

PRELIMINARY REPORT

2022

Photo: Amelia Conrad,
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MEASURING URBAN SANITATION AND EMPOWERMENT (MUSE) PRELIMINARY FINDINGS: Women in Kampala, Uganda

BACKGROUND AND METHODS

Background: Women's and girls' roles in household water, sanitation, and hygiene (WASH) are well-documented. Yet, there are limited data on how WASH conditions, programs, and policies impact women's empowerment, or how women's empowerment impacts WASH.

Aim: The aim of the MUSE project is to create and validate measures of sanitation-related empowerment in urban settings. Data generated can be used to inform Citywide Inclusive Sanitation (CWIS) programming.

Methods: In partnership with Athena Infonomics, CME Solution, and Kampala Capital City Authority (KCCA), Emory University, surveyed 713 adult women Kampala, Uganda from April 11, 2022 – May 2, 2022. Surveys were conducted in parishes in collaboration with KCCA, in each of Kampala's ten divisions. The survey included 16 scales and five indices to assess the three domains of empowerment: Resources, Agency, and Institutional Structures and their associated subdomains, adapted from van Eerdewijk (2017) (Figure 4). The survey also included questions on population demographics, WASH facility access and practices, and relevant WASH experiences related to the COVID-19 pandemic and lockdown. Further validation of scales in other locations is ongoing.

This report presents preliminary findings from the data collected in Kampala, Uganda.

FUNDER

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KEY FINDINGS

- **80%** used a sanitation facility located in their own dwelling, and **91%** needed to collect water for sanitation.
- **The majority (97.3%)** agreed that, in their communities, it is women more than men who are expected to maintain the cleanliness of family sanitation facilities.
- **One fifth (20.7%)** of respondents agreed or strongly agreed that women in their community face the risk of being physically harmed by men or boys when going to sanitation locations.
- **68.2%** agreed or strongly agreed that women typically have to delay going to a sanitation location more often than men because of their responsibilities.
- As a result of the coronavirus pandemic or resulting lockdowns or restrictions, **(83%)** reported difficulties purchasing sanitation-related items.

PARTICIPANT DEMOGRAPHICS

- **33.8 years:** average participant age
- **25.3%** married
- **4.3 people:** average that live in household
- **88.6%** completed at least primary education
- **37.1%** employed outside the home
- **4.5 hours:** average time spent outside home

WASH ACCESS AND PRACTICES

Sanitation

- The majority (**80.1%**) used a sanitation location in their own yard or plot (**Figure 1**).
- Most common sanitation facilities were: dry toilets (**70.6%**) and flush toilets (**29.0%**).
- **77.4%** reported using shared sanitation facilities. Among those, **95.9%** shared with known households and **4.1%** shared public facilities.
- **85.2%** reported their sanitation facility was lockable from the inside, and **39.7%** reported insufficient lighting inside their sanitation facility.

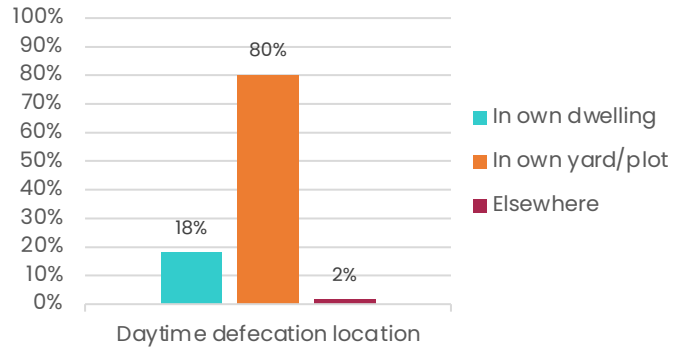


Figure 1. Locations where women reported defecating during the daytime

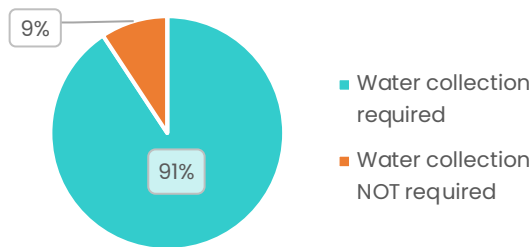


Figure 2. Proportion of women reporting they need to collect water for sanitation

Water

- **90.7%** needed to collect water for sanitation-related purposes (**Figure 2**).
- Of those, **80.1%** had to pay for the water used for sanitation.

Menstruation

Among the **58.5%** of respondents who menstruate:

- **85.3%** used single-use or disposable materials.
- **12.0%** avoided engaging in income-generating activities during their periods.
- Most used another room inside the house (**41.1%**) or a private bathroom outside the house (**21.2%**) for changing materials.
- Half (**53.9%**) typically disposed of materials in a rubbish bin (**Figure 3**).

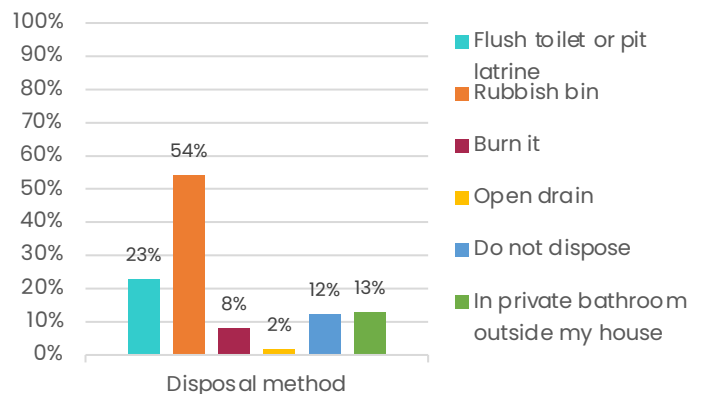


Figure 3. Reported methods of menstrual material disposal

IMPACT OF COVID-19

As a result of the coronavirus pandemic or resulting lockdowns or restrictions:

- **83.1%** reported difficulties purchasing sanitation-related items.
- **2.5%** reported heightened anxiety or stress when using shared sanitation facilities.
- **26.7%** said that lack of access to their previous sanitation locations was the reason for their reported COVID-19 difficulties.

EMPOWERMENT DOMAINS

Empowerment, as defined for this study, is composed of 3 domains: Agency, Resources, and Institutional Structures (Figure 4). The MUSE survey includes 16 scales and 5 indices for sub-domains of empowerment within these 3 domains. Below, we present example findings for individual items from each domain.

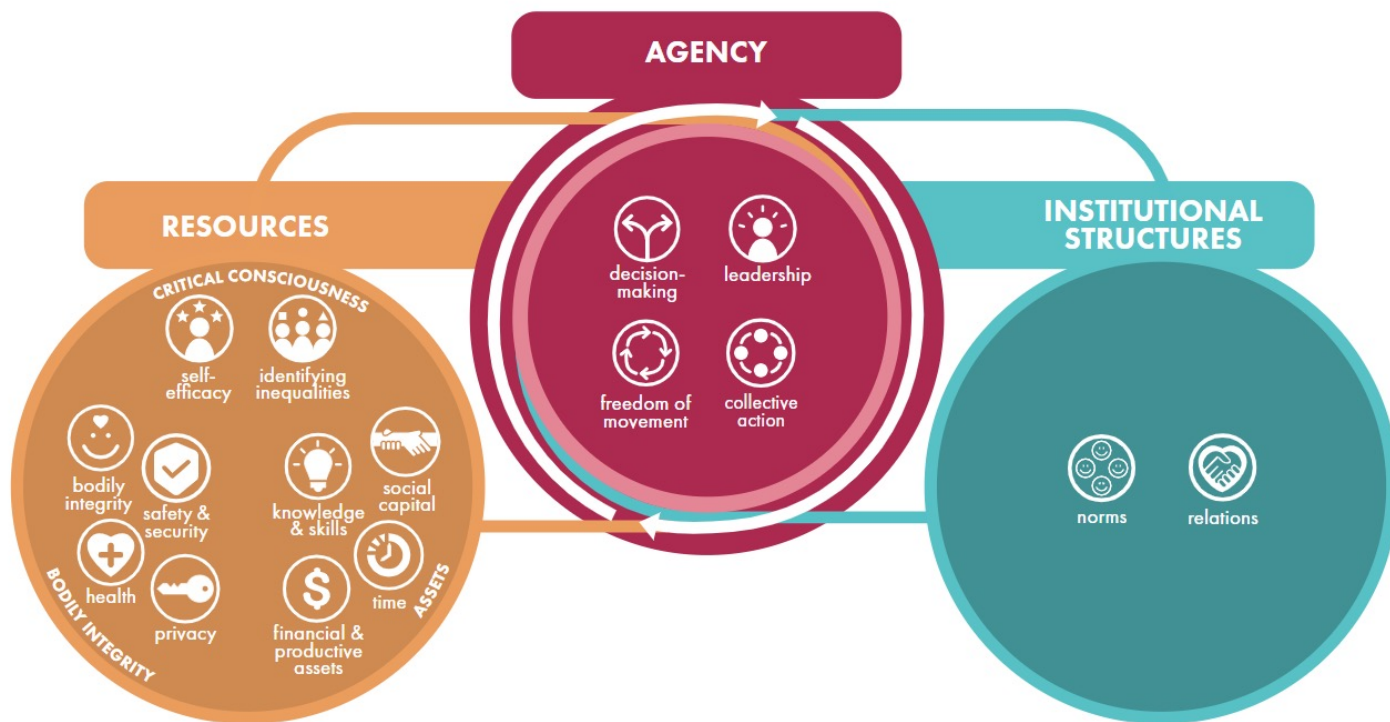


Figure 4. Conceptual Model of Empowerment adapted from van Eerdewijk, et al. 2017.

AGENCY

Agency involves the subdomains of Decision-Making, Leadership, Collective Action, and Freedom of Movement.

Decision-Making

98.3% of respondents agreed or strongly agreed that they would be welcome to participate in a discussion if their household was making a decision about sanitation-related issues. At the community level, **87.9%** of respondents agreed or strongly agreed that others were likely to listen if they spoke up in a community meeting about sanitation issues.

Leadership

The majority of respondents (**96.4%**) agreed or strongly agreed that women are as capable as men to take on official leadership roles in sanitation initiatives.

Collective Action

75.5% agreed or strongly agreed that they were confident members of their community will work with one another to achieve sanitation-related goals.

Freedom of Movement

99.7% of respondents reported that they could go to a sanitation location alone, without asking permission or requiring accompaniment. **82.8%** reported that they could go to a community meeting or training outside of their neighborhood alone, without asking permission or requiring accompaniment.

INSTITUTIONAL STRUCTURES

Institutional Structures include the subdomains of Norms and Relations.

Norms

The majority of respondents (**97.3%**) agreed that, in their communities, it is women more often than men who are expected to assume most responsibilities related to maintaining the cleanliness of the sanitation facility that their family uses. **98.2%** agreed that it is appropriate for women to attend sanitation related meetings where men are present.

Relations

90.9% of respondents reported that their family would encourage or help them to participate in a community initiative to improve sanitation. The majority of respondents (**90.4%**) reported that their interactions with local leaders or authorities about sanitation-related issues are generally free of conflict, and **87.9%** reported that they feel comfortable reporting sanitation-related problems to service providers when they arise.

RESOURCES

Resources includes the subdomains of Bodily Integrity, Critical Consciousness, Financial and Productive Assets, Time, Social Capital, Knowledge and Skills and Health, Privacy, and Safety.

Bodily Integrity

The majority of respondents (**64.6%**) reported often or always felt satisfied with the sanitation location they used most often.

Health

15.5% of respondents reported using a sanitation location often or always that they believed might make them ill.

Safety and Security

A fifth (**20.7%**) of respondents agreed or strongly agreed that women in their community face the risk of being physically harmed by men or boys when going to sanitation locations. **5.1%** personally felt unsafe in the place where they typically go for sanitation during the day in the past 30 days.

Privacy

12.5% of respondents reported that they often or always had to use a sanitation location that was not private enough while at home in the past 30 days.

Financial and Productive Assets

A quarter of respondents (**26.7%**) reported that they would need to ask permission before spending household money on small sanitation-related expenses, such as toilet paper, soap, or pay-per-use latrines. **51.0%** reported that they have control over money they could use to pay for household latrine/toilet improvements or repairs.

Time

7.0% of respondents agreed or strongly agreed that the sanitation-related needs and responsibilities of their household often make them miss out on other activities they would like to do.

Social Capital

Two thirds of respondents (**65.4%**) reported that they have someone in their household who would help with chores, such as cooking or providing childcare, so that they could tend to their own sanitation needs.

Knowledge and Skills

37.3% of respondents reported that they have skills, like budgeting, organization, or mobilizing, to contribute to sanitation-related projects in their community.

Self-Efficacy

54.6% of respondents felt that they could change sanitation conditions in their community if they wanted to.

Critical Consciousness – Identifying and Questioning Inequalities

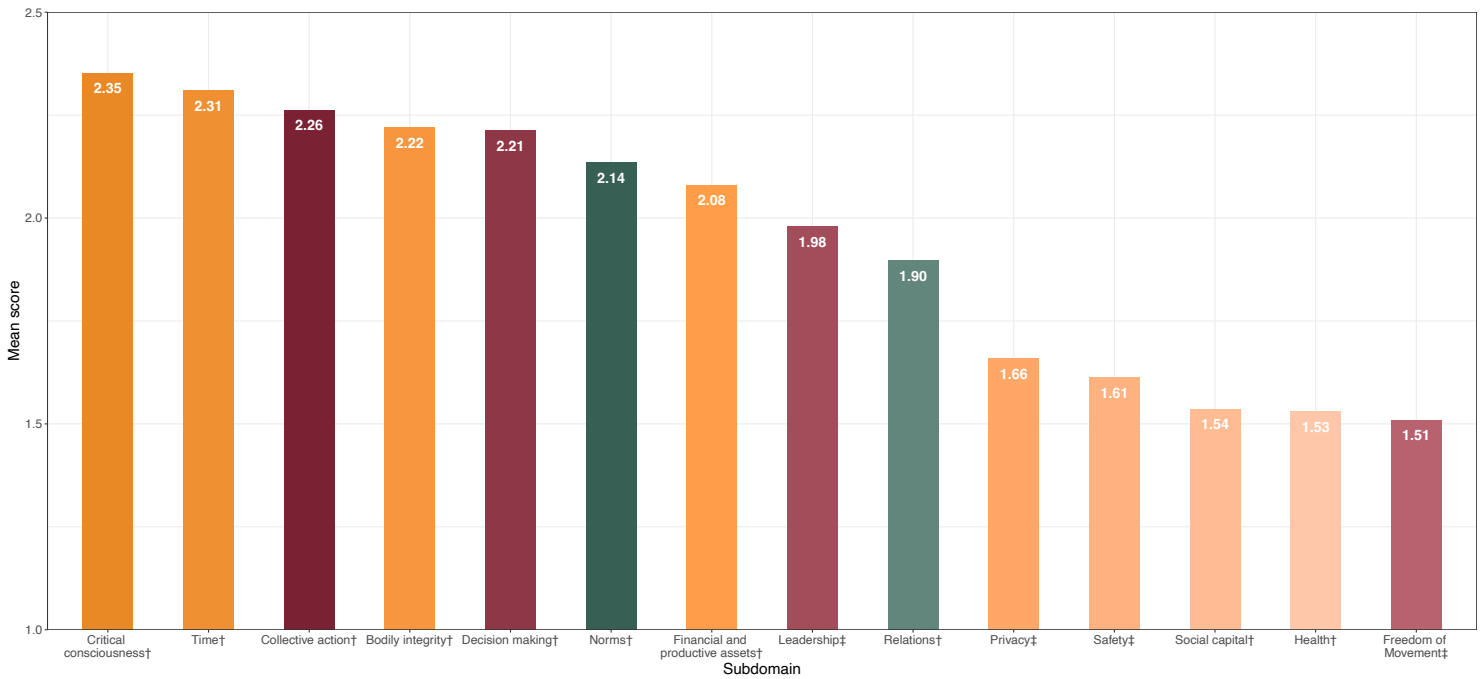
68.2% agreed or strongly agreed that women typically have to delay going to a sanitation location more often than men because of their responsibilities.

PRIORITIZATION OF EMPOWERMENT DOMAINS

To learn how participants prioritize the empowerment sub-domains, participants were asked about the degree to which each empowerment sub-domain was a concern or problem to them.

For each sub-domain prioritization question, participants responded to scores ranging from 1 to 4. Higher scores indicate a greater priority. The prioritization scores were then averaged across participants.

The two sub-domains with the highest mean scores were: Critical Consciousness and Time (**Figure 5**).



† Indicates degree to which subdomain is a concern

‡ Indicates degree to which subdomain is a problem

The scores range from 1 to 4:

(1) Not concerned at all (2) A little concerned (3) Moderately concerned (4) Extremely concerned

(1) Not a problem (2) A very small problem (3) A medium sized problem (4) A big problem

Figure 5. Participants’ prioritization of empowerment sub-domains

REFERENCES

van Eerdewijk, A. H. J. M., Franz Wong, Chloe Vaast, Julie Newton, Marcelo Tyszler, and Amy Pennington. "White paper: A conceptual model on women and girls’ empowerment." (2017).