



Sanitation brings dignity, equality and safety

It is estimated that 2.5 billion people, nearly 40 per cent of the world's population, live without proper sanitation. More than 1.1 billion people have no sanitation facilities at all. Instead of using a toilet, they defecate in fields, forests and other open spaces.¹ Others resort to buckets or plastic bags that get thrown in ditches, along the roads or in bodies of water. Sanitation will provide them with dignity, equity and safety – and ultimately human rights.

Providing dignity for women and girls

While having a toilet is important for everyone, access to safe, clean toilets brings particular benefits to women and girls. Sexual harassment and rape are a risk for many women who wait until nightfall and seek the privacy of darkness to relieve themselves. Freed from the need to defecate in the open, they no longer have to suffer the indignity of physical and verbal abuse or humiliation.

Women and girls don't need toilet facilities just for defecation; they also need privacy and dignity when menstruating. Menstruation, pregnancy and the post-natal period become more problematic if women have nowhere to adequately take care of themselves.

Separate toilets at school mean more girls are likely to attend in the first place, and more girls are likely to stay on after puberty to complete their education.

Women place a higher value on access to private sanitation facilities than men but often remain unheard.² There is a real need for facilities that meet women's physical and psychological demands and preferences, and these can be readily achieved by including women in the design and placement of these facilities.

Significant inequalities – between and within countries

The WHO/UNICEF Joint Monitoring Programme (JMP) on Water Supply and Sanitation publishes estimates of global access to water supply and sanitation services every two years. The latest report, in 2012, indicates that 2.5 billion people worldwide do not use improved sanitation.

It also noted marked disparities between regions and countries. People in South Asia and sub-Saharan Africa have particularly poor access to sanitation. Access to improved sanitation covers only 41 per cent of the population in South Asia and 30 per cent in sub-Saharan Africa, compared with an average across all developing countries of 56 per cent.

Differences within countries

The JMP report also highlights important disparities within countries:

- Between **rural and urban** areas: 7 out of 10 people without sanitation live in rural areas.
- Between **rich and poor**: In Sierra Leone, for example, a person from the richest quintile of the population is 29 times more likely to have access to a non-shared sanitation improved facility, than a person from the poorest quintile.
- Between **ethnic groups**: Minority groups often experience poorer access to sanitation than the majority population. For example, in Latin America, disparities are often seen between indigenous and non-indigenous people.

¹ WHO/UNICEF Joint Monitoring Programme (JMP) for Water Supply and Sanitation, *Progress on Drinking Water and Sanitation: 2012 update*, United Nations Children's Fund and World Health Organization, New York and Geneva, 2012, p. 15.

² United Nations Human Rights Office of the High Commissioner, 'Women and Girls and Their Right to Sanitation', www.ohchr.org/EN/NewsEvents/Pages/Womenandgirlsrighattosantiation.aspx accessed, 17 July 2012.

Protecting people who are disabled, elderly or sick

Some of the poorest and most marginalized people in the world are those with physical disabilities, the elderly, and those with HIV and AIDS or long-term illnesses. These people are also the ones whose needs are often overlooked.

Disabled people face social hurdles in the form of prejudice, pity or stigma from other members of the community. Because they are frequently unable to negotiate obstacles in the natural or human-made environment, their social isolation can be mirrored by physical isolation. Access to improved sanitation is fundamental to ensuring the dignity, safety and equality of this group of people and to enhance their social inclusion.

Additionally, sanitation can also play an important role in reducing the risks of associated infections. It can greatly improve quality of life, and make home-based care for people living with HIV and AIDS, and chronic illnesses, easier and more dignified.

The equity imperative

The primary focus of the SanitationDrive to 2015 is on ending open defecation. Open defecation, the most extreme manifestation of poor sanitation, is an immense problem. It is also a practice where inequalities between different social groups are starkly evident.

The Drive to 2015 urges governments to tackle this inequity by giving priority to the poorest and most marginalized populations including those who are disabled, elderly or sick. It advocates for increased political focus on sanitation, better targeting of funding, coordinated efforts based on proven successes, involvement of communities and individuals in decision making, and efforts to ensure that all people have access to information and services.

Take action for sanitation by kick-starting your own Sanitation Drive to 2015 campaign. Visit www.sanitationdriveto2015.org for more information.



About us: The Sanitation Drive to 2015 builds on the United Nations resolution endorsed by all Members States in 2010 – calling for redoubled efforts to meet the MDG target to halve the number of people living without sustainable access to basic sanitation. UN-Water, which includes 30 United Nations entities and 22 partners, is coordinating the work. Civil society groups around the globe have pledged their support.

www.sanitationdrive2015.org