The role of women and Sanitation: a case study of Northern Kenya

By

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Attestation of Authorship

I hereby declare that this is my own work and that to the best of my knowledge and belief, it contains no material previously published or written by another person or material which to a substantial extent has been accepted for the qualification of any other degree or diploma of a university or other institution of higher learning, except where due acknowledgement is made in the acknowledgements.

Signature:

Acknowledgement

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Abstract

Safe sanitation and hygiene is needed to realize the Millennium Development Goals targeting gains against diarrhoeal diseases, improving maternal health and reducing child mortality. As a result women are an important target for improving sanitation and hygiene because of their roles as household managers, in child rearing and environmental care. New approaches to tackling a lack of sanitation have been informed by community level approaches, but this has not increased women participation because social determinants, such as unequal gender, and power relations, pose barriers to their involvement.

This research sought to investigate the perceptions, beliefs and practices of Somali women with regard to sanitation and the barriers they experienced in their efforts to address their needs.

The study used a feminist approach that was informed by narrative methodologies that aimed to create spaces for Somali women's voices.

Findings revealed that women need privacy, safety, convenience in sanitation, and support for managing Female Genital Mutilation and child birth processes. They however experienced barriers that were related to the structures of the society which were gendered and gave men power control of decisions.

The study revealed that current sanitation approaches should take into consideration what women say about their social environment, including ways in which they may be able to participate.

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INTRODUCTION

1.1 Background to the study and rationale

Improving hygiene behaviours and promotion of latrines use have become a major concern in most developing nations because of their ability to fight against poverty , improve health, and promote education(Andrew Cotton, Rebecca Scott, & Vijaya Venkataraman, 2002; Avvannavar & Mani, 2008; Cairncross, 2003). Safe disposal of human waste leads to decreased morbidities and mortalities that are linked to oral-faecal diseases and transmissions such as diarrhoea, helminthic infections and ascariasis (roundworms) (Shordt, 2006) . Besides, the availability of latrines promotes privacy and safety especially for the women allowing them to live dignified lives (Jenkins, 2004; Jenkins & Curtis, 2005). Despite these facts, it is estimated that over 2.6 billion people lack the access to improved sanitation with the situation being more felt in Asia and Africa where twice as many people do not have access to improved sanitation compared to improved water supply; with about four out of every ten people lacking a simple pit latrine to use (Shordt, 2006; WHO/ UNICEF, 2008).

It has been argued that women undertake a variety of household chores, waste management and attending to the needs of young children and the elderly and therefore they are better placed to participate in sanitation related activities to enable them provide proper hygiene to their families (Wijk-Sijbesma, 1987). The roles , it is believed, exposes them to contact with human wastes that contains biological pathogens that tend to increase particularly in areas that have low hygiene awareness and where latrines are not existing(UN Millenium Project, 2005). Women vulnerabilities to sanitation in relation to the social context are influenced by a range of gendered and power dynamics (Movik & Mehta, 2010).

One such significant factor relates to the gender norms that dictate the division of labour between genders (WSSCC, 2006). These norms may place the woman at a disadvantaged position because their daily work schedules generates pressure that limit their time to participate in hygiene promotion since men do not often share domestic responsibilities (Smith, Garbharran, Edwards, & O'Hara-Murdock, 2004; UN Millenium Project, 2005). Even when they have time to participate in the hygiene related activities, women are unable to influence decisions that favour their situation largely because existing norms place men as the prime decision makers (Cornwall, 2003). For instance, it was observed that during a

hygiene meeting in Bangladesh, men prioritized buying tube wells as opposed to building the so needed latrines for their women to an extent that their women were forced to sell their limited assets (goats) in order to meet this need (Movik & Mehta, 2010)

Secondly, constructing a latrine requires that one has both the capacity to understand its importance as well as the ability to cater for building costs (Jenkins, 2004). Poor people especially in rural areas of Africa survive on subsistence incomes with a majority of being women. Although women may positively show the willingness to construct latrines, they are likely to prioritize on the most pressing family needs such as food and medicine for their families (McConville, 2003). Their poverty is further reinforced by the fact that their counterparts, men, largely own and control major resources that are necessary to build latrines, for instance, the equipment needed to dig a pit latrine and the money to buy materials for the superstructures or the land where these materials are extracted(Jenkins, 2004). Similarly, considering that women in Africa have lower literacy level than men acts as a limitation to comprehend the importance of hygiene. They may therefore delay complying with the appropriate hygiene behaviours at the household level which may intensify the progression of diseases (Jenkins, 2004; Zwane & Kremer, 2007).

Women's requirement for sanitation facilities may transcend the need to just relieve themselves but are also more concerned whether these facilities offers them the privacy that they require to maintain their dignity in life (Jenkins & Curtis, 2005). Women's privacy is influenced by their biological predisposition related to menstruation and child bearing and to effectively manage these processes, there is need for safe , clean and secure latrines(Lenton, Lewis, & Wright, 2008; Metwally, Ibrahim, Saad, & El-Ela, 2006; Musa, 2008; Muylwijk, 2006; Plaskow, 2008).Additionally, in some African communities there exist practices such as Female Genital Mutilation (FGM) which due to a lack of proper management may cause damage to a woman's urinary tract system. This alters body's fluid retention ability necessitating one to frequently visit the latrine (Jaldesa, Askew, Njue, & Wanjiru, 2005).

Most sanitation programmes in Africa are aware of the extent of women's vulnerabilities to adopt proper sanitation practices and have made great strides in targeting them (MoPHS, 2010; UNICEF/WHO, 2009;WSSCC, 2006). Currently, Participatory Rural Appraisal (PRA) tools integrated within Total Sanitation frameworks emphasizes on mobilizing for collective action whereby members of the whole community; men and women analyse their sanitation situation and develop actions that are locally viable to address sanitation problems (Movik &

Mehta, 2010). In as much as these ways of working recognize the importance of working with the communities, PRA tools , it is argued, are also deficit in addressing the need for equity and inclusion because power and gender dynamics often pass uncovered in the name of participation (Agarwal, 2001; Cornwall, 2008; Cornwall & Brock, 2005). Further, Total Sanitation activities tend to uphold the disease prevention models that are silent in taking into considerations other non-disease needs particularly related to women's desire to have latrines; those of privacy , dignity and safety (Mehta & Bongartz, 2009; Movik & Mehta, 2010).

Further, Total Sanitation strategies in their efforts to modify hygiene and behavioural change do so by instilling a sense of shame and disgusting the communities and this is contrary to notions of empowerment which should aim at building community self-esteem (Bongartz, Musyoki, Milligan, & Ashley, 2010).

1.2 Aim and Scope

Research on women has focused on invisibility of women in certain social economic spheres, and how increasing their visibility would better the situation. However, it is recognized that this 'would not redress issues of access or inequity which lay in the deeper interactional and structural problems' (Denzin & Lincoln, 1988, p 302). One major aspect with regards to lack of understanding especially within sanitation has been providing an agency where women's voices and experiences can be documented and acted upon by the communities. Generally, women in some cultures in Africa have been perceived as a weak group; powerless and voiceless, and men have always made decisions on their behalf.

This study was guided by the following questions.

1. What are the beliefs, perceptions and practices of Somali women community in Kenya regarding sanitation?
2. What barriers do Somali women face in adopting safe sanitation practices?
3. What implication do the women belief, perception, practices and the barriers they face have on current sanitation policy and programmes?

1.3 The Study area

This research was done in Bangale Division of Kenya. The division is located on the Coast Province of Kenya and the North Eastern Province (NEP). However, the practicality of issues is that Bangale division (located about 40Kms from NEP) has a stronger association with NEP than Coast Province because proximity enhances the Bangale Somali community to have closer ties with their counterparts who are dominant in NEP. Also, all the literature that I read about Somali community perceived them as falling into the general category of Northern Kenya people (where over 98% are Somalis) and therefore I adopted this trend. The researcher having worked extensively both with Somalis living in Bangale and NEP found many similarities in their way of living and this justified adopting the explained trend. A map to show the location of the study area is shown below;

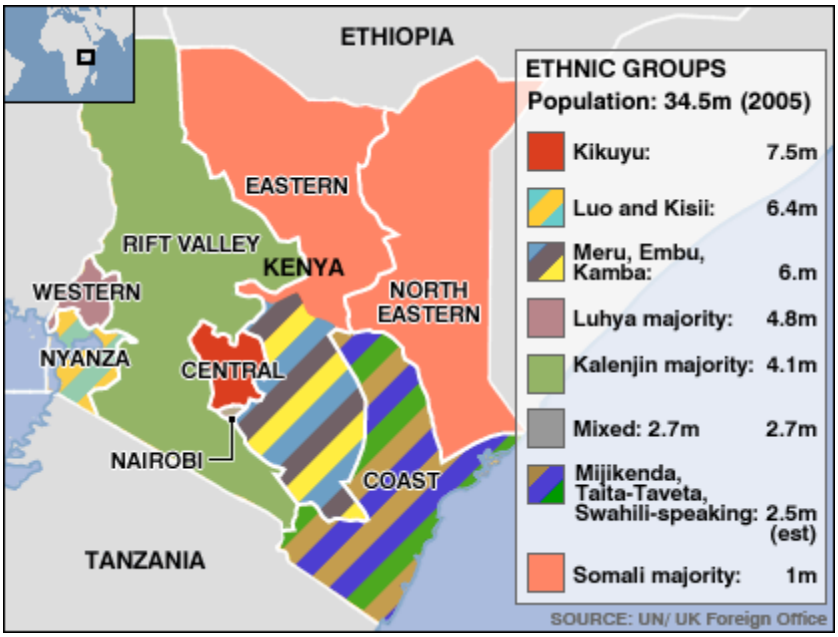

Figure 1: Map of Kenya showing the location of Northern and Eastern Kenya where a majority of Somali population live (Extracted from the Google maps, 25/01/2012)

1.3.1 Defining terms as used in the study

Sanitation is a broad term and encompasses management of human excreta, storm water, grey water, solid waste, hazardous, and industrial wastes (Ademiluyi & Odugbesan, 2008; Smith

et al., 2004). This study will limit its focus to the management of human excreta and to some extent hygiene. Also, sanitation facilities (in this case a place to defecate) follow a continuum that ranges from open defecation, unimproved sanitation facilities, shared sanitation facilities and improved sanitation facilities (WHO/ UNICEF, 2008).

Open defecation includes fields, forests, bushes, water bodies, flying toilets (commonly practiced in Kenya urban slums where faeces are put in a polythene paper and thrown in the air without a concern of where they land) and throwing away human wastes with other home based solid wastes. Unimproved sanitation facilities are those that partially prevent human contact with faecal matter and examples of these are pit latrines that have no slabs, hanging and bucket latrines. Improved latrine facilities ensure that human faecal matter does not come into contact with humans and examples of these are pour flush (piped sewer system, and septic tank), Ventilated Improved Pit Latrine (VIPL), pit latrine that has a slab and composting toilets(DFID, 2006; WHO/ UNICEF, 2008).

This research did not limit itself to the kind of sanitation facilities that communities had or were anticipating to have; rather it sought to explore the influences behind their sanitation and hygiene practices and more so the gender and power dimensions of sanitation and how these exposed women to various vulnerabilities that limited their capacity to adopt safe sanitation measures.

The term pastoralist's woman has often been used in this study when referring to Somali women. The term has thereby been used in this context to describe the category of pastoralists who practice non- pastoral activities associated with small- scale economic activities but retain livestock rearing and some migration as a major economic activity. While the need to migrate arises (for instance during drought), it is not the whole village/ community that moves but only the herders and therefore a bigger part of the family is left behind(Sheik -Mohamed &Velema, 1999) . This research focused on the latter.

1.3.2 The life of a Somali woman

Being born male or female ushers one to a distinct life in the Somali community. When a boy is born, two animals are slaughtered to usher him in the society and only one for the girl child and this is symbolic of the status both genders have in society. As early as six years, young girls start being socialized as mothers and are assigned roles such as cooking, herding

small animals (sheep and goats), washing utensils and tending for the younger siblings. Boys are taught how to herd big animals and are assigned roles that give them dominant positions in the society, religion and political spheres (Gardner & Bushra, 2004).

Culturally, a Somali girl has to undergo the Female Genital Mutilation (FGM) type IV[1] that is regarded as infibulations (Jaldesa et al., 2005). The practice is socially regarded to bring and maintain family honour within society and failure to adhere to it can result to one being perceived as a societal outcast. Observing virginity until marriage is regarded with high value and one of ways of controlling this is to infibulate girls so that they do not experience sexual arousal. Uncircumcised girls are believed to have an uncontrollable sexual desire that can make them go chasing men everywhere to fulfil this urge and such girls warrant lower dowry payment (Jaldesa et al., 2005; U.S Department of State, 2001). A research done in Northern Kenya showed that infibulation has contributed to birth difficulties among Somali women due to the scars formed during infibulation and the reduced vaginal opening and this may cause foetal damage and recto-vaginal fistula to the mother (Jaldesa et al., 2005).Also, to the menstruating women the reduced vagina opening hinders the flow causing blood to be lodged in the uterus and eventually infections spreads to the uterus, ovaries and tubes. Moreover, it becomes a terrifying and very painful experience the night a girl is married because the husband has to penetrate his bride, difficult coitus may result to the intervention of an elderly woman being called upon to open up the vagina with a knife.

Somali women are not allowed to exercise power publicly and they are allowed to only influence household activities influence activities such as; domestic work, child birth and rearing, collection of water and firewood (Carleton University, 1991). Gardner &Bushra (2004) contend that the nature of work assigned to women limited the women's time for

[1]Type I: Partial or total; removal of the clitoris and/or the prepuce (clitoridectomy).
Type II: Partial or total removal of the clitoris and labia minora, with or without excision of the labia majora (excision)
Type III: Narrowing of the vaginal orifice with creation of a covering seal by cutting and positioning the labia minora and/or the labia majora, with or without excision of the clitoris (infibulations)
Type IV: All other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping and cauterization (http://www.who.int/reproductivehealth/topics/fgm/overview/en/index.html)(WHO,2008)

community services and decision making (Kipuri& Ridgewell, 2008). Their role only became evident during conflict resolution when they act messengers between warring clans (Mwiandi, 2007). Men status in society advances with age while that of women, being defined through their reproductive function declines with age

1.3.3 Personal Interest in the study

In my previous role as a Social worker in Northern Kenya, I conducted mixed and separate gender trainings on community governance and hygiene promotion activities. It became apparent to me that when women were trained alone, they would engage in discussions more freely but if men were present, they went mute. This contradicted the project goals whose aim was to increase gender participation with an emphasis being put on making sure that women were presented in hygiene meetings and management structures that were set up by the development agencies.

It was anticipated that involving women would generate sustainable programme because of their primary role as users and managers of sanitation facilities, through the women networks hygiene awareness would be emphasized; for instance when women went to fetch water, they would enforce the rules of hygiene such as keeping the water facility clean. Also by women participating in sanitation activities, programmes would get their knowledge about what latrines would suit them best.

Eventually this approach was counterproductive because the meetings created forums where men in their de facto roles as the major decision makers of the households and community ended up dominating and benefitting in most sanitation related activities. Example includes getting contracts to build water facilities and latrine slabs and participating in trainings. Consequently the men had a more enhanced understanding of basic hygiene more than women.

Women's attendance for the meetings was not only challenged by the gendered and power dynamic but also by the fact that the work they did at home limited their time for other activities. This secluded them from attending meetings or even having a chance to visit their women friends thus challenging the intended objective of increased hygiene awareness through women social capital. Even when they attended mixed gender meeting, men had the

tendency to speak and answer questions on their behalf or worse still openly inform the trainer that women know nothing concerning a particular issue.

This technical approach in which women's participation was linked to increased gains in up scaling sanitation was not feasible. In undertaking doing this research, I was motivated to advance my knowledge on women and development with an aim of looking at 'the causes of the causes' paying more attention to issues related to gender and power so as to unveil more on the concepts of participation, empowerment. Additionally, such a study would also show how increasing women's voice is a prerequisite to not only sanitation but diverse development initiatives.

To address women's concerns the study adopted a feminist approach that was guided by exploratory qualitative methods that are considered effective in allowing women's voice to emerge and influence their work in their community (Conn, 2010).

1.4 Overview of the study

Seven chapters make up this thesis. Chapter one provides an overview of the problem of sanitation and the research questions. Chapter two expounds the issue of worldwide sanitation especially in relation to developed nations, before embarking on uncovering the lives of Somali women with reference to the gendered environment in which practising community health is actually geared towards silencing their voices in health issues due to male dominance. In chapter three an attempt to develop an alternative strategy for voicing women's needs through using narratives as opposed to conventional means; questionnaires and group discussions are discussed. In doing this, I explore how total sanitation has stepped aside to create a space for women to explore and give their needs and opinions thereby enhancing their marginality. In chapters four, five and six, there is an exhaustive discussion of data from the field before summarizing findings in chapter seven and giving recommendations.

CHAPTER TWO

GLOBAL CONTEXT OF SANITATION AND GENDER INEQUALITIES: A REVIEW.

2.1 Introduction

Chapter two consists of a review of the global and national literature about sanitation, gender and particular emphasis is given to the Somali women in Kenya. The review delves into explaining the problem of poor sanitation in many developing countries contexts; models for improving sanitation and how a lack of gendered perspective, particularly with regard to addressing the challenges women faces are impending on the up scaling of sanitation. I argue that gender roles and inequalities must be taken into consideration if improved sanitation targets in the Millennium Development Goals are to be reached, including in the context of Somali communities in Kenya. Specifically in connection with my case study, I explore the historical and contemporary situation of the Somali community in Kenya, the situation of women in particular, the patriarchal nature of the community and the impact this has on sanitation problems, and the scope for improving sanitation.

My strategy for reviewing the literature was to start with the keywords: 'sanitation', 'gender inequality', and Somalis in Kenya. I used the EBSCO Health Databases (Health Business Elite, CINAHL plus with full text, Health Source: Nursing/Academic Edition, Medline, SPORT Discus with full text and Psychology and Behavioural Sciences Information). First, I searched for the first three words (sanitation, gender and inequality) and about 112 references were produced. I also searched the words sanitation, women and Somali but this did not generate any references. Of the 112 articles only one was specifically linked to lack of sanitation facilities and women, all the other were basically explaining other issues such as water, child mortality environmental health among others with sanitation being mentioned as a by the way. Also, a further reading of these articles was not explicit of how gender and power manifests itself in sanitation projects or project related works but rather explained it as a problem without addressing the root causes. Through reading development related feminist resources, I was able to analyse the link between women and sanitation.

2.2 Historical Overview of Sanitation

Around the 1850s in the United States and other industrialized nations, polluted water and human waste was drained in cesspools and waterholes. With urbanization, these facilities were unable to hold effluent and as a result, the wastes flowed into buildings along major cities prompting the central and local governments to take charge of funding for the provision of public health initiatives like sewers, drainages and solid waste management. Public funding for sanitation facilities however gave priority to urban areas with rural areas getting very minimal public finance (Avvannavar & Mani, 2008; Bjerre, Konradsen, & Evans, 2010; Evans, Haller, & Hutton, 2004; Evans, Van der Voorden, & Peal, 2009).

The paradigms for 'subsidized public hardware' were later transferred to the developing nations of Asia and Africa through international development projects in the 1960s and 1970s (Bjerre et al., 2010). The practicalities of centralised sanitation systems could not be replicated in most rural areas in these developing nations because these areas characterized by higher poverty levels could not afford the costs of operating and maintaining complex sanitation systems (Mehta &Bongartz, 2009).Late 70s saw the emergence of simpler technologies like the Ventilated Improved Pit Latrine (VIPL). Unlike the centralised systems, VIPL were less costly and more appropriate for rural areas of Africa where there are no sewerage systems. VIPL however requires high technical skills to install and by their standard they were too costly for poor rural communities to sustain (Bjerre et al., 2010).

In the 1980s and 1990s, there was a growing concern that the new simpler technologies were becoming hard for communities to maintain with most of these facilities breaking down and eventually ceasing use while other were converted for other purposes – against a background of lack of economic growth and on-going poverty (Mehta & Bongartz, 2009; O'Reilly, 2010). Indeed personal experiences in parts of Northern Kenya attest that some of these sanitation facilities were converted by the locals for other 'desirable' practical uses such as storage or structures for conducting small-scale businesses. While these facilities were constructed of durable and expensive materials, the local's mode of constructing housing and other facilities only consisted of simple and locally available materials.

Development practitioners added the 'software' (hygiene education and awareness) aspect to the existing 'hardware' component, convinced that the development of latrines had nothing to do with technology but that present hindrances were related to behavioural issues and a lack of market that could ensure the sustainability of sanitation beyond the subsidy (Bjerre et al., 2010; O'Reilly, 2010). Overlooked by development practitioners were two issues; firstly is that most of these communities eked their living against limited resources (Movik& Mehta, 2010). Secondly, latrines are social commodities that have more importance to different social groupings in the society; women, girls, boys, children and men and therefore, introducing hygiene awareness could not suffice communities needs on sanitation. In parts of Asia and Africa, gender and power have a strong influence on sanitation and hygiene which goes unaddressed by development agencies.

At the beginning of the century, previous sanitation experiences awakened response for more demand driven initiatives that have seen Community Led Total Sanitation (CLTS)[2] rise in both popularity and progress. CLTS is a participatory process that empowers rural communities to resolve defecation practices with the aim of making their environment open defecation free (Karn, 2007). CLTS (to be referred as Total Sanitation hereafter) have widely been adopted as alternative models to traditional state–led interventions that capitalized on providing latrines at subsidized costs (Movik& Mehta, 2010). It was pioneered in Rajshahi district in Bangladesh in the year 1999 and has since then spread to Asia, Africa and Latin Americas (East, 2007; Mehta &Bongartz, 2009). In Africa, the approach gained fame from 2002 and has since then spread to about 32 countries with a pioneering application in Kenya in 2007 (Bongartz et al., 2010). Total Sanitation is informed by the need to influence behaviour change through facilitating the communities to analyse and understand their defecation practices enabling them to adapt and develop locally viable solutions other than simply increasing awareness through providing education, an aspect that the more traditional approaches relied on (Mehta &Bongartz, 2009; Movik& Mehta, 2010).

Total Sanitation derive from the PRA school of practice that puts emphasis on local experience and communities being facilitated to analyse the defecation problems such as transect walks(walk of shame), mapping of defecation areas, analysing the faecal-oral routes

[2]More details about CLTS can be read from the website www.communityledtotalsanitation.org

of disease transmission and calculating the amount of faecal matter ingested by them[3]. The exercises trigger opportunities that generate collective sense of disgust and shame prompting community action (Bongartz et al., 2010; East, 2007; IDS, 2005; Movik & Mehta, 2010). At the start of the process, informal talks are held with community leaders who in turn assist in mobilising the whole community. Also, the facilitation process makes use of the real, local and non-polite words for defecation like shit and shitting to generate embarrassment (Bongartz et al., 2010; East, 2007).

When the community is mobilised to participate in analysing their defecation practice, it empowers them to voice their concerns, analyse and solve their problems in ways that addresses their needs within their capacity. Since facilitators aims at telling communities what they are doing as opposed to what they should do, the people (poor, rich, men, women) discuss amongst themselves to effect change (Mehta &Bongartz, 2009). Also, Total Sanitation practitioners uphold the belief that within poor communities' collective action will influence the relatively richer members to assist the poor in overcoming their open defecation through constructing for the latrines (Bongartz et al., 2010). A central concern with PRA practitioners however is that it can create spaces for different voices to be heard or counter the same (Cornwall, 2002)

2.3. Basis for safe sanitation and good hygiene in relation to health/diseases

Safe sanitation and hygiene can lead to profound results in achieving multiple Millennium Development Goals such as eradicating extreme hunger and poverty(goal1), achieving universal primary education (goal 2), promoting gender equality and empower women (goal 3), water and sanitation (goal 7), reduction of common diseases like diarrhoea (goal 6), improving maternal health (goal 5) and, reducing child mortality (goal 4)(Chambers, 2009; Peal, Evans, & van der Voorden, 2010).However, there is evidence that these seven goals have not been fully realized because of the inadequate attention given to sanitation and hygiene matters. In most developing nations, sanitation is viewed from a narrow and medical

[3]This includes the amount of human faecal matter an individual or household produce per day. The total produced by a household is summed up for the whole community and the figure multiplied to show the amount per week, month or on annual basis. This creates surprises for the community (IDS, 2005)

perspective and usually policies surrounding the subject are classified under those of water policies obscuring the impact the subject can have if viewed from its own perspective. As a result, the subject has gained very minimal political attention and this has had implications in addressing the problem because very few resources have been committed to alleviate the situation (Lenton et al., 2008). Estimates show that while about US$ 16 million is invested in water and sanitation, only a fifth of this goes to sanitation yet in the developing world about 2.6 billion people (out of the world's 6.5 billion) – nearly one third - lack access to improved sanitation (Montgomery, Desai, &Elimelech, 2010; WHO/ UNICEF, 2008) and about 1.1 million practice open defection (UN, 2011). As a result, it is anticipated that by 2015, the water goal will be far surpassed but for sanitation, it may take until 2049 to provide 77% of the global population with improved sanitation. The seventh MDG focuses on environmental sustainability and one of its three targets is to reduce by half, the number of people without sustainable drinking water and basic sanitation (Lenton et al., 2008).

World Health Organisation burden of disease analysis shows that poor access to water , sanitation and hygiene is the third most significant risk factor for ill health in developing countries (WHO/ UNICEF, 2008). Although the relationship between diarrhoea diseases and inadequate water, sanitation and hygiene is complex, a review by Zwane& Kremer (2007) of the 25 studies done by Esrey et al (1991) found that interventions in either sanitation or hygiene promotion activities reduced diarrhoeal disease by 35% and 33% respectively compared to water quality and/or quantity which reduced the same by 15%. In Africa where diarrhoea accounts for about 800,000 deaths annually (Sidibe& Curtis, 2002) investment in sanitation and hygiene could reverse the trends immensely (Evans et al., 2004)

There is not only a strong relationship between poor sanitation and ill health, but also one between poor sanitation and poverty (see figure 2).

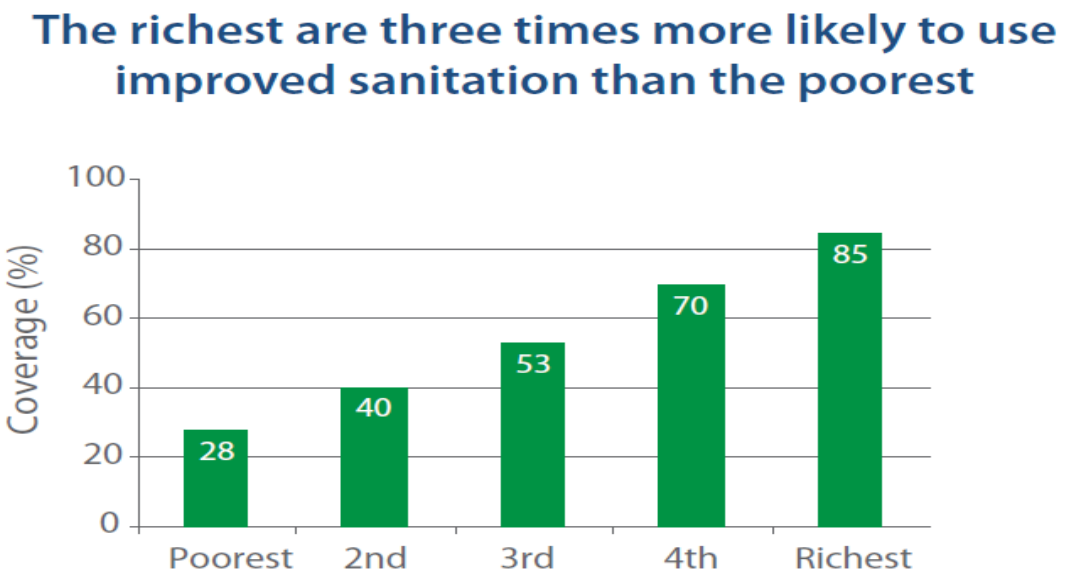

Figure 2: Improved sanitation coverage by wealth quintiles in 38 developing countries

Source: WHO/UNICEF (2006) p.12

An analysis of 38 developing countries WHO/UNICEF (2008) as depicted in Figure 2 shows that only a third of the improved sanitation could be accessed by 20% of the poorest and the richest 20% of the population are five times more likely to use an improved facility compared to the poor. A more recent UN (2011) report reinforces similar inequalities by showing that sanitation coverage for the poorest 40% of the households has hardly increased and that four out of five people in the bottom 2 quartiles practice open defecation. These inequalities have been more felt in Sub Saharan Africa where poverty levels are higher and where about 46% of the population survives on less than a dollar a day (Morella, Foster, & Banerjee, 2008; United Nations University, 2010) Usually, when a households' income is limited, priority is usually given to basic needs like food and it may not be easy to convince people to part with their hard earned cash to install a latrine (Jenkins, 2004; McConville, 2003). Such households are equally incapacitated to take measures that may protect them against sanitation related diseases or seek treatment once they contracted such illnesses. When illness prevails, it facilitates a vicious cycle of poverty by further limiting their ability to work and the high treatment costs further exacerbates their poverty (UN, 2011).

The review by Zwane and Kremer (2007) provided evidence that in as much as health education is important for behavioural change; the outcome is less effective in populations

that have lower levels of literacy. As poverty is related to education levels, the review found that economically deprived household delayed their response to take on board health messages and this had an effect in reducing diarrhoeal incidences. The link between education and health in a research done in Africa showed that an extra year of schooling for a female has a 5-10% infant mortality rate reduction and that mothers with primary education can reduce these mortalities by up to 40% (United Nations University, 2010) . In Africa diarrhoeal diseases account for about 20% of infant mortality (Zwane & Kremer, 2007).

2.4 Sanitation and Gender inequalities

Gender mainstreaming is a strategy that involves integrating the experiences and knowledge of men and women in the designing, implementation, monitoring and evaluation of policies and programmes in all social, economic and political spheres to ensure that benefits flow equally to both genders (IRC, 1994). This approach has however not been used as a guideline by development practitioners and a UN report show that there is still a lot to be done to ensure women and the most vulnerable members of the society are fully empowered (UN, 2011). Sanitation programmes have also failed to adequately address social influences such as those related to gender and power which have profound effect on women and empowerment (Metwally et al., 2006). Women's need for increased participation in sanitation has been informed by a more traditional approach; as household managers, children bearers and environmental conservationists (Metwally et al., 2006). As a result necessities that women in their contexts have been availed but little efforts have been made to change their inferior status in society. For instance availing latrines within household reach to enable them undertake household roles, instead of challenging the norms that perceive women as household managers.

O'Reilly (2010) notes that women possess more knowledge about the environment and are therefore are better positioned to influence their children on sound environment and health management. Additionally, women have expanded social networks where they are able to discuss and share hygiene matters and other issues related to community health such proper child rearing behaviours (O'Reilly, 2010; Zwane & Kremer, 2007).It has also been argued that women spend more time in the homes and are more predisposed to use latrines more than other household members (Metwally et al., 2006). Involving women in sanitation

programmes would therefore have the benefit of informing them the kind of sanitation facilities they require, their proximate location and their suitability for us by younger children (Wakeman, Water, Programme, Supply, & Council, 1995). Sanitation programme in using this information as guidelines technically argue that increased construction of latrines leading to reduction of faecal –oral diseases.

Other strategies adopted by sanitation programmes have increased women marginalisation because they reinforce traditional norms instead of empowering them. For instance, in a Nepal water and sanitation project, training women in hygiene awareness helped them improve the health status of their family. The men were trained as latrine artisans and this not only gave them a life time skill, but it also generated financial security as they were able to market their skills beyond their homes; an advantage that women hygiene skills could not offer (Regmi& Fawcett, 1999). A similar study done in Upper Egypt proposed that women and girls should be at the fore front to participate in promoting hygiene and sanitation in their communities because of their environmental sanitation and household health responsibilities (Metwally et al., 2006).

Additionally, sanitation related programmes have laid an emphasis on the importance of behavioural change as a key aspect that contributes to up scaling sanitation. Indeed, it has now and again been emphasized that the problem of sanitation in Africa is linked to behaviour and has little to do with technology(East, 2007).Metwally et al (2006) in their Upper Egypt study that involved 375 female village health workers found that environmental hygiene awareness was important for behavioural change. In this study an assessment of the knowledge, attitudes and practices done before and after training the health workers on health and the environment found that participants had increased awareness regarding personal hygiene such as the use of latrine. However, about 36% of them still considered open defecation as a good practice because of the benefits associated with human excreta as fertilizers and there was no change regarding the importance of hand washing before and after eating (Metwally et al., 2006). The study considered the importance of cross exchange visits and increased training as an important factor to increase environmental health.

Zwane& Kremer (2007) review argues that behavioural change Information; Education and Communication (IEC) materials should be geared towards meeting the cultural needs of the target population. Sanitation programmes should also perform evaluation on the language of communication tounveil the role of negative and positive messages on modifying behaviour

change (Zwane & Kremer, 2007). For instance, in Indonesia, children used songs to mock the villagers they caught defecating in the open and this diminished opportunities to repeat the behaviour. Not only is the mode of communication important to inculcate behaviour, but attention also needs to be paid on how they reinforce traditional roles of women as opposed to offering women a choice in life. In India, for instance, women used songs to encourage people to build latrines and chanted that they preferred husbands who had the ability to build latrines for them (Pardeshi, 2009). This kind of approach can reinforce traditional norms of husband –wife relation in which women are seen to depend on their husbands for daily needs instead of empowering them to be self-sufficient (Cornwall, 2003).

Gender construction and ideologies influence sanitation differently depending on the cultural orientation of the people. These ideologies not only affect men and women differently but are also distinct among women as a social group. In Rajasthan, India, class and status defines women's seclusion whereby upper caste women are expected to confine themselves to their homes while their men undertake public activities such as fetching water and attending community meetings. Women of lower caste can however appear in public spaces and are laden with responsibilities that pertain to domestic needs (O'Reilly, 2010). Therefore, constructing latrine for the caste system reinforces seclusion for the women in upper caste. In her Benin study, Jenkins (2005) found that latrines construction helped retain the status of the Royal Fon family particularly to the women whose appearance on public places was forbidden. However, to other members who were not from the Royal family and particularly people from the rural villages, availability of latrine in the villages helped them retain identity with people from the urban whose use of latrine is a norm and a sign of status. Given that in Benin, men unlike the women were more likely to be connected to the cities in search of employment, they took up the responsibility of enhancing latrine construction in their villages to maintain rural-urban relationships. Elsewhere, maintaining good hygiene indicates the characteristics associated with good motherhood for the family and children and women are more likely to adhere to proper hygiene norms so as to maintain this status (Rheinlander, Samuelsen, Dalsgaard, & Konradsen, 2010)

Unequal gender and power relations can also influence the choice women make concerning their hygiene behaviours (Movik & Mehta, 2010). In developing countries of Africa for instance, technical work is perceived to be a male domain as it requires more skills and energy with the work women do being perceived as simple and less demanding tasks and deserving lower if no economic significance (Janice, 1989; Pittin, 1984; Sen, 2001).

Feminization of female poverty is further reinforced through cultural and the institutional frameworks whereby women are largely concentrated in informal employment that widens income disparities between them and men while increasing their childbearing, nurturing and household responsibilities (Kehler, 2001; Parimala, 2008). Yet to a woman, economic empowerment may even be more significant because they are more concerned with the welfare of their family and children. Razavi (1998) asserts the need to involve women in programme related work that assures them quality work that has the ability to raise them and their dependents out of their prevailing poverty. A Ugandan project that committed itself to training women in masonry work that was culturally perceived as a men's job had the benefit of increasing women's self-esteem and doubling their income and thus enhancing their capacity to educate their children and maintain household food requirements (Payne, Nakato, & Nabalango, 2008). Indeed a World Bank evaluation of about 122 water and sanitation projects found that women's involvement increased the effectiveness of the projects by six to seven times more (United Nations University, 2010).

It has been pointed out that exerting influence over vital sanitation resource is an effective way of tackling poverty (GWTF, 2004). Yet in most parts of the developing world women have no control over land resources and decision making regarding use, ownership and control is likely to favour me (Flintan, 2008). A Bangladesh study observed that in one case, a husband was more concerned with installing a tube well from his savings and the wife had to sell her asset and hand over the money to her husband to install a latrine (Movik& Mehta, 2010). Increasing women's control over household resources has been associated with greater economic benefits than men largely because they tend to be more transparent (Ayuko& Chopra, 2008). Furthermore, in Africa, if resources were equitably distributed between men and women, household incomes would increase by 25 % (theguardian.co.uk, 2011).

Over the last decades various ways of enabling enable women to increase their economic capacity have been adopted; among them being establishment of microfinance programmes (MFP). It has been argued that women are better off managing microfinance because they are more credit worthy and accountable than men (Ayuko & Chopra, 2008; Pronyk, Hargreaves, & Morduch, 2007). MFPs have been found to be more favourable to the poor because they do not require collateral evidence (Coppock et al., 2005; Creighton et al., 2006) . Also small loans provided through these initiatives cushions against financial crisis and in times of adversity such as during illness when the need to attend hospitals and buy medicines is

inevitable. Such monies can also be used to support food purchases and this counters malnutrition. A longitudinal study done in Ghana to assess the nutritional benefits from microfinance in which comparisons were made between participants and non-participants from the same community were compared with control groups from another community found that those communities who had access to microfinance reported lower episodes of stunting and wasting among infants (Pronyk et al., 2007).

Integrating MFPs with hygiene promotion and sanitation can have great significance in maximizing the health benefits though this idea has not been fully exploited (Kouassi-Komlan, Fonseca, & Faso, 2004). Studies have however confirmed that when health education and services are linked with the economic activities that most MFPs dwell on, there is an increased gain in the outcomes related to increased management of child diarrhoeal diseases and effective breast feeding behaviours (Pronyk et al., 2007).

2.5 Total Sanitation Approaches and Gender Inequality

Global policies over the last three decades provide a framework for understanding women's changing role. In 1981-1990 the UN declared this decade as the 'International Water supply and Sanitation Decade' that aimed at supporting women in their domestic water and sanitation provisioning tasks within their local communities and increasing their participation in project related activities. The Beijing –China Conference (late 1995) articulated the need to address the gender inequalities that was evident for women across all spheres through empowerment strategies mainstreamed in development programme (Maseno&Kilonzo, 2010) . Later on the UN World Summit on Sustainable Development held in South Africa articulated the need to strengthen voices of women in decision making regarding water and sanitation because of the crucial role they play in enhancing sustainability (Regmi& Fawcett, 1999; Rosenquist& Emilia, 2005). Largely, Participatory Rural Action (PRA) tools have been used as an entry point to increase women participation and enhance their decision making power (Cornwall, 2003).

Despite some gains in gender equality there continues to be significant gaps especially in Africa (Maseno&Kilonzo, 2010) including the area of sanitation overly because the role of gender and power relations had not been given adequate attention (East, 2007; Movik& Mehta, 2010). Cornwall notes that such tendencies:

> Often obscures women's worlds , needs and contributions to development, making equitable participatory development an elusive goal.....and to make a difference participatory development must engage with questions of difference: to effectively tackle poverty, it must go beyond 'the poor' as a generic category, and engage with the diversity of women's and men's experiences of poverty and powerlessness (2004:p.5)

Mosse's (1995) account of a farming project in India in which women participation was sought to increase their role in natural resource management and enhancing their community decision making role provides practical example of PRA problems. In this project, meetings were held in the public and because these spaces were considered to be men's areas, women were denied the opportunity to articulate their concerns out of the fear that they were trending on men's spaces. Similarly, the events took place during day time when women were busy with household activities denying them a chance to participate, thereby maximizing opportunities and atmosphere where only men's concerns were likely to surface. Cornwall (2003) notes that although PRA tools are oriented towards addressing gender barriers, for instance the use of daily schedules, the fact that PRA tools are sometimes left to people who are more technically oriented and not social scientists may alter the need to pay attention to details regarding power and gender. Also lack of female personnel in such activities may further silence women's voice (Cornwall, 2003).

In Sub-Saharan Africa, social cultural norms that form the basis of gender and power imbalances may have a knock off effect in up scaling sanitation. Women in this region undertake household chores; cooking , cleaning, fetching water, taking care of young children defecation needs and assisting the sick and the elderly in their sanitation requirements too (Muylwijk, 2006; TearFund, 1995) while men on the other hand only perform non-housework related tasks usually outside the home environment. It follows that during participatory exercises, women's above mentioned tasks may restrict their participation, thus creating a conduit that allows men to benefit more from sanitation related information and awareness and also where their views are likely to dominate (East, 2007; Sa & Larsen, 2008). However because women's work activities are more linked to handling and using sanitation facilities, their limited involvement predisposes them, their children and other members of the family to sanitation related illness like diarrhoea (Creighton et al., 2006; El Azar et al., 2009)therefore creating more poverty than solving it.

Gendered beliefs and norms are an important factor that should inform Total Sanitation strategies because they can have an effect on sustainability. Among the Luo community of Kenya existing cultural norms dictate that son-in-laws cannot share latrines with their mothers-in-laws (Avvannavar& Mani, 2008; Rosenquist& Emilia, 2005). Also, among the Maasai communities in Kenya, there is a myth that men do not defecate and this may render efforts to promote sanitation fruitless (Movik& Mehta, 2010). A considerable effort should be given to understanding how societal norms and beliefs enhance or impede promoting sanitation matters.

Even though Total Sanitation appreciates the involvement of women, the institutional norms and beliefs may disregard women views, others may allow them to hold nominal positions that require tedious tasks and/or reinforce their gendered selves (Ayuko & Chopra, 2008; McEwan, 2003; Regmi & Fawcett, 1999). A Northern Kenya study cited a case in which a female committee member complained that she was not allowed to attend a Peace keeping meeting because rules dictated that only one female representative from her region should attend (Ayuko& Chopra, 2008). There is also the problem of conducting undemocratic process of electing women leaders against their will so that they support other externally enforced agendas (NGOs, their husbands) and this may disillusion their capacity to push agendas that address the needs of their fellow women (Regmi& Fawcett, 1999).

A critique of the literature on sanitation studies especially those relating to Total Sanitation, highlights a concern about the approach commonly used that tends to explain the problem through a medical /technological and community health lens thereby concealing the intersections of vulnerabilities that affect women in particular and, thus accounting for the failure to sustain sanitation programmes and policies (Cornwall, Lucas, & Pasteur, 2000; Mehta & Bongartz, 2009; Movik & Mehta, 2010). Alternative sanitation models may open up opportunities for increased women voices by encompassing sanitation within a broader perspective of improved well-being rather than overly emphasizing its disease prevention benefits. Women and girls may desire to preserve their femininity especially during their menstruation and pregnancy period. During these biological processes, female bladder loosens prompting women to continually relieve themselves and this requires that the latrine facility be safe, clean, accessible and offers privacy (Plaskow, 2008). These concerns are unlikely to surface within total sanitation where the language of communication instils shame and disgust to the community members instead of promoting a sense of worth and increased self-esteem. In her Benin study, Jenkins (2005) found that both men and women derived their

the need for sanitation from varying issues associated with non –health benefits such as the need for privacy, increased social status and enhancing ones dignity (UN Millenium Project, 2005). However this study affirmed that women were more concerned with privacy than men an observation that resonates with other studies done in India(Pardeshi, 2009) and Bangladesh (Movik& Mehta, 2010) whereby women participated in latrine construction initiatives because they wanted to keep off from public shame and preserve purdah[4] in public areas.

Community based institutions are aspects that have been explored within participatory development with the belief they will involve all members of the community. Mostly, membership to these requires adherence to certain rules and norms. However women membership (which sometimes requires that one pays to be a member) may not be the only criterion that secludes them. There is the issues of being unable to give their opinions and influence decisions that work for their favour (Cornwall, 2003). In her study in India, Agarwal (2001) found that women in Joint Forest Management (JFM) groups were selected to be members without their consent and men determined who was to be chosen, thus denying women the chance to choose their own female representatives. Women representatives from these groups complained that during the meetings their contribution was ignored and most of the rules regarding forest management were formulated without their awareness, yet their knowledge on fuel and fodder collection was important for the regeneration of forests (Agarwal, 2001). When time to share the forestry benefits came, men controlled the process and the gains they got were diverted to areas that were not of concern to women such as youth groups, liquor or gambling. Angered by the disproportionate sharing of resources, women broke the forest rules and disrespected those who kept forest surveillance (Agarwal, 2001).

A great deal of problems that women encounter in the groups is embedded in the social structures of the society. Women especially from developing nations of Asia and Africa are confined to household roles with public spaces being deemed as men's territories. These seclusion norms may not only be imposed by others (men) but women internalize them as acceptable. Additionally, social norms portray a woman's image as shy, soft spoken and with self -efficacy and this may impede on their ability to speak in public (Agarwal, 2001).

[4]This is a custom in some Muslim and Hindu communities where women are required to maintain seclusion by covering themselves with clothing completely when they appear in public (www. reedictionary.com/purdah)

Agarwal (2001) suggests that one of the aspects that influence women decision making power in community based organisations is the lack of attention to women role and therefore meetings should be adjusted to suit their schedules. More importantly, she suggests, is to devise ways that enhance women's decision-making capacity through women's groups where women have the chance to access membership. Women groups create a 'critical mass' of vocal women thus providing them with an identity. The critical mass of women helps counter hegemonic beliefs by men and attention shifts from those of men to those of family concerns (Agarwal, 2001). During the women meetings women get encouraged to speak and raise their concerns, reinforcing their confidence and self-esteem and this flows over to not only their meetings but also in mixed groups. Cornwall (2003) contends that women representatives may not always speak for the majority of women and efforts should be made to select a female representative who is able to speak in favour of all women.

2.6 Women from Somali communities in Kenya

In her detailed report on the Empowerment of the Pastoralists'' Woman, Flintan (2008) begins by noting that

"Pastoralists societies around the world are patriarchal. Men own animals and women and most decisions. Women typically have little say over their own lives (Simpson-Herbert, quoted in Flintan (2008), pg 1).

Although this quote applies is general, Somali women (who fall under the pastoralists) are frequently referred in this report.

Somali women are not allowed to exercise power publicly and this is only limited to the household level; domestic work, child birth and rearing, collection of water and firewood (Carleton University, 1991). Men on the other hand are assigned influential and dominant roles in society, for example, those of religion and politics (Gardner &Bushra, 2004). Gardner &Bushra (2004) contends that the nature of work assigned to women and men has implications on community health with women time being spent more on household chores thus limiting their time for community services and decision making (Kipuri& Ridgewell, 2008). Flintan (2008) their role only became evident during conflict resolution when she acts as a messenger between warring clans (Mwiandi, 2007). Men status in society advances with age while that of women, being defined through their reproductive function declines with age

A host of challenges impede on women's capacity for decision making and this has challenged women empowerment among pastoralist communities. Flintan (2008) discusses the role of attitudes and beliefs and how these can translate to or work empowerment. When women views are regarded as valuable, it raises their self-esteem, respect, confidence and this is what Flintan (2008) refers to as 'invisible powers'. Yet most pastoralists' women despite demonstrating prowess in managing households and livestock survive in an environment that undervalues their capacity to do so. Among the Somali, it is commonly known that "men speak and women listen" (Maalim, 2006, p. 180) and elsewhere in some parts of Ethiopia Karo women are regarded as dirt and any ideas they generate regarded as stupid (Simposn-Herbert, 2005).Worse still in some pastoralist communities of Kenya, even when women may be allowed to participate in community meetings, they only occupy the periphery with the men occupying the front and sitting on raised grounds (Ayuko& Chopra, 2008).

The gendered division of labour among pastoralist communities further dictates resource control and ownership norms. Pastoralist women besides being denied rights to own land are only allowed to control meagre resources such as food crops and small animals like goats and sheep. Cash crops and larger animals such as cows and camels are owned by men yet women contribute most labour to manage and maintain these resources (Ayuko& Chopra, 2008; Flintan, 2008). Worse still, they cannot influence their husband's decision when these resources are disposed of. Ayuko& Chopra (2008) argues that women's denial to own land and livestock is usually given on the account that if they married another man in case of widowhood, this will be a loss to the husband's clan. To sustain the clan's property, inheritance rights are therefore vested on the male child of the family. Anecdotal evidence among the Borana communities of Kenya (who are pastoralists) show that education has played a major role in shifting the traditional norms of inheritance with some fathers now refraining from giving their daughters for inheritance (Ayuko& Chopra ,2008) .

In a pastoralist household setting food and nutrition requirement is determined by the women in terms of what should be eaten , how much to be consumed and where to get the food (Flintan, 2008; M.Akange, 1992), yet rules governing food access discriminate women. In case a famine strikes it is the women and children who suffer more from malnutrition. This suffering is reinforced through local norms on sharing food resources, for instance among the Somali, the typical pattern of feeding dictates that men eat first male and women last (Flintan, 2008). Among the pastoral Parakuyo tribe of Tanzania, when circumcised warriors are refrained from eating meat or drinking milk that has been seen by women (Flintan, 2008).

Studies have also shown that among the pastoral communities of Kenya, diarrhoea, respiratory infections, malaria and measles are the major causes for under five mortality (Sheik -Mohamed &Velema, 1999) and that a social understanding of the health seeking behaviour is paramount to resolve these public health challenges. This principle is supported within the Primary Health Care (PHC) which upholds that involving communities on all matters related to their health is one of the most effective ways of accomplishing PHC because they not only understand their own social dynamics (Zinsstag, OuldTaleb, & Craig, 2006) but involving them builds their self-esteem and increases their self-reliance (Maalim, 2006).

Among most pastoralist communities, health approaches are informed by both the traditional and modern medicine (Maalim, 2006; Zinsstag et al., 2006). Among the Somalis, to determine the cause and treatment of a disease, a therapeutic group comprising of family members, religious leaders and traditional healers is consulted and the eventual treatment is based on the philosophical underpinning of each group. For instance religious leaders among the Somalis, mostly the Imam and Sheikhs[5] refer to the Quran when prescribing treatment while traditional healers may use herbal medicine (Maalim, 2006).

Culturally, Somalis confine themselves in hamlets[6] and these units are characterized by strong social and kinship cohesion and the relationship between them, the informal[7] and formal institutions has implications on the sustainability of health and health seeking behaviours. Maalim's (2006) study show that hamlets are more connected to the informal structures and the nature of communication was more of a reciprocal relationship. However, communication with the formal institutions was a one way process whereby government officials do not disseminate health information to the direct users but channels it through informal leaders who then pass it on to the consumers (Maalim, 2006). For instance, information about hygiene related matters when not properly communicated to them may not

[5]Muslim religious leaders who are teachers of Quran (Holy book for Muslims) and are usually considered a strong source of authority.

[6]Social units that are occupied by members who have close kinship ties, mostly along clan based line.

[7]Informal institutions comprise of the informal leaders, quranic institutions (schools and mosques), traditional healers and birth attendants. Formal institutions are the government initiatives like schools, health centres and hospitals

prevent mother from adopting behaviours that predispose them and their family to hygiene related illnesses.

However despite the communication between hamlets and the traditional institutions being regarded as being a two way process, intertwined are the gendered norms and behaviours where women are regarded as passive agents of information from men. Indeed, among the Somali the process is double disempowering because despite the fact that women are not directly engaged in their own health, they are not allowed to provide a direct feedback to them. For instance if the religious leaders give a woman some health information, the woman cannot communicate to them directly unless through a male member who has to be a close relative to her (Maalim, 2006).

Time/activity	*Time/activity*
5.30 AM • Waking up • Making fire • Preparing utensils for milking • Cooking food • Milking animals (cows, camels and goats) • Childcare – bathing, feeding, etc.	5.30 AM • Waking up • Making fire • Preparing utensils for milking • Cooking food • Milking animals (cows, camels and goats) • Childcare – bathing, feeding, etc.
10.00 AM • Fetching water for the family and animals (the calves and kids mainly). Fetching water may take at times half a day or even 12 h depending on the source of water • May occasionally do herding (in this case, the mother returns at night with the animals) • At times may take milk for sale to nearby trading centres • Bringing back the animals (calves, kids and the sick ones that are not able to graze with the other animals)	10.00 AM • Fetching water for the family and animals (the calves and kids mainly) • May occasionally do herding (in this case, the mother returns at night with the animals) • At times may take milk for sale to nearby trading centres • Bringing back the animals (calves, kids and the sick ones that are not able to graze with the other animals)
7.00 PM • Making fire and preparing the utensils for milking • Preparation of food • Childcare (bathing and taking to bed). • Milking the animals and serving the meals • Other household chores	7.00 PM • Making fire and preparing the utensils for milking • Preparation of food • Childcare (bathing and taking to bed) • Milking the animals and serving the meals • Other household chores
11.00 PM: Retire to bed	10.00 PM: Retire to bed

Figure 3: The daily activity of Nomadic Mothers from two areas of Garissa District, Northern Kenya (Maalim, 2006, pg 180)

2.7 Conclusion

The review has attempted to show the many faces of sanitation, contrasting it to how programmes have addressed the challenges. Traditionally, technical perspectives to sanitation failed to match the needs of the people particularly women because they were geared towards reinforcing their roles as household wives. With the introduction of behavioural change as a component to facilitate sanitation uptake, other influences such as poverty, gender norms and beliefs and resources availability and control prevented programmes from achieving better results. Current approaches have opened chances where women voices and concerns can be addressed although these empowerment strategies may fall into deep pitfalls if issues related to power and control are not well monitored.

CHAPTER THREE

RESEARCHING WOMEN AND SANITATION ISSUES

3.1. Introduction.

This Chapter details the methodology, methods and field design chosen for this study. By adopting narrative methodologies, the study aimed to provide a good environment for the voices of Somali women to emerge, and their experiences and views on sanitation to be articulated. This decision was informed by the fact that in researching about sanitation issues, gender and voice are aspects that have been given inadequate attention due to the positivist nature of sanitation research (Movik & Mehta, 2010).

Wingwood and DiClemente (2000) critically analyse how gender inequalities and power generate exposure and risk factors that predispose women to higher HIV/AIDs prevalence and their approach has largely informed this research (Wingood & DiClemente, 2000). I have considered adopting this feminist approach for my study (though viewing it from a sanitation perspective) given that in most developing countries like Africa, gendered inequalities account for numerous public health challenges (HIV/AIDS, water and sanitation, malaria, famine and drought to name just a few). This is because individual behaviours are influenced by various external factors within the social system and these may enhance or incapacitate their ability to deal with prevailing adverse situations (Wingood & DiClemente, 2000).

Somali women are solely responsible for handling sanitation matters at the household level yet they have little control over the resources and decisions necessary to facilitate the uptake and sustainability of sanitation services (GAA, 2008). Within sanitation programmes emphasis is given to their participation both in hygiene promotion initiatives and community but rarely do these programmes look at the gender and power relations dynamics that impede women participation (Cornwall, 2002).

One way to examine these dynamics for the case of Northern Kenya is to offer alternative means of expression to enable women perceptions to emerge and inform policy and programmes. Conventional methods to research in sanitation have been characterized by an over-reliance on questionnaires and group discussion(CRS, 2009; Waterkeyn & Cairncross, 2005) yet these forms of inquiry do not fully allow participants to have control over what they say and how they say it (Riessman, 2003). Also, some qualitative tools lend themselves

to research with participants who experience voiceless norms. Rowe (2005) argues that qualitative research offers challenges to existing beliefs and practices and this is enhanced through creating a channel for the voices of the marginalised population to emerge and be known in the public and political spheres.

The research was guided by the following questions:

1. What are the beliefs, perceptions and practices of Somali women community in Kenya regarding sanitation?
2. What barriers do Somali women face in adopting safe sanitation practices?
3. What implication do the women belief, perception, practices and the barriers they face have on current sanitation policy and programmes?

3.2 Narrative method and exploring women views on Sanitation

The study set out to explore the, perceptions beliefs and practices of Somali women on sanitation. The research was conducted in five villages in Bangale Division in Tana River District, Kenya. Tana River District is one of the districts in Kenya with the lowest sanitation coverage (KNBS & ICF Macro, 2010). Development agencies in this area appreciate the role women play in sanitation and have been proactive in increasing their involvement in the management of sanitation services and facilities. Being a signatory of the MDGs, Kenya is committed to reducing gender disparities and one of the ways to accomplish this is to promote women leadership across sectors. A Tana River District Development Plan (2009) notes that women participation in this area has remained passive because cultural norms and beliefs deny women a voice for representation in community affairs as well as limiting their influence in social- economic affairs like education (GAA, 2008). This understanding provides a rationale to look for alternative ways of understanding women's perspectives and experiences on sanitation, given their important role.

My framework for this study is to seek alternative ways of engaging women from these communities in sanitation improvements. Current sanitation paradigms are informed by a community wide approaches that have largely failed to take into account the role of gender, power and culture in their efforts to improve sanitation promotion. Collective action advantages puts men at an advantage with most of them controlling and owning resources

necessary to promote participation resulting to a continual reinforcement of inequalities (Mehta & Bongartz, 2009; Movik & Mehta, 2010).

Sanitation approaches in Kenya have relied on providing Information, Education and Communication (IEC) that is externally driven with the belief that these will result in behaviour change (East, 2007; Mehta & Bongartz, 2009). However these approaches tend to ignore the local forms of knowledge, and power, culture and gender inequalities that are largely important in determining the sanitation behaviours of a community (East, 2007). Viewing local problems in non-local ways may discourage participation and ownership of their problems (Leischner, 2002; Matheson, Howden-Chapman, & Dew, 2005) whilst gathering culturally contextualised stories enables a researcher to appreciate that values, beliefs , practices and perceptions are important in establishing and building existing skills and priorities. More often than not sanitation research in Kenya has been characterised by use of standardized instruments with a predominance of using questionnaires and group discussions (CDG, 2004; CRS, 2009). These traditional approaches privilege the researcher who has the discretion of imposing questions to meet their aim (Jones, 2006; Kasper, 1994). Group discussions for instance may permit the voice of dominant individuals to be heard (Smithson, 2000) and this may lead to the reproduction of normative tendencies which conceals the emergence of contentious issues (Smithson, 2000). These tools are also not suited to explore social issues as participants are only required to respond to particular issues that are of concern to the interviewer and this may generate fragmented information as opposed to the 'wholeness' of information generated in narratives . Narratives encourage people to tell stories about their lives and given their unstructured nature, a participant can frame a story in ways that suit them (Reeves, 2007). Extensive data is generated as individuals position their lives interconnecting it to the wider social and cultural settings (Riessman, 2003).

Marginalised populations generally experience an underrepresentation of their voices and this necessitates adopting methods that are voice enhancing (Reeves, 2007). In using art based methods; theatre, images and stories, I aimed to expand spaces for multiple voices and representation for the Somali women that created a fuller embodied response from the participants (Connelly & Clandinin, 1990; Gergen & Gergen, 2011; Kasper, 1994). Also diverse methods allow the emergence of unknown to known, encourage shared understanding of the participant's diverse traditions and helped to endure their dynamism (O'Neill, 2008).

The Somali community is highly heterogeneous with each cultural group having distinct culture that allowed for a rich exploration of the women lives.

More so, narratives encourages the various ways of telling that stresses individual experiences, views and situation. Similarly, different styles, non-verbal representation and modes of expression facilitates emergence of diverse themes, which might not emerge if using more conventional means used for sanitation research; resistance, fragmentation, struggle, marginalisation, oppression and dominance. It is important to explore these issues as information which can inform social transformation, cultural change and empowerment (Cahill, 2006; Jack, 2010; Jones, 2006) with the synergy derived from across disciplines; humanities, arts ,sciences and others (Jones, 2006; O'Neill, 2008). These strengths may be at odds with the traditional sanitation approaches that have not addressed the situation of marginalizing women by reinforcing their traditional roles as mothers, child cares and toilets users (East, 2007)

Total Sanitation approaches widely used in Asia and Africa are based on the assumption that a community's collective action will ultimately lead to sanitation uptake and sustainability. Yet it is well documented that communities are complex, dynamic, and full of tensions and divisions and to explore these complexities requires that diverse opinions are sought from the people living in these communities (Kesby, 2005; Movik & Mehta, 2010). Assuming community heterogeneity presents the difficulties of "mainstreaming the marginalised into collective action" (Movik&Mehta, p.6). Narratives provide a window where different individuals and social groups tell their lives, interconnecting it to the social, economic and political context and while expressing these structures narratives allow participants to show how their past, current situation and future live are connected to these structures. They may express these by showing blatant resistance to dominant structures, and defying existing norms and while enacting novel ones (Levy & Storeng, 2007). For instance, women in India used slogans that had messages showing their dislikes in being married off in homesteads that had no latrines when they were called upon to initiate measures to adopt the use of latrines (Pardeshi, 2009).

Feminists have argued deeply on issues surrounding women, their body and sexuality but unfortunately the discussions surrounding defecation has not found favour (Plaskow, 2008). It has been lamented that for centuries "sex has become something to say, and to say exhaustively, but excretion seems to be consigned to the shadows (Foucault, as quoted in

Plaskow, 2008, p.51). Indeed in most societies human faecal matter is regarded as a taboo. and the tendency has been to avoid its physical and psychological contact (Lenton et al., 2008; Rosenquist & Emilia, 2005; United Nations University, 2010) yet it's an inevitable biological process to a human (Rosenquist & Emilia, 2005). This study aimed to specifically allow women to expose their perceptions and beliefs regarding sanitation and by doing so it appreciated defecation as an important aspect of women embodiment and this enabled them to value it as an 'inevitable gift' that needed attention just like any other societal issue. Exploring this area provided a conduit where diverse issues regarding social and gender inequalities intersected (Plaskow, 2008)

In contemporary Africa; storytelling forms a major medium where older generation use it as a tool to generate and offer information to the young people as part of the socialisation process (Stuttaford et al., 2006). Also African communities are constantly being exposed to multiple sources that may as well enrich our natural self to narrating and these includes mediums such as; story books, magazines, novels, television, drama and advertisements (Reeves, 2007). To the Somali, oral stories are the preferred medium of cultural generation and are constantly used to explore and offer representation of social relations and social space (Ahmed, n.d).

3.4 Fieldwork

3.4.1 Selection of participants

Data collection took place in Bangale Division of Northern Kenya and to participate, one had to be over 16 years of age and able to speak Swahili; the national language of Kenya. The researcher had established a good working relationship with the Bangale community for a relatively long period prior to coming to New Zealand and this eased the research process. The researcher agreed with the community leaders; both men and women to convene a community meeting to recruit those who had an interest to participate in the study (as long as they met the eligibility criteria). To ensure that the issue of gender sensitivity was catered, these leaders were advised to call separate meetings with women leaders taking control of recruiting female participants while men took charge of the men's meeting.

On receiving the participants' sheet (see Appendix A), four women declined to participate. Two of them said they would not be in the village during the data collection period, the other one had a sick mother she had to visit constantly and the other woman said that she was tired

of being asked questions now and then by outsiders and yet little was being done to address whatever concerns she raised in the discussions. Only one man declined on the grounds that he had a busy schedule with his livestock. In total, 20 respondents agreed to participate, 16 women (who included 4 schooling girls) and 4 men. They ranged from ages 17-80 years. Also due to literacy levels, four of the women could not write and so they were told to give oral consent as well as put a thumb print on the consent form (see Appendix B). The study, even though focused on women considered the idea to involve men so as to generate diverse responses from both genders. Also, the Somali Community being highly patriarchal, getting men's the view prevented them from raising the alarm of not involving yet they the prime decision makers in the community.

After recruiting the participants, the researcher developed separate action plans for the data collection process that included setting out the appropriate time to conduct the interviews and appropriate venues. Normally, women in this area are usually preoccupied with household chores from morning to evening and the research took place at a time when famine had taken toll on the area. These factors presented formidable tasks to the women; that of going far and wide to look for food and water and consequently, they wanted the interviews to be conducted during the late evenings at the community meeting house. The men preferred their interviews conducted during the day time under a tree. There were 6 groups that were interviewed, 4 from women, 1 from men and 1from the school girls (see Figure 4).

Participants were engaged in different narrative methods; drama, stories and drawings (see Table 5)

Figure 4: Participants Detail[8]

Gender& Group	**Name**	**Age**
Group A-Women	1.Habiba	35
	2.Muslima	24
	3.Shukri	56
	4.Amina	20
Group B-Women	1.Qulia	32
	2.Ebla	19
	3.Adei	34
	4.Ambia	46
Group C-Women	1.Siyadho	67
	2.Saladho	24
	3.Suldana	47
	4.Safia	55
Group D-Men	1.Mohammed	80
	2.Shaban	42
	3.Hassan	33
	4.Osman	45
Group E-Girls	1.Khadija	16
	2.Bilatho	17
	3.Hindia	17
	4.Zeinab	17

[8]The name of participant has been changed.

Figure 5: Methods that participants engagement

	Method	**Target**	**Number of Data**
1.	Interviews/Stories	Men and Women	16
2.	Drawings	School Girls	2 sets
3.	Drama	School Girls	1 set

3.4 Data Collection

Based on the methodology discussed above (3.2), this study used a mix of qualitative methods to generate information about women and sanitation from the Somali community. These methods were considered safe and flexible to allow for the emergence of voices particularly those of women (Gergen & Gergen, 2011; Riessman, 2003) who have mostly been silenced by the more standardized survey research techniques (Williams & Heikes, 1993).

Data was collected over a one month period with each interview process lasting for about 60-90 minutes and all were audio-taped and transcribed verbatim.

In designing the questions, the researcher adopted semi-structured interviews (see Appendix C). An opening question, which Corcoran & Stewart (1998) refers to ‘grand tour question(s) was asked and this aimed to set the mind of the participant for storytelling. For instance, I asked; ‘What is the village sanitation here like’. Prompt questions were also asked so as to help clarify the information given by the participant and also to aid in eliciting further information (Corcoran & Stewart, 1998), for example, can you descried a situation that show how lack of sanitation impacted on your life? To make the participant focus on the subject matter; sanitation, the researcher constantly referred the participants back to the question asked at the start and as the analysis continued, detailed question were asked to help develop core issues that were surfacing, for instance, what difficulties have you faced in embracing sanitation at your home? How have you handled them?

After all the interviews were completed, the researcher transcribed the information and a week later the groups were revisited and the transcribed scripts read out to them. This was to assure both the researcher and the research participants regarding the accuracy of the information generated through giving the participants a chance to clarify and modify the interpretations (Corcoran & Stewart, 1998). One woman noted that one script had some Somali proverbs that were misspelt and this was corrected immediately.

The researcher had worked in a similar field as the area of study and this had exposed her to the dynamics of the interview process though use of different methodologies such as questionnaires. These experiences provided a chance to reflect on probable personal and professional biases with regard to water and sanitation interviews, creating an innate awareness that was avoided during the interviews and this facilitated a better understanding of the participants' experience (Cohen & Crabtree, 2008; Corcoran & Stewart, 1998). For instance, communities that the researcher had prior contact were avoided and the research groups were therefore recruited in different villages though within the same region. Also, the researcher refrained from using straightforward questions such as 'What were the main reasons why you do not have a latrine' so as not to fragment participants experiences and control their meanings.

3.5 Field work multiple methods

This section aimed to explore the voices of women from multiple mediums that were women friendly in terms of creating an environment to encourage them to express their lives.

3.5.1 Drama

Because drama require plenty of time to plan, it proved difficult for the researcher to give a chance for all the groups to perform the drama given that the research was conducted within a short time and therefore, only the school girls were picked for this activity. This decision also considered that school girls had prior exposure to dramas performed through health clubs at school and this would mean working with a group that was well versed with the method. However some parents and teachers were chosen to be the audience for the drama.

Drama fits within narrative inquiry because it not only enhances our understanding of the social processes but this understanding is not fragmented but organised coherently to

establish shared meanings (Marsella, Johnson, & LaBore, 2003; Peter, 2003). Marsella et al (2003) describe drama as an activity that "immerses the learner in an engaging, evocative story where she interacts openly with realistic characters" (p.1). Drama also creates a drive that facilitates social change by allowing characters to experiment with a range of social roles to resolve difficult situations and this equips them with skills that are relevant to enable them take control of their lives (Baum, 2008; Marsella, Johnson, & LaBore, 2000; Peter, 2003) . It is thus considered suitable for young people because it equips them with life skills (Orme, Salmon, & Mages, 2007; Waite & Conn, 2011).

Because the group of girls had participated in the drawings (discussed later) and during this exercise they expressed their lives in the society and at school through images. For the drama, they were asked to analyse the sanitation issues as they related to their role in society and school to identify core issues that needed to be addressed. The researchers' role in this was not to direct the girls in what they ought to do but worked with them through their analysis in a critical way (Kafewo, 2008). Once they had identified the core issues, they were to discuss amongst themselves how they will create a real life story and a scene (roles and characters) to demonstrate the problem.

The drama took around 20 minutes and comprised of two stages, each stage took around 10 minutes. In the first scene the main character is challenged by the problem the group had identified to a point that she is torn between choices (see p.61 for details on the drama). At this instance, the researcher who acted as a facilitator halted the scene and gave the audiences the chance to probable choices that the character can opt and they also try to look at the implication of each choice. In stage two, audiences were welcomed to replace the character and effect whatever choice they thought was good for the character and in the course the main character also unveiled what her choice was. During the play, different scenes arouses discussions from members and allows them to exercise critical thinking and are able to make connections with the real world through developing actions that help individuals to make sound decisions (Kafewo, 2008; Marsella et al., 2003).

The drama method in this study served to inform the research about alternative means of communication besides written forms. The young school girls portrayed low level of confidence at first but that improved greatly during the episodes when the character intervened. It also created spaces where the girls were able to present their concerns through

voices and movements and this provided a channel for the audience to reflect and develop actions (Francis, 2010).

3.5.2 Drawing

Initially, the researcher had anticipated that all the women would be able to undertake drawings as a tool to inform this study but due to the timing of the interviews with older women (in this case meaning those who were not enrolled in school) it proved difficult. Older women preferred being interviewed at night and this could not have favoured a drawing exercise due to inadequate light as opposed to stories that are easy to record even in darkness. The girls were given the option to either work as a group or individually but they chose to work in groups. It was impressing to see how the girls engaged in discussions first before translating that into drawing. A high level of sharing responsibilities was seen with each girl being given a chance to draw on a certain aspect of their discussions. Some girls however proved to be good in drawings and others in writing. Where this was the case, each member was given the responsibility to do what was best for them.

In their Vietnamese study, Rubenson et al (2005) used the picture of a lonely girl in a village as a starting point to elicit young sex workers information about their lives. For this study, no image was first drawn for the young girls. Indeed, while I worked as a Social Worker in my community health promotion programmes , Participatory Hygiene and Sanitation Tools (PHAST) in which pictures depicting the life of the Somali local community were utilized and this was based on the argument that using pictures that depicted the realities of a community would lead to increased participation as communities are able to link pictures to their way of life allowing them to express their feelings without directly exposing themselves (Peal et al., 2010). For my case, I wanted to utilize the girls' knowledge about how they understood their life and expressed it through their own images.

They were given large manila papers and pens and asked to draw the life of a girls/woman in the village and the challenges they go through. Further the school girls were asked to draw what has encouraged them to go to school; what they think has contributed to some girls not being in school as well as to draw or explain what they thought they thought were solutions to their problems.

Exploring issues from such a general and non-directed point enables the women to capture the broader presentation of their life using their language and styles of expressions that are not allowed by other methodologies (Waite & Conn, 2011). Chambers (2006) criticises participatory maps that are drawn on papers as opposed to the ground maps and sees these two dynamics to operate at different power levels. Drawing on the ground allows diverse groups to make use of locally available materials as means of expression, creates a wider democratic space where many can hold a stick and do it themselves and ensures that power and ownership is distributed. However, drawing on paper is selective and only allows the educated to hold the pen, makes less use of local ways of expressions by use of other materials and enhances power concentration among few (Chambers, 2006). These concerns cannot be denied to have influenced this research but beyond this, the use of drawings was appreciated as it challenged conventional ways of communication in an environment where girls and women are seen as passive recipients of information.

3.5.3 Stories

Apart from the school girls who used drama and drawings, the other women and men told their stories. As earlier noted, drawings and drama are also forms of narration because participants use an organised way to express their lives through interconnecting with the structures of society they live in. Older women were interviewed separately and this came out of the concern that assumed all women (older any young) as a homogenous group would conceal the differences that exists among their social groups and separating them would help unearth hidden information (IRC, 1994). The women were rendered free to narrate their own lives in the village. They were also not limited to give their own personal accounts but could relate it to other people or events. While some chose to write about their own accounts, it was noted that the stories of 'those others' were narrated with openness and greater articulation (Francis, 2010) that enhanced the emergence of difficult and sensitive issues (Conn, 2010).

In embracing narratives, the researcher was encouraged by the fact that in contemporary Africa; storytelling forms a major medium where the older generation use it for socializing the young (Stuttaford et al., 2006). Narratives allowed the researcher to capture participant's stories whilst resisting the dominance of knowledge from the 'outside'. In this study, both men and women narrated about their lives in their society and later on elaborated on village sanitation in terms of why this was needed, and why they have/haven't embraced it. Although

each participant gave a unique experience pertaining to her life, covering experiences from similar groups allowed for replication of experiences, ideas, images and perceptions that helped to capture societal dynamics (Ottaway, King, & Erickson, 2009).

3.6 Ethics

As part of the Auckland University of Technology (AUT) requirement, an ethics approval for the field based research was sought and granted from the university's Ethics Committee in the month of May, 2011. The researcher, prior to data collection had consulted with the relevant administrative authorities in Kenya- namely the Ministry of Sports, Gender and Social Services and the Ministry of Public Health and Sanitation. At the grassroots level, the local area administrative chief was informed of the research and they all gave approval in principle for the study.

There were also several issues that the researcher considered important for the community. First the community being predominantly Muslim, prayers and the code of dressing are an integral part of their religious belief and practice and therefore during discussions, the researcher was obliged to allow the women to take prayer breaks as required in the writings of the Holy Koran. Also, Swahili (Kenya's national language) was used during the interviews process. The country being ethnically diverse, the use of a common language derives a lot of respect that can enhance information sharing.

With regard to working with separate gendered groups, a concern to enhance a safe, comfortable and convenient place that would give the women the chance to share about their lives without feeling intimidated was ensured (Gray, Fitch, Fergus, Mykhalovskiy, & Church, 2002). As earlier mentioned the researcher had prior experience with Somali communities and due to the good rapport established, the community had even given her a local name and this signified a lot of respect for them. Addressing the researcher as "Adei" (the Somali name for brown skinned female) helped the participants open up during their interview.

Also, interviewing either men or women did not present any difficulty to the researcher because she was able to use some Somali terms, for instance when greeting them or appreciating their contribution during the interview process and this helped to maintain rapport during this process.

3.7 Data Analysis

My interviews were hardly separated from the processes of transcription, translation and analysis largely because undertaking these processes simultaneously enhanced my understanding of the whole data process.

During the narrative analysis process, I paid attention to the different methods; their structure, verbal, visual and the context in which they were all produced. Participants had different styles of representations that ranged from; the altering of voices and paces, body movement, words and gestures (Riessman, 2003). The variations were important in unveiling both covert and overt meanings and these enhanced my understanding and interpretation on a variety of issues. For instance when explaining their household tasks, some women used deep language that was a sign of discontent. For instance, in the drama one young girl expressed to her mother "How do I fail to go to school because of housework?"

Also, having had prior experience interviewing women on sanitation issues and also having read adequate literature on my research topic, I was aware that my analysis may be overly dominated by my own thoughts. Denzin and Lincoln (1998) and Bleakley (2005) appreciate the importance of such reflexive thoughts and ideas and calls upon researchers to be well aware of their influence during the research process.

After my field work I was able to engage in a more vigorous analysis particularly when I started transcribing my data from the Swahili recorded version to an English translation. Dutta- Bergman (2004) considers that during the analysis, narratives can be treated either categorically or holistically with attention being paid to the content (what happens) and form (how it happens). I chose to view the whole story because treating it in categories would make them loose their concreteness (Riessman, 2003). This was not a simple task but Bleakley (2005) reckons that when doing narrative analysis, good researchers should have the ability to tolerate the vagueness of stories

Following on the suggestion of narrative scholars (Bleakley, 2005; Chase, Melloni, & Savage, 1997; Corcoran & Stewart, 1998; Riessman, 2003). I engrossed myself into that "whole data bank' and read the transcribed stories again and again and this increased my appreciation of what was significant. I selected the story that well depicted women and sanitation and this helped to uncover and elaborated my research questions (Chase et al., 1997). I adopted Corcoran & Stewart's (1998) style where all the meaningful expressions were underlined in the transcribed text and their vignette given on each. I questioned the

texts further; what was being said in the story and what meanings I could see creating themes on women and sanitation?

The second stage involved a continuous analysis of the transcribed texts that involved reading and re-reading and this eventually started forming particular trends that led to emergence of similar themes and concepts. For each story where possible, their perspectives and quotes were extracted to enrich and build on the themes. Overall I also paid attention to issues that seemed to connect women's experience of sanitation to their social, cultural and economic environment and since this kind of an approach can produce too much information, the research questions helped define the boundaries of the information generated (Riessman, 2003) .

The comparing and contrasting technique that guided Dutta-Bergman (2004) in his analysis was used. I picked several cases and judged the extent in which they resonated and/or contradicted with one another. Delving into this kind of a style enhanced my critical understanding of the research area. For instance I noted that identities created in the narration were not static and kept changing depending on the prevailing circumstances and this aided further development of the themes (Riessman, 2003).

Lastly, after an elaborate forward and backward reading of the texts, the themes appeared to be exhausted. I had kept a constant link with all my respondents on all the stages of my analysis to ensure that issues related to validity were not violated. Finally, I edited my transcribed texts retaining the vignette and the adapted themes which are discussed later on Chapters 4, 5 and 6. These themes are; the multiple roles of a Somali woman, girl's education and sanitation, resources and governance, Female Genital Mutilation and social relations. The themes are critically considered in relation to my framework of Total Sanitation whereby attention is paid to how social structures; power and gender norms need to influence sanitation activities.

3.8 Conclusion

The methodology chapter explains the rationale behind adopting narrative methods for this study. The chapter provided that Total Sanitation approaches through embracing communities as homogenous entities fails to take caution of the gendered and power differences that may give privilege some groups at the expense of others. Sanitation research within Africa has been dominated by use of standardized instruments and this has contributed to marginalisation of the women voice because these instruments are not geared towards exploring power dynamics that provide information that unveil ‘the causes of the causes’. This study developed alternative ways that sanitation programmes ought to consider in order to reverse the trends and create safer spaces where the voice of a woman is not only heard but acted upon.

CHAPTER FOUR

BEAUTIFUL IN THE MEAKING BUT CHAINED IN THE SOCIETY

4.1 Introduction

The dominant themes for this chapter that are explored in depth are; women and domestic work and girls education. Women's work is explored in 4.2 in detail and the focus illustrates how their daily lives intertwined in household work impedes on their ability to attend hygiene and sanitation promotion sessions as well as impacting on their ability to invest time into the economy and develop means to initiate latrine construction for their use. Just as the women struggle to achieve their tasks, girls' school life in 4.3 is no different. They face numerous barriers to thrive in education; domestic work, lack of means to manage their menses added to the problem of the lack of girl friendly sanitation in school. Besides, societal expectations contrast with their motive to study and most never achieve primary higher level due to early marriages. Following on later is the concluding analysis in 4.4.

4.2 Overburdened with work

The stories from the three groups of women and the 2 sets of drawing from the school girls (Figure 6) profoundly express the role a Somali woman plays in their day to day life.

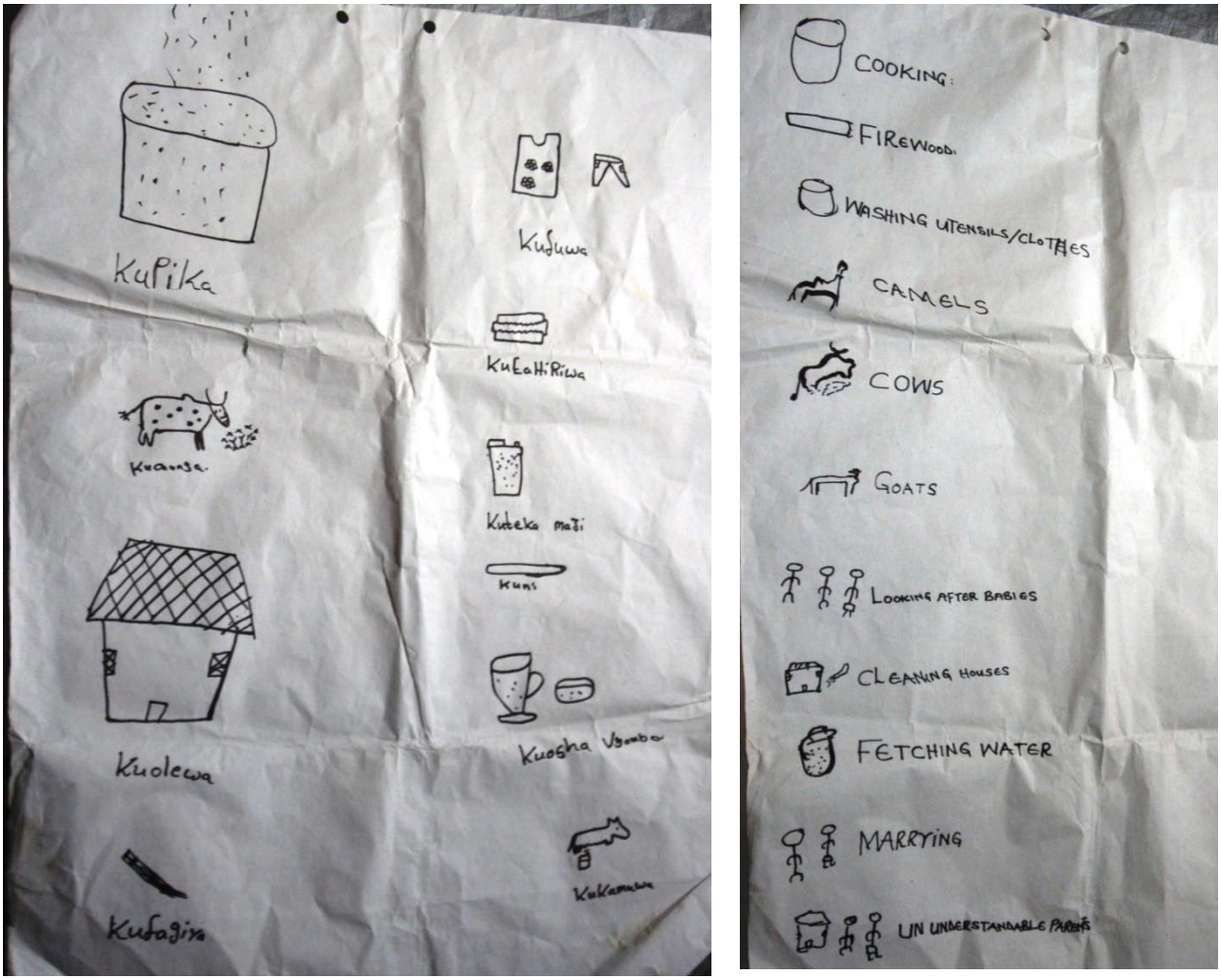

Figure 6: Showing the storyboard of drawing depicting what the society expects of the girl child.

Figure 7: A typical house for the Somali that is usually constructed by women

Figure 8: Women queuing to fetch water and transporting it by donkeys.

Figure 9: A woman washing clothes and the other watering animals.

Figure 10: Women winnowing maize to later make food and a girl washing utensils (note she is in her school uniform)

Women are expected to cook, fetch water and firewood , clean latrines, sweep the compound, milk livestock (cows, goats, camels), feed their families, get married and be good wives, bear and rear children and construct houses . Also they have to trade livestock products to enable them generate cash to purchase food and pay fees for the children. (see figures 8,9 and 10).

The women perceived performing these tasks as not only being important for the well-being of their families but they saw it as their sole responsibility, *"If we do not do this work who will do it and feed us" (Group A).* Another woman added, *"This village would die off were it not for these women you are seeing here," (Group C).* The vignettes of women and work were also illustrated by the girls in their drawings (figure 6); the images showed how their lives circulate around domestic work, indicative of the place of a woman in the societal social structure. According to Kipuri and Ridgewell (2008) pastoralist women regard themselves as custodians of cultural values taking pleasure in having authority of their roles unaware that in patriarchal societies ,cultural values are prescribed by men and most often than not, they act against their well-being.

The women in this study experienced various challenges in accomplishing these roles,

"at the end of the day, am so tired and now we are facing drought and our children are hungry but they will not tell their father, they cry to the mother and as a mother you feel saddened"(Group B).

Another woman gave a similar comment,

"When my children are sent home from school for failure to pay school fees, they always run to me, they are very open to discuss things with mothers but not their fathers" (Group C).

One of the participants lamented

"By the time you complete all these duties, every part of your body is paining" (Group C).

Household tasks not only present physical challenge to the women but they also have to cope with the emotional stress of being able to meet the basic needs such as food and paying for education. Unlike the formal employment where someone has to work for a minimum eight hours, the participants in this study express a continuum of activities that seem to run for a whole day leading to fatigue, more so because the activities seem to provide minimal time for rest. The presence of children adds more strain to their activities because their needs are many and they perceive their mother as being having the ability to fulfil their needs.

There were also indications that the intense work done by women is done against a blatant lack of vital resources that are important to ease the burden. For instance, women regarded the availability of a latrine within their household environment as helping them cope with their daily work through saving the time to go defecate/urinate in the bush. One participant expressed this when she said;

"It is difficult to use the bush. I do so much work at home; cooking, taking care of my six children, fetching water and milking the animals. By the time you rush to the bush and back, the food you had left on the fire cooking has already burned out, the babies are fighting each other and I am late to prepare for all other activities.

Another one added,

"As Muslims we need to use the latrine before doing our daily prayers, if the bush is too far, sometimes you get late to pray and Allah (the God of Islam) *can punish you"*.

Social support from significant others; husbands, parents and children militates against frustrations of life (Maseno & Kilonzo, 2010). However the women in this study lamented that their men were not offering the necessary support to enhance their roles largely because they did not value women's work and therefore gave it a low priority over their other concerns. The women groups interviewed complained that their men had the tendency of evading responsibilities through remarrying younger wives ceasing or minimising support for the whole family. One participant gave her view as follows;

"We get no support from our men, all they do is marrying one wife after another, when he gets a second wife (usually a younger one) the first one is no longer important (Group C)".

Another one added;

"Here in our village the poor are divorced women because when their husband found a younger wife, they were either divorced or failed to get no support the men, when your man is not supporting you do you even consider yourself his wife?" (Group A). "These men think the work we do is easy yet they cannot do it if you tell them" (Group B). "These children you see here, most of them their fathers have two to four wives but they do not receive support from the father (Group A).

From the examples, it can be seen that cultural norms exhort polygamy and this further weakens any support women get from their husbands because a women value to a man decreases with the increase in their age; when they get more children. Because men (as will be seen later) control vital sanitation resources, a woman connection to them (for instance through marriage) may have the spill over effect of benefitting from these resources. Upon being divorced, these usufruct rights cease and a woman has to find her own means to struggle. It is more severe to the divorced women because, once men divorce them; they leave the children to them. The burden to raise children with meagre resources means priorities change and some resources such as construction of latrine are likely to be given minimal attention.

There are also other limitations associated with the domestic roles that were exclusively left to the women. One participant expressed how she was unable to attend hygiene and education awareness training offered by an NGO because she considered going to fend for her children more important as she had no one to depend on to provide food for her them.

Yes, going to that meeting is important but at the end of it when my children ask me food, will I give them what I was taught in the meeting to eat? (Group B).

Here, the activities that women engage in determine what they prioritize getting basic needs versus strategic needs. For this participant, not having food for her children is a cause to worry first before she can worry about hygiene. In this example there is a conflict between looking for ways to get food versus going to a hygiene promotion session so that one is informed about food and hygiene. Sadly, at the end of the day, even if she gets the food but prepares it without paying attention to hygiene, the probability that her children will contract a disease is high.

Women sought different mechanisms to bargain with the patriarchal nature of the Somali society. One woman narrated her frustrations for helping her first husband (who she had been forced to marry and who was too old for her) manage his herds of camels without getting a reward and she decided to sell some of his camels while he was away. She later went to a nearby town and started a milk selling business and vowed never again to return to the village where husband lived. When she realized how well she was doing economically the husband divorced her. She added,

"I am happy to have left that old village, I am now remarried and my business is doing well. Doing business requires you know how to do basic counting and I could not write or count and this affected me at first ....but now I have employed myself a private teacher with my own money (she smiles) who is showing me how to write and count (she demonstrates). He is teaching me how to write in Arabic and this has enabled me to transact my business (Group C).

Still another woman added

"We are poor because we did not go to school so we have decided to educate our girls. We also want to get adult education so that we get enlightened. Our women are organising to get an adult trainer to teach us so we get enlightened. My enlightenment about the importance of education came as a result of being exposed to the outside world, we went once for a community training in Bangale and I was challenged because people could say something in Swahili or English and I could not understand"(Group A).

Kandiyoti (1988) has shown that to enhance mutual survival within a male dominated society women have demonstrated their prowess in defending their spheres of autonomy giving them

cover in instances where patriarchy tend to underestimate their value in society. She illustrates a case in Mwea Irrigation Scheme located in Kenya where men's autonomy over land denied their women access and control over land resources to enable them manage their day to day needs, turning their lives into misery. To counter this, the women abandoned their men. In the this study, we see women taking a strategic choice of seeking education and wanting to guard the same sphere for their daughters because they perceive this as having a long term benefit..

The narrative methods were useful to explore the subject of domestic work and women with very little being said about the role of men in the household, yet we know there is a lot they can do to ease women's burden. Indeed later in Chapter 5 we see a blame being put on women's inability to follow the rules of hygiene by one male participant who seem unaware of the implication the household work can have on women in terms of being unable to consistently attend the trainings . The women fail to understand vital concepts and their attention span is limited during these meetings due to a psychological overload associated with thinking on how to later manage tasks.

4.3 Girls Education: Doing it against the odds

Girl's education is considered an effective measure that has the ability to positively impact on all the MDGs. However girls' physical presence in schools should not be applauded as they face considerable barriers that affect their continual presence in schools and this eventually compromises the quality of education they finally acquire. School environment may detrimental to their well-being in numerous ways.

Girls as opposed to boys were pulled out of school to assist their mothers in household chores.

"When we women are going to look for mat weaving materials so we can sell and get food, we have no option but to leave the younger girls looking after the children (Group B).

The effect that this has on girls is profound, firstly in case of a disease outbreak such as diarrhoea they would be the first to get infected and secondly, assigning them these tasks limits their time to study and as a result their performance is likely to lag behind that of boys. One of the girls affirmed this observation when she said,

"We do a lot of housework after school but the boys have all the time to study and play football" (Group E)

As a reader of the stories generated by both women and girls, I saw a contrast. Previously a woman mentioned how lack of schooling contributed to her poverty and how attending the training in a town far from her village had opened her eyes to the importance of education making her resolve to enrol for adult classes. Yet in the immediate quote this woman is pulling her daughter out of school so that she assists her in household work. A vicious cycle of poverty is likely to be generated if this behaviour is encouraged. However to judge these women as contributing to their own predicament would be wrong because it is not only women who have the responsibility to protect their daughters education rights but while this may be important it may not work if such efforts do not arise from all members of the society.

Having educated parents cushioned some of the girls from succumbing to societal pressure illustrated in the above comments. One of the girls drew the image of parents as a factor that had enabled her to be in school and when she was told to explain how this favoured her, she said,

"My father is educated and he works as a driver in Mombasa. This makes him able to pay my fees. We also have house girls who do most of the work and so when I go home in the evening, I just study (Group E).

This participant revealed a contrast; girls who are unable to go to school are used by others as means that enhance their own children to go school when they take up (of course with pay) the role of house helps. However, on a positive note, the role of education here is portrayed as having multiple functions; creating jobs for others (house helps), getting employment (as a driver) and this enables one to cater for the education needs of girls (pay fees, save them from household chores, buy them sanitary needs etc.) and having educated parents provides models which children their own children can emulate.

It was also illustrated that despite girls' education being paramount in achieving societal transformation, social cultural norms and beliefs counter their ability. One participant observed "*most people believe here that if you take a girl to school she will be spoilt" (Group A).*These negative perceptions may impact not only on the girl's motivation to go to school but also on the school management desire to develop sanitation infrastructures for them because of the feeling that they are probably wasting resources. In their South African study, Abrahams et al (2006) focussing on sanitation and girls sexual coercion noted that one

constrain facing school sanitation was the lack of adequate resources and therefore maintaining these facilities depended on the will of the school management. This study argues that the will of school management can be externally driven by the girls themselves though this may require the presence of a critical mass of girls who are able to push their agenda on their sanitation needs. Critical mass of girls' can only be found where girls are able to attend school continually without absenteeism or where drop out is zero or minimal.

However as depicted in the drama (Extract 1) we see girls facing real difficulties to attain their objective but they do not sit and let societal choices overwhelm their motives. Here the drama creates an opportunity where the girls are able to mirror social stereotypes and challenge the status quo and through this they introduce new norms that work to favour them; refusing to take orders that harm them from the significant people (mothers). Indeed Kafewo (2008) notes that drama moulds the actor's confidence and this enhances their leadership qualities making them become educators of the whole community.

Bilatho, Khadija, Hindia and Zeinab are told by their mother to do some housework before they go to school. Bilatho and Khadija are seen reinforcing their gendered roles and they go fetching water and herding respectively. Hindia and Zeinab offer resistance to the mother and tell her it is school time and they have no time to do the tasks (Zeinab leaves the scene to school). The mother threatens to force Hindia do what she has told her but she threatens to report her to the chief. Later on Zeinab comes back home holding her stomach and rushes to the bush to relieve herself. She stays on at home for three days because her school does not have a latrine and she is on her menses. With no latrines at school and no sanitary towels for her. She has to stay at home and manage her biological process in the local ways which involves using rags, or leaves **(Extract 1).**

Despite the girls being able to rise against the odds through blatant refusal to attend to housework for the sake of schooling, they still encounter numerous difficulties. Data generated from the young girl's drawings affirms the importance of marriage to a Somali girls and in both of the drawings (Figure: 6, p.54), it was apparent that the society expected them to be married. Indeed in a personal conversation with the head teacher of Bidii primary school (Table 2), the school where the girls who did the drama belonged, he attributed the high attrition rates for girls to early marriages, low preference for girl child education and a lack of a girl friendly school environment (role models, latrines, water)-(Personal Communication: 19/7/2011). .

Bidii[9]Primary School

Class(Level)	1	2	3	4	5	6	7	8	TOTAL
BOYS	6	10	16	16	10	8	12	6	**84**
GIRLS	6	12	12	7	13	14	3	2	**69**
TOTAL	**12**	**22**	**28**	**23**	**23**	**22**	**15**	**8**	**153**

Figure 11: Proportion of boys and girls at different levels in Bidii Primary school, Northern Kenya (Source: Collected from the Head Teacher; 19th July 2011)

In the drama, we see Zeinab unable to stay in school for a couple of days because she is on her menses and with the schools inability to provide girls friendly sanitation. The only option left to her is to go home and manage her menses in a home environment that is also stretched of resources; no latrine, no sanitary towels and demanding parents.

A critical look at the data above (Table 2) generates a lot of information. First, the number of girls enrolled in school right from the lower levels to higher levels is on average lower than that of boys. Earlier on this study had noted that among the communities of Northern Kenya, girl's education is negatively perceived and reinforced in local norms that term educating girls as a waste of time and as an avenue that exposes them to unbecoming behaviours such as prostitution which probably explains these trends.

Furthermore, girl's enrolment from Class 7 and 8 alarmingly declines (Table 2) and generally girls at this age (around 13, 14 or 15 years) experience puberty and this set in the biological challenges of menstruation. With biological maturity and living in a society that exhorts marriage; young girls are likely to end up being married off. The lack of sanitation infrastructures that results to girls keeping off school for a couple of days during menses may discourage girls to pursue further schooling. These factors all boil down to reducing the number of girls in school and this affects 'the critical mass of girls' who are able to can push for girls and sanitation agenda within the school management team.

I noted however a paradox in the girls' drawings (Figure 6), where there was no image of school as a vital part of what the society expects from the young women, yet the girls who drew these images were all enrolled in school. I wondered "how did they go to school? Was it against their wish?" I was however informed by Kabeer (2005) work which shows that in most African schools the education curriculum legitimizes gendered inequalities with girls

[9]The name of the school has been changed.

being taught to become better wives in their future as well as being given lesser attention by their teachers. This, she says *"limits the kinds of futures that girls are able to imagine for themselves"* (pg 17). This could further be reinforced by the fact that Bidii Primary school, where these girls schooled had only male teachers. Indeed given that menstruation is a challenging experience for young girls, male teachers may not understand the impact these can have on a girl's education and this may contribute to lack of attention to their sanitation needs. As a result schools environment turn out to be unattractive to girls and they do not feel like they are part of their lives.

The girls' aspirations were at odds with the insurmountable barriers they faced. They hoped to make great strides in their life and of the four girls that participated in the study, three of them wanted to be teachers and one wanted to be a doctor. Kabeer (2005) and Warrington et al (2010) notes that the quality of education can be compromised through legitimizing and localising gendered norms whereby girls are encouraged to undertake careers that reinforce social norms such as being a teacher and nurses because these careers are seen as being more "caring" and is compatible with women traditional roles.

I was inspired by the comment from one of the girls' when asked to narrate what they perceived as their future,

"I would like to be a teacher because I will help and attract other girls from my village come to school; my school has only male teachers. A teacher is very important she prepares pupils for adult life (Group E)".

Having a female teacher who is 'culturally made' is important because girls are able to model her based on the fact that she has undergone the same challenges like they have. Besides a female teacher understands the needs of a girl and is likely to take measures that help retain the girls in school during menstruation. Attracting more female teachers in these settings enhances the creation of a critical mass of women who can speak and influence changes at school that favour the well-being of a girl's child. Additionally, the women in the village who hold up girls at home so that they assist in house work are likely to get an impression of the importance of getting their girls to school if they see female teachers.

4.4 Conclusion

Women and young girls presented their lives in stories, dramas and drawing in a very comprehensive way. The oral and visual presentations unveiled the side of a woman's life

that is usually unknown to developing agencies doing community work in rural villages of Kenya. Women are burdened with activities that pack up their time from dawn to dusk allowing very minimal time to participate in community health activities such as attending hygiene promotion, community meetings and elections as well undertaking most Participatory Rural Appraisal exercises such as resource mapping exercises and gender analysis activities. Also to manage their household activities the women faced insurmountable difficulties that are related to lack of income, lack of basic infrastructures such as latrines, low support from their spouses and demand from their children needs. Most times girls are pulled from school so that they can assist their mothers in household work such as child rearing and household chores.

The narratives also showed that part of women empowerment in the community comes from being exposed beyond the confines of their community where they learn the importance of education and are oriented towards being involved in their community projects. This starts to bring a wind of change in communities and women are seen championing the agenda of educating young girls and promoting sanitation.

Schooling for the young girls as much as it is a celebrated achievement worldwide and especially in Africa, it is not always a safe haven for the girls. The themes presented in the drama and narratives showed that they lack a girl friendly school environment that makes them loose out on schooling during menstruation because schools have no latrines. In the few instances where they do exist, they are often not constructed in a way that assures them privacy and hygiene at these crucial times. Indeed within Total Sanitation framework girls and school sanitation should be a central empowering strategy. Given that issues to do with menstruation are an important part of young school age girls , its complexity and management especially to the Somali women who also undergo FGM (discussed in depth in Chapter 6) can be daunting. The sensitive and intricate nature of these issues cannot be understood until the girls voices are listened to and acted upon.

CHAPTER FIVE

RESOURCES AND GOVERNANCE

5.1 Introduction

In this chapter I explore the struggles women undergo when taking their strenuous household roles and productive roles for their family. The challenges they face do not end up in their homes because the financial opportunities available to them only enables them to reap meagre income (5.2). These contrasts sharply with the health promotion strategies from development agencies that create hygiene awareness with the assumptions that individual, once equipped with information, will be able to change their defecation behaviours through constructing and using latrines,. However, while the importance of disseminating information to communities is not being underestimated, 5.3 considers the importance of a holistic approach to community building in which governments and development agencies should facilitate communities to manage their health through devolving resources that create community groups that are gender sensitive. I thereafter give the concluding remarks in 5.4.

5.2 Living through the hard way: the gendered lenses

To carve out a living, women engaged in different activities, these are illustrated in the quotes;

I go to the bushes to cut those materials we use to construct our house (grass and small woods), sell firewood or fetch water for those people with businesses to use'(Group A).

"*When I used to stay in the old village with my first husband we had camels but was bored of this life because I was only managing his camel yet getting no money from him. One day I sold the camels and moved to town, then moved to this village where I started selling milk which has helped me start this business (shop) - Group C.*

"Some older women get money from circumcising the young girls"(Group A).

"I sell miraa[10] and milk" (Group B)

"I sell materials for making our huts; I also make traditional handicrafts like mats; I also have a small makeshift shop" (Group B).

[10]Miraa is the Swahili name for Khat (*Catha edulis*), a plant based drug common in East Africa and Arabian Peninsula. The leaves and stem are chewed bringing a stimulating effect to the user due to the presence of some alkoids that stimulate the Central Nervous System producing effects that are similar to amphetamine (Nabuzoka & Badhadhe, 2000)

Men also involved themselves in different activities as shown in the following quotes;

"Our men burn charcoal and sell it in the towns" (Group A)

"My husband owns camels, cows and goats and he sells them when there is a problem or a time like this when drought is killing our animals" (Group C)

It is me who won the contract award to build the sand dam and the boarding schools. These contracts are very helpful because I can employ the young boys from the here to do the unskilled works such as digging trenches, collecting stones (Group D)

"My father is educated and he works as a driver in Mombasa. This makes him able to pay my fees"(Group E).

".....my school has only male teachers" (Group E)

"men have more money than us....look all these development that has taken place in this village in the past 3 years; the school, the health centre, the water facilities, household latrines and chiefs office ....Alhamdulillah (Praise be to God). To put up these facilities the development agencies (meaning government and civil societies) awarded contracts but these went to men, only one latrine, the one in the chief's office was given to Halima[11](name of a woman) (Group C)".

A close look at the nature of work done by men and women seem to reinforce traditional gendered norms with women taking roles that are in tandem with their housekeeping and child rearing norms. Men on the other hand take on jobs that have greater economic power (burning charcoal and even formal jobs). Worse still these economically well off jobs are awarded by the government and some civil societies (contracts, teaching) yet these agencies should be on the front line to fight unequal sharing of resources through empowering the women.

Perceptions about women inability to undertake technical work is a hindrance for them to take opportunities that are available in their community. *"A man can do some work but women do all the work, why are we not given these contracts? (Group C).* We also note an unfair bargain here, earlier on women had brought complains that they were receiving no or minimal support from their husbands and they had to take the responsibility to look for ways to finance their needs. Yet when these opportunities are created, it's not a matter of who needs what and why? But the trends that seem to dominate here is who has power to own what?

All the women were also concerned that the big herds of cattle owned by the men generated a lot of income for the men but they were not supported because men valued using the money

[11] Not the real name

on non- family issues negatively impacting on the families' well-being. One participant said *"Men burn and sell charcoal to Garissa town but use their money for chewing miraa (*the *Swahili* word for Khat[12]*) and smoking" (Group A).* My own observation and experience confirmed the dominance of *miraa* business among Somali communities but mostly women assured of its demand and probably out of despair (and given the prevailing food insecurity) end up being aggressive in its trading but acknowledge that engaging in these activities is more harmful to their men;

"When these husbands take Miraa, they do not do anything just sit and chew the leaves all day and night talking with their fellow men" (Group C).

Nabuzoka and Badhadhe (2000) study among young Somali men showed that consumption of *miraa* had profound health and financial effects on users such as sleeping difficulties, indigestion, laziness and depression. Kipuri and Ridgewell (2008) postulate that *miraa*consumption behaviours among the Somalis results from the lack of concern by state government that has led to loss of their livestock. Denial of their economic prowess has made them shift their responsibilities to the women as the sole supporters of their families (Kipuri& Ridgewell, 2008)

To guard their already precarious economic situation, some women made decision not to undertake activities that were detrimental to their families' well-being such as the *miraa* business. One group of women reiterated;

"We refused miraa business here, one man wanted to start it and we were up in arms because entertaining that business here would make our men ran away from us" (Group C).

Still others informed the study that by engaging in economic activities women are accountable for the outcomes that seem to tilt the balance of support they got from their men. Anecdotally, one woman said

"*when these men see that women are active to look for money, they will not help us, so it's better you do not depend on their support or chose not to do anything so that one can get their support"(Group A).*

5.3 Hygiene Matters

When asked about what had enhanced their understanding on hygiene matters, most participants appreciated the external assistance they had received from a faith based NGO (Catholic Diocese of Garissa-CDG) which had created a lot of awareness regarding general hygiene matters and the importance of constructing and using latrines. This research observed that CDG was the sole organisation that was proactive in addressing the water and sanitation needs of the community. On sanitation, CDG supported each household with a latrine slab with the responsibility of erecting the superstructure being left to the household. Besides the organisation also provided capacity building to the community especially on matters related to governance.

One woman clearly explained the model of disease transmission,

"When chicken eats the babies' faeces and the same chicken comes and eats your food, you start getting stomach-ache and diarrhoea" (Group C).

Other participants reinforced this statement;

"People received education and are well aware of the consequences they do to themselves through defecating in the bush. The hygiene awareness was done in a very comprehensive way and it portrayed that people got ill from their own behaviours which they can easily prevent" (Group D). "Initially our village was not exposed to the world and they thought what they were doing was okay. We are happy that after realizing how detrimental our behaviours were people have started building latrines, we thank God that he protected us before"(Group D).

The participants here portray their understanding of the disease model of sanitation and how it has enhanced their understanding of hygiene. They also appreciate that their association with others who live beyond their vicinity reinforced this knowledge.

In another area where no intervention regarding sanitation had taken place participants gave varied information:

"We are ashamed of using the latrine because when one enters a latrine, others will definitely know what you are doing and this is shameful" (Group A).

"We really do not need latrines, all these fields have been used as a place to relieve oneself by our great grandparents and this generational trend will continue (Group D and A).

When asked how she handles babies' faeces she added,

"Babies do not eat anything bad, only breast milk and cow's milk and their faeces are harmless so we just throw to the chicken" (Group C).

"Our people lack the awareness as to why they need latrine. For me I have stayed in town where we were using latrine. People here do not to interact with others and so they are deprived of information that can help them (Group D)".

The multiple voices illustrated in these quotes shows that hygiene education does not completely convince people on the need to put up latrines. The environment (bushes and shrubs) that people survive on particularly in the rural areas creates spaces that can be utilized as latrines.

Inter-generational tendencies in some cultures whereby the use of the bush has evolved as a habit that has been adapted by generations can also act as a barrier for people to accept latrines especially if this is coupled by a lack of evidence of sanitation related disease(as propounded by the disease rationalisation model in Total Sanitation approaches). This means that a community's daily hygiene practices is embedded in the social and cultural values of the people rationalizing their behaviours and this conflicts with the disease model which is narrow in its perspective. As such introducing latrines, without paying attention to these values make people resist them.

However I also note that such rational, medical and individualistic paradigm whereby hygiene and using latrine is heralded as one of the most effective ways of improved health outcomes ignores the reality of the implications of such practices in a Somali community setting. Indeed in Chapter 4, women participation in hygiene awareness was seen to be hindered by the nature of work that society expected of them, poverty, limited access to social support from the men and a lack of employment. In one women group, a woman was quick to give her opinion;

"why are they telling us to put up latrines and a time like this when hunger has escalated we are more concerned with food, what will we empty in the latrine if we don't have something for our stomach first (Group C).

Another one added,

"We do not have latrines in the village. This has been caused by poverty because to excavate and build a latrine requires cost" (Group B).

Yet another observed,

*"Those people who do not have latrines are the poor and they cannot meet the cost demand of a latrine. They want deep pits as shallow ones get filled very quickly (**see note 1 below**). The poor in our village are the majority and most are women. Men have money but they use the money to buy miraa. Women are more prone to poverty because when a child is hungry, he/she cannot tell the father that they are hungry, they always come to the mother"(Group C).*

NB 1: shallow pit latrines were being advocated by the Catholic Diocese of Garissa as opposed to deep ones because of the cost effectiveness associated with them. Also in Ethiopia and parts of Uganda (especially agro-based communities) shallow pits are gaining fame because they are easily convertible to ecological sanitation[13] but this idea was not positively welcomed by the Bangale Communities. Ecological sanitation is an environmentally sound technique that considers human excreta as resource that can be converted to nutrients through a composting process. It enhances sustainable livelihood and reduces poverty through increasing food security, increasing nutrition intake and reducing disease transmission.

The issue of poverty as can be seen from the comments arose frequently and is seen as a hindrance because putting up latrines comes with a cost. Despite women wanting latrine, they seem not have control over the resources and men, who have that control, prioritize other non- household needs that are not of value to women. Moreover, the mention "*they want deep pits as shallow ones gets filled quickly"*, show some kind of sort of external pressure that local feel does not merge with their needs and this could lead to community resistance. Also, one participant noted, "*there are some people, who do not like the idea of shallow latrines because they say it is bringing foul smell....."(Group D)*. This shows that shallow pits are not desirable because they emit smells.

It emerged from the discussions that in spite of some households managing to put up latrine, there were concerns about understanding their importance was understood, the ability of different household to construct quality latrines that assured and eradicated odour (see figure 7) and community's cultural norms with regard to the latrine designs arose from the discussions. One male participant noted;

"Some women have not fully understood the importance of latrines. Some are still using the bush now because they think the foul smell is too much. It's not their problem but its lack of understanding" (Group D).

A female participant said *"my latrine is not properly built, one can see through at times I wait till night to use it (Group A)".*

Another male participant noted;

"There are some people, who do not like the idea of shallow latrines because they say it is bringing foul smell, but I disagree with them, they do not know how to manage this situation. For my shallow pit latrine at home I have shown my wife how to pour ashes now and then or at times throw used batteries in the pit. These things help to keep the latrine dry and therefore no bad smell" (Group B). To the Munyoyaya[14], it's a taboo to share latrines with in laws (Group A)

Figure 12: A Household latrine made from locally available materials with images that represent view from outside and inside (note the small openings in picture 2 that can compromise privacy).

[14] These are communities whose perceptions about sharing latrines are different from Somalis. Munyoyaya in the study area were very few in numbers compared to the Somalis. Culturally, Somalis in laws can share latrines but Munyoyayas do not.

Figure 13: A latrine with higher levels of privacy.

Having a latrine *per se* is not an enough condition that participants sought; rather a latrine had to meet the particular standards for it to fully cater for their needs. For the women, a latrines served their particular need; that of privacy and security. Latrines that omitted bad foul create barriers because fresh air is seen as an aspect that is integrated in their definition of hygiene. The presence of fouls smell here is linked to mismatic beliefs, in which smelling air is seen to have the ability to penetrate one's body and either cause disease or alter the comfort of a latrine.

Further communities may have distinct values regarding sharing of latrines with some cultures resisting sharing between in laws or at times different gender in the urge to maintain social modesty. Movik& Mehta (2010) points to similar findings among the Luo communities in Kenya where son in laws are deterred from sharing the same latrines with their mothers in laws and doing so is perceived as humiliating and disgraceful.

5.4Governance issues

Currently the Kenya government sanitation policy aims to scale up latrine coverage, spearhead sanitation and hygiene training and activities (MoPHS, 2011) although to the people of Northern Kenya, this responsibility seemed to be taken up by NGOs. Northern Kenya as earlier registered highest disparities in most social economic indicators and as a result, government and NGOs have tended to take an ambulance approach whereby people receive aid instead of being empowered to sustain their lives. As a result, they develop some sort of dependency syndrome and several comments affirmed this.

"These development agencies have been given a lot of money by donors to support the whole of latrine construction but they only give us a slab, they use the rest of the money for themselves"(Group B).

"Why can't they build us a good latrine like they have done in the school and the health centre or the chiefs' office(see figure 9), look at mine, it's just build of local materials and these materials do not last for long, ants eat the sticks that erect the superstructure"(Group C)

These expectations also reflect a focus on hardware (latrines) concealing the importance a simple latrine can play as opposed to complex structures. While it is understood that the locals complain about their inability to construct latrine, these externally imposed perceptions (good, beautiful latrines) that are at times constructed by development agencies are capable of diminishing the motivation people have for the same and this calls for the need to adopt people centred approaches to latrines whereby people participate in deciding where and how the latrines should be built using sustainable locally available materials.

Figure 14: Modern Latrine A at a school courtesy of Catholic Diocese of Garissa (Standards comply with the Ministry of Education and Ministry of Public Health and Sanitation Guidelines on Institutional latrines). Latrine B is built at the local Chief's office.

A general lack of responsibility by the government was noted and this seemed to weaken people's relationship with the government largely because the former had shown minimal concern and accountability to its citizens.

This arose from several participants.

"The government always cheat us, one time our District Commissioner came here and asked us what they we want from them, we said we want relief food and they laughed at us. We felt ashamed and we told them we wanted a water pumping system to pump water from the river so we can do gardening along the river line. We prepared the gardens and waited for them to bring the water pumping and up to today, 5 years down the line, we are still awaiting for

them. Now there is severe drought, no food to eat, our animals have died and food reserves ran out. No one is there to offer casual work" (Group B).

Our village is more than 20 years old. We have a real problem here; we are far from the institutions of local governance, our Chief is very far from us, about 80kms away and it can take up to 6 hours to walk there. I came here in 2008 and have not seen the local chief. The area Member of Parliament has never been here. Our area Councillor came and just gave us empty promises and we have not seen him since then. See, we only have got a school, no health centres and our village looks like it started yesterday..... (to be continued).

Having a government goes should entail providing proper leadership so that synergies are developed with the community contributing what they have and merging it with government resources to address their concerns. Indeed within the Ottawa Charter 1986 framework governments; both local and regional government, have been called upon to provide a supportive environment by enhancing the self determination of communities such that they are able to increase their capacity to provide for their daily needs without degrading the environment or damaging their health in any way (IUHPE, 2007). The comments by the participants however show contradicting expectations; those of the government making false promises and having no faith in trusting on the community abilities to manage their problems. As a result, people's effort to build on their assets (develop lands) is through great struggles. Picking from the immediate quote, the participant continued

.....Most of us here never went to school but some like me have travelled beyond the confines of our society and have been enlightened. It's a must that we as the people of this village unite and claim for our rights because our leaders have neglected us for so long. We have formed a delegation and we have decided we will go to the Chief and demand for ourselves, not beg". (Group D)

Another male participant observed,

"People are not the same in our village and they understand issues differently. If someone hits you, you will not look and ask them why they have hit you. Initially our village was not exposed to the world and they thought what they were doing was okay. We are happy that after realizing how detrimental our behaviours were, we are changing. We have been hit! It's just like someone placing food for you to eat on the table (for free) but this food does not have stew (soup). You do not ask where the soup is, do you? No, you find it yourself. These people (meaning the Catholic Diocese of Garissa NGO) have shown us where all our problems are and it is therefore our responsibility to take up the issue of constructing and using latrines with or without support.

Another one added,

"If we got very good government and development agencies that could cooperate with us, all our problems; be it latrines, hunger, illiteracy and others could be easily solved. But these people only want to speak without acting, this will not help us. People here have the desire to engage in many activities to enhance their livelihood but lack the skills".

Community members also emphasized the role development agencies had through building their capacity on leadership particularly on managing their water and sanitation resources.

"I think of the things that this community has benefitted, the training on governance has been very productive; we have managed to establish different mechanisms to run our projects, for the water, the committee has mobilised the community to plant trees around the water point, some people have been water takers who have been responsible for collecting water fee and ensuring that people observe hygiene while fetching water. Still we have the sanitation promoters who tirelessly moved from household to household making people understand the importance of putting up and using a latrine.

Building leadership skills is one element that constitutes empowering people as it enables them to take charge of their own lives with. However while this is to be appreciated as important, the process of improving leadership and governance should be gender sensitive choices.

On asking women about the role they played in local leadership and how what was the process of their participation, they said,

"The management committee has eleven people, six men and five women, the village men said because I had been a leader in the food distribution group; I should also be part of the management committee, so I accepted"(Group A)

"I do not know how the committee were chosen; we only heard there is a water project being implemented in the community and that they want committees" (Group C)

"Women play a good role like keeping the money for membership registration and water fee because if men were to take charge of these, they would use it on miraa" (Group B)

" The elections are done under that big tree you see there, mostly men sit under this tree and so when these agencies come around and they want committees, those under the tree are the first people to be chosen or asked who chose who they think is best to lead us"(Group A)

"*I wouldn't be part of the management committee, I feel shy speaking in front of men"*

"Here they say "akili ya mwanamke ni kama ya mtoto" (the brain of a woman is like that of a child), so when we talk in those meetings, no one values it"

Women participation in community activities seems to be not only limited by the role they play in society (which limits their time for extra activities) but also the power dynamics of the institutions in their community. Institutions (community groups) seem very tokenistic by limiting women (and men too) participation to particular number. Women are denied the chance to elect who should represent them and mostly, men do it on their behalf. When elected, they are assigned roles that reinforce the social norms of perceiving women as being

sincere and careful, yet they may not exercise such power when determining other rules that pertains the use of the money.

Their democratic right are further curtailed by gendered norms that defines certain territories (in this case the trees) as dominant men zones and this, whether internalized by women or imposed by men has great ramification because women see them as 'no go zones' and even when they go, their ability to speak may be muted.

Women's inability to speak may be limited further by social perceptions that limit women capacity to think or speak out. In her Joint Forest Management (JFM) groups study in India, Agarwal (2001) found that women inability to speak was affected by the fact that men put very little value on their contributions and also that, because the groups were dominated by men, women lacked the 'group effect' that enhances the view of the majority to be considered.

5.4Conclusion

The broad theme explored here was that of gender and governance which provided opportunity to explain 'the causes of the causes' for women struggle in Somali community. Here, women ability to do multiple tasks as earlier shown conflicts with what society gives back to them; low paying jobs, no opportunity to attend health promotion and lack of agency to voice their agendas.

The narratives in this chapter were important in exploring people relationship with the government and other development agency and how lack of synergetic relations affects sustainable development. In learning these relationships, participants expressed mixed feelings depending on the development agency they were talking of; government or non-governmental. Non-governmental organisations seem to be playing a bigger role for communities while the government appears to neglect supporting the community thereby resulting to distrust and a strained working relationship. Communities seem strong and resilient to counter the false promises they receive from the government and are seen to develop self-reliance. While this is a celebrated agenda for a community to be independent, earlier chapters have shown the kind of struggle that these communities have to endure; famine, low resources, poor infrastructure and others, yet these are crucial services that every community needs addressed before they are able to develop self-sufficiency.

On local governance, narratives were able to unveil the gendered dynamics that are very relevant to this study. Women representation seem very tokenistic and they are selected without even their awareness yet within social justice practices emphasis should be laid on targeting the disadvantaged members of the society so as to reduce social inequities (McEwan, 2003). This involves opening up spaces that raise women self-esteem and increase their ability speak and propagate their issues (Agarwal, 2000, 2001; Cornwall, 2002)

CHAPTER SIX

PAIN, DISCOMFORT AND FEAR

6.1 Introduction

This chapter explores additional barriers that women face as a result of the lack of proper sanitation. In 6.2, I explore the issue of Female Genital Mutilation in relation to the damage it causes to a woman due to the health complications associated with the cutting and this result in urinary system damage and other infections. Later on, 6.2 Highlights the physical danger associated with accessing the bush and how the social norm modifies these outcomes. In 6.4, the importance of constructing latrines for the purposes of maintaining relationships is explored. Here we see the social, non-medical benefit of latrines as an important factor that Total Sanitation tend to overlook or even simplify yet to the Somali, the interests of the community at times supersedes that of an individual. Later on 6.5 are the concluding remarks

6.2 Infibulation; the Triple Pain.

Somali women, unlike most other Kenyan women undergo Female Genital Mutilation (FGM) regarded as infibulation (see footnote 7 on Chapter 2, p.13). FGM appeared in one of the girls drawing (see figure 6, image 2 second column, P. 54) and it was indicated as one of the roles that the society expects of the girls. The girls in this group did not draw the image of how the process is done (as the researcher had anticipated) but they chose to draw the image of a razor blade[15]. Hindia explained what the image meant;

[15]Because of the difficulties interpreting what the image of the razor blade meant, one of the girls, Hindia was told to explain it

The razor signifies circumcision. We get circumcised at age 8 or 9 years, it is very painful and they cut the whole part (*she looks down and pauses*). There is a lot of blood coming out. The women tie us with ropes from the waistline to the knees for a week. At this time its pain all over the body, one cannot walk properly, we can't eat or drink because you don't want to go to the toilet as letting out urine is so painful and the wound feels like its burning. Because healing takes one month or more, going to school becomes difficult. When I am in my periods they extend for longer durations and it pains too much. Most girls here cannot afford pads, so during those days of the month, we stay at home. I am also afraid if I use old clothes material and by mistake my uniform gets soiled with blood, the boys will laugh at me, and everyone will know.**Extract 2**

Indicating FGM with the image of a razor blade signified what any sharp object can do to the human fresh; cutting, bleeding, pain or even death. These harms are evident in Hindia's explanations when she talks of the FGM as being painful, causing bleeding, causing periods to extend for more days and also the fact that she has to miss out school during the healing process. The difficulties she encounters during the initial process after being cut causes her to refrain from eating and drinking to avoid natural biological processes; that of urinating and defecating. In the literature review, a study in Northern Kenya on FGM had found that girls also tend to withhold the faecal and urine matter in their system due to the pain that comes with FGM and this eventually creates even more health related problems related to urinary and uterus infections.

In a region like Northern Kenya where women have to travel for long distance to look for bushes to relieve themselves, FGM presents an additional difficulty to them because walking for long may interfere with the healing process and it is absolutely a torture to walk during the first week when their body is tied .

As with Hindia and other girls (Drama, Extract 1, p 61) entry into womanhood presents multiple challenges especially with the start of menstruation. Schools seem to lack a supportive environment that assists girls in celebrating their femininity. In the drama, Zeinab resists bravely her mother's order to undertake household chores because she is told to do so when it's time for her to go to school, only to come home later frustrated with menses pain and the fact that this has to cause her to stay at home for three days for the pain and the menses to subsidize. We learn from this drama that her school has neither latrines nor a sanitary pad kitty to support the poor girls who cannot afford these resources.

Another girl while explaining what she considers important to have in school to enhance her learning mentioned many factors among them teachers, classrooms , water and latrines. On being asked how latrines were important she added;

"When the girls go to the bush in schools, boys follow them and they do bad things to us like touching our bodies". "Some boys disturb the young girls at the bushes (Group B)

A World Bank African Regional Office for Water and Sanitation study done in South Africa found that due to resource shortages in schools, the issue of sanitation was not given attention by school management and as such toilets lacked the capacity to meet the menstrual needs for the girls. Girls ended missing classes during the first two days of their periods and in case where there were no toilets, boys and male teachers used it as an opportunity to sexually assault the girls (Abrahams, Mathews, & Ramela, 2006).

In as much as the FGM is a celebrated stepping stone to marriage, the married women narrated how it brought painful sexual experience in their marriage especially the first night when a newly married woman has to encounter de-infibulation during penetration; *"a proof that she is a virgin and he is the man"(Group B).*

In all the women groups that were interviewed, the participants felt that women needed latrines more than men not only because of their productive role at home, but because child birth presented to them a painful experience that limited their walking to the bush to defecate. One woman said;

"When a woman give birth the healing takes long and walking far in the bush is really hard" (Group C).

In as much as no child birth is without pain, research has indicated that women who have undergone FGM have worse birth outcomes that are linked to maternal and child mortalities (Jaldesa et al., 2005).

One might argue that it is better to eradicate FGM rather than advocate for the provision of latrines because providing the latter for the sake of FGM may seem like encouraging the practice that seem to do more harm to women . Surprisingly the women themselves highly regarded the practice because it is culturally considered a stepping stone to the institution of marriage. On asking one women leader in Bangale about her views about the practice especially to her young daughters, she said;

"I have to take my daughters to be circumcised; otherwise she will have no husband and in our Somali community, a woman without a husband is nothing" (Group A).

The issue explored here has not been mentioned anywhere in the literature concerning sanitation and mostly FGM issues are mostly linked to reproductive health issues particularly how it worsens birth outcomes (Althus, 1997; Dorkenoo & Elworthy, 1994; Jaldesa et al., 2005; Toubia, 1994; Van Der Kwaak, 1992; Yount & Abraham, 2007). Apparently, women spoke of how they were unable to relieve themselves when they are circumcised and the challenges the practice had on menstruating girls and women who had started child bearing. Narratives provided an opportunity where complex representations emerged concerning FGM and how this impacted on a woman's whole life putting at risk to a myriad of challenges in their adolescence, marriage and childbearing. These issues are of concern to a woman because they influence their need for safe sanitation yet they are rarely mentioned in Total Sanitation frameworks largely because these approaches tend to pay attention to the 'whole community' unaware community social and gender dynamics may hinder women from propagating issues that are unique to them. Also the fact that Total Sanitation strategies capitalize on instilling shame and disgust in communities may further silence women voice on FGM because such language conflicts with the social value FGM plays to a woman; that of promoting female identity in their own community

6.3 Too far, too dangerous

Accessing the bush was considered an unsafe means by most of the participants because it had presented to them nasty experiences that were regrettable.

One woman was concerned that with the current famine, the animals had consumed most of the trees and shrubs that assured concealed them from being seen and this had interfered with their need to be protected against visual exposure. Another participant confirmed that because the bushes were far located from the village, it opened up chances for physical or sexual abuse by the men. Her statement clarifies her concerns

"Sometimes you step on sharp objects when walking in the thick bushes, it is also very dangerous during the rains as scorpions and snakes are all over the grazing lands. And I have heard that one girl from the other village was raped when she went alone to the bush.....the bush is an enemy, we need toilets here" (Group B).

Another woman confirmed a case when she said

"Once in this village, a child went defecating and she died, she must have been bitten by a dangerous snake" (Group A)

Women coped up with these difficulties by ensuring that during the rains, they avoided thickly covered areas and this meant that when one went to the bush during the wet seasons, there was the additional pressure to identify a site that minimises danger. Also, in areas that shrubs and bushes violated the principle of privacy due to scattered vegetation, women ensured they went to relive themselves very early in the morning before the village was awake or at night when it was dark. However, out of the concern to be attacked, accessing bush at night demanded that women seek the company of one of more counterpart(s).

"I fear darkness and cannot risk my life in the darkness, these days we have cattle rustlers and they might way lay you...so I tell my husband or a friend to take me", said one participant. *"At times, I avoid drinking too much fluid because I do not want to keep rushing to the fields". (Group B)*

Worse still there were reported instances whereby women had been stolen by other men and taken as wives when they went to defecate. One male participant expressed this;

"These women are stolen and you never see them again because they are usually taken by men from other villages and married off" (Group D).

Another man expressed how his friends' wife had disappeared in mysterious circumstances only to be realised later that a certain man had stolen her. As a result of this, her husband divorced her. Women exposure to physical and sexual coercion is reinforced by the Somali norms and these may act to intensify these acts. One woman while expressing said "*you know it is commonly said that 'mgongo wa mwanaume ni chuma'* (the back of a man is like a metal' meaning that there is nothing attractive one can see and so they can just turn their back and urinate/defecate anywhere). She added on

"When a woman goes to relieve herself, she has to lift her clothes (demonstrating) and remove her inner clothes before going into that business(she laughs). But a man doesn't need all this" (Group A)

Another participant gave an example of a Somali proverb that says "*belian wa hirib bisi' (the body of a woman is like meat that is ready to be eaten) - Group A.* In an environment that the bush is the only source that people use to relieve their urge to defecate, women lives becomes more endangered because they are perceived as prey ready to devour through sexual assault. Also in the earlier Chapter (5), a male participant mentioned that in their culture, when a woman gets married, she becomes her husband's property and the husband can control her as much as he wants. Ayuko and Chopra (2008) in expressing the theme of sexual violence

amongst pastoralist women note that they face the additional barrier when seeking redress from the culprits because efforts to make complains do not receive a fair and just ruling because men control and dominate the local decision making dynamics..

In as much as sanitation literature considers the importance of privacy and convenience to women, rarely are these concerns given adequate attention like the health related models yet they are important drivers for up scaling sanitation especially to the women.

6.4 Fear of losing social networks.

Communal concern over individual interests seemed to dominate some women motivation to construct latrines and is indicative of the nature of Somali way of life where collective responsibility is a dominant norm. One female participant said;

"My mother and my sisters in laws live in the city and one time they came to visit me and they realised I don't have a latrine, they said they will never come back again if I don't construct one" (Group A).

The decision to be put up latrines for the sake of others could also be attributed to the community experience and exposure with the 'outside world' normally through interacting with the NGOs that came to their village(s) to provide various sorts of support. The NGOs personnel having been mostly from the other regions of Kenya where sanitation levels are high were reluctant to adapt to particular lifestyles of the community particularly using the bush to relieve themselves. At times these NGOs were adamant to conduct trainings at the community level especially if these trainings demanded the presence of high ranked personnel who had to travel from major cities to facilitate the trainings. One woman regretted a certain incident and said

"When the Catholic Diocese of Garissa[16] did their first training here, they took it to Bangale town[17], and when I went there I was so ashamed, people have latrines and I think that is why they did not want to do the training in our village, otherwise where will all those 'big'[18] people relieve themselves....you don't expect somebody dressed so smartly to go and remove their clothes in the bush like us....we have been left behind too much...no latrines, we can't

[16] This is a Faith Based Organisation that was mostly associated with having done most work in the area regarding water and sanitation programmes

[17] The town is about 50 KMs from the village and a bit developed with major social infrastructures such as latrines, accommodation facilities, schools, police offices, health centres.

[18] In this case, the woman meant senior and educated people who were conducting the training.

read either. I could not wait to come out of the training so that I can build a latrine so that next time they will come to train in our village. Our women are also considering starting adult learning classes because when we went for that training everyone spoke good English and Swahili but we speak only little Swahili and we had to rely on the translator"(Group A).

Also in another comment by one participant, it was evident that the community members were committed to attract a variety of other human resources through installing latrines or putting up facilities that were compatible with their lives. They aimed to do this because as visitors who had come to settle with them from other areas, they had the responsibility to make them feel at home. Also they were convinced that retaining these personnel in their village had the spill over effect enriching their culture through learning the ways of other Kenyan cultures and they considered this as a means of reducing social deprivation and poverty. Jenkins (2005) found that people of Benin were also motivated to build latrines because those who wanted rental houses in their village were willing to pay extra rent with the availability of a latrine. This finding resonates with the comment of one male participant who said;

"The population in this village is very small and we are only one community, we don't have other people coming here to change us. These days few teachers coming to teach in our primary school and because we know they use latrines we will build for them , if we don't they will go elsewhere yet no one from our community is educated to teach our children, at the end we will be losers if we do not make feel comfortable to be with us. We have built rental houses for them and this is a source of income to some" (Group D).

Despite exposure to the outside world being considered an important motivating factor, there was still the engrained gendered difference with regard to opportunity and ability to do so. Men seemed well versed with what was happening beyond their village because they tended to be more mobile than women. Men were more likely to travel to the towns to trade large livestock like cows and camels and also based on their financial and education ability they owned modern communication devices like radios and mobile phones that acted as sources of information to them.

"People from my community do not interact with other so they lack information. Most of them since they were born, they have never moved out of here, have even never seen a latrine and only know using the bush because that is what their fathers, grandparents and great grandparents were using. At least for me , am a man, I go to the town to trade off my animals when need be and have also been lucky to have travelled all over Kenya a bit, but for these women, they know nothing apart from the kitchen, water points and grazing areas"(Group D).

Women on the other hand faced various constrains to interact with the outside world; they were more often confined to their household chore and because they are usually 'male

properties' (as mentioned earlier by a male participant), their decision to travel had to be approved by men. One woman said

"When we were going for the training in Bangale, most women could not go...who would be left with the children? And besides our men would not let us go" (Group C)

One man illustrated a case in which out his travelling across Kenya felt pity for his people after realising how much they lost from lack of exposure. He therefore made a decision to start a video shop so that people can learn from movies the concept of change around the world but he met great resistance from his fellow men who accused him *"these things will make our wives run away from us" (Group D)*

As depicted by the above explanations people are not only motivated to uptake sanitation messages only from exploring the environment within which they exist. Total sanitation frameworks are overly concerned with eradicating open defecation by making communities analyse their defecation practices through visiting their defecation sites. Indeed some of these communities may be reluctant to understand how their behaviours impact on their health which they have been engaging on for centuries and centuries without major health implications. There is need for people to be given the opportunity to travel beyond their village confines so that they experience the changing world.

6.5 Conclusion

This chapter began with the theme of Female Genital mutilation as being part of the social expectation for a Somali girl/woman life. Women, while narrating about is depicted the importance FGM has for them as women and future wives; a practice that though bringing triple pain is still regarded as a form of identity.

The next section for this chapter expounds on the danger that is associated with using the bush to relieve oneself. Here we see the physical danger of being attacked by animals' raising concern among participants. Besides, sexual violence poses considerable danger to the woman and this prompts them to alter their eating and drinking pattern: through refraining meals and drinks so that minimize the urge to go relieve themselves. Rape and other forms of sexual violence do not occur in a vacuum but are socially engineered and among Somali language is used to predispose women as a sexual object.

Further, the community desire to uptake latrines is seen to be externally motivated; they want to put latrines to avoid the shame from visitors who come from relatively developed areas where latrine usage is a norm. Also, these visitors are not perceived as 'empty cups' but are considered an avenue that people can learn other cultures.

In using narratives to expound these themes each section is explained in different ways. For FGM, narratives allow women to intermingle not only the pain associated with the process but the joy of forming a 'feminine' identity; that of being in a position to be marriageable in the future. Also earlier on in Chapter 5, there was a mention that *""Some older women get money from circumcising the young girls"* but the fact that they use razors (and knives) with no use of medication to calm pain or prevent infection seems a big risk to take. Indeed, women inform this study how it influences their birth outcomes through instilling pain hence disabling their ability to walk for distances looking for somewhere to defecate.

Later we also learn that unlike in the total sanitation frameworks where individuals are challenged to construct latrines for their sake, here they are capable of doing it for the sake of others so as to maintain relationships. These narratives are a complex representation of realities associated with Somali and they are unique to these communities. This reinforces the need for sanitation practitioners to focus on the dynamics of communities other than seeing communities as uniform entities (Movik & Mehta, 2010).

CHAPTER SEVEN

CONCLUSION

7.1 Introduction

This study explored the importance of sanitation to women and the difficulties they face in their efforts to improving it. Current sanitation approaches aim to improve sanitation through the use of participatory methods by mobilising communities to address their sanitation problems through collective action. This study found that working with 'the whole community' as propounded by the approaches is not appropriate because gender and power dynamics are manifested in the social institutions hindering women efforts to influence change. Often, their needs become masked under those of the 'whole community' that in reality favour male preferences.

In paying attention to women resources and needs, I was guided by three specific questions; One, what are beliefs, perceptions and practices of women in Somali community in Kenya regarding sanitation? Two, what barriers do Somali women face in adopting safe sanitation practices? And three, what implications do women perceptions, beliefs, practices and barriers they face have on the current sanitation policy and programme?

Literature unveiled that Somali women's efforts to address their sanitation needs were disadvantaged in numerous ways such as lack of control over resources, tedious domestic work, harmful societal practices such as FGM and early marriages and the presence of gendered norms and beliefs that act against their well-being, for instance, women being perceived as having the inability to make decisions with regard to community health and hygiene. Sexual norms endangered women lives because they exalted their bodies as sexual centres and this exposed them to harassment whenever they went to relieve themselves far in the bushes.

To unveil these barriers, this study adopted narrative enquiries methodologies because of their ability to create safe spaces where individual experiences, views and situation emerge. Similarly, narratives encourages the use of different styles, non -verbal representation and modes of expression, and this creates room for the emergence of diverse themes, which other conventional means such as use of questionnaire do not allow(Cahill, 2006; Jack, 2010;

Jones, 2006). Based on the study, narratives were found appropriate for generating diverse information such as those relate to resistance, fragmentation, struggle, marginalisation, oppression and dominance (Cahill, 2007). The study therefore recommends that these forms of inquiry should be adopted with Total Sanitation approaches.

7.2 Summary and Analysis of findings

Somali women described a range of issues relating to sanitation in their lives as discussed in Chapters 4-6. The research found women beliefs, perceptions and practices on sanitation are shaped by the environment they live in, as well as social, cultural, religious and economic conditions. From these findings a number of issues emerged which relate to improvement in sanitation in the context of Somali communities in Northern Kenya. They include, privacy and convenience, safety reasons, reproduction purposes (management of prenatal and post-partum difficulties as well as FGM and its healing process), improving their social interaction (through relatives and people working in the community from other areas) and to prevent sanitation related diseases from attacking them.

However, Somali women described considerable barriers to improving their sanitation situation. These barriers are lack of control over resources, tedious domestic work, harmful societal practices such as FGM and early marriages, and the presence of gendered norms and beliefs that act against their well-being.

Somali women are expected to perform numerous tasks that include cooking, fetching water and firewood, cleaning latrines, sweeping the compound, milking livestock (cows, goats, and camels), feeding their families, bearing and rearing children and constructing houses. Accessing the distantly located bushes and shrubs meant that some of the tasks would be constrained, for instance, children left alone when their mothers went to the bush would fall into risks such as getting burned and food left on fire would get burned. Therefore having latrines was seen as being supportive through avoiding such dangers and also it saved time for other tasks. This allowed women to participate in other household or community activities such as attending hygiene sessions. A South African study among the Zulu and Xhosa women found that time constrain resulting from an overstretched daily schedule prevented the women from attending hygiene education. Total sanitation paradigms influence women participation based on the assumption that because women are the prime care takers of

sanitation and hygiene at home, they are best placed to participate. This study noted that the same reasons that qualify women to participate in sanitation (due to their household roles and because of being mothers) can themselves counter their ability to participate. There is need to develop alternative ways of working with the community (particularly men) so that they understand and appreciate the importance of sharing household roles with women.

Somali hygiene beliefs and practices resonate with their social, cultural and even environmental realities and this contradicts the sanitation models which are driven by the need to construct latrines to avoid sanitation-related diseases. According to the participants in this study, the availability of vegetation cover offered the same privacy as a latrine while to some they considered faecal matter as being too malodorous to be disposed of near homesteads. In a study done in Egypt, women who were trained in personal hygiene that involved the importance of constructing latrine and personal cleanliness still believed that open defecation was a favourable behaviour because of the benefit they received from human excreta as fertilizers (Metwally et al., 2006). The findings in this study show that in as much as open defecation is considered harmful, communities notions of perceiving faecal matter as something malodorous that has to be disposed far from where they stay may prevent sanitation uptake. Also, the communities perceived the benefit of defecating in the open to fertilize open fields where grass for animals can grow well or where food can be grown. On this finding, this study recommends that community's knowledge about the benefits derived from faecal matter to increase productivity be explored within use of eco-sanitation. Eco-sanitation is an environmentally sound approach in which human excreta and urine is recycled into the soil through the composting process that uses very little water and hence viable in dry areas (Hannan& Andersson, 2001). Women's role as health managers can be enhanced through eco-sanitation due to increased food production and food security.

In this study, women from the Munyoyaya community (although they were relatively few in numbers than the Somali women) confirmed the need to have separate latrines especially where sons- in- law were living in the same compound with mothers - in –law as a matter of respect. The need to segregate latrines for in-laws has been emphasized in parts of Uganda and Kenya (Movik & Mehta, 2010). In the Somali community the need to have segregate latrines was not found to be relevant because culturally it is appropriate to share latrines both at inter and intra household levels. Cultural norms are distinct among communities and the fact that communities co-exist together does not imply they are culturally homogenous.

Findings also indicated that women had distinct needs for sanitation compared to those of men and those of younger school going girls. Older women (assumed to be those out of school) wanted latrines in their household as it saved them the time for other roles. Younger women (school going) were more concerned with latrines not only at home but also at school because latrines enhanced their schooling through ensuring a continued class attendance. Girl friendly schools that had latrines which catered for their menstrual needs not only promoted school attendance but helped them retain their feminine pride (TearFund, 1995). The study also found that having latrines at home did not sufficiently address women's needs, rather these facilities were deemed more desirable if they were well constructed to assure privacy and safety. In this way women would be able to use them any time of the day and their own children would use them without fear. If the facilities violated this rule, women were forced to wait till dark to comfortably use them and/or refrain from taking fluids to reduce the natural urge to urinate. In a Nepal project, improved water services did not ease women's burden of collecting water because they were not involved in the designing of the projects and as a result, tap stands and tube wells were located along the road (public places) where their need to bathe and wash clothes freely during menstruation was compromised (Regmi & Fawcett, 1999).

As pointed in the literature review, Total Sanitation models rely on the faecal-oral transmission of disease and having latrine is seen as one of the ways to break the transmission cycle. However this study found that the disease-causal mechanism understanding among participants is embedded in the social behaviours. Participants perceived dirt air (smell) as capable of penetrating the body and causing diseases and this caused some to fear using latrine. These findings are consistent with a study done in Vietnam which found that people preferred using the bush because this prevented them from taking bad smell to the home area (Rheinlander et al., 2010).

Further, based on the collective nature of the Somali community, latrines construction was not only perceived from an individual or household perspective but also from a community perspective. Both men and women expressed concern over their desire to retain their social networks particularly with their urban relatives and friends who, out of the urban planning realities, hardly existed without latrines. Somali rural communities in their desire to retain their identity with the urban areas desired to construct latrines at their villages. Total Sanitation in adopting behavioural change campaigns rarely consider facilitating cross-

exchanges with other communities as an aspect that can influence sanitation behaviour, yet this can be an empowering technique.

Women portrayed their understanding of the dangers associated with inadequate sanitation based on the social practices that existed in their society. They shared their knowledge on aspects such as FGM and early marriages and how these practices have influenced their need for sanitation. From the views of the women, FGM presented unbearable pain to them and this impacted on their ability to walk far in the bushes to urinate. Early marriages was found to influence sanitation because young girls were forced to start child birth at an early age when their biological systems were not well suited for this process and eventually most ended up developing urinary difficulties. These practices presented difficulties for the women but they accepted them because of the social value they had on their well-being in society. On the other hand, they were not in a position to control these practices without efforts from the whole community particularly the men. Total Sanitation frameworks in effecting strategies to work with women need to be informed on how prevailing norms influence women vulnerabilities and addressing these factors require the participation of men, who, more often than not, craft rules and norms that further counter against women's health.

All the women shared their experience of poverty and how it had influenced negatively on their well-being because the society in which they lived expected too much from them, yet it did not reward them commensurately. Women were expected to participate in hygiene education by NGOs so at to help them understand the importance of building latrines both as individuals and as groups. The women supported the importance of participation in hygiene management however their household chores schedules that ran from dawn to dusk meant that they lacked time for community health matters. Besides, NGOs conducted community health (hygiene promotion) parallel to the women activities, making it more difficult for them to avail themselves. Cornwall (2000) gives Mosse's(1995) account on a farming project in India that aimed at identifying women's perspectives on farming, enhancing their roles on farming and create novel opportunities for their decision making and resource control both at the household and community level. PRA activities to facilitate women participation created minimal spaces for their voices because they were done when women were busy weeding their farms and as a result men dominated the activities and the voices of women became marginalised.

Among the criticisms of Total Sanitation is the overemphasis of the ability of communities to attend to cater for latrine needs of the different social groups. The rich are perceived as being able to put their interest aside and assist the poor to build latrines. Findings in this study showed the contrary. The women's ability to rise above their poverty was worsened by the social context in which they survived such that they struggled to attend community hygiene meetings because of time constraint putting their families as priority. Their already precarious lives were also worsened by the minimum support they received from their husbands in terms of helping them in the household tasks and financial support. Negotiating work demands to financially support their families were not easy either. Due to lack of negotiating power, low skills and minimal education, these women found themselves engaging in informal work that generated very minimal wage to meet their needs. Some of the women complained how they had lost out in the benefits of sanitation projects because contracts for latrine and water facilities were only awarded to men. This study noted that there existed stereotypical beliefs that regarded women as being unable to tackle technical challenges but more versed with the ability to handle soft aspect of sanitation such as hygiene.

The findings further indicated that men and women had different needs for sanitation with men's priority for latrines being driven by different needs. This contrasts the fact that men benefited more from sanitation projects, placing them on a higher scale on ability to meet sanitation needs, secluding women who needed sanitation more. However these trends can be reversed. The literature review points a Ugandan project that committed itself to training women in masonry work, a field that was culturally perceived to be for men and this effort helped increase women self-esteem and provide them with a source of finance that doubled their income, enabling them to educate their children and maintain household food requirements (Payne et al., 2008). Also, in India, a water project trained women in the management and repair of pumps and this meant that because women were frequent users of water facilities, they would fix a technical problem immediately without necessarily depending on men. This approach was effective in breaking the stereotypical images where women in India are perceived as unsuited to deal with technical works (Flintan, 2008).

Total Sanitation paradigms emphasize the importance of whole community participation to upscale sanitation. However this research found that participating in community hygiene sessions, open defecation analysis and involvement in sanitation committees did not wholly engage women effectively. Findings show that women were unable to propagate issues that are of concern to them because the meetings silenced their contribution in a number of ways.

These include; the group management structures consisted of rules that dictated the number of women to participate and often, they were fewer than men; rules further regarded membership from a household point of view on the assumption that households were functional units and any member of the household could present the interests of all other members of the family. Given that Somali men are the prime decision makers, they were likely to take the role of representing the household in community matters. Further women democratic space was curtailed by the fact that the selection of female representatives was done in the public places that were men's domain where women rarely appeared, the resultant effect was that men chose women they thought were better placed to be leaders. Failure to consult women on the kind of female representative they desired meant that their interests were unlikely to be prioritized in the meeting agendas.

Further, once in the meetings, women vies showed they faced the additional difficulties of being unable to speak confidently in men's presence because prevailing norms considered it disrespectful for wives to argue in front of their husbands. This study also found that men were likely to devalue women's contribution because stereotypical beliefs placed the capacity of women to make decisions on a very low scale. For instance, Somali women are regarded to possess a brain that is equivalent to that of a baby. This concurs with a study in Nepal by Regmi& Fawcett (1999) and another in India by Agarwal, 2000, 2001, 2009b. In the Nepal study, women were not involved in the planning of the project and as a result water services were located near public spaces and this conflicted with their need for privacy in using the resources. They were equally secluded from attending water users' committee because men dictated which woman should attend. The eligibility criteria depended on the extent to which the women representative adhered to men's decisions. Women, as a result, were unable to contribute effectively during the meetings because male prejudice perceived water projects as being too technical for the women to comprehend (Regmi & Fawcett, 1999). In emphasizing that PRA tools are better placed to enhance the voices of the marginalized to surface, Total Sanitation therefore fails to account for the gendered power differences that some groups can have over others.

Schools and education are considered as powerful centres with the ability to empower both young girls and boys with the requisite skills and abilities to handle life (Ruto, Ongwenyi, & Mugo, 2009). The findings in this study do not wholly support this idea; rather it proposes that school environment can impact negatively on scholars' ability to exceed. The young girls who participated in this study demonstrated their ability to comprehend how the social

environment influenced their well-being and were able to confront some of these realities, for instance, through refusing to adhere to orders from their mothers to undertake household chores at the expense of going to school. However data from the schools showed that young girls were more disadvantaged than boys because schools were not well equipped to meet girls' needs such as through having girl-friendly sanitation. Societal norms also militated against their desire to school yet they had no control over these factors. Early marriages and social norms retarded the ability of girls to school and most were found to have dropped out of school to get married to older men or parents pulled them out of school to assist in household chores. Lack of girl-friendly sanitation meant that sporadically they missed school during their menstrual period. Despite the fact that Total Sanitation has been rolled in schools under School Led Total Sanitation, there is need for approaches that address gender inequalities in school be reviewed.

Findings in this study affirm the availability of multifaceted causes if sanitation problems are to be fully solved. Intersectoral collaboration was found as one way to create a health-enabling environment that facilitates tackling inequities (IUHPE, 2007). In the area of study, NGOs and the government had a stake in the community though both seemed to work in very different and conflicting ways. For instance, one of the NGO's was constantly mentioned to have tackled the water and sanitation problem for the community in a profound way. On the other hand, the government bodies were seen to have shunned their efforts in empowering the communities and only offered unfulfilled promises. This was seen to have impacted on the working relationships of the people with the government. Given that NGOs usually operate on a short terms based on their budgets and time frames unlike the government bodies which are more permanent, there is need to redefine these working relationships if projects are to be sustainable.

7.3 Implications of the study findings for sanitation policy and programme

The MDG on sanitation, as noted in earlier chapters is not on track to meet its 2015 target, yet that of water will be far surpassed in the same period (WHO/ UNICEF, 2008). This research and others that have been done especially with a focus on the African context have provided sound evidence to qualify the need to give special attention to sanitation though little seems to have changed. In Kenya for instance, it was only in 2007 that the National Environmental

Sanitation and Hygiene Policy was enacted. Previously, sanitation issues were considered along water policies.

A major shortcoming noted by this study and others is that sanitation policies in Africa have failed to consider the subject as a public health challenge on its own and this has made it un-attractive to politicians (Lenton et al., 2008; Newborne, 2008). In East Africa, Ethiopia has been considered one of those few countries that have achieved a lot in sanitation (Newborne, 2008). In Ethiopia a study was conducted by Overseas Development Institute with its partners RiPPLE (Research-inspired Policy and Practice Learning in Ethiopia and the Nile Region) focusing on how the policy worked (process), how (content) and who (stakeholders). Findings showed that sanitation and hygiene were embraced within most of the community health packages and the government structures worked closely with community health promoters and in doing so, were able to deliver services with the available financial resources. To make sanitation attractive to politicians, terms such as 'rights to basic health', 'participation' and 'accountability' were used as opposed to sanitation or hygiene. As a result the Ethiopian government owned up the issue and were ready to mobilize resources for its sake. This countered the notions of perceiving sanitation and hygiene as donor driven initiatives (Newborne, 2008). There is need for the Kenyan government to consider placing sanitation on a higher platform just like other public health challenges like HIV/AIDS and water. It was indeed evident in this research that sanitation and hygiene in the study area was driven by NGOs with the government shunning responsibilities on the agenda and this seemed to have weakened the healthy working relationships with communities, trends that need to be reversed.

The current sanitation policy appreciates the need to embrace community participation approaches and working through the community structures to upscale sanitation (MoPHS, 2007). This study found that community participation approaches and community structures create channels that have demonstrated the ability to work with their resources and control their lives. Development practitioners, however, need to be aware that community dynamics are complex and much contextualised. These characteristics mean that multiple ways of working with the communities need to be devised, as well as developing ways that ensure PRA activities create equal chances for all social groups existing in order to voice their concerns and work within their resources.

The policy also emphasizes the need to create gender and cultural-sensitive campaigns to instil behaviour change and create household demand (MoPHS, 2007). This study affirms the need to have cultural-sensitive materials as one way to influence hygiene and behaviour change and given that Kenya is multicultural, attention to this diversity is key. Further to this, the study observed that women were more vulnerable to the dangers of lack of sanitation and that behaviour change could not sufficiently address these vulnerabilities. To reduce these vulnerabilities, this study proposes the need to go deeper into the social structures to address gender and power inequities that women face.

Sanitation programmes also need to look at the impact the wider community may have on effecting change. In this study, working with women alone without involving men, who in patriarchal societies formulate norms and other cultural ways of working, is likely to work against creating an enabling environment for communities to work together. Among the Somali community women expressed how the work they do can be a source of illness to them by making them have no time to visit the bushes forcing them to withhold urine for long or making them refrain from eating until later times in the evening when they can access privacy in the dark. Further, the same work they do limited their time to attend health education that can help them manage their households well. Important to these findings is the need to come up with ways that ease women household work by providing supporting services such as constructing latrines, availing water sources nearer to their households. More effective ways to address women's position is to work with men so that they learn to appreciate the role these chores have for the whole community. This can help counter androcentric norms that perceive women's role as inferior. Sanitation projects also need to embrace a more empowering approach to sanitation issues whereby the economic benefits attributed to the projects are redistributed to all members. Research, as earlier, mentioned has shown that women are capable of dealing with technical issues and for the sanitation projects, there is need to build their masonry skills so that they act as latrine artisans. When women take up the role of latrine artisans, they are more likely to take emic perspectives in designing latrine facilities so that they are able to meet their needs and those of their children.

On the other hand, stakeholders need consistent training on how gender and power issues manifest themselves to counteract project and development so that they are able to adopt practices that are empowering to both genders. Also, the nature of response given by the participants regarding sanitation touched on many aspects. Therefore, sanitation and hygiene

need not be narrowed as purely health issues focusing on diseases transmissions only. Given the multifaceted nature of the subject, a multi-sector approach assures greater progress.

In addition, sanitation policies need to be informed by the following issues discussed under the following headings.

Spaces for women's participation

Increasing women participation in the management of sanitation resources through women groups is crucial, given that they have expanded social networks that can be used to encourage other women to comply and adapt appropriate hygiene practices (Agarwal, 2009a; Zwane& Kremer, 2007). Also, through their child rearing role, women can instil proper hygiene practices in their children which can be replicated over generations (Agarwal, 2009b). Women groups create avenues for them to analyse their problems and exploit their potential to overcome them (Cornwall et al., 2000; IUHPE, 2007).

One of the issues noted in this research with regard to women participation was incompatibility of community health information for instance, hygiene promotion and elections for community user's group elections with their daily schedules. This is mainly because local development agencies disseminated information in places that were majorly dominated by men. There is therefore the need to ensure that public information is availed at all levels of the community. Women groups are an effective channel where women are able to access such information. Besides, accessing information through these forums is likely to result to collective action, encourage the voiceless to speak and also act as 'power points' where women can learn to speak with confidence and retain their esteem (Cornwall, 2000, 2008; Cornwall et al., 2000; Waterkeyn & Cairncross, 2005). Once their esteem and confidence is amplified, it becomes easy for them to merge with men's group or mixed gender groups where they can make their needs known (Cornwall, 2003).

This study also showed the importance of alternative methods and how these helped to de-stabilize dominant norms. For instance in the drama, girls refused to take on orders from parents on doing household chores instead of schooling and this proved to work for them. This study noted that Somali women are actually the pillars of their community and can virtually do anything to sustain their families, yet this seemed unappreciated by their men folk. This study suggests the need to explore avenues where women can use strategies such as

drama to influence men to change and work towards developing actions that save women from their roles.

Education and school led sanitation

This research found that schooling was part of the process that empowers women from all walks of life through instilling skills that were vital for their lives. However perceiving schools within the narrow lens of classrooms and being taught (teachers) obscures the importance of other amenities that can impede children's education. Girls particularly seemed to struggle with schools that lacked proper sanitation facilities to manage their menstruation. In as much as the free primary education established in Kenya in 2003 has shown great strides in eradicating illiteracy, there is need to look at the gendered dimensions of this effort because providing education for the sake of reinforcing literacy levels may end up creating gender disparities because of overlooking issues such as girls sanitation in promoting education.

Also this study noted that some communities still exhort traditions that discriminate against girls' education. It therefore recommends that cross country visits by community opinion leaders, who should include women be encouraged so that members unlearn retrospective norms through interacting with other communities that have progressed very well in terms of education in Kenya. Efforts should also be made to post female teachers particularly 'self-made' girls to act as motivation hubs for girls in hard-to-live areas of Kenya (Kakonge, Kirea, Gitachu, & Nyamu, 2001).

School Led Total Sanitation (SLTS) is a growing approach that has been applied in Asia and Africa including some parts of Kenya. There is need to re-emphasize the importance of schools as conduits where triggering for behavioural change can be ignited. Schools do emphasize the notion of 'learn and do' in their curriculum and when taught about proper sanitation behaviour , children are most likely to practice this at home as well as pass the same message to their parents and the relatively younger children who are yet to attain school going age. Also instilling leadership skills and nurturing young leaders among school going children can easily be reinforced in schools and is vital for sustaining health in communities (Bongartz et al., 2010).

Besides, schools are avenues that expose students to different styles of learning among them drama, songs, poetry and public speaking, and these methods provide alternative ways to expose communities to different realities such as the use of latrine, girls and menstruation needs and other hygiene related awareness. These forms of learning can also be used to challenge existing norms that may hinder change such as those related to educating girls as well as informing the boys in schools about the difficulties girls undergo due to lack of receptive school environments. Given that some of these difficulties are propagated by boys, for instance, sexual harassment and lack of support in household chores. Exposing these issues to different audiences, boys and parents may provide an opportunity for self-assessment and modification. Also through girl clubs, girls can be taught how to make sanitary towels out of locally available materials (Kakonge et al., 2001)

Women groups and Micro Finance Programmes

Considering that the women in this study precariously managed their lives through undertaking small scale activities to boost their financial needs some of which were harmful to their families, for instance, miraa (khat), there is need to promote mainstream micro finance activities to secure their futures. Not only should these activities be geared towards stabilizing their economic basis but efforts should be made to integrate health and sanitation related activities especially within water and sanitation programmes. For instance, to enable communities to manage repaying small loans for latrine construction, activities such as promoting eco–sanitation should be explored. These activities can help increase food security, generate income and improve nutrition. Jenkins, (2004) notes the importance of not only creating the motivation to uptake latrine, but also the opportunity and ability to do so. MFPs are one way to create ability because people are able to access money that is important to build and upgrade their latrines.

Circumcision of girls

The study identified Somali culture of circumcising young girls to have a profound effect on sanitation. Although using the term “infibulation” created and magnified the practice as ‘very brutal’, the social importance of the practice to a Somali girl played such a crucial role in creating their own identity within their own community. It is in this light that this study recommends that latrines should be availed to help girls overcome the difficulty associated

with relieving themselves during the circumcision period and the eventual management of their menses. However there is need for the government and other development agencies to create awareness about the 'triple harm' this practice does to women and help the community accept and develop alternative ways that girls need as rites of passage. This however needs a lot of support from both women and opinion leaders within the Somali community itself for it to be effective and sustainable.

7.3 Concluding statement

Addressing sanitation challenges has continually gained attention in Kenya since the Ministry of Public Health and Sanitation adopted its first environmental health and sanitation policy in 2007. This policy is cognizant of the role of community engagement in addressing sanitation challenges with the combined effort of stakeholders. Significant gains have been made particularly in addressing urban sanitation through development of community sanitation facilities and awareness creation regarding the importance of proper faecal management. Rural sanitation is still a great challenge that requires more attention particularly because unlike the urban areas where the practicalities of public sanitation are viable, rural areas may require a different approach; one that entails up-scaling household sanitation. Given that rural areas in Kenya experience higher poverty levels and are also characterized by distinct cultures, there is need for further research to explore how these cultural dynamics influence sanitation.

Further, although this research recognized the role Total Sanitation has played in up-scaling sanitation, more social and gendered approaches need to be emphasized so that the needs of the marginalized are dealt with adequately. Somali women in this study presented themselves as determined and strong individuals able to manage household affairs with zeal but the society they lived in impacted negatively on their efforts to improve their sanitation lives. Sanitation approaches should therefore work to address such inequities if sustainable efforts are to be fruitful.

This study also noted that public and civil sectors narrowly define issues regarding sanitation as a health component to the absence of diseases, yet communities had a multi-layered concept of health. Community perspectives may seat well with New Public Health that commits itself to addressing the social determinants of health and this is a promising opportunity that needs to be reinforced in all development sectors. Within this new approach,

there are opportunities to explore critical approaches to sanitation, those that seek the knowledge and enhance the voices of the marginalized to emerge (Baum).

Finally, this research concerned itself with researching Somali women experiences on sanitation. The numbers of research participants were about twenty and therefore it may be difficult to generalize findings on the Somali women population in Kenya and therefore there is the need for other researches to consider involving more participants especially given that Northern Kenya is a diverse region. However considering that this research study is one of the few that might be available on sanitation both for Kenya and Northern Kenya region, the findings have a lot of strengths that can be viewed as potential contributions for current sanitation policies in Kenya.

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Appendix A: Participants Information Sheet

Participant Information Sheet

Date Information Sheet Produced: 10th March 2011

Research Title: the role of women and sanitation: a case study of Northern Kenya

An Invitation

Hallo,

I'm Wambui Thuita, a Kenyan and currently studying for my masters' degree in Public Health at Auckland University of Technology (AUT) in New Zealand. I would like to invite you to participate in my research that intends to assess the role of women in sanitation in Kenya: policy and programme Implication in Bangale Division, Tana River District, Coast province of Kenya. This research is part of my thesis requirement to complete my qualification for the masters' degree.

Your participation in this research is voluntary and you may withdraw at any time prior to the completion of data collection without any adverse consequences. I would like to bring to your attention that whether you choose to participate or not will neither advantage nor disadvantage you in any way.

What are the discomforts and risks?

If you feel discomfort during the group work please feel free to withdraw at any time

What will happen in this research?

The research involves you working in a group with other women/young women to discuss the topic of safe disposal of faecal matter and to carry out a drama which depicts your experiences and opinions of this topic.

How will my privacy be protected?

To maintain your privacy I will not use your name in the research or any individual details that might identify you as a participant will be revealed in the study.

Although full anonymity cannot be offered because the researcher will be interviewing you, confidentiality will be assured as only the researcher and those directly involved in the study will have access to the data. All data and transcripts will be kept in a secure, locked cabinet in the primary supervisor's office.

How do I agree to participate in this research?

You will be asked to give a written or oral consent before participating in the discussions.

Will I receive feedback on the results of this research?

When my research is complete, I will provide a summary report of my research findings and conclusions to the community either through the MPHS, MGS or MOE officials.

What do I do if I have concerns about this research?

Any concerns regarding the nature of this project should be notified in the first instance to the Project Supervisor, Dr Cath Conn,cath.conn@aut.ac.nz, 921 9999 ext .....

Concerns regarding the conduct of the research should be notified to the Executive Secretary, AUTEC, Madeline Banda, madeline.banda@aut.ac.nz, 921 9999 ext 8044

Researcher Contact Details:

Wambui Thuita, Tel +254 722 847475

Project Supervisor Contact Details:

Dr Cath Conn, Senior Lecturer, AUT University. Email; cath.conn@aut.ac.nz, Tel;+64 9 921 9999 ext7407

Appendix B: Consent to participate in the research study for the narratives

Participant Information Sheet

Stories/Drama /Drawings

I have been given and have understood an explanation of this research project. I have had an opportunity to ask questions and had them answered to my satisfaction.

- I understand that I can only withdraw from this project before the start of the discussion
- I understand that any information I provide will be kept confidential to the researcher, the supervisor and the person who transcribes (the researcher) the tape recordings of out interview, the published results will not use my name, and that no opinions will be attributed to me in any way that reveals my identity.
- I understand that the tape recordings of the interview will be electronically wiped six years upon completion of the project
- I hereby give permission to Wambui Thuita to use, distribute or publish the information that I provide for the purpose of the study in any way that Wambui Thuita deems fit without any further recourse or reference to me.
- I give permission to use photos and drawings (if necessary) for the research purposes.
-

Sign----------

Date……..

Appendix C: Semi structure Interview for the stories

For the community

- What is the village sanitation here in Bangale like?
- How do people cope up with lack of latrines in the village?
- Please describe the challenges you have experienced out of practising open defecation?
- What do you see as the advantage of having a latrine within your home?
- Would you explain why there are no latrines at many homes?
- If there are enough latrines, what made people accept building them?
- If there are not, what are the main reasons of not building them?
- How are the different roles of putting up and maintaining a latrine shared among women and men in this society? Issue of resources for this and where do they come from
- As a woman, what are the challenges you face to undertake the roles you mentioned?