Water and Sanitation in East Africa: Perspectives from Africana Feminism

by

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Abstract

The purpose of this paper is to show the links between women's health, education, risks of gender-based violence, and socioeconomic destiny in light of water and sanitation as a basic human right, a right that aligns with the United Nation's Sustainable Development Goals "to ensure access to water and sanitation for all". Thus, this paper posits that perceived waste and inefficiency in water and sanitation is often due to poorly articulated top-down interventions in policy and practice implemented by various stakeholders. Using an Africana feminist approach on water and sanitation we found that failures in reaching and serving women affected by poor water and sanitation, and gender inequalities lead to poor health, gender based violence, poor educational experience and outcomes, and limited basic socioeconomic gains for women. Since policy and practice governing access to clean water and safe sanitation operates in an institutional blind spot in East Africa, there is need for gender mainstreaming to ensure access to all.

Keywords: water, sanitation, gender, east Africa, Africana feminist, policy

Introduction

Safe water and sanitation are an essential part of life and fundamental to human dignity. Recognized as basic human right, governments and other empowered entities are obligated to supply them (UN, 2002-General Comment Number 15). Actual performance by these elites varies greatly, of course, but it is also evident that when communities are involved in addressing and solving these problems, projects initiated are sustainable and often inspire further activities leading frequently to a considerable direct return on investment.

While the UN's Sustainable Development Goals (2015) goal of achieving a 76-88% rate of people having access to safe drinking water was met in 2010 in many countries, in Africa south of the Sahara, 50-75%, or approximately 325 million people, had no access to safe drinking water and are still not on track to do so (World Health Organization & UNICEF, 2014). In sanitation, African countries south of the Sahara have also fallen behind, disparately impacting women and children through decreasing health, nutrition, education, gender equality, and poverty reduction (United Nations, 2013).

Though positioned internationally in a human rights framework since 2002, the gender neutral language of that framework often does not acknowledge gender inequalities around safe water and sanitation, particularly in Africa. As Mama (2002) notes:

> African gender politics have become increasingly complex and contradictory. Feminism as a global and local movement has potential to be intersectional. In postcolonial contexts it presents a praxis that directly opposes the hegemonic interests of multinational corporations, international financial and development agencies and nation states as well as the persisting male domination of disparate tradition structures, civil structures, civil society formations and social movement…. African women are mobilizing at local, regional and international levels, and deploying various strategies and forms (Mama, 2002, p. 1).

Acknowledging controversies with the term intersectionality (Davis, 2008), the emphasis here remains crucial to analyzing water and sanitation, especially through an Africana feminist lens (Crenshaw, 1989). Without recognizing intersectionality, differential outcomes between men and women in rural areas or slums around issues like water usage, time costs for water access, legal distinctions between public, State-owned, and private water entities, organizational advantages and gaps in NGO and grassroots activism on behalf of these issues, as well as conflicts between national neoliberal economic policies and ethical frameworks intended to offset those policies lose clarity or become otherwise intractable (Archer, 2005; Arku, 2010;

Dickson, Otor, & Afullo, 2015; Hall & Lobina, 2004; Lutomia, Sanya, & Rombo, 2016; Mugisha & Berg, 2008; Ogendi & Ong'oa, 2009; Rono, 2002; Tripp, Casimiro, Kwesiga, & Mungwa, 2008). Intersectionality, which in this study highlights social inequalities between women and men, can inform virtually every aspect of any analysis of water and sanitation. Akin to the notion that women's rights are human rights (Clinton, 1995). Therefore, gender has to be invoked against a counter-claim for human rights, in order to acknowledge that the word "human" historically has *not* included women, so too one might strategically amend the SDG no. 6 as embracing "availability and sustainable management of water and sanitation for [women]", not "all" as it currently reads, since "all" historically has similarly not generally included women.

The purpose of this this paper is to use AFA to analyze the contexts around safe water and sanitation in Kenya, Uganda, and Tanzania from colonial times to the present.

An Africana Feminism Approach on Water and Sanitation

Africana feminism is a feminist epistemology that explores African women's livid experiences and oppressions (Goredema, 2010; Norwood, 2013). The experiences include how the social, political, and cultural ways impact on women and how the women challenge the inequalities they face. Africana feminism also attempts to raise global consciousness about African women's history, present realities, and future expectations (Goredema, 2010). The fact that Africa Feminism is cultural is important because it allow for an analysis that is grounded in African culture and thus centers the lived experiences of African and African diaspora women and their children. Africana feminism is a framework developed by African and African diaspora women feminists who posit that the experience of women in Africa and the African diaspora are unique and diverse (Zerai, 2014). Like western feminists, Africana feminists are also anti patriarchy. However, due to colonization of African countries, women's interest in freedom saw them join the fight for liberation together with the men. The African feminist movement included activists for various courses in different countries of Africa. Activism, coalitions made through women's group seek to challenge cultural practices like female circumcision, early marriages, and taboos that deny girls freedom. The convergence of the UN decade for women meeting in Nairobi, Kenya was a turning point for Africana feminism as it led to the establishment of scholarship in women's issues besides the activism that preceded the conference (Lutomia, Sanya & Rombo, 2016). Women in Africa have individually navigated and achieved fair treatment. Some of these stories were passed on within the oral tradition while others are in autobiographies. The framework supports exploring social, political, and economic contexts and conditions that persons and peoples reside in in order to address and improve women's experiences livelihood, and their human rights–(Akin-Aina, 2011). Significantly, African Feminism is unique in the way it gives voice to African and African diaspora women who are sometimes forgotten or not included in research by western researchers (Zerai, 2014).

To study the experiences of people in their localities across Africa not only discloses how class, gender, ethnicity, and so on influence experience at a personal and communal level but also how those very categories are constructed, just as structural forces likes governments, organized religions, globalization, neoliberalism, and multinational corporations and NGOs generate a multiplicity of simultaneous impacts as well (Zerai, 2014). Africana feminism therefore foregrounds African experiences by examining the "cultural imperatives, historical forces, and localized realities conditioning women's activism/movements in Africa - from the indigenous variants to the state-sponsored configurations in the postcolonial era" (Nnaemeka, 1998, p. 5).

Africana feminism also provides a deeper insight into how access to safe water and sanitation affects households in East Africa for women, not only in terms of "what they do and how they do it" (Nnaemeka, 1998, p. 5), but also more holistically, capturing a multidimensionality of time frames, levels of analysis, identity and reality, relational and dynamic contexts, comparative methods, oral and life histories, and so on (Steady, 2005, p. 327).

History and Contextual Issues in Water and Sanitation: Kenya, Uganda, and Tanzania

During colonialism in East Africa, water and sanitation infrastructures were concentrated in urban areas while the majority lived in rural areas and accessed water from ponds, streams, rivers, and lakes while human waste disposal was done in the fields. Following independence in Kenya, Uganda and Tanzania in 1963, 1962, and 1961, respectively, all three countries passed laws echoing the then prevailing ideology of their respective ruling parties. Uganda and Kenya, for instance, privatized responsibility for water and sanitation. Uganda's 1964 Public Health Act (PHA), in fact, had almost no governmental/regulatory mechanisms about safe water provision and sanitation facilities in place (Ekane, Weitz, Nykvist, Nordqvist, & Noel, 2016). In Tanzania, President Nyerere's advocacy of "Ujamaa" ("unity") framed the provision of water and sanitation as a government responsibility (Tanzania Society, 1975).

All three countries, however, leveraged the preexisting colonial infrastructures for water and sanitation. And all three also experienced a sharp growth in urban population. Many new arrivals wound up living in informal or slum-like settlements, placing great strain on the existing water and sanitation infrastructures. Consequently, people in the formal urban settlements experienced shortages despite infrastructures for water and sanitation, while informal urban inhabitants often had to buy water or use contaminated water from nearby rivers. In Kenya, this population growth decreased access to improved safe water supplies and an only marginal improvement in sanitation (Salami, Stampini, Kamara, Sullivan, & Namara, 2014).

Although *Drawers of Water* (Thompson et al., 2001; White, Bradley, White, & Taj al-Din, 1972) formally studied water and sanitation in East Africa for the first time in 1972, data collection has remained less than ideal. Regional health surveys for 1989 and 1995 did not even include water and sanitation as key variables. And it was not until 1998, ten years after HIV came onto the scene and was tracked from 1988, that these variables were tracked (Makali, 2016). In fact, Makali (2016) found that households that had someone living with HIV more often reported treating drinking water than other households. In addition, modernization—particularly the post-independence industrialization and urbanization—drove an increased need for water and sanitation management and infrastructures in order to handle increased production, consumption, and disposal. Instead, poor management increased disease susceptibility and resulted in unsustainable levels of services, or a lack of them, that marginalize both the urban poor and rural populations.

This has led to calls for more technocracy. According to Tiwari (2008), for example, sustainability of water and sanitation services interdependently involves the financial, the institutional, and the technical. In developing nations, the financial is often emphasized to the detriment of all else; securing finances is often seen as the one-stop way to also secure consultative institutional and technical competency. Thus, when Tiwari (2008) cites the 1992 Dublin Statement that "water has an economic value in all its competing uses and that it should be recognized as an economic good", this invokes the on-going debate whether water is an *economic* or a *social/common* good (Barlow, 2001). While Tiwari (2008) argues that water needs to be treated as an economic, not a social good if it is to be sustained efficiently, because he sees this as a way to decrease over-dependence on foreign assistance, his point also opens the door for an unregulated and neoliberal privatization of water that is more likely to be a social bad than economic good. The argument takes no account that males, whether through transnational corporations or indigenous entrepreneurship, will in all likelihood end up controlling this economic good, leaving women vulnerable to market forces or simple exploitation. This illustrates that water governance is riddled with social and political challenges on top of any simply financial, institutional, or technical issues (Jiménez & Pérez-Foguet, 2010).

Women, Water and Sanitation: Role and Impact

In twenty-five African countries south of the Sahara, women bear the main responsibility for collecting water: 62% women, 9% girls, 23% men, and 6% boys (MICS and DHS surveys in World Health Organization & UNICEF, 2004). That women are also most often the primary household users and managers of water results from a labor division and pattern of gender roles that relegate girls and women to these domestic chores (World Bank, 2010). As such, women are central to, and major stakeholders, in any improvements around water and sanitation.

This gendered division of water labor, often means that girls' school enrollment and academic achievement suffers, as they are kept home to help with these chores (WaterAid, 2007). A study in Tanzania reported a 12% increase in school attendance when water was available within 15 minutes compared to more than 30 minutes (UNICEF, 2010). While the majority of the 121 million school-age children not in school in Africa are girls (World Health Organization & UNICEF, 2004), for those enrolled, they face additional physical stresses from lack of water and sanitation in schools. When they reach puberty, girls skip or drop out due to lack of separate bathrooms for privacy (UNICEF, 2010).

In localities without clean water, collection occurs from muddy, often contaminated, sources, disparately increasing health risks for women. People living with HIV are at increased risk of infection with opportunistic diseases when clean water and sanitation is not accessible. According to a UNICEF (2010) report women are the majority of those infected by HIV. And as the principal caregivers, poor sanitation increases women's risk of infection, especially in poor families when limited resources must go to purchasing water (Salami et al., 2014). During childbirth, only a third of women in Uganda, 18% in Kenya, and 7% in Tanzania could access improved water and sanitation in health facilities (Gon et al., 2016). Less than 15% who delivered at home had access to safe water and sanitation at all (Gon et al., 2016).

Poor sanitation facilities can require people to defecate in the open. While an increased health risk for communities in general, women face additional exposure from gender-based violence. Moreover, the further that women must walk from their homes for to collect water, the greater their exposure to gender-based violence. To note this does not at all imply that the home must be the safest place for women, but it highlights how gender-neutral human rights language can explicitly miss key issues for women. In a similar fashion, the current, widespread enthusiasm for what the cell phone can accomplish in Africa (Roldan & Wong, 2008) must not overlook the gendered differences that the technology reflects (Hafkin, 2000). As in non-digital settings, digital infrastructures bring additional threats to women, especially around sexual violence (Burton & Mutongwizo, 2009). As such, any current technocratic enthusiasm should also acknowledge the dangers that such technology create.

In general, women are marginalized and their roles in the domestic sphere are subordinated and undervalued (Smith, 1993). This happens both due to gender-based violence in cultural practices, such as female circumcision and early marriages (Rombo, Wilson, & Oseland, 2014), but also structural violence as well, like inaccessible schools, health facilities, and structural adjustment programs that negatively impact social services such as water and sanitation facilities. While East African countries have made strides to address these, water and sanitation have not been identified in their gender-biased impacts and outcomes for poor rural and urban females.

That is, while early marriage may keep a girl out of school and affect the socioeconomic trajectory of her life course, so can an unequal division of labor that compels girls to stay at home and help with domestic chores like fetching water and ensuring good sanitation. And, equally, just as relative inaccessible water and sanitation more disparately impact women's health, so also can these issues involve increased risks of gender-based violence not faced anywhere to the same degree as women.

Women, Water and Sanitation: Aid and Activism

Women must be at the forefront of addressing the problems of water and sanitation because women are especially involved in the provision, management, and safeguarding of water as a resource. Women's involvement not only can enhance the effectiveness of already established program but also inform any future work on water conservation and efficient use, pricing and cost recovery, social and environmental issues, management of international water bodies, and gender mainstreaming of analytical frameworks to address these issues (Biswas, 1991, 2007).

In fact, many women are already participating in activist organizations and movements on a number of water and sanitation issues, especially redressing the inequitable distribution of resources in East Africa. Partnering with international organizations to fund initiatives for safe water and sanitation in communities, they have also formed self-help groups of *harambee* (pulling together) to improve the provision of water and sanitation, e.g., by paying for water equipment, pipes, and pumps to connect communities to water sources and/or collectively enable any group member to harvest rain.

Despite the inability or unwillingness of elites to guarantee access to safe water and sanitation, organization in East Africa have begun to advocate for and engage in projects that develop measures and educate people around ensuring that women have access to local safe water. The Global Women's Water Initiative (GWWI), for instance, trains grassroots women on clean water initiatives, sustainable water skills, and leadership in order to address the lost health, income, and educational opportunities that poor water and sanitation effect. This program trains women to be the leaders in bringing safe water and income generating activities to solve local water crisis.

Another NGO, Water, Sanitation and Hygiene, also works to improve the health status and quality of life for poor and vulnerable people living in East Africa through support for locally based organizations, like the Kenya Water for Health Organization, Sustainable Aid in Africa International, Community Integrated Development Initiatives, and Voluntary Action for Development, which all use education and advocacy to provide, expand, and improve water and sanitation programs.

In order to better support these efforts, Ekane, Nykvist, Kjellén, Noel, and Weitz (2014) also recommend a multi-level governance approach that would coordinate policy and decision-making processes for mobilization of public, private, and grassroots authorities at different jurisdictional levels.

While women's involvement in these ventures is acknowledged as essential for their sustainability (World Bank, 2010), elsewhere, African women have already taken the lead in ensuring that their communities have access to safe water and sanitation. Professionals and nonprofessional women alike have come together in Kenya, Uganda, and Tanzania to find solutions for rural water crises and in response to health scares that continue to engulf East Africa.

While women and girls participate in these projects largely they are traditionally responsible for domestic water, sanitation, and the maintenance of a hygienic home environment (World Health Organization & UNICEF, 2004), they often face entrenched, patriarchal resistance to their efforts and desires advance socially, economically, or politically. To bolster the efforts of women through activism, policy and practice in water and sanitation is the need to collect data and to expand scholarship on water and sanitation we offer that these two dimensions can also be tapped into. First, is the intersectionality as discussed by discussed by Crenshaw (1989). According to Crenshaw (1989) used intersectionality to recognize the ways in which the experiences of Black women were not captured when discussing gender and race individually. She brought to the fore the interaction between gender, race, and other categories of difference not only as reflected in individual lives, but also in social practices, institutional arrangements, cultural ideologies, and the outcomes of those interactions in terms of power (Davis, 2008). The outcome of impact is influenced by the individual's characteristics and their individual and collective capabilities to respond to structural systems which is called intersectionality (Crenshaw, 1989). For example, a poor woman living in the rural area is more negatively impacted by classism and underdeveloped realities of rural areas than a woman of higher income living in the same area. Tapping on Crenshaw's intersectionality and Africana Feminism, we propose gender mainstreaming partly accomplishes this inclusion, since it requires a pluralistic analysis of differential policy effects on men and women. To this, however, must be added an Africana feminist intersectional approach (AFIA), in order to keep fore fronted the historical and on-going ways that ethnic, class, racial and gendered inequalities affect and effect knowledge production, policy formation, and deployment.

A second proposal that we have, was offered by Ekane et al. (2014) who suggested that a multi-level governance (MLG) approach is needed in order to understand and overcome challenges in water access and sanitation. MLG theory considers the policy and decision-making processes involved in the simultaneous mobilization of public authorities at different jurisdictional levels, as well as in dispersing power to the private sector, NGOs and social movements.

Conclusion

A milestone for water and sanitation in Africa was passed in 2002 when ministers from 41 African countries met in Abuja, Nigeria to form the African Ministers' Council on Water (AMCOW), with a mission to promote cooperation, security, socioeconomic development, and poverty eradication through water resource supply and management services on the continent (African Ministers' Council on Water, 2011a, 2011b). Few of these were women, and in the present Executive Committee, gender parity has yet to be achieved.

Around the world, and in Africa, women continue to be suppressed by an interlocking capitalism on the one hand—particularly in the way that economic sectors worked by women, including domestic work and motherhood, are paid more poorly than "male" sector work (Appleton, Hoddinott, & Krishnan, 1999; Hartmann, 1976)—and a male patriarchal dominance on the other that controls and maintains these unequal economic structures, even as they disadvantage many men as well (Silberschmidt, 2001). And while women's education is generally hailed as the most effective antidote for both, we must be sure that such education does not get women out of the frying pan of patriarchy only to land them in the fire of neoliberalism (Longwe, 1998). As Hellum, Stewart, Ali, and Tsanga (2007, p. 123) note, to disregard gender inequality generally allows seemingly gender-neutral laws and policies to reinforce or increase those inequalities.

Women are disparately impacted not only by insufficient supplies of water and sanitation but also by gendered inequalities that affect access to those insufficiencies. Regional differences can play a role in influencing degree of impact; resistance to exploitative privatization under the notion that water is an economic, not a social good would likely be greater in Tanzania given its history of Ujamaa. But simply, the greater time burden that water and sanitation impose on rural and poor women indicates that the more privileged must speak up on their behalf, asking *not* for some special right but reminding those in power of their obligation to recognize the already preexisting human right of access to safe drinking water and sanitation for all, including women. However, in the absence of this recognition, some women had been able to form their own groups and organizations to troubleshoot these issues to some extent. This is no cause for relief or complacency but represents even greater evidence of our duty to act: to hear their concerns, solicit their participation, and put in place solutions that they desire and that work.

In general, the problems facing East Africa are continental-Africa: underdevelopment, resource extraction, neoliberalism, corruption, poverty, and so on. These troubles affect all aspects of people's lives, including at the most basic level of clean water and adequate sanitation. But these social problems, seen through an Africana feminism approach, are not singular and monolithic but inflect in light of gendered inequalities. Whatever the claimed merit of privatizing water—or framing water as an economic, not a social good—if that privatization proceeds simply by placing a majority of the control of that resource not in the hands of women, then it will have worsened, not improved, the situation of water and sanitation in Africa.

To build public sanitation facilities that women cannot or will not use because they increase her risk of danger will have worsened, not improved, the situation of sanitation in Africa. This would seem so obvious as to not bear mentioning if history had not already so often proceeded in exactly this way, as the current patriarchal and neoliberal order makes apparent.

In an era of tightening austerity and decreasing international donation, it would seem that more of a bang for the buck is a better idea. Nonetheless, while changes in the planning of access to water and sanitation have occurred, commodification of these social goods has increased not decreased disparities, has worsened, not improved, the situation.

Development aid budgets represent huge financial flows across the world. Indeed, aid serves multiple purposes, helping to build large infrastructure projects around water storage, like dams, or work on a local scale in interventions into health, education, social protection, and environmental sustainability. And while budgets also include studies, often targeting improvements for governance and financial management, gender mainstreaming has lagged behind as an institutional habit. The very fact that issues related to health, violence, education, and basic socioeconomic gains for women are not linked to that very basic human right of access to clean water and sanitation signals this institutional blind spot.

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