

Research brief: 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

**Tulane University School of Public Health and Tropical Medicine
2018**

Background

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. 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.

The primary objective of this study is 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.

Study Methods and Design

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. 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. 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.

Study Findings

Menstrual Hygiene Management: Access to the new water source in combination with having latrines built had changed the situation for the women. Men watching 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. 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. 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.

Sexual and Gender-Based Violence: 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 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.

Limitations

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.

Conclusions and Recommendations

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. Within WASH programs, emphasis should be placed on locating improved water and sanitation either within the home or in public areas that women can access without needing to be alone. Sanitation facilities should be designed so that those using it have complete privacy inside (i.e. solid walls and a durable door and separate areas for men and women). Overall, though, 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. Again, providing access to clean water in or very near to the home should be emphasized in WASH programming to help girls to arrive punctually at school. 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. WASH programs could emphasize regular and affordable access to sanitary products to improve girls' school attendance and health.



This project was funded with UK aid from the UK government. This material has been funded by UK aid from the UK government; however, the views expressed do not necessarily reflect the UK government's official policies.

