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### Water and sanitation problems faced by women in seclusion

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ON THE PRIORITY list of basic necessities for communities, water has continuously ranked on top. However, access to water supply in rural Nigeria is put at 50% (Nakitari, 2000 waterAid country strategy meeting report unpublished). To bring lasting improvements to the sector, key players in the development circles have continually promoted the use of participatory methods to target the vulnerable. With the use of this methods however, it is strange to say that projects designs have constantly fallen short of addressing a very vital group of the vulnerable, and stranger still, these are women who are the primary and greatest users of water in the communities.

Development Exchange Centre (DEC) was established as NGO since 1987 and is currently involved in a programme of integrated water supply, sanitation and hygiene in collaboration with WaterAid Nigeria. The programme is principally aimed at assisting rural and urban women improve their living condition and status in their communities. In the preliminary studies in nine communities in Bauchi State, Nigeria, it was discovered that majority of the women in the rural areas were in seclusion meaning that their ability to participate in programmes at community level was subject to fulfillment of various traditional rules and regulations. This posed a challenge necessitating the adoption of different approaches and development of new intervention strategies to reach these women.

Seclusion is a social system where women above the age of puberty are required to stay within their homes. In some places it is called "Purdah" (meaning curtain). In Hausa, the word used is "Kulle" (to lock up) or "Tsari" (to guard). The system of seclusion is often associated with Muslims but is not exclusively so. In India for example, some Hindu women are also kept in seclusion, with different rules about whom they may see or who may see them. In Northern Nigeria, women in seclusion are Muslims. The extent of seclusion depends on the wishes of the husband and his male relatives. Only older women above the age of menopause are free to go out as they wish but are always expected to show good judgment, modesty and proper behavior. For women in seclusion, the husbands are responsible for providing all their basic necessities of life (Sherwood. C.1991).

This paper looks at lessons learnt so far from working with these women and the new project strategies developed to address the problem of access to safe water supply and sanitation.

# Water supply and sanitation situations in the communities

After 2 years of socio-economic studies in the communities, it was discovered that about 40% of the compounds in rural communities were extended family units within which 4 to 5 men may have all their 4 to 8 wives and 13 to 20 children living within the same compound (Fig. 1). In addition, most of the time, old parents would also be in the household being looked after by their children and grand children.



Furthermore, provision of portable water at community level does not guarantee women's access because those in seclusion relay heavily on in-house wells that were not protected. Culturally, the men are responsible for the provision of the basic necessities of life including food, water, shelter, clothing, sanitation, etc. Some men do provide wells and latrines as part of the household construction. Most of the time these wells were poorly constructed, seasonal and not properly maintained. In situations where there were no wells within the household, children (mostly female) were charged with the responsibility of fetching water from community wells and/or streams. In addition, these children were sent to the stream to do the household chores such as; laundry and washing cooking pots, utensils and dishes, the tasks that pull them out of school (Figs. 2 and 3).

Hand dug wells found within these compounds were mostly shallow, poorly constructed and dry up early in the dry season (Fig. 4). Yet these types of wells remain the best





alternatives available to this category of women, because they can fetch directly at any hour without going against the traditional rules and regulations.

• Convenience is as important a consideration as health is also related to the security of women, water closer to home can reduce the chances of abduction or assault

Furthermore, children would be relieved of the burden of fetching water from far a way streams.



During the dry season, in households where in-house wells are dry or not available at all, the female children are normally sent out to scavenge for water from dugout holes on the dry stream beds (Fig. 5).



#### Lessons learnt from the studies

Conclusions reached from the socio-economic studies include the following:

- That people's level of education has a lot to do with their hygiene behavior, however majority of the rural women in seclusion are not literate;
- There is need to build the self-confidence and selfesteem of the women in seclusion so that they can take collective decision on issues affecting them at their convenience.

Therefore a special intervention package was developed.

#### Strategies adopted

To reach the women in seclusion (WIS) and reduce the burden on the children and enhance their chance in remaining in school the following strategies were adopted.

### Development of manual for working with women in seclusion

A special manual designed for working with women in seclusion containing various activities was used to develop group formation and leadership skills, effective meetings and raise their self-esteem. This led to the formation of hygiene and sanitation clubs within large compounds managed by the women themselves.

## Support for in house women hygiene and sanitation clubs

To promote hygiene practices, women members of these clubs were trained in soap making skills, thus linking the project to income generating activities, and making soap available to them. Raw materials and equipments were provided to each group as grant to sustain production. The women produce and sell the soap among themselves within their compounds and revolve the money generated to buy more ingredients. The children sanitation clubs serves as vanguards for promoting hygiene and sanitation as well as child-to-child awareness creation.

### Mainstreaming literacy into water and sanitation project

From these hygiene and sanitation clubs, literacy circles were formed. A female instructor is identified and retrained for literacy and hygiene promotion. DEC supports the circles to pay instructors as facilitators for one year and the group is expected to continue afterwards. Many groups have extended their classes with religious studies. DEC is now in partnership with Adult and Non-formal Education Agency to support women that will like to advance their education.

#### Community level gender awareness clubs

Gender awareness workshops were also organized so that men and women complement each other in terms of roles and responsibilities.

## Supporting the drilling of boreholes and rehabilitation of hand dug wells

Each community was supported by DEC to drill boreholes and rehabilitate hand-dug wells fitted with hand pumps to provide water at locations suggested by the community and managed by Community Based Management Committees (CBMC).

#### Further intervention strategies planned

To consolidate the gains so far achieved and further effectively address the problem of women in seclusion, DEC proposes the following intervention strategies:

- Periodic survey of the households to determine those with functional wells and latrines;
- Support in-house well water quality testing in collaboration with the State Ministry of Water resources;
- Subsidize rehabilitation of 150 in-house wells;
- Monitor and document progress for alternative options.

#### Challenges

A number of challenges were identified that may hamper effective implementation of the developed strategies and minimize achievements. These include the following.

- DEC is aware of the cultural restriction "Bashiga" meaning no entry for men to such houses. The implication of this is that only women extension workers and technical partners can monitor progress.
- Experience has shown that it is more reliable to provide a sustainable source of water for community level than

individual households. However, women are not expected to come outside their homes and mix with men in fetching water and children should be in school and not be encumbered with this task.

• Most houses, at rural level, are thatched which may limit options or increase cost where rain harvesting is desired especially in communities where wells are not possible.

#### **Conclusion and recommendation**

DEC has so far involved all members of the community in its project design and implementation. This has brought about a positive impact. Clearly set out withdrawal strategies are being planned so that benefiting community members would see the need to invest in their wells. This is already achieved in the case of household latrines where community members, outside DEC area of coverage, are presently paying CBMCs to construct latrine slabs for them.

DEC plans to increase the number of hygiene promoters with skills for community mobilization and hygiene promotion. This group will advocate for hygiene practices and sanitation within and outside homes. A research will be conducted to ascertain the impact of household level support.

However, reaching the women in seclusion has widened the scope of intervention and increased the challenges of reaching the most vulnerable in terms of access to safe water, sanitation and hygiene.

For development to be complete, it is essential that all sectors of the society be involved. Presently, women in seclusion are at a slightly disadvantaged position. Thus, for developmental benefits to reach them, special attention should be given to them in the formulation of community development projects, otherwise, participatory approach will just remain on paper.

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