



## Effects of insufficient water supply and sanitation

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THE GLOBAL PICTURE of safe drinking water in 1980 indicates that over 1800 million people in remote rural areas and urban slums of the developing world lacked safe drinking water and even rudimentary sanitation facilities. The impact of this is evident for serious consequences, not only for the people's well-being but also for health and economic development.

In Ethiopia, the water supply and sanitation coverage is very low. Access to reliable water supply and sanitation services is very limited. Currently the water supply coverage in the country is estimated less than 17 per cent, while access to sanitation services is approximately much lower. The absence of reliable water supply and sanitation services and sometimes inadequacies in such services has been the main cause of loss of millions of children. Poor sanitary condition and lack of clean water bring about diarrhoea diseases which account for child deaths. Furthermore, many skin and eye diseases are water related, originated from deficiency of water which can be used for personal hygiene.

In many part of our country it is not uncommon to find a household where someone has to spend more than 6 hours and half of their daily energy for this purpose. Certainly in such events it is normally women and children who suffer most. Definitely, for the small children in place of going to school, difficult journey is commenced to fetch water. Water obtained with such drudgery may also end up with not promise life. The pollution of such water could bring disease and even death.

### Women and Water Supply

Interalia, of daily activities generally the most time consuming domestic chores is water collection. This heavy task could take much of women daily energy intake. Studies have indicated that the average energy spent on water collection varies between 12 per cent to 27 per cent. When we consider this energy consuming labour performed by women, we have to add another energy requirement which is needed for other purposes, such as energy intake needed for breastfeeding which accounts for 35 per cent.

Hence, the amount of time and effort required by women to collect water could easily affect the socio-economic and health conditions in many ways. Due to this effect it is explicit that women have to reduce time spent in breastfeeding, including food preparation, boiling water and child care.

For income generating activities, cooking, household hygiene, local education, community development activities, agricultural and child care, women are the main beneficiaries of time and energy who gain from improved water supply and sanitation facilities. It is evident that at least 50 per cent of the contribution of the family's food in Rural Ethiopia is by women. Furthermore time saved to fetch water is normally utilized by women is productively. Such saved time and energy could be used dominantly for household activity such as cleaning, cooking and time spent with children.

Another issue is with a nearby water supply, women could also make more frequent trips. Thus more water would be collected which contributes to better hygiene and ultimately improved health. This in turn could reduce health cost to the family and national economy.

As part of the most important domestic domain, to fetch water and use time and energy gains and the tendency to preserve the health of the family predominantly is a burden on the women of the household. In our country women are actually involved in agriculture, particularly in food crop production, food processing and animal care. Thus, the contribution of women to the total income of the family is immense. There could exist a conflicting demands of the time and energy. That is at agricultural peak time women could either economize on household work such as cooking, water collection, hygiene and child care, or to reduce agricultural work such as weeding with subsequent reduction in crop production.

### Technical issues

As observed in all development problems, the issue of water supply and sanitation is also manifold. The problem does not lie only in the technical, health and environmental aspects, but also with the socio-economic aspects as well. Furthermore, all this disciplines are interconnected, so to say that a problem existing in one will very often influence circumstances in the others.

As main beneficiaries of improved services, women if given the required influence, functions and training will actually stimulate local operation and maintenance. Moreover women could use the extra income generated or controlled by them for maintaining the health of the improved water supply sanitation and hygiene facilities.

### Mobilizing the community

The very fact that women are the ones who decide on use, preserve hygiene and sanitation, educate children and

communicate with other women on health and family matters, it is imperative to be adapted to what women want and can do.

Management of local water sources, afforestation of watersheds and prevention of water system pollution are supposed to be typical areas which draw the interest of development planners. In this case women could play constructive roles at neighborhood, community and area level.

### **Conclusion**

A community without inadequate water supply and sanitation could be exposed to several problems. Hence to mitigate this problem community participation promotion could be an appropriate solution. Furthermore to empower women in such activities could score successful results.

### **References**

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