

Gender Roles On Household Hygiene and Sanitation: Experience from Mtakuja Ward in Geita District, Tanzania

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ABSTRACT

One of the most observable divides between women and men in developing countries like Tanzania is in household sanitation and hygiene. The provision of hygiene and sanitation are often considered women's tasks in Tanzania. This study examined the gender roles in household sanitation and hygiene. Simple random sampling was used in selecting representative household. The study used both primary and secondary data. Primary data were collected through structured questionnaire whereby household interviews, focus group discussion, key informants and direct field observation techniques were employed. Data was analysed by using SPSS software version 16. Results of this study showed that women and girls are responsible for water collections in the households by 79.8%. Also in household sanitation and hygiene women and girls play great roles while men boys are responsible for constructions and maintenance by 76.7%. Washing hands after visiting toilets was not practiced in household level, and before embarking on food preparation or taking meals. Most of the toilets used in the study area were traditional pit latrines and of poor quality that does not support dignity and privacy of human being. The study recommended that health and hygiene education should be carried out on the need for the household to adopt the behavior of regular hand washing. Gender roles education should be carried out by responsible authority so as involve both sex in issues of household sanitation and hygiene.

1.0 INTRODUCTION

Unimproved hygiene, inadequate sanitation, and insufficient and unsafe drinking water account for 7% of the total disease burden and 19% of child mortality worldwide. Interventions in hygiene, sanitation, and water are highly cost-effective and capable of preventing a large part of this devastating disease burden. Progress in ensuring access to these basic services has been painfully slow in much of the developing world (Sandy *et al.*, 2010). Globally in 2010 about 2.4 billion of people observed to have no access to improved hygiene and sanitation facilities, and 1.2 billions of people had no any sanitation facilities at all. Similarly an average of 5000 children under 5 years estimated to die per day due to sanitation problem which makes the world to be off track to meet the MDG sanitation target of 75 percent in 2015 (WHO/UNICEF, 2010). About 36 per cent of the world population equal to 2.5 billion people lack improved sanitation facilities and 768 million people still use unsafe drinking water source, inadequate access to safe water for sanitation services. Poor hygiene practices tend to increase sickness and kill thousands of children every day, and girls are denied their rights to education because water, sanitation and hygiene related problems (UNICEF, 2013).

One of the most observable divides between women and men, especially in developing countries, is in sanitation and hygiene. The provision of hygiene and sanitation are often considered women's tasks. Women are promoters, educators and leaders of home and community-based sanitation practices. Whereas cleaning of toilets is primarily women's responsibility, construction and maintenance of pit latrines (digging, repairing and exhausting) is primarily done by men. (Irene *et al.*, 2009). Due to cultural and historic reasons, women are often the primary collectors, transporters and users of water in developing countries. They tend to have the main responsibility for health, child care and are managers of domestic water as well as promoters of home and community based sanitation activities (SIDA, 2015).

Africa leads to the world in the problem associated with poor hygiene and sanitation. It is estimated that about 584 -600 people in Africa did not have an improved sanitation facilities and 231 million practiced open defecation which makes Africa to have lowest sanitation coverage (World Bank, 2009). In sub Saharan Africa and southern Asia still have low sanitation coverage. In Africa, it is estimated that 44% of the population uses shared or unimproved facilities and

26% practice open defecation while in southern Asia about 39% practice open defecation which makes to remain on top of a regions. (WHO & UNICEF, 2011). Inadequate access to sanitation and hygiene disproportionately affect poor women and girls, as they are often faced with additional challenges related to menstrual hygiene, personal safety, sexual harassments and violence. Without access to latrines, many women and girls become 'prisoners of daylight', using only the night as privacy. Night-time trips to fields or roadsides expose them to risk of physical attack and sexual violence (SIDA, 2015).

Tanzania like other developing country experiences the same problem of hygiene and sanitation. It is estimated that only 4.1 million people access sanitation facilities (WHO/UNICEF, 2010). Likewise the National records show that 88% of Tanzanian use unimproved latrines. 71.4% of rural household in rural area have latrine without washable slab and open pit while 49.8% for urban and 14% of household have no toilet facility hence practice open defecation in bush field (URT, 2010). Also data recorded by UNICEF at the end of previous decade estimated that less than 10% of Tanzanians wash their hands after clearing babies, and only 40% wash their hands after using a toilet and less than 20% wash their hands before preparing meals (UNICEF,2009).

Tanzania is not on the track to reach the water, sanitation and hygiene targets (MDG 7) since 2002 where households sanitation and hygiene improvements are often low on the list of family investments, and women and girls suffer more indignity as a result (Trémole *et al.*, 2010). Annually, diarrhea accounts for the deaths of 15% of all deaths in Tanzania. These deaths are mostly due to diseases caused by contaminated food and water (WHO, 2012). At the end of 2013 only 5000 out of 202,095 residents in Geita have access to clean and safe water in district which makes serious problem of sanitation and hygiene for most household, (URT, 2014).

There are strong linkages between access to water, sanitation and hygiene, and gender equality. A gender approach to water and sanitation services refers to assuring that all people are empowered by improved water and sanitation services, and hygiene practices (SIDA,2015).

Household hygiene and sanitation in Tanzania is not clearly defined, the duties which are performed by both men and women in most household is not well demarcated. Therefore this study explores on the gender roles on household

hygiene and sanitation in Mtakuja ward at Geita district. This study will provide information on how gender should be taken into account by various stakeholders on the matter related to sanitation and hygiene at household level.

2.0 METHODOLOGY

This study was conducted at Mtakuja ward in Geita district. Selection of this location was taken into consideration due to number of reasons such as the area is one part of the country facing with the problems of hygiene and sanitation. Geita District is located 2° 08 to 3° 28 south of the Equator and longitude 32° 37' to 37' east of Greenwich. Geita town is 100 km from Mwanza city. Based on the 2012 National Population and Housing Census, the population of Geita District is 807,619 people of whom 400,475 are males and 407,144 are females.

Both primary and secondary data were used in this study. Primary data were collected through structured interviews with household heads using a questionnaire, focus group discussion, key informants interviews and direct field observation. Secondary data were gathered from different sources like books, papers, journals and government reports. Simple random sampling was used to select 99 households from the list of household in both villages for interview. Data were analyzed by the using the Statistical Package for Social Science (SPSS) Software version 16. Descriptive statistics such as frequencies, percentages and mean were drawn.

3.0 RESULTS AND DISCUSSION

3.1 Activities in Which each Family Member is Involved Towards Sanitation and Hygiene Provision

Survey revealed that different households sets different role to their household members but most observable role within the household which divides family member were fetching of water, food preparation, toilet cleaning and garbage collection, in which all activities are related directly to sanitation and hygiene.

Fetching water

The findings revealed that women and girls are the primary collectors, transporters, users and managers of water in the households. This was revealed by 79.8% of total respondents. Women in the study area spend a lot of time for

searching for water for their households use. However Only 16.2% of men are involved in fetching water and most of them were single. The study conducted in Sub-Saharan Africa revealed that women bear the main burden for collecting water. It was reported that only one quarter of the population in these countries had water on their premises in 2010. About 75% water had to be collected from some distance. The study revealed that women spend at least 16 million hours each day per round trip, men spend 6 million hours and children spend 4 million hours (MDG Report, 2015).

Food preparation

Preparation of food was found to be one of the highest divide between men and women within the households as one of the gender roles in the study area, also highest sources of indicator of bacteria. Survey on the study area show that women and girls are more responsible for food preparation indicated 91.9% of total respondents and only 5.1% respondent indicated men are the one who prepare food in households. However, 3% of total respondents reported both males and females were responsible for food preparation. Results of this study also reveal that hand washing before food preparation was practiced by few families in which majority of the families (53.5%) practices occasionally with 21% of surveyed families practices rarely. This study corresponds to the study done in Nairobi on the hygiene of street food vendors. According to that study, it was revealed that about 85% of the vendors prepared their food in unhygienic conditions given that the garbage and dirty waste were conspicuously close to the stalls and houseflies were present in most of the stalls (Muinde *et al.*, 2005). World Health Organization (WHO) has developed five main keys to safer food, which include keeping clean, separating raw and cooked food, cooking thoroughly, keeping food at safe temperatures, and using safe water and raw materials (WHO, 2007). These five keys to safer food are of immense importance in developing countries like Tanzania, and equipping food handlers in such household with such information could impact significantly on food safety in Geita district. Generally households member are at risk to the food contamination disease since, most of the household responsible members for food preparation are preparing food in unhygienic conditions. According to (FAO, 1997), food handlers should have the necessary knowledge and skills to enable them to handle food hygienically.

Kitchen

Findings from the study revealed that 75% of the respondents agree to have kitchens for food preparation and dish for storage of meals, however, the study finds out that even though households agree to have place for food preparation but most of the place were not appropriate to promote food hygiene, for stance most of the kitchens' floor surface were made up by mud hence it is not washable even if it comes dirty. Flies were observed in the kitchen flying to food which threatens the safety of food. Furthermore study revealed that most of the kitchens had no enough space with no door which make the lighting and ventilation becomes poor in the kitchen, window were too small to allow enough air to penetrate. Some of the kitchen were located at the same block with toilet and some were near to the toilet which was not good enough to promote food hygiene. Through observation the study revealed that personal and domestic hygiene in the study area was poor. This was due to lack of hygiene education in the community and hygiene behavior which have been developed among the community in the study area.

Table 1: Hand washing status to households member before food preparations (n=99)

Status	Frequency	Percent
Frequently	1	1.0
Occasionally	53	53.5
Rarely	18	18.2
Very rarely	21	21.2
Never	6	6.1

Garbage collection

It had been observed that from the study area waste product is generated but member within the households perform this duty differently. Finding show that women are more responsible for garbage collection when it generated to the households, reported by 69.7% of surveyed households. The study done in Nairobi was revealed that about 85% of the vendors prepared their food in unhygienic conditions given that the garbage and dirty waste were conspicuously close to the stalls and houseflies were present in most of the stalls (Muinde et al, 2005). Generally speaking the garbage in the study area were not collected as it was littering the household environment and compounds. For example in most

parts of the study area living with waste as part of the natural environment has become a way of life especially in Mtakuja ward as it was observed by the study.

Toilet cleaning

The role of toilet cleaning in the study area was observed to be assigned most to women and girls than other family member group. It was reported that this kind of activities were performed by most of women and girls due to cultural and historic reasons, whereby women are often promoters of home and community based sanitation activities. They bear the maximum impact of inadequate, deficient and inappropriate water for hygiene and sanitation services within the households (SIDA 2015). They tend to have the main responsibility for health, child care and are managers of domestic water as well as promoters of home and community based sanitation activities (SIDA, 2015). Most of people in the study area believe that cleaning toilet is the duty of women and not men, as it was reported that about 76.8% of household's representative reported that toilet cleaning in their households was duty of women and girls while only 18.2% from respondent reported that this duty was performed by men and boys. Active participation of both men and women in the decision making on the type of water and sanitation service installed, as well as shared responsibility of managing the water and sanitation services, is important due their different roles and needs (SIDA, 2015).

3.2 Involvement of households' members on the construction and maintenance of sanitation and hygiene facilities

Sanitation and hygiene at household level depend much on gender role, which influenced much by age, sex and culture of the society which lead segregation on households' activities like fetching water, food preparation, garbage collection, and toilet cleaning, while education level, household income level, sanitary facilities and its price tend to determine sanitation and hygiene level at households. Survey conducted at the study area focused on the involvement of gender on the construction and maintenance of sanitation and hygiene facilities. Findings revealed that, about (76.7%) 76 out of 99 respondents reported that the construction and maintenance of sanitation and hygiene facilities to be men responsibility, whereas cleaning of toilets is primarily women responsibility. The study conducted in Kenya also revealed the same that construction and maintenance of pit latrines (digging, repairing and exhausting) is primarily done by men (Environment sanitation, 2005; Hannan *et al.*, 2002). However, in some

regions, the task of emptying the latrines falls exclusively on the shoulders of poor women, and the labor-conditions under which they do this work are terrible (UN-Habitat et al, 2008). In many households women are also responsible for making sure there is sufficient water for sanitation and there are many cases where women have to pay for water from limited household budgets. Despite the role of women in hygiene and sanitation at household level, toilet construction in the study area was revealed to be men's duty and boys.

3.3 Household Hand Washing

Improved sanitation and hand washing are among the most influential factors in reducing morbidity and mortality from diarrheal diseases (WSSCC and WHO, 2005). However promoting sanitation and hygiene is challenge. The study revealed that although soap was commonly found in the households but it was frequently used for bathing and laundry than hand washing after defecations, before handling food, garbage collection and before eating. Hand washing with soap has been shown to be reliable indicator of general hygiene behaviour in households. However, Hand washing with soap after visiting the toilet was found to be at 17.8 % for all households in the study area and only 11.4 % and 7 % of households' members wash their hands with soap before and after meals respectively. It was observed by the study that no household had direct installation of water supply within toilets. Hygiene facilities like hand washing facilities were not available in most of the household; also soap and water were kept far away from the toilets (Table 3). Only 10.3 % of household latrines had hand washing facilities (soap and water). Jamie *et al.* (2005) argued that diseases related to unsafe water, poor sanitation, and lack of hygiene are some of the most common causes of illness and death among the poor of developing countries. The study done in Kerela India revealed that 57.7% of women wash both hands with soap while hand washing by children by men was less common. For children, it was reported that 55.2% of girls wash both hands with soap, 47.7% for boys and 40% for men. More than 90% of latrines were clean and functioning in all major respects except the door, which was defective in 39.4% of households (Cairncross *et al.*, 2003) The study done in southern India revealed that household hygiene plays an important role in the transmission of bacterium enhanced household hygiene can be helpful in reducing bacterium transmission (Ahmed *et al.*, 2007).The level of personal hygiene and household hygiene in rural settings and unserved urban settings is of poor quality. Inadequate housing and lack of access to adequate quantities of

potable water and facilities for waste disposal make it difficult to obtain an adequate standard of household and personal cleanliness. However, the level of personal and household hygiene is relatively better among those people of great socio-economic standing (Nath , 2003)

Table 3: Households hand washing status (n=99)

After toilet cleaning			After meals		
Status	Freq.	Percent	Status	Freq.	Percent
Very	1	1.0	Very	10	10.1
Frequently			Frequently		
Frequently	12	12.1	Frequently	78	78.8
Occasionally	52	52.5	Occasionally	11	11.1
Rarely	10	10.1			
Very rarely	1	1.0			
Never	23	23.2			
Before food preparation			After garbage collection		
Status	Freq.	Percent	Status	Freq.	Percent
Frequently	1	1.0	Frequently	10	10.1
Occasionally	53	53.5	Occasionally	72	72.7
Rarely	18	18.2	Rarely	10	10.1
Very rarely	21	21.2	Very rarely	4	4.0
Never	6	6.1	Never	3	3.0

3.4 Hygiene Education Provision

Education based on sanitation and hygiene is paramount to promote public health. However, the study revealed that different stakeholders and government play important role in the provision of sanitation and hygiene education to the community. Also the study revealed that most of the female acquired education based on hygiene and sanitation when they attend to the health centre, dispensary and hospital. It was observed that strong taboo among the households was reported to become strong hindrance factor to raise awareness among household member especially women in the community. They were not allowed to discuss about the sanitation and hygiene issue during seminars and public meetings. The study revealed that seminar and public meetings were most attended by men as household representatives than women as women were considered as less vocal in sanitation matters though the women and girls are the one who are most

vulnerable group in the community, since they are one who suffer most in poor sanitation and hygiene in household level.

4.0 CONCLUSION AND RECOMMENDATIONS

4.1 Conclusion

Women and children often bear the burden from lack of toilets, poor sanitation hygiene and other sanitation facilities. Most household pit latrines in the study area are tradition pit latrines which provide minimal protection and privacy to women and children, and most of the pit latrines' floors are not washable which make it difficult in hygiene promotion. Women, however have a low decision making status at household level and especially in rural areas in Tanzania. They depend on men for financial support, but they are the champions of sanitation and hygiene in household level than men since they play an important role in hygiene promotion in the household level. The study has examined the gender roles in household sanitation and hygiene. The study examined the roles played by both women and men in household sanitation and hygiene promotion and the study has established that women and girls play great roles in household sanitation and hygiene promotion especially cleaning toilets, fetching water, preparing food and food hygiene in the kitchen while men play less roles whereby men and boys are responsible for construction of toilets. It can be concluded that women and girls bear the burden of poor sanitation and hygiene in household and therefore the women and girls participate more in household sanitation and hygiene than men.

4.2 Recommendations

Based on the findings of this study the following are recommended to enhance gender roles in household sanitation and hygiene promotion in the study area even in the region and Tanzania at large.

- Hygiene education should be carried out by local authority on the need for household sanitation and hygiene at various homes on how to keep their toilets clean, disinfecting drinking water and protecting their water sources.
- Health and hygiene education should be carried out on the need for the household to adopt the behavior of regular hand washing after using toilets and before embarking on food preparation or taking meals.

- Education on gender roles should be carried out by local authorities on the importance of both men and women to participate in household sanitation and put clear demarcations about the sanitation issues which should be done by men and women as far as household sanitation is concerned.
- Knowledge and attitudes of food hygiene should be facilitated by local authority on how to prepare and store food before it consumed by human being. This should be done through domestic food hygiene seminars which should be facilitated by District health officer together with his/her team whereby all genders should participate.

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