



INTEGRATING SEXUAL AND REPRODUCTIVE HEALTH IN WASH

The International Women's Health Coalition (IWHC)

advances the sexual and reproductive health and rights of women and young people, particularly adolescent girls, in Africa, Asia, Latin America, and the Middle East.

IWHC furthers this agenda by supporting and strengthening leaders and organizations working at the community, national, regional, and global levels, and by advocating for international and US policies, programs, and funding.

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For girls and women globally, access to safe water, sanitation, and hygiene (WASH) is critical for their sexual and reproductive health and for gender equality.

Girls' inability to manage their menstrual health, compromises their ability to complete their educations and navigate other aspects of their lives.¹ Lack of access to clean water can have significant impacts on women's and girls' health, including their reproductive health, and contributes to maternal mortality and morbidity.² Where clean water is not easily accessible, women and girls bear a disproportionate burden collecting water for themselves and their families, with consequences for their health and safety.³

When all of these factors are taken into account, women and girls are both the most likely to be exposed to unsafe water and to bear the consequences of a lack of access to clean water, adequate sanitation, and wastewater management. Without addressing these linkages, governments' ability to achieve the Sustainable Development Goals will fall short.⁴

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.

4.A Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all.

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.

SDG TARGETS ON SEXUAL AND REPRODUCTIVE HEALTH AND WATER, SANITATION, AND HYGIENE

IMPACT ON WOMEN AND GIRLS' GENERAL HEALTH AND WELL-BEING

When clean water is not easily accessible, women often need to walk long distances to a safe water. They also bear the physical burden of carrying water, which can result in increased health risks, such as uterine prolapse, musculoskeletal problems, and stress. Women and girls may also experience harassment and violence, even rape, while traveling to and from a water collection point.⁹

A lack of access to safe sanitation and hygiene facilities at home exposes women and girls to illness, as well as risks of harassment and violence accessing public facilities. Similarly, a lack of safe latrines in public spheres limit women's freedom of movement and access to opportunities.¹⁰ Women and girls are also more likely to be the primary caregivers when household members fall sick due to water-borne illnesses. As a result, the consequences of inadequate sanitation and hygiene fall are borne primarily by women and girls.

MENSTRUAL HEALTH AND GIRLS' EDUCATION

Inadequate facilities in schools can often lead young girls that begin menstruating to have difficulty managing their menstruation, often resulting in school absences or dropouts. Proper water, sanitation, and hygiene practices in schools can lead to higher rates of enrollment and lower absences for girls, as well as increased gender parity in the classroom.¹¹

An additional water source, private latrines, and adequate sanitation incentivizes parents to send daughters to school, while also lifting the burden of the responsibility of water collection. If water is available freely at school and young girls who are beginning to menstruate have adequate facilities, parents are more likely to enroll their children, at more gender equal rates.¹² Providing access to menstrual hygiene products can also help to overcome barriers to education, particularly for girls who are living in poverty.

KEY FACTS:

In 2015, only 71 percent of the world's population had access to safely managed water services.⁵

Women and girls bear the burden of collecting water in 80 percent of households without an in-house clean water source, according to survey data from 61 countries.⁶

In 2015, 2.3 billion people lacked access to basic sanitation and hygiene services, most of them living in rural areas.⁷

38 percent of health facilities in low and middle-income countries lack access to basic levels of clean water, sanitation and hygiene, with serious consequences for women's health and survival during childbirth.⁸

Education about puberty and menstruation, provided to both girls and boys, as part of an evidence-based comprehensive sexuality education curriculum, can help them to better understand physical changes, become more conscious of socially-constructed myths around menstruation, and reduce stigma against menstruation.¹³

WASH AND MATERNAL HEALTH

Contaminants in water consumed or used by expectant mothers can negatively affect fetal development and cause serious health conditions in children, and lead to unhygienic medical practices before, during, and after pregnancy.

Women who go to prenatal clinics where providers are trained on water and hygiene practices are far more likely to deliver in a health facility and continue postnatal visits after childbirth. They are also more likely to exhibit better hygienic practices at home, such as proper handwashing technique, and have access to other maternal health services/items, such as antenatal vitamins and continued breastfeeding.¹⁴

Lack of WASH facilities during labor can result in infection or sepsis, resulting in higher rates of maternal mortality.¹⁵ Neonatal health is also negatively affected due to improper hygiene and infection prevention and control practices.

There are a number of environmental, social, and structural barriers that result in ineffective infection prevention control and water, sanitation, and hygiene practices, which in turn result in adverse birth outcomes and impact the health of infants.¹⁶

POLICY RECOMMENDATIONS

Member States should:

Ensure that all schools, public health services, and other public facilities are equipped with clean water and safe bathrooms that allow for menstrual health management and hand-washing facilities.

Ensure access to safe, well-situated water collection points and safe, well-lit sanitation facilities.

Involve women on local water, sanitation, and hygiene committees and in decision-making about the location, design, and management of water points and toilet facilities.

Provide comprehensive sexuality education in all schools and to out of school youth that includes non-judgmental, accurate information about puberty, hygiene, and menstrual health to all girls and boys, in order to increase understanding that menstruation is a normal part of girls' development, destigmatize it, and create environments where girls feel comfortable during their menstruation.

Provide free access to products for menstrual hygiene management to all girls in public schools and other facilities.

Measure the impact of lack of access to safe water, sanitation, and hygiene services on women and girls. While target 6.2 calls for a specific focus on women and girls, none of the indicators to measure progress focus on women and girls. The data that is available for the 6.2 targets is not sex disaggregated.

Ensure health providers and professionals are trained in proper water, sanitation, and hygiene practices to prevent infection and complications for women delivering in health facilities, and their infants.

ENDNOTES

- ¹ Matthew C. Freeman, Leslie E. Greene, Robert Dreibelbis, Shadi Saboori, Richard Muga, Babette Brumback, and Richard Rheingans. "Assessing the Impact of a School-based Water Treatment, Hygiene and Sanitation Programme on Pupil Absence in Nyanza Province, Kenya: A Cluster-randomized Trial." *Tropical Medicine & International Health*, 2011. doi:10.1111/j.1365-3156.2011.02927.x.
- ² Oona M. R. Campbell, Lenka Benova, Giorgia Gon, Kaosar Afsana, and Oliver Cumming. "Getting the Basic Rights - the Role of Water, Sanitation and Hygiene in Maternal and Reproductive Health: A Conceptual Framework." *Tropical Medicine & International Health* 20, no. 3 (2014): 252-67. doi:10.1111/tmi.12439.
- ³ Ibid.
- ⁴ United Nations, Sustainable Development Goal 6 Synthesis Report on Water and Sanitation, 18.
- ⁵ UN Women, 2015. *Turning Promises into Action*, 105.
- ⁶ Ibid.
- ⁷ United Nations, Sustainable Development Goal 6 Synthesis Report, 12.
- ⁸ UN Women, 2018. Issue Brief. *Gender Equality in the 2030 Agenda: Gender-Responsive Water and Sanitation Systems*, 2.
- ⁹ Campbell, Benova, Gon, Afsana, and Cumming; UN Women, 2018. Issue Brief, 2.
- ¹⁰ UN Women, 2018. Issue Brief. *Gender Equality in the 2030 Agenda: Gender-Responsive Water and Sanitation Systems*.
- ¹¹ Freeman, Greene, Dreibelbis, Saboori, uga, Brumback, and Rheingans.
- ¹² Joshua V. Garn, Leslie E. Greene, Robert Dreibelbis, Shadi Saboori, Richard D. Rheingans, and Matthew C. Freeman. "A Cluster-randomized Trial Assessing the Impact of School Water, Sanitation and Hygiene Improvements on Pupil Enrolment and Gender Parity in Enrolment." *Journal of Water, Sanitation and Hygiene for Development* 3, no. 4 (2013): 592. doi:10.2166/washdev.2013.217.
- ¹³ UNESCO, 2014. *Good Policy and Practice in Health Education, Booklet 9: Puberty Education and Menstrual Hygiene Management*.
- ¹⁴ Kirsten Fagerli, Katherine Oconnor, Sunkyung Kim, Maureen Kelley, Aloyce Odhiambo, Sitnah Faith, Ronald Otieno, Benjamin Nygren, Mary Kamb, and Robert Quick. "Impact of the Integration of Water Treatment, Hygiene, Nutrition, and Clean Delivery Interventions on Maternal Health Service Use." *The American Journal of Tropical Medicine and Hygiene*, 2017, 16-0709. doi:10.4269/ajtmh.16-0709.
- ¹⁵ Campbell, Benova, Gon, Afsana, and Cumming.
- ¹⁶ Alessandra Bazzano, Richard Oberhelman, Kaitlin Potts, Anastasia Gordon, and Chivorn Var. "Environmental Factors and WASH Practices in the Perinatal Period in Cambodia: Implications for Newborn Health." *International Journal of Environmental Research and Public Health* 12, no. 3 (2015): 2392-410. doi:10.3390/ijerph120302392.

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