Qualitative assessment of the impact of ASSP's water, sanitation and hygiene intervention on menstrual hygiene management and sexual and gender-based violence in the Democratic Republic of Congo

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EXECUTIVE SUMMARY

Introduction: Lack of access to adequate water, sanitation, and hygiene (WASH) is a pervasive and chronic problem throughout low-income countries and often disproportionately affects women and girls. Poor WASH conditions increase women's risk of sexual and gender-based violence and crush girls' and women's sense of dignity during menstruation.

Background: As part of the strategy to improve health outcomes in the DRC, the *Accès Aux Soins de Santé Primaire* (ASSP) project incorporated a community-level WASH intervention to complement its health systems strengthening approach. Although the WASH activities were not gender-focused it is possible that increasing access to improved water sources and constructing household latrines could result in positive changes surrounding violence against women by limiting women's need to be in situations in which they are vulnerable.

Study objectives: The primary objective of this study was to explore whether ASSP WASH activities influenced the knowledge, attitudes, and practices of women around daily WASH activities, as well as sexual and gender-based violence and menstrual hygiene management in the context of WASH. The secondary objective is to explore age-related differences in how women perceive and experience sexual and gender-based violence and menstrual hygiene management in the context of WASH.

Methods: This is a qualitative evaluation of the ASSP WASH intervention and consists of eight focus group discussions conducted in Maniema, DRC in February 2018.

Results: Women reported feeling safer having the water source closer to home. They were particularly glad to be able to bathe in the privacy of their house rather than the river. Respondents whose villages had undergone improvements in sanitation reported the impacts as overwhelmingly positive, lauding the ability to stay within the home rather than going to the forest. Women appreciated the increased sense of privacy as well as the decreased susceptibility to being attacked or raped while alone in the forest. Access to the new water source in combination with having latrines built had changed the situation for the women in relation to menstrual hygiene management. Having the water in an enclosed space allowed women to bathe and wash their soiled clothes in privacy. This allowed women and girls to feel more prepared to take care of themselves during their menstrual cycle. Although girls did not typically drop out of school because of menstruation, the lack of sanitary facilities at schools meant that many girls stayed at home while they were menstruating.

Discussion and Conclusions: Overall, the WASH intervention helped women to feel more secure but was not a solution to the problem of sexual and gender-based violence in this context. A more multi-faceted approach aimed at combatting violence from male partners in the home as well as unknown men in public is needed. In order to improve girls' attendance, WASH interventions should target schools as well as households for improved water and sanitation facilities. Additionally, low levels of access to sanitary products remains a barrier to women's hygiene during menstruation.

Abbreviations used in the document

ASSP	Accès Aux Soins de Santé Primaire (Access to Primary Health Care)
DRC	Democratic Republic of the Congo
FGD	Focus Group Discussion
MHM	Menstrual Hygiene Management
SGBV	Sexual and Gender-Based Violence
WASH	Water, Sanitation and Hygiene
VA2	Village Assaini Phase 2

INTRODUCTION

Sexual and Gender-Based Violence and Menstrual Hygiene Management

Lack of access to adequate water, sanitation, and hygiene (WASH) is a pervasive and chronic problem throughout low-income countries and often disproportionately affects women and girls. The small but growing body of literature consistently demonstrates that poor WASH conditions increases women's risk of SGBV and crushes girls' and women's sense of dignity during menstruation.[1-8] A major factor contributing to the risk of SGBV is that women must often walk long distances from their home to collect water or use a latrine and these utilities tend to be located in isolated areas.[2-3; 8] Additionally, in the absence of suitable sanitation facilities, women will wait until nightfall or early morning to defecate and report that during these times they fear physical and sexual assault. [2-3; 8] Inadequate latrines also fail to meet the privacy needs of women during menstruation and rarely provide a designated place to dispose of used menstrual hygiene products, making MHM a distressing undertaking.[1-2; 4-7] During menstruation, there is also an unmet need for additional water, which inhibits proper cleansing and limits women's inclusion in daily activities, including school.[2; 4-6] There is limited research into the knowledge, attitudes, and practices of women regarding their WASH needs, particularly as it relates to sexual and gender-based violence (SGBV) and menstrual hygiene management (MHM).

BACKGROUND

WASH in the Democratic Republic of Congo

In the Democratic Republic of Congo (DRC), the water and sanitation sector has been severely damaged due to at least two decades of political instability and civil war. It is estimated that in 2013/14, 51 percent of households do not have access to an improved source of drinking water and must travel at least 30 minutes to obtain drinking water.[3] Furthermore, it is estimated that 46 percent of households use unimproved sanitation facilities.[3] In addition to severely inadequate WASH conditions, the DRC has striking issues surrounding gender inequality. The gender inequality index measures the degree to which women are disadvantaged in the realms of reproductive health, empowerment, and economic status and ranges from 0 (perfect equality) to 1 (perfect inequality). With a gender inequality index of 0.652 in 2017, the DRC ranked 176 out of 189 countries.[9] In its most severe form, gender inequality is manifested through SGBV, and according to the DRC's 2013-2014 Demographic and Health Survey, 27 percent of women age 15 and above who have ever been sexually active have experienced sexual violence at some point in their lives.[3]

In addition to SGBV, gender inequality is perpetuated by women's inability to manage menstrual hygiene with dignity. In the DRC, menstruation is particularly limiting due to social and cultural constraints, lack of access to menstrual hygiene products and poor access to adequate sanitation and water.[1; 4; 7] A young woman writing for UNICEF explained how the schools in her district do not have separate sanitation facilities for boys and girls, leading her and her friends to feign illness during their menstrual cycle to avoid potential humiliation at school.[1] The inaccessibility of proper menstrual hygiene products also fuels lower school attendance as girls fear noticeable menstrual stains on their clothing.[4]

ASSP project description and WASH intervention

As part of the strategy to improve health outcomes in the DRC, the *Accès Aux Soins de Santé Primaire* (ASSP) project incorporated a community-level WASH intervention to complement its health systems strengthening approach. The WASH program consisted of two intervention models, the *Village Assaini* (Healthy Village) Phase 2 (VA2) model and the Hybrid model, with the primary contrast being the allocation of greater responsibility and leadership of WASH activities onto communities in the Hybrid model, as well as, the construction of cisterns and distribution of life straws. The intervention, as a whole, was intended to provide access to safe drinking water through several mechanisms including spring protection, well drilling, cistern installation, and distribution of household- and community-level water filtration devices, as well as, increase access to improved sanitation through the installation of hygienic household latrines and household waste pits. The intervention also included WASH education, behavior change communication activities, and strengthening community capacity through the development of WASH volunteer committees and community action plans. WASH education and behavioral change communication activities focused on hand washing, proper feces and waste disposal, and other identified areas of need.

The exact activities undertaken in each village varied depending on the needs and availability of resources. However, regardless of the individual approach (VA2 versus Hybrid) and specific WASH activities undertaken, all villages were required to meet the same criteria in order to be certified as "healthy." These criteria were:

- Existence of a dynamic community group;
- 80 percent of the population has access to potable water;
- 80 percent of household use sanitary latrines;
- 80 percent of households hygienically dispose of their rubbish;
- 60 percent of the population washes their hands before eating and after using the toilet;
- 70 percent of the population knows the fecal/oral cycle of transmission and ways to prevent it;
- The village has been cleaned at least once.

Although the WASH activities were not gender-focused it is possible that increasing access to improved water sources and constructing household latrines could result in positive changes surrounding violence against women by limiting women's need to be in situations in which they are vulnerable. These intervention components, in combination with the ASSP project's establishment of household waste pits, could also improve MHM and allow women to develop a stronger sense of dignity during their menstrual cycle.

STUDY OBJECTIVES

The primary objective of this study was to explore whether ASSP WASH activities influenced the knowledge, attitudes, and practices of women around daily WASH activities, as well as SGBV and MHM in the context of WASH. We also wanted to learn which components of the interventions were most effective and why in order to provide guidance for future WASH programs. The specific research questions related to this objective are:

1) Have women's perceptions of safety from SGBV changed as the result of ASSP's WASH approach and if so, which components of the intervention contributed to this change the most and why?
2) Have women's sense of dignity and safety when managing their menstrual cycle changed as a result of ASSP's WASH approach? If so, which components of the intervention contributed to this change the most and why?

The secondary objective is to explore age-related differences in how women perceive and experience SGBV and MHM in the context of WASH. The specific research question related to this objective is:

3) Are there differences in the perceptions and experiences of SGBV and MHM as it relates to WASH between women who are 15 – 19 years of age and women who are 20 – 49 years of age?

METHODOLOGY

This is a qualitative evaluation of the ASSP WASH intervention and consists of eight focus group discussions (FGDs) conducted in Maniema, DRC in February 2018. Maniema was selected because the percentage of women reporting an experience of SGBV is higher than the national average at 34.1 percent and because ASSP's WASH approach was implemented in that province.[4] Two female researcher assistants from Maniema were hired to ensure appropriate language skills and familiarity with the cultural context. Ethical approval of the study and data collection procedures were obtained from the Institutional Review Boards of Tulane University and Kinshasa School of Public Health before data collection began.

Each focus group was composed of 6-10 women between 15 and 49 years of age. Four villages, two that received the VA2 intervention and two that received the Hybrid intervention and have been certified as "healthy" within the past six months were randomly selected from a list of all certified villages in Maniema. In each village, two FGDs were conducted. One discussion included women aged 15 - 19 years of age and the other included women aged 20 - 49 years of age. The age demarcation is based on the age at which most women begin having children and become married. Within each village, the community health worker assigned to the village assisted the research assistants in identifying eligible women, who were invited to participate in the FGD. Each FGD took approximately two hours and was audio recorded with the respondents' consent.

The research assistants transcribed the FGD recordings and translated them from Swahili into French. Transcript-based analysis, in which data is coded deductively, with codes based on the research objectives, as well as inductively, with codes developed for any additional themes that may emerge, was employed. Analysis was conducted to identify sub-themes within codes, as well as general themes across codes. Quotations, which illustrate key findings, were identified and included in the report. As the focus groups have been defined by age, emergent themes were compared across the age groups to highlight potential differences in the knowledge, attitudes, and practices of women around WASH, SGBV and MHM. Analyses are not stratified by the type of approach (VA2 or Hybrid), as all villages certified as "healthy" have, by definition, comparable levels of access to improved water and sanitation.

This study design has several limitations. The methods employed in this research are unable to establish whether the intervention caused a change in women's knowledge, attitudes, and practices. As a cross-sectional qualitative study, it cannot ascertain whether overall rates of SGBV or of negative MHM outcomes have decreased since the implementation of ASSP's WASH approach. Further, the study is set in rural areas of one province, which limits the extent to which it can be generalized to all women in the DRC.

RESULTS

Focus groups were conducted in five villages that had been certified as "healthy." In four villages, one focus group with younger women (age 15-19) and one focus group with older women (age 20-49) were held. In the fifth village, there was a focus group for older women only. In total, transcripts of nine focus groups were included in the analysis.

General WASH infrastructure

Respondents felt that access to improved water sources had increased and they discussed a general decrease in the prevalence of diarrhea and other symptoms associated with enteric infections. Water from improved sources was perceived as "clean" in that the water was clear, lacked an odor, was free of dirt and insects and did not cause illness after consumption. However, limitations in access to improved water sources remained. For example, respondents in one village reported that although they sometimes drew water from the protected well in the neighboring village, water was still collected from the unprotected spring in their village because of the distance between the two villages.

"…We have difficulties with the collection of water because the well is far away…" Women 20-49

Access to sanitation facilities also increased, although one village reported that they were still going to the forest to defecate. It was generally reported that every household had their own latrine and that some had slabs to cover the defecation pit. Those latrines were perceived as being superior to those without slabs; respondents reported that slabs increased the ease and comfort of using the toilet and also helped maintain the cleanliness of toilets, all of which facilitated repeated use.

"We defecate in a bad toilet because we do not have flagstones (slabs)…" Women 20-49

"…but with the new latrines they come to lay the slabs when you stomp (on the floor) you are comfortable, and you do [what you] need calmly…" Women's focus group, age 15-19

Across villages, the practice of open defecation was still reported and normalized if a person was already out in the field and the need to defecate came upon suddenly. However, if it was considered shameful and dirty if a person was at their home and chose to defecate in nature instead of their toilet.

"…if I go to the field [and] I happen to want to defecate, I'll do it there, but if I'm at home I never leave the toilet to defecate in the bush…people [would] call me a witch and lazy because I'm dirty…" Women's focus group, age 20-49

Handwashing after using the toilet and before eating was repeatedly referenced as a new hygiene behavior. Respondents reported that through the WASH intervention they had been taught to clean their hands with water and soap or ash and believed that this helped prevent disease.

"…we were taught that we must wash our hands after the toilet with ashes…" Women's focus group, age 20-49

"…you must always wash your hands with soap or ashes before eating…" Women's focus group, age 20-49

Sexual and Gender-Based Violence

Perception of safety against SGBV during WASH activities

Respondents were asked about whether and how women in their community experienced SGBV. They were not asked to disclose their personal experiences, although they were free to do so if they chose. Respondents reported that women experienced many types of violence both inside and outside of the home. Inside the home, women reported experiencing physical violence such as beatings and rape, as well as non-physical forms of violence such as withholding or stealing money, disrespect or accusations of infidelity, and infidelity as revenge. Perpetrators were typically the woman's male partner, although in-laws were also mentioned. The most frequently cited reason for violence from a male partner was refusal of sex, primarily as a consequence of the woman being tired. General disagreements, the influence of alcohol, and the male partner's desire to drive his partner away and take a new partner were also discussed as reasons for violence within the home.

Outside of the home, respondents reported that women were the victims of threats, insults, and theft, and even rape and murder. When a reason for this violence could be ascertained during the focus group, it was in all instances a refusal of sex. Women reported feeling most vulnerable when they were alone, when they were on the road, in the forest, in the fields, and when collecting water. Perpetrators could be men that they knew (both married and unmarried), bandits, and soldiers during times of war. Women reported that the harvest season was a particularly dangerous time. Respondents reported strategies such as staying home, moving in groups and riding bikes to reduce their likelihood of being a victim of violence.

"My little sister's daughter…when she was still too small she was coming back from school and she saw a man standing at a shop you see there. He called 'come.' The child went, this man was really an old man, and he raped that child. Until today this child suffers from epilepsy because of that." Women's focus group, age 20-49

"Not only in the bush, even here in the village during the time of the criminals (harvest season) if you go out in the middle of the night they catch you and kill you. There was a little girl who had gone to the toilet, the criminals caught her and killed [her]. After the act, they fled." Women's focus group, age 15-19

The WASH intervention was designed to install improved sources of water close to households; as a result, women would not have to walk to the river to collect water and thus be at risk of SGBV. Respondents were asked whether improvements in water sources made women feel safer. None of the groups reported a recent instance of a woman being attacked while collecting water, although one group reported that this had happened to a woman in a neighboring village. Several stated that although there had not been any attacks while collecting water recently, women did feel safer having the water source closer to home. They were particularly glad to be able to bathe in the privacy of their house rather than at the river. Several groups mentioned that there were longer wait times for water with an improved source than at the river, which caused conflict among community members. However, the large groups of people congregating for water were thought to make women safer.

"The change reduced the risk by the fact that at the time when we used the unimproved source, we lived the case of the men who came to hide to watch a woman who is washing at the source. But at the moment men do not do it anymore because women have begun to wash in family showers." Women's focus group, age 20-49

The WASH intervention was also designed to increase access to improved sanitation facilities. Respondents whose villages had undergone improvements in sanitation reported the impacts as overwhelmingly positive, lauding the ability to stay within the home rather than going to the forest. Women appreciated the increased sense of privacy as well as the decreased susceptibility to being attacked or raped while alone in the forest.

Perspectives of younger women (age 15-19)

While younger women experienced SGBV, in the majority of cases reported had occurred outside of the home. Respondents explained that men attempted to trick young women into being alone. They also reported being robbed in public. In general, younger women felt safer after receiving improved sources of water. They were also very concerned about going to the forest, so the addition of improved sanitation close to the home was very important to them.

Perspectives of older women (age 20-49)

Older women reported experiencing violence both inside and outside of the home. There were some reports of the targeting of older or married women for harassment and even rape. Marriage was seen as a means of protection, but an insufficient one. In a manner that was similar to the younger women,

older women did not report much concern about collecting water but did appreciate that they no longer had to leave the village to defecate alone in the forest.

Menstrual Hygiene Management

Sense of dignity and safety when managing menstruation

Within the village, women had a set of responsibilities that ranged from taking care of the home to working in the field. Regardless of their other activities, they took the time to collect water for cooking, cleaning, and bathing. Before having access to the new wells, women were expected to take care of all needs related to water at the river. The river served as the primary source of water for everyone within the village. As an open source, the river was viewed as dirty if it contained insects, waste, or feces. As a community, groups of women or girls had to travel long distances through difficult terrains and forest to gain access to the water. The women would typically bathe at the same time and often fetched water for their neighbors who were unable to come themselves.

During the time of their menstrual cycle, both women and girls went to great lengths to ensure that other people were not aware of when they were on their cycles. In the villages, women were viewed negatively during their menstrual cycle. Young girls were typically not informed about what to expect during their periods until it came, at which time their taught how to protect themselves from older women within the family. The topic of the menstrual cycle was not commonly discussed, and many people were ashamed to talk about it. Men viewed women as being dirty during that time, so husbands typically refused to sleep in the same bed as their wives and women were expected to avoid groups of people.

Women reported difficulty bathing themselves and washing their stained clothes while they were menstruating with so many people present at the river. Washing their intimate parts in the open source often caused them to have infections, while at the same time they needed to wash their stained clothes in order to use again. It was reported that women would have to get up very early in the morning or go late at night to avoid being seen. Going to the river source during those times put women at risk to be injured from slipping on rocks, falling on the uneven paths or from getting attacked by men.

Access to the new water source in combination with having latrines built had changed the situation for the women. Men who watched women while they bathed was reported as a common concern from the women who had stated that it prevented them from washing themselves in private. After the intervention, instead of washing and taking care of their needs at the river, women would collect water ahead of time to store in their latrines at home. Having the water in an enclosed space allowed women to bathe and wash their soiled clothes in privacy. This allowed women and girls to feel more prepared to take care of themselves during their menstrual cycle.

"We have water at home because at the source there are many people… The toilet allows me to have a good time during my period because there we can keep our privacy because it is well built. I attend to all my needs and no one sees me, but if I

wash in the bush people see me and I am ashamed." Women's focus group, age 15-19

Perspectives of younger women (age 15-19)

Younger women were more likely to indicate a change in the cleanliness of the water by mentioning the presence of microbes in the water before the intervention. A change in overall health was reported regarding using the water from the well. They believed that the new well source was cleaner and healthier since they did not get sick or have any more infections.

Overall, younger women stated that having their periods would not stop them from being enrolled in school. Despite reporting body aches such as abdominal pains and headaches, younger women would still attend class. However, being teased at school for being on their period or staining their clothes was indicated as a significant barrier to school attendance. To avoid humiliation, girls would typically stay home for the duration of their menstrual cycle, then return to classes once it was over, although in some cases girls washed in the morning and did go to school. Older women supported girls staying home from school during their cycle to prevent them from experiencing ridicule. Even after the intervention, there were no improved WASH infrastructure at the schools in the selected villages, so girls were required to prepare themselves before leaving for school if they were to attend.

"The girl cannot leave school because of menstruation. She has to wait until the menstruation has finished so that she can go back to school. She can just wait…If she has her period for four days she will wait until the for days have elapsed to resume with the school." Women's focus group, age 15-19

"Yes, girls go to school during menstruation because they are young girls. They can get up in the morning and run quickly to the well to draw water and come back to wash after they go to school." Women's focus group, age 15-19

Perspectives of older women (age 20-49)

Older women were more vocal about being ashamed during their menstrual cycle. They did not believe in talking about it in the open and did not typically discuss it with their daughters unless their daughters approached them. Older women did feel that younger girls kept it a secret amongst themselves but were very capable of learning to protect themselves during that time. This group of women was very adamant about staying away from large groups when on their periods. They mentioned that men often viewed them as dirty and that their husbands would avoid sleeping in the same bed as them during that time. It was also stated that when looking at younger girls attending school, that their menstrual cycle should not stop them from attending school. The women stated that schools have facilities for girls to use while there to ensure that they are clean and that the girls could also wake up early before school to wash. This was in contradiction to what the younger girls reported regarding the conditions at school.

"Young girls today know how to protect themselves. If they are having their menses, they go to school quietly, they protect well and there in all schools there are showers…There are no schools that lack showers now, when they go to school, maybe they hide their pieces of loincloth in their pockets to change if necessary, the kids today. It's not like in our day." Women's focus group, age 20-49

"When the woman has menses, it is not appropriate that she be surrounded by men." Women's focus group, age 20-49

"Young girls cannot miss school because of menstruation because they have toilets closer to them, they do not need to go to the spring to wash, when they get up in the morning, they take the water and go to the toilet to wash, they come back to get dressed and can go to school." Women's focus group, age 20-49

"It is dirty because if you are having your period, [when] you are with your husband he will not ask to see your body. He will wait until it ends. That's why it's dirty." Women's focus group, age 20-49

Respondents' suggestions

Even with access to a well, respondents indicated that there were difficulties from having a water source with one pipe to serve an entire village. The one pipe caused longer wait times to collect water. Everyone was aware of how long it could take to collect water, which caused some villagers to bring 3-5 buckets at a time compared to the average of just one. Respondents would like another well to be built, or have more pipes built into the one already present so that wait times could be shortened. Despite knowing that the well has clean water, some villagers would still collect water from the river source to avoid waiting a long time at the well.

"We are asking for another well because the one we have built is not enough for us because it has only one pipe while we are very numerous. So, if they can build another well for us, we stand around a lot when we find many people drawing water, we often go home at night." Women's focus group, age 15-19

"We women ask that we can still build for us another source containing two or three pipes because we women suffer a lot in our homes and many are waiting for the turn to access the water, we can adjust the water pressure so that we do not wait for a long time." Women's focus group, age 15-19

Despite the intervention, women reported having some difficulties during their menstrual cycle. There was no access to any form of sanitary napkins for women to use during their periods. Women had to rely on strips of cloth to protect themselves, and since there were not many options for availability, they had to wash and reuse the same pieces. Access to pain management was also another concern that the women mentioned. Around the time of their periods, women had various forms of body aches and fevers. During that time, they had to make an often difficult and dangerous trip to the health facility to receive medicine.

DISCUSSION

Improvements in MHM and SGBV were not explicitly goals of ASSP's WASH intervention. Nevertheless, the intervention was designed in such a way that positive impacts on these outcomes could potentially? have occurred. This study explored the extent to which women whose villages had received the WASH intervention saw improvements in MHM and SGBV as a result.

Women in the study area experience SGBV and many other types of violence both inside and outside of the home. While none could recall an instance of a woman in their village being attacked while collecting water or defecating, they did report feeling safer because the WASH intervention enabled them to stay within the village. In particular, improved sanitation appeared to improve the lives of women. Though they were not typically attacked, invasions of privacy were viewed as a type of violence which could now be avoided through the use of improved sanitation facilities. Overall, the WASH intervention helped women to feel more secure but was not a solution to the problem of SGBV in this context. A more multi-faceted approach aimed at combatting violence from male partners in the home as well as unknown men in public is needed.

In the area of MHM, the WASH intervention improved women's sense of dignity, cleanliness, and in some cases allowed girls to arrive at school on time due to the ability to wash at home rather than having to go to the river. It was not reported that girls dropped out of school once they started their period; however, most girls stayed home from school during the time that it occurred. In order to improve girls' attendance, WASH interventions should target schools as well as households for improved water and sanitation facilities. Additionally, low levels of access to sanitary products remains a barrier to women's hygiene during menstruation.

CONCLUSION

The downstream impacts of poor WASH conditions extend from debilitating psychosocial trauma resulting from SGBV to perpetuating the gender gap in education due to MHM inadequacies. Thus, this intersection of WASH with gender is a critical consideration and demonstrates the crucial importance of integrating gender components into WASH programs. Increasing access to safe, improved sanitation and clean drinking water could potentially help empower women and foster gender equality in largely patriarchal communities. Easier access to such basic services may enable women to identify and grasp new opportunities, to grow self-confidence, and attain a greater sense of personal dignity.

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