



Making the Links



Mapping the relationship between water, hygiene and sanitation, and HIV/AIDS: a joint think-piece by WaterAid Ethiopia and Progynist

Introduction

Ethiopia is one of the poorest countries in the world with the majority of its population living below the poverty line. In the last twenty years Ethiopian society, already facing numerous obstacles to overcoming this poverty, has seen HIV/AIDS emerge as a huge threat to people's lives and a significant barrier to development. It is estimated that current infection rates in Ethiopia are 6.6%.* As in so many countries, it is young adults who are worst affected, with most instances of full-blown AIDS occurring in the 20-34 age group.* Hundreds of thousands of otherwise able-bodied citizens are unable to work. The number of children orphaned by HIV/AIDS increases relentlessly, and many elderly parents are left with no support as they are forced to watch their grown-up children succumb to the virus.

While everyone is vulnerable to HIV/AIDS, the people worst affected are those living in poor, overcrowded areas that lack adequate sanitary facilities, water supply, and medical care – and where family nutrition levels are low.

Many of the problems and challenges posed by HIV/AIDS have been well documented. What this paper aims to do is to focus on the links between hygiene and sanitation, and HIV/AIDS.

The issues raised in this paper are based on observations arising from Progynist's work in Ledeta sub city in Ethiopia's capital, Addis Ababa. The detailed data and case studies have been gained from interviews with 44 people living with HIV/AIDS in the area where Progynist is providing counselling and support services.

Progynist

Progynist was founded in 1997 and has been a WaterAid partner since 1998.

It is an organisation particularly concerned with the welfare of women. It works in former woreda 4 in Lideta sub-city of Addis Ababa, Ethiopia. The area is now divided into 12 kebeles (local administrative units) and has a total population of 90,000. The project is currently operating in 8 of the kebeles. The project area is a highly congested and neglected slum area. There is a shortage of health facilities with only one health centre and two health posts. Lack of adequate number of sanitation facilities, poor hygienic practices, and low awareness of the links between sanitation and health has exposed the population to hygiene and sanitation related diseases.

Progynist delivers hygiene and sanitation education by training school teachers, running workshops, and employing sanitation guards who carry out house-to-house visits. It also constructs sanitation facilities including communal latrines, public baths, wastewater drainage, water points and laundry slabs.

* Ministry of Health, *HIV/AIDS Behavioural Surveillance Survey, 2002*

People's health and dignity as central to development

Having a potable water supply and latrine close to one's home is a basic human right. Access to adequate water and sanitation facilities helps people to live healthier lives, free from the risks of water and sanitation related illnesses, and affords them the dignity that is due to every human being.

For a person living with HIV/AIDS access to water and sanitation facilities is especially critical. The risks posed by poor facilities can be fatal for someone who has contracted the virus.

It is an undeniable fact that poverty goes hand-in-hand with inadequate hygiene and sanitation facilities, and people living in overcrowded slum areas are frequently denied this basic right. Meanwhile the relationship between HIV/AIDS incidence and poverty has been well documented.

Given the interrelationship between poverty, high HIV/AIDS incidence and poor hygiene and sanitation facilities it is not surprising that so many people living with the virus are living in poor areas where their needs have little chance of being met.

Water, hygiene and sanitation: essentials for those living with HIV/AIDS

People living with HIV/AIDS need as much protection from disease as possible. Because of their debilitated immune system they are highly susceptible to communicable diseases and infections, including those that are water and hygiene related. Minor diarrhea, typhoid or typhus can all prove fatal for someone weakened by HIV/AIDS. The provision of a safe and adequate water supply can help prevent exposure to such illnesses.

Diarrhoea is extremely common amongst those living with the virus. Progynist estimates that 90% of HIV/AIDS cases in Ledeta sub-city have diarrhoea problems related to illnesses like dysentery, typhoid and food poisoning. This forces them to make frequent visits to a latrine, yet for many in Ethiopia the availability of a latrine nearby remains a luxury. In Progynist's project area, for example, 61% of houses

do not have access to latrine facilities. Instead people are using open spaces or old overflowing latrines, or throw faeces wrapped in a plastic bag into open ditches.

Living with HIV/AIDS requires washing frequently and paying close attention to personal hygiene – a message that is reinforced to people receiving any kind of professional support or advice for their condition. Wounds and lesions need cleaning, and clothes and bedding must be washed often. Fever, accompanied by sweating, is common and so people may need to drink more water than usual or need bathing to cool down, although in Ethiopia many believe it is not right to bathe someone when they have a fever. Clean, well-aired houses are important if tuberculosis – the most common opportunistic infection – is to be avoided. All these things require extra water, yet this is something that is not always readily available.



Children at the Progynist training Centre: Progynist has a training centre for those who can't afford to go to school. The school has drama groups and classes where the children learn about sanitation and hygiene.

Unmet needs

The cruel irony is that the needs of people living with HIV/AIDS are invariably greater than those of their neighbours, yet their ability to access water and sanitation facilities is one of the most limited. Fetching water and visiting the latrine require time and energy, both of which people with HIV/AIDS are likely to have increasingly less of as their condition worsens - and indeed as their need becomes greater. Not only will they be less able to walk to fetch water for themselves, they are also likely to be in a poor financial situation, and will struggle to pay for any extra water they need. Their ill health places other financial burdens on them, and for some people difficult choices may have to be made between sufficient water and other necessities such as medicine.

In Lideta, only 33% of the population has adequate access to clean water. This means 67% percent have to walk more than ten minutes to fetch it. One way to avoid a lengthy walk to a tap stand is to buy from private vendors, and 32% of interviewees said that this was their usual

source of water. But, at 20 cents for a 20-litre jerry can (4 times the price at tap stands), for many others such savings in time and energy come at too high a price.

34% of those interviewed reported that their water consumption had increased since they'd been ill while another 34% reported no change in their water consumption.

However with 23% responding that they needed more water but either couldn't afford it or had no one to fetch it for them, clearly shortages of time, energy and/or money can prevent people living with HIV/AIDS from getting access to the extra water they need.

Keria is 32 years old. She has been living in Lideta sub-city for the last 8 years. She has 3 children. 6 months ago her two-year old son died from an AIDS-related illness after acquiring the virus from his parents.

Keria was tested in 2000 following her husband's diagnosis as HIV positive. She blames her husband and his sexual behaviour for her infection. Six months ago she developed full-blown AIDS and now experiences regular diarrhea and fever.

Her eldest daughter, aged 13, has been forced to drop out of school to look after her mother as well as perform all the house-hold tasks such as cooking, fetching water from the public water stand 20 minutes away, cleaning the house, and looking after her young siblings. Even though the family's water needs have increased since Keria has been sick, the family are unable to fetch enough water because her daughter is already over-burdened with the household activities and looking after her mother.

"I feel sad because my children will become orphans.I hate my husband because he is the one who brought this upon us. I warned him to be careful but he wasn't and has ended up bringing death into the family. He was an alcoholic and didn't save any money. I was the one who covered the household expenses by selling things on side of the street. Since my illness, I haven't been able to do this so we are living on 120 Birr (about \$12) that we receive from Progynist each month. We are living in a house rented from a private owner and sharing a latrine with six other families. I am worried that they may forbid us from using the latrine when they realize that we are AIDS cases."

The impact on families

In families living with HIV/AIDS, sometimes the responsibility of caring for the sick and providing for the family falls to the children - with all the implications this has for their education and development.

Those people who are ill with the virus may be too weak to fetch water and so their children may carry out this hard, time-consuming task. The volume of domestic waste also increases with illness: used bandages, medicine bottles, etc. Again it is often the children who become responsible for its disposal. Yet many are too small to reach up into the skips and so leave the rubbish lying around the skip on the street, adding to the pollution and creating a breeding ground for disease.

Caring for sick relatives is a huge burden on family members and some may simply refuse to help if the effort is too great. If the tap stands and rubbish skips are very far away this creates much more work for those who might look after the needs of the sick individual. Hence if the facilities are closer – so there is less work involved – family members are much more likely to provide assistance.

Where water is needed to care for the sick, it means there is often less available for use by other family members. Yet their needs also increase. Those who care for their relatives need to have water available for frequent hand washing as they are afraid of spreading infections through their contact with the sick person.

The vulnerability of people with HIV/AIDS means that they are much more likely to contract common communicable diseases. Not only is this a serious risk to their lives, but it also increases their family members' chances of infection by bringing such diseases into the household.

Aster is 14 years old. Her mother died 3 years ago due to AIDS and her father the following year. She lives with her sister, who is 15 years old.

While her parents were ill, she was solely responsible for looking after her parents. She had to fetch water, clean the house, go to the market and wash the clothes. On average, not including the time spent caring for her parents, it would take her about three hours each day to finish all her tasks.

Even though she tried to go to school, she was not able to attend class frequently. Because of this she failed grade 7. In her first semester she was ranked 5th out of 86 students, but in the second semester of the same year, when her mother became chronically sick, she ranked 79th out of 86 students and failed the semester.

“After my mother died, all our relatives came home to divide up our parents property. They took most things, like gold, cloth, money, etc. before the funeral ceremony had even taken place. My mother gave our aunt guardianship over us. She was meant to help us and to finish sorting out all the legal matters. Our aunt received 5000 Birr (about \$500) from my mother’s former organization as compensation but she refused to give us any of the money that she received.”

Abera is 14 years old. His father died two years ago and his mother last year, both due to AIDS.

He is now living with his stepmother, brother and sister. While his parents were ill, it was he and his older brother, along with their stepmother, who looked after them. Like all the other families in the neighbourhood, except one, his family does not have their own latrine so he has to walk fifteen minutes to the public latrine every time he needs to use the toilet.

“My stepmother would wash my father and do all the cooking but she easily and frequently got sick for she is HIV positive. Therefore my brother and I had to fetch water and clean the house. Every day it would take us over two hours to fetch two buckets of water (about 30 litres), care for our little sister (5 years old), and clean and carry out all the household tasks.

Even though my brother and I didn’t stop going to school, our educational performance dramatically declined. This was because, I always had nightmares about my father that caused me to worry all day.

My brother and I can’t play with our friends in the village because now they insult us and say that we are orphans of AIDS.

We are also worried because the ex-owner of our house is asking us to give his house back. If we do this, we will be out on the street because there is nobody around to help us.”

Stigma and discrimination

People living with HIV/AIDS often face discrimination from other members of their community. 46% of interviewees reported experiencing discrimination directly related to hygiene and sanitation issues. A further 27% had not revealed their status because of the fear of discrimination.

In the area of hygiene and sanitation, discrimination is most commonly experienced in relation to latrines. Ignorance amongst members of the community means that it is widely believed that HIV/AIDS is transmitted through sharing latrines. Many interviewees had been forbidden by others from using a particular latrine.

In the case of the latrines constructed by Progynist, there are four separate latrines in every block, each of which is shared by 3 families. Where discrimination towards HIV/AIDS cases is evident, Progynist are often forced to designate one latrine especially for the sick person. This places pressure on the three other available latrines as the number of individuals they are shared amongst correspondingly increases. It also raises the question whether shared latrines are appropriate in the context of HIV/AIDS. Should we be looking for other ways to provide sanitation services that don't expose individuals to discrimination?

Encouragingly, a number of respondents reported that thanks to HIV/AIDS education work in the area and in the media, their neighbours now understood how the virus was transmitted and had stopped preventing them from using the same latrine.

There were also a number of reports of discrimination at tap stands or from private water vendors who refused to serve people with HIV/AIDS (or sometimes their family members); either for fear of transmitting infection, or for fear of losing business as other customers chose to go elsewhere.

Discrimination can also be experienced within the home, as family members, afraid of contracting the virus themselves, refuse contact with the individual and are not prepared to bathe or wash them regularly.

All such forms of discrimination can be deeply humiliating for the individual, accentuate feelings of isolation, and often lead to depression.



Training centre: the gender and advocacy group perform a short play on sanitation.

Experiencing discrimination – a range of comments:

“My family threw me out of the house when I told them that I was HIV-positive. Since then I have been living in different places. As a result I couldn't take care of my personal hygiene or wash my clothes. I spend most of my time at Entoto where I can use the holy water service.”

“I have experienced lots of discrimination related to hygiene and sanitation. I couldn't use the latrine because other people who use the same one locked it with a key.”

“I rent my home. It's my tenth house. My previous landlords threw me out when they discovered I was HIV positive. One landlord came to me and said I shouldn't use the latrine or he would throw me out so I started using it in the middle of the night.”

“The private water seller refused to sell us water so now I must walk at least 20 minutes to fetch water. Even then I'm not guaranteed to be served.”

Conclusion and Recommendations

With adequate nutrition, proper housing, sufficient medical care and good levels of hygiene and sanitation, it is possible for someone living with HIV/AIDS to maintain relatively good health for many years. Whilst the role of a positive mental attitude and supportive family is also recognised as important, if these basic needs are not met then an individual's condition can deteriorate rapidly, opportunistic diseases may take hold, and eventually prove fatal. While only part of the answer, good hygiene and sanitation is key to prolonging the lives, and improving the well being, of those living with HIV/AIDS.

This paper is based on some initial observations and has tried to highlight what are believed to be key connections in the relationship between water, hygiene and sanitation provision, and HIV/AIDS. The relationship is certainly one that organisations working in both sectors should be looking at.

Further study of the relationship is recommended if we are to understand the issues better. Most of the statistics quoted here are based on a small number of cases from a relatively small project area. A larger survey could monitor, for example, how many HIV/AIDS sufferers are contracting (and eventually dying from) hygiene and sanitation related illnesses.

Meanwhile more in-depth analysis of the different needs and concerns of different categories of people

living with HIV/AIDS is important. The situation in rural areas is likely to be significantly different to that in congested urban slum areas. And any future study should differentiate along gender and age lines, as well as considering the different situations of those who may only recently have become infected with the virus compared to those who are in an advanced stage of full-blown AIDS.

Many questions need asking. These include: What is the nature of the link between levels of infection of HIV/AIDS and the provision of hygiene and sanitation facilities? What is the relative importance of hygiene and sanitation compared to nutrition, medical care, etc? Do we need a better understanding, briefly alluded to, of the three-way causal relationship between hygiene and sanitation, poverty and HIV/AIDS? Should agencies working to improve the well being of people living with HIV/AIDS be concentrating their efforts on hygiene and sanitation activities? And how might the WATSAN sector reduce the risk that people living with HIV/AIDS experience hygiene and sanitation related discrimination?

Finally, given the greater water, hygiene and sanitation needs of those living with the virus, should not agencies in the WATSAN sector be more aware and proactive about addressing the specific needs of people living with HIV/AIDS?

All names have been changed to protect the identity of individuals interviewed.

WaterAid – water for life

WaterAid is an international NGO dedicated exclusively to the provision of domestic water, sanitation and hygiene promotion to the world's poorest people.

Water Aid has been operational in Ethiopia since 1991 providing financial support and technical advice to local communities, governmental and non-governmental agencies involved in the provision of water supply and sanitation services.

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