

SR's Talking Points for CEDAW discussion on Rural Women  
7 October 2013, 10:00-13:00 at XVI

I would like to thank the CEDAW members and OHCHR colleagues to invite me to share with you the situation of access to water and sanitation of rural women from my experiences as a Special Rapporteur on the human right to safe drinking water and sanitation.

Since I took up my mandate, I have conducted 12 country missions so far, and everywhere I went to I have encountered incidences of lack of access to adequate water and sanitation, where rural women suffer more than urban women or rural men.

Since we tend to hear more about challenges with access to water in rural areas, I would like to share some stories from my missions related to access to sanitation. But before doing that I would like to highlight the issue of informal settlements, just to say that in several countries the definition of urban areas excludes slums or informal settlements. This means that for many countries of the world recommendations regarding rural areas should not forget the specific situation of informal settlements. But as I said, let me now focus on the area of sanitation, including hygiene.

Lack of access to sanitation affects human dignity and undermines the enjoyment of women's and girls' human rights. However, despite positive developments, the world is clearly not making sufficient progress. Sanitation is one of the most off-track targets of the Millennium Development Goals and 2.5 billion people do not have access to improved sanitation. More than 80 percent of all wastewater generated worldwide is not treated and mostly goes directly into lakes, rivers and oceans. As a direct consequence of this, diarrhoea is the second biggest cause of death of children under the age of five. Girls and boys do not attend school because they fall prey to diseases caused by inadequate sanitation. Moreover, girls do not go to school in many parts of the world for lack of toilets, or lack of separate toilets for them. People living in poverty are disproportionately impacted by lack of access to sanitation. Recent research estimates that, for every dollar invested in sanitation, there is about a nine-dollar long-term benefit in costs averted and productivity gained.

### **Open defecation**

According to the latest data by UNICEF and WHO around 1 billion people still have no option but to practice open defecation on a daily basis. This has particularly serious effects on women and girls, making them particularly vulnerable to violence, including sexual violence. I met women (in Bangladesh) who had to hide behind a bush to defecate in the dark, I met others in small Pacific islands who went to the ocean to do it on a daily basis because they simply do not have a toilet at home or at community. They were all worried about their privacy and safety whether it's threatened on their way to a bush or during bathing in the ocean very early in the morning. A woman in Tuvalu also told me that she had to carry her old mother to the ocean every time she needs to release herself, as she has difficulties walking. In Egypt I met one elderly lady living with her family in a one-room hut, which had a tap for water but no toilet. So

she used the neighbour's toilet. Of course if she needed to go during the night or when she had diarrhoea, she would feel embarrassed and simply go behind the bush.

### **MHM**

I met a mother in Tuvalu who confessed that when her daughter had her period she could not attend school, because the sanitary pads were too expensive. Another mother said she had to choose between paying for the school bus or for the sanitary pads. If she bought the sanitary pads, this meant that the daughter would have to walk all the long way to school. Girls in Senegal told me that they miss 4-5 days every month because school do not have menstrual hygiene facilities. While girls in Bangkok told me that they go home during breaks to clean themselves, in rural areas, school was too far away for girls to do it. I met teachers who bought toilet paper and soap with their meagre salaries to make sure kids could have access to sanitation and hygiene in school.

### **Rural women in cities**

In Bangkok, I observed that sex workers, mostly migrants from rural areas of Myanmar or other neighbouring countries or rural areas of Thailand, experienced difficulty accessing water and sanitation at their work place. Since prostitution is illegal in Thailand, migrant sex workers in irregular situations were doubly vulnerable to a denial of human rights as they had to hide themselves from society. These circumstances put sex workers at a high risk of abuse from their employers. Their representative told me that sex workers were often charged by their employer for use of a bathroom after they performed their services, while their clients were provided with clean bathrooms. Such a condition might lead to situations where sex workers refrain from washing themselves after serving a client so as to save money.

### **Impact of lack of access to water and sanitation**

Lack of access to water and sanitation itself can be a human rights violation. But it simultaneously deprives women and girls of access to many other rights including education, health, work, participation among others. Lack of sanitation is also, particularly for women, a denial of privacy and dignity. In my country mission to USA, I even came across a situation where a denial of sanitation could amount to cruel, inhuman or degrading treatment. A man who called himself the "sanitation technician" for the homeless community in Sacramento, California engineered a sanitation system that consists of a seat with a two-layered plastic bag underneath. Every week Tim collects the bags full of human waste, and hauls them on his bicycle a few miles to a local public restroom and empties the content of the bags, then sanitizes his hands with water and a lemon. He told me that he is doing this because of women who are denied access to sanitation and hence denied dignity. Also in the US, lack of sanitation facilities for people working in the agriculture sector forces them to do their need in the fields – leading to the contamination of, for example, strawberries plantations in California. I already highlighted some of the links with the right to health. I would like to add that another unintended effect of lack of sanitation for examples in health centers and hospitals is that, if hospitals do not have sex-segregated toilets, women will not seek treatment there, both

because of the lack of toilets, and the lack of women doctors working there. Also where people have no or limited access to sanitation, they can also develop kidney and liver problems, and constipation, as well as psychological trauma.

The right to sanitation “entitles everyone, without discrimination, to have physical and affordable access to sanitation, in all spheres of life, that is safe, hygienic, secure, and acceptable and that provides privacy and ensures dignity”. This definition, together with a similar one on the right to water was explicitly recognized by the Human Rights Council for the first time during its last session held in September.

Article 14 of CEDAW includes the human rights to water and sanitation with no doubt. Article 14, by calling for the elimination of discrimination against rural women, is implicitly recognising the rights contained in article 14 as human rights – as the rights to water and sanitation. I would request CEDAW members to make explicit references not only to the human right to water but also to the right to sanitation.

### **Disaggregated data and affirmative actions**

The above described situations of lack of access contrasted obviously with sometimes higher, sometimes lower percentages of the population who had access to large quantities of water and sanitation and who often pay less for these services than the poor in rural areas do.

These situations made me ask always the same question: Why is there such a striking contrast between people who are benefitting from rapid progress and why are others left behind? There is often stigma, discriminatory attitudes and practices within societies. In the water and sanitation sectors, I learned that it is much more expensive and actually technically difficult to reach people in rural areas. But at a very practical level, States and other actors simply do not pay attention to these groups including rural women unless they are obliged to report about them. The current global monitoring of progress of the MDG framework is the significant example of this “silence” to inequalities.

Therefore, I fully agree to your current proposal that State parties should collect sex- and age-disaggregated data on the situation of such groups of women in rural areas to start with, and adopt proactive measures including targeted allocation of financial resources. In terms of water and sanitation and other development sectors, States will be, in fact, much more likely to start collecting disaggregated data if the global monitoring i.e. the current MDG and post-2015 development architecture sets a framework of monitoring progress in reduction of inequalities in access. This is what I have been advocating hard together with many UN partners and civil society.

As human rights mechanisms, it is important for us to send the same messages to States, and make them obliged to report on progress in the progressive elimination of inequalities.

Thank you very much.