of psychological humiliation experienced by girls undermines their dignity and rights.

The Ugandan research findings regarding young women and girls fearing and experiencing sexual harassment and rape while collecting water are consistent with a number of other studies such those with young women in rural Ethiopia (Assefa et al., 2021), South Africa (Meyiwa et al., 2014), India (Narang, 2014), Kenya, Rwanda, Tanzania and Uganda (Pommells et al., 2021) and in peri-urban Cameroon (Thompson et al., 2011).

Most research examining girls and women's sanitation-related fears of violence has been conducted in India, focusing on fears of sexual assault and shaming in situations of open defecation and urination (Hirve et al., 2015; Sahoo et al., 2015; Jadhav, Weizman & Smith-Greenway, 2016). This did not arise as an issue in the Simavi research findings.

Due to high water costs some Ugandan women and girls in this research were coerced into sextortion in which individuals in authority at water holes abused their power to elicit a bribe in the form of sexual favours in place of receiving monetary payment for water. These findings are in keeping with research in urban Malawi Chipeta's (2009), rural Kenya, Rwanda, Tanzania and Uganda (Pommells et al.,2018) and Bangladesh (Merkle et al., 2023). This underscores the role that poverty plays in girl's and women's vulnerability to sextortion in these contexts.

Despite the vulnerabilities that placed women and girls in this research at risk of water and sanitation-related violence, the findings revealed examples of women and girls seeking ways to avoid unsafe situations. Instances included schoolgirls being accompanied by friends to prevent harassment from boys while using school toilets and women and girls refraining from visiting communal toilets or fetching water at night or being accompanied by others when doing so. These actions reflect their attempts to improve their safety within the constrained social conditions of their lives.

The interconnected nature of structural, psychological, physical and sexual violence experienced by women and girls in this research and other contexts, highlights the one-sided gender norms and roles assigned to women and girls in a number of settings. These occur within patriarchal systems in which unequal power relations exist between males and females. These systems of gender inequality foster forms of masculinity that seek to justify male dominance over and aggression towards women and girls. They encourage situations in which male perpetrators of violence feel a sense of power and control over and entitlement towards women and girls, who often face societal shaming and blame when experiencing violence (WHO, 2021). Water and sanitation in themselves do not cause violence against women and girls, however, the manner in which they are provided make women and girls vulnerable to various forms of violence. While the precise examples of water and sanitation-related violence against women and girls in these research contexts are dependent on specific circumstances, there is a common thread linked to unequal gender norms, practices and power dynamics.

Limitations

There are a number of limitations to this research. The qualitative research methods used were intended to obtain in-depth insights from participants on their views on the types and nature of water and sanitation-related violence against women and girls in the three country research sites, rather than on the extent of the problems. These findings are therefore unable to provide us with information on the prevalence of the WASH-related violence experienced by women and girls. In addition, the research was conducted in a limited number of rural and urban areas where Simavi projects operate, and the findings may be different in other settings in the three countries and elsewhere.

As discussions on gender-based violence can be sensitive for individuals and within community settings, this may have constrained participants in their reports of incidents of water and sanitation-related violence.

Some practical limitations arose as a result of some of the research being conducted during severe phases of the COVID-19 pandemic. In Nepal this reduced the number of workshops that could be conducted. In some cases, the workshops and focus groups discussions were attended by fewer participants, due to restrictions on numbers gathering during the pandemic. This also occurred in Uganda. Some potential participants were fearful of attending gatherings. In Bangladesh the pandemic delayed research, prolonging the period over which the study could take place.

CONCLUSION

The research conducted in the Simavi sites in Bangladesh, Nepal and Uganda provides valuable data characterising the types of water and sanitation-related structural, psychological, physical and sexual violence women and girls are vulnerable to in these settings. These experiences of violence highlighted the unequal power relations between men/boys and women/girls and the negative consequences that followed. The traditional patriarchal norms that underpinned women and girls' marginalisation in WASH decision-making placed major constraints on their ability to determine safer spaces in which women and girls were able to collect water and use sanitation facilities. Women and girls'

vulnerabilities to violence in these situations were exacerbated by environments in which there was poor water and sanitation availability and access.

The research conducted contributes to the still emergent knowledge on water and sanitation-related vulnerability of women to violence in societies in which women carry out normative gender responsibilities for water and sanitation. It also provides insights on women and girls' struggles to attain adequate water, sanitation and hygiene resources against a backdrop of communities experiencing poverty (Tallman et al., 2022). More qualitative and quantitative research is needed in a range of other research settings to add to the body of knowledge on this important issue.

The examples of water and sanitation-related violence against women and girls in this research highlights the urgent need to address the immediate shortfalls in water and sanitation provision, as well as the deeply rooted multiple factors that contribute to gender inequalities in such contexts.

Some general recommendations for WASH programmes include:

- Strengthening WASH programmes support for women and girls' inclusion in water and sanitation decision-making. Boosting women and girls confidence and eliciting their ideas on attaining meaningful participation, could enhance safety measures in the planning and placement of water and sanitation facilities, as well as improve routes to communal facilities.
- Engaging with a range of stakeholders, including governments, civil society organisations, and the private sector, in efforts to finance and provide skills to improve water and sanitation infrastructure.
- A comprehensive longer-term approach is needed as part of integrating gender equality into WASH programmes. These should include leading or partnering with community-wide initiatives aimed at men, boys, women and girls to shift social attitudes and behaviours that sustain the underlying causes of violence against women and girls.

Examples of interventions from the WASH SDG programme⁵

Working towards achieving increased women's participation through emphasising their important role during meetings of WASH committees, waste workers and WASH consumer groups, is part of the WASH SDG sub-programme led by Simavi. These initiatives are starting to enable women to play a more active role in advocating for changes aimed at improving girls' and women's greater safety in water and sanitation management. A WASH SDG collaborative sub-programme with Water Alliance International in Bangladesh is focusing on financial empowerment of women through creating WASH women entrepreneurs in sanitation product businesses. This can contribute to their increased economic independence, potentially providing them with greater agency and confidence to take up their water and sanitation challenges.

In Uganda the WASH SDG sub-programme has established an initiative to increase the representation of women to 60% within WASH committees. In endeavouring to redress the shortcomings in provision of water and sanitation, the Ugandan Simavi programme has successfully lobbied the Agago District Local Government to nearly double their budget to improve water and sanitation services over the past three years. In contributing to efforts to address gender inequality, the Ugandan Simavi programme has incorporated social accountability tools into its implementation activities. It has introduced Gender Action planning at the household level and citizens' report cards within the communities it serves, with the aim of encouraging positive shifts in gender attitudes and behaviours.

The programme interventions detailed above indicate directions for comprehensive WASH programmes to pursue in addressing the issues highlighted in this report. Additionally, it is important to prioritise integrating initiatives into WASH programmes that specifically mitigate water and sanitation-based violence against women and girls.

⁵ Personal Communication, Karin Bojorge-Alvarez and Sandra van Soelen (Simavi, Netherlands)

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