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Is Gender Based Violence Related to Sanitation? A Case Study of Patongo Town Council, Uganda

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Abstract

Gender-based violence is a global problem that affects women of all races, colours and creeds. The Sustainable Development Goals also emphasise the need to pay special attention to women and girls regarding hygiene and sanitation. While lack of sanitation is not the main cause of gender-based violence, it is a significant contributor to its occurrence. Several studies have been published in the literature on violence against women in different parts of the world. Still, this study focused on Patongo Municipality, Agago District, Northern Uganda, where few studies have been conducted.

This study investigated whether gender-based violence was linked to sanitation. The study focused on sanitation practices and gender-based decision-making. It also examined gender-based violence related to sanitation, including concerns, worries and fears, and economic violence. In general, the study looked at how sanitation practices may be linked to gender-based violence. Sanitation practice is gendered and mainly revolved around excreta, pregnancy and menstrual hygiene. These practices are the result of education, culture and economic status in the household. Therefore, these sanitation practices are shaped by different norms and roles among women and men. Men and women expressed stress related to sanitation, with women expressing it more. This stress results from the location of the latrine, its accessories and the taboos around menstruation and pregnancy. This study further explores the issue of safety, privacy, protection and shame concerning sanitation practices.

Roles and responsibilities are gendered. For example, men decide on the location and financing of the latrine, while women are responsible for the daily maintenance of the latrine. Due to their education and socioeconomic status, women sometimes decide on the latrine's location.The community had different perceptions of gender-based violence. For them, gender-based violence referred only to sexual and physical violence. However, the study found various forms of gender-based violence in the community, including Sexual, physical, emotional and economic violence. Although these forms existed in the community, the study concluded that gender-based violence was not related to sanitation.

Keywords: *Gender, Sanitation, Gender-Based Violence, Patongo, Uganda, Women, Latrine, Safety, Worries, Gender norms, Sanitation practises*

Background of the Study

The right to basic sanitation is considered a precondition for recognising almost all human rights (Georgia L Kayser, et al., 2019). Yet, 4.5 and 2-billion persons worldwide lack access to safe or adequate sanitation (Hannah Ritchie and Max Roser, 2019), despite everyone having an equal right to secure access to improved sanitation (Naeemah Abrahams, et al., 2006b). Rapid population growth and the proliferation of slums pose enormous problems for struggling urban governments in providing basic sanitation services (Chinomnso C Nnebue, et al., 2014). It is projected that by 2050, 67% of the world will be urbanised (Chinomnso C Nnebue, et al., 2014). The growth will be mainly in low development countries (LDCs)(WHO, 2019), especially in Africa and Asia (Peter J Hotez, 2017). According to the Sustainable Development Goals (SDG's), urban sanitation should provide safe, equitable and long-term sanitation outcomes for all, focusing on disadvantaged populations (Johanna Weststrate, et al., 2019a). SDG 6 goes beyond Millennium Development Goals (MDGs) to halve the number of people without access to sanitation to safely manage faecal sludge throughout the service chain (Johanna Weststrate, et al., 2019a).Gender-based violence (GBV) is a problem that affects people worldwide and is related to human rights and public health (USAID, 2006). GBV is understood as a product of gendered social roles and uneven power relations amongst men and women in a given society (Shelah S and Bloom, 2008). GBV has attracted international attention in the last decade as it is a severe socio-economic and human rights problem that plagues virtually all societies (Mary C Ellsberg, 2006, Ligia Kiss, et al., 2012, Ovenaone Jennifer Uniga and Yakubu Danladi Fwa, 2021). GBV manifests itself in many ways and is described as multidimensional since it affects all people regardless of faith, creed, ethnicity, tribe or gender (Tricia B Bent-Goodley, 2009, Seshananda Sanjel, 2013).

For developing nations to achieve long-term development, policy makers need to identify the problem areas of inequalities and social marginalization, such as social gender inequalities (Nancy Felipe Russo and Angela Pirlott, 2006). Conceptually, it is not gender-specific, although women and girls are disproportionately affected (Edisua Merab Yta, et al., 2021). The physical structure of the female body makes women more vulnerable to GBV at the mercy of malicious men who take maximum advantage of this factor and are chauvinistic without qualms (Jacquelyn C Campbell, 2002, Lori Heise, 1994).GBV manifests itself in various forms, including sexual, physical, verbal, emotional, psychological, and economic violence (Jacquelyn C Campbell, 2002, Lori Heise, 1994).

Women's and girls' sanitation requirements differ from men because of women's need for

menstrual hygiene, privacy and dignity, and the unequal distribution of unpaid household sanitation management tasks (Susan E Chaplin, 2017). These disparities in access to sanitation significantly impact women's well-being and social and economic status (Susan E Chaplin, 2017). Moreover, these inequalities persist despite attempts to address women's needs in sanitation projects and strategies (Susan E Chaplin, 2017). In several nations worldwide, people living in urban slums, rural areas, or displaced locations struggle entirely to meet their sanitation needs with a degree of respect and secrecy (Amnesty International, 2010). Moreover, inaccessible or inadequately constructed sanitation facilities and services can lead to violence (Amnesty International, 2010). A crucial and unaddressed problem in sanitation encounters is girls and women's violence when meeting their everyday sanitation needs (Bethany A Caruso, et al., 2017). For example, in many cases, girls and women have to wait until dusk or dawn to seek a private place or field to defecate (Bethany A Caruso, et al., 2017). In addition, adolescent girls and women bear the extra burden of handling harassment, rape, and violent physical assault due to poor sanitation (Ray, 2007), where their needs are not catered for, so it is difficult for them to contribute similarly to society.

Problem Statement

The global sanitation dilemma is becoming increasingly urban, and more urban dwellers are struggling with the difficulties and the repercussions of not having safe, dependable sanitation facilities (Colin McFarlane, 2019). It is felt in cities in Asia and Africa (WHO/UNICEF Joint Water Supply, et al., 2015). At the same time, not the root cause of violence, poor access to sanitation can exacerbate women's and girls' susceptibility to violence (Betty Kwagala, et al., 2013). There is evidence of common examples of violent incidents associated with Water Sanitation and Hygiene(WASH) (Betty Kwagala, et al., 2013). Girls and women are regularly harassed when defecating in public, both in urban and rural areas (Morgan Pommells, et al., 2018). They may postpone drinking and eating to avoid the humiliation and possible loss of self-esteem if they are discovered defecating in broad daylight (Jason Corburn and Chantal Hildebrand, 2015). When women and girls go to secluded places to use sanitary facilities after dark, they put themselves at risk of harassment, sexual assault, and rape (Morgan Pommells, et al., 2018).Although there are more reports of increased risk of sanitation-related violence (Morgan Pommells, et al., 2018) few reports of individuals and people facing sanitation-related violence in situations worldwide is documented (Marni Sommer, et al., 2015). In northern Uganda, existing research has mainly focused on physical and sexual intimate partner violence (IPV) during or immediately after conflict (Sheetal H Patel, et al., 2012). As most studies have been conducted in refugee settlements and camps, there is little or no substantive literature and studies on GBV related to sanitation (Sheetal H Patel, et al., 2012). It is important to note that

this study will go beyond refugee settlements and camps and focus on exploring GBV in the context of sanitation and the prevalence of GBV in urban settings.

Research Questions

i. What are the sanitation practices of women and men in Patongo Town Council?

ii. What gender roles and norms shape practices of sanitation for women/girls and men/boys?

iii. What concerns or questions of safety, comfort, privacy do women and girls have in relation to their sanitation practices?

iv. What are the responsibilities of women and men for sanitation activities at the household level?

Literature Review

Sanitation

World Health Organization (WHO) define Sanitation as "access to and use of facilities and services for the safe disposal of human urine and faeces" (WHO, 2018). Safe sanitation remains critical for well-being, from infection prevention to promoting and preserving mental and societal well-being (WHO, 2018).

Importance of sanitation

Poor sanitation is a significant source of disease worldwide (Duncan Mara, et al., 2010). At any given time, 50% of the urban populations of Africa, Latin America and Asia suffer from diseases related to poor sanitation (Jorge E Hardoy, et al., 2013). Faecal matter is the most significant risk (Duncan Mara, et al., 2010). Sanitation is the most crucial barrier to transmitting faecal-oral diseases through various exposure pathways (Richard Carr and Martin Strauss, 2001). An exposure pathway is defined as a route by which pathogens can be transmitted from the source of faecal contamination to the destination (Thor Axel Stenström, et al., 2011). The original, adapted F-diagram as in Figure 1. Exposure pathways [source:(WHO, 2018)]shows the different exposure pathways through which faecal-borne diseases are transmitted in the context of unsafe sanitation (WHO, 2018).

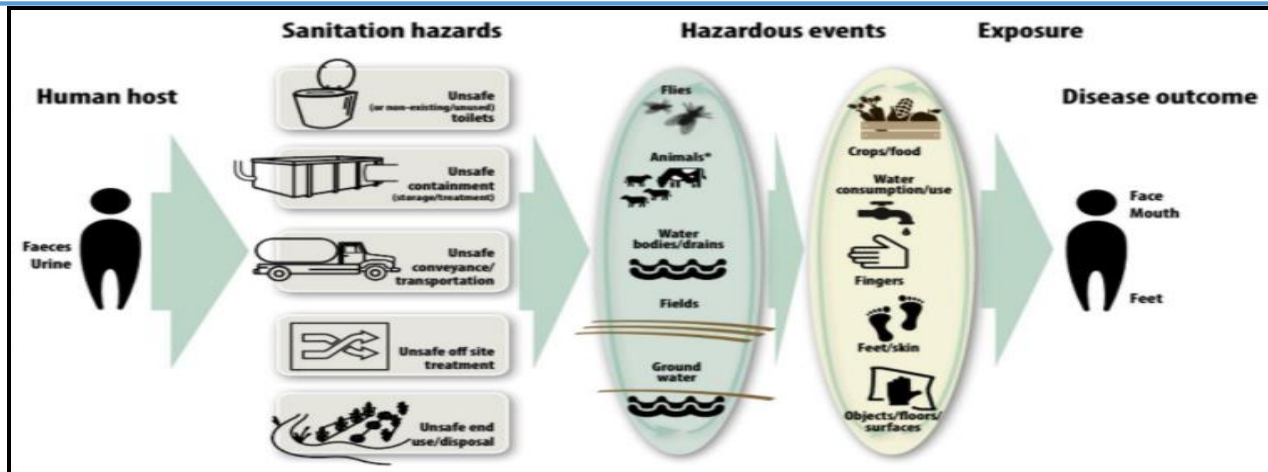

Figure 1. Exposure pathways [source:(WHO, 2018)]

Faecal oral diseases are diseases mainly caused by lack of adequate sanitation whereby disease is passed from an infected individual's faeces to the mouth of a vulnerable individual (Karin E Byers, et al., 2001). Microorganisms such as viruses, protozoa, bacteria and helminths are responsible for diarrhoeal diseases (Karin E Byers, et al., 2001). Diarrhoea disease, which is “passing three or more loose or liquid stools per day” (WHO, 2017a), is a global problem that affects 1.7 billion children yearly due to poor and insufficient sanitation (WHO, 2017a). It is the second leading cause of death, killing over 525,000 children below age five annually (WHO, 2017a), and still a significant cause of illness and death in children (KK Aryal, et al., 2012). Developing nations or economically underprivileged regions bear the tremendous burden of under-five death (C. Boschi-Pinto, et al., 2008, Mohsen Naghavi, et al., 2017). Sub-Saharan Africa (SSA) and South Asia accounted for roughly four-fifths of under-five mortality (C. Boschi-Pinto, et al., 2008, Mohsen Naghavi, et al., 2017).

Gender and sanitation

Biological sex and sanitation need.

In WASH, especially in sanitation, females are disadvantaged by lack of sanitation due to gender variances such as cultural and societal characteristics and sex differences such as physiological factors (Claudia Wendland, et al., 2018). During menses, pregnancy, and postpartum, proper sanitation is even more critical (Claudia Wendland, et al., 2018). Pregnant women have more significant needs for urine and require quality sanitation facilities to meet their needs (Claudia Wendland, et al., 2018). However, if proper hygiene facilities are not available in schools or the workplace, girls and women are likely to stay at home during menstruation (Claudia Wendland, et al., 2018). Men can relieve themselves in commonly accessible areas, while women are

significantly more constrained due to societal norms (Colin McFarlane, 2012). Girls and women are often constrained by the necessity to squat, especially those with special needs, the increased social attributions of shame associated with women being seen defecating or urinating, and their exact exposure to sexual assault in such scenarios (Colin McFarlane, 2012). Furthermore, women have an increased need for seclusion during menses, increasing their problems (Colin McFarlane, 2012).

Household decision making and influence on sanitation

Gender dynamics and power relations, as defined in **Error! Reference source not found.**, can influence sanitation decisions in the household, and one person's sanitation accessibility and use can be imposed on others (Alexandra Geertz and Lakshimi Iyer, 2018). Those in decision-making positions are usually unaware of the requirements of everyone in the household (Alexandra Geertz and Lakshimi Iyer, 2018). Usually, men have more power over financial matters in the family, affecting sanitation choices (Alexandra Geertz and Lakshimi Iyer, 2018). A study by Elijah Bisung and Sarah Dickin(2021) conducted in Ghana shows that women were more likely than men to have no say in decisions about sanitation spending and community participation. In addition, men are occasionally reluctant to invest in better sanitation facilities for their families due to societal ideologies, misconceptions, or ignorance about women's demands (Alexandra Geertz and Lakshimi Iyer, 2018).

Gender and access and use of sanitation

Within the household, gender and power dynamics, as seen in **Error! Reference source not found.**, may influence who has access to amenities and when (Alexandra Geertz and Lakshimi Iyer, 2018). In various situations, women's movement and participation in activities inside and outside the home are restricted during menstruation (Alexandra Geertz and Lakshimi Iyer, 2018). Research in Kenya and India, for example, has shown that women are sometimes restricted in their activities and access to sanitation due to social conventions and prohibitions related to menstruation and sexuality, especially after puberty (Jason Corburn and Irene Karanja, 2014, Krushna Chandra Sahoo, et al., 2015). Similarly, the Gumuz people of Ethiopia and a study in India have shown that newly married women need to negotiate time, site and support to enter and utilize sanitation facilities (Kristyna RS Hulland, et al., 2015, Marilyn Ngales, 2007). There are ways women should act when they exit the home to use sanitary facilities To uphold the image of the family (Krushna Chandra Sahoo, et al., 2015).

Gender and sanitation superstructure design

Designers pay insufficient consideration to social and ethical issues that impact men's and women's sanitation amenities and product usage (Alexandra Geertz and Lakshimi Iyer, 2018).

Women may want more privacy, such as a higher wall or roofs for toilets during post-defecation cleansing, urinating, ritualistic bathing (Jason Corburn and Chantal Hildebrand, 2015, Parimita Routray, et al., 2015). But in both India and Kenya, these specific requirements were not met (John Bosco Isunju, et al., 2013). Moreover, in the slums of Dar es Salaam and Uganda, poor design has led to women resorting to OD (John Bosco Isunju, et al., 2013).

Gender and construction and maintenance of sanitation facilities

Generally, men take on family duties linked to constructing and funding sanitary infrastructure (Alexandra Geertz and Lakshimi Iyer, 2018, Bahadar Nawab, et al., 2006, Séverine Thys, et al., 2015b). Latrines might be negotiated as part of a marriage contract in some cultures (Séverine Thys, et al., 2015b). Women and their guardians pressurize males to construct latrines to win marriage offers and demonstrate their ability to support their relatives (Séverine Thys, et al., 2015b).

Since men are responsible for constructing latrines due to their decision-making power, women bear the brunt of the daily burden of managing the sanitation facilities (Jay P Graham, et al., 2016). The unequal burden that women and girls bear in obtaining water has been widely documented, but the additional impacts of sanitation have been little explored (Jay P Graham, et al., 2016). According to initial research in South Asia and East Africa, toilet cleaning is frequently a woman's job (Bahadar Nawab, et al., 2006, Elizabeth Tilley, et al., 2013). Women also have the burden of managing the disposal of menstrual hygiene products (Bethany A Caruso, et al., 2014, Environmental Sanitation, 2005).

Gender-based violence and lack of access to sanitation

GBV goes beyond physical and sexual violence. Access to poor sanitation, while not be the underlying cause of violence, can aggravate women's and girls' susceptibility to various forms of violence (Morgan Pommells, et al., 2018). WASH professionals working in humanitarian and development settings have conducted studies to establish the links between violence and sanitation (Morgan Pommells, et al., 2018).

The inaccessibility of adequate sanitation services is connected to the complicated reality of precarious living conditions faced by informal urban dwellers. For example, a qualitative study in three Ugandan slums (Jambula, Kiganda and Kifumbira) found poor sanitation amenities dreading assault when accessing sanitation amenities at nightfall. In addition, feelings of humiliation and vulnerability due to the constant battle for sanitation in a setting without hygienic, private and safe amenities. Women living in slums are constantly subjected to harassment and violence while accessing sanitation facilities (Seema Kulkarni, et al., 2017). Harassment and violence cut across all ages; for example, a study in the Orissa state of India

shows that teenage girls and young women, particularly the ones living in a nearby slum, are sexually harassed when they visit sanitation facilities (Apoorva Jadhav, et al., 2016).

Gender, sanitation-related psychosocial stress (SRPS)

GBV has been linked to psychological health problems like anxiety and depression (Mazeda Hossain, et al., 2021). The psychosocial burden of inadequate sanitation (Siddhivinayak Hirve, et al., 2015, Krushna Chandra Sahoo, et al., 2015) on people and society is a growing topic of study relevant to sanitation strategy and assessment (Elijah Bisung and Susan J Elliott, 2017). Psychosocial stress "is an outcome that arises through cultural and social norms, responsibilities and expectations regarding water and sanitation use, as well as physical barriers that limit adequate access or use" (Kristyna RS Hulland, et al., 2015, Edward GJ Stevenson, et al., 2012). SRPS is exacerbated by environmental obstacles, social issues and concerns of sexual assault (Krushna Chandra Sahoo, et al., 2015)

Studies on SRPS encompass good health like physical, emotional, and psychological well-being (Elijah Bisung and Susan J Elliott, 2017). In addition, unrecognized psychosocial outcomes of sanitation initiatives may exaggerate the disadvantages of sanitation programs, particularly for women and girls (Elijah Bisung and Susan J Elliott, 2017). For example, according to Durba Biswas and Shweta Joshi(2020), rampant sexual assaults on young girls in and out of schools have no longer allowed using school toilets in South Africa. Even if the bathrooms were in a poor state, the underlying dread of sexual assault could discourage women from using school toilets even if they were in good condition (Durba Biswas and Shweta Joshi, 2020).

Some social and cultural variables (e.g., gender standards) combined with environmental factors (e.g., wet defecation spots, animal bites) can cause both general and gender-specific psychological stress (Durba Biswas and Shweta Joshi, 2020). Dread of animal attacks and revulsion with filthy restrooms, for example, can be the root of anxiety in both women and men (Durba Biswas and Shweta Joshi, 2020). Studies of women across India show that various sociocultural and environmental variables can cause discomfort when trying to meet their sanitary demands (Durba Biswas and Shweta Joshi, 2020). For example, a study in rural Pune shows that more than 57 per cent of women who defecate openly express stress over lack of cleanliness, related to 7 per cent who use sanitary facilities (Siddhivinayak Hirve, et al., 2015). In Odisha, India, Women are at risk of attacks from animals and snakebites, particularly if they travel in the dark (Krushna Chandra Sahoo, et al., 2015). In Uganda, a research demonstrates that women who defecate outdoors face embarrassment, stress, and threats of violence (K Massey, 2011).

Sanitation in Uganda

Uganda is a landlocked nation in East Africa with 40.3 million people, with an annual growth rate of 3% (UBOS, 2019). It occupies 241,554.96 square kilometres with a population density of 174 per square kilometres (UBOS, 2019). It is divided into four parts, Northern, Eastern, Western and Central (UBOS, 2019). In Uganda, 29 million individuals lack access to improved sanitation translating to 8 in every 10 persons (World Vision, 2021). In Northern Uganda, 29 percent of households that do not utilize sanitary facilities are much higher than the equivalent statistics for the Eastern 8 percent, Western 2 percent, and Central areas 5 percent (Humanitarian Aid Relief Trust, 2019). Access to sanitation is 77.2% in rural regions and 87.9% in urban areas (WASH Alliance International, 2015). However, just 7.1 percent of the population uses safely managed sanitation in the rural areas, compared to 42.8 percent in metropolitan areas (WASH Alliance International, 2015). Furthermore, 22 percent of the rural population conducts open defecation than 12.1 percent in urban regions (WASH Alliance International, 2015).

Most diarrhoea-related deaths among children in Uganda are still attributed to contaminated drinking water, inadequate sanitation and poor hygiene (Mitsuaki Hirai, et al., 2016b). One of the three leading causes of child death in Uganda, Diarrhoea, kills 33 children per day (UNICEF, 2021). Every year, about 4,500 children age five below die from diarrheal diseases due to contaminated water, inadequate sanitation and dangerous hygiene behaviours (World Vision, 2021). In low-income communities, managing menstruation can be a significant problem (Julie Hennegan and Paul Montgomery, 2016). In Uganda, menstrual hygiene remains a considerable challenge, especially for girls (George Miiro, et al., 2018). A menstrual hygiene intervention is planned to minimize school absenteeism (George Miiro, et al., 2018). A study conducted by World Vision shows that primary school girls drop out of school at a rate of 10% due to poor menstrual hygiene management (World Vision, 2021). Due to premature death, access time, loss of productivity when ill and obtaining treatment, inadequate sanitation costs the Ugandan Government about $ 86 million every year (Humanitarian Aid Relief Trust, 2019).

Gender-based violence in Uganda

Uganda has a significant prevalence of recorded GBV according to Uganda Demographic Household Survey(UDHS) (UNFPA, 2018). Although there are laws and programs to protect victims and survivors, GBV is rising in Uganda (UNFPA, 2018). According to the annual crime report from Uganda Police Force, recorded and investigated incidents of GBV increased by 4% between 2015 and 2016 (from 38,651 to 40,258 cases) (UNFPA, 2018). Moreover, GBV remains a serious barrier to women's empowerment. A 2011 survey found that 56% of women aged 15-49 had been physically assaulted at least once since they were 15 years old. Similarly, 2011 UDHS shows that the physical, sexual, and spousal emotional violence rates among women aged 15-49 were 56%, 27.7%, and 42.9%, respectively (UBOS, 2011). Sexual violence has reportedly

decreased by over ten points between 2006 and 2011 (39% in 2006 to 28% in 2011) (UBOS, 2011). However, a 2009 survey conducted by Uganda Law Reform Commission indicates that 50% of women surveyed stated being subjected to violence every day. In addition, more than one-third of working women reported being abused in marriage (UNFPA, 2018). Furthermore, although the rate of physical assault among women ages 15 to 49 has decreased from 34 per cent in 2006 to 27 per cent in 2011, in pregnant women, it has remained the same (16 per cent) (UBOS, 2011).

Lack of economic empowerment of women and girls, especially in rural areas, dependent on their husbands was more likely to lead to physical violence (UNFPA, 2018). According to the 2016 UDHS data, 24.1 percent of rural women had experienced physical violence in the 12 months before the survey, compared to 16.0 percent of women in urban areas, implying that rural women are at higher risk of GBV than women in urban areas in Uganda (UBOS, 2018). Uganda has committed to initial attempts to capture the significant expenditure on GBV and harmful practices (HPs are "discriminatory practices regularly committed over long periods so that communities and societies begin to regard them as acceptable") (UNFPA, 2018). However, although much of GBV and HPs occur covertly, such violence's consequences on growth and well-being are poorly studied (UNFPA, 2018). Recent research has shown that the health sector spends around UGX 18.3 billion yearly on addressing the consequences of GBV (UNFPA, 2018). Additionally, the police invest UGX 19.5 billion, and local governments spend UGX 12.7 billion, not including lost yield or other lasting effects of domestic violence (DV) (UNFPA, 2018). It has been projected that GBV occurrences cost the Ugandan economy about UGX 77 billion annually (UNFPA, 2018)

Sanitation and gender-based violence in Uganda

There is limited information on GBV in relation to sanitation in Uganda. While the lack of sanitation facilities near homes is not a common cause of GBV, it does contribute to its occurrence. According to an Oxfam survey conducted in 2018 at Omugo extension camp (Northern Uganda), one participant in a focus group discussion stated that women were worried because " the distance to the toilet is far and men might watch and rape them." (Julie Fisher, et al., 2018). The same study states that a large number of women reported being very concerned about sexual assault within and on the way to amenities after dusk: This was the case for 64% of those who reported fear of GBV (Julie Fisher, et al., 2018). The Oxfam study indicates, fear of being watched and peeping while using a restroom was high among women, increasing their fear of GBV. Furthermore, 63% of the women identified at least one risk relating to GBV as a reason for not using the sanitation facilities in the day, compared with 14% of men(Julie Fisher, et al.,

2018). In addition, female respondents also registered high levels of concern and feelings of shame and embarrassment at being seen going to the latrines by men (Julie Fisher, et al., 2018). In his study in Uganda, K Massey(2011) notes that respondents reported shame due to rape associated with lack of sanitation and stated that a rape victim would hesitate to disclose the crime because of the stigma.

In a study from Kampala slums (Jambula, Kiganda and Kifumbira), women showed concern and fear of contracting diseases due to poor sanitation (K Massey, 2011). They were also concerned about the possibility of contracting a sexually transmitted infection (STI) from a dirty toilet, as this is in line with gender norms (K Massey, 2011). Therefore, women need to be seen as chaste (K Massey, 2011). The study from Kampala slums shows that women are apprehensive about leaving the house after dark because of the risk of physical assault, rape or attack (K Massey, 2011). This risk discourages women from leaving their homes in the late twilight hours (K Massey, 2011). The actual occurrence of assault and rape was a genuine threat that deterred women from departing their homes late and using public toilets at the dust as potential attackers were known to lurk after dusk (K Massey, 2011).

Research Methodology

Study design

This research followed the systematic review commissioned by Simavi entitled: VAWGs in WASH (Juliet Kiguli, 2020) and the GESI assessment (Mathias Ofumbi, 2018b). The data from these two studies were helpful in this research as some parts were replicated as needed. This exploratory qualitative research employed mixed methods of qualitative data collection to explore a problem that is not clearly articulated. Furthermore, it is an illustrative case study exploring a relationship between GBV and sanitation in the case study area. According to Alan Bryman(2016), qualitative case studies are conducive to a thorough situation investigation.

Study location

The study area is Patongo Town Council, an urban town in the Agago District, Acholi sub-region of the Northern Region of Uganda. The Patongo Town Council administers the town. It has a total area of 35.18 km², with a population density of 361.0/ km² (Thomas Brinkhoff, 2020). The population projection for 2020 is 12,700, of which 6,200 are male and 6,500 female, with an annual population growth rate of 1.6% (Thomas Brinkhoff, 2020). In the Agago district, sanitary conditions have improved (Mathias Ofumbi, 2018b). According to Water Sector Performance Report for 2020, people in urban areas using any sanitation facilities increased from 87.9% to 89.1% (Mathias Ofumbi, 2018a). Equally, the percentage of households in urban areas using basic sanitation facilities increased from 42.8 percent to 44.8 percent, while the number of

individuals utilizing safely managed sanitary facilities increased by 1.5% (Mathias Ofumbi, 2018b)

Research methods

The research used a combination of qualitative research techniques that included secondary and primary data collection methods. Already collected datasets, such as government agencies or research groups, were used as a secondary data source as this helped build on the information already available. Primary data was collected through interviews, focus group discussions, and observations.

Data analysis

For the Key Informant Interviews with Simavi and the partner organization, a transcript ID was created using otter.ai. Software, as the researcher, conducted them. For the remaining Key Informant Interviews and Focus Group Discussions, the transcript IDs were created by the Makerere team. Then thematic coding was done based on the research question. Alan Bryman(2016) points out that the most popular method for analyzing qualitative data is thematic analysis.

Results

Sanitation practices of women, men and children

Shared latrine

In Patongo, the most common way of defecating is to use the traditional pit and VIP latrine, which men and women share during the day at the household level (KII001 and KII002). The household interviews revealed that 7 men and 6 women shared latrines during the day. The FGDs have also shown that latrine is shared among households. *"All share latrines if the neighbour does not have one."* (FGDF001). Sharing of latrine is confirmed by a male respondent who said, "*There are some homes that do not have toilets, and they use the neighbours' toilet."* (FGDM001). In contrast, a boy said in an FGD, *"Yes, because some people here in town who have pit latrines keep locking them and do not want to share them with other people."* (FGDB001). The lock suggests that some households want to control with whom they share the latrines that some latrines had an external lock.

The practice of latrine sharing has been noted in other studies in Uganda and the African region. For example, SNV(2014) baseline study in West Nile Uganda found 48% of the population and Innocent Kamara Tumwebaze, et al.(2013) in Ugandans Kampala slum, where most of the residents shared latrines between men and women. In addition, the studies by Peter A Obeng, et al.(2015) in a low-income peri-urban community in Ghana and Satoshi Sasaki, et al.(2008) in

Zambia have shown that the extended family system and the multiple tenancy arrangements in houses encourage sharing of latrines by both male and female on the property and in the community. However, a study in Kenya found that some cultural beliefs, such as prohibiting men from seeing women, prevent women and men from sharing a latrine (Jennifer McConville, 2003).

Day time urination practices

Men usually urinate in open places, even during the day (KII002). In the household interview, respondents said that 12 men go around the house or animals shades to urinate during the day. *"mostly men will be seen facing off the people and urinating in the day ."* (FHH008). A male respondent added in a household interview, *"For us, it is normal because we can relieve ourselves by urinating behind the animal shade or behind the latrine if it is not a long call."* (MHH002). One of the male respondents from the FGDs with men in their 20s confirmed this, "*Men are not afraid of anything; we just unzip our trousers and urinate behind a building or even a tree in broad daylight, not like women; who should not be seen.*" (FGDM001). Women, unlike men, do not use public places to urinate during the day (KII001 and KII002). The household interview indicated that all the 10 women interviewed used latrine at home during the day. *"Women are seen relieving themselves in the latrine during the day; we usually go to the latrine when we need to"* (FHH0010). A male respondent added, *", So it is not common for women to urinate where they are seen*" (MHH004).

The practice of open defecation

The practice of OD is common among some area residents and is practised by both men and women (KII001 and KII002). The household interview revealed that 4 respondents, 3 men and 1 woman, practice OD because they do not have a latrine. A male respondent stated, *"I have not built a latrine, and I usually go to the bush to relieve myself and cover it with soil afterwards."* (MHH005). One woman added, *"I will hide behind a big tree or bush where no one sees me because I do not have my latrine, and it is difficult to use other people's latrine"* (FHH008). According to the key informant interview, the practice of OD is also common when they are on their farms as they do not have a latrine on their farms (KII002). The household interview also showed that of the 10 (6 men and 4 women) respondents who practice farming, as shown in **Error! Reference source not found.**, 6 men and 2 women practice OD because they do not have a latrine within the farm and use bushes or dig a hole and cover it. Additionally, a male respondent said, "*If the toilet is far away because that is a village, you take a hoe and dig 1 or 2 hoes deep into the ground and then cover the hole well."* (FGDM001).

Some latrines are in poor condition and filthy, leading the respondent to OD. An observation from a shared latrine showed the walls and floor are smeared with faeces. A female respondent from a household interview said, *"people do not use latrine the way it should use, the latrine has bad smell because of the urine and faeces all over, which makes one go in the bush"* (FHH006). A girl in an FGD also voices the practice of open defecation: "*People prefer defecating in the bush because some people do not use the toilet in a right manner when you want to use, you find a heap of faeces when someone has not correctly placed the faeces in the hole. So that makes people not afford to use latrine since the bush is there and even closer.*" (FGDF001). As a result of the filthy latrine, 1 woman and 1 man said they reverted to OD.

The above finding is consistent with the study by Moses Ntaro, et al.(2021) in rural western Uganda, where shared latrines that are dirty lead communities to return to the practice of OD. Similarly, Siddhivinayak Hirve, et al.(2015) in rural India and Navin Bhatt, et al.(2019) in Nepal found that dirty toilets contribute significantly to OD. Women do not use latrines during pregnancy, preferring to go to OD sites in Patongo (Juliet Kiguli, et al., 2021a). However, 1 male and 3 female household interviewees said that women should not use latrines from the fifth month of pregnancy. In addition, a female respondent in an FGD said, "*When I was pregnant with my son, I mostly did not go to the restroom…I used to go out in the open for the safety of the unborn child."* (FGDF001).A similar study by Juliet Kiguli, et al.(2021a) conducted in Uganda confirmed the above finding that pregnant women do not use latrine at this stage but practice OD.

Nightime practices of women and girls

According to the key informants, women and girls use different night defecation and urination solutions for safety and security (KII001 and KII002). For example, 3 women said they used polythene bags commonly known as "kavera" (FHH001, FHH003 and FHH005) during the household interview. On the other hand, 1 woman used a bucket for night defecation and urination (FHH008), as shown in Figure2 below. In addition, one woman in the FGD said, " *I told you a woman get into a bucket or a paper bag at night than to go outside."* (FGDF001). The difference in using these strategies is that the polythene bags can simply be disposed of like general household waste without anyone seeing it. Also, even if one used a new one every night, the polythene bag does not need to be washed with much water because it is a one-time thing.This practice is not uncommon in Africa. For example, in Mathare, Kenya, and South Africa, women use buckets, plastic bags, and OD for defecation at night(Samantha Winter, et al., 2018).

Six women from household interviews said they used latrine at night. 4 of them used the privately-owned latrine at night (FHH002, FHH004, FHH006, FHH007), while the other 2 to go

out in groups at night or used fire to use shared latrine (FHH009 and FHH0010). A boy said in an FGD, "*Others get fire and go to the toilet with it. Others go to the bathroom at night in a group.* "(FGDB001). Those who use a latrine are educated or have a good financial status. Among the 10 men interviewed, it was revealed that 7 of them used the toilet at night while the other 3 used OD at night. Of the 7 that used latrine, 2 used privately owned latrine while 5 used shared latrine. All those who use a latrine are educated and salaried or income from a business. It suggests that education and financial capability determines latrine use.

Figure 2: drum, bucket, and polythene bag (kavera) used for defecating at night. Photo credit: Okot

Disposal of children faeces

The women take care of the children's faeces, which are then disposed of in the latrine, buried or burnt (KII002). One mother said in a household interview, "*As the mother of a child, if they need to go to the toilet, I might spread out a newspaper and bring it. If they do not know, I may take an iron sheet after defecation and deposit it in the restroom.*" (FHH005). An interviewee from an interview with a key informant also says, "*In this town, it is mainly the women who take care of faeces when the children defecate. Their faeces are burnt with the other household waste, thrown in the restroom, or sometimes buried in the garden.*" (KII0010). From the household interviews, 8 respondents (3 men and 5 women) stated that children defecate in potties (a tiny plastic seat on a detachable pot). These are then disposed of in the latrine, 5 said the children defecate on the ground, which is later carried and disposed of in the latrine, 4 of them buried where the child defecated, and 3 burnt them with the household waste. A mother stated, *"what prevents me from using the potty is, it is costly, and I cannot afford it"* (FHH005). However, one respondent stated, "*The use of potties makes the disposal easier since they excreta is collected at one point."* (FHH002). Other women in a household interview said that *"Using potties requires much work such as removing the child's clothes, water for washing, frequent cleaning to reduce the odour and avoid flies"* (FHH003, FHH005 and FHH008). Women taking of children faeces and its

disposal means are practices practised in the East African region; for example, a study by Anna Ellis, et al.(2020) in Western Kenya noted that

In the East African region, it is common for women to manage and dispose of children's faeces.

Menstrual hygiene practices and management

Sanitation practices for women and girls include taking care of menstruation(Juliet Kiguli, et al., 2021a), although this is a burden, especially in Uganda. Therefore, women and girls use different materials to help them deal with their periods, as shown in figure 3. A female FGD participant said, *"here, we use different materials like pads, nickers, petticoats, cotton wool, cloths, leaves and toilet paper."* Others also use plant leaves during their periods, and she added, *"Some women use 'Pot Opok' or 'Pot Ogali' during their periods, which are soft leaves."* (FGDF001). Women and girls choose to use sanitary pads and cloth even though there are many materials available for menstrual hygiene management in this area. A man also said in an FGD, *"They use pads and nickers, but there is something that I do not know the name also, it is flat like this they put on the nickers before they put on it, ok it can be the reusable pads after using, and they wash it, even toilet tissues."* (FGDM001). It suggests that men do not know the names because talking about menstruation with their daughters and wives is taboo. The 20 household interviews revealed that the most commonly used material is a disposable sanitary pad used by girls and women, as stated by 8 women and 6 men respondents. Another 2 women and 4 men indicated both girls and women use reusable cloth pads. The use of a sanitary pad is common because it does not require any washing and is easily accessible since there are available in the local market (KII002).

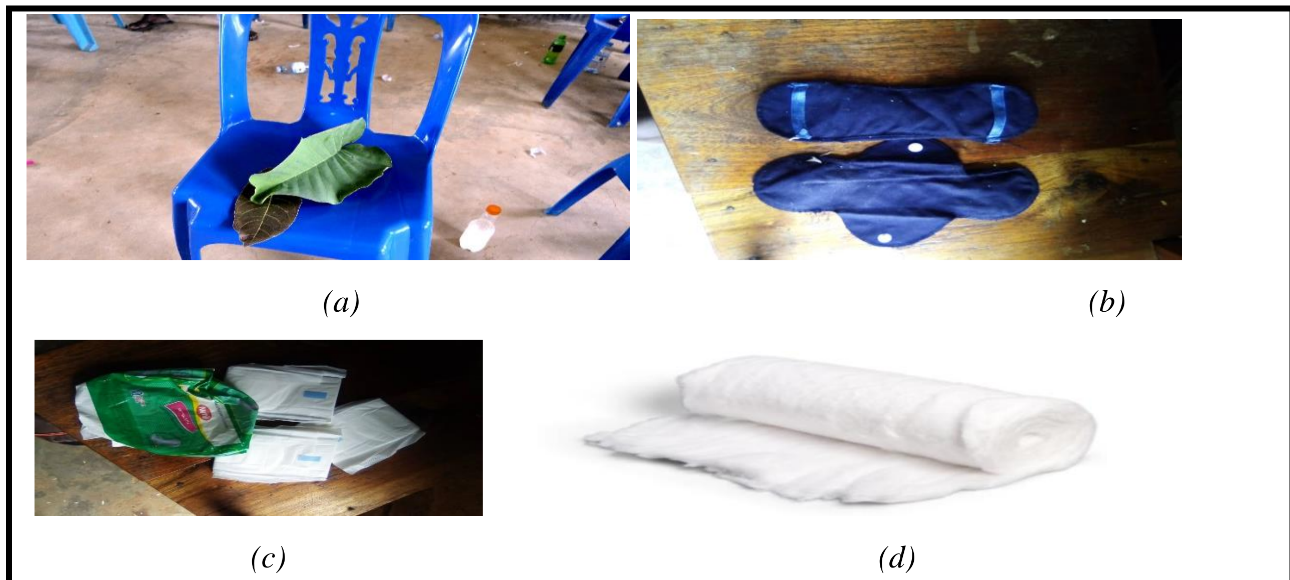

Figure 3: (a)Soft leave used during menses (b)reusable cloth pads (c) Commercial sanitary pad (d)Cotton wool. Photo credit: Okot

During the observations, it was found that only 2 latrines had menstrual bins where menstrual waste can be disposed of after use, while 18 of the latrines did not have. These 2 latrines belong to a teacher and a nurse, it is noted that they are more educated. In addition, 4 other women stated burying used sanitary pads, 2 disposing it in the latrine and 2 burning it. A female key informant said: *"Women burn sanitary pads and others end up in the toilet."* (KII001). Moreover, a female stated in an FGD, *"After using the pads, they put it in the black 'kavera' so as no one can see it and they take it to the toilet, or they go and dig somewhere, and they put it in. But in most cases, they put in the toilet, when you see someone has taken a lot of minute in the toilet know that she has taken something,"*(FGDF001). A man also said in an FGD, " *Sometimes they gather in one place and set fire to it; they burn it as if they are burning it in between the waste."* (FGDM001).

Use of anal cleansing material

Respondents reported using different anal cleansing materials and methods. When the 20 households were interviewed, 8 respondents reported using old papers, 10 used paper tissues, and 2 used water and old papers as anal cleansing materials. The 2 that used water were Muslims. This was supported by a key informant who explained, *"Different materials are used; some buy*

tissues from the local kiosk because they are available there, others use old cardboard boxes to clean themselves. Then, they go to the latrine with water to clean themselves." (KII001). One female respondent said, *"Here we use old boxes or papers to clean ourselves after going to the latrine because they are easily available."* (FHH008). A second male respondent said, *"In Muslim communities, we usually clean our buttocks with water after defecating."* (MHH003). The use of anal cleansing materials depends on the particular religion, affordability, and availability of the material. None of the households had separate containers for disposing of anal cleansing material, but all ended up in the latrine. A key informant noted, *"The latrines do not have a specific container where anal cleansing is disposed, mostly its dumped into the pits."* (KII001). Another study by Ahamada Zziwa, et al.(2016) in Uganda found that anal cleansing materials are discarded into the pit latrines after use.

How gender roles and norms shape practices of sanitation for women/girls and men/boys

In Patongo, a report and workshop conducted by SIMAVI highlighted various gender norms on womanhood and manhood. They used statements such as "Act like a man" or "Act like a woman." (Juliet Kiguli, et al., 2021b). Such statements/phrases define the gender identities, which include gender roles that shape the sanitation practices. The characteristics that define the women/ girls when they are to act like a girl/woman are; being very humble; being descent in the way you dress, walk and talk; should do domestic work like cooking, fetching water, washing, taking care of children; the girls should be closer to their mothers for their essential needs hence she behaves like her mother. Girls should kneel in front of their seniors and bathe young children (Juliet Kiguli, et al., 2021b). However, she can ride a bicycle but not wear trousers as this signifies being a "Malaya", meaning whore (Juliet Kiguli, et al., 2021b).

The men/ boys in Patongo Town Council listed the following: men should be quick/fast, should fight, head the household, put on a trouser, be strong, be objective, make decisions and act on it, stand while urinating, be courageous, speak openly, don't fear, be brave, work hard, don't fetch water, don't cook, wash or grind; collect firewood for outdoor fire, learn to construct toilets, houses; clean the compound; don't cry; take care of animals; provide security for girls; don't sit in the kitchen; don't sit on the grinding stone; go hunting for diet; be aggressive; be confidential; don't gossip; a boy child is referred to as "okutulango" which means a thorn which pricks and is very painful to remove from the skin hence indicating that a boy child should provide security for the family; should eat a lot of food; should be like their father and boys are supposed to marry or pay the bride price for girls (Juliet Kiguli, et al., 2021b).

The above gender norms shaped the practices of sanitation in several ways: Men and boys are assumed to be fearless or brave. Therefore, men use the latrine at night. One FGD confirmed this*: "Men can go at night not like women because women are usually afraid of attackers who*

might harm them." (FGDM001). Women and girls are fearful, meaning that most women do not use latrines for safety reasons but resort to other means. One FGD participant explained, *"I told you that a woman would rather get into a bucket or a paper bag at night than going outside for safety reasons."* (FGDF001). Women's fear at night also causes them to move in groups, make fires or have someone accompany them when they go to the latrine. One FGD participant explained, *"We are afraid to go alone at night; we use fire and go to the toilet with it. Others go to the toilet with an escort because they are afraid of being attacked."* (FGDF001). A good woman or girl should cover herself and not show herself naked. Because of this norm, women are not seen urinating in public during the day because society expects them not to be seen. Men, on the other hand, can relieve themselves as they wish. One household member interviewed confirmed this: *"Culturally, women should not be seen naked, so it is not common for women to urinate where they will be seen"* (MHH004). For men, it is normal to urinate anywhere. Another respondent confirmed: *"For us, it is normal because we can relieve ourselves by urinating behind the animal shade or behind the latrine if it is not a long call."* (MHH002).

Men are considered the head of the household, and women should respect them. However, in most cases, men do not know or understand the menstrual hygiene needs of women and girls, which leads to poor management of menstrual hygiene in most households. Moreover, women are expected to be submissive. Therefore, they are dependent on men as they cannot question them, and their needs in managing menstruation are not considered. One FGD participant explained, *"Women and girls do not discuss menstrual problems with the man even though they are the head in most households, which results in men not paying attention to menstrual hygiene requirements."* (FGDF001). Women take care of the children because women are always at home and understand the children better than men. One FGD confirms this: *"Women take care of the children according to the culture, i.e. all tasks related to the children, such as bathing and feeding, are done by women or a girl in the household."* (FGDF001). For men, the culture does not allow them to carry out activities around the home. A man added, "*Here in Patongo, men do not manage children faeces; we are supposed to go outside and do other jobs." (*MHH003)

Safety, comfort, privacy do women and girls have in relation to sanitation practices

Fear, security and safety

Due to the bushy environment, 8 females and 3 males of those interviewed said they were afraid of animals at night. A 36-year-old female respondent said, *"There are small animals like spiders and scorpions that hide in the grass around the latrine, so it is difficult to use it when it is dark, and you have no light."* (FHH009). This fear was confirmed by an FGD, *"The problem with no light at night is that there are such dangerous things like snakes and scorpions that can enter the latrine. You cannot see anything because there is no light, and also the bushes and grass around*

the latrine are not good because these animals can bite you on the way." (FGDF001). A male respondent in an FGD further said, *"There are big snakes that you normally only see at night in the long grass, that is dangerous, and so you will not go near the latrine."* (FGDM001). It should be noted that 7 out of 10 men interviewed used the latrine at night, indicating men are brave and have the freedom to move at night.

The fear of dangerous animals at night is not only widespread in the study area. A study by B Reed, et al.(2018) on the humanitarian situation in Nakuru, Kenya, supports the above findings that going to the toilet outdoors during darkness can be risky because of encounters with dangerous animals such as snakes and scorpions. The lack of lighting in and around the latrine poses safety risks (KII001). Four women stated in a household interview that they are afraid to go to the latrine at night when there is no light and therefore resort to other means. One woman explained in an FGD: *"If the toilet is far away because there is no light in a village at night, you take a hoe and dig 1 or 2 hoes deep into the ground and then cover it well."* (FGDF001). A boy in an FGD highlighted the problem of lighting: *"As for the light at night, there are such dangerous things that can happen in there, to avoid that, you put the light outside and inside, and if you do not have light, women and girls walk with the torch at night, so they are safe on the way."* (FGDB001). None of the men reported being afraid to go out at night, suggesting that men are brave and take risks.

The latrines are not far from the houses. However, as 4 women explained in a household interview, the distance is inconvenient because one has to walk past many homesteads at night to get to the shared latrine, posing a risk to women and girls. A female councilor explained in an interview with a key informant, "*Women and girls are exposed to more risks if they travel a certain distance, especially in the evening hours, because girls can be raped and violated on the way."* (KII006). A female explained in an FGD: *"We are afraid to go alone at night; we use fire and go to the toilet with it. Others go to the toilet with an escort because they are afraid of assault."* (FGDF001). Another study in Uganda by Japheth Kwiringira, et al.(2014) found that women are reluctant to go to community latrines at night because they pass many houses in the process, which poses a risk discourages them from going to the latrine at night.

Women are vulnerable to infections due to the unhygienic conditions at the toilet, as they spend most of their time squatting due to their biological disposition. In addition, this could be due to the sharing of latrines by non-family members. A girl in the FGD illustrates this: *"I feel bad because different people use it and have different health status; there are many who use it, and others do it outside the pit and some women who are menstruating pollute these toilets, it makes you afraid; afraid of contagious diseases."* (FGDF001). Another female respondent added: *"Most of the time you find that some people have urinated out of the toilet, and if you use the*

same place you can get infected UTI in the genital area, for example with candida. So, I try to direct my urine specifically to the pit to avoid contaminating it with the urine already on the floor." (FGDF001). Other studies have also found that dirty latrines put women at risk of infection. A study by Japheth Kwiringira, et al.(2014) in Uganda affirmed the above findings that unclean latrines can put women at risk of urinary tract infections and other vaginal infections. In addition, a meta-analysis by Marieke Heijnen, et al.(2014) found that latrine used by many people with different backgrounds and hygiene standards makes women vulnerable to diseases and infections.

Privacy, comfort and embarrassment

Privacy issues were raised by 7 household interviewees, 5 women and 2 men. The women who highlighted these privacy concerns are newly married women who do not like to be seen in public. A female in an FGD said, *"Women need a private and convenient place to ease themselves, else it would be a struggle for them to find a place where their mind is relaxed"* (FGDF001). Again, the stress associated with privacy varied depending on the type of latrine used. 4 of the 5 women who indicated stress with privacy during the household interview used a shared latrine. The lack of accessories like doors and locks, , is a significant contributor to stress in privacy (KII001). According to observation, most of the latrines in the study area have no locks (inside and outside), no doors, and holes in the wall and roof. Observation also showed that 2 of the latrines are shared without doors, 5 without locks and 4 without roofs. Furthermore, the lack of these accessories allowed other community members to look into the toilet while the women were using it, either unintentionally or on purpose. According to a household interview, this led to shame and constant worry for 5 women. A female respondent explained in a household interview, *"The toilet does not have a door, so we use an iron to block it to indicate that we are using it. With notice on the door, there is a possibility of someone coming while you are using the toilet, so you apologize to each other."* (FHH009). A female FGD participant agreed with her, *"It is not good to be in a latrine that does not have a good lock... sometimes when you squat and maybe the door is not locked well because it is not in good condition and someone could open it"* (FGDF001).

Figure 4: latrines without locks, lights, doors and roof. **Photo credit: Okot**

According to the household interview, 8 women and 2 men also pointed out privacy concerns when toilets are located near houses or in a communal space where people usually sit and play cards or talk, and people might hear one defecating. Furthermore, it is an indication that women should not be seen in public defecating, unlike men. In a household interview, a male respondent said, *"Where there are many people, women cannot freely use the latrine because people talk about them, which usually makes women uncomfortable."* (MHH003). A girl explained in an FGD: *"When you are in a toilet, you do not feel as comfortable as when you are in school or sharing it with others because other people would be waiting outside and hear what you are doing and who wants to use the same toilet."* (FGDF001). Her colleague added: *"At school, there are many people, especially during breaks, and everyone is out and about, unlike at home where you go to the toilet at free will."* (FGDF001).

Other studies have found the same finding in Uganda and other parts of the world. In the study by Japheth Kwiringira, et al.(2014) in Uganda, females preferred secrecy when using latrines. Similarly, the studies by Aarushie Sharma, et al.(2015) in Delhi and Tess Shiras, et al.(2018) in Maputo, Mozambique, show that the absence of doors, locks, roofs and walls makes women concerned about their privacy as men can quickly look through. The same study also highlighted that sanitation facilities in a communal place violate women's privacy as most people are near the facility, and women would feel uncomfortable there.

Worries, concerns and fears surrounding MHM

According to a female key informant, menstrual waste should be well disposed of for fear of witchcraft (KII001). In a household interview, 4 women and 2 men said that menstrual blood can be used for witchcraft and should be disposed of in a good way. A female respondent from the household interview said, *"You should not leave your blood in the open so that it is not used for witchcraft. For example, suppose you leave your blood on the slab, and someone who does not have a good heart does something with it. In that case, you will not give birth."* (FHH009). Otherwise, it can be used against someone and become infertile (KII001); therefore, women use

the different disposal techniques. A woman in an FGD disclosed, "*Women do that thing secretly; they put between the rubbish and burn it for fear of witchcraft.*" (FGDF001).

Women girls face hardship during menstruation when there is no latrine at home (KII001) since 13 households share latrine. In most cases, they have to use the neighbour's toilet and then if the blood drips on the floor of the latrine, the owner has a problem with the girl or woman (KII001). A woman said in an FGD, *"Our toilets are not cemented, and there is no way to wash off the blood, so the girl has to use a hoe to remove the stain from the floor, which upsets the owner of the toilet. He does call her and talk to her, but this tortures the girl psychologically."* (FGDF001). A woman in a household echoed her, *"When you have your period, sometimes the blood can dirty the latrine, and since the latrine has no water, it is difficult to clean it, and the owner gets angry with you."* (FHH004). In a household interview, a girl also said, *"I feel bad when I use the communal latrine during menstruation because if the blood drips on the floor and someone is waiting outside to use it, it leads to shame."* (FHH003).

The Study by Juliet Kiguli, et al.(2021a) in Uganda and Rajanbir Kaur, et al.(2018) in developing nations confirmed the above findings that women and girls face difficulties during menstruation and therefore feel shy and anxious because blood discharge during menstruation can be seen by others when they use the latrine. Of the women interviewed in a household, who use reusable pads, 4 said they wash them at night and dry them in a shelter where they cannot be seen because they could be used for black magic. When interviewed, one woman said, *"We wash our used towels at night and hang them in a shade where no one can see them. We wake up early in the morning and take them away when they are dry because we do not want anyone to see them."* (FHH009). A female participant in the FGD explained, *"We hang the sanitary pads after washing so that no one can see them because you know that someone with bad intentions can misuse them"* (FGDF001). Another study in a different context came to the same conclusions. In India, Rajni Dhingra, et al.(2009) found that reusable menstrual materials are secretly washed and dried in a corner at night when everyone is asleep. No one can see them because menstrual blood can be used for black magic.

Fears and concerns of pregnant women

Pregnant women do not use latrines when they are at this stage of life out of fear (KII001 and KII002). It is common for pregnant women not to use these latrines in the community because it is believed that the baby could die in the womb if the ash is poured on their faeces (KII001 and KII002). During the household interviews, 6 women and 3 men said that pregnant women do not use the latrines to ensure the unborn child's safety. A male respondent said, *"I heard that women should not go to the latrine because their faeces might come into contact with ash, and that is not good for the baby in the womb."* (MHH004). A female councilor in her interview with a key

informant said, "*Um, you know, they say in this area that pregnant women do not use latrines, but they do not say if it is from the 5th month, but they say if you put ash in the faeces of the pregnant woman, the baby in her tummy can die."* (KII006). In addition, 6 women and 4 men in the household interview said that pregnant women do not use latrines for the unborn child's safety. They believe that when the pregnant woman is in labour, she mistakenly relieves herself so that the baby could easily fall into the toilet during delivery. The female councilor, in an interview with Key Informant, said, *"From the fifth month, you cannot go into the pit latrine because if you are a girl, you do not know what will happen if you are in labour or not because you might throw the baby into the pit."* (KII006).

The household interview revealed that 4 women and 1 man said that pregnant women should not urinate in the open because they might give birth to a witch if a witch sees them. A woman in a household interview said, *"aaaah like when you are pregnant you should not urinate in the road side because when you urinate, and the wizard sees your urine, you will give birth to a child who is also a wizard hahahaha"* (FHH001). A female participant in an FGD added: *"when you are five months pregnant, people, for example, witches, should not see your urine; you might end up having a baby like them"* (FGDF001).

Gender-based violence in relation to sanitation.

Although there are many forms of GBV and the community has a broad concept of GBV, no relationship could be found with GBV and sanitation practices fears, role and responsibilities. However, other studies have found relationships between sanitation and other forms of GBV. These forms include sexual violence, where women and girls are harassed when visiting sanitation facilities (Marni Sommer, et al., 2015). It mainly happens during the night and makes women and girls use other alternatives for sanitation solutions. Secondly, women and girls are subjected to physical injuries as they access sanitation and lastly, stress levels due to fear of harassment due to visiting sanitation amenities at night(Marni Sommer, et al., 2015). Although GBV was noted in terms of physical and sexual violence, it was related to WASH and water collection (Morgan Pommells, 2015) due to discriminatory cultural beliefs and attitudes that perpetuate inequality and powerlessness, especially for women and girls.

While sanitation practices were shaped by gender norms and shaped by fears and worries, these fears and worries were found not to be gender-related. Since women and girls are most victims and a vulnerable group because they mainly rely on the facilities due to their biological differences and cultural beliefs. The roles and responsibilities of men and women in relation to the location and financing of the household latrine are shaped by gender norms. Since men are the head of the household and provide for the family, some decisions and responsibilities rest with them. It was found that the decision on the location of the latrine is gendered to some

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extent. Although men primarily decide on the location because they are the head of the household, educated and economically independent women decide together with their husbands. The financing of latrines is not gender-specific. Men fully finance the construction of latrines in the household because culturally, they are the head of the household and should make major investments.

Conclusion

The aim of the study was to explore gender-based violence related to sanitation in Patongo, Uganda. The study focused on sanitation practices and decisions related to gender and explored gender-based violence associated with sanitation, including concerns, worries and fears, and economic violence.

From the findings, it can be concluded that they are different sanitation practices for men and women. These different sanitation practices in the study area mainly revolved around excreta, pregnancy and menstrual hygiene. The differences in these practices can be linked to culture, education level and economic status within the households. Culturally, there are different gender norms and roles that women and men have. These norms and roles shape sanitation practise of both men and women. The culturally prescribed role of men as heads of households makes women dependent on men, and in most cases, their sanitation issues are not addressed because men are not informed about them. Although men and women expressed stress related to sanitation, it was defined more by women than men due to the location of the latrine, its accessories (lights, doors and locks), components, and culture during pregnancy and menstruation. It was noted that roles and responsibilities are gendered. For example, men decide on the latrine's location, its financing and construction, and the purchase of detergents, while women and girls are entrusted with the daily maintenance of the latrine. In other cases, it was found that some factors such as education and marriage lead to women sharing the responsibility of deciding the location of the latrine.The community understood the term GBV from different perspectives. The results showed that GBV was understood either as a fight between men and women or as rape. Other forms of violence were identified during the study, include physical, sexual, psychosocial/emotional and economic violence. Economic violence was not recognised by the study participants even though it existed - they viewed it from the perspective of money to buy food. In conclusion, GBV in this community is not related to sanitation.

Recommendation

Based on the findings, the said recommendations are as follows:

i. The intricate genesis of the problem arises from the perpetual gap initiated by a lack of an informed membership from the community. From the above, it is clear that society, in

general, is not well informed about gender-based violence. The first preventive measure is to educate the public about gender-based violence and its various forms.

ii. Although GBV is not related to sanitation, there are other factors like stress related to accessing the sanitation facilities. Therefore, the government should initiate a policy that is anchored on bettering sanitation facilities with more privacy and better menstrual facilities and ways of disposing of menstrual waste to be provided.

iii. Have institutional mechanisms in place where victims of GBV are unrestricted to report the acts of violence in private and confidential settings.

iv. It is necessary to establish counselling sessions and centres, and sufficient requirements like rehabilitation centres for the victims should be made to eradicate GBV in society.

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