

**WOMEN AS PRINCIPAL GATE KEEPERS: AN
ETHNOGRAPHIC RESEARCH STUDY ON, WATER AND
HEALTH IN RURAL UGANDA**

JOYCE MPALANYI MAGALA

BA Social Sciences

MA Development Studies

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School of Nursing and Human Sciences

Dublin City University

Ireland

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Supervisors:

Professor Anthony Staines

Dr. Jean Clarke

Dr. Consolata Kabonesa

Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of a PhD degree is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

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Dedication

This study is dedicated to the memory of my dear parents Joyce and Solomon Mpalanyi. I wish they were around to read and celebrate this piece of work.

List of Acronyms and Abbreviations

ADF	African Development Fund
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DCU	Dublin City University
DIM	District Implementation Manual
DWO	District Water Officer
EHP	Environmental Health Policy
FDS	Fiscal Decentralisation Strategy
FY	Financial Year
GAD	Gender and Development
GDL	Gender Division of Labour
GDP	Gross Domestic Product
GOU	Government of Uganda
GWA	Gender and Water Alliance
HEA	Higher Education Authority
HIV/AIDS	Human Immuno deficiency Virus /Acquired Immuno Deficiency Syndrome
HSSP	Health Sector Strategic Plan
IDA	International Development Agency
IEC	Information Education and Communication
IWRM	Integrated Water Resource Management
JMP	Joint Monitoring Program
JWSSPS	Joint Water Supply and Sanitation Programme Support
LC	Local Council

LG	Local Government
LGA	Local Government Act
MDGs	Millennium Development Goals
MDGWR	Masaka District Ground Water Report
MGLSD	Ministry of Gender Labour Social Development
MOLG	Ministry of Local Government
MOFPED	Ministry of Finance Planning and Economic Development
MOH	Ministry of Health
MWE	Ministry of Water and Environment
NAPW	National Action Plan for Women
NEA	National Environment Authority
NDP	National Development Program
NEH	National Environmental Health
NGOs	Non-Government Organisations
NGP	National Gender Policy
NHP	National Health Policy
NRM	National Resistance Movement
NWP	National Water Policy
O & M	Operation and Maintenance
PEAP	Poverty Eradication Action Plan
RoU	Republic of Uganda

RWHTs	Rain Water Harvesting Tanks
Sida	Swedish Development Agency
SIP	Sector Investment Plan
SPR	Sector Performance Report
SWAP	Sector Wide Approach to Planning
TB	Tuberculosis
TSUs	Technical Support Units
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic Health Survey
UGX	Uganda Shillings
UN	United Nations
UNDP	United Nations Development Programme
UNHS	Uganda National Health Survey
UNICEF	United Nations Children’s Fund
UNIFEM	United Nations Development Fund for Women
UPE	Universal Primary Education
UWESPR	Uganda Water and Environment Sector Performance Report
UWSD	Uganda Water and Sanitation Dialogues
VHTs	Village Health Teams
WIL	Water is Life
WB	World Bank

WHO	World Health Organization
WMO	World Meteorological Organization
WUCs	Water User Committees

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Abstract

Title: Women as principal gatekeepers: an ethnographic research study on, water and health in rural Uganda.

Author: Joyce Mpalanyi Magala

In most of the developing world, women are socially and culturally responsible for domestic water supplies and management. These activities have a significant effect on the health of women and the children.

This study presents an ethnographic understanding of women, water and health in one rural village in Uganda over a period of fourteen months in 2010 /2011. An exploration of the role that women play and a characterisation of their everyday life with regards water management was done. Fieldwork included participant observations and interviews. Data were recorded in fieldnotes and analysed based on critical incidents that illuminated the in-depth search from the “how to the why” of events. The gendered perspectives with regards patriarchy, masculinity, power and submissiveness, provided a theoretical framework for understanding issues with regard to water management.

The study reveals that water management is a socially ascribed role and a symbol of womanhood with restricted masculine participation and engagement. I present women as principal gate keepers of water at household and at community levels, but with limited power given the patriarchal nature of this society. I conclude that inadequate water influences women’s engagement in health behaviours, constrains their role performance and influences the realisation of a woman’s full potential towards self-actualisation.

This study advances knowledge on the socio-cultural perspectives to health with regards women, water and health. The study urges health workers to go beyond the predetermined packages that focus on the biomedical model to health. The study suggests that access should be increased to get water closer to the households in order to enhance women’s role performance and opportunities to live their full potential. The need to ensure effective engagement and inclusion of women (as the primary water users) in decision-making beyond mere presence of the women in leadership positions (tokenism).

THESIS INTRODUCTION

This thesis presents an ethnographic understanding of the everyday life of women with regards to water and health in rural Uganda. In many developing countries traditionally, women are responsible for domestic water supplies and management. In Uganda, as in most of sub-Saharan Africa, water disproportionately impacts on women and the burden of water management affects the health of women and their children. The implications are mostly related to distances to collect water; time lost travelling to the water sources; carrying heavy containers and the threat of assaults. Lack of access to water substantially increases the burden of the women's roles and responsibilities.

Health interventions aimed at eliminating the water-related diseases focus attention mostly on improving the water quality through provision of access to safe water and reducing the incidence of water-related diseases such as diarrhoea, intestinal worms and skin infections. Health promotion and education programmes target women as the primary managers of water towards hygiene and sanitation behavioural changes. Through the literature search on issues in relation to women, water and health, I noted that limited attention had been given to the gendered perspectives to water and the socio-cultural dimensions to health.

The purpose of this study was to develop an ethnographic understanding of the everyday life of women with regards water management and health in rural Uganda. I explored the role and the everyday activities that women engage in, with regards water management at household and community levels. During the early months of my research, I explored theoretical and conceptual perspectives relating to gender which provided a framework and context for this research. I delved deep into the lives of the women in the community of study. In order to get situated out and back from the field, I contextualized global research and statements of concern around women, water and health. The reflexive moments of my experience in and out of the field enabled me to analyse and present this ethnographic account. I draw lessons from my own participant observation and interview experiences, hence this account is author saturated.

This study argues for the foregrounding of the socio-cultural perspectives to health with regards women and water management. The study advances knowledge on water, gender and development. It provides insights for water and health policy makers, government,

researchers, implementers, NGOs and the private sector and to enhance women's role performance and self-actualisation.

This thesis is organised in ten chapters. Chapter One sets the landscape to the study and presents background issues that establish the historical, political and socio-economic context of the ethnographic study. The chapter presents the global perspectives on women, water and health. Literature has been drawn from policy documents, at national and international level, to establish the framework for discussing women, water and health. An overview of the village of study has been given in order to provide the local context to the study as well as to highlight issues relating to water development and water scarcity in the village. The researcher's biography and role were briefly described, as they are critical to setting the scene for this ethnographic study.

Chapter Two explores the theoretical and conceptual framework which underpins this study on women, water and health from a global, Africa and Uganda perspective. I present the literature on meanings and trends of health, with specific attention to the disease and the socio-cultural dimension to health. I explore studies in relation to water and health; and because women cannot be viewed independently of gender and patriarchy, the feminist perspectives and gendered concepts of the gendered roles, gender division of labour, power relations and decision-making around water issues are discussed.

In Chapter Three, epistemological explanations and philosophical debates are explored to make a case for this qualitative ethnographic research study. Epistemological and methodological issues are also explored based on the notion of symbolic interactionism in order to situate the ethnographic research process for this study. Chapter Four, discusses in detail the research methodology by exploring the theoretical constructs of ethnography as a qualitative approach suitable for this study on women, water and health. The analytical framework for data is explained.

Chapter Five presents my engagement in ethnographic fieldwork. The process of getting situated in the field is discussed and the research setting and context of the field are described. The complexities of building and sustaining relationships are presented and participant observation and interviews are discussed as the main methods employed for the

discovery of social phenomena. My relationships with the community are explored with particular reference to the notion of insider and outsider.

In Chapters Six and Seven, I draw on literature and I make reflections on critical incidents from my fieldwork to provide a framework for the data analysis and production of the ethnographic account on women, water and health. Chapter Six, specifically focuses on the private (household) water management and the significant roles that women play to meet the water needs of the household. Water management is explored within the notion of gate keeping. Chapter Seven explores issues of gender roles, gender division of labour patriarchy, and masculine dominance in water issues are explored as well as the power relations that influence water management with regards collection, use and storage.

Chapter Eight explores water management at the public (community) level, in the village of study. This chapter builds specifically on the notion of symbolic interactionism to show how individual and group actions influence each other with regards to water management. In this chapter, the gender division of labour, roles and responsibilities around public water management are explored from a gender and feminist perspective. The concepts of participation and power relations provide a basis for the water and health challenges women face from a socio-cultural dimension. The notion of gate keeping, first explored in Chapter Six and Seven, is revisited here with a view to illuminating the limited decision-making power of women that exists at community level.

Chapter Nine provides the overall discussion to the study based on the study findings drawn from the main themes and concepts with regards women, water management and health. Chapter Ten presents the conclusions and implications of the study. The strengths and limitations of the study are also discussed. This final chapter presents potential areas for future research work and recommendations for policy and practice towards increasing the women's role in decision making, enabling women access adequate water to fulfil their role performance and work towards full potential and gain self-actualisation.

CHAPTER ONE: LANDSCAPE TO THE STUDY

1 Introduction

This chapter presents a brief outline of the background issues to establish the context of the research study. It provides an overview of Uganda, including the historical, socio-political and cultural context that shape this ethnographic research experience. In this chapter, a description of the geographical location where the study took place and an overview of the everyday life of the people are presented. My biography and role as a researcher are presented by exploring the roots of ‘*omusawo*’¹ a name I was given during the entire research study.

1.1 Global context

According to an analysis of the Millennium Development Goals - MDGs by the United Nations – UN (2012, p.54) of the “data from 25 countries in sub-Saharan Africa, representing 48 per cent of the region’s population, women and girls bear the primary responsibility for such water collection.” In many developing countries women traditionally take responsibility for water supplies and there is a growing recognition of the role that these women play both at household level and community level. Water is central to economic development, promoting structural balance, economic growth and human development. Moreover, the Dublin Principle No.3 suggested that women play a central part in the provision, management and safeguarding of water and that:

Women as providers and users of water and guardians of the living environment [have] seldom been reflected in institutional arrangements for the development and management of water resources. Acceptance and implementation of this principle requires positive policies to address women’s specific needs and to equip and empower women to participate at all levels in water resources programmes, including decision-making and implementation, in ways defined by them (WMO 1992).

This situation is true for many women in the developing world where despite several interventions by national governments following global protocols, women are still not visible enough in decision-making at policy levels.

¹ Health worker (*omusawo wobulamu*), a term that was commonly used in the 1960s to refer to staff who were and still are responsible for enforcing sanitation standards in the villages.

The Joint Monitoring Program - JMP report (WHO/UNICEF, 2012, p.5) which is the main source of global level data on access asserted that Goal 7 of the MDGs aims at; “Ensuring Environmental Sustainability” and has a specific target to “halve, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation”(ibid). The report further stated that:

The target of halving the proportion of people without sustainable access to safe drinking water was also met by 2010, with the proportion of people using an improved water source rising from 76 per cent in 1990 to 89 per cent in 2010. Between 1990 and 2010, over two billion people gained access to improved drinking water sources, such as piped supplies and protected wells (WHO/UNICEF 2012, p.5).

Despite the adoption of the Dublin Principles and the MDGs, Ray (2007, p.442), recognised that “many millions of women still lack access to water for even basic domestic and livelihood needs.” Most of the deprivation is concentrated in sub-Saharan Africa and South Asia. It is estimated that 40 billion hours are spent each year in Africa, mostly by women, in carrying water (ibid). Similarly, the JMP (WHO/UNICEF 2000, p.77) defined “reasonable access as 20 litres per person per day from an improved source, being no more than 1km distance from the dwelling.” The minimum quantity of water necessary for domestic use is usually meant for drinking, cooking, washing utensils, and basic hygiene.

In 2009, the Uganda Water and Environment Sector Performance Report-UWESPR (MWE 2009, p.viii) identified “ten performance indicators” to annually measure sector performance for water and sanitation. In this regard, the sector reported that “the percentage of people within 1 km (rural) of an improved water source has increased from 61 per cent in Financial Year - (FY)2004/05 to 66 per cent in FY 2012/13 and this was projected to rise to 77 per cent by FY 2014/15” (MWE 2012, p.3). The JSR²- SPR estimated that 64% of the rural population has access to access to safe water supply (MWE 2013). However, despite the progress made to improve access to safe and clean water, many rural dwellers, and the poor, continue to miss out as these kinds of improvement, which are critical, happen too slowly and sometimes

² The JSR is a Government of Uganda – Development Partners forum for the water and environment sector. It is an annual forum which where undertakings for each year are assessed. At this forum new undertakings are established for the following year (MWE 2013).

even get reversed due to poor operation and maintenance. Under such a scenario, the burden of poor access to safe water still falls heavily on girls and women.

1.2 The national context of the study

Much as the country is endowed with large masses of water bodies, water supply systems are not well developed to adequately cater for the increasing population. The population which is predominantly rural is under served due to challenges with technology and inadequate financing by government to the water sector. As indicated in the 2011 SPR, the national budget allocations of water and environment sector had decreased over the past six years (MWE 2011 p.14).

According to the National Bureau of Statistics – UBOS (2002, p. xiv) “the population was estimated to be 24.2 million in 2002.” The National Development Plan - NDP indicated that “the population increased at an average of 3.2 per cent to reach 30.7 million in 2009 and is estimated to increase to 37.9 million in 2015” (RoU 2010a, p.197). The Uganda Demographic Health Survey - UDHS (UBOS 2011, p.58) stated that, “Uganda and Zambia have the highest total fertility rates in eastern and southern Africa with 6.2 live births per woman.” In general, “the population of Uganda is becoming younger with the proportion of children (under 18 years) having increased from 51 per cent in 1969 to 56 per cent in 2002” (RoU 2010a, p.197) and “the life expectancy at birth was estimated to be 50.4 years for both sexes” (RoU 2010a, p.199) The high population growth rate has exerted pressure on the existing social services, specifically on health and water resources which are not growing at the same rate. For example while the water and sanitation sub sector budgets are prioritised and ring-fenced, the sub sector overall share of “the national budget continued to decline from 4.9% in FY 2004/05 to 2% in FY 2010/11” (MWE 2011, p.14).

The UBOS (2002, p.17) stated that “the majority of the population in Uganda lives in rural areas with Catholics constituting the largest religious denomination (42 per cent) followed by the Anglicans (36 per cent), Moslems (12 per cent) and the Pentecostals (4.6 per cent) and more than, two thirds (68 per cent) of the population aged 10 years and above were literate.” However, wide sex disparities still exist in the literacy rates with 76 per cent of the males being literate compared to 61 per cent of the females (ibid). The illiterate population mostly comprises women in the rural settings with very limited opportunities to access education.

Out of the “population aged 10 years and above, less than one half (46 per cent) were engaged in some economic activity” UBOS (2002, p.17). The low income levels are barely sufficient to meet the daily basic requirements. This has negative implications on their ability to make to improve access to water and health social services especially in the rural areas.

On the front of economic development:

Uganda has, since the 1990’s, had a record of prudent macroeconomic management and structural reforms. Despite various exogenous shocks, the annual GDP growth averaged 7 per cent in the 1990s, and accelerated to over 8 per cent from 2001 to 2008. However, due to high population growth, real GDP growth per capita averaged only 3.4 per cent over the 1990s, and just over 4 per cent over the 2000s. However, due partly to the global economic crisis, growth slowed in 2009 (IDA 2010, p. ii).

1.3 Gender issues in Uganda

Traditionally, “women in Uganda are widely considered to be subordinate to men. It is acknowledged that Ugandan society attributes higher status and gives more power and privileges to men than it does to women, merely on the basis of sex” (Tibatemwa-Ekirikubinza 1999, p.13). There is “discrimination against women in Uganda through traditional rules and practices that explicitly exclude them or give preference to men, and this is a major constraint on women’s empowerment” (RoU 2010a, p.31) This imbalance is reflected at all levels from the national level up to the local government level and it affects women’s participation in decision-making with regards water and health.

In addition, different rights and privileges, duties and obligations, and roles and status are attributed to both men and women by virtue of their sex. Men, consequently, have power as men (Tibatemwa-Erikubinza 1999, p.13). She further noted that in all “Ugandan societies, descent is through the male line and, consequently, a child, whether born within or outside wedlock, belongs to its father” (ibid). Men are the head of the household, and bread winners, while women stay at home looking after the family and fulfilling domestic chores. Similarly, Tamale (1999, p.1) argued, that “it is popularly believed that women are not supposed to speak or express their opinions in public, a view that is deeply embedded in African patriarchal values, which relegate women to the domestic arena of home and family.”

Furthermore, in all Ugandan society, the relegation of women to domestic arena confines them to household chores including water collection.

The National Resistance Movement (NRM) government which came to power in 1986 opened doors to female participation, emancipation and empowerment in Uganda. The government has over the years recognised the need to reduce the disparity in access to resources” and “opportunities between different social groups. In the late 1980’s special attention was accorded to vulnerable groups, including women, with a deliberate policy for affirmative action to ensure equity in access to opportunities and control of resources in order to facilitate increased impact in development. Article 32 of the Constitution of Uganda (RoU 1995) provides for affirmative action in favour of groups marginalised on the basis of gender, age, disability, or any other reason created by history, tradition or custom for purposes of addressing imbalances which exist between them. Article 33 Constitution of Uganda (RoU 1995) specifically accords women “full and equal dignity of the person with men and guarantees provision of facilities and opportunities necessary to enhance the welfare of women to enable them realise their full potential and advancement.” An example of the affirmative action was the implementation of the “affirmative action in Public Universities which increased enrolment of girls/females” (MGLSD 2007b p.4). As a result of these actions there has been increased opportunity for women to qualify for professional jobs and leadership positions including ministerial posts based on merit. This was a positive development that was expected among others, to enhance women’s voices in the policy dialogue. However, achievements in terms of improvement of service delivery such as water and health for the rural communities have not been significant and still have a long way to go.

With respect to political representation, opportunities were created through legislation to increase female participation in politics and leadership positions. Section 10 (e) of the Local Government Act- CAP 243 (RoU 2010b) provides for female councillors to form one-third of the council. In the same spirit, there is provision for a woman representative per district (currently 112) to be elected to parliament, which, in turn, increased the percentage of women in parliament. This has significantly increased the number of women in leadership and top managerial positions to the levels of having the first female vice president in the sub-Saharan region and in senior ministerial portfolios such as finance.

In 2007, the National Gender Policy (NGP) was formulated to:

Establish a clear framework for identification, implementation and coordination of interventions designed to achieve gender equality and women's empowerment in Uganda... One of the objectives of the gender policy is, "to reduce gender inequalities so that all women and men, girls and boys, are able to move out of poverty and to achieve improved and sustainable livelihoods" (MGLSD 2007b, p.14).

As a result of the gender policy implementation, "the enrolment of girls in primary schools increased significantly from 44.2 per cent in 1990 to 49.8 per cent in 2006, while retention rates stood at 42 per cent in 2006" (RoU 2010a, p.279). Secondary school enrolments for girls grew from "37.2 per cent in 1990 to 49.6 per cent in 2006" (ibid). The National Action Plan for Women - NAPW (MGLSD 2007a, p.20) further stated that, "water and sanitation were also areas that had benefited from large investments to increase access to clean and safe water and improved sanitation facilities in schools and other public places in order to provide better health for the people." However, despite the presence of these measures, the women in rural areas still lack access to safe water and gender disparities still persist especially with regards decision-making.

The UBOS (2006, p.246) shows that currently married women in Uganda do not often make decisions on their own, and that the person or persons who make decisions in the household depends on what is being decided. This was affirmed by the men during the survey who testified that major household purchases were made by men (ibid). Uganda's development progress, therefore, continues to be constrained by gender inequalities and social vulnerabilities. The inequalities, specifically with regards to water, have an adverse effect on the health of women and that of their children. In the following section, I explore the issue of access to water in Uganda.

While progress has been made at a national level to increase access to safe water, at the local level the situation is less optimistic. According to the water and sanitation sub-sector gender strategy, "women are the major collectors and users of water for domestic use and as such are particularly burdened with water-related problems like lack of water and or use of unsafe water. Walking long distances to water sources not only adds to their burden, but also makes them vulnerable to rape, harassment and torture" (MWE 2010, p.3).

Even though women are usually the primary stakeholders in domestic water management, they have ordinarily had little influence and just minor roles in the planning and management

of water resources. In order to reverse this situation, the water and sanitation sector in Uganda, committed to a specific indicator to monitor the percentage of Water User Committees (WUCs) with women holding key positions (MWE 2012, p.4). Women form at least one-third of the WUCs at village level. The percentage has reduced from 87 per cent in FY 2006/07 to 63 per cent in 2007/08, but started to rise again to reach 85 per cent in FY 2012/13 (MWE 2012, p.4). This has brought women to participate beyond water collection to engage actively in planning and management of water.

In summary, the section above has discussed the efforts at national level to enhance the major role women play in development. However, there also gaps that have been observed which hinder full participation of women that need to be addressed.

1.4 Access to water

A human being requires access to water for survival and a decent standard of living. Without water there would be no human beings on earth. However, water is a scarce and precious item, and access to it for all human beings is not fully ensured. Almost a billion people do not have access to clean and safe water. Access to “safe drinking water and sanitation is increasingly being considered a fundamental human right” (Cernic 2011, p.301).

In this regard, the “GOU designed the rural water strategy aimed at developing water and sanitation services to become effective, efficient, equitable and sustainable” (MWE 2009, p.50). Focus of the strategy is on the “distance to the water source; the quality of water; and representation on the water committees” are among the specific indicators that were set to measure progress towards access to water (MWE, 2012 p.3). The WHO /UNICEF (2012, p.8) report noted that “at least 70 percent of the population are using piped water on premises” The national access to water in Uganda is estimated at “64 per cent in rural areas” (MWE 2012, p.xiv). It is however important to note that access to water varies depending on geological factors. The time and energy devoted to this manner of water collection is considerable, even under the most conservative assumption of only one trip per day. The WHO /UNICEF (2012, p.31) report estimated that, “women spend at least 16 million hours each day per round trip; men spend 6 million hours; and children, 4 million hours. In Uganda, rain water harvesting is an option that could improve access to water. Uganda receives heavy

rainfall in most parts of the country (NEA 2008) with the heaviest rains from March to May and October to December. Almost “two thirds of Ugandans now have galvanized iron roofed homes, which makes most of rural Uganda ideal for tapping rain water and storing it for domestic use” (Danert and Motts 2009, p.i). However, this potential has not been fully explored due to low numbers of storage tanks in the rural areas. The provision of the “storage tank is the most costly element of a rainwater harvesting project, usually about 90% of the total cost” (WaterAid 2013, p.3). The high cost of the storage tanks makes it unaffordable for many of the people, especially in rural Uganda; hence women have little gain from the rain in terms of water for domestic use

On the other hand, water service delivery in Uganda emphasises health promotion through improved environmental sanitation and hygiene practices. This is in order to maximise the benefits from the water supplies and improve health through, for example, anticipated reduction in the water-related diseases with the incidence of diarrhoeal as the primary target. In this regard, Sugita (2004, p.20) stated that, “behavior change is the primary factor in the reduction of diarrheal disease.”

The water and health programmes have mainly targeted women who are responsible for domestic water and are caretakers of children and the sick. Despite the numerous water and health interventions, women still struggle with the limited access to water and the poor health which has persisted in sub-Saharan Africa and Uganda in particular. The women bear the impact of inadequate, deficient or inappropriate water and sanitation services (MWE 2010, p. vii). In the following section, I present the context of this study on women, water and health within the framework of the geographical administrative structure, socio-economic and the everyday life of the people.

1.5 Description of the research study setting

The village where I conducted my research study is located in a rural setting, south-west of Uganda’s capital city Kampala. The roads in the village are seasonal whose condition deteriorates under extreme conditions and there are limited transport facilities. Hence the village is not easily accessible due to the poor infrastructure. The landscape in the village of study has savannah grassland with shrubs. The area is comprised of hill slopes and flat land,

with settlements, farming, tree growing and papyrus growth in the wetlands. Seasonal surface runoff, from rainfall constitutes the major recharge of water, while most streams are dry for longer times of the year (MDGWR 2008).

The climate is influenced by proximity of the area to Lake Victoria. There is a bimodal pattern of rainfall characterised by two seasons: March to May and October to December annually. In recent years, the area has experienced droughts, notably in 1999/2000 and 2004/05 which affected plant production leading to severe crop losses, drying up of water sources, and the loss of human lives and livestock.

According to the local council leadership, the population is estimated at around 2300 people distributed in 200 households. The average size is 8 to 10 people per household. The women constitute more than 51 per cent of the population which resonates with the national average in the NDP (RoU 2010a). Most of the children in the village of study are aged between 3 to fifteen years and are school going. According to the NDP, “nearly half of the population is below the age of 15 years and the population structure is expected to remain youthful for the next fifteen years” (RoU 2010a, p.19).

With regards the socio-economic situation, people’s livelihoods largely depend on subsistence and cash crop agriculture, but some households keep livestock on a small scale. Fishing and small trade are among the main activities (women getting more involved in trade). The small businesses are mainly concentrated in upcoming trading centres in the village. The women in this village have had limited or no exposure to education and life beyond where they live in their households which I describe as a unit of immediate family in this rural setting. The house units are mainly semi-permanent structures made of mud and wattle. A few house units are made of permanent materials of bricks and iron roofs. The women mostly engage in farming and major crops grown include: sweet potatoes, bananas, beans, maize, groundnuts, sorghum and finger millet. Bananas and millet are the staple food.

At the time of fieldwork, the district where the study was conducted was still relatively new, having been established in 2008. It was among those districts that were carved out of a bigger and older district in an attempt to improve service delivery. As such, it had a short administrative period and was facing the challenges associated with getting the basic infrastructure and systems for public financial management and records management in

place, to support its operations. In addition, apart from the top management positions, the district was still in the process of recruiting staff to fill key technical positions to implement the development plan and facilitate effective service delivery. The administrative structure employed follows the national decentralised system where the powers are devolved to the local council (elected) to oversee the development affairs of the village. These include social services such as education, water and health.

The population in the study area comprises a diversity of ethnic groups; however, the Baganda people from the central region of Uganda form the majority. Their distinct culture is practiced widely and the Luganda language is spoken as the local dialect of the people. The community in this area is very religious and the Roman Catholic faith is predominant. One of the first settlers, near the village of study, acquired vast tracts of land and donated part of it to the Catholic Church which, in turn, constructed a church, a health centre, schools and other social facilities for the wellbeing of the community in the surrounding villages. Other religions represented in the community include Protestantism and Islam. The village has a rural and peri-urban divide which falls under one Local Council (LC) administrative structure. The area's economy has traditionally been dominated by farming and commercial fishing. Poor land-use patterns and deforestation have led to a decline in productivity and greatly affected incomes and livelihoods.

1.6 Water status in the area

The study area is semi-arid and it is water stressed. As a result technological options to ensure constant supply of water are limited. Hence, the village has limited access to water supply. There is no piped water; hence water collection is a central part of the life of the people in the village of study. Water is a critical component of the everyday life collected by children and women. In this area; women culturally play a central role in managing water since they are responsible for collecting water for their daily household needs. The 20 litre plastic containers (jerry cans) are the most common, although the smaller children use other smaller containers.

The distances travelled by members of the households to access water sources in the study area, range from a few metres to greater than one-and-half kilometres (MDGWR 2008). The

traditional sources of water supply in the area are ponds, open wells, unimproved³ shallow wells and a spring at the edge of the valley-bottom swamps. However, during the dry season, water scarcity is enormous. The ponds and open wells are also shared with livestock. During the rainy season, water harvesting from roofs is a common practice in this village but its potential is not maximised due to the small containers used for storage.

The district Local Government (LG), Non-Government Organisations (NGOs) and the private sector have worked with the people in the area to improve access to water. Up until the 1990s this village had no safe water source; however, over the past decades, government and charity NGOs have provided improved water sources,⁴ including two shallow wells⁵ and one protected spring⁶ in the study area. In order to ensure sustainability and functionality of the water sources, a District Implementation Manual-DIM (MWE 2007) was launched to guide all actors, including communities, to promote integrated water resources management. The DIM, (MWE 2007) provides structures for collaboration, as embedded in the LGA CAP 243 – (RoU 2010). It emphasises the Operation and Maintenance (O & M) of water facilities put in place.

Nevertheless, the limited potential for underground water sources constrains availability of safe water. This is aggravated by the non-functionality of the few sources either due to pump breakdown, missing parts or the source drying up. Both men and women engage in water management, but play different roles. The women play a lead role in the water-related activities at both household level and community levels.

Hygiene and sanitation promotion to improve health behaviours in the community is mainly carried out by the district staff, Village Health Teams-VHTs and NGOs. In terms of access to health care system, for the most part, the community utilises the health centre (run by a charitable organisation) which is within two to four kilometres walk return the village. The Government Health Centre III⁷ is located more than five kilometres from the village. There are two private clinics run by retired medical personnel and two drug shops in the village of

³ Unimproved refers to untreated or unprotected water sources which are susceptible to contamination.

⁴ Hand dug shallow wells and protection of springs in accordance with national standards.

⁵ Hand dug wells, fitted with hand pumps.

⁶ Spring capping with a retainer wall and fitted with a pipe.

⁷ This is a basic facility for the provision of primary health care services within the sub-county. It is headed by a biomedical officer (not a qualified doctor); other staff include a nurse and midwife. Complicated cases are referred to the district hospital.

study. The main diseases identified from records at the charity organisation and which are commonly mentioned by the women include: malaria and skin infections especially among children. The HIV/AIDS pandemic also greatly affected this area leading to loss of many lives and productivity. There is limited access to professional health care services. The women play a big role in health care; care for the sick and children's sickness is mostly treated locally.

In conclusion, this section has presented the enormous challenges that women face in terms of accessing water due to the remoteness of the area of study, the geographical factors which influence water sourcing, service delivery challenges, as well as efforts by government and NGOs to address these issues. The community of study is highly dependent on subsistence agriculture with low economic activity leading to low incomes which influences the livelihood of the people especially with regards water and health. The legal and policy framework with regards water is also discussed with a view to explore the enabling factors and to identify the challenges that exist in implementing them.

1.7 My biography and role as the researcher

In tandem with the social and cultural setting of the study site, my own personal and professional experiences impacted on this research. In this section, a description and reflection of my biography, from childhood to my work experience, is provided and its influence on the engagements in this study on women, water and health suggested.

This biography demonstrates the self as “an active producer of knowledge” (Coffey 1999, p.132). It is a self-reflexive account of my orientation as shaped by my socio-historical location (Hammersley and Atkinson 2007) and emotional being in relation to the participants of the study (women) in a rural setting in Uganda. As I engaged with the ethnographic fieldwork, my personal background and identity came to the fore.

I entered the research field as a woman, from a middle class society and with a background as a social worker, with previous working experience in rural Uganda. While in the field I was faced with the task of understanding the “self” (Coffey 1999, p.132) in relation to people, their context and social reality. I found it necessary to explore my personal biography as a

foundation for understanding myself, my deeply held beliefs; my values and my ways of thinking during the research process.

I was born in Kampala, Uganda in the late 1960s. I do not recall any time when we had less than twenty people (mainly extended family) living at home. It was a family full of social activity. Because I grew up in an urban setting, my home and those in the locality were connected to the main national water supply system; therefore, water was within the compound and easily accessible. However, in the 1970s Uganda experienced internal civil strife that rendered most of the infrastructure non-functional. Water systems collapsed along with other infrastructure such as roads and telecommunications. Collecting water from the traditional water sources⁸ became a daily routine and I got involved in the collection of water from the springs. As young children (both girls and boys), we used to collect water; girls were prevented from going to the well in the evening as it got dark in order to protect them from the risk of sexual harassment and harm. Ordinarily, the boys at home concentrated on activities outside the house such as cleaning the compound, while the girls engaged in cooking and laundry among the numerous household tasks. It is at this time that I became aware of how the roles were segregated based on gender. One day when I remained in the room doing my homework my mother called for assistance in the kitchen; I remember the conversation we had going as follows:

Mother: Come over so we can work faster.

JM: Sorry mum, I am revising my notes.

Mother: Much as you like your books, you have to learn how to cook. Life is not about your books only.

JM: But, I want to pass with high grades.

Mother: My daughter, even if you got so many degrees, they will not make a home for you. No man will ever marry you if you cannot take care of the home.

This incident is typical of the social construction of gendered roles through the socialisation process from childhood which influences the life of both girls and boys in Uganda.

⁸ Streams, water ponds or open wells excavated by the local people.

Religion also had a big impact on me and my upbringing. I was brought up in a family with a strong Anglican faith with Christian values. My parents believed in serving the needy and giving hope to the disadvantaged, and they participated in both church and community events. I grew up in a spirit of togetherness and social responsibility, which I absorbed. I was sent to missionary founded schools specifically to learn in an atmosphere and ethos of religious moral values and principles. For my first degree at University, I majored in sociology, a discipline that illuminated my understanding of human behaviour, social structures and issues of inequality in society. My first job as a research assistant at a Child Health and Development Centre exposed me to the appalling plight of women in relation to health, as a result of their social positions as mothers and caregivers. This work experience also introduced me to the debate on women, gender, patriarchy and feminist views.

Later in my career as a social development worker in the water sector, I witnessed male engineers dominating the discussions on access and distribution of water to communities, and undermining the contributions from female programme support officers. For a long time, the male engineers argued that the socially related issues of health education and promotion did not make significant contributions to water development. This and similar situations challenged my thinking and triggered in me a growing interest to explore the effect of gender and patriarchal tendencies on the livelihood and development of women. Moreover, my previous research work in water projects demonstrated the challenging issues that women faced given their role as the managers of water in households. My experience suggested that women struggled constantly with a poor quality of life despite the various water and health interventions introduced by government and NGOs. During my fieldwork, I realised that my position in the field, and my middle social class and education status, contributed to a power imbalance. In some instances, during this study, women referred to me as a person of a different status, a change agent and resourceful person. In the entire duration of my fieldwork for this study and after leaving the community of study, I was given the title “*Omusawo*”, translated as “health worker.” This title was given to me following the community perception and understanding of my role with regards health. The title carried with it many expectations such as the ability to offer advice on bio-medical issues and nutrition. It was not uncommon for the women and men to present various health-related issues to me with the expectation that their needs would be addressed. It was a huge task for me to listen and refer them to other people and places where they could get properly assisted. Many women that I met thought I was powerful and well positioned to influence/direct the course of events in relation to water and

health, which they were willing to follow. At times, unconsciously, my actions may have suggested to the women that I had more power over them. In the first month of my fieldwork, there was a role conflict since I was viewed as a researcher and a health care worker. This was evident from the concerns I raised during my interactions with the women in the village on hygiene and sanitation practices. I gradually made a conscious decision to stick to my research role by referring the health-related concerns of the people to the health workers in the locality. Details with regards the power issues will be discussed later.

My own biography and my interests, benefits and concerns, from a moral and social point of view, had an influence on my becoming a researcher. In addition, my own biases, my family background, education and work provided me with the knowledge, skills and attitude that enabled me to engage in this study of women, water and health. Due to my focus on water management and its influence on women's health, I experienced the typical understanding of health by the local people. The women were very accustomed to the notion of water and health, through the provision of water sources (including rain water tanks), and the conventional delivery of health promotion and education. When I met the women at the study site I heard them saying, "*obulamu tebweyagazza*" which means, life is not enjoyable. The women expected me to deliver specific health and water interventions to improve the quality of their life despite that not being the purpose of my work. In order to maintain the integrity of the research I had to be mindful of my own background which had involved the participation in water and sanitation programmes. Despite these prior experiences, in the course of the research I tried to avoid getting biased towards issues of hygiene promotion and sanitation promotion.

CHAPTER TWO: THEORETICAL AND CONCEPTUAL FRAMEWORK

2 Introduction

Chapter one has presented an overview of the background, context and justification for the study based on the global and national developments that have influenced women, water and health. In Chapter Two, I capture the background literature on women, water and health. I present the theoretical framework which underpins this ethnographic study of women, water and health in rural Uganda. The focus of this chapter is to explore the literature on trends and models of health, with specific attention to the disease and the socio-cultural dimensions of health. I explore, key theories and concepts that have shaped gender issues with regards women, water and health from a gendered and feminist perspective. The dominant views and perspectives on the concepts of the gendered roles, patriarchy and power relations in decision-making around water issues is presented by drawing on evidence from international, African and Ugandan literature and studies. In the following section, I present a framework for this study in which I demonstrate concepts in relation to women, water and health.

Figure 1: Conceptual and Analytical framework for the study

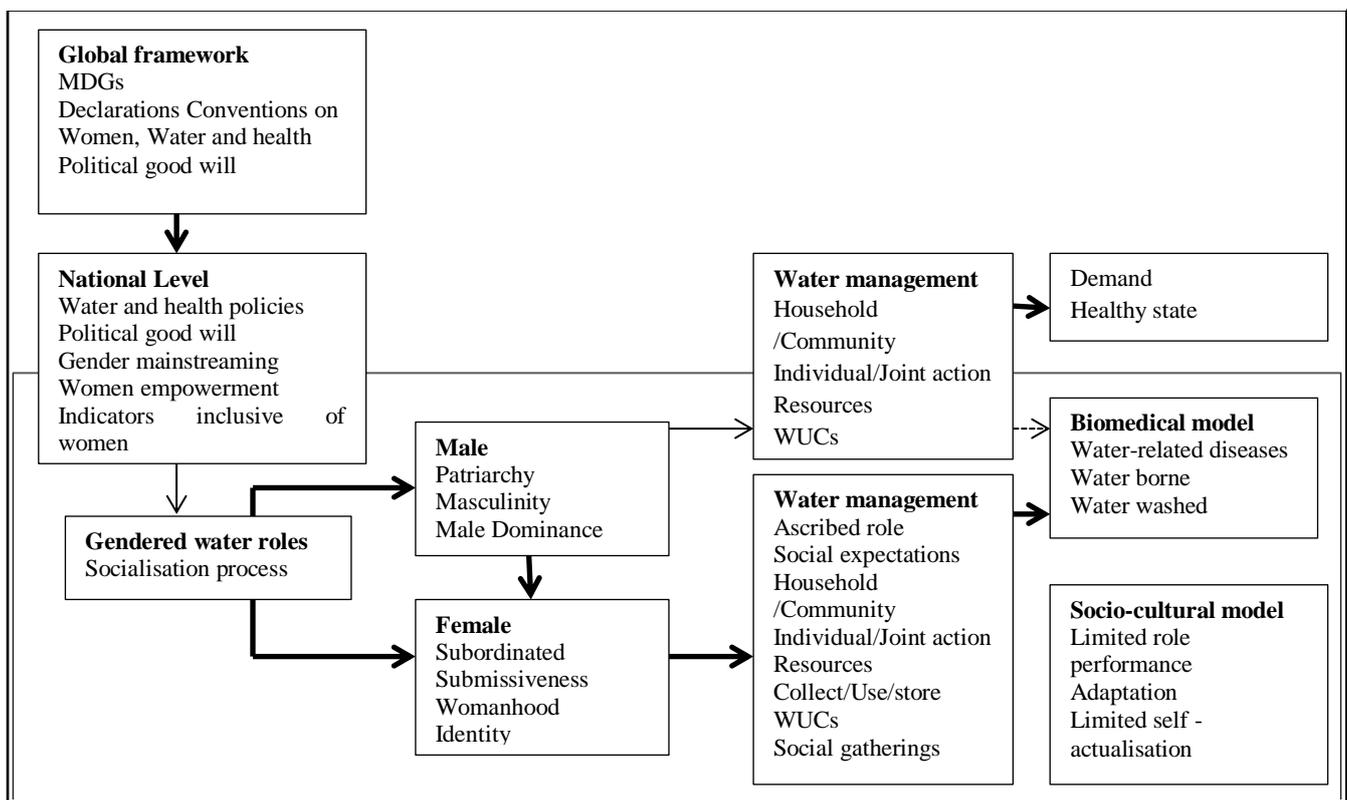


Figure 1 presents the conceptual and analytical framework with regards water and health using a gendered approach. The framework depicts the linkages between the global and national processes influencing water, women and health and how the gendered roles as well as social cultural factors impact differently on the men and women. It further highlights the effects of the above relationship on water management at household and community levels and how these link to health especially of the women. The socio-cultural factors within the context of the research emanate from the socialisation process which determines the gendered roles with regards water management. Specifically, these include patriarchy and masculinity which leads to male domination over women. As a result, women become submissive and subordinate to men. From the health perspective, the socio-cultural issues identified within the context of the research mainly focused on role performance and adaptation. The following section discusses these models to demonstrate different dimensions to health within the framework of this study.

2.1 The notion of health

This section explores the literature around health trends and models of health. A critical discussion on the concept of health provides a lens to which the complexity of issues around women and water management can be understood.

There is little consensus on the definition of health, which has changed over time. Over the past few decades, the outlook of health has changed from considering health as a mere absence of disease to recognising the socio-cultural implications of health and illness. The original definition of health as stated in the World Health Organization - Constitution, (1948, p.1) emphasised that, “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

The WHO affirmed that:

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favor health or be harmful to it. Health promotion action aims at making these conditions favorable through advocacy for health (WHO 1986, p.2).

The World Health Organization's definition of health promotion was elaborated in the Ottawa Charter for Health Promotion, which states that:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore, seen as a resource for everyday life, not the objective of living (WHO 1986, p.1).

This definition relates to the international conference on primary health care declaration of Alma-Ata, 1978. The Conference strongly reaffirms that:

Health, which is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, is a fundamental human right and that the attainment of the highest possible level of health is a most important world-wide social goal whose realization requires the action of many other social and economic sectors in addition to the health sector (WHO 1978, p.1).

In reference to elements of health, Ereshefsky (2009, p.226) argued that:

Some undesirable states are medical disorders whereas other undesirable states are not medical disorders. If treatment falls under the expertise of health care workers, then it is a medical condition...If it does not fall under the purview of health care workers, then it is not a medical condition. Simply put, whether an undesirable state is a medical state depends on how the division of labour is drawn in a society.

Moreover, Seedhouse (1997, p.36) suggests that the WHO broad statements about health reveal very "substantial conceptual difficulties and ambiguities since they are limitless and do not give detail that might be made of these health descriptions."

Given that some disorders are non-medical, it is important to explore the factors that lead to these disorders. With regards to social factors, these relate to other conditions which must be realised in life to attain more meaning (Smith 1983). This enables one to describe "one's health as healthy or unhealthy from a socio-cultural perspective (Smith 1983, p.30). Similarly, Jablensky (2005, p.231) emphasised the need to understand the "socio-cultural elements of disease which are rooted in culture and contain strata of rich meanings and connotations transmitted over the generations." Allowing for different ways of "structuring conceptions" (Seedhouse 1997, p.38), ideas and scales of health may also be referred to as "models of health" (Smith 1983, p.31). In this study, I further explore the concept of health beyond the biomedical model to include the socio-cultural perspective to depict how the women's health can be affected.

2.2 Models of health

There are four conceptions of health advanced by Smith (1983), which will be elaborated in the following section. These include: the biomedical model; the role performance model; the adaptive model; and the eudaimonistic model (ibid). These four models of health present two extremes of health or illness.

2.2.1 The biomedical model

The biomedical model of health refers to the “absence of signs or symptoms of disease or disability as identified by medical science; illness extreme refers to conspicuous presence of these signs or symptoms” (Smith 1983, p.31). Health is a “dynamic state of well-being characterized by a physical, mental and social potential which satisfies the demands of a life commensurate with age, culture and responsibility” (ibid). It is argued that “if the potential is insufficient to satisfy these demands, the state is disease” (Bircher 2005, p.335). This state of disease is also referred to as the biomedical/biomedical model by other authors. This biomedical / biomedical model of health stresses a “mechanistic view of the body and a reliance on biological causation” to explain illness (Seedhouse, 1997, p.40). This model relates to physical wellness or a lack of it. Moreover, this model focuses on “treating specific medical disorders and disabilities” (Smith 1983, p. 32). Hence at a global level, “modern medicine has become a major asset for the society” (Bircher 2005, p.335). A lot of attention and investment is paid to curative aspects with a focus on making essential medicines available at health facilities. The assumption is that “the body can be repaired like a machine; thus medicine adopts a *mechanical metaphor* (original italics) presuming that doctors can act like engineers to mend that which is dysfunctional” (Nettleton 2006, p.2). Besides, the health promotion and preventive aspects also focus on elimination of occurrences of disease. This relates to the argument by Smith (1983), about actions of health workers whose attention is mainly on the condition of the body being well or unwell. However the response to a state of being unwell, as promoted by this model fails to take note of the socio-cultural dimension of health within which the illnesses occurred.

In the mid-1970s, the health debate began recognizing the changing disease burden and specifically, the limitations of understanding the different health dimensions.

Over time, it became apparent that the campaigns which focused only on the transmission of information and failed to take account of the social and economic circumstances of individuals were not achieving the results which had been expected in terms of their impact on health behaviour (Nutbeam 2000 p.260).

This relates with Nettleton (2006) discussion about health and illness which vary and are patterned according to different social structures. Similarly, Jablensky (2005) argued for the need to move beyond the behaviour of individuals to include realities of health perspectives in relation to people's interaction with the environment. Jablensky, (2005, p.235) asserted that "recognition of the cultural roots and societal functions of the disease concept should lead to an awareness of the co-existence of different variants of the generic concept within which the diseases occur." The philosophical underpinning of the biomedical model can be "traced to several different traditions, so that the modern concept of disease can be seen as a hybrid of ideas" (Jablensky, 2005, p.235). With regards water, the biomedical model of health looks at diseases in relation to microorganisms found in water, hence development programmes focus more on addressing water-related diseases. As such; the biomedical model of health is particularly useful in explaining the challenges that women face with regards the low quality of water and the associated water diseases. However, the biomedical model was found unsuitable for this study that sought to gain an understanding of the everyday life of women, water and health.

The biomedical model presented did prompt discussion around the public health/ health promotion approach which has evolved in the past decade, most notably since the WHO Ottawa Charter of 1986. In the developing world, "health education is a tool in the promotion of health and prevention of disease" (Nutbeam, 2000, p.260).

Health promotion

Health promotion is "the process of enabling people to increase control over, and to improve, their health" (WHO 1986, p.8). Health promotion continues to evolve and as it does so it relies on policy, people, action and dialogue. One of the principles of health promotion involves catering for the population as a whole, in the context of their everyday lives, rather than focusing singularly on people who are at risk of specific diseases. Health promotion emphasises that action should be directed towards the "determinants or causes of health" (WHO 1986, p.25). Health promotion attempts to put people at the centre of analysing health

issues and consider the notion of society and culture as whole entity and not focus on individuals (WHO 1986).

Defining health as well-being provided the groundwork for the concept of health promotion, distinct from disease prevention, which is an essential part of a contemporary concept of health (Saylor, 2004, p.101). Health promotion helps to raise knowledge and awareness among the population about the dangers of certain living conditions such as living in an unclean environment, having unbalanced diet especially among children, substance abuse, and risky lifestyles. Through health promotion, options that can help prevent disease are disseminated and monitored at community and national levels. It is worth noting that health promotion helps people to change their lifestyle to an ideal state. In this study, I argue that the state of health is broader than the focus on absence of disease and thus, health promotion or health improvement rests on a broad definition of health as general well-being.

Health promotion initiatives in Uganda

In 2006, the African Development Fund (ADF 2006 p.10) appraisal report for the support to health sector strategic plan, re-affirmed that the overall goal of the health sector remains “*the attainment of a good standard of health by all people in Uganda, in order to promote a healthy and productive life*” (original italics).

In this regard, the main focus of the National Health Policy II is on health promotion, disease prevention, early diagnosis and treatment of diseases. In order to operationalize this policy decision, Village Health Teams (VHTs) were identified as a key sector strategy for engaging with communities, in order to raise awareness and health literacy on disease prevention and promotion of healthy lifestyle.

The Health Sector Strategic Plan II stated that:

Establishment of functional Village Health Teams (VHTs) [would] facilitate the process of community mobilisation and empowerment for health action... The VHTs is [among others] responsible for identifying the community’s health needs and taking appropriate measures. The VHTs serve as the first link between the community and formal health providers (MoH 2005, p.21).

To operationalize this strategy, ADF supported the VHTs “to empower communities to enable them to play a larger role in the promotion of health in the community” (ADF 2006, p.20). Complementary strategies included the development and production of relevant Information Education and Communication- IEC materials, increasing the participation of political, religious and cultural institutions in promoting health; wider use of the media (MOH 2010a, p.xix). Communities, therefore, have to be empowered and mobilised towards health promotion and disease prevention, so that the limited financial resources can be targeted at a reduced disease burden (ADF 2006, p.8).

I observe that all these strategies are focused on the preventive and health promotion aspect to address disease. However this does not sufficiently address socio-cultural issues to health that the women face in rural Uganda which I will discuss later in this chapter. It is also recognised that where there is a global or local concern for health promotion and the prevention of diseases, the provision of clean, safe water is an excellent starting point.

This is coupled with hygiene and sanitation promotion which emphasises hand washing in order to maximise the health benefits from the provision of safe water. However, even with this increased emphasis on prevention of water borne diseases, it was observed that “developments in hygiene and sanitation lag behind those in the water sub-sector which blunts the impact of water and sanitation projects” (WaterAid 2003, p.3). Yet despite the large scale programmes geared towards water development and the related health promotion to maximise the benefits of the water, substantial results have not been achieved to close the gap in the health status of women. There is a growing move to put people at the centre of analysing health issues and to consider the notion of society and culture as whole entity and not focus on individuals. This study on women water and health resonates well with this approach.

2.2.2 Role performance model

The second model to health is the role-performance which looks at “one’s ability to achieve maximum expected performance of social roles; or failure in performance of role” (Smith 1983, p.48). Griffin, Neal and Parker, (2007 p. 329), described three sub dimensions of work role performance which include proficiency, adaptivity and proactivity. Proficiency refers to:

The extent to which an individual meets role requirements that can be formalized. It is possible to assess proficiency when the requirements of a work role are formalized because there is a clear standard against which these judgments can be made (ibid).

The role performance model relates to the part an individual plays in a given social context, with any characteristic or expected pattern of behaviour that it entails. This model considers one's capacity to fulfil expectations and responsibilities. Griffin, Neal and Parker, (2007 p.330) illustrated that when the activities of a work role are independent of others, there is a simple link between an individual's behaviour and effectiveness as a person. When the activities of work role are inter-dependent with other roles, the link between behaviour and effectiveness is more complex. This relates to the complex situation that women face in their role of water collection.

Saylor (2004, p.108) argued that, "healthy individuals demonstrate accomplishment and execution, and they carry out their roles and tasks successfully in ways that are valued culturally" In the discussion on women's health and water, (AbouZahr, Isabelle de Zoysa and Moreno 2009, p.10) illustrated that:

Women's health may also "be at risk as a result of their traditional family responsibilities. Women are disproportionately responsible for collecting household fuel and water. The time spent on collecting household fuel and water could otherwise be spent on income-generation, education, or care for family members, all of which are related to the health status of women and of their families.

In this regard, health is perceived as role performance in terms of the time spent by women in collecting water. The role performance is affected by the time spent on collecting water.

2.2.3 Adaptive model

The third model of health noted here is the adaptive model which looks at the organism's potential to adapt to its environment. Characteristics of adaptation include flexibility, an ability to interact with the environment with maximum advantage or alienation of the organism, or the total failure of self - corrective response within the environment (Smith 1983, p.58). Similarly, Griffin, Neal and Parker (2007 p.330) described adaptivity "as the extent to which an individual adapts to changes in a work system or work roles." With regards flexibility, the adaptive model emphasises the ability to adjust in different living conditions. Hence, adaptation to the environment occurs for individuals as they develop coping mechanisms to adapt to divergent situations within their social environments. Griffin, Neal and Parker (2007 p.329) further argued that "when uncertainty is high, individuals still have to comply with the specified aspects of their roles that are predictable." Much as women

adapt to the water demands, there are usually situations of uncertainty which they are expected to comply with the set norms and expectations of society.

The proactivity dimension is described as the extent to which the individual takes self-directed action to anticipate or initiate change in the work system or work roles (Griffin, Neal and Parker, 2007 p.329). In the situation of water and health, women become proactive depending on the socio-economic circumstances they are faced with. Proactivity is an emergent form of work role performance in which an individual engages in self-starting, future-oriented behavior to change a situation (Griffin, Neal and Parker 2007, p.334).

2.2.4 Eudamonistic model

Finally, the eudamonistic model is defined as the “health extreme state of [energetic] exuberant well-being or enervation, languishing” (Smith 1983, p.72). In this model, reaching potential is characterized in terms of happiness. This model was not considered appropriate due to its emphasis on happiness as opposed to the focus of research study that focused on social role performance and therefore it was not explored further. Aside from the biomedical model, the three other models of health present a sociocultural dimension to health which allows for a holistic approach to the concept stressing that health and illnesses can only be explained by analysing the social context within which diseases occur (Seedhouse 1997). Central to these three models of health are the notions of attitude, belief and practice.

For purpose of this study, the role-performance and adaptive models provide a suitable lens through which an exploration of women, water and health can be viewed. The models emphasise the importance of gaining an understanding of the socio-cultural dimension of health from the everyday life of the people and their meaning as constructed by society. The everyday life is a key part of the focus of this study. In the following section, I explore theoretical concepts about women and health in relation to water within the global and local contexts.

2.3 The context of women, water and health

In relation to the general approaches to health and dominant associated models, the varying dimensions to water and health cannot be ignored. Hence, a consideration of women, water and health is introduced in the following section.

2.3.1 Global perspectives

The water sector has economic, health and symbolic importance for people in the developing world and the provision of safe water supplies is a priority for the global community (WHO/UNICEF 2006). Access to water is perceived as a right. Anand (2007, p.517), noted that:

A right to water falls within the category of guarantees essential to secure an adequate standard of living. The right to water contains both freedoms and entitlements: freedoms to continue to use existing sources of water and freedom from interference; and entitlements relating to equality of opportunity essential to the enjoyment of the right to water. Three factors are highlighted, namely, availability ('... water supply for each person must be sufficient and continuous for personal and domestic uses'), quality and accessibility (including physical and economic accessibility, non-discrimination, and access to information).

In the developing world, many people lack access to this basic human right. In the developing world, women are the main users and managers of water at household level; they also carry the burden of water collection (Were, Roy and Swallow 2008). The WHO-UNICEF JMP (2010 p.29), revealed that “at household level, women still shoulder the largest burden of collecting water, at 64 percent compared to 24 percent for men.” In “12 per cent of the households, however, children carry the main responsibility for collecting water, with girls under 15 years of age being twice as likely to carry this responsibility as boys under the age of 15 years” (ibid). The same assessment is true for Uganda where Tumwine (2002, p. xviii) asserted that the “main drawers of water are women and children, with porter and vendors playing a marginal role.” Moreover, the vast majority [83 percent] of the drawers of water walk to the water source with only a handful using bicycles [11 percent] or hand drawn carts [four percent] (ibid).

In the developing world, water is needed for both domestic and agricultural purposes and both have implications for the health status of the individual and the family.

This relates to the argument by Bouwer (2006 p.245) that:

The energy consumption involved in water collection can negatively affect people with poor nutritional intake. Heavy buckets of water carried on the head can undermine the development and health of the spine, leading to deformities, arthritic diseases, and injuries.

Given that women are the main carriers of water, they are the most at risk to suffer this burden. This demonstrates the direct link of water collection to the biomedical model to health. Moreover, in his study on suffering from water conducted in the Valley of Mexico, Ennis-McMillan (2001, p.370) affirmed that water is a vital part of human survival, and scarcity of domestic water supplies compromises health and generates suffering. Ennis-McMillan (2001 pp. 370 - 375) further concluded that:

Chronic water scarcity puts many people at increased risk of suffering. Water scarcity can burden poor rural people, particularly women, who often spend considerable time and money ensuring that their households have adequate domestic water supplies... Suffering from water was used to express a collective bodily distress due to persistent water scarcity. The concept of bodily distress is used to refer to a nexus of people's negative physical, emotional, psychological, and social experiences.

The discussion above reflects the physiological stress that women endure as a result of water collection. This stress can easily be identified and has been given high attention by medical practitioners given the associated pain and consequences. In the following section, I discuss water management issues in Africa and how they affect women.

2.3.2 Water management in Africa

Women in African countries suffer the most from poor water conditions since water management is one of their key household duties. The social and health implications of water and its access for women were articulated by Margaret Chan, Director General of the WHO in her statement made on the occasion of World Water Day 2007:

We also think about the millions of women who walk great distances to fetch water. In addition to the daily burden of carrying heavy water loads, they run the risk of being physically assaulted when seeking water. Children, in particular girls, can miss school in order to go and get water. Women as providers and users of water and guardians of the living environment have seldom been considered in arrangements for the development and management of water resources.

Water collection is an extremely energy sapping and time-consuming task. In a study conducted in Ghana, it was noted that:

It is primarily the role of Ghanaian women to provide the water for their families. When water is polluted or depleted, women have to travel longer distances to collect it. It is common in the more rural northern sections of Ghana for women to travel up to five miles a day for water collection, sometimes twice a day during the dry season. Every drop of water women use for cooking, drinking, bathing, watering their livestock, and farming is brought back in pails and pans that women carry on top of their heads. Over long distances, the water spills, is wasted or used to quench the carrier's thirst, so by the time it reaches home much of it has disappeared (Archer 2005, p.25).

This reflects the great need for water in the household which subjects women to traveling long distances so as to meet the high demand.

The same conclusion was drawn by Buor (2003) as he noted that in the developing world, “women walk long distances and the time spent in fetching water imposes a serious strain on health of women” (Buor 2003, p.89); it robs children particularly girls of an education (WHO/UNICEF 2005, UNDP 2006). Even when the girls remain in school, water collection could interfere with the ability to do well as they often have to collect water again after they return home from school, which limits their time to study and do homework.

Similarly, WHO/UNICEF (2012, p.31) confirmed that “time and energy devoted to water collection is considerable, [even if this is] based on a one trip per day minimum.” Activities associated with water collection deprive women of opportunities for “education, cultural, and political involvement, and rest and recreation [as well as] limiting their time for activities such as growing and preparing food and income-generating work” (Bouwer 2006, p.466). Evidence suggests that “those spending more than half an hour per round trip progressively collect less water and eventually fail to meet their families’ minimum daily drinking water needs” (WHO/UNICEF 2010, p.28). The distances and effort involved in collecting water are not the only physical challenges surrounding women and water. Women are also prone to the risk of sexual harassment, assault, falls and injuries while gathering water (UNDP 2006, WaterAid 2009).

Indeed, the domestic challenges experienced on a daily basis by the women are given inadequate attention because of the emphasis that is placed on what are seen as the bigger risks associated with water collection such as sexual harassment, assaults, falls and injuries,

as stated by WaterAid (2009). When taken collectively, the factors associated with the burden of collecting water reveal critical issues for women who are the primary carriers of the water. Access to adequate supplies of water is seen as “a universal indicator of human well-being and development and it plays a fundamental role in helping to resolve some of the manifold problems associated with poverty, exclusion and disease” (Potter 2010, p.115). If one is to gain an understanding with regards women, water and health; one needs to explore the local context, factors around water and the environment within which the women live.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) Committee has underlined that the health of rural women often crucially depends on adequate and non-discriminatory access to water in order to address these challenges. In Article 14 (2) CEDAW states that:

State parties shall take all appropriate measures to eliminate discrimination against women in rural areas in order to ensure, on a basis of equality of men and women, that they participate in and benefit from rural development and, in particular shall ensure to women the right: To enjoy adequate living conditions, particularly in relation to housing, sanitation, electricity and water supply, transport and communications.

Evidence from this literature review suggests that women face significant challenges around collecting and managing water for their families. The literature itself prompts a need to gain an understanding of how water influences the health of women in particular from a gendered perspective.

Women's health and water

There is extensive literature on women, water and health. Health is regarded as a fundamental human right and correspondingly, all people should have access to basic resources for health. Studies vary on core issues of focus in relation to water-related, water washed, water borne and water vector related diseases. To many, health is regarded as a type of internal state which is either an impairment of normal functional ability, i.e., a reduction of one or more functional abilities below typical efficiency, or a limitation on functional ability caused by the environment (Ereshefsky 2009, p.221). In Uganda studies addressing water health-related issues have focused on health promotion interventions, targeting improved hygiene behaviours, safe water provision and emphasis on the safe water chain in order to avoid

contamination of water and to encourage preventive approaches and treatment of water-related diseases

Crooks (2001, p.12) argued that though biomedical research has made important contributions to our understanding of the health of populations it has added little to our knowledge of the unique and individual health experiences of women. She stated that:

To provide meaningful evidence-based care to women as researchers, we need to attend to women's experiences, their own understanding of health-related issues, and the social interactions within which they gain meaning and insight about their situation. The difficulty with biomedical research-based conceptions of women's health is that they are formed from normative data and do not represent the full range of women's health or illness experiences and seldom account for the extent of contextual factors operating to break down or maintain health (Crooks 2001, p. 12).

With regards to water, the heavy load associated with collecting and carrying water and the long distances walked by women during water collection affects their health to a greater extent because of their extant poor nutrition (Sugita 2004, p.123). Women perform virtually all the labour associated with water collection at the expense of education, cultural, and political involvement, rest and recreation (ibid). Women experience immense physical strain on collection of water (ibid). Water cans are usually carried on the head, often with a circular pad, woven from a banana leaf, used as a cushion. The "bicycles are also used and allow more water to be carried at once, and could lighten the load for the girls and women who do most of the water collection, but bicycles are mostly in the hands of boys and men" (Sugita 2004, p.123). Other forms of transportation such as wheelbarrows and domestic animals for carrying water are not common in some parts of Africa.

In his analysis of suffering from water in a Mexican community, Ennis-McMillan (2001 p.384) noted that at times, "it is possible for people to locate the origins of their pain, anxiety, and bodily discomfort in the social world." Such forms of bodily distress are not necessarily biomedical or traditional illness conditions requiring healing of individual bodies (ibid).

Ennis-McMillan (2001, p.385) observed that research:

Gives attention to cultural, social, and political-economic dimensions of people's experience with and responses to water scarcity. Guided by the presupposition that access to and control of water resources shape health, the research reveals how water-related bodily distress results from the intersection of local experience with broader structures of inequality. Water is a vital resource for health and well-being, but in many areas of the world it is also becoming an increasingly scarce, contested, and unequally distributed resource. Consequently, medical anthropologists need to broaden the

anthropology of water-related suffering beyond a biomedical focus on water quality and examine the interrelationship of the quality, quantity, and distribution of domestic water supplies.

Water collection also “limits the women’s time for activities such as growing and preparing food and income-generating work” (Bouwer 2006, p.466). In extreme cases, many adolescent girls miss school during menstruation because of the absence of clean and private sanitation facilities in schools. Because of “the scarcity of water and the time and labour associated with collecting what water there is, women are sometimes compelled to postpone washing clothes, or taking baths, sometimes women and families” have fewer meals, when water is unavailable or unaffordable” (Crow and Odaba 2010, p.733) The women’s “health is jeopardized when meals have to be reduced to one per day” (ibid 2010, p.740).

At global level, literature also points towards differences in women and men’s health concerns. WHO (2009, pp. xi-xii) indicates that:

While women and men share many similar health challenges, the differences are such that the health of women deserves particular attention. There are conditions that only women experience and whose potentially negative impact only they suffer. Some of these – such as pregnancy and childbirth – are not diseases, but biological and social processes that carry health risks and require health care. Some health challenges affect both women and men, but have a greater or different impact on women and so require responses that are tailored specifically to women’s needs. Other conditions affect women and men more or less equally, but women face greater difficulties in getting the health care they need. Furthermore, gender-based inequalities – for example in education, income and employment – limit the ability of girls and women to protect their health.

Although men also experience a need for water in the domestic context, according to local norms and customs, it is not their responsibility to provide it (Leite 2005, p.72). Women bear the burden of providing and managing water at household level. In the following section, the concept of water management is presented. It was noted that, “women in third world countries suffer the most from poor water conditions because it is part of their household duties to manage water” (Archer 2005, p.15). Since it is typically women and children who perform water collection work, it is women and children who experience disproportionately higher health risks from unsanitary water (ibid). In addition, “lack of adequate water increases women's work in attending to the sick, which is also part of women's traditional role. This is just one of the numerous examples of how women's domestic work is increased because of inadequate access to clean and safe drinking water” (Archer 2005, p.25).

Therefore, in order to address this public health issue, women's role and responsibilities have to be recognised and supported.

2.3.3 Policy and legal context of water service delivery in Uganda

The NDP 2010/11 to 2014/15 is the key government planning framework for ensuring poverty eradication through creation of an enabling environment for rapid economic development and social transformation. It indicates that the Ugandan economy experienced varying growth rates when the poverty eradication plan-PEAP⁹ was being implemented, “with an average Gross Domestic Product (GDP) growth rate of 7.2 per cent between 1997/98 and 2000/01, to 6.8 per cent between 2000/01 and 2003/04, increasing to 8 per cent over the period 2004/05 to 2007/08” (RoU 2010a, p.i). The poverty rate “fell from 57 per cent in 1993 to 31 per cent in 2006”, although there is substantial and growing urban-rural and regional inequality (ibid). Uganda is close to “halving poverty and addressing gender inequality” (IDA. 2010, p.ii). If achieved, this would reduce the disparity in access to basic services which is mainly affecting women at national and community level. The NDP's main theme is “*growth, employment and socio-economic transformation for prosperity*” (RoU 2010a, p.1). The plan broadens the country's development strategy from “poverty reduction to structural transformation in the economy” (RoU 2010a, p.11). The intentions of the NDP are focused on critical factors for social-economic development. However, its effective implementation to improve livelihood of the people especially in the rural areas, relies on good governance and prudent resource allocation and prioritisation by government.

The policy and “legal framework” for service delivery is well developed and embraces specific policy instruments such as the National Water Policy, the Health Sector Strategic Plan and the Gender Policy. A key sector achievement over the past ten years “has been the completion of sector reforms that introduced investment programmes known as Strategic Investment Programmes (SIPs) that aim to achieve universal service coverage in water, well above the MDG targets” (UWSD 2007, p.vii) This is in accordance with target 7 (c) of the MDGs which aims at “halving the proportion of people without sustainable access to safe

⁹ The PEAP was the poverty reduction strategic paper of government which preceded the NDP.

drinking water and basic sanitation by 2015” (UN 2009, p.45). Due to government’s effort in implementing these policies, “more people were served with new water supplies as a result of the investments by government in rain water harvesting and drilling of boreholes” (MWE, 2012 p. ii). However, the MWE has “concerns about the present funding levels which are insufficient to meet the NDP target for water supply and sanitation” (MWE, 2012 p. i). Under these circumstances, the women in rural areas have continued to face enormous challenge with regards water supply to meet their basic water needs.

The Constitution of the Republic of Uganda (RoU 1995) under objectives xv, xvii, xx, and xxi, provides for all people in Uganda to recognise the significant role women play in society, enjoy inter alia equal rights and opportunities, access to education, health services, as well as clean and safe water. The Constitution (RoU 1995) under objective xiv further provides for the state to make effort to fulfil “the rights of Ugandans to social justice and economic development for the maximum social and cultural wellbeing of the people and their enjoyment of rights, opportunities and access to social and economic benefits.” The “promotion of people’s health and nutrition ensures that they remain productive and contribute to national development” (ibid). However, the rising population is exerting enormous pressure on the existing basic social services. The NDP indicates that the population suffers “poor health conditions owing to malnutrition, lack of access to clean water, unhealthy housing and environmental sanitation limit the productivity of the labour force” (RoU 2010a, p.206).

The National Health Policy-NHP II (MOH 2010b, p.14) focuses “on health promotion, disease prevention and early diagnosis and treatment of disease, with an emphasis on vulnerable populations.” It seeks to provide “a minimum health care package which consists of the most cost-effective priority healthcare interventions and services addressing the high disease burden” (ibid p.16). In order to operationalize the NHP, government developed the Health Sector Strategic Plan - HSSP II which “reflects increasing attention to integrated, preventive health strategies” (MOH 2005, p.28). It proposes that “greater attention and support shall be given to health promotion, education, environmental health, enforcement and preventive interventions...” (MOH 2010b, p.12) Over “75 per cent of Uganda’s disease burden is considered to be preventable, as it is primarily caused by poor personal and domestic hygiene and inadequate sanitation practices i.e. failure to break the faecal-oral disease transmission routes” (MOH 2005, p.28). The HSSP II further emphasises health

promotion and education in order to “create health awareness, promote public participation and involvement in health care delivery, and increase demand and utilisation of the services provided by the sector” (ibid). These efforts are also complemented by strategies under the water and sanitation sector to reduce on this burden of disease in relation to poor hygienic practices. Greater emphasis is placed by the government of Uganda on the promotion of personal, household, institutional, community sanitation and hygiene especially in rural areas, where the population has low access to safe water and low sanitation coverage.” Improvements in these areas would benefit women the most since they are usually the most affected by poor health in the family and inadequate availability of water at household level.

The National Environmental Health Policy-NEHP (MOH, 2005) established the “environmental health priorities of the government and provided a framework for the development of services and programmes at national and local government levels (MOH, 2005 p.10). The goal of the policy “is the attainment of a clean and healthy living environment for all citizens in both rural and urban areas” (ibid, p.10). The strategic priority is on health education and promotion as well as control of diarrhoeal diseases (ibid). The NEHP and local interventions set out a number of guiding principles including the understanding that, “prevention is better than cure” and that every Ugandan has a right to a clean and healthy environment, but there are responsibilities that need to be fulfilled (MOH 2005, p.11). In this regard, government is obliged to provide safe water sources as well as creating awareness amongst the people, about living in a clean environment. At individual level, people are supposed to observe personal hygiene and have clean homesteads. The national health sector strategic plan II further states that improvement of environmental health aims to contribute to the reduction of morbidity, mortality and disability among the people of Uganda through improvements in housing, use of safe water, food hygiene promotion, waste management and control of vectors (MOH 2005, p.29). Emphasis is placed on community mobilisation, in order to bring about widespread improvements in sanitation and hygiene behaviour. In this regard, the “National Sanitation Working Group¹⁰ approved guidelines for the conditional grant for sanitation and to continue with enforcement of sanitation ordinances and bye-laws and to allocate and disburse funds for the sanitation grant to the Local Governments” (MWE 2010, p.37). This is a new initiative that requires monitoring to ensure achievement of the desired objectives. If well implemented, this

¹⁰ This is a task force at national level constituted by government, development partners and CSOs to spearhead implementation of sanitation reforms in Uganda.

initiative would elevate the standard of hygiene and sanitation at household level, whose responsibility is mainly shouldered by the women especially in the rural areas.

The water sector is guided by the National Water Policy (NWP) which “promotes an integrated approach to manage the water resources in ways that are sustainable and most beneficial to the people of Uganda (MWE 1999, p.1). The policy provided for:

Sustainable provision of clean water within easy reach and good hygienic sanitation practices and facilities, based on management responsibility and ownership by the users, within decentralised governance (MWE 1999, p.1).

The policy was “developed under the two categories of Water Resources Management and Water Development and Use. With respect to water resources, the water policy states that “improved water supply and sanitation services have major social, economic and health impacts on life in general” (MWE 1999, p.4). Progress in the achievement of sector objectives is measured annually against a set of indicators [which] include, “access, functionality, per capita investment, sanitation, water quality, equity, hand washing management and gender-[percentage] of Water User Committees [WUCs]” and Water Boards with women holding key positions (MWE 2012, pp.3-4). Nationally, “71% of WSCs have a woman in a key position” (MWE 2009, p.108).

The UWESPR estimated the “number of people with access to safe water, within 1 km in the rural areas, to be 64 per cent” (MWE 2012, p. xiv). However, the 36 per cent that still walks more than 1 km to the water source is a big percentage. Moreover, despite this increased access, there is “a great disparity in district specific [coverage] ranging from 12 per cent to 90 per cent in some areas” (RoU 2010a, p.268). According to MWE (2012), the sector is faced with challenges of getting water closer to the people due to declining budgets as a result of rising overhead expenditures to start up new districts which have been created.

The NDP states that, “approximately half of the districts are still below the national average of 64 per cent” (RoU 2010a, p.268).

The NDP further asserts that:

Nationally, 24 per cent of the rural population use deep boreholes fitted with hand pumps and 17 per cent use protected springs. Only 6 per cent of the rural population use piped water supplies, though,

household sanitation has also been improving steadily. This situation with limited access to clean water has direct implications on the life of the rural women who bear the responsibility of providing water to the household (RoU 2010a, p.268).

It was observed that “access to safe water, improved sanitation facilities are pre-requisites [for] a healthy population and therefore, have a direct impact on the quality of life and productivity of the population.” The water sector is [one of the] priority [sectors in Uganda] given that “water is a key strategic resource, vital for sustaining life, promoting development and maintaining the environment.” In 1997, the “government initiated reforms in the water sector, to ensure that water services are provided and managed with increased efficiency and cost effectiveness.” One of the objectives of the Sector Investment Plan (SIP) is to “achieve sustainable provision of safe water within easy reach and hygienic sanitation facilities, based on management responsibility and ownership by the users” (MWE 2009, p.20). With respect to rural water supply, the MWE introduced Technical Support Units (TSUs) at regional level to support the districts in implementation of water programmes. The TSUs play a major role in “capacitating the weaker districts and assist in the monitoring and quality control of district level activities” (MWE 2009 p.xix). The consistent capacity building of the DWOs in addressing rural water and sanitation issues by using the TSUs as capacity building mechanisms “have been largely successful despite many challenges related to the creation of new districts and the recurrent changes of staff in the DWOs” (MWE 2009 p.95). TSUs have also facilitated the implementation of the gender strategy.

In addition, “the sub-sector capacity for implementing software activities including gender has been built through recruitment of sociologists and appointment of a gender anchor” (MWE 2010, p.vii).

In Uganda, gendered roles in relation to water management are also recognised in the gender strategy of 2010-2015. The strategy states that:

Women and girls are the major water collectors, users and managers in homes. They are also the major promoters of household and community sanitation activities. Men however still dominate the arena of planning and decision-making regarding water and sanitation development and women’s views are often under-represented, implying that women’s practical and strategic needs are not addressed. They therefore bear the impact of inadequate, deficient or inappropriate water and sanitation services (MOH 2010b, p.iii).

To address the challenge of male domination in decision-making, the second Water and Sanitation Gender Strategy - 2010/15 (MWE 2010, p.2) provides guidelines that are intended

to ensure that “appropriate planning and implementation of gender mainstreaming programmes, projects and activities at national and local government levels are undertaken in an integrated, consistent and sustainable manner.” It creates a foundation on which the water and sanitation stakeholders can holistically mainstream gender into policy formulation, capacity building, management, monitoring and evaluation. In this regard, the Ministry of Water and Environment formulated a water and sanitation sub-sector gender strategy in 2003, which was reviewed in 2010. The water and sanitation gender strategy is in accordance with the National Gender policy (MGLSD 2007b) which promotes mainstreaming of gender in all sectors.

The Government of Uganda (GOU), with support from donors, has made significant effort towards improved service delivery through a decentralised system of governance. In 1997, “Government devolved substantial powers and responsibilities, hitherto retained at the centre, to local governments” (RoU 2010b, p.ii). This was geared towards promoting democratisation and to improving service delivery at local levels. According to section 77 of the Local Government Act, local governments have the mandate and power to “approve their development plans and budgets and to oversee the implementation of those plans, as well as programmes and projects implemented by central government in their respective areas.”

The LGA CAP 243 (RoU 2010b) section 36, stipulates that the District¹¹ “shall prepare a comprehensive and integrated plan incorporating plans of lower local governments for submission to the National Planning Authority.” Local Government financing is within the framework of the fiscal decentralisation strategy (FDS) which provides for “three types of fiscal transfers from the centre” to local governments, to facilitate service delivery; these include unconditional grants, conditional grants, and equalization grants. There is also provision for local governments to raise funds from local sources including, levying of fees, licences, rates on properties etc. Section 83 (2-4) of the LGA Cap 243 (RoU 2010b) stipulates that:

An unconditional grant is the minimum grant that is paid to local governments by central government to run decentralised services. A conditional grant consists of moneys given to local governments to finance programmes agreed upon between the government and local government and shall be expended for purposes for which it was made and in accordance with conditions agreed upon. An equalisation grant is the money to be paid to local governments...or making special provisions for the least

¹¹ A district is a local government unit under which there are lower local governments (sub-counties) and administrative units

developed districts, based on the degree to which the local government is lagging behind the national average.

Grants from central government to local governments contribute over 85 per cent of financing to LG budgets. Under the framework of decentralisation, local governments have strived to improve the quality of services delivered to the population (RoU 2010b). The water and sanitation sector as one of the priority areas has on a consistent basis government increased grants to facilitate better service delivery and access to clean and safe water to the population. The district water “conditional grant was projected to increase from UGX 58 billion in FY 2010/11 to 94.3 billion in 2014/15” (MOFPED 2012, p.19).

According to the Ministry of Water and Environment, there has been an increase in access to clean safe water especially in the rural areas. It is estimated that “55,470 people were served with new water supplies as a result of investments by the centre in rainwater harvesting and the drilling of boreholes (MWE 2012, p ii). It is estimated that, “a total of 597,496 people were served by new water supplies using resources under the government budget in FY2011/12” (MWE 2012, p ii). However, the distance walked to the water sources is still long for many rural populations. The MWE (2012, p.v) further reports that “the compliance of rural safe drinking water sources to national water quality standards was 93%, similar to last financial year - E.coli being the key indicator.” These achievements point towards improved quality of livelihood.

With the introduction of the Universal Primary Education (UPE) in 1997, “Uganda has made notable progress in increasing literacy and access to education at all levels and access to UPE “increased from 2.5 million students in 1997 to 7.5 million in 2008, reaching a level of 82 per cent of the eligible pupils enrolled” (RoU 2010b, p.20). The “developing world has achieved parity in primary education, between girls and boys” (UN 2012, p.4). Specifically, “Uganda also achieved parity between boys and girls in primary education and is on track to achieve the targets for HIV/Aids and access to safe water” (MOFPED 2010, p.iv). Driven by national and international efforts and the MDG campaign, “many more of the world’s children are enrolled in school at the primary level especially since 2000 and the girls have benefited the most” (UN 2012, p.4). With better education, the women would be in better position to participate effectively in community dialogue around water and health issues.

A socio-spatial survey of water issues in the village of study revealed that:

A large portion of household participants (a total of 47 per cent of all households surveyed) was outside of the 1-kilometre catchment areas. In addition, approximately half of the working water pumps in the area were within 1 kilometre of the main roads in the region. Interestingly, almost all participants were within a 1 kilometre radius of any improved water source; but, due to the poor function and lack of maintenance on some of these, several improved water sources remain idle and useless to the community (Macri et al. 2013, p. 25).

In summary, the section above has presented the existing legal and policy framework around service delivery. There are still enormous gaps and challenges in getting these services such as access to safe water to the people especially the rural women who bear the responsibility of meeting the family water needs. In the following section, initiatives taken to address the gender issues that have a bearing on women and water in Uganda will be explored.

In the past decades, development partners in Uganda have embraced participatory approaches to the planning, implementing and monitoring of water resources. However, to date, many of the proposed rural water initiatives focus more on communal water development and less attention is paid to other challenges regarding water management at household level, such as the containers for collection and storage as well as who collects the water. These initiatives require the engagement of both men and women at the various stages of implementation in order to address all the challenges in a holistic manner.

As regards financing, water and sanitation are among the priority sectors of government funding, through conditional grant mechanisms. The development of the Water Policy effectively introduced the Sector Wide Approach to Planning (SWAP) and defines the institutional framework for the sector. According to Niras (2010, p.55), government and development partners agreed to jointly support a common Strategic Investment Programme (SIP) under the Joint Water Supply and Sanitation Programme Support (JWSSPS). The overall objective of the JWSSPS (the ‘Programme’) is to “support improvements to the fiscal and physical effectiveness of the water and sanitation sector, thereby contributing to poverty eradication and better health for Ugandans (Niras 2010, p.18)” It has made “use of and has strengthened [and followed] existing government systems, has followed government policies and strategies and respected divisions of responsibility, and has avoided the unilateral introduction of innovations” in the water sector (Niras, 2010 p.6).

The MWE (2012, p.17) identified the key priorities to be addressed during the financial year to include:

- a. Address the low sustainability of water supply facilities including low functionality through scaling up of community involvement in planning. Monitoring the design and quality of construction of new water supply facilities to ensure adherence to technical specifications and also rehabilitation of some of the non-functional facilities.
- b. Focus on developing appropriate water supply technologies in the water stressed areas to ensure equity in access to facilities for water supply and sanitation.

If the progress recorded by the MWE (2012, p. xiv), whereby the percentage of people within 1 km (rural) of an improved water source has increased from (61 per cent in FY 2004/05 to 66 per cent in FY 2012/13) can be sustained over the next five years, the challenges of access to clean and safe water will be largely addressed.

Water quality

Water quality is a prime indicator of health and wellbeing; it is crucial in determining the cause and transmission of disease where water-related diseases include those that are water washed, water borne and the water based. As women's access to water is restricted due to distance and time constraints they are often obliged to accept lower-quality water which leaves them particularly vulnerable to the health consequences such as diarrhoeal diseases (WHO/UNICEF 2005).

With limited access to water or poor quality water, women often must devote precious time (sometimes as much as half their working day), labour, and financial resources to procuring the water necessary for domestic and agricultural use (Bouwer 2006, p.467).

It is also noted that many projects have consistently focused on addressing the issue of water-related disease.

In Kenya's - Siaya district, it was recognised that:

Access to clean water [meant] women [were] no longer worried whether their children [would] die before the age of five from water-related diseases such as diarrhoea.” Access to clean water also enable[d] women to spend less time searching for water; it mean[t] physical security and comfort; opportunity to spen[d] time on other productive and empowering activities [such] as caring for their families and assuming leadership roles in their communities... (Murdock 2012, p.2).

It is difficult to see how such benefits could be attained where limited access to water by the women in the developing world existed. Water is essential not only for drinking, but also for food production and preparation, personal hygiene, and care of the sick.

2.4 Patriarchy and masculinity

Walby (1990, p.20) described patriarchy as a theory of gender inequality in which this aspect of men's domination over each other is central to men's domination over women. Patriarchy exists in a system of social relations (ibid). According to Tibatemwa-Ekirikubinza (1999, p.13) the term “patriarchy is used to indicate that there is one sex (the male) which dominates another (the female) which is subjected.” Similarly, Hearn (2004, p.52) asserted that, “men are structurally and interpersonally dominant in most spheres of life.”

Nannyonga-Tamusuza (2009, p.372) described a similar arrangement of men holding power and authority [in leadership], which is practiced amongst the Buganda culture, to accord special status to the “palace princesses, “bambejja.” Although they are biologically female, they are gendered as men. The “bambejja” should be categorized as female-men. Within the palace they are referred to as ssebo (sir), a title designated for men of high status. Belonging to the ruling class subverts the bambejja's “femaleness,” and allocates them a man-gender (2009, p. 372). Nannyonga-Tamusuza (2009, p.372) further explains that among the princesses, a “lubuga” (queen-sister to the king) is given a higher status. Through a ritual performed during the coronation of a new king, she is also enthroned and her position is stated to be equal to that of the king (ibid). The lubuga has the right to possess spears, but never uses them, because she does not go to war. The spear symbolizes power, but the lubuga actually has no power. Her kingship is symbolic only. Indeed, the lubuga's kingship should

be understood as an ideological ritual to enhance the king's (male) power (ibid). It is however important to note that:

Even though all members of the royal family, king, princes, and princesses, were gendered as men, whether they were biological males or females, among them there remained a hierarchy of authority. This hierarchy took shape and was refined as the state and the kingship consolidated politically Nannyonga- Tamusuza (2009, p. 372).

She further noted that:

The king became the ssaabasajja, "the Man among men" (ibid). He is "One who dominated and subdued all men" as well as all women, and who had power over their lives and control of their sexuality. Thus, all commoners refer to the king as "bbaffe", meaning "our husband", and all must kneel or prostrate themselves when addressing the king. These practices are still evident today (ibid).

In the following section, I explore some gendered concepts and how they influence issues with regards women and water.

2.5 Gender and socialisation - cultural constructs of roles

Gender is a concept that looks at the way the world views and perceives relationships between men and women. Gender issues are context specific and vary from society to society and these are mainly constructed at an early stage during the socialisation. The socialisation process propagates the gendered roles which in a way contribute to the identity, social status of the "woman." In a study on the division of labour in the home, responses from the women indicated that, a real wife is 'typical' and 'good'; she is the subservient female, dedicated to the satisfaction of her husband's needs" (Oakley 2005, p.99). The process leads to a gender split with conspicuous and unequal representation of men and women. The socialisation process influences the positive behaviour among the men to support the women and vice versa.

In Uganda, the socially and culturally constructed roles around water begin at a very early age. During the socialization process children are groomed to display gender-appropriate behaviours that they are encouraged to perform. Evans (2003, p.57) suggested that "sexual differences are entirely constructed through performativity" that is the "performance of

socially established expectations of the masculine or feminine.” At an early age boys and girls start the “internalisation of social expectations” (ibid). There is general agreement in society about what is considered to be typically feminine and typically masculine characteristics.” The assignment of gender is based on ‘specific ‘culturally’ assigned roles and identities: failure to adhere to them may disqualify a male as a man or a female as a woman, whereupon new concepts of genders are reconstructed for them’ (Nannyonga-Tamusuza 2009, p.368). Similarly, Courtenay (2000, p.1389) asserted that “rejecting what is constructed as feminine is essential for demonstrating hegemonic masculinity in a sexist and gender-dichotomous society.” Moreover, “men and boys who attempt to engage in social action that demonstrates feminine norms of gender, risk being relegated to the subordinated masculinity of “wimp” or “sissy” (ibid).

He further suggested that “men and boys experience comparatively greater social pressure than women and girls to endorse gendered societal prescriptions and therefore not surprising that their behaviour and their beliefs about gender are more stereotypic than those of women and girls” (Courtenay 2000, p.1387).

The stereotype belief was similarly analysed by Barclay and Lupton (1999, p.1015) in their study on experiences of new fatherhood. They argued that:

Many men in the study found that after their child’s birth, they lacked skills in household tasks they had not attempted before. Becoming skilful in the work for caring for their infants required men to invest time and energy in familiarising themselves with the infants requirements. Most men in the study did not do this. Some were not allowed to do so by their partners... ..and some did not believe it was proper for men to be involved.

In this regard, Walby (2007, p.466) asserted that:

Social theory faces a challenge in theorizing the intersection of multiple complex inequalities. To do so adequately it must address the ontological depth of systems of social relations of inequality in the institutional domains of economy, polity, violence, and civil society rather than flatten this to a single dimension of culture or economics.

In Africa, a patriarchal system exists which is exemplified in women’s reality in relation to their role performance as housewives and mothers. Therefore, one needs to discover the multi-faceted dimensions to patriarchy.

Nannyonga-Tamusuza (2012, p.116) observed that:

Socialisation of a baby girl [in this village] was centred on her growth into a submissive wife and mother.” Young females are socialized to believe that their full identity depends on their being married and “controlled” by men who must pay bride price.

As such, “marriage is a defining achievement for the full realization of womanhood among the Baganda¹² and elevates one to a level of a wife, and one who is owned by man” (Nannyonga-Tamusuza 2009, p.374). This socialisation process influences the behaviour and attitude of the women in relation to their husbands.

Nannyonga further argued that:

The work children do is part of a socialisation process where parents take the children through a “dynamic process of assigning roles;” it is also referred to as “gendering” (Nannyonga-Tamusuza 2009, p.367).

Similarly, Kiyimba (2005, p.253) asserted that:

Children begin in these early stages of life, to develop life-long attitudes towards themselves, [and each other], attach socially ascribed and prejudicial-meaning to gender. Men and boys are active agents in constructing and reconstructing dominant norms of masculinity. This concept of agency the part individuals’ play in exerting power and producing effects in their lives is central to constructionism.” Through socialisation process, boys learn masculine behaviours from the men which are passed from generation to generation.

Boys are prepared and expected to behave like men while the girls also get nurtured and prepared to assume their roles as wives and mothers. The socialisation process helps to assign roles and responsibilities to the boys and girls which become accepted as the normal way of life.

¹²Baganda tribe is the largest ethnic group in Uganda and located in central Uganda.

2.5.1 Gendered roles in water management

Gender inequality in the management of water is a significant challenge in most rural areas of Uganda. The interests of men and women in relation to water management are usually different.

Leite 2010 (p.71-72) observed that:

Women's role is focused [mainly] on the home and reproductive responsibilities, whereas men are primarily focused on activities outside of the home, including commercial farming activities. Although men also experience a need for water in the domestic context, according to local norms and customs, it is not their responsibility to provide it.

The domestic responsibilities imply that the women and girls are responsible for collecting water for use in the home. In their study on "promising approaches to address the needs of poor female farmers, Quisumbing and Baulch (2009, p.4) asserted that:

Because women shoulder the bulk of domestic responsibilities in most societies, women are unable to allocate their time to more productive (or remunerative) uses unless their labour productivity increases. Introducing technologies that reduce women's time and energy expenditures can enable women to invest in income-generating activities, child care, or much needed rest and leisure time.

They further argued that:

Gender analysis is still largely absent from stand-alone irrigation projects because such projects are highly technical and implemented by engineers who lack the training to integrate gender concerns. Women are often excluded from irrigation projects or lose their rights to land when new irrigation schemes are introduced Quisumbing and Baulch (2009, p.3).

Thompson (2001, pp.42-43) asserted that the "collection of water by women is partly a perpetuation of cultural practices that reflect patriarchal gender relations, where the rule of men over women is maintained by society." The same scenario was reflected by Courtenay (2000, p.1389) when he argued that "signifiers of 'true' masculinity are readily accessible to men who may otherwise have limited social resources for constructing masculinity. He stressed that:

Among young men nationally, lower educational level, lower family income and African American ethnicity are all associated with traditional, dominant norms of masculinity. Men reinforce strongly

held cultural beliefs that men are more powerful and less vulnerable than women; that men's bodies are structurally more efficient than and superior to women's bodies (Courtenay 2000, p.1389).

However, Cornwall (1997, p.9) observed that it is important to note that:

By disregarding the complexities of male experience, by characterizing men as 'the problem', and by continuing to focus on women-in-general as "the oppressed," development initiatives that aim to be 'gender-aware' can fail to address effectively the issues of equity and empowerment that are crucial in bringing about positive change.

He further argued that:

To make gender "everybody's issue" strategies are required that take account of the complexities of difference, and which return to the basic premises on which [Gender and Development] is founded: that gender relations are fundamentally power relations (ibid).

Singh, Jacks and Bhattacharya (2005, p.215-216) explain that "gender can be intricately related to the principle of social differentiation, leading to several complexities" for women such as water collection, use and storage within the socio-cultural context of the communities where water issues are of concern. However, while Singh, Jack and Bhattacharya (2005) suggested a focus for future projects on this issue of the burden of fetching water for women, they did not provide evidence of how water issues can be understood from the women's perspective. The gendered perspectives with regards patriarchy, masculinity, power and submissiveness, provide a theoretical framework for understanding issues with regard to water management and health.

2.6 Gate keeping theory

The gate keeping process as proposed by Lewin (1947) in his post-World War II research on food habits and social change provides a framework for an understanding of women, water and health in the study village. Lewin (1947, p.145) illustrated that in any society there are "gate keepers" who may be "an individual or group"... "in power" (original quotes) who determine what goes "in" or "out" (original quotes) of the gates to a family, which in the case of this study is water. The gate keeping theory points to the "sociologically characterised" components of channels and gate keepers in the "social processes" around food management as proposed by Lewin (1947, p.145). In this study a sociologically characterised component

of women as gate keepers of water is explored in detail in Chapters Six, Seven and Eight. In the following section, an overview of the feminism debated is presented.

2.7 The feminism perspectives

The feminist movement aims at changing the status quo i.e. the dominance of men in society. The movement works towards deconstruction of the cages of femininity and masculinity. The feminist rejects setting men as the standard. The feminist basic principles promote research on women; try to understand women from their own point of view rather than imposing labels on the women. Most feminist research is directed towards social change and empowerment of the women. As noted “the women researchers not only help to change the lives of other women for the better but they themselves also get empowered in the process (Zawahir 2010, p.87).

2.7.1 Ecofeminism theory

The ecofeminism movement for social change “discerns interconnections among all sorts of oppression and opposes forms of domination and violence” (Lahar 1991, p.28). This “grassroots activist theory challenges gender relations, oppression of women, nature and the environment” (Lahar 1991, p.28). In her debate on ecofeminism, Howell (1997, p.233) asserted that, “ecofeminism imagines and requires that power-based, hierarchical relationships must be replaced with reciprocity and mutuality...therefore, process is as important as goals, and patriarchal or hierarchical power tactics are excluded as a means of survival and justice.” In her analysis of “ecofeminism” and “women’s health” (Lahar 1991, p.29) talked of the “psychological splitting, existential isolation where people lose touch with their own value and internal coherence [when treated as objects].” The loss of value is demonstrated in the devaluation of women, domestic sphere of women’s work and culture of care. Therefore, feminism is committed to the “elimination of male-gender power and privilege” (Lahar 1991, p.29).

Warren (2009, p.98) argued that:

Carrying water and searching for firewood are feminist issues. However women’s primary responsibility for these tasks contribute to their lack of full participation in decision-making, income

producing or high status positions engaged in by men. What counts as a feminist issue, then, depends largely on context, particularly the historical and material conditions of women's lives.

He further observed that some of the most important connections between the domination of women are conceptual and that the patriarchal conceptual frameworks are oppressive of women since they explain, justify and maintain relationships of domination and subordination (Warren 2009, p.98). In summary, this chapter explored the debate on women, water and health issues at international level, in sub-Saharan Africa and specifically the trends on water in Uganda. This chapter has explored the gendered roles and power relations with regards to water issues. The role played by the women in water collection and use has been highlighted. The health-related challenges that result from water collection and the limited access to water have been briefly explored. There are many studies on hygiene behaviours associated with water, but few focus on factors at household level regarding women. The literature explored in this study suggests, however, that despite the different interventions in water and health, the rural women remain subdued and overburdened with basic needs, such as water collection. Thus further exploration of more specific contexts with regards women, water and health, using an ethnographic approach, was deemed appropriate. In the following chapter, the epistemological issues that underpin this study are presented.

CHAPTER THREE: EPISTEMOLOGICAL AND METHODOLOGICAL ISSUES

3 Introduction

The theoretical and conceptual framework for this study has been presented in Chapter two with a focus on the global and national developments with regards women, water and health. This chapter will explain the notion of knowledge; the philosophical underpinning and theoretical debate of this research study. Epistemological and methodological issues will be explored in order to situate the ethnographic research process of the study from a gendered and feminist lens. These will be presented in two sections: one section will provide an overview of the facets that shaped the research. These include epistemology (ways of knowing), research traditions, theoretical perspectives and procedures for engaging with social phenomena. The other section will explore symbolic interactionism and presents it as an appropriate framework for this study.

3.1 Paradigms in research

In this section, the two main paradigms of research: quantitative (positivist) and qualitative (naturalist) inquiry are identified. The positivist philosophy lies in the measurement of social phenomena, whereas, naturalist inquiry position assumes interaction and an interpretive meaning of the social world. The debate on these paradigms of research is based upon differences in “assumptions about what reality is and whether or not it is measurable” (Newman and Benz 1998, p.2). Morse (1999, p.5) observed that the goal of both positivist and qualitative studies is to “modify theory and to transfer knowledge gained, but the means for determining this is different.” These different schools of thought raise arguments that have “fundamental principles and practical implications for the conduct of research” (Bryman 1984, p.75). The assumptions, principles and implications of the two paradigms will be explored in the following section.

3.1.1 Positivist research

According to Creswell (2013, p.4), “quantitative research is an approach for testing objective theories by examining the relationship among variables.” The quantitative approach to research depicts a conduct of social research which applies a ‘natural science’ to social phenomena (Bryman 1984, p.77). This philosophy is a legacy of Auguste Comte a sociologist who recognized that positive facts and observable phenomena are a means to understanding the social world (Lenzer 2009). Positivists, from a sociological perspective, believe in the collection of data for “testing hypotheses made of variables (Creswell 1994, p.2). These variables are measured in a ‘logically’ consistent manner (Schwartz and Jacobs 1979). Facts are revealed through standardised scientific context-free processes (Ulin, Robinson and Tolley 2005) and “analysis of data follows rules” (Morse 2006, p.419). Positivists present an epistemological point that “research is underpinned [with] distinct theory of what should be considered warrantable knowledge” (Bryman 1984, p.77). Data collected by quantitative researchers is based on numerical scores which are generalised, leading to predication of human actions and behaviour. Moreover, knowledge produced from such “authoritative descriptions” (Schwartz and Jacobs 1979, pp.6-7) of predication, counting and measurement of the “actor’s world render reality objective and independent of the researcher.” Data collection procedures within positivist research are always some form of knowable, retrievable facts (Schwartz and Jacobs 1979, p.6). The concern for facts defined in this way places constraints upon the procedures used to collect and display data; hence the data do not allow the social world to be seen from the actor’s point of view. Moreover the researcher is distanced from the research process. This positivist approach “that [in most cases] begins with a theory, and then makes necessary revisions and conducts additional tests” (Creswell, 2013, p.7) was found limited. This study on women, water and health did not seek to “develop relevant, true statements, ones that [could] describe the casual relationships” (ibid, p.8). The study aimed at understanding the everyday life of the women within their natural setting.

3.1.2 Naturalist inquiry

The philosophical underpinning for naturalist (qualitative) inquiry lies in “secured access to cultural meanings” (Hammersley 2008, p.172) that shape people’s understanding of the social world. Blumer (1969, p.46) asserted that:

Naturalistic” investigation—investigation that is directed to a given empirical world in its natural, on[-]going character instead of to a stimulation of such a world, or to an abstraction from it (as in the case of laboratory experimentation), or to a substitute for the world in the form of a pre[-]set image of it. The merit of naturalistic study is that it respects and stays close to the empirical domain.

In this regard, the researcher gets deep engagement with the participants and the reality on the ground. Qualitative inquiry has evolved in the past decades as an approach to reconstruct the reality of social phenomena such as “social problems, collective behaviour, social organisation and medical sociology” (Denzin 2004, p.84). These phenomena are not considered independently but, rather are connected to the existence of social structures. Interpretive and naturalist inquiry allows access to meaning from the actors “who know, see and understand” the context within which they live (Denzin and Lincoln 2005, p.3). This runs contrary to the positivist application of natural science to social phenomena (Bryman 1984) that considers facts to be observable, measurable and eliminates the actor’s point of view. In qualitative research, the in-depth relationship between the researcher and what is studied, in a natural setting, explores meaning as derived from social experiences (Denzin and Lincoln 2005). Qualitative research is “accordingly, the world of lived experience, for this is where individual belief and action intersect with culture” (Denzin and Lincoln 2013, p.4). The engagement and discovery processes unveil the “inner phenomena” of events through the “actions, reactions, motives and meanings” of individuals from their everyday life (Schwartz and Jacobs 1979, p.4).

Similarly, Blumer (1969, p.vii) argued that “empirical science necessarily has to respect the nature of the empirical world that is its object of study.” Walliman (2006, pp.112-129) observed that a “holistic picture of lived realities” is built through “description and from opinions of those who experience them” (Morse 2007, p.1003). While positivists hold the view that “distance from [participants] fosters objectivity within the research process,” Ulin (2005, p.16) argued that reality is “subjective.”

According to Schwartz (1979, p.6), the “subjective point of view emphasises going out there to see what the actors say is going on out there.” This allows description of phenomena from the actors and discards the tradition of science that discovers the social world from “fixed measurements” (Bryman 1984, p.78). Hammersley (2008, p.171) stressed that social phenomenon “could and should be understood from within to gain a deeper form of knowledge.” Qualitative research requires a deep engagement with the actors in order to gain an understanding. Creswell (2013, p.4), described “qualitative research as an approach for exploring and understanding individuals or groups ascribed to a social or human problem.” Social phenomena can be understood through descriptions of *the processes by which* (original italics) the behaviours of the actors are culturally constituted (Hammersley 2008, p.173). Thus data are captured from practice, words and pictures. In this regard, the researcher’s role in the interpretation of culture is critical and is centred on interactive processes. The researcher may gain an understanding of social phenomena by staying with the actors and engaging in a process of participant observation of the events in a natural setting. Hence the researcher “is an integral part of the research process” and engages entirely with the study participants. Moreover, the researcher goes through a reflexive process that involves “critical reflection of how the researcher constructs knowledge from the research process” (Guillemin and Gillam 2004, p.275). The notion of reflexivity will be further explored in the following chapters.

Among the array of approaches which may be adopted in qualitative inquiry are phenomenology, grounded theory and ethnography. Bryman (1984, p.78) asserted that in order to discover the social world, interpretive inquiry is informed by “philosophical underpinning typically attributed to phenomenology, and symbolic interactionism.” Phenomenology refers to the totality of lived experiences of the people in order to gain meaning about a social “phenomena as described by participants” (Creswell 2013, p.14). Researchers employing a grounded theory approach “generate theory from processes of patterned actions and interactions of individuals over time (Schwartz and Jacobs 1979, p.29). The description of actions “culminates in the experiences for several individuals who have all experienced the phenomena” (Creswell, 2013, p.14). Ethnography “adopts a cultural lens to interpret observed behaviour” of people’s lived realities within the local context (Fetterman 2010, p.1). The ethnographic design ensures that the processes of collecting and analysing information are reflective of the participants themselves and their circumstances. As such

ethnography asks, “How and why do my research interlocutors express what they do” (Hamera 2013, p. 210).

In summary, qualitative research employs a wide array of designs. According to Denzin and Lincoln (2013, p.6), “qualitative research is a situated activity that locates the observer in the world.” Hence qualitative research involves an interpretive and naturalist approach to the world (ibid, p.7). The principles that underpin ethnography are embedded in the notion of symbolic interactionism. Rock (2001, p.29) asserted that any research grounded in symbolic interactionism will be tentative, empirical and responsive to meaning. Hence symbolic interactionism is consistent with individual construction of social reality (O'Mahony, Sillitoe and Webb 2008). Arguments for and against the employment of particular epistemologies and specific choices of methodology apply to different situations where research endeavours are grounded in a thorough exploration of the ever changing social phenomena. In the following section, the notion of symbolic interactionism is explored.

3.2 The symbolic interactionism perspective

Symbolic interactionism is a pattern of knowing towards the construction of social phenomena in research. The notion of “symbolic interactionism is that unique American sociological and social psychological perspective that traces its roots to the early American pragmatists, James, Dewey, Peirce and Mead” (Denzin 2004, p.82).

According to Denzin (2004, p.84), Mead described:

Self and mind [as] social and cognitive processes, lodged in the ongoing social world. Self is a social object which lies in the field of experience. It is structured by the principle of sociality, or the taking of the attitude of the other in a social situation.

Blumer (1986) broadened Mead's theory of symbolic interactionism; he argued that human beings act toward things [acts, objects and people] on the basis of meaning, which is derived from social interaction with another and modified through a process of interpretation. Mead's philosophy focused on ‘individual personality and social structure’ (Schwartz and Jacobs 1979, p.21). Mead argued that “individual act is seen within the social act” (Mead 1934, p.2). Denzin (1969, p.922) argued that, “symbolic interactionism takes as a fundamental concern

the relationship between individual conduct and forms of social organization.” This perspective asks how selves emerge out of social structure and social situations. Denzin (2004, p.82) further illustrates that of particular interest is how “individual” actions join together into “joint action.” Therefore, engagement with the social processes in which “groups interact” gives one a “sense of self and vice versa” (Schwartz and Jacobs 1979, p.23). It can be argued that individual actions and social actions influence each other through interaction. Symbolic interactionism focuses on “respect for the nature of human group life and conduct” (Mead 1934, p.vii).

3.2.1 Discovery of social phenomena

Blumer (1969, p.2) proposed a version of symbolic interactionism based on three premises, or beliefs that:

1. Human beings act towards things on the basis of the meaning that the things have for them;
2. The meaning of such things is derived or arises out of, the social interaction that one has with one’s fellows;
3. These meanings are handled in and modified through, an interpretative process used by the person in dealing with the things he encounters;

Blumer (1969, p.35) argued that, “the life of a human society... or of any organisation in it, or its participants consists of the action and experience of people as they meet the situations that arise in their respective world.” Moreover, the group actions contribute to an individual’s meaning of things and experiences and vice-versa. He further suggested that the meaning does not arise from the ‘intrinsic’ nature of the “thing,” but rather from the meaning the participants lend to the thing through the process of interaction (ibid, p.4). He recognised that the use of meaning through a person’s action involves an “interpretive process of communication with [the] self” (ibid 1969, p.5) Interpretation “is a formative process in which meanings are used and revised as instruments for the guidance and formation of action” (ibid).

People create meanings of the world in which they live through “interaction and self-reflections” (Denzin 2004, p.82). This self-reflection determines people’s responses to group action and informs how people act in given situations. Rock (2001, p.30) refers to this

process as the “reconstruction of the actor’s own world-view.” The principles of symbolic interactionism reflect the unification between the individual and group actions. These principles provide meaning to the social world. According to Blumer (1986, p.10), the “worlds (original quotes) that exist for human beings and for their groups comprise of objects which are products of symbolic interactionism.” Objects can be ‘physical, social or abstract’ and can be ‘indicated or referred’ to through interaction (ibid).

Denzin (1969) illustrated that the link between the person and the social structure rests on the role of symbols and common meanings. Human beings are constantly “orienting their own actions” towards particular objects (Denzin, 1969, p.923). He further explained that:

The meaning of an object resides not in the object itself, but in the definitions brought to it, and hence must be located in the interaction process. These meanings typically derive from a group or organized interactional perspective. Human life is group life, and concerted action arises out of the ability of persons to be objects of both their own activity and other's (ibid).

Therefore, understanding human action warrants a discovery process of the objects that the people interact with. Denzin (1969, p.923) observed that, “one basic object for all interaction is the self. Because the self carries a multitude of differing interpretations, shifts in these definitions often give group life its changing character.” Indeed, Blumer (1969, p.7) emphasised that any “empirically oriented scheme” must acknowledge the “nature of the social action.” In summary, this section has presented how focusing on an individual action without understanding the actions of the group and vice-versa may not provide the reality of the social phenomena under study. The social actions of human beings take place symbolically through an interpretive process involving both actors.

3.2.2 Interpretation of social phenomena

Critical to the interpretation social phenomena is self as the basis for one’s own interaction (Blumer 1969, Denzin 1969). However, self and society actions join through the process of interaction to form the ‘joint action.’ Prus (1996, p.11) asserted that, “*humans derive essence from the communities in which they are located*” (original italics) and that there cannot be self without the community.

Rock (2001, p.29) asserted that people thereby make sense of the world by attempting to interpret themselves and other as they are revealed through emerging, situated acts on the social scene. Rock (2001, p.29) further used the term:

‘Significant others’ (original quotes) because it is principally to them, through, with and before them that actions are to symbolically constructed: ‘the “other” forms of self as the self forms the “other” (original quotes).

It is, therefore, important to understand what leads people to relate to symbols in their everyday life and how they communicate to each other through the symbols. Rock (2001, p.27) argued that there is “*idealism*” (original italics) which stresses the pervasive importance of consciousness as an organising process in...society. Consciousness provides the lens through which human beings see the reality of the world. Social reality is shaped by human beliefs and values that are subject to changes over time (ibid). The changes that occur could lead to a discrepancy of self, as influenced by beliefs and values in the social world, hence posing major concerns to the understanding of social interaction.

In a similar debate Loconto and Jones-Pruett (2006, p.81) alluded [to the fact] that people are “continually in a state of flux, changing themselves or being changed in varying degrees.” Of the many modes of change are institutions, symbolic work or power relations (Rabinow 2007, p.xxiii). The different interpretations influence “group life changing character” and lay the foundation for the “joint action” (Denzin, 1969, p.923) which occurs around ‘activities of people in face-to-face relations’ (Rock 2001, p.26). Therefore, “people are held to confront problems in the world by acting upon it” (Rock, 2001, p.28).

Critics of symbolic interactionism claimed that the “concept of self is vague and cannot be justified on firm empirical observations” (Denzin 1969, p.929). However, symbolic interactionism offers a good view of social relationships and social groups as noted by Denzin, (1969, p.929). Things do not make meaning to human beings unless the actors see things from their point of view and from the view of those they interact with in society. Hence, understanding human action warrants a discovery process from the position of the participants. The symbolic interactionism principles offer useful insights towards research methodology.

3.3 Symbolic interactionism and methodological implications for this study

The symbolic interactionism perspective offers guidance towards the understanding of individual action and group action in society. Human beings are in constant interaction with one another; this interaction informs people of how to act in order to fit within the social context. The nature of actions from both the individual and group are not static. Actions change in response to the situations and objects that the human beings encounter. Symbolic interaction focuses on the human actions (individual and group) that lend meaning to the study of social phenomena.

Access to meaning of social phenomena from the actor's reality is critical for this ethnographic study. Symbolic interactionism offers an appropriate philosophical underpinning, moral position and epistemological stance for this ethnographic undertaking, where the concern is on women and their "patterns of behaviour through [women's] own accounts of their behaviour" (Morse 2002, p.25).

Against this backdrop, the positivist approach where the actor is distanced from the process is considered inappropriate for this study which aims at gaining an understanding of women, water and health in a natural setting. Blumer (1969, p.48) asserted that:

Symbolic interactionism recognises that a genuine mark of empirical science is to respect the nature of its empirical world—to fit its problems, its guiding conceptions, its theories to that world. It believes that this determination of problems, concepts, its procedures of inquiry, its techniques of the study... It believes that this determination of problems, concepts, research techniques, and theoretical schemes should be done by the *direct* (original italics) examination of the actual empirical social world rather than by working with the simulation of that world or with a pre-set model ...

This study requires an understanding of the human actions from those who experience them and therefore, predication of behaviour is inappropriate. Access to meaning of social phenomena from the actor's reality is critical for this interpretive inquiry. Symbolic interactionism offers an appropriate philosophical underpinning, moral position and epistemological stance for this ethnographic undertaking, where the concern is on women, and health and is based on an understanding of individual and group relationship with water. Critical to this study is how the individual and group attach meaning or 'symbolic importance' to physical objects such as types of water sources and containers used to collect

the water as 'resources essential for life' (Bakker 2003, p.329). These objects influence individual and group actions on a daily basis. Thus, this study will employ a methodology that is "consistent with the principles of symbolic interactionism" (Brewer 2000, p.10).

In summary, this chapter presented a brief presentation on the two paradigms of research. Both quantitative and qualitative approaches offer alternative forms towards analysis of social phenomena. The qualitative inquiry is chosen as the most suitable approach for this study because it allows for an understanding of the meaning of events with regards women water and health. The notion of symbolic interactionism provides an understanding of the individual and group actions within the social world given its ability to explore how people make meaning through their actions. In Chapter Three, the methodological approaches in relation to data gathering specifically within an ethnographic endeavour will be further explored.

CHAPTER FOUR: THEORETICAL CONSTRUCTS OF ETHNOGRAPHY

4 Introduction

In Chapter Three, symbolic interactionism was presented as a notion towards the discovery of social phenomena. This chapter explores the theoretical constructs of ethnography as a qualitative approach suitable for this study on women, water and health. The discussion builds on the symbolic interactionism perspectives, presented in Chapter Three, in order to situate the philosophical underpinning of the ethnographic approach for this study. Methodological concepts in relation to the ethnographic self, seeing within an ethnographic endeavour and through an ethnographic lens and the complexity of field, both ‘out there’ and ‘back here’ will be explored. Ethical considerations and the framework analysis of the data obtained will also be discussed. The inquiry was largely informed by an exploration of the women, water and health in one community in rural Uganda. The activities around water, which I explored, were focused on the everyday lives of the women at household and community level.

4.1 Research design

Qualitative research moves from general to specific methods which focus on understanding “patterns of behaviour through people’s own accounts of their behaviour” (Morse 2002, p.25). The choice of the method employed by qualitative researchers is determined by the subject of interest. Qualitative inquiry can involve phenomenology, grounded theory, action research or ethnography (Creswell 2009, p.12). All of these approaches were reviewed in order to identify the most appropriate approach for this research. In this regard, phenomenology was not considered appropriate given that it’s “goal is to fully describe a lived experience” thus “understanding an experience from those who have experienced it (Mapp, 2008, p.308).

Similarly, I considered employing a grounded theory where the concern is around the development of theory, “through comparative and systematic analysis of concepts from the research setting and participants’ lives” (Glaser and Strauss 1967, p.1). The systematic analytical process, helped me to understand the context of the study, but was unsuitable for a study that centres on understanding the everyday realities of women, water and health.

Likewise, action research where “concern for action researchers is to develop practical as well as conceptual contributions by doing research with, rather than on people” was found inappropriate after an exploration of the setting for this study (Bradbury and Reason, 2003, p.156). In addition, the time required from both participants to implement actions and the researcher to “explicitly work with and for people” (Hart 1998, p.47) as “a change agent” towards social action was beyond the scope of this study (Weiler 2007, p.140). On balance, therefore, ethnography was considered the most appropriate methodology for this work. In ethnography, the researcher does not enter the field with a preconceived theory. Ethnography has no hypothesis and does not consider representativeness of the larger entities unless they are telling you something relevant about the process. Hence there is no generalizability within an ethnographic endeavour. Sensibility is inclined towards a critical stance where the researcher pursues how one might learn/discover an understanding of the social phenomena within a given context.

4.1.1 Ethnography

An ethnographic approach to this study was chosen because of its suitability toward “understanding social phenomenon through interpretation, rather than prediction” (Agar, 1986, p.16). Ethnography focuses on the description and interpretation of cultures across, and within, societies in order to gain an understanding of social phenomena (Hammersley and Atkinson 2007). It was argued that an ethnographer needs to “live with the community to constantly be in contact with the natives (sic), understand the daily organisation of life and the anatomy of culture” (Malinowski 1922, p.22). The implication is that one needs to “go native” (live and behave in order to identify with the people, and to understand their social life through behaviours and practices (ibid, p.24). Ethnography is concerned with “encountering alien worlds and making sense of them” (Agar, 1986 p.12). It requires an “intense or prolonged contact with a field or life situations which are reflective of the everyday life of individuals, groups, societies and organisations” (Huberman and Miles 1994, p.6).

In his ethnographic study of diarrhoeal diseases, Sugita (2004, p.xiv) argued that “a full understanding of behaviour can only come from a holistic study of such daily behaviours as storage of water and hand washing at critical times.” Another ethnographic study by Ennis-McMillan, (2001, p.385) - *Suffering from Water: Social Origins of Bodily Distress in a*

Mexican Community revealed how people “construct and use a discourse of suffering [that can] bring attention to the social conditions that limit access to adequate resources to satisfy basic necessities.” Similarly, in this study of women, water and health, ethnography was considered appropriate as it allows for the foregrounding of the everyday realities of women, water and health. Within an ethnographic endeavour, the “holistic picture” (Walliman 2006, pp.12-14) of lived realities of the participants is captured by “observing, describing, theorising, and recording the opinions and feelings” of those who experience them (Morse, 2007, p.1003). To understand how a particular community lives, ethnographers “study events, language, rituals, institutions, behaviours, artefacts, and interactions” (Cunliffe 2009, p.227).

According to Wolcott (1995, p.94), ethnographers are interested in “contextual variables cultural interpretation and the researcher’s own self-conscious search.” An ethnographer’s concern lies in understanding how and why events occur by observing, or being part of, these events. This process allows the ethnographer to derive meaning from the events within a given cultural context. Rock (2010, p.29) suggested that ethnographers should not “presume too much in advance;” ethnographers should enter the field with a sense of understanding of how social phenomena might be discovered or learned. Ethnography makes analytical descriptions of what people think. It is after uncovering the issues that one can begin to ask specific and focused questions to fully understand the issue and processes involved. The bulk of learning and knowledge acquisition takes place in the field (Agar 1986; Rock 2010). Wolcott (1995) observed that there are two field sites: there is a field ‘out there’ which refers to the research study setting in the field and a field ‘back here’ which relates to all other settings such as home and colleges during the entire research period. The notion of field will be explored in greater detail later in this chapter.

4.1.2 Symbolic interactionism and ethnography

The notion of symbolic interactionism is a theoretical framework that can be helpful when engaging with ethnography. In the notion of symbolic interaction, Blumer (1969) stressed the influence of group action on the individual action and vice-versa. Observed and interpreted independently, actions of the individual may offer limited meaning, unless the researcher pays attention to the group actions. Hence, the events that occur within a social setting can only be understood by exploring and interpreting the symbols, gestures and language the

people use to lend meaning to social life. An iterative process, that prompts a search for emerging patterns (schema), leads to further questioning and moves the ethnographer from description to meaning (Katz 2001) until “understanding of knowledge changes towards a resolution” (Agar 1986).

This study of women, water and health built on the “practice of interactionist ethnography [that] flows directly from the organising assumptions of symbolic interactionism” (Rock 2010, p.30). This relates to the assertion by Walliman (2006) that symbolic interactionism focuses on the social structure that develops from the patterns in society and observes how individuals and groups interact; of particular interest is the relationship between individual action and group dynamics.

In this study, I employed ethnography in order to situate my research; I wished to understand women, water and health issues from the “native’s (sic) point of view, their relation to life and vision of the world” (Malinowski 1922, p.25) or what Wolcott (1995, p.97) referred to as “an ethnographer’s emic account.”¹³ Engagement with the participants through ethnography allowed for a “detailed description and interpretation of the culture” (Carter 2007, p.1323) of this particular sub-group in society, while the phenomena studied were placed within the group’s social and cultural context. The processes of “data collection and analysis” which are embedded in the notion of symbolic interactionism formed the basis for the exploration of the social phenomena in this ethnographic fieldwork (Brewer 2000, p.10).

4.2 Ethnographic fieldwork

The ethnographic tradition considers fieldwork as “the answer to the question of how the understanding of other, close or distant is achieved” (Van Maanen 1988, p.2). The goal of fieldwork is to “actively engage” in data gathering through an intensive process of social interaction with the people (Wolcott 2001, p.88). Rabinow (1977, p.xii) asserted that ethnographic fieldwork has an “absolutely privileged status in the production of knowledge about culture and society” given the level of engagement with participants. Agar (1986, p.12) believed that during ethnographic fieldwork, one is “encountering worlds one does not

¹³ Meaning of people in a setting based on the insider’s view of their own world.

understand and make meaning of them.” According to Hammersley and Atkinson (2007, p.1), “fieldwork requires living with a group of people for an extended period, to document, interpret the distinctive way of life and values as an integral [part] to it.” Interpretation of the meaning is derived through the individual group and the ethnographer (symbolic interactionism), hence an interaction of theory and method. Activities experienced lead the ethnographer to clues on events seen and words overheard. Indeed Wolcott (2005 p.228) emphasised that ethnography “is not only through the ways of looking, but also through ways of seeing.”

Ethnographers “provide rich and contextualised understandings of work, work places... through observation, participation and/ or immersion” (Smith 2001, p.220). In this process, relationships are established, since the ethnographer works with, and spends intense time with, the people. The following section presents the process of gaining access to the field.

Hammersley and Atkinson (2007) recognised that where participant observation is involved, the researcher has to negotiate access to people in the field. Negotiating access is a continuous process that begins the moment the researcher sets foot into the field. The researcher walks around, and builds relationships while observing the social and cultural set up, of the everyday life of people (Agar 1986). Building rapport requires a deep understanding, mutual friendship and the development of a relationship with the people. When one lives with others, one can gain a deeper understanding of their lives. Ethnography means long-term engagement where the ethnographer learns a new role and new behaviour in order to be accepted. The researcher learns to be respectful and to treat humans not as ends in the research project but as the means in a process. The behaviour of the ethnographer will always remain in the society.

4.3 Data gathering

Data collection in ethnography does not involve “fixed and detailed research design” at the start of the study (Hammersley and Atkinson, 2007, p.3). Rather, the data gathering process “demands the full-time involvement” of the ethnographer (Agar 1986, p.12). The researcher participates “overtly (openly) or covertly (hidden/undisclosed) in people’s everyday life, to watch and listen” (Hammersley and Atkinson 2007, p.4) on areas of focus for the study, and

over a lengthy period of time (Agar, 1986). I specifically participated overtly and people were fully aware of my presence in the village of study and the study intentions.

In ethnography, data are collected through a range of methods of which participant observations, formal and informal conversations and unstructured interviews are the most common (Hammersley and Atkinson (2007). The conversions enable the researcher to make meaning of the world. In his discussion of an ethnographic account, Wolcott (2005, p.84) emphasised that data must be “lots of it” in order to provide a well contextualised report. He further illustrated that ethnography “is not an open invitation to fill up [original quotes] a study; it is a call for identifying and tracing interrelated elements and fitting parts together” (ibid, p.85).

Data collection in a well-grounded ethnographic fieldwork, demands time and commitment in order to understand “what is going on; what actors pay attention to; the different symbols actors invoke to understand their world” (Manning, 2001, p.162-163).

The following section will specifically discuss the participant observation and interview methods employed in this study.

4.3.1 Participant observation

Participant observation involves the ethnographer taking part in the “daily routines of a setting, develop[ing] on-going relationships with the people in it, and observe[ing] what is going on” (Emerson, Fretz and Shaw 1995, p.1). Van Maanen (1988, p.3) argued that observation allows the ethnographer to share, at first-hand, an environment, in order to provide an account of the social world studied. Ethnographers look and record their observations with a view to defining the problem at the heart of their study, gaining understanding and explaining social phenomena in a particular context, which in the case of this study was women, water management and health in a rural setting.

McCall and Simmons (1969, p.1) argued that “it is probably misleading to regard participant observation as a single method.” Participant observation is considered as “a characteristic blend or combination of methods and techniques that are employed to discover a given

subject matter” (ibid). Participant observation is a contested method due to the diverse approaches embedded in the process. One can engage in overt (open participation) or covert (closed participation) within ethnographic research. Van Maanen (1995, pp.4-5) suggested that through “participant observation, the fieldworker lives with and lives like those who are studied.” This “deep involvement with the research site and its participants” allows for meaning and insights to be produced (Cunliffe 2009, p.227). Becker (1958, p.652) described participant observation as “a way of entering a discovery process [by] watching and seeing.” By engaging with actors in the social setting, one can discover through observations, casual conversations or interviews, and interpretations of events with the group being studied.

4.3.2 Interviews

There are different types of research interviews, which include the formal and informal as well as the structured and unstructured interviews. Hannabuss (1996, p.22) noted that “each approach has strengths and weaknesses, and each may be more or less suitable for particular types and areas of research.” Structured interviews are, essentially, verbally administered questionnaires, in which a list of predetermined questions are asked, with little or no variation and with no scope for follow-up questions to responses that warrant further elaboration (Gill et.al.2008, p.291). Unstructured interviews do not follow predetermined ideas. Such “interviews may simply start with an opening question...and will then progress based, primarily, upon the initial response” (ibid).

Interviewing is one of the methods employed in ethnography to gain an understanding to the events, social scenes and the people within the study. Interviewing is an exploratory process for both interviewee and interviewer.

Heyl (2001, p.370) defined critical features of ethnographic interviewing as:

1. Listen[ing] well and respectfully, developing an ethical engagement with the participants at all stages of the project;
2. Acquir[ing] a self-awareness of [one’s] role in the co-construction of meaning during the interview;
3. Be[ing] cognizant of ways in which both the on-going relationship and the broader social context affect the participants, the interview process, and the project outcomes; and
4. Recognis[ing] that dialogue is discovery and only partial knowledge will ever be attained.

The features described above characterise a trend of unstructured and informal relationship during the interview. The interview process is negotiated and demands “flexibility from the researcher to allow participants to describe situations, life and the social setting according to their understanding” (Agar 2008, p.140). The ethnographer should be mindful that people will rationalise and say what you want to hear. Interviews may be in a natural setting so as to capture things as they happen. Where there are specific issues in relation to the wider social context which need to be addressed as the study progresses, more formal interviews may be required.

In interviewing, it is the researcher’s role to draw out and help to organise the thoughts, words and memories of the participants. The researcher may write fieldnotes and may record interviews. The following section will discuss fieldnotes as a common method used in ethnographic studies.

4.3.3 Fieldnotes

Fieldnotes are the “core activity” of the ethnographic approach (Emmerson, Fretz and Shaw 2001, p.353). Fieldnotes, as the primary research method, offer the main source of data collection. Fieldnotes are generally recorded in a journal. Wolcott (2005) advised that all fieldnotes should be contained in one place. Where one is a participant or observer, notes can be hand written and typed later. Fieldnotes are recorded, but later on “grouped into specific themes or arguments used to construct and organise the ethnography as a whole” (Emmerson, Fretz and Shaw 2001, p.353). As the fieldnotes are written, issues raised in them are dealt with.

According to Hammersley and Atkinson (2007, p.4), fieldnotes are produced in detailed descriptive terms; audio or video recordings can be used and combined with a collection of documents or other data collection methods. Fieldnotes contain accounts, dialogues, analytical ideas, personal impressions and feelings related to methodological and theoretical issues which are continuously processed. Fieldnotes relate to events as they occur. The researcher records his/her experiences which guide the study focus; thus, the researcher becomes the key research instrument in ethnographic fieldwork. Wolcott (1995, p.97) speaks of two views in ethnography - the “emic view and the etic view.” The emic view for

an ethnographer is “viewing life based on how the insiders view their own world” (ibid). In the emic view, the ethnographer endeavours to look at things from the perspective of those studied and the wider community (ibid). The etic view, on the other hand, is a process that allows the researcher to step back and make an assessment of what appears to be the issues from a social perspective. Indeed the “etic perspective reflects the view of the outsider or researcher who is not a member of the culture” (Varjas, K. et al. 2005, p.243). Emic was also considered as the “folk concept” while etic was the view of the “ethnographer” (Agar 1986, p.44-45). Gaining an etic view takes the researcher through a reflexive process which is at the centre of an ethnographic endeavour. The following section discusses the notion of reflexivity.

4.3.4 Reflexivity

Ethnographic fieldwork often leads to intense engagement with participants in a natural setting where the researcher becomes the “research instrument” (Hammersley and Atkinson 2007, p.17). Gaining access to participants and building relationships at every stage of the study is a critical role for the researcher (Lofland and Lofland 1984). At this time, the interaction unfolds as the researcher’s presence in the setting influences participants and events and vice versa. The deep engagement requires the researcher to question her/his actions in relation to the actors in the setting, a process which is known as reflexivity.

According to Hammersley and Atkinson (1995) reflexivity requires awareness of the interpretations of events and social phenomena encountered by the researcher in order to put the research into perspective. Finlay (2000) described reflexivity as a premise in qualitative research that gives rigour to the research process and allows the researcher to examine their position, perspective and presence in the lives of the participants. The researcher’s role in “illuminating the effects” of his or her personal background and interests in the interpretation of culture is critical (Hammersley and Atkinson 2007, p.14).

Reflexivity allows the researcher to be more cautious of the actors in the social setting, since ethnography represents a way of life of the group among whom the ethnographer is working (Agar 1986). Personal feelings are recorded in a reflective diary in order to help the ethnographer look back at issues that surround him or her during the research. Through the reflexive process, competing ideas and contradictions are unveiled. Issues identified may not

be resolved; however, the ethnographer becomes more aware of how his or her presence may influence events in the surrounding. According to Hammersley and Atkinson (2007, p.15), the reflexive attitude allows for social phenomena to be “described in a justifiable” manner. Reflexivity becomes “confessional and analytic” since it demands a personal assessment of the self and others by the researcher (Clifford 1986, p.14).

Reflexivity is a process that leads to “disclosure and self-display” (Reed-Dahany 2001, p.407) of the researcher at every stage of a study (Hammersley and Atkinson 2007). Reflexivity necessitates and evidences the researcher’s self-awareness and presence in the social setting. According to Coffey (1999, p.36), the representation of the social life of others is achieved through the “reconstruction of the self.” She argued that reflexivity, as the “voice and reflections upon how the presentation of self is accomplished alongside the accounts and representation of other selves,” is a challenging process (Coffey 1999, p.132). The researcher faces the dilemma of her/his perceptions, thoughts, feelings and those of actors in the social world; “assumptions, interests and theoretical commitments” (Emmerson, Fretz and Shaw 1995, p.167) must be considered in every action in the field and out of the study setting. The reflexivity process challenges the “assumptions that knowledge must be based on some absolutely secure foundation” (Hammersley and Atkinson 2007, p.15) since the researcher and the participants are part of knowledge construction. Reflexivity provides the basis for a “reconstructed logic of inquiry” through the inclusion of the “researcher’s role within the research process” as part of the production of accounts of the social world (Hammersley and Atkinson 2007, p.22). The notion of reflexivity and how I applied it during this ethnographic fieldwork is described in Chapter Five. The following section discusses the process of data analysis in ethnography.

4.3.5 Data analysis

In ethnographic research, data collection and analysis run concurrently on a “cyclic basis” (Tacchi, Slater and Hearn 2003, p.37; Carter 2007), and “the final stage of analysis becomes a period of bringing final order to previously developed ideas” (Lofland and Lofland 1984, p. 131). Becker (1958, p.653) argued that data analysis is on-going and made “sequentially as emergent patterns are dealt with while the researcher is still gathering data. He further

illustrated that “further data gathering takes direction from provisional analyses while final comprehensive analysis may not be done until the fieldwork is completed” (ibid).

Miles and Huberman (1994, p.1) observed that “data are usually presented in [a] form of words especially organised into incidents or stories, have a concrete, vivid, meaningful flavour that is more convincing to a reader than pages of summarised numbers.” This approach involves the researcher working back and forth between emerging themes within the data until a comprehensive set of patterns is established (Creswell, 2007, pp.37-38).

The data analysis process is critical since the ethnographer has to continuously make meaning and sense of the field which is the underlying philosophy of symbolic interactionism. The analytical process calls for systematic organisation around data collected (Fetterman, 1989, p.42). Data are organised into patterns, categories and codes through a process of interpretation and exploration (Tacchi, Slater & Hearn, 2003).

One analytical procedure described by Girod, (2008, p.228) involves “themes and convergences [which are]; development of initial themes; initial convergence of themes and additional convergence and final convergence. This leads towards a thick description of an ethnographic endeavour.

Another analytical practice, as outlined by Miles and Huberman (1994, p.9), focuses on “affixing codes, noting reflections, identifying relationships, patterns and themes.” Common to both frameworks is the “iterative processes of comparing coded data with existing data sets until generalisations with a formalized body of knowledge in the form of constructs or theories” are developed (ibid). These frameworks provide a logical approach towards data analysis. However, Agar (1986) and Katz (2001) offered more comprehensive processes towards interpretation of social phenomena. In his debate “on luminous description and casual inference in ethnography,” Katz (2001, pp.465-466) observed that ethnographers are not required to justify their work with logic or fixed designs, rather ethnographers produce “analytically explicit explanations from data that are richly varied in character of people, their setting and their conduct.” As one writes fieldnotes and conducts interviews, so much can seem relevant to so many important debates that result in data, despites their enormous collective volume, become scattered and thin” (Katz, 2001 p. 465). Having engaged with the various views on data analysis, I found the description by Katz and Agar very illuminating

with regards this research study. Katz (2001, p.444) reflected on the “challenge of moving from the ‘how to why’ or “shifting the focus from gathering descriptions of social life, to the analytical re-organisation of data into explanatory lines.” He suggested a shift from the *‘how’* (original italics) to *‘why’* (original italics) by presenting an “enigma” or “paradox” whose eventual explanation will be of general interest (Katz 2001 p.449). Agar (1986) described the paradox as a “breakdown” that prompts the researcher to further observations in the field and analysis of the data. The breakdown will be discussed later in the following section. The framework, as developed by Katz (2001), allows for an in-depth exploration of meaning as to why events occur in a particular manner. Moreover, Hammersley and Atkinson (2007, p.4) argued that ethnographic data analysis involves “intense reflection including critical assessment of competing interpretations” which allows the foregrounding of social phenomena. In the following section, I explore further Agar’s approach to data analysis and how I used it during this research in conjunction with Katz’s luminous description of the how to why.

4.4 Agar’s approach towards an ethnographic understanding

According to Agar (1986, p.12), “ethnographers set out to show how social action in one world makes sense from the point of view of the other.” When different traditions are in contact, an ethnographer focuses on the differences that appear (ibid). These differences arise from the participant’s tradition or the ethnographer’s identity and they may not allow understanding of phenomenon. An interpretive process takes place as the ethnographer “mediates the two worlds” of the “intended audience and [the] group under study (Agar 1986, p.19). When “expectations are not met; something does not make sense; one’s assumption of perfect coherence is violated, the differences noticed by the ethnographer are called breakdowns (Agar 1986, p.20). Breakdowns can be “occasioned or mandated” (Agar 1985, p.25). The occasioned breakdowns experienced during this study on women, water and health will be presented later.

4.4.1 Breakdown

The ethnographer may set out to create an understanding or agenda from the participants and setting, also referred to as “mandated problem.” Agar (1986, p.25-26) defined an occasioned

problem as an “unexpected occurrence when the researcher is in the field The occasioned problem can occur just once during the course of ethnography or may occur on several occasions, each time creating an occasioned breakdown” (Agar 1986). The occasioned problem may end up determining the course of the study, while the mandated problem may disappear. Breakdowns can be classified as “core” when they form the main focus of the study or “derivative when they are less important” (Agar 1986, p.26).

In this study, the mandated problem to gain an understanding of health and social issues in relation to water collection from a woman’s perspective disappeared. Eventually, however, the focus of the study, or foreshadowed problem, became women, water management and health when an occasioned breakdown occurred. The influence of water management on the health of women became the critical issues observed in the field which went far beyond water collection. Agar (1986 pp.20-21) argued that when a breakdown occurs, an “iterative process” of “identify[ing] and “construct[ing] new schemas takes place until the breakdown is resolved. He referred to the process of moving from the breakdown to understanding as a resolution (ibid, p.21). The following section will present the process of working towards a resolution in an ethnographic study.

4.4.2 Resolution

According to Agar (1986, pp.21-25) a resolution of breakdowns towards coherence occurs as the ethnographer works through an emergent process of questions and answers to events.). Breakdowns are a response to the differing traditions of the researcher and the participants; they are continually iterative until the breakdown is resolved (Agar, 1985, p.21). Breakdowns disappear as the researcher develops coherence through a process of critical thinking and reflection with participants. This process is a result of working through schemas and strips.

4.4.3 Strips

A “strip is any bounded phenomenon against which an ethnographer tests his or her understanding” (Agar 1986, p.28). The strip might be an “observed social act, document or fieldnotes recognised during an ethnographic encounter” (Agar 1986, p.27). It might be an informal interview, structured interview, or a document (ibid). Through this testing, the researcher develops a way to communicate the new understanding to the world. The entire

strip can be used broadly or can be broken into segments to narrow the focus. The more “complicated the number of strips dealt with, the more the number of schemas under consideration, and the many levels at which resolution proceeds” (Agar, 1986, p.31). The use of strips for this study will be presented in the following chapters.

4.4.4 Schemas and coherence

The process of moving from resolution to understanding involves a search for patterns in order to make meaning of the events. Schemas are the “new ways of looking, seeing and talking about the resources available” (Agar 1986, p.18) that the ethnographer has in order to understand social phenomena. The ethnographer starts to see things from a new perspective that leads to attainment of coherence of the events at hand. Agar (1985, p.27) suggested, that schemas should “illuminate our understanding of how knowledge changes” (original italics) and resolutions are concerned with knowledge change.

Thus, the process of moving from resolution to understanding involves critical thinking and a search for patterns in order to make meaning of the events. The process is iterative and only comes to an end when coherence is reached. The journey to coherence involves “segmented coherence” a process where ethnographic meaning is attained (Agar 1986). This process is achieved by “being there” (Van Maanen 1988, p.12) in the field, but more often occurs by being ‘back here’ when the researcher is working toward the development of new understanding. Segmented coherence can be obtained from an observation or during an interview; but, coherence is accepted when it offers new explanation to the schemas, bearing in mind the broader social context. Therefore, coherence is the understanding of the ethnographic phenomena encountered. Coherence takes place when a “transformation in knowledge of the researcher’s tradition occurs and it allows for a new explanation of the participants’ tradition”, therefore, addressing the schema (Agar 1986, pp.22-24).

The process of data gathering, analysis, breakdown, resolution, pattern and coherence illustrates how demanding the explanation of social phenomena can be and explanation to the actions requires in-depth analysis to reach a resolution.

Agar (1986, p.27) noted that:

As a result of the process, schemas do emerge that illuminate our understanding of how knowledge changes and resolutions are concerned with knowledge change. Questions and answers around the events seen, watched and heard within the social setting are the logical way to reach a resolution, which then offers coherence and understanding of the phenomenon encountered.

Agar (1986, p.21) and Katz (2001, p.445) believed that a substantial effort has to be dedicated self-consciously towards description and attempts at explanation of social phenomena experienced in the field. This allows for a trial and modification of the schemas or construction of new ones. Based on this, further modifications are made and the process is emergent, continuing iteratively until the breakdown is resolved (Agar, 1985, p.21). The ethnographer pays attention to all aspects of the data gathering and analysis including ethical considerations during and after the fieldwork. Hence it is the role of the ethnographer to continuously analyse the data gathered through the entire research process. Moreover, Wolcott (2005, p. 236) asserted that, “it is how the ethnographer selects among the data available, and how the data so selected are combined that give shape as *ethnography* (original italics).

Anspach and Mizrahi (2006 p.729) argued that:

The tension between fields follows us after we leave the field to write, for we must decide how to frame our arguments, how to interpret what we have seen, whether to frame accounts as objective descriptions or as subjective narratives, and whose voice should be privileged in our texts. In the conflict between sociology and the ethnographic field described here, the former usually won the day – though other choices are possible. These choices are consummately ethical, for they involve integrity and opportunism, truth-telling and deception, trust and betrayal. These choices are consummately ethical, for they involve integrity and opportunism, truth-telling and deception, trust and betrayal.

The concepts of credibility and trustworthiness are inbuilt in the fieldwork processes and this involves a fair representation of the voices of the study participants which, in qualitative research, involves limited counting and measurements, unlike in the quantitative studies. The procedures outlined above are described and presented in Chapter Six and Seven, through the critical incident, field notes and all experiences encountered in the field.

In summary this chapter explored ethnography as an approach that was found most suitable for this study on women, water and health. The in-depth analytical process aimed at lending meaning to the data from the field in and out of the field was presented. In the following chapter, I present the processes and my engagement with the participants in the field of study.

CHAPTER FIVE: ENGAGEMENT IN ETHNOGRAPHIC FIELDWORK

5 Introduction

This chapter presents my engagement in ethnographic fieldwork. The process of getting situated in the field is discussed and the research setting and context of the field is described. The complexities of building and sustaining relationships are presented and participant observation and interviews are discussed as the main methods employed for the discovery of social phenomena. Intricacies for action and inaction, as part of the reconstruction of knowledge and experiences in and out of the field are explained.

5.1 The research journey

In 2009, I was recruited as one of eight PhD researchers under the Water is Life (WIL) - “*Amazzi Bulamu* (direct translation) project, based in Dundalk Institute of Technology (DKIT). The project was funded by Irish Aid¹⁴ and the Higher Education Authority (HEA), the Irish government’s higher education agency. The overall aim of the programme is to increase the capacity of institutions in developing countries to make an effective contribution to poverty reduction through sustainable water resource management (WIL 2009). All the eight doctoral researchers were based in the same area, identified by Irish Aid. However, each researcher had a different thematic area of focus in fields related to gender, water governance, climate change, water sourcing and water technologies. The study area was selected because of the long partnership with Irish Aid and a charity organisation which had served in the research area for more than twenty years.

Specifically, the goal of the Water is Life project and WIL is to:

- i. Build research capacity in Ireland and Africa;

¹⁴ According to Irish Aid’s policy for International development (2013), Irish Aid’s “vision is sustainable and just world, where people are empowered to overcome poverty and hunger and fully realise their rights and potential.” Irish aid goals focus on “reduced hunger, stronger resilience, sustainable development, inclusive economic growth, better governance, human rights and accountability” (p.10).

- ii. Conduct research that supports sustainable water resource management as a catalyst for sustainable economic and social development in rural Uganda (WIL 2009).

My research study within this project focused on women, water management and health. My study was jointly coordinated by Dublin City University and Makerere University. A prerequisite for eligibility for sponsorship under the programme was that the researcher had either a background in a health care or an allied discipline, or in women's studies. My previous involvement in participatory rural development work provided me with the necessary experience on issues relating to women and water. I considered this project an opportunity to extend my service to the vulnerable people in society through strengthened knowledge and a greater understanding of water, women and health issues. Moreover, undertaking the PhD would bridge a personal knowledge gap between my background training as a social development worker and my potential career in the water and health sectors.

Following the PhD protocol, I developed a research proposal building on the concept project note from the WIL (2009). The background documents which I accessed prior to my fieldwork indicated that the people in the study area were prone to water-related diseases resulting from using contaminated water. In addition, women were overburdened by the long distances that they travelled to collect water. This study required me to engage with men, women and children in order to gain a better understanding of water and health issues.

Initially, an ethnographic action research was considered a suitable approach which could facilitate partnership with the women on the ground. Action research is grounded in lived experience, developed in partnership, addresses significant problems, works with (rather than simply studies) people, develops new ways of seeing/interpreting the world (i.e. theory), and leaves infrastructure in its wake (Bradbury and Reason 2003, p.156).

However, in the early days of the fieldwork, the methodology was found inappropriate largely because of time constraints for me as the researcher and the participants. The participants had intense obligations and social engagements¹⁵ outside and within the village.

¹⁵ Depending on the season, (rainy or sunny), women engage in gardening within or outside their home. Gardening within or around the home was usually done in the late afternoons when the sun is setting. Work outside the home, usually in the neighbouring village was done in the morning to mid-afternoon. Upon return the where would engage in household chores which included fetching water, cooking and washing clothes. At

In addition, the participants' expectations of my role as the researcher and of the entire project were very difficult to manage.

As I gradually discovered the lived realities of the participants within a daily social setting, I realised that the participants imagined that because I was a woman and a social worker, I ought to know well the plight around water and health. I was therefore, expected to suggest practical ways to address the enormous water and health issues in the area. In the face of the requests from the participants for solutions, I struggled to reconcile my side of a privileged researcher versus my identity as a woman with considerable empathy for the research participants. Occasionally, during the study, it was very difficult for me to get rid of my previous experience - that of a facilitator for community water development and a promoter for healthy behaviours.

5.2 Gaining entrée into the field

As I embarked on the journey to the field, I recalled the day-long visit to the project area as part of the pre-research activities in January 2010. The pre-visit provided a snapshot to the life and living of the people. This area became home for me for a period of fourteen (14) months from October 2010 to November 2011. Upon arrival, I was introduced to a liaison person who was identified by a charity organisation which had, and still provides, a holistic integrated community-based health care programme in the project area. This organisation had an affiliation to Irish Aid, the sponsors of this study. This connection paved the way for me to start my fieldwork. As Lofland and Lofland (1984, p.25) noted, 'it's who you know that counts.' It had been agreed upon by the WIL team that the liaison person would negotiate my entrée to the field. He would also be available to offer support whenever required. The liaison person, who was not part of the charity organisation, was a young man from one of the neighbouring villages. The link I had with the charity organisation allowed me a smooth entrée and facilitated acceptance by the local leadership.

this time, it was difficult to engage in a meaningful discussion around water and their health considering the many chores they had to fulfil.

Building rapport

In this section I share my experiences on the complexities of differing identity, and the culturally sensitive setting regarding water in the village of study. This required building an understanding of the world from the divergent points of view of the participants and my “self.” I maintained a humble outlook to my engagement with the community to enable me assimilate in their way of life and set up. For example, the patriarchy nature of the society dictated the way I approached many issues such as allowing men to convene the community meetings and to take the lead in the discussions. At one time the chairperson was late to arrive for the community meeting.

As we waited for him I engaged with the women in a conversation about water and health. When the chairman arrived, the following discussion occurred:

Chairman: Has the meeting already started?

JM: No, we are simply having a conversation on water issues.

Chairman: Oh, I would be surprised; I thought you had started the meeting in my absence.

JM: We could not start without you. The women advised me to wait until you come to address the gathering.¹⁶

(Fieldnotes, 24/06/11)

In collaboration with the liaison person, I developed a schedule to guide my visits to the fifteen villages in the area with dates and times when the visits would be conducted. In order to observe protocol, initial contacts were made with the Local Council (LC 1)¹⁷ chairpersons who are the primary key contacts for the villages. The LC leaders received us with great enthusiasm in the villages since they had attended a meeting organised by the WIL project prior to my arrival. I explained the purpose of my research study. I clarified that I would visit

¹⁶ This situation demonstrates the power and authority of the village chairman as a man and the respect accorded to him by the women. These issues will be discussed in more detail later in this thesis.

¹⁷ The local government structure comprises of local councils;

LC5 District

LC3 Sub county

LC2 Parish level

LC1: Lowest level elected local government structure responsible for village.

all the villages in the parish to gain insights into the water situation after which, one village would be selected as the village for the study based on agreed criteria. The criteria for selecting the village for the study were developed to include:

- i. Village settlement pattern;
- ii. Accessibility within and outside the village;
- iii. Presence of different types of water sources - shallow well, pond, spring, open well - to allow observation of what happens around water collection at the different sources;
- iv. Set up - households close to each other, peri-urban and typically rural;
- v. Logistics - distance from social services: easy reach; within walking distance.

During the pre-visits to the villages, I realised that the expectation from the local leaders was inclined towards provision of safe water to the community. As we visited the water sources, each leader described how hard-working their community members were and pledged to support the study given the opportunity. I continuously clarified that I was likely to engage with only one community, otherwise, the scope of the study would be too wide and unmanageable. I recorded the following fieldnotes:

People have started expressing their water concerns which I am not in a position to handle. It will take a while before the aim of the study is understood. Is it worth talking about the link to the charity organisation anymore? If yes, how and to what extent?

(Fieldnotes, 30/09/10)

I spent a whole week walking, observing, seeing and listening to people and events in the parish with the aim of getting familiar with the setting and seeing how people went about the daily activities. Of specific interest were: the everyday social and environmental settings; farming practices; school activities; water collection and means of transportation. The long walks down the valley bottoms, where most water sources are located, and uphill through steep slopes covered with thick vegetation, coffee and banana plantations revealed something of the experience of the livelihood of the people. The following fieldnotes contain early observations of the village visited and my sense of determination to select a setting for the study:

The villages have a lot in common; people have expressed a lot of interest in and expectations from my study. The earlier I select the specific community of study the better.

(Fieldnotes, 04/10/10)

Following an in-depth analysis, two villages were reassessed, of which one was selected, as the community for the study. This village met the stated criteria and presented additional features of interest which included a small growing trading centre,¹⁸ and existence of both traditional¹⁹ and improved²⁰ water sources. The village comprised of two distinct settlement patterns: typical rural and peri-urban dwellers. As the researcher, I expected that the different settlement patterns would provide me with an opportunity to gain a comprehensive understanding of the activities around water in the village.

5.3 Role perceptions in the field

The research village that was finally selected for the study had been visited initially as part of the original schedule for all villages in the parish. After its selection as the focus for the study, I made the second visit to request permission from the village LC Chairperson Mr Muganzi to carry out the research in this village. During the brief meeting which occurred at the second visit, I explained my intention to work with the people in the village to explore water and health issues particularly in relation to women. Mr Muganzi expressed great delight at his village being chosen for the study. He recounted how disadvantaged the village was relative to the considerable support the charity organisation had provided to the neighbouring villages and beyond. I explained that my planned research activities would evolve, depending on the issues that I encountered during my stay in the village. Mr Muganzi pledged full support to the study and allowed me to start work without any fears; he emphasised that we would work together to improve the water situation in the village. I soon realised the need to manage his expectation of getting water without compromising the relationship and support required for the research. I consistently explained that the project focus was to gain an understanding water issues, but would not necessarily provide water sources. Mr Muganzi suggested that as the norm, a community meeting would be convened

¹⁸ Shops, local restaurants, salons with permanent structures, small trade and carpentry works, motorcycles or bicycles for transport hire (known as “bodaboda”).

¹⁹ Open dug ponds/wells through local initiatives, natural springs or streams flows

²⁰ Capped springs, shallow dug wells fitted with hand pumps or boreholes

to introduce me officially to the entire local leadership council and village members. He took the responsibility of selecting an appropriate date for the meeting which would be convened at a later stage. With permission granted, I started the 14 months journey of continuous negotiation in order to gain access into the local people's daily lived realities in the village. This was achieved by visiting people in their homes, interacting at the water sources and participating in social events.

5.3.1 Negotiated consent from the participants

A few weeks later (following the initial days spent walking with the liaison person), a community meeting was held to make my "intentions known" (Lofland and Lofland 1984, p.24) and to "establish rapport" with the setting participants (Punch 2006, p.133). At this meeting, I communicated the aim of my research with the aid of an introduction letter obtained from the National Council of Science and Technology (NCST). This is the government department responsible for research registration and issuance of research permits in Uganda. To ease communication, the Plain Language Statement (Refer to Appendix D) was translated into the local language that is widely spoken and understood in the village. Participation by both men and women (67 women and 10 men) in the meeting was critical to gaining access to the community and ensuring everybody was aware of the project. However, given women's responsibility for the daily activities around water and my research concerns, it was particularly important to ensure attendance by women. To this end, prior to the gathering, I met women at home, in the gardens and at the water sources in order to inform them about the meeting. At the meeting, I requested for permission to stay in the village for a year, to learn and work with the participants. I stressed that participation in the study was optional, and that confidentiality of information on all events heard and seen would be maintained. Participants were given time during the meeting to discuss amongst themselves. The women raised concerns about what exactly was required of them during the study. I explained that I would meet them at different places in the village to hold conversations with them about water and health. I needed to clarify that I would spend time in their homes to observe the activities that take place around water. In the middle of the meeting, Mr Muganzi requested a woman from one of the women's groups to discuss with the women their understanding of the research project. During her feedback to the entire group, the women's leader mentioned that the women were ready for the project and they had allowed me to start my research and agreed to take part in the study. Mr Muganzi the lead facilitator, asked the

women to confirm their acceptance. By a simple show of hands the women expressed consent to participate in the study. This marked the moment when the study officially started. From that time, the women opened the doors to their homes which I accessed throughout my study.

5.4 Reflection on working with the liaison person

The first three days in the village were spent walking with the liaison person as I tried to situate myself and become familiar with the setting. This process involved an informal introduction to the people as we walked around. The curiosity of the people was evident from the many questions that they posed to me. The questions mostly related to whether my study in their village, would translate into increased provision of water sources.

Ms Akiiki middle aged woman from the village of study said that:

Our major interest is in water. How many new sources will be constructed and where will they be located? We have waited for too long and the upper side of the village suffers a lot because the well is far from here.

(Fieldnotes, 10/10/10)

In attempting to answer the questions, I realised the dilemma and conflicting messages that had been conveyed by the liaison person and I became anxious and more cautious about his role and my role as the researcher. I wrote the following fieldnotes in the evening:

I feel it is time to let go and gain independence, after all, the critical introductory phase seems to be over. I am not comfortable with the structured approach and phrases he uses in communicating issues related to the study. I do not want to get to an embarrassing situation where I have to clarify issues. Besides he is only with me for a while. I wonder whether I am not failing to manage the process. On the other hand, this behaviour could have resulted from the orientation he got about the project or a miss-interpretation of his role as a liaison or an issue of power since he was familiar with the area of study.

(Fieldnotes, 10/10/10)

By the weekend, as had been agreed at the start of the week with the liaison person, a review of the work and relationship was carried out. During the discussion, I became more aware of the power and control issues that existed between me and the liaison person. The interest of

the liaison person at this meeting focused on whether I would require his support at a later stage of the study. I kept this option open and promised to call him should the need arise. At this point I realised that the role of the liaison person would have been limited only to the formal introductions to the local leaders. I was very relieved after the discussion as I was now in a position to begin the second phase of my fieldwork and to work independently. By this time, I gained control over my thoughts, actions and decisions. The issue of being in control, working independently and the relieve I obtained will be returned to in greater detail later in this thesis.

5.5 Ethnographic understanding

This study was anchored within ethnographic principles in which the research is the “function” of the researcher (Agar 1986, p.18) “who brings [to] her/his work the tradition in which she/he participates.” Wolcott (2005, p.278) asserted that the ethnographer “sees the behaviour of those around her/him as well as their own.” In addition to the presence of my “self” in the research process, central concerns were the issues of culture, gender, patriarchy, masculinity and feminist perspectives. In this research, the “culture concept enabled me to make sense of my actions and the actions of those whom I interacted with” (Wolcott 2005, p.279). My ability to speak the local language, commonly used and my knowledge of the culture of the area of study allowed me to make meaning and interpretations of gestures, signs and expressions demonstrated by the participants. For example I was able to appreciate why women kneel when greeting or serving their husbands and elders in the village. I was also in good position to determine when it was appropriate to speak or to withdraw from situations depending on the gestures and expressions from the women. While ideas with regards to water and health issues were developed before setting foot in the field, the reality on the ground determined the trend of actions undertaken.

The data gathering was done in a flexible and unstructured manner in order to avoid “pre-fixed arrangements that impose categories on what people say and do” (Brewer 2000, p.19). I explored cultural phenomena through describing human society based on data obtained primarily from fieldwork (Van Maanen 1988, Emerson, Fretz and Shaw 1995). As I interacted and immersed myself in the life of the participants’ community, data gathering followed a natural process and I avoided a mechanist way of looking at women, water and

health. I became part of the participants' everyday lives and, understand events from the realities of the women. I continually looked for resources²¹ within myself and that of the participants with regards the meaning and the reality on the ground. This enabled me gather useful data that rendered meaning to this study. The engagement with the data analysis process, to produce this ethnographic account on women, water and health in rural Uganda will be explored later in this chapter. Back from the field, I explored literature on the notion of a gendered world which provided new insights into my fieldwork experiences.

In this section, I present my interactions with women as I participated in water collection and observed how the water was being used and stored at household level. I also attended and participated in community meetings within the social setting of the study area to understand the issues with regards water management in the wider setting. I was able to gain first-hand experience of the issues and realities in relation to decision-making with regards water. I engaged with the local leaders who had a lot of influence on the decisions related to determining the sites of the water sources as well as their operation and maintenance. I interacted with women as well as children and men and other community members in the village of study to share their experiences on water management. Perspectives on women and water were also obtained from key actors at the district level through meetings and workshops. I drew on existing literature to provide a basis for the exploration of women, water and health.

The data gathering processes used in this research included; participant observations; interviews; the recording of fieldnotes; and the use of a reflexive diary. Each of these methods is explained in the sections below.

5.5.1 Researcher roles during the fieldwork

As a participant observer in the village of study, I deeply immersed myself in the life of the women, water and health. Immersion enabled me to explore how people make sense of their world with regards water. Lofland and Lofland (1984, p.12) referred to participant observation as a process in which a “researcher establishes and sustains a many-sided and relatively long-term relationship with the participants in a natural setting in order to develop a

²¹ In this context, resources refer to the means by which I kept coping with the different situations as they arose.

scientific understanding” of what is being studied. I employed “participant observation as an umbrella term to describe *everything* (original italics) that [I did] and that *all* (original italics) on-site researchers do—in the field (Wolcott, 2005, p.47). I made my “role known – observer as participant” to the community of study which enabled me to “record information as it occurred” (Creswell, 2013, p.191) I took on the “participant as observer – observation role which was secondary to my participant role which enabled me to capture the unusual aspects which I noticed during the observations” (ibid) while on several occasions, I was a “complete observer – researcher who observed without participating” (ibid).

However, as Wolcott (2005, p. 51) asserted:

The involvement proves the more difficult aspect of the assignment not because it is difficult to enter into the activities of other who interest us, but because it conflicts with the deeply held and uncritically examined notions of how we should act when we are trying to be “scientific” (original quotes).

Continuous building of rapport and reflections enabled me to deal with my expectations and participants’ expectation and allowed me to learn the complex relationships between men and women with regards water management in the village of study. Through the participant observations, I meet people within their cultural framework which was more acceptable to them.

5.5.2 Interviewing

Wolcott (2005, p.47) argued that interviewing in its broadest sense is taken to include everything from casual conversational to the formal structured interview. Interviewing was a very useful approach to data collection. In this study the informal conversations allowed me flexibility to discuss and identify various issues of concern to the community. Interactions with the participants were dependent on the events in the community: for example, when women returned from the gardens, at the water sources and on Sundays after going to church. The “in-depth nature of interviews fosters eliciting each participant’s interpretation of his or her experience” (Charmaz 2006, p.25). The informal nature of the interviews provided flexibility which allowed issues with regards women, water and health to emerge during the dialogue and discussion. Issues discussed during the informal interviews focused on access to

water; roles played by the different family members in water collection and use and challenges faced with regards water.

In the later part of my study, I scheduled to take some formal interviews with key informants to collect some factual information relevant to the study. In this regard, three months to the end of my fieldwork, I conducted six formal interviews with key resource persons (men and women). The interviews were conducted at their homes during the time of their convenience to enable me to observe them in their natural setting. The members interviewed were: a male local leader; a women's leader, a female teacher; and respected elders in the village. The precise timing and duration of the interviews was agreed upon together with the participants. The average duration of the interviews was between 30 to 45 minutes. The formal interviews at this stage were part of a process of seeking coherence to my resolution of the breakdown. Hence a shift occurred at this stage of the ethnographic endeavour that offered space for clarifying emerging understandings around women, water and health in the village of study. Checklists were used during the interviews to seek specific information that had transpired during the research (Refer to Appendix F). I had negotiated consent to conduct and to take notes of the interviews from individual members of the community after my lengthy stay in the village of study while engaging with women, water and health issues. The interviews focused on the role of both men and women in water management both at household and community level in order to obtain clarity about the process of decision-making with regards water (For details refer to Appendix F).

Issues from both categories of interviews (formal and informal) were recorded and notes taken of the participants' expressions. The notes from the interviews were analysed and themes developed.

5.5.3 Role change from facilitator to observer

Qualitative observation involves watching and recording what people say and do. It is therefore vital that the observations are systematically recorded and analysed (Mays and Pope 1995, p.183).

Fieldnotes gathered during observational research "are likely to be detailed, highly descriptive accounts" (ibid) and therefore, the writing of fieldnotes is a "fundamental concrete task for the researcher," and this was done in a "chronological manner" to take

account of what was happening in the setting and to the researcher (Seale 2004, p.232). The recording of “events, behaviours, overheard conversations, analytical ideas, personal impressions and feelings” was done on a daily basis (Walliman 2006, p.132). After each observation or conversation interview, the notes taken were checked and edited by the researcher to ensure completeness. The fieldnotes that I took contained descriptions of human culture at both an individual and group level. The notes varied depending on when and where they were taken from; and they consisted of words or phrases that were jotted down during the conversations with the participants or during observations. The notes allowed me to reflect on the conversations, interviews, the study participants and the on-going development of my ideas. On most occasions, immediately upon leaving the field, the notes were translated into more detailed fieldnotes and typed up on my computer. The notes were used to generate data.

The following is an extract from fieldnotes which I wrote during the early days of my fieldwork:

Waking up as early as 05.00 hrs, I am frustrated that there are no women at the water source; it is children mostly involved in collecting water at different times. The well is littered with sugar cane peels, used polythene papers, maize cobs. The containers are clogged with algae, and the children are dressed in stained and torn clothes with hair unkempt. I am tempted to talk about their appearance; however, I feel disempowered to do what I have done most in my past years of development work - hygiene promotion.

(Fieldnotes, 20/11/2010)

As I wrote these fieldnotes, I did not expect that the recording of daily events would translate into a detailed account of my personal feelings and thoughts of encounters in the field. Hand-in-hand with the research process, fears, anxiety and emotions too persisted during the entire ethnographic reality in the field. The fieldnotes provided direction and became useful in developing a coping mechanism while in the field. Reading through the fieldnotes some days later, I realised my changing role from that of a facilitator to observer. This shift necessitated me to pay greater attention to myself, to my thoughts and actions and confronting the challenge of seeing and watching, but doing less of the talking.

Fieldwork and fieldnotes continued beyond being out there in the field. I was able to record fieldnotes while out of the field context and these allowed for the articulation of a different

perspective. Furthermore, the on-going review of the literature provided greater insights into my notes which enabled me to further develop my ideas and thoughts and to make meaning of the social reality. The combination of looking back at my fieldwork “out there” and the subsequent analysis “back here” has helped to situate the issues of women, water and health in Uganda in the global debate/perspectives of gender and feminism. The following section provides a description of the field out there including: my entry into the field; negotiation of relationships; the reality of engaging in data collection; recording of events and the challenges I experienced in the field.

5.5.4 Data analysis

Miles and Huberman (1994, p. 10) argued that, “Most analysis is done with words. The words can be assembled [or] sub clustered...” Data analysis followed “concepts” identified within the setting (Emerson, Fretz and Shaw 1995, p.166) and was on-going throughout the study (Agar 1986). This “inductive process” allowed me to be flexible and “open-minded” to issues that emerged from the data. It was my responsibility to shape and place meaning to the data in line with the ethical and moral considerations, a process referred to as “sorting out the structures of signification” (Geertz 1993, p.9).

In the early days of my fieldwork, the central focus of the study was illuminated by a “breakdown” (Agar 1986, p.20), a concept which was discussed in Chapter Four. The “breakdown” provided a lens for the future events following the mismatch in what I expected around the use of water and what I observed in one household. I described the events as witnessed, and moved further to search for the meaning of “why” events occurred in the given context (Katz 2001, p.443). This process provided a framework for on-going data gathering and analysis of events from the daily experiences of women, water and health. In this research, I describe engagement in the everyday life of the participants and its meaning for me.

5.5.5 Personal reflective moments

During the ethnographic fieldwork I engaged in intense interaction with the participants in a natural setting. I built relationships with the men, women and children in order to gain access at every stage of the study. My deep interaction with the study participants occasionally

influenced the actions of the participants. Similarly my own actions were inclined towards the participants' actions and responses to events that occurred during my presence in the field. I engaged in reflexive moments in order to maintain my role as the researcher and be mindful of my actions and the actions of the others. One major dilemma faced during the fieldwork was being out there in the field, while not being able to do much about the water situation. The reflexive process required me to distance myself from my professional background, the intentions of the participants in order to gain an understanding of the social phenomena. Reflexivity took me through a "self-discovery" process at every stage of the study out in the field and back from the field. I questioned my actions, became true to myself, and demonstrated a high degree of acceptance towards events that occurred. Getting meaning of the social life and representing the others resulted from an intense search back and forth hence "reconstruction of the self" (Coffey 1999, p.36). She argued that reflexivity, as the "voice and reflections upon how the presentation of self is accomplished alongside the accounts and representation of other selves," is a challenging process (Coffey 1999, p.132).

The dilemmas I was faced with regards the participant's expectations, reactions and my own feelings within the social setting prompted me to continually understand the basis for the development of knowledge. I realised that the reflexive process allows for the truth and reality towards production of knowledge based on the participants and the researcher's interactions. During this time, I acknowledged my own cultural biases with regards hygiene and water. However, the field-based placement in the local community allowed for a foregrounding of social reality from the everyday life of the women.

The more I immersed myself in the field and engaged with the people the more I realised my changing approach from conducting formal interviews to participant observation. I continuously negotiated access by "observing, listening" and engaging in activities with the participants (Punch 2006, p.136). The observation process enabled me to disengage from hygiene promotion to a situation which illuminated my understanding of women, water and health. I carried out walks in the village, visited people in their homes, markets, and at institutions (schools, churches). I took advantage of the gatherings of people at Sunday prayers and social events to strengthen the bonds and to catch up with key people in the community. I shared joys and sorrows by attending community functions, such as funerals and weddings, the latter of which normally takes place during and after the harvest season in June and July, and meetings for women's groups for social networking and income generation. I observed behaviours at the water source and within the households in order to

understand how the particular community lives through its “events and interactions” (Cunliffe 2010, p.227). Water collecting activities varied from collection, transportation, storage and utilisation. While my interaction with children at the water source started as early as 05.00hrs and ended as late as 20.00hrs, I met some women collecting water, mostly in the morning, after gardening, and in the late afternoon when children were at school. As the research progressed, a shift in focus from the water sources to the households in order to meet the women at the home was a justifiable strategy. Specific details of my engagements with the participants will be discussed in the next chapter.

My ability to speak the commonly used and understood local language from central Uganda, where I belong, helped me to understand with ease the words, actions, and messages of the participants. It also helped to create a sense of my identity and my belonging since participants saw me as their own. I was easily accepted and women gained trust and confidence to share information and they did not have to alter their behaviour during our interactions. Women opened up to a fellow woman. The acceptance and trust by the women provides accounts for validity of my data. This advantage, notwithstanding my associated identity as a woman from the same region, led to great expectations for tangible results from my presence in the village and from the participants’ disclosures of personal difficulties that the women were experiencing; as Mrs Bunja said, “*ggwe oli waffe ate tunakukisaaki?*” (You belong to us what can we hide from you?) The statement by the woman provided a baseline for me to engage confidently with the women since they had started accepting me in the village of study. Building relationships and gaining access were on-going social processes throughout the entire research period. As the researcher, I was in continuous negotiation toward striking a balance between my research intentions and the participants’ realities. My interaction with the women on a daily basis offered me an opportunity to take note of spontaneous things that people said or did. These things later offered some explanation as to why certain things happened the way they did. I would not have obtained these insights through formal interviews. Managing expectations was a process I paid great attention to in order to sustain relationships and acceptance in the field at the different stages of the study. Within my fieldwork I paid attention to the building of relationships in order to ensure both short and long term engagement. Much as I had declared and discussed my exit plan from the field with the participants in advance, the actual phasing out from the field was an emotional and humbling experience. Having interacted with the members in the community of study for a long time, meant that in-depth relationships had been created. Though I maintained ties

with the participants, it was time for me to get out of the field and bring the experiences back here. Details of relationships will be discussed in the following chapter.

5.5.6 Reflexive diary

A reflexive diary was useful in the documentation of decisions made in the research e.g. when to observe, when to step back a bit, how to listen, how to record data and how to leave during the various stages of the research. This helped in the continual reassessment of the “ethical and methodological” considerations (Walliman 2006, p.147) while “maintaining rapport” with the participants. Critical accounts of situations, incidents that relate to water, women and health were recorded. I maintained a reflective diary “throughout the process of the study” which assisted in the process of “self-reflection and interpretation” of emerging issues during data analysis. I conducted a “self-observation” on the manner in which I experienced the setting as a participant, the particular “values” I brought to the setting and the impact that I had in the research setting (DeWalt and DeWalt 2010, p.68).

Ms Namu said:

Your presence in this village has helped us to check our behaviours in our homes in relation to water issues. For example I regularly clean my jerry cans for collecting water and I sweep my compound. I also observe the same in other home especially my neighbours.

(Fieldnotes, 08/06/11)

In the fieldnotes above, such practices came as a natural reaction in reciprocity to my presence and interaction with the women. As a result of my interaction with the women during this study, I was no longer seen as the “other.” During the face-to-face conversations and discussions, the women got space to engage and talk about their world of water and health; there was consciousness raising, increased awareness and understanding of the water management issues; as well as an opportunity for shared moments as women (insider and outsider).

5.5.7 Credibility and authenticity

While in the field, I shared my lived experiences and that of the participants, at community meetings and later during a stakeholder's workshop held at the end of the fieldwork. During the workshop, participants and stakeholders from the district provided useful feedback and input into the emergent findings of the study, thus contributed to the co-production of knowledge. In this process, despite some occasional ethical dilemmas I experienced during my close interaction with the women, I demonstrated openness and transparency about each stage of my study and the confidentiality about personal issues observed in different homes.

I shared fieldnotes with my supervisor on a monthly basis and whenever issues arose. The weekly Skype conversations with my supervisor provided useful guidance throughout my stay in the field and were a useful tool in the development of my methodological and theoretical thinking. The visit by my principal supervisor to the study area, and the discussions we had with the community, offered first-hand experiences with the participants and of the study setting. The visit provided a unique blend of mentorship "out there," and the supervisor's interactions with the participants facilitated a good exchange of ideas. During the visit, I shared the emerging model of women, water and health with my principal supervisor. By the end of her visit, I had enhanced my knowledge and understanding, which, in turn guided further development and analysis of the emerging findings of the study. Data analysis was a continuous process as I "work[ed] back and forth between emerging themes until an interpretive framework" (Walliman 2006, p.137) was achieved. This iterative process enabled me to develop "views to make sense of the social world" of women, water and health in the research setting (ibid). The detailed ethnographic fieldwork offered a robust account with regards the practices around water as they occurred. It also provided a deeper understanding of social meaning into the life of women, water and health in the community of study.

5.5.8 Ethical considerations

Guillemin and Heggen (2009, p.2910) observed that "negotiating the ethical relations between researcher and participant is paramount in maintaining ethical rigour in qualitative research. In terms of ethical considerations, several key points were noted. Specifically negotiated access and confidentiality were of paramount importance to this study. With

regards the former, the notion of informed consent becomes unpredictable in ethnographic fieldwork; it is more of a negotiated process depending on the research study. Parker (2007, p. 2248) argued that “the concept of negotiation, rather than offering a solution to the problem of consent, is itself ethically complex and in need of analysis.” He further observed that “in the context of ethnographic research, the possibility of negotiational forms of consent depends upon engagement between researchers and researched (Ibid).” With regards the latter, the protection of participants is paramount: no names, places associated with data, or identities should be revealed unless previously agreed by participants.

Ethical considerations were addressed throughout the project and the rules governing research and participants within research were followed. A research proposal was submitted and approved by the Dublin City University Ethics Committee. The same proposal was submitted to the National Council for Science and Technology- (NCST- Uganda) in 2011 and a research permit was granted (See Appendix C). Permission was also negotiated with local leadership, elders and participants in the community of study. The Plain Language Statement (See Appendix E) in which I explained the rationale of the study and the approach to be used was read at the meeting in the presence of community members (men and women) on the 4th December 2010. The requirement to sign consent forms was debated but not found relevant by the participants on the understanding that I would engage with the community for an extended period. Hence the data gathering would not be a one off event but a continuous interaction with the same people under different circumstances. This was a major landmark for this study because after this meeting, participants started opening doors for me to engage in this ethnographic fieldwork. Participation in the study was voluntary, after the research aims had been explained to the respondents and confidentiality guaranteed. To minimize error, I was in charge of all the processes of collecting and analysing the research data. The principal supervisor through face-to-face discussions and by way of email and Skype provided fieldwork support. In addition joint field visits by the supervisor and the researcher to the community of study were conducted.

In this chapter, I presented my ethnographic fieldwork experiences. I explained the process of identifying the village of study and how I gained entrée to the selected village. I shared the experience of building relationships with a diverse group of people in the community of study and the advantages which accrued from my being a woman and able to speak the local

language as the community. The methods used for data collection with participant observation at the centre of the study and the use of fieldnotes have been presented. The continuous process of reflection and making meaning out of the data from the field was explained. Finally, issues of credibility and authenticity as well as the ethical dilemmas and considerations that prompted me to make the decisions that I made while in the field were explored. In the following chapter, the findings from the fieldwork are presented. I make a description, analysis and interpretation of what I found in the field of study with regards women, water and health.

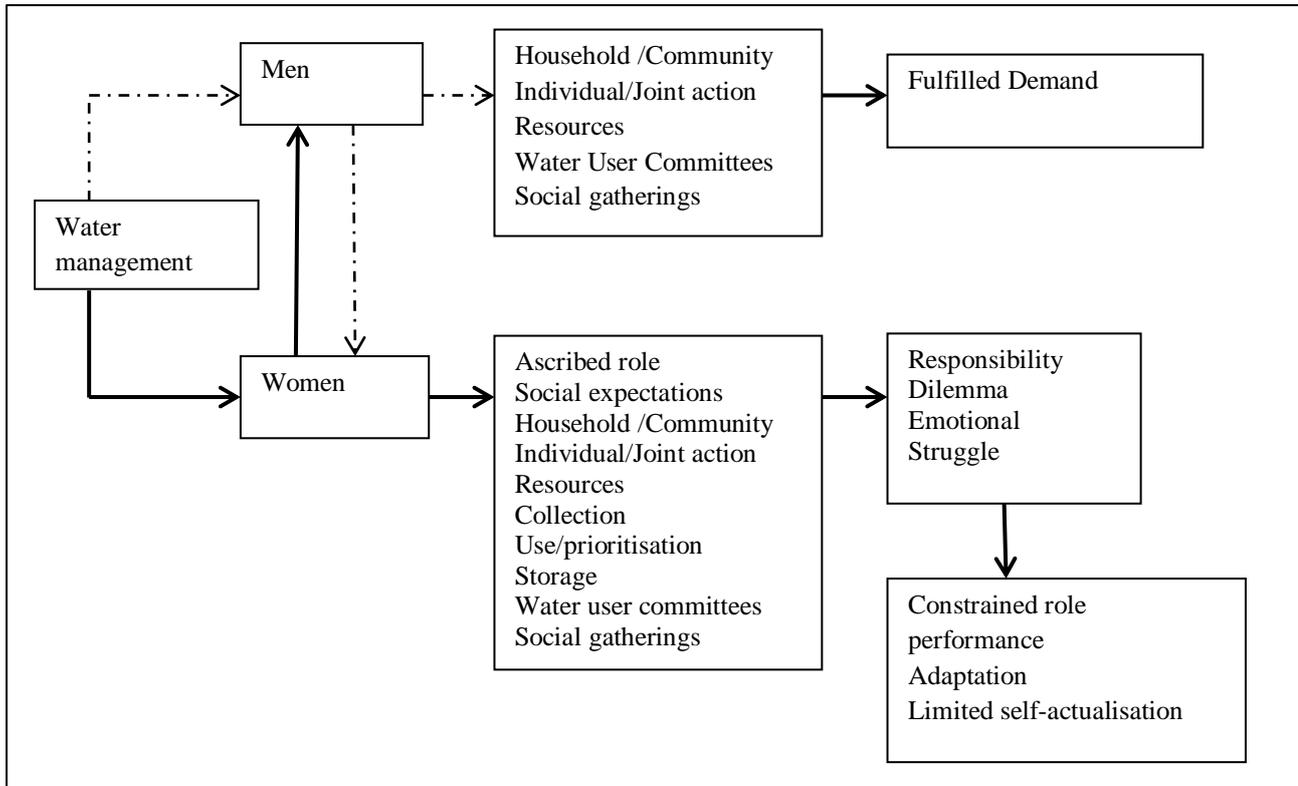
CHAPTER SIX: PRIVATE (HOUSEHOLD) WATER MANAGEMENT

6 Introduction

The purpose of this study was to develop an ethnographic understanding of the everyday life of women in relation to water and health in rural Uganda. In this chapter, an analysis of the role that women play as part of their social responsibility for water management is explored in detail, drawing on the theory of gate keeping (Lewin 1947). This chapter presents the everyday life of women as principal gate keepers of water. Children are demonstrated in their roles as key collectors of water for the household needs. The patterns of forces which influence the women's access to water as well as transportation of water to the household are presented. I introduce a critical incident which occurred in the early days of my fieldwork that enabled me to reflect and build insights into the world of women, water management and health.

Figure 2 below illustrates the gate keeping role and key elements of water management at household and community level as discussed in Chapters Six, Seven and Eight. The figure further depicts the gendered roles and responsibilities as regards water management and establishes different links and relationships between the men and women. It reflects the central role that women play with regards water management and how this role influences their health.

Figure 2: Gate keeping to water



Legend: Strong link —>
Weak link -.->

6.1 Household (private) water management

At the household level, women play a critical social role in decision-making and negotiating around water management in order to fulfil the family’s water needs: men, by contrast, pay less attention to water issues²² some play none; thus the gendered roles as regards water is discussed later in this chapter. The management of water usage is of critical health and socio-economic value. Water is used for nutrition, home and personal hygiene, small-scale farming and production; it is a means of survival and livelihood. Besides having water for drinking, other major activities that women engage in which require water are: preparation of food;

²² Men make arrangements for the purchase of water containers (plastic jerry cans); in other words, women are reliant on them to provide the money to buy them. In some instances, for example, where women are sick, or children in the family are too young to carry the water, men will buy water from water vendors. Despite the limited involvement in water issues, the men’s water needs are always met by the women.

washing clothes and utensils; bathing; watering animals and gardens; and local brewing. A level up from household water management, water management at community level involves: participating in community meetings; membership of Water User Committees (WUCs); providing manual labour and making contributions towards maintenance of water sources; and organising water for social events. At the community level, issues of leadership, power relations, participation, and financial expectations were inevitable (see Chapter Eight).

This study reveals that the complexity of planning, coordinating, negotiating and decision-making, performed by women in their management of water at household and at community levels, is experienced as a burden. The scarcity of water is disempowering for women and it is reflected in the challenges they face in performing their social roles within the household and the limited opportunities for enhancing their quality of life as women within the home and the community. In addition, aside from its practical significance, water is of symbolic importance to the women. In this study, its symbolism is demonstrated in the activities with which women are engaged on a daily basis. This symbolism is surrounded by socio-cultural practices that constrain women and result in issues of gender inequality, patriarchy, masculinity, submissiveness and unequal power relations with men in water management. In the following section, the everyday life of the women in the village of study is explored in order to outline the general activities around water at the household level.

6.1.1 The everyday life of a woman and water

In this village of study women are the primary managers of water. Water management is a daily activity that begins when the woman wakes up, usually around 04.30 hrs. One of her first responsibilities is the organisation of the containers (plastic jerry cans) to be used to collect the water. Her next task is to wake up the children;²³ children aged between 3 and 12 years are the principal carriers of water in this village. Depending on whether there is water left over from the previous day's water collection, the children will wash their faces since just a small amount of water is required to wash the face before leaving for the water sources which include open ponds, open wells, shallow wells and one spring. During the rainy season water is harvested from the roof tops of the houses. Most roof tops are made of corrugated iron sheets, others have thatched roofs, few, if any, have tiles. During the rainy seasons, women's work load

²³ The average number of children in a household is six. Children start collecting water from three years of age. The boys withdraw from water collection from sixteen years while the girls collect water most of their lives.

increases as they struggle to collect every drop of water. They try to do many household activities hurriedly to maximise the rain water, while it is raining. A few homes are privileged to have small drums and rain water tanks/jars (Ferro-cement or metallic) to store the water. The storage facilities are mostly self-initiated or provided by the government. From early morning, water, as a scarce resource, is being managed. In tandem, the desire to present to the world, beyond the household, the image of a clean child, from a home where a mother cares about the children, is expressed. Each child carries one jerry can and depending on the child's age, the size of the container is either of three, five, ten or twenty litres volume. The distance to the water source ranges between 0.5 and 1.8 kilometres.²⁴ When the children return from the water source, they engage in activities around the compound including taking the animals for grazing, sweeping the compound and removing dirty dishes and utensils from the home for cleaning. Upon completion of these tasks, the children wash their feet. Again, just a small amount of water is used, and this is shared by all the children. The limitation of hygienic practices to just the face and the feet is a reflection of a reality of water scarcity and, at the same time, a desire to respond to social expectations that children are clean when they arrive at the school.²⁵

While the children are away collecting water, the mother prepares breakfast (usually food leftover from the main meal of the previous day plus a mug of boiled water with tea leaves and sugar, if available), referred to locally as 'taking tea.' This is served once the feet are washed and the children are prepared for school (school commences at 08.30hrs). In the absence of water from the previous day's collection, the task of preparing breakfast is delayed until the children return with water. In such circumstances, or when children are delayed returning from the water source, there may not be time for breakfast. Instead, children eat as they walk to school. There is more flexibility during the school holidays, when children do not have to go to school.

Women with younger children (< 3 years) have to fetch the water by themselves. They go to the well between 5.00hrs and 6.00hrs. When they return from the water source, they prepare, serve and take tea with the family. After breakfast, and when children have left for school,

²⁴This was an external factor that resulted from the geographical features of the village, thus hugely influencing the location and distance to the water source.

²⁵ Schools carry out hygiene inspections on a weekly basis, and there can be random checks by individual teachers on any one day. Generally, just the hair, fingers and the feet are checked.

most women set off for farming activities²⁶ at distances ranging between 200 metres and two kilometres. Smaller children will accompany them. Hydration is important when engaging in farming activities, thus, women carry with them water for drinking, usually about 1 litre. If their farming activities are close to a water source they take along an empty jerry can, usually of 10 litres which can be used to draw some water for drinking while in the garden and to carry some water back home. Upon their return from farming activities, usually around 11.00hrs, women carry food from the garden and water for domestic use. For some, their burden is increased by the need to carry their small children. Most women dedicate one day in the week for washing clothes. On such a day the need for water is greatly increased, usually by at least 40 litres depending on the amount of clothes to be washed. This necessitates a planned water collection by the woman, when she herself will carry 20 litres back to the home in addition to the water collected by the children. For women with babies and young children, the washing of clothes is a daily activity; this requires them to make at least three trips to the water source each day. The final trip is usually made around 16.00hrs.

Upon their return from the morning farming activities, women prepare food (in time for their younger children's return from lower primary school), wash clothes and sometimes dishes, as well as watering the animals.²⁷ At this time, women wash their own feet; it is a brief moment in the day's activities when they can find time to clean themselves. Personal hygiene, where the whole body is washed, usually happens irregularly in a week; on other days, it is only the face, hands and genitalia that are washed. Again, the scarcity of water dictates the level of hygienic activities toward personal cleanliness. Recycled water from washing is used for watering animals, especially pigs, which can drink soapy water. Once the household activities are completed, and lunch is eaten, there is little or no water left for any other water usage activities, such as washing dishes used for lunch. Thus, another cycle of water collection begins, albeit delayed to the cooler time of the day, around 16.00hrs, when children already home from school can return to collect water. This cycle of water collection is generally the norm in circumstances where there are insufficient water containers (jerry cans). In the meantime, women return to their farming activities, though this time it is usually to locations close to their homes. Farming activities continue until the older children return from school,

²⁶ Farming activities include the growing of seasonal crops – beans, maize, groundnuts, potatoes, cassava, and annual crops– coffee and bananas. Seasonal crops are primary sources of food and annual crops are generally cash crops toward generating income for the family.

²⁷ Most families rear one or two pigs and keep poultry on the compound. Some have one or two goats grazing on common land. Animals are a source of food for the family and a source of income.

around 18.00hrs, when the last water collection takes place. Once again, mothers need to organise the children and the jerry cans, after ensuring that the children have eaten a meal. This is a particularly challenging time for the women as the children are already tired after the school activities; also, it is getting dark and the children are generally disinclined toward the activities of water collection. The time needed to collect water is greatly increased at this time of the day, due to larger numbers of people at the water source (more children are available to collect water in the evenings; women are freer to collect water themselves). The evening water collection is generally completed by 19.00hrs. Seasonally, the time may extend to 20.00-20.30hrs.²⁸ When there are delays in the children's return from the water sources, women get concerned for their safety.²⁹ The final household activities of the day include washing the dishes used during the day before eating dinner which will have been prepared while the children are collecting water, though this can be delayed if there is no available water left from earlier collections. It is at this time of day that the woman places aside a dedicated water supply to cater for the washing needs of her husband in the evening and the morning, normally about 5 litres of water. Before retiring to bed, both women and children move all items relating to water, food and gardening into the house. Children generally sleep from 20.00hrs (younger children) and 21.00hrs (older children). Women retire to bed at 22.00hrs following what is for most an 18 hour day of activities and responsibilities around water and water management.

As stated earlier, in this village, men rarely, if ever, get involved in water-related activities at a household level. However, where water is associated with productive roles such as income generating activities men are directly involved; for example, where there is beer brewing, men adapt the role of water collection specifically for that activity. In addition, men who are engaged in vegetable growing as an income-generating activity, take responsibility for the watering and spraying of the vegetables. Men with cattle also take responsibility for watering their animals. Most men are away from the household from 06.00hrs to 19.00hrs. Thus, in the village of study, women and children played a critical role in home and domestic water management on a daily basis. The men engaged in water-related issues on an irregular basis

²⁸ During the dry season, when the water volume decreases at the water sources, it takes longer to fill the water containers. In addition, those queuing for water can become fractious, leading to a potential for conflict. Sometimes, women engage more in water collection at this time.

²⁹ Issues of safety include children getting caught up in physical conflict with others in the rush to get water and a fear for children being out in the dark, particularly as the village has no electricity and people feel safer indoors.

and often for personal and economic reasons. In the following section, water management as one of the primary activities for the women in this village is explored. Incidents presented with regards water management and health varies from household to household. The analysis of incidents is based on the significance of the incident and not on the number of events that occurred.

6.2 Women as principal gate keepers of water

Lewin (1947, p.145) asserted that “understanding the functioning of the gate becomes equivalent to understanding the factors which determine the decisions of the gate keepers.” In this study, the key channels refer to water sources from which water is collected. Lewin (1947, p.145) observed that “gate sections are governed either by impartial rules” or by “gate keepers” (original quotes). Therefore, the gate keepers as the human resources who govern the gates to water management determine how water gets to the household. In this study women as principal gate keepers engaged in an intense decision-making process toward ensuring water availability within the home. They also participated in group activities at a community level. Their decisions were influenced *inter alia* by the acceptance of their prescribed role and a need to live up to expectations within that role.

6.2.1 Channels to water

In the village of study, water came to the village through ‘channels’ (Lewin 1947, p. 144). The most important channel was the communal (public) water sources. A segment to this channel of water included ponds, spring, open wells and shallow wells. The predominant factor about the communal water sources was their locations in the valley bottoms, while the households were up on a hill. The topography made water transportation to the household challenging for the women and children. The segment of the open wells was dug by the community while the shallow wells were provided by the government and NGOs. Another channel to water was through harvesting rainwater from the roof tops household (private). Most households collected rainwater, though the amount harvested was predetermined by the type and size of the roof on the house. Another segment to the channels involved collection and transportation of water to the household. Water was collected in plastic jerry cans mostly, carried by children and women. The channels to water were influenced by “states of affairs or to significant happenings” (Lewin 1947) which were mostly seasonal in nature. For example

the arrival of the rainy season is an example of a “significant happening” vis-à-vis water sources. The availability, or not, of adequate jerry cans is an example of how “a state of affairs” influenced water collection. In addition, factors or variables such as the age of the woman and her stage in the life cycle and the number and age of children, determined water collection, how much, and by whom. The processes of water storage and water usage are parallel arms to water management which fit within Lewin’s notion gate keeping. The women as the main gate keepers were responsible for organising activities around water management. The women made decisions as regards collection of water which was the first activity of the day. Within the household, children, organised by the woman (gate keeper), were the key collectors of water for the household. During the early days of my fieldwork, I wrote the following notes in relation to water collection:

It is early morning around 06.30hrs as I walk to the spring; I meet children, girls and boys (6 to 10 years), carrying jerry cans. As I approach the spring, I notice other children walking back home carrying jerry cans of water on their heads.

On the same day at 13.00hrs, I went to another water source but did not find either children or women collecting water at this time.

In the evening at around 19.00hrs, as I walked back to the spring, about ten children bypassed me running with containers to collect water.

(Fieldnotes, 20/10/10)

I experienced this scenario happening on several occasions during my stay in the village of study.

Apart from the gate keeping role, women also acted as collectors for water. They organised the containers - jerry cans - according to the ages of the children, to ensure that they would manage to fetch and carry the water from the source to the household, or they collected it themselves. Containers were the principal hardware of water collection and storage for which women had to rely on the finances being made available by their husbands/partners. The availability of the containers depended on the social relations between the men and women, who eventually determined the amount of water available to the household members (see also gender and gendered roles in Chapter Seven).

Once water was at home, and the collection was completed, decisions around the parallel arms for example that of usage and storage, began. As well as using water for cooking, drinking and hygiene, water was used, recycled or reused for different purposes, such as

washing clothes, and reused to feed animals. Likewise, water was also stored for the men. This entire process is referred to as water management in this study. Ms Adela an elderly woman in the village of study said that:

Water is the reason we live as women; it is precious, but limited and difficult to get! It makes us work like donkeys. There are many problems to water: containers, time, distance, and money as well as [the] other activities [we] have to do. The amount, colour, taste of water helps us to decide how we use it.

(Fieldnotes, 23/03/11)

This section describes the process of how water gets to the household. It highlights the significant role played by women in coordinating activities around water collection. Children are recognised as critical collectors in getting water to the household. In summary whereas the literature puts an emphasis on women fetching water - the situation in the community of study is different. The burden of fetching water falls on the girl and boy child though at varying levels. From observation, the women manage the process of water collection, but involve themselves in the actual collection of water once in a while as most of the collection is done by the children. It is worth noting that there are patterns of forces (Lewin 1947) which occur and influence the water management process. These patterns are explored further in the following section.

6.2.2 Patterns of forces

Within the household, water was managed by the women to cater for the household needs including nutrition, hygienic-health behaviours, and socio-economic purposes. In order to gain an understanding of women and water management, an in-depth analysis of the events that influenced water in and out of the household were explored. This involved a consideration of the factors which determine the flow of water “into and through the channels.” There are patterns of forces³⁰ (Lewin 1947) that emerge during the water management process. These are manifested as the main the forces to water collection from the source, to the household and water usage. These include social, physical and economic “forces which influence the person who” manages the collection of water (Lewin 1947).

³⁰ Factors that hinder or facilitation water management

In the village of study, social forces such as the education status of the woman in society, the stage in the life cycle of the woman, the number and age of children in the household able to collect water, determined the capability for water collection and managing water issues at household level. I observed that the women who had been exposed to some form of education had a better sense of self and were more empowered to manage resources and water issues including personal hygiene at the household level. As regards the life cycle, the elderly women had limited capacity to carry water; while the younger women collected water on a daily basis. Water is attractive but it needs to be collected. The water collection becomes a “conflict situation” (Lewin 1947) as regards the purchasing of jerry cans which are a major conduit for collecting water. Some opposing forces may arise from a lack of readiness to spend a certain amount of money to purchase the jerry cans etc. Furthermore, inadequate containers for water collection, result in having less water for home use, and hence lead to conflict within the household social relations. Other activities of the season, such as, school term or holiday time, planting or harvest season become major variables that determine the forces behind water collection. Circumstances of water collection and management were not static. In other words, forces “vary in intensity and polarity; they could be either positive or negative” (Shoemaker et al., 2001, p.233). For example, proximity of a water source was more important for the women than access to clean hygienic water.

Ms Teo an elderly woman said:

The water from the pond is not good for drinking and cooking since cows also drink from the pond. This could bring with it illness/disease risks. However, because it is nearer to the households we mostly use this water to avoid long distances to the spring which has cleaner water.

(Fieldnotes, 10/02/11)

The status of education of the woman seemed more significant than the number of children she had vis-à-vis the management of water collection. For example, educated women, such as teachers, could plan better for water collection by purchasing additional containers or buying water from the vendors. Because water does “not move by itself” to the household, the patterns of forces around water collection become critical (Lewin 1947). The gate keeping theory illuminates an understanding of water management as the process through which women gained (or not) access to water i.e. collection, usage and storage for their social role performance. Within the process of gate keeping towards the provision of water, patterns of forces determined the course of particular events at any given time. For example, when many

people were at a water source at the same time, long queues resulted in big conflicts. The situation was exacerbated in this village by the sharing of one of the most reliable shallow wells, located at the boundary of the community, with two neighbouring villages. In the dry season, queues became longer at this well and women got more involved in water collection at this source in order to protect the children from a situation named '*Nsindikanjakke*' which means "push me and I will get lit or fight." The confusion was usually occasioned by young men (mostly water vendors) who forced their way to the water pipe, especially at the spring with disregard of other people who came to the water source before them. This made it difficult for the children to get access to the water. At this significant happening, many women engaged in water collection on a daily basis due to safety concerns. The engagement in water collection at this critical time affected the rest of the work schedule for the women.

Drought is a significant happening in the cycle of gate keeping; it exacerbates the key role of managing water in the home and outside the home, and aggravates patriarchal behaviours. The dry season certainly leads to increased difficulties around water. I observed a desperate situation of tension and confusion at the spring after which I wrote the following fieldnotes:

At 07.30hrs, the men were pushing their way to the spring water pipe, shouting, while the women and children looked on as they waited for the situation to calm down.

The children get more affected by the delay. When such delays occur, the women become anxious for the children to get back home in order to get ready for school. In such circumstances, less water is collected and activities such as cooking and bathing are delayed due to insufficient water.

(Fieldnotes, 12/06/11)

The channels to water become more difficult to access during the drought. Moreover, the water collection process is worsened by the patriarchal behaviours and masculine dominance which are external forces at the wells. At this time, there was an increased role for the women to ensure safety for their children from the fights and pushing at the water source.

The women had to adapt to the seasonal patterns. The dry seasons (January-February and June-July) were characterized in this village by scarcity of water due to the decline in the water table. The drought led to socialized patterns of behaviour vis-à-vis water collection. During the rainy season (March to May and August to November) most homes in the village harvested water from their roofs into small tanks and containers such as basins and

saucepans. Rainwater tanks were also used where available and people with rainwater tanks freely shared water with the neighbours who were in need of water. Ms Naaka an old woman in the village who was living with HIV/AIDS spoke about the benefits of rainwater harvesting:

The rainwater tank³¹ is one of my most valuable assets leave alone the comfort of living in a brick laid house with an iron roof. This illness robbed me of my ability to do work for myself. Having water within the compound has made me live longer. I cook and eat on time. Bathe when I want, but also my neighbours and friends collect water from the tank. The neighbours collect between 20-60 litres per day. The amount collected could be reduced or increased depending on the rainfall pattern. My immediate neighbour fixes problems such as straightening the gutters for free. Some rich people built tanks in their homes and the government through the sub-county provided five tanks to the widows and elderly, but we need more tanks in this village.

(Fieldnotes, 03/02/11)

A review of district annual reports for 2012/13 FY has shown efforts by districts and NGOs to support women and vulnerable groups to access water and sanitation services e.g. Support for the Elderly and People living with HIV/AIDS for construction of rainwater tanks was done in Sheema district (MWE 2013, p.184). The goal of the strategy is to empower women, men, and vulnerable groups through ensuring equity in access and control of resources in the water and sanitation sector leading to poverty reduction (MWE 2013, p. 182).

The availability of water in the compound makes living with a diagnosis of HIV/AIDS easier for this woman. The community collaboration/cohesion in the sharing of water provides a sense of relief and comfort to the women and children as compared to the community conflict when water is scarce; living safely without fear or conflict is part of a healthy environment. The sharing of rainwater suggests a sense of community caring and translates into a reduction in effort with regard to the task of collecting water and an increase in the amount of water available for the women to perform domestic roles. The availability of water frees up time for other necessary domestic chores.

³¹ A few tanks were provided by individual households while others were obtained with support from the local government and NGO initiatives as part of the holistic integrated package for vulnerable women living with HIV/AIDS, and for widows.

Mrs Byamugisha said:

I am able to wash regularly and cook food on time since the water is next door. If I get the water easily, I do my work easily and faster which allows me to engage in other activities such as weaving mats. My children also get time to play or rest.

(Fieldnotes, 26/05/11)

Sharing of water was a powerful tool used to communicate the symbol of friendship within the village. It also demonstrated reciprocity and gift exchange.

On the other hand, the rainy season too increased the pace at which the women carried out their roles. The women struggled to utilise the water opportunity given the inadequate containers for storage. Bigger conflict situations were more likely to be associated with “sociologically characterised forces” (Lewin 1947), including gendered roles around water management. Traditionally, in this society, it was the role of men to provide containers for water collection and storage. However, increasingly women are taking up this role where men have not adequately fulfilled this obligation.

It was noted during my fieldwork that the gendered “division of labour between men and women” created patriarchal tendencies and influenced the power relations in decision-making around water. It is important, therefore, to understand the socio-cultural forces which influence women in their role as gate keepers of water within the home and the community. The issue of gendered roles and gender division of labour are explored later in this chapter and later in Chapter Seven.

This section has explored the concept of patterns of forces within the gate keeping process of water. The main variables, which are physical and social, lead to the forces that influence the water collectors (women and children) hence, determining the water availability in the household. The conflict situations that arise from the sociological forces mostly resulted from culturally constructed gendered roles around water management. The next section will explore the concept of channels as a key element within the gate keeping theory. Women and children as sub-channels within water collection will also be discussed in more detail.

6.2.3 Transportation of water

In the village of study, the children and women were the key collectors of water. Transportation and the efforts involved in carrying water from the source to the household was dependent on the location, accessibility, reliability, time when water was collected, and by whom, and availability of containers for collection and storage. In relation to access to the water sources, Ms Agatha said:

The geographical location of the water sources in valleys is not convenient for the women because they carry heavy jerry cans uphill (steep) which is strenuous/ tedious due to heavy weight and long distance especially for the pregnant and the elderly. The elderly seek assistance from neighbours for water collection. Water collection also affects school time for the children. Water vendors also made a provision to subsidise the charge for the elderly from the rate of UGX³² 300 to UGX 100.

(Fieldnotes, 14/02/11)

The geographical location is an intense force that influences the women's decisions as to where to collect the water, which in turn determines what water they will take and the quantity collected. Age is also a major factor which influences ability to collect water for household use. The elderly do not have the ability to carry water and to walk long distances. It was also observed that trips to the wells interfered with the women's capacity to manage the home and to engage in other activities effectively. The women weighed up the force related to the time of transportation which ultimately determined the source from where water would be collected. Distances to the water source and the lifecycle of the women were major forces that determined water collection.

The need for a sustained water supply, and one which was easily accessible all year round, led to water management which was multifaceted and which had many forces behind it. The forces mainly resulted from the gender and social norms that existed in this village of study. Among the key forces were the gendered social constructs of water management which placed huge responsibility on the women with regards to the procedures of water management. Women were culturally and socially responsible for domestic water while the traditional role for men centred on maintaining the wells (community) and the provision of

³² UGX = Ugandan shillings. The average income per household is based on a full day's work in the garden, is UGX 3000 (equivalent to less than a €.)

receptacles for water collection and storage within the household. As key gate keepers to water in this village, women were responsible for organising around the substantial daily water collection. Water collection involved travelling distances to the water sources, carrying the water uphill from the valleys, and negotiating conflicting time patterns between school activities and other occupational and social pursuits.

It is worth noting that aside from the practicalities of water collection, availability of water was largely influenced by both the individual's action and group action within this village. In society, both individual and group actions influenced each other (Blumer 1986). Actions are considered as theoretical components of symbolic interactionism that can be used to develop an understanding of the gate keeping role women play with regards to water management. Symbolic interactionism is more than a prescribed action; it accommodates and creates social experience. Thus, how the women responded to the prescribed action is also important.

Mrs Kafeero said:

There is low expectation of men's participation in collection of water for domestic use, thus women take it up to organise without any question. Where men participated; it was on a voluntary basis and not an obligation.

(Fieldnotes, 16/04/11)

In an interview with Mr Juma a local leader, he attested to the water collection situation:

A man to carry water in this typical rural area is difficult; people will say he has been bewitched by the woman. The perception and attitude of fellow men is negative around domestic chores. I usually carry firewood for my family and people question whether I am a real man. As women are labouring in gardens and struggling with water issues, their men are drinking alcohol. The men know that traditionally women are responsible for water issues in this village.

(Interview excerpts, 20/10/11)

The fieldnotes suggest the sense of control that men believe they have as an entitlement vis-à-vis household management, but without the responsibility of the physical labour associated with household management. This situation illustrates gendered roles within society/household and their power to control and to disempower. In addition, human beings, in the case of this study, women, do not just respond, they act, and, in so doing, they construct social action; for example the women's submissiveness around water, contributes to their reality around water.

Ms Siita said:

I have to organise collection of water for my family because no one will do it. I cannot cook or wash. Everything remains undone until I get the water. I end up doing it at all cost.

(Fieldnotes, 05/06/11)

This section has presented the role that women play as gate keepers and children as the main collectors of water. A number of patterns of forces which include social, physical and economic determine water availability at household level. The education status, stage in the life cycle and number of children affect the gate keeping role of water management in this village of study. Accessibility to the water sources and their reliability influence the amount of water available to the household members. These resonate with the notion of symbolic interactionism which focuses on the meaning that the individual and group attach to things that surround them (Blumer, 1986). Hence, symbolic interactionism illuminated an understanding of women as gate keepers vis-à-vis water management in the home. In the following section, the constructs of symbolic interactionism and gate keeping are explored further based on a critical incident I observed during my fieldwork.

6.3 First Critical Incident

As a participant observer who interacted with the community members in this study, I became actively involved in water collection, carrying the water and sharing in its use within the households. I also observed the everyday activities around water. My involvement allowed me to see, and directly practice first-hand, the decision-making and the experiences of water use at household level. In order to situate my discussion on women and water management, I present, from my experience, one critical incident. This critical incident is an ethnographic moment; the story of a people (Wolcott 2002, p.25), and one which grasps the insider or other's point of view, what Malinowski (1922, p.25) refers to as 'the native's point of view.' The incident refers to my first meeting at a household with a woman who shall be called Senga (real name withheld). Senga was twenty-eight years old; married with five children - she conceived and had her latest child while I was in the village. In order to relate this incident I draw from my own fieldnotes:

As I arrive at 15.00 hrs, Senga returns from the plantation; she is delighted to see me and offers me a wooden stool. The compound is littered with rubbish (banana leaves, tomatoes and onion peelings). She rests briefly before embarking on household chores e.g. washing utensils, preparing food and feeding animals. The jerry cans for collecting water are spread in the compound, stained with mud on the surface (yellowish brown) and the inside is clogged with a green lining. Cleaning of containers is a task usually assigned to women and children (>7 years).

JM: How is the family and work?

Senga: We are well, busy as usual.

Two of her children (boy seven years, girl nine years) arrive from school. The children have ringworm in their heads and are walking barefoot. They remove their uniforms which are very dusty.

Senga says:

Muleete yinifoomu nzooze mangu zikale which means quickly take off and bring the dirty uniforms for washing so that they dry up.

She washes the uniforms using about two litres of water in the basin. She gets another two litres of greyish water for rinsing the uniforms and then spreads them on the drying line.

JM: Why do you have to wash the uniforms at this time?

Senga says:

If it were not for the school uniforms, I would not wash because of the little water available. I give priority to washing the uniforms to make sure my children are not sent back home because of dirty uniforms.³³ I cannot afford to wash the other clothes as desired due to lack of water.

She gets a sponge and washes mud from her feet while stepping in the basin. She scrubs the feet slowly and carefully to make sure the water remains in the basin.

JM: I can see you are stepping in the basin...

Senga: says: "*sisubwa yadde nettondo kuba gonna ngakozessa.*" This means, I cannot afford to miss a single drop because I use all the water.

Senga goes on to say:

Water is my biggest problem; can't you see how I am using it sparingly? My priority of water is cooking, drinking and washing the uniforms of my children. I ration and reuse the water.

Senga collects the water left over from the washing and cleaning of her feet and asks her daughter to keep it for her pigs. She says, "My pigs will go thirsty if they are not watered.

At this point, I realized that the issue of water quantity seemed to matter more than the quality of water because I saw Senga rinsing the clothes in greyish water. This prompts me to reflect on how much water is used for bathing, and what implications this has for personal hygiene.

³³ Every week, primary schools conduct health parades to check personal hygiene of the pupils.

As Senga carries on with her household activities she realises she is running out of water and she says:

I cannot send my children to the well this time (15.30 hrs.) it is very hot! They will go at sunset. (Children mostly collect water in the evening after school). Water collection is tiresome due to the steep slopes. My house is about one and half kilometre from the nearest well. I never have enough water to adequately cater for all the family needs such as bathing and washing.

She goes on to say:

However, during school holidays, children spend more time at home and hence collect more water. This reduces the pressure of rationing and enables me to attend to cooking, washing, weaving mats and other domestic chores without having to worry about water.

(Fieldnotes, 15/01/10)

In these fieldnotes, the main features derived for further discussion are the decision-making and intensity of engagement by this woman in water management. Senga's actions and words demonstrate that women are the principal gate keepers to water. In addition, it prompted me to consider issues such as: gender and patriarchy; the socialisation process; and power relations as regards water management where gendered roles and feminist perspectives helped to illuminate an understanding of water management.

6.3.1 Reflections on the critical incident

At the time of this critical incident I had limited knowledge to facilitate an understanding of Senga's decisions around water use. Later, I reflected on Senga's actions and words in order to make meaning of why she acted the way she did around water. Senga asserts her decision-making power which is an act of "resilience and adaptability towards [her] life tasks" (Phillips 1997, p.282). The critical incident illustrates the complexity of decision-making in water management within the home and how this complex decision-making process determined how and when the gates to water within the household were opened. These tasks, related to necessity, on one hand linked with her compliance to expectations of womanhood and on the other hand to her motherhood, as are explored later.

The elements of this critical incident prompted me to search for more knowledge with regards women and water. Agar (1986, p.18) argued that ethnography is neither subjective nor objective. It is interpretive, mediating two worlds through a third." He further asserted that, the "contexts of [actions] include the social setting, the participant's long-standing traditions and the researcher's tradition" (ibid, p.18-19).

Agar (1986, p.18) described tradition as “simply a short hand term for the resources available to make sense out of the experience.” Both traditional kind of occurrences are considered as those that focus on “*naturally, ordinary events in natural setting*” (original italics) and analysis of the events provides a “strong handle” on what ‘real life is’ (Miles and Huberman 1994, p.10). Thus, a consideration of the social context was necessary in order to further understand Senga’s actions. The events which took place prompted questions for me and influenced subsequent observations and conversations that I had out there and back from the field. I made an attempt to deal with these questions strips as new way of looking at things - resources available (Agar 1986, p.18). Some of the strips focused on: identification of the roles of women, the role of men and children with regards water management; discussion of water issues within the household; participation in water activities; responsibility for household hygiene; explanation for the existence of ringworms; role and responsibilities of cleaning containers; responsibility for cleaning the compound; effect of seasons on water-related activities; influence of community on individual members and the multiple use and allocation of water at the household level.

While in the field, as noted previously, I drew on the philosophical underpinnings of symbolic interactionism in which Blumer (1969) stressed that group action influences individual action and vice-versa. In this first critical incident, group actions needed to be taken into account in order to make meaning of Senga’s actions. This was done by exploring and interpreting the symbols, gestures and language the people used to lend meaning to the social life within a social setting. I will explore these issues in detail later in this Chapter and in Chapter Seven.

6.3.2 Discussion of and insights into the first critical incident

As a result of my observations of and reflections on the first critical incident, I realised the preciousness of water and its centrality to the everyday life of the people in this household. Water availability in this village was influenced by both internal and external factors. Internal factors related to the many competing needs for water, the planning and decisions around water and how it was managed. External factors include the different seasons, distance to the water sources and the condition of the sources, and the size of population which draws water from these particular sources. In the incident, the symbolism of water was reflected in the decisions and actions with regards water by this woman. Senga had to make choices with

regards how to use the available water, the amount for each activity and a conscious decision to reuse the water for various activities including watering the animals. Senga reflected her sense and role as a mother and woman in the home by prioritizing the water-related activities to meet the needs of her family. I recalled that in my early days in the field, Mr Tenya a resident in this village of study mentioned that:

Culturally, water is one of the key elements that define a woman. Everyone knows that the responsibility of water lies upon the women. It is their duty to carry out the domestic work which requires water, or else women lose importance in society.

(Fieldnotes, 10/11/10)

These comments expressed by this man demonstrate evidence from the male participants of the role of women in this society which reflect the existence of both a prescribed role and a socially constructed gendered role around water in rural Uganda. In this village of study, culture puts the onus of domestic work on women and water collection is one of the core activities expected to be performed. The men are supposed to be the breadwinners and, hence, engage in activities of economic value which are mainly carried on outside the homestead. Therefore, the men were not expected to engage in domestic work.

Household activities in relation to water such as the washing of the uniforms as prioritised by Senga, is a significant happening which shows a sense of conformity to the school authority's expectation that children wear clean uniforms. But, it also demonstrated an awareness and concern with regards to how children were seen in the wider community. Senga is responding to the actions and reactions of others and, her decisions on how to use the water dictate the type of actions she will take e.g. limiting the washing to the minimum in order to maintain a sense of conformity, while at the same time managing limited resources. This desire to conform and to meet society's expectations increased pressure on Senga in managing the scarce water so as to maintain balance with other domestic needs. The water scarcity dictated that the woman can wash her feet only and even then, only in grey water. Senga's actions of washing the feet, and uniforms, but being unable to take care of the total hygiene of her children provided limited meaning to me at first. However, on further analysis, this incident showed the influence of water management on the health of women and that of their children. The woman wanted to keep clean, but the insufficient water constrained her from washing her body and those of her children properly. Through her actions and choices, Senga tried to fulfil her gate keeping role to determine how the water was used for hygiene purposes,

however, as an individual, the school decisions had a particularly great influence on her behaviour.

The features of this critical incident suggest that scarcity of water in the household influenced hygiene and sanitation behaviour as well as the extent to which women engaged in decision-making which encompasses and involves making priorities around water collection and utilisation on a daily basis. The cycle of water use within the home suggests patterns of behaviour around water that need to be explored further in order to appreciate how these behaviours influence, or not, issues relating to sanitation and health.

The scarcity of water presented a burden of health behaviour as it restricted the women's ability to wash properly. Failure to wash properly on a regular basis is poor health which is seen as inability in terms of role performance and not as a mere absence of disease. These factors indicate that ability for role performance is a health issue from the socio-cultural dimension (Smith 1983). Senga is performing her role, albeit within the confines of limited water supply; she displays an ability with regards to health to adapt to the conditions dictated by the environment (i.e. limited water availability) which can be viewed within the notion of health (Smith 1983). On the other hand, Senga was limited in her role performance when it came to the full spectrum of hygiene practices; she did not have enough water to engage in full hygienic practices with her children. Hence, Senga's inability to be the mother and homemaker that she would like to be (as one who can provide adequate water for hygiene and general home use, on top of other domestic chores) had health implications which also imposed limits on the woman's self-actualisation. The limited self-actualisation, seen from the health perspective, relates to the constant struggle by the women in water management which restricts attainment of their full potential. In this case, Senga's ability to perform her roles with regards hygiene practices was reduced because of forces beyond her control. There is disempowerment as regards limited water, which is based on other forces which can be socially dictated e.g. the school values around clean uniforms and clean feet of the children.

The intensity and polarity of decision-making that is required necessarily leads to some degree of compromise vis-à-vis hygiene practices, and also Senga's own sense of wellbeing as the vignette below suggests:

I return home late after gardening, at times I spend the day with the mud on my feet and I wear the same clothes for a week. I feel unclean, but I have no choice. I keep the little water I have for the children and husband who need it most since they leave home and meet many people.

(Fieldnotes, 20/10/11)

While Senga gives priority to her children, another woman said:

It is not uncommon for many children go to school without bathing. Some may spend a week without bathing. My own children often wash the feet and not the whole body due to lack of water.

(Fieldnotes, 17/03/11)

The women were constantly constrained by the limited water supply, having to ration its use, as well as to plan for the next replenishment, all individual actions, while at the same time address group actions, such as those of the school vis-à-vis hygiene inspections.

The water management task was hugely time consuming and particularly contentious; e.g. at household level, if the men's water needs were not met, the potential for domestic quarrels and violence increased as Mrs Kiguli said:

My husband's water needs must be met on a daily basis. I ensure that sufficient water is stored for him to avoid quarrels. Even the children know that there must be water specifically stored for their father.

(Fieldnotes, 22/08/11)

At society level, if the children were not clean enough, the blame was apportioned to the mother. Commenting on the hygiene of one pupil, a primary school teacher said, "This child has ringworms which reflect her mother's negligence and poor hygiene at home."

This statement by the teacher indicates a challenge of attributing poor hygiene of children to the mother given the limited availability of water at home which did not permit proper washing of the child. The women remained powerless as a result of the limited water to allow them perform roles around hygiene. Ms Goretti said that, "men were not involved in the hygiene awareness programmes run by the government and NGOs."

This situation rendered the men powerless. The "powerlessness" pushed men to abdicate their responsibility with regards water management and hygiene, to the women. The powerlessness

emanated from the limited involvement of men in hygienic-health awareness programmes. Besides hygiene, there are other concerns which require decision-making around water throughout the day. For example, Senga plays her maternal role against the backdrop of water. She shows care and protection for her children when she is mindful of the hot season which is a significant happening.

Specifically on this issue, Senga said:

I know it is difficult to carry the jerry cans uphill, one gets thirsty; the walking speed reduces; in this hot season snakes are very common around the wells as they search for water. Besides, if the children get so tired, [they] cannot assist me with other household chores such as sweeping the compound. The children sleep without bathing or taking the last meal.

(Fieldnotes, 20/10/11)

She is also mindful of the need for her children to rest since they have just returned from school. Though she may also want her children to live in a clean domestic environment there is litter around the compound. Senga expresses that as a consequence of water demands, other elements of the women's lives and caring for their families are compromised. Even after the water was taken home the women still had the task of rationing the water for the numerous activities, a process referred to as "segmenting the channels into parallel arms" (Lewin 1947, p.144). The parallel arms are reflected by Senga's actions of rationing water between the different domestic needs which included: washing school uniforms for the children to appear clean; washing clothes that are normally reused several times for farming work; bathing which takes place once a week; cooking; drinking; watering animals which are kept for income generation; and recycling of water. Hence, segmenting of water involves a process of supply and demand. As a means to survival Senga uses the little supply of water sparingly, under conditions of high demand and hence 'every drop counts.'

These constant water-related endeavours left little time for the women to engage in development activities and to work towards self-actualisation. Senga further emphasised this by saying:

We negotiate how much water will be collected, when to collect, who will collect, how to store it, how to use it. *Mukazzi munnange, tukola ngabulogoyi* [we are woman to woman, we work like donkeys.]

In summary, the women have to make choices about priorities for usage of water. The top priorities for the use of water are cooking and drinking. Water usage is not just about what it is used for – cooking and hygiene - but also about the volume used. Water is always used sparingly and it has many cycles of use within the home. The consequences of ever competing priorities around water use influenced health behaviours of the women.

My experiences of this critical incident prompted me to explore the local context in which women operate and within which they were expected to engage in the chores associated with water, hygiene and sanitation. In addition, there was need to explore how they learned the necessary skills and what social and cultural factors enabled or prevented them from engaging in those skills required for healthy hygiene and sanitation behaviours. In the following chapter, an in-depth exploration of the social life around water in this village is explored from a gender perspective.

CHAPTER SEVEN: GENDERED ROLES AT HOUSEHOLD LEVEL

7 Introduction

This chapter builds on the critical incidents described in the previous chapter to provide further analysis of, and insights into the socio-cultural issues with regards gendered roles, gender division of labour, patriarchy and power relations with regards women, water and health. This study specifically explores health beyond the presence or absence of disease toward a more holistic understanding of women, water and health from a socio-cultural perspective. This ethnographic endeavour explores accounts of the cultural complexity of water management faced by women, as prescribed by society, where society places high expectations on women who have limited decision-making power. The tasks associated with household water management, including water collection, usage, and storage are explored in the context of the key elements of planning, co-ordinating, decision-making, and negotiating which underpin these tasks.

7.1 Gendered roles of water

Water management in rural Uganda is not gender neutral. In her study of gender politics and parliamentarians in Uganda, Tamale (1999, p.28) asserted that “the gender concept exerts a major effect on individual and social interactions, many feminists now view it as a social institution.” She further illustrated that gender as a structure is so pervasive that it orders the social interaction between female and male legislators (Tamale 1999, p.120). In the historical review of gender in the [central region] in Uganda, Nannyonga-Tamusuza (2009, p.367) argued that:

Gender is a construction and that the gendering process, based partly on biological factors and partly on arbitrary and cultural traits, relates dialectically with the social, cultural and political forces that shape...society.

The gender roles and responsibilities, as culturally prescribed by the local society in the village of study, played a significant role in water management within and outside the

household. The “collective social and cultural forces that shape the gendering process are structured by relationships with each other” (Nannyonga-Tamusuza 2009, p.367). In this village of study, water defined masculinity and femininity within the household, whereby masculinity symbolised manhood which is associated with status and power, given the influence of patriarchy in this society while femininity symbolised womanhood and subordination. For example, Senga said:

Once a man marries a woman, he has got a donkey to collect water. Even the woman submits to this expectation since this is the practice which she has grown up observing. There is no question about this and no one is surprised to see it happening.

(Fieldnotes, 02/03/11)

The historical, socio-cultural forces around water therefore merit exploration. These forces are presented in the next section from a gender perspective; and the prescribed gender roles, as inculcated during the socialisation process are also explored.

7.1.1 The socialisation process and water

As part of the socialisation process in this village in Uganda, a girl-child is initiated into the key activity of water collection. This process prepares the girl-child for a role as wife and mother, responsible for the family’s domestic chores.

An elderly woman narrated:

Omusajja bwakunyiiza oghenda ku luzzi oba obatikka amazzi mukamwa. If your man upsets you, go to the well or fill your mouth with water.

I was warned against arguing with a man. Going to the well helped to keep me calm. By the time I came from the well, I would have forgotten about the issue and carry on with my housework. The advice I got as a girl helped me to live well with my husband. Water means everything for us as women.

(Fieldnotes, 08/02/11)

The expectation of a woman to collect water is also embedded in some traditional ceremonies. For example after one week from the wedding day in this village, a cultural ceremony is performed by the mother-in-law. She officially hands over her son to the bride – referred to as “to get the bride out of the bedroom.” The bride is given a basket, knife and traditional dress signifying that she has come to cook for the family. Through such rituals, she is socially and culturally prescribed to her domestic work and her space as a woman is

defined which, in turn, is mostly water-related. Cultural factors determined roles played by men and women; hence they contributed to patriarchy and dominance with regards water management in this village of study.

Tamale (2006) observed that, the notion of Ssenga is such a respected and important role which inculcates the gender role of the woman in the Baganda culture in Uganda. Ssenga plays a big role in institutionalising the patriarchal power in this society. She is the paternal aunt whose role is to prepare a girl (her niece) to be a submissive wife in the Ganda culture in central Uganda.

It is such cultural factors that determine roles played by men and women; hence contribute to patriarchy and dominance with regards water management. As part of my observations during my fieldwork, I realised that many of the women were born, grew up, and got married in this village. As young girls they had been involved in water issues right from an early age as the role of collecting water was generally delegated to children from the age of four. I observed that the children began in these early stages of life, to develop life-long attitudes towards themselves, also referred to as the “socially ascribed – and prejudicial – meaning to gender” (Kiyimba 2005, p.253). Furthermore, I observed that water collection was made more manageable for the boys through the use of bicycles, where they existed. This is another gender-related behaviour that is strongly rooted in this village since culturally, in this village; it is taboo for a girl-child to ride a bicycle.³⁴

In the village of study, as the girls mature into womanhood, they continue with the role of water collection to meet the household water needs. However, the boys at 18 years and above start to engage in income related activities such as carpentry, brick making and small trade.³⁵ Ultimately, the collection of water is left to the women and girls, making it difficult for the women to adequately perform their other roles such as agriculture and domestic chores which are not just associated with being a wife and a mother, but with being a woman.

³⁴ The culture in this village oriented the girl-child to keep her lower part of the body covered/hidden. Hence, girls do not ride bicycles due to privacy instilled in girls in Ganda culture which starts during socialisation. This explains the long traditional dress that is worn in this part of the country. Riding a bicycle would expose the girl-child's lower part of the body. In eastern and northern Uganda girls and women ride bicycles, a situation which confirms that culture is context specific. In this village of study, many cultural changes had occurred due to the immigrants who had settled in this village, I observed a few women riding bicycles, though not for water collection.

³⁵ Sale of coffee, bananas, poultry

I observed that children spent a lot of time with their mothers at the wells, in the home and in the gardens. At this time, the mothers nurtured and trained the girl-child and transferred to them life skills for fulfilling domestic chores such as cooking and washing.³⁶ The boys in this scenario mostly got involved in cooking activities for the sake of learning what goes on in the kitchen and for fun. In a conversation with a Mrs Bunja a woman's group leader, she said:

In this village, boys are involved in water-related tasks as they too collect water and carry it home, on a bicycle, where one is available. The boys participate actively in water collection up until about the age of eighteen, but after this age most boys are becoming men and preparing to become heads of households (manhood). Some men assist women with water issues when they are newly married, but they gradually disengage from the water collection as they carried away by activities which are defined for men.

(Fieldnotes, 20/10/11)

This cycle of the divergent roles continues when the boys leave their parents to make their own homes.

Role performance for women, as gate keepers of water, was at the expense of the self and the potential for self-actualisation. The fulfilment of gendered roles, using the example of women and water, illustrates how prescribed roles for women within society can be at the expense of the individuality of the woman. The gender and socialisation of women in this village influenced the gate keeping of water from generation to generation. The women became the gate keepers in determining how water got into the house and how the water was used and stored, depending on the significant happenings within and outside the household.

In this village of study, the role played by women as regards water management was culturally reflected in metaphors and songs surrounding water. One elderly woman said:

Since the women's final destination is in the kitchen, it is the woman's role to provide water for the family. I recall many songs and sayings we were taught as we were growing up such as:

Nagenda nenyabo e mugga eyo kalabanda... I will go to the well with my mother...

³⁶ The girls harvested food from the plantations with the mother; sat with the mothers on a mat; peeled food together; scrubbed dishes and saucepans. During meal time, the mothers served the food while the girls served the sauce. The boys mostly got involved in washing the plates after the meals.

She went on to say:

Omukazzi gwewampa afumba ewunye, mpaayo omulala. The woman you gave me burns food, give me another one.

This demonstrates that for these women, it is not just about water, but also the dispensability of women, particularly if they do not engage in their prescribed role.

She further described:

That whenever a child would be crying, she would sing this song:

Omwana akaaba... bamuwe kuchai... The child is crying; give her/him some tea.

(Fieldnotes, 16/06/11)

The mother has to be prepared at all times to cook tea for the child. So the mother has to look for water to make the tea. Therefore the gendered roles, as reflected through the training (songs and poems) in relation to water; get engrained in the children's lives. The songs focus on the woman's key role in water collection; there is no mention of the man as regards water issues. A consequence of early socialisation as a girl-child meant that women took on the responsibility around water management. Mrs Kityo commented that, "I have no choice; it is my responsibility as a woman to cater for the family's water needs" (Fieldnotes, 11/04/11).

The gate keeping of water suggests a submissive tradition which the women accept, in order to maintain their womanhood position in society, and despite the internal and external forces surrounding water management. Internal forces are within the household, for example, inadequate containers, and limited, if any, involvement by men in water collection. External factors include the location of the water sources away from the household as well as seasonal variations in water supply. The notion of submissiveness was described by Shadle (2007, p.334) as concentrating on being "good wives and mothers to care for their households." In the village of study, dissenting voices from women existed as regards the submissive practice in relation to water management. Mrs Kato an elderly woman said:

When I was getting married, my aunts advised me to ensure my husband is well looked after (feeding, washing), [to] maintain peace in my household by never complaining over anything and to keep quiet whenever he picks a quarrel, regardless of whether he has hurt me or not, never to go to bed before he returns, never to say no to his demand for sex even if you are not well... I am unhappy with the way men treat us in this community. They expect us to make them comfortable at home yet they do not want to give us money for the basic requirements! Can you imagine my husband refused to buy a new jerry can for collecting water, yet the only one we have is leaking! He told me that was none of his

business. How will I collect water for home use and reserve some for him to bathe. Even when I am sick he is reluctant to collect water for the family, yet the children are still young to go to the well. I have decided to ignore him and focus on feeding and cleaning my children with the little water I can get from my neighbour.

(Fieldnotes, 13/02/11)

In these fieldnotes the woman expressed a dissenting voice but she was essentially powerless to move beyond her situation. She did however move somewhat within her situation as suggested by her comment of ignoring the man. Within the gate keeping theory, she is suggesting some level of power as to how her role is managed in terms of the segment of gate keeping vis-à-vis the distribution of water.

A similar perspective of women's empowerment and dis-empowerment was expressed by a school head teacher who said:

Some women are better off staying alone. Single mothers have taken care of their children better than when they are with men or families where there is a husband and wife.

Most children from single mothers at this school are smart and well cared for. These women are involved in income generating activities and make time to do many things to earn a living. Single mothers budget for their time adequately without any need to cater for the men.

(Fieldnotes, 20/09/11)

In a similar conversation with another woman, a widow, I learned that she had lost her husband twenty years ago when she was twenty two years old. At that time she had three infant children. She did not get support from her late husband's relatives after his death. She would collect water by herself and engage in farming to meet the needs of the family. She became independent and did not rely on anyone for support. She said:

I had to find a way of surviving with my children. I always had little water at home most of the time. The children were too young to collect water. I suffered for a long time until they were big enough and able to fetch water. The men in this village are not supportive, women need to get used to the hard work to maintain their households.

(Fieldnotes, 05/04/11)

This woman had gained total control over the household and her decisions were not subjected to scrutiny by a man. She no longer had to make special provision of water for the man. Although she did not have a choice, a later comment by her suggests that despite the hardship of raising a young family alone, she felt more empowered and fulfilled as a woman:

I believed in doing all work around water and acquiring containers myself because I did not have a choice and I could not foresee any forthcoming support. I had to find my way out in order to for my children to survive.

(Fieldnotes, 22/08/11)

This woman was in a position to find her own power in a household devoid of a male head. However, the absence of support from the late husband's relatives when he died, suggested isolation at a community level with women being left to cope on their own.

Another woman said:

Where water issues are concerned, I do not expect much help from my husband. I cannot wait for him to provide containers or even to collect water. Water collection is my responsibility.

(Fieldnotes, 23/08/11)

While collection of water was women's work, the provision of jerry cans was the responsibility of the men. The women maintained their role of water collection while many men had abandoned their crucial role with regard to the provision of containers for the collection and storage of water. Thus, the availability, or not, of containers, became a crucial part of the system of gate keeping. A consequence of not having control over the supply of water containers meant that women faced an intense pattern of forces – their husbands willingness, or not, to supply plastic jerry cans – where they had little if any power. While the women in this study constantly related to the availability, or not, of water containers, Sorenson, Morssink and Campos (2011, p.1522) noted that the issues of water collection and storage containers as “a burden the women face” are rarely discussed in the literature. Critically the availability of water containers and the location of responsibility for their provision with men are key factors around water. Both of these factors can be key enablers or barriers to successful water management.

The jerry cans were important conduits within the gate keeping of water. In circumstances where men did not make available funding towards the purchase of jerry cans their reluctance to do so became what Lewin (1947) refers to as a ‘significant happening,’ which, within the process of gate keeping interfered with the collection, transportation and storage of water. Furthermore, in the case of water management, the absence of financial independence for women was a constant, rather than an ephemeral, reality, or state of affairs, vis-à-vis their gate keeping role.

One women's leader mentioned:

I think every woman should strive to work hard to earn an income to avoid dependency on the men. The women would then be able to buy containers and water when they need it. This would make life easier for the women.

(Fieldnotes, 20/10/11)

While financial independence was seen as a possible solution to water issues, the suggestion that women 'should strive to work' suggests a further burden or double oppression of women – to earn the money to buy the containers to allow her to fulfil her prescribed role as gate keeper of water. This example demonstrates how the collection of water cannot be viewed as being independent of the financial status of the home, and, in particular, the control of funding within the home.

In the village of study, I however, noted that there existed some few homes where roles, including that of water management, were shared between men and women, girls and boys. Discussions about family issues were kept open and there was mutual respect between the men and women. These families were highly respected in the village.

Ms Kiot a retired teacher in her late 50s noted:

I grew up with my maternal aunt who taught me how to use water sparingly; but I do not reuse dirty water. Water is never enough, but all activities are done well. My husband does not collect water, but he handles the children regarding water issues. Some men provide containers, while others do not care at all. Our relationship in this home has always been through understanding and we discuss issues together as a family. This gives me satisfaction and encouragement. The way people are brought up is different which affects how people behave when they marry. Both men and women learn behaviours when they are young. I used to collect water when I was younger and had just got married; my husband also collected water. We used to teach together in primary school. We would come back at the same time and agree on what needed to be done together.

(Fieldnotes, 07/06/11)

This example demonstrates that with some level of education and exposure, men acknowledged the significant role that women played in home management and they willingly supported their women in fulfilling their role around water issues. The women's

level of education too, contributed to a sense of self and helped the women to cope better with water management issues.

Similarly, there existed a young couple who shared roles around water.

The woman explained that water and hygiene were important issues which were discussed on a daily basis. The discussions helped them to organise around collection and use of water. I observed the personal hygiene and that clothes were kept clean; utensils were washed and dried on a rack while the compound was always well swept and the woman had time to participate in various village and church activities.

(Fieldnotes, 05/06/11)

Mrs Tofa who has a supportive husband said:

Where a man grows up in a family where roles around water are shared equally, that man is likely to get involved in water-related activities with his family in the future and vice-versa. Where respect and discussion existed within the households, men got involved in water issues with both women and children. The elderly men also are more involved in the planning around water. However, in this village, when men get much involved in water issues, people say they have been bewitched by the women to collect water. Also when the women do not collect water, people say they are difficult and are becoming big headed.

(Fieldnotes, 04/05/11)

These fieldnotes portray different scenarios in the village of study: that of gender equality in the households as depicted by the supportive husbands; and that of inequality which was prominent in many households where the men paid less, or no, attention to water issues. According to Ahlers and Zwartveen (2009 p.418), “in households, rights become embedded in wider intra-household relations and negotiations.”

Positive practices which one experiences during up bringing do influence behaviour around water. The support from husbands makes water management issues in the home more manageable, hence, offering space for the women to engage in other activities beyond the home, such as income generating activities. The socio-cultural expectations with regards the roles of men and women were major barriers towards water management in this village. The negative labelling to men and women associated with the supportive or changing water management roles were considered a deviation from the cultural practice in this village.

Women who were involved in income generating activities and women's groups coped better than the women who stayed at home fulltime. These women had been exposed to training in pig-rearing, chicken rearing and crafts.

Mrs Sempa said:

The frequent education classes we have in our women's group are very important. Before these classes, my life was not good. I only used to dig, collect water and cook for my children and husband. I now sell eggs, mats and get little money to meet some of my needs. I can buy water from the vendor if things go beyond my control and I fail to collect water by myself.

(Fieldnotes, 02/09/11)

The income obtained made women less dependent on men as it accorded them power to plan and purchase some containers or even to buy water from the water vendors. These women were more focused on the cleanliness of their homes and children. They participated in most village activities and found time to rest and to visit relatives outside the village. On the other hand, the women who did not benefit from such exposure remained powerless and fully dependent on their husbands. They spent much more time negotiating around water and thus had limited space to live and improve their life beyond water management.

Where women were educated there was evidence to suggest a more shared role in water management. The women who had attained a level of education were less likely to be submissive and, similarly, men who have education above primary level tended to appreciate the importance of supporting their wives with the numerous household chores. These women were passing on these skills and dispositions (socialising) to their children who would be future husbands and wives. The women demonstrated a sense of fulfilment and contentment about the division of labour around water in the household. They referred to nurturing as an important process that influenced the different attitudes, beliefs, practices and behaviours of the men and women around water later in life. The social relations within the household were a key internal force that greatly influenced how women managed water.

A final note on the socialisation process of water was the fact that the stage in a woman's life cycle greatly determined the demands and how women coped with water issues. The young

mothers had a heavier burden than women with older children, while some elderly people needed support from the partners, community or from their grandchildren.

In summary, the gendered roles of water that are defined during the socialisation process are engrained in the lives of the women from an early age. The roles influence what is expected, allowed and valued in women, based on the socio-cultural context. Inequalities are seen to be crosscutting in terms of water and water management responsibilities and activities assigned to and undertaken by men and women. The instances of shared water management roles, at household level that I observed, enabled women to better perform their social roles around water. However, much as culture is not static and is subject to change, and despite the occasioned shared responsibility vis-à-vis water, the dominant culture of water management in this village remained the responsibility of women. Though children were increasingly more involved in water collection, ultimately the women continued with the responsibility and daily struggle around water. In the following section, the different processes water management are further explored with an emphasis on children.

7.1.2 Children as key collectors of water

Children play a key in water collection and, as such, the women, as the key gate keepers of water, wake the children up early and organise the water containers to be used before sending the children to the wells. As noted previously, containers are critical elements to water availability in the home. Water collection involved decision-making; the first of the decisions was to prioritise water over sleep. The women and the children woke up early and remained sleepless in order to collect water. In this village, the boys and girls walked down to the water sources in pairs, or groups of three to five; they all came from the same place and were known to each other. Walking together created a sense of protection from harm for them in case of an accident and/or assault given the location of the water sources in the valley. In my time in the village, I observed the children helping each other e.g. where a container was leaking, they would try to fix it, while the older children assisted the younger ones to lift the containers to the head. Where the containers leaked, the children tried to plug the hole with a polythene paper or held a banana leaf by the damaged side to catch the dropping water and to avoid getting wet. However, in case of a leakage, considerable amounts of water were lost on the way home. The drawing of water was a challenge for the younger children. The inability of young children to lift the containers to their heads revealed that the volume of water was

heavy for the children to handle. The older children spent some time conversing before fetching water and continued to talk again on their way home. They generally talked about issues at school since there was increased enrolment with the advent of the Universal Primary Education (UPE). This is a government policy to provide free education to four children per family. This programme aims at increasing the literacy levels in the country. Parents have to meet basic scholastic materials such as books and uniforms. Events that occurred in the village, and at home, were also of interest to the children. The events included past and upcoming ceremonies; sports events at school; current affairs such as the election campaigns and peak harvest seasons. The timing for water collection before school meant that children were in a rush to and from the wells; they did not wash their bodies well not even cleaning the face properly. In most cases they would take their breakfast hurriedly or miss it. After school, the children were subjected to eat their lunches hurriedly before going to collect water. They were delayed due to the long queues because most people would have retired from their work to come and collect water. By the time the children get home, it is dark for the children to wash their bodies properly since the bath shelters are outside the house.

Children collected water as early as 05.00hrs, before school, and as late as 20.30 hrs after school. There was no doubt that carrying water was strenuous for the children; however, it did provide an opportunity for children to develop relationships with their village mates and their collaborative approach enabled them to better cope with the challenges of water collection. Nevertheless, and the social value notwithstanding, a local female primary school teacher noted the detrimental effects that water collection had on the children. She said:

Collecting water is a big problem for the children. The children's sleep is disrupted; they report late to school, take long[er] to settle in class and lack concentration. The children leave school late in the evening; they go to the well [and] are delayed due to long queues. They get home late and tired. They are not able to do their homework properly. The women have over delegated water and related domestic chores such as cooking and childcare to children. Women are busy looking for money.

(Fieldnotes, 10/11/10)

The behaviours described by the teacher have consequences – the women's search for money posed a dilemma that impacted on their children. While women "needed to work harder to get the money in order to manage water issues better" (comment by women's leader), the inherent conflict in terms of the family needs, not just water needs were very challenging.

The women's engagement in income generating activities placed a greater burden on children with regards their role of getting water to the home. For example, the use of children as water collectors in the home is 'not simply a beginning and an end,' rather it is 'circular in character' (Lewin 1947, p.147) where the social processes of early responsibility for water collection constrains opportunities for education and play, and also perpetuates the responsibility for water collection as a gendered issue, particularly for the girl-children.

Behaviours within the process of gate keeping, toward the supply of water within the home, were very complex given the critical social role of children as key water collectors within the process. During my interactions with the children at school, the children said:

We wake up so early to collect water at home and for school use every day. We also collect water in the evening after school. The jerry cans are heavy, we walk long distances to wells, and we get so tired.

(Fieldnotes, 18/10/11)

Children as key water collectors provide a critical human infrastructure around water management. In essence, having children provided a kind of security to the family, particularly in relation to meeting the household water needs. Women expressed satisfaction that they were reaping rewards from the process of child bearing. In a conversation about water issues, Ms Naluti expressed that:

I only go to the well when the children do not collect enough water or when they are at school. *Nagula ngatto kwewonya maggwa...* [I bought shoes to protect my feet from thorns]. The woman means that as a result of having children she now has help with the household chores and specifically water collection. She goes on to say... women with many children, or grandchildren above four years of age, rarely collect water in this village. My son (twelve years) usually collects most of the water because he uses a bicycle, which unfortunately is now broken and I have no money to get it repaired.

(Fieldnotes, 06/03/2011)

In this village, while water management was predominately a woman's role, I did observe a diminishing role for women with regards the role of water collection. Women mostly collected water when children were at school and only if their children had not collected enough water. This changing role was attributed to the women's increased requirement to cater for the family's financial and social needs, where the needs involved household daily necessities and provision for children's scholastic requirements. The women engaged in income generating activities as suggested by the women's leader, but at a cost, of delegating

of the responsibility for water collection to children. The diversification by women from the cultivation of crops for subsistence to micro-income generating activities such as the rearing of animals, making crafts and labouring in bigger banana and coffee plantations, left less time for water collection. Hence, children (girls and boys) were viewed as assets within the household and as such some families faced a challenge when the children left home.

Mrs Paulo said:

I currently have two young girls at home of whom one has a disability and cannot collect water. The older ones who used to help me collect water had to leave home to attend tertiary education. I now rely mostly on a rain water jar for my water needs and therefore have a big challenge during the dry season.

(Fieldnotes, 08/05/11)

I noticed that the delegation of the collection of water by the women to the children did not remove the responsibility entirely from the women. This practice relates to the notion of segments within gate keeping and of how delegation to collect and carry water was just one segment of the complexity of gate keeping. The women remained responsible for the daily organisation of water at a household level. Moreover, having more children also placed greater demands on mothers and the household resources, including water.

In the following section, the influence of the socio-cultural forces and gendered roles with regards women and water are illustrated in detail.

7.2 Gender roles and patriarchy

A common constraint, observed in this village, was the limited containers available to the households for the collection and storage of water. In circumstances where a household did not have sufficient containers, water collection was difficult, since one or two containers had to be used. This was made clear to me during my fieldwork. One evening, as I walked around in the village after a heavy downpour, I met children of a woman with whom I regularly interacted, on their way to the well. I asked them why they had not harvested the rainwater.

Ms Kisakye the eldest girl said:

We do not have containers at home. We borrow jerry cans from our grandmother who is our immediate neighbour. The two jerry cans we had got worn out. We repaired them. We first used banana sup to seal the holes, then we used polythene papers to seal the holes until we could not use them anymore. We hope our father will buy at least one jerry can soon because we have to wait for water to be emptied

from the jerry cans so that we use the same jerry cans from our grandmother. At times we go late to the well.

(Fieldnotes, 12/05/11)

This family relied on the mercy of their grandparent; access to water was dependent on whether the jerry cans were available for the children to borrow. The decision-making and action around the purchase of the jerry cans was solely dependent on the man in this home which resulted in a high degree of disempowerment for those involved in water collection, use and storage. The net result was limited water at the family's disposal and disempowerment of the woman who was unable to perform her social roles such as cooking, bathing, and washing. This perpetuates dilemmas as the woman continuously renegotiates between activities to be prioritised due to insufficient water. Moreover, containers are only a conduit (gate) to access water; they do not relieve the women from the daily organisation and struggle of getting water from a distance to fulfil the family needs.

Mrs Mabale an older woman who used to collect water asked me to buy her a small metallic drum where she could store some water.

I met this woman coming from the garden with her husband on several occasions. However, in the evenings, the woman was solely responsible for collecting water; the man would stay at home resting from the day's work.

She reminded me about the drum every time we met until she gave up. Her submissiveness within the role of water collection conflicts with any opportunities she might have for a sense of herself and her welfare.

(Fieldnotes, 10/04/11)

The woman acknowledged the responsibility of water collection as an obligation even as her health was deteriorating. The issue of containers was such a big issue in this village; the request for the drum was an attempt by the woman to reduce the everyday challenge of water collection. Despite the presence of children capable of collecting water, households were limited by the few containers available opportunities for collecting more rainwater were lost due to a lack of containers. The provision of adequate containers for water remained problematic as one old woman noted:

Requests made by women for containers are rarely given the attention they deserve. Some supportive men provide sufficient containers, while the majority of households have only one or two jerry cans.

(Fieldnotes, 07/06/11)

Issues around the availability (or not) of collection and storage receptacles reflected the relations of power within the home and the community. Power relations involved in water management were partly explained by the presence or absence of water containers which mirrored the power relations that existed in this patriarchal society. This was exacerbated by the low levels of income in the village of study.

7.3 Patriarchy and masculinity

Patriarchy and masculine tendencies involved in the process of water management and gate keeping within the village of study were characterised by domination, power and control. The gendered socialisation of children about water collection and use and in particular, the issues of limited choice for women as regards decision-making and power over resources at a household level made them vulnerable, as the following fieldnotes demonstrate.

Mrs Asiite a young mother (< 20 years), with two children, described her responsibilities around water management:

I go with my ten months old baby to the well daily. I do not have anyone to mind her if I am away. I use two jerry cans or three if there are many clothes to wash. The wells are far so I cannot collect enough water.

At this time, the woman looks so sad; she bends her neck to one side as she speaks and does not look directly at me. She goes on to say:

*Mukazziwattu*³⁷ *nkugambe ki ndekeki ku bya mazzi...* [My dear sister, what can I say or not say about water?] Hm...

[I reflected at the time] Her statement is loaded. Water issues are the heaviest of all burdens in the woman's life.

Later I wrote: This woman had a baby with thin limbs, whose head was swollen, and she had sunken pale eyes; she was underweight for her age and looked very ill. The mother carried her baby on her back most of the time and she knelt down,³⁸ removed her head scarf, and greeted me with a warm smile when I visited.

³⁷ Word used to express pity, sadness, sympathy, sorrow and pain

³⁸ Kneeling is conventionally part of the culture in this village. The women kneel in front of men, elders and respected people upon greeting. This act is a symbol of respect, but also a gesture of submission. Gender and gender inequality permeates the social setting in village of study.

On this day, the woman opened up and spoke about her sick baby:

My baby has been sick from birth. I have spent all my money looking for treatment in hospitals, but she does not get better.³⁹ Despite this problem, I collect water every day to wash the many dirty clothes for the baby. My man is not bothered about water, and he leaves early and comes late in the night... I do not know where he works. I prepare food, wash his clothes and keep water for him to bathe. Besides I work in other people's gardens to get some money. This has helped me to pay the hospital bills for my baby and to get other needs for the home.

(Fieldnotes, 10/06/11)

The issues of power, domination and vulnerability are illustrated by this woman's comment – for example powerlessness and subservience as a result of the masculine power that regulates the behaviour of women. This also relates to the example of women increasingly taking on the role of making money to meet the household needs, including water. Moreover, the self-neglect by this woman is an example of what can happen when women have so many roles to perform and experience inequality in the social processes of village life. Issues relating to water and health are discussed in greater detail in the next section.

Key consequences of patriarchy and masculinity, vis-à-vis water management within the home included: the absence or rare availability of men as gate keepers to collecting water; their non-engagement in decisions around water and water management; the scope of the power of men in relation to the funding (or not) of necessary hardware – jerry cans – which are critical channels in the segments of water collection and water storage. Also, in circumstances of 'significant happenings' (Lewin 1947) where either the mother or the child was ill, gate keeping toward the management of water within the home was further compromised. Chiefly, the circumstances of an economy of power, for women who manage water, within patriarchal and masculine social structures, as in the case of this study, are underpinned by an ascribed responsibility for water management but without access to the necessary power inherent within each segment of the process.

The village of study was considered to have sufficient water as compared to other villages within and outside the parish. In a discussion, about the water situation in this village Mr Asake a male district staff member said:

³⁹ Within two months of speaking to this woman, her baby had died. Apart from the loss of the baby, the woman was denied the image of being a mother. According to Oakley (2005, p.179) "the primary loss of women in becoming mothers is a loss of identity."

This village is one of the advantaged villages with many water sources in the district. There are some villages which have only one open well.

(Fieldnotes, 12/05/11)

Noteworthy within this comment is the focus on the number of water sources available, which in essence is quite simplistic, since such an explanation about the water situation in the village failed to refer to the complexity of water management and instead inclined more towards the water supply oriented approach as frequently described at policy level. However, as this research demonstrates, decisions made around water involve: collection, volume, time and usage within the home. Supply is just one channel in the process, albeit a very critical one⁴⁰; yet, women had little power or influence into the sourcing of water supplies within the village. The water supply issue is considered in the next chapter. Access to water is a much more complex issue than auditing the number of water sources. An analysis that focuses on water sources, fails to consider the socio-cultural elements associated with planning, organising and the use of water in relation to the location of the water sources. The district staff member I spoke to was neither concerned with how water was collected from the water source nor was he interested in the decision-making process associated with every step that involves getting water to the home and its utilisation (gate keeping). Furthermore, the failure to engage women in the planning and organizing around water location was another ‘significant happening’ (Lewin 1947) in how women were disempowered within their socially prescribed role as gate keepers of water.

In terms of water sources in the village provided by the government in the mid-90s, one was located at the extreme end of the village. This well was functional and was being shared with two neighbouring villages. Given that this water source is reliable women always used it as best they could. However, it is the significant happening around water supplies, such as this well, that highlight the unstable nature of water management in the village. In this regard, a significant happening such as seasonal variations occur during the dry season (January to February and June to July). The water recharge rate drops, leading to a low yield at the well. Moreover, the water from this well had a bad odour, was turbid and was dappled with orange particles. People associated the water quality challenges of this well with its poor location in a swampy area – another significant happening. The water from this well was not used for

⁴⁰ A situation where implementers of water development focus on quantity and have infrastructures put in place or activities delivered. This approach seldom involves consultations with the intended users of the facilities.

drinking or cooking but was used for bathing and washing, despite people thinking it too hard for clothes since it did not lather.

One elderly woman who had lived in this village for more than forty years appreciated the water from one of the water sources. She said:

I have never seen this kind of water source which never dries up, not even during the worst drought in the mid-90s. This was the only water source in this area. About five villages used to collect water from here in the early '50s. The water is cool, soft to drink and smells nice because of its natural flow. It quenches our thirst. There is some miracle about this spring! Water from other sources may be clean too, but not as tasty and safe as water from the spring. I always preserve the spring water for drinking.

(Fieldnotes, 12/12/10)

This woman is suggesting two things – that she has knowledge about different types of water (even if women are not consulted when water is being considered at a community level) and that there exists a preference for one type of water over another. Mythical beliefs, related to traditional 'gods', were attributed to this spring. People held the view that the water from this spring kept them healthy. The open wells and small pond were also preferred water sources in the village because of their central location and reliability all year round. These were the traditional water sources that were excavated by the people in the mid-1960s. In addition, the collection of rainwater from roofs (rainwater harvesting) was a common practice.

The second shallow well, which was located in the centre of the village, broke down frequently and was only functional for one month over the duration of my entire fieldwork (fourteen months). The hand pump failure of this well was largely attributed to children who often played at the well. This is an example of how the responsibility of children to collect water is situated alongside their need to play and the consequences that can ensue – again a loop effect vis-à-vis the complexity for understanding their key role as part of the process of water management. Water supply in this village of study presented diverse health perspectives with regards roles and responsibilities specifically for the women and their children. In the following section, the health perspectives are explored in detail.

7.4 Water and health

This section presents the symbolic, economic and health importance of water. As earlier presented, water is very central to the lives of the women on a daily basis. The nature of domestic work revolves around availability of water and water management. The principal elements of water management at household level included: personal hygiene, water for drinking, preparation of food, bathing, washing of utensils and clothes, watering animals etc. The activities the women engage in at household level have implications for their health. The implications to health are viewed from the water management aspect (role performance) and quality of water (adaptation); hygiene (disease) and self-neglect (self-actualisation). These implications to health are so closely linked. Therefore, in the following sections I discuss the water management complexities from both the disease and socio-cultural dimensions concurrently. The availability (or not) of water influences role performance as well as hygiene and behavioural practices of the women. Given the limited water available in most cases, the women have to adapt and manage the water resource sparingly.

Women in the village of study were aware of the important role water played in their health and health status in relation to diseases. The woman leader stated:

The quality of water we take is not always good, as it is most likely the cause of malaria and ringworms which is common with our children. Whenever we have firewood, we ensure to boil the water for drinking to avoid diseases. Our desire is to always have clean water for use in our homes, but at times we fail to get the clean water because its source is located far [away], at the extreme end of the village. We therefore end up using water collected from the pond and open well (which is not very clean) but the sources are located nearer to our homes. Nonetheless, women and their children make a deliberate effort to collect water from the clean source for drinking and making tea.

(Fieldnotes, 07/11/10)

An old woman stated that:

From our culture and normal living, one would wish to be clean and live in a clean surrounding. Moreover, we have been educated by health workers about the need to avoid diseases by maintaining cleanliness and proper hygiene. However the little water available to us prevents us from doing all the activities as we would wish. We focus on the cleanliness of our children and their uniforms as well as the water needs for our husbands.

(Fieldnotes, 22/08/10)

Later, I wrote the following fieldnotes:

Washing the feet only and ignoring the rest of the body could be understood within the context of preservation of water or the symbolism of water. Is the practice of washing only the feet linked to limited water in the home? If not, it could be argued that this woman is making decisions - how to stay within the expected norms of community behaviour - cleaning uniforms, while at the same time trying to fit within gendered norms - making sure that the water available gets used effectively.

(Fieldnotes, 10/03/11)

Another woman said that:

I always sieve the water from the pond or let the dirty particles settle at the bottom of the container before I use it. However, when the children get to the container, they always mix it up when they want to use some of the water. We are not able to have adequate water at home always and when we send children to collect it, we have limited control and they sometimes end up drinking water directly from the wells.

(Fieldnotes, 07/11/10)

The fieldnotes above indicate the women's "knowledge and understanding of the relationship between water and health." The women are able to link common skin problems to limited water, or use of unclean water. There is evidence of women's knowledge vis-à-vis the biomedical model and in particular the epidemiology of cause and effect, while at the same time it shows their need to survive within the notion of the basic need for water, regardless of where it comes from and what it is like. In essence the comments by the women are describing a number of approaches to health – the biomedical model – illness, the role performance – getting water into the house and adaptation – making the most of poor water quality – as demonstrated by the sieving of the water before it is used.

The notion of water and health is a gateway to performance of one's role. Limited water availability constrains their role performance and forces women to adapt and work within restricted practices. This continued restriction hinders their potential to live a fulfilled life and attain self-actualisation. The notion of health as an ability to perform one's role and the ability to adapt to the environment as well as self-actualisation is discussed further in the following section.

In this village of study, women's priority for water collection centred more on convenience to the water source rather than the quality of the water. One sub county staff remarked that, "The main challenge for the women is not related to water diseases; it is a problem of collecting water" (Fieldnotes, 27/11/10). This was in recognition of the long distances to the

water sources, the few containers for collection and storage of water and the low participation of men in water management. The observation by the sub county staff legitimises the women's experiences with regards water collection which in turn suggests the patriarchal nature of this village of study.

Senga, the woman in the critical incident was much more concerned with how she could get water for her daily basic needs, such as washing the uniforms of her children, than on the quality of the water. Against this backdrop, this ethnographic experience illuminated an understanding on women, water management and health in this village of study.

Three months after the first incident at Senga's home, I observed first-hand how she juggled the limited water available for domestic use.

Senga said,

“Water collection is a problem; however, using the water available to us is more challenging because every drop counts.”

Senga tells her son aged five to go and change his clothes. The boy gets a very clean shirt, but he is very dirty. He has not bathed the rest of the body apart from his feet; his hair is unkempt. Senga's emphasis is on cleaning the feet, which are soiled with dust and mud.

She asks her daughter to bring me a mat. The backyard where we are sitting is littered with rubbish; utensils are spread on the ground. She tries to gather them in one heap and she apologises that the compound is untidy due to lack of water to wash the utensils on time.

I later wrote the following fieldnotes:

Like her children, Senga is very untidy and her hair is unkempt. She shies away from scrubbing the daughter's feet, but I encourage her to get them cleaned up as well. As she scrubs, the daughter screams and cries because her feet are infected with jiggers⁴¹ which have just been removed. Her feet are sore and very dirty, but Senga can hardly clean them properly because of the pain.

Senga says:

Jiggers are associated with the dry season when there is a lot of dust and less water to wash. Also, during school term, the children stay in classrooms that have not been well swept and also get infected with jiggers from their friends.

⁴¹Jiggers usually survive in dirty environment with a lot of dust.

As we talk, Senga's daughter of seven years blows very thick mucus into her dress. Her younger brother (five years) chased her away saying, "those are bad manners." The girl goes and changes her dress, smears a lot of Vaseline on her body without washing the rest of her body, apart from the feet.

(Fieldnotes, 06/03/11)

This situation is similar to the woman who lost her baby discussed earlier in this chapter. Despite her sense of humour and the cleanliness around her compound, her hair was always unkempt and her dresses were full of stains and holes. This woman's appearance suggests self-neglect as a consequence of dealing with the burden of her role performance and water management. I recalled an interview with one school official who commented on the problematic hygiene of many children. On a regular basis, the school inspected children for personal hygiene and offered treatment for those children infected with jiggers. Ringworms were also prevalent among the pupils but the school could not offer a solution to this. Health education, as prescribed by the school authority, was directional and rarely considered the circumstances that prevailed around the supply of water. While mothers try to be 'the good mother' within the context of school expectations, the school did not recognise the women's limited capacity to be a good mother, where the availability and collection of water was so problematic. The jiggers were also associated with pig rearing. In my fieldnotes I recorded my reflections on the girl's condition.

[I got concerned because Senga reared pigs. Could they have been the source of the girl's infection?]

(Fieldnotes, 06/03/11)

My fieldnotes here depict a critical incident. The features in this incident suggest that the scarcity of water in the household influences hygiene behaviours. The critical incident depicts how the notion of health, if viewed only from the disease perspective, can be so limiting. From the disease perspective, one practical concern would be to get rid of the jiggers, but viewed from the socio-cultural dimension, the factors that lead to inadequate water need to be considered with regards this particular infection. The interconnectedness of issues behind this incident represents how all the difficulties around water, including the limited water available for bathing, the lack of containers to collect the water, the long distance to the water sources and the conflict issues that arise at the water sources, all impact on Senga's potential to be a good mother, to care for her children. Senga's behaviour reflected her desire to have her children clean, but her goals toward hygiene could not be fully achieved due to the water

constraints. The complexity of the situation comes to light here. The mother, Senga, is rearing pigs in order to improve the financial situation for the family, but the pigs may be a source of infection. Equally, the infection of the jiggers could be attributed to the inadequate hygiene behaviour as a result of limited water.

As a teacher noted to me:

Most homes always have little water at their disposal. The women reuse the water for washing and bathing. Utensils are kept dirty which leads to a bad odour. The plates are only washed before the meal when water is available. Little water is used to wash the plates [and] in a hurry so that food can be served. Clothes are washed once a week, if water is sufficient. All this leads to poor hygiene in the homes. You can easily tell from the children here at the school. Some come in dirty uniforms and have jiggers.

(Fieldnotes, 20/10/11)

As the women make choices about priorities, the challenge of trying to stretch too little too far becomes apparent. The consequence of having to prioritise means that water has many cycles of use within the home e.g. the water used for washing the clothes is kept and reused for washing feet and watering some animals whereas some chores are delayed due to scarcity of water within any one day.

Mrs. Paulo said:

I pile the cups and plates until I get water. See how dirty my feet are... Utensils are kept and only washed hurriedly before serving meals. I have a disabled son who cannot collect water. Things get a bit better during the rainy season when I collect water from the roof into a metallic drum. Clothes pile up too, and we reuse them. As women our priority is for cooking food, washing utensils and children's clothes. The limited amount of water does not allow proper rinsing of the utensils and clothes. The men pay greater attention to watering their animals and washing their bicycles. For us women the top priorities for the use of water are cooking and drinking.

(Fieldnotes, 09/03/11)

The action by Senga in this incident reflects her desire to have her children to be clean, but the situation is impossible. Despite knowing how to keep her family healthy, Senga, and women like her, do not have the means to look after their families.

Mrs Miti said, "Where a woman is brought up with good hygiene practices, she is likely to continue with these in her own home. However, the major problem is the lack of water" (Fieldnotes, 08/11/11).

The scarcity and restricted availability of water are significant happenings that determine what family behaviours can be achieved. The management of water and the amount of water a family can bring to the home are linked to the human resources of the family and the availability of hardware. The restricted water availability explains the local context, in which women operate, where, despite the limited water supply, they are expected to engage in the chores associated with water, including hygienic-health practices. As discussed earlier, because of the omnipresence of water as an issue, the women learn the necessary skills and coping mechanism around water from childhood in a context of socialization into gendered roles. This learning involves the economic, socio-cultural and physical forces associated with water which either enable or hinder the women from engaging in the behaviour required for hygienic, healthy lifestyles. The women struggle with the dilemma with regards the water needs for themselves and their children due to circumstances beyond their control. The everyday issues as alleviated or compounded by seasonal variations are explored in the next section.

In summary, this chapter drew on the theory of gate keeping which illuminated the everyday life of women, water and health in the village of study. Water is of the utmost practical and symbolic importance in the lives of the women at household level. Activities related to water involve decision-making, negotiating and organisation around water. The women lend meaning to objects such as water sources and containers as critical elements for water. Within the notion of gate keeping, there are significant happenings and patterns of forces that determine the availability of water for household use. The cycle of limited water availability in the home influences women's role performance; their health behaviours, their ability to adapt and their opportunities to realise full potential and self-actualisation. The patterns of forces which influence water management relate to physical infrastructure such as location of water sources and the availability of containers for collection and storage of water. Therefore access and transportation to water are determined by such forces that influence the decisions made by the gate keepers. A discussion of children as key water collectors highlights their importance and valuable contribution to water management within the home. However, their involvement comes at a cost, particularly in relation to time for schooling and play, both key elements of a child's health and development.

The gendered roles, prescribed through the socialisation process, contribute to the patriarchal and masculine domination of resources, which, in turn, limits the decision-making power of women. Within the prescribed gendered roles, women learn to be submissive, while at the same time demonstrating confidence in their ability to act as gate keepers of water within the home. The women are constrained in the performance of their role as they learn how to adapt their responsibilities for water management in circumstances of restricted water supply. Therefore, the water management process has not only been viewed from the disease point of view, but majorly from the role performance and the adaptive models to health.

This chapter explored water management through the notions of role performance, adaptation and self-actualisation, which are critical to the social-cultural dimensions to health of women. It presented the enormous burden of water management that women face in their everyday life as principal gate keepers to water. The everyday activities with regards water limited the time the women had to engage in strategic activities; hence water stood as a barrier for the women to attain self-actualisation. The role of children in water collection has been discussed and the influence on their life, education and play. The gendered roles as a result of the patriarchal nature of this society reflect how women juggle towards role performance and to adapt to the challenging circumstances around water.

In the following Chapter Eight, ethnographic findings in relation to women and community water management are explored. Specific reference is made to the gender roles and responsibilities with regards maintenance of the water sources. Discussion is made of the different management structures that guide the operation and maintenance of the water sources in the community. The socio-cultural factors in relation to water that influence the health of women at community level are explored further.

CHAPTER EIGHT: WATER MANAGEMENT AT THE PUBLIC (COMMUNITY) LEVEL

8 Introduction

This chapter presents water management at the public (community level) in the village of study in order to situate this study on women, water and health. This chapter builds specifically on the notion of symbolic interactionism to show how individual and group actions influence each other with regards to water management. In this chapter, roles and responsibilities around public water management are explored from a gender perspective. The concepts of participation and power relations provide a basis to the water and health challenges women face, from a socio-cultural dimension. The notion of gate keeping, first explored in Chapters Six and Seven, is revisited here with a view to illuminating the limited decision-making power of women that exists at community level. The symbolism of water for womanhood as presented in Chapter Six and Seven is explored further as a basis towards community water management activities.

8.1 Public (community) water management

In this section, community water management was explored toward developing an understanding of how water and health influence the lives of women in the village of study. Community water management is discussed with reference to the critical social role of gate keeping that women play in household water management. It is worth noting that a gate keeping role around water goes beyond the household to the community level. Water management at community level involves: maintenance of water sources; participating in water-related issues through membership of Water User Committees (WUCs); participating in community meetings to discuss water-related issues; providing manual labour and making financial contributions towards maintenance of water sources; and organising water for social events. At the community level, both men and women are gate keepers, where they each play roles in water management according to statutory and societal expectations. Findings from this ethnographic study indicate that power and power relations provide an enhanced view of the reality of gate keeping of water by the women at a community level. The power issues are reflected through leadership, participation, and financial expectations which are at the core of women's engagement in the process of public water management. These issues denote what

Lewin (1947) described as ‘patterns or forces’⁴² within the notion of gate keeping. These patterns of forces, in turn, influence practices with regards water at community level including determining the availability and movement of water into and through channels. In the following section, the community water tasks are explored.

8.2 Key positions around gate keeping of water

In this study, the gate keeping of the wells (*enzizi*)⁴³ as the main channel for access to water was critical. At this level gate keeping of water focused on the maintenance of the water sources (channels). The gate keeping of wells was further divided into segments of the WUCs to which both men and women were the human resource to the “govern[ance]” of water sources (Lewin 1947, p.145). Similarly to its application in the previous chapter, gate keeping as a theory helped to illuminate the central role that women played as gate keepers to water management through participation at community meetings.

Annex 12.2 reflected that “80.1%” women held “key positions on WUCs” from “64 districts” (MWE 2013, p.58). The women were included as members to the WUCs, and held key positions; however, they had limited power when it came to critical decision-making processes. Hence, the women had access to the “gates in” (Lewin 1947) through the WUCs and at the community meetings, but no access to the “gates out” i.e. to decision-making beyond the meetings.

In the village of study, the men presented with much authority at the meetings, but did little about water issues, or water management. There were a number of actions and inactions around water management that occurred at the community level. I wrote the fieldnotes below following my interaction with community members:

During the mobilisation activity for the meeting with regards my research study; I find men at home or in the trading centre and invite them for meetings. They express concern about water issues and the

⁴² Factors that hinder or facilitate water management

⁴³ Water sources are commonly referred to as wells (*enzizi*) irrespective of the type of water source or technology

need to improve the status. However only a handful appear for the meetings, or they come late. The same happens even when they are mobilised by the local leaders in relation to water activities. Their absence from meetings influenced in a negative way activities relating to water at community level.

(Fieldnotes, 14/08/11)

The absence and limited participation of men from the water-related activities constituted what Lewin (1947) referred to as “significant happenings” which in turn, influenced women’s access to water for household needs and social gatherings. Other “segments,” necessary to the flow of water sources involved the contributions from the community towards repairs and cleaning.

Mrs Bakka commented that:

Men do not attend community meetings on water. Even if we share the information and knowledge from the meetings, they don’t show interest and they rarely get involved in the cleaning of the wells and yet they do not want to contribute money for these activities.

(Fieldnotes, 12/06/11)

Within the context of community water management, cleaning and contributions towards the water sources are important segments to water supply in relation to forces such as decisions with regard the management of the water sources. Therefore, in order to gain an understanding of water management at the community level, an in-depth analysis of the determinants of water source maintenance was completed. The complex “patterns or forces” (Lewin 1947) that emerged during the water maintenance process are explored here, particularly with regards decision-making processes by those holding “key positions” (Lewin 1947). These forces included: leadership issues; power relations; and issues of control and authority that emerged during the water management process. These forces are presented from a socio-cultural and gender perspective. In the following section, the gate keeping of water at community level is presented and explored.

8.3 A social disorder in community water management

Over the past decade, government and an NGO have provided improved water sources⁴⁴ in the village of study. In the following account, the maintenance status of the water sources is

⁴⁴ Hand dug shallow wells, boreholes, protection of springs in accordance to national standards.

presented from the fieldnotes I wrote after a conversation with an old woman who had lived in the village of study for over 50 years:

The two open wells⁴⁵ (traditional) in this village were hand dug by the community members in the early 50s. The wells were maintained on a self-help basis by the community members. With the population increase and introduction of new water technologies, the village had since then evolved from the traditional water ponds to open wells, protected spring and shallow wells fitted with hand pumps. Traditionally, the maintenance of the open wells and spring was a responsibility of the entire community based on the self-help system known as '*Bulungi Bwansi*'⁴⁶ it means [for the good of my country]. '*Bulungi Bwansi*' was a highly organised development system including: maintenance of water sources and community roads. It was carried out on a defined and periodic basis under the mobilization of the local leaders. Specifically for water, it fostered a spirit of development through self-help, since water was seen as a symbol of life. Both men and women participated and with great commitment for the welfare of the community. The local chief would sound drums to alert the community about the time for cleaning up the water sources. The activity was usually done around midday when people had returned from garden work.

This was a time for all of the village members to get together as a community for a common cause and it was a unifying activity. The men excavated and removed the mud from the trenches as the women cleared/slashed, paths and the surroundings of the well. The role division around water allocated more tasks to men at the community level while women had a bigger role to play at household level. The members used to enjoy the clear/ clean water after the general clean up! This created a great sense of ownership for the well by all the village members. However, the situation had changed for the worse since the introduction of the hand pumps. People believed it was the responsibility of government to provide and maintain the water sources. Only a handful, who are mostly, women participated in the well clean ups. As a result, the water sources were no longer maintained.

(Fieldnotes, 29/11/10)

The self-help system described by this woman was one based on community strength and togetherness, where everybody fulfilled their responsibility. The system worked efficiently and was an embodiment of shared effort and collective responsibility. Men were originally involved and assumed leadership roles to ensure maintenance of the water sources. They exercised power, control and authority over the maintenance of the water sources while the women played a subordinate role around water maintenance. However, during the study period, I observed that the practice had indeed changed, as noted by the woman. I was informed by a local leader that the self-help system had been adversely compromised by local politicians who suggested to local people that the responsibility to provide all social services lay entirely in the hands of government. This was coupled with the introduction of WUCs

⁴⁵ Open expanses of water lined with logs on one side on which people kneel to fetch water from the well.

⁴⁶ This was a community based practice first established in the Buganda kingdom. It focused on development of the village including opening and maintenance of roads and tree planting. Every member of the village was expected to participate and sanctions were carried out to those members who did not oblige.

which were meant to oversee maintenance of water sources but in reality they were non-functional. As a result, community members had become reluctant to participate in self-help projects. This is an example of the so-called unintended consequences of development, creating dependency and destroying the traditional community spirit.

A male local leader said:

The men no longer participate in cleaning of the wells with the exception of the local leaders and a few active men. The young men spend most of the time doing nothing in trading centres and are less concerned about water issues.

(Fieldnotes, 15/12/10)

Where the cleaning of open wells did not occur, there were consequences for water quality and collection. Thick vegetation grew around the well, paths to the wells became bushy to walk past and the wells got clogged with mud and litter. Both children and women struggled to get to the well to fetch the water which was often unclean due to the litter. I noticed that the functional shallow well had cracks and was clogged with algae around the hand pump. In addition, cattle drank water from this well and damaged the concrete slabs that were constructed to protect the well from contamination. With limited participation by the men in the cleaning of the wells, this necessary work translated as additional work for the women in order to maintain a minimum order at the water sources. Mrs Bakka said:

If the men refuse to help out, we have no option, but to engage in the cleaning of the wells. We are the ones concerned with water in our homes. As women, we understand water challenges better and want to make sure that we and our children collect water safely from the wells.

(Fieldnotes, 12/02/11)

In the fieldnotes, the woman expresses the responsibility they bear in relation to fulfilling their domestic role performance as a result of the limited involvement of men in the water management. This is viewed as a shift in gender roles whereby women are taking on more responsibility in water management at community level. Interestingly, the men still want to maintain the authority over water management but without fulfilling their obligations for maintenance of the water sources. In the following section, changes that occurred to the community water source maintenance system are further explored.

8.4 A dichotomy of engagement in the community management of water

The chairperson of the Local Council (LC)⁴⁷ informed me that during the construction of the two shallow wells, community members (both men and women) were actively involved in the entire process from identification of the sites, where the wells were to be located, and actual labour for digging and construction of the wells. This links to his role as a leader to mobilise community to engage in communal activities to improve the living conditions in the village. Meetings were organised jointly by the LC, government and the NGO to discuss and monitor the construction work as per these stakeholders' agenda. Roles and responsibilities of the community during and after construction of the water sources were clearly stipulated by the government and the NGO to ensure a smooth implementation of their predetermined agenda. The community members were introduced to new actions which were necessary to maintain the water sources. These included: election of the Water User Committees (WUCs); contributions towards construction of the water sources, both in cash and kind; the convening of meetings to discuss the status of the well; as well as the development of byelaws for the governance of the water sources. During the construction of the wells, the roles and responsibilities were met and both men and women participated effectively in the building of the wells. This process aimed at ensuring community participation in maintaining the water source on a sustainable basis. The men excavated the wells, mixed the building materials and worked with the technicians. The women ferried sand and timber to the well sites. It was a participatory process with joint effort until the water started flowing.

Ms Nalu said:

We as women joined the process during the construction phase. Women and the older children were able to support the construction of the wells by collecting local materials such as sand and stone aggregates. We also used to cook food for the construction teams.

(Fieldnotes, 12/03/11)

In the fieldnotes above the woman describes their (women's) level of participation of the water sources. However, the nature of women participation came during the implementation stage when major decisions about the location and type of water source to be provided had

⁴⁷ Lowest elected local government structure at the village level. The LC oversees development affairs of the village.

already been made. This is a demonstration of that women's participation was essentially in tokenism since they are not able to influence major decisions at this stage of implementation.

Once the wells were functional, behaviours emerged which were "significant happenings" (Lewin 1947) that influenced community water management. The water from one of the shallow wells was less utilised by the women due to the bad odour and the existence of foreign particles found in the water which demonstrates the women's awareness of the need for safe water. However, due to scarcity of water in the village women often draw water from sources most convenient to them regardless of quality concerns. When this issue was discussed with the community, it became apparent that the community believed that the water technician, who holds a key position from the sub-county, in conjunction with a few men, had located the well in a swampy area which compromised the water quality. The act by the technician and the men depicts the male dominance in decision. The local leaders reported the non-functionality issue to the sub-county office for rectification, but had not received any response with regards to relocating the well to a better site. This issue required the intervention of the District Water Office (DWO) which had approved the construction works. In discussing the matter with the women during my research, it also transpired that, despite the symbolic importance of water to women and their social responsibility around water management, they were excluded from the decision-making around the location of the well. This is expressed by the woman in the fieldnotes above who described the participation of women having started during the construction phase. The predominance of men's decision-making and the women's apparent lack of influence with regards community decision-making on water issues in this instance was of concern to me within the context of trying to develop an understanding of women, water and health. Bower (2006 p.247) indicated that limited consultation of women, "whether it emanates from gender indifferences or restrictions on women's participation, development initiatives can have negative consequences for women." In this instance, these are, negative health consequences.

Questions that I raised included: why women as the primary users of water were not involved in the entire process – from identifying the site for the well through to the construction?

In order to gain greater insights into the water management issues in the village of study, I held a discussion with a woman's leader on this topic. She said:

This well is far away from most homes in this village. We were involved in one meeting about this well and, the next time, we heard that each one of us had to make a contribution of UGX 1000 towards the construction of the well. The technician and the village leaders made the decision as to where the well would be located without consulting us, the women who collect the water most of the time. It is common practice in this village for men to ignore women in major decisions. Men want to maintain power and authority over women. Even if women have good ideas, the men just ignore us.

(Fieldnotes, 13/02/11)

Community participation by the women constituted a mere presence at meetings without them having any influence on the final decision such as on the location of the well.

Another woman expressed her concerns too:

I have been active in all water activities, but some of us did not get to know when work on this particular well was going to start. We had more meetings for the second well that is closer to my home..., but still I was not informed when the location of the well was decided upon. It served for a short time and broke down due to a break of the hand pump.

(Fieldnotes, 25/04/11)

The supremacy of men's decision-making as key gate keepers and the women's apparent lack of influence with regards community decision-making on water issues in this instance was of concern. Prompted by this incident, I sought to explore deeper the community water management issues in the village of study, particularly as regards the role of women. I held a discussion with a woman's leader on this topic. She said:

Women were active during the pre-construction meetings for the wells. However, the women were not given the opportunity to express their views when the final decisions pertaining to the shallow wells location were made. The few who participated requested that the wells should be located away from the valleys. When meetings were convened, some women chose not to attend because they were disappointed when their views were not considered in deciding the location. It was more convenient for them to collect water from the pond and open well which are closer to their homes compared to the improved wells which are far away.

(Fieldnotes, 17/03/11)

When I met the water technician of the sub-county in the village one day, he said:

The location of the water sources is influenced by a number of factors which the women who use them most, have limited control over. He went on to say...All water sources are located in the same valley belt. Options for water construction are limited to shallow wells in this village. One of the shallow

wells located a little closer to the community, requires major pump parts that should be provided by the district, but due to limited resources in the district budget, it might take long before the parts can be procured especially if it was not planned for in the budget for this year.

(Fieldnotes, 10/04/11)

At the time of the study, the particular shallow well⁴⁸ that he referred to remained non-functional because the hand pump broke down frequently and the well had been abandoned for a long time. The local people told me:

We gave up on this well; we fetch water from the open pond that is closer to our home. The water from the pond is mostly used for washing. We then travel more than a kilometre to collect clean water for drinking from the spring.

(Fieldnotes, 01/12/2010)

The women have to make family and health-related decisions with regards the use of water from the different water sources. Going to the spring makes water collection more strenuous; however, this water is a safer option for drinking. Two months after this conversation, and while I was still in the village, the well which is closer to the homes was repaired. Every woman I met, around that time, shared the good news that now they were collecting very clean water from the well. However, the well supplied water for two weeks and it broke again. This time the well was not repaired; by the end of my fieldwork it remained abandoned.⁴⁹

From the fieldnotes above, it can be observed that there is more tokenism rather than participation vis-à-vis women's involvement in community water management. The women are considered "primarily as statistical abstractions, and participation is measured by how many come to meetings" (Arnstein 1969, p.219). The women's presence suggested gender equality as was reflected in the indicators towards gender mainstreaming in water activities (See Chapter One). There is also an element of the women expecting little as a consequence of their involvement, since the major decisions were taken by the men. In line with symbolic interactionism, the group behaviour determined what happened at the individual level. In this

⁴⁸ Shallow well are hand dug and fitted with a hand pump to draw the water from the ground

⁴⁹ I stayed in the village for nine more months after the pump was broken. The issue of the non-functioning well became critical during the two meetings I held with the community members. I had a discussion with the district officials who confirmed to me that there was no budget for the repairs of the well to be done in the financial year. It could be considered in the following financial year.

incident, it was observed that community decisions influence massively household water management. However, at the community level, women had little influence since the gates to decision-making remained mostly closed. Where women could make decisions is at a private (household) level, where decisions are frequently based on negotiating a less than ideal situation with regards water access and use due to the fact that water options are limited. I noted that because the improved water was at such a long distance from the women and children, and given the risks of getting delayed at the spring, they chose instead to use the unclean and poorer water from the pond which was closer to them. The time spent travelling to fetch water was time taken away from other domestic chores for the women and time taken away from play and rest for the children. These issues are health-related for both groups. Thus, the interdependent nature of domestic water management and community water management has practical implications for the women and children in terms of day-to-day capacity to live healthy and fulfilled lives. This was due to the persistent limited availability of water that restricted their role performance with regards their daily personal and household needs.

In this section, I have discussed the notion of community participation with regards water source construction in the village of study. Where women were involved, they played a token role with regard community water management where they were expected to engage in tasks but not in decision-making. However I observed patterns or forces in relation to decision-making which influence water availability at household level resulting from the men's dominance.

In the following section, the notion of symbolic interactionism is further discussed in relation to children, to demonstrate how behaviour of the individual or group continuously influence the management of water sources at community level.

8.5 The dilemma of children as key collectors of water

As noted in the previous chapter, children were seen to provide a social security with regards to water availability in the homes. In this village of study; where women had children, who were old enough, the children collected the water. However, children were key suspects when

it came to the damaging of the hand pumps and littering of the wells. In this village, the failure of one hand pump became a critical multi-dimensional issue. Mrs Musu said:

Everybody knows it is the children who spoil the hand pump, “abaana nayikondo baagifuula kyesuubo,” [the children use the pump as a swing]. Community members fear to engage with the parents of these children. No one wants to create conflicts with each other because they are influential in this village.

(Fieldnotes, 17/07/11)

In this situation, the children were seen as the culprits. Here there was understandably a failure by the people to recognise children as being children who were engaging in some degree of self-actualisation (playfulness), which is positively linked with the health of the children. When it came to collecting water, the people did not recognise them as children, and rather, they were treated as an asset for water collection. The non-engagement with the children on the issue of playing at the water pump was an attempt to avoid conflict which was ultimately unhealthy for all parties involved.

Ms Nakate stated that:

Previously [the] upbringing and disciplining of children were the responsibility of everyone in the village, not just the mother or father (biological parents). As such there were no complaints about action taken in case an issue arose about children. This community responsibility is no longer being practiced. No one minds about other people’s children. This has led to tensions and conflict in the village in relation to children and water source management.

(Fieldnotes, 13/05/11)

The non-functionality of the shallow well was a critical matter as it increased pressure on the other water sources. While many people blamed the children for the damage, at one community meeting Mrs Paulo said:

The pump breaks down very often because it is over used. People are always many at the well due to scarcity of water in the village. At times some people press it too hard to force the little water to flow out which damages the pump.

(Fieldnotes, 14/02/11)

Issues of the hand pump were discussed at the community meetings. During the first community meeting, I had in the village, it became apparent that people’s main interest was to find out if the faulty hand pump was going to be repaired, or if new water sources were going to be constructed. The substantive issues with regards the hand pump were beyond my capacity and the study scope that aimed at gaining an understanding on the issues of women,

water and health. Nevertheless, in the course of the discussion, matters of leadership and governance emerged. Concerns raised by the people suggested that the community leadership around water was weak and that the WUCs were inactive in the village.

One elderly man said:

The local council members are not fulfilling their role well, of solving problems and fostering development. The leaders are more interested in keeping a good image with the community. They do not want to deal with parents of the children who spoil the wells.

(Fieldnotes, 03/03/11)

The expression from the fieldnotes reflects a compromise on the functionality of the well by the leaders who preferred to maintain good relations with the parents of the children by avoiding direct confrontation. This situation led to failure to maintain a reliable pump from which the women could access more water and thus more effectively perform their social roles with regard their domestic work. In contrast to what the people said about the local leader's non-response to the children's play at the wells, one local leader said:

We have tried to talk to parents individually about their children's behaviour at the water source, but the parents do not want us to interfere with their children. Recently we had the hand pump repaired and we locked the pump with a padlock to protect it from misuse. However, the padlock was soon broken. The heads of the households who are concerned are not here in the meeting to respond to our appeal to control the children. Who will discipline these children?

(Fieldnotes, 17/07/11)

At the meeting, great difficulty existed in agreeing the way forward; there was a high level of frustration by the community members, who did not appreciate the explanation given by the local leader about engagement with the parents of the children. In terms of the parents present at the meetings, there was a gender split with conspicuous and unequal representation of men and women. Typically at the meetings, when men do attend, they are mostly those in leadership positions at the village or parish level, or respected community members. Outside of this, very few men attend water meetings. Ms Goretti said, "These issues concern men, but they never come for meetings. The men as household heads need to talk to the children. However, the diminishing role of community cohesion over children could be a reflection of modernisation whereby each family mind their own affairs. We need their support (Fieldnotes, 22/08/11). The reluctance of men to engage with the critical issue of water

management in this village of study is related to the culturally prescribed role of women vis-à-vis water and, also, due to changes in the economic environment which attracts men to engage in small trade and activities like gambling and riding “*boda-boda*,” which provide quick money and a semblance of a modern lifestyle. The statement embodies the patriarchal nature of this society where men have the power to make key decisions in the home and within the community. They too were playing towards the construction of masculinity. This included disciplining of the children and yet they are rarely available to assist the women in addressing water issues. As reflected earlier, men’s contribution to water issues is minimal.

Another woman said:

Men get concerned with water issues mostly at ceremonies...but also women in clusters organise around water for preparing food during community social gatherings in clusters.

(Fieldnotes, 22/08/11)

The women’s submissive behaviour, with respect to water, is a reflection of the behaviour expected of women generally in the village: girls in the village are brought up to be good wives and mothers, who listen and respect their husbands and other men. They are not expected to question or challenge what the men say or do as earlier discussed in Chapter Seven. As a result the women are disempowered and frequently not in a position to change their role around water at either a private or public level. Their full time involvement with water issues leaves women with limited time and space for their personal or social life. Ironically, it is when water has a financial, personal or social dimension for the men, that they engage more with the issue. As Ms Nakate said, “The men are more active at organising water if it is for local brewing for sale, at funerals and weddings. This water is mostly purchased from water vendors” (Fieldnotes, 10/11/10). In this situation, men want to be seen to be providers at public events which are mostly socially and culturally binding in this village. At the community level, therefore, where reputation is at stake and where it is socially expected, the men are more vigilant and wish to be witnessed making important decisions which resonates with the masculinity tendencies of authority and power in this village. However, their contribution at household, everyday level water management is negligible. Mrs Sempa said, “If only men could give us a helping hand with water issues, the situation would be different” (Fieldnotes, 22/06/11). While women were principal gate keepers of water at a household level, their experiences at a community level, where they

were effectively excluded or disregarded, resulted in a constant struggle of compromise toward maintaining what Lewin (1947) describes as the functionality of gates in and gates out.

8.6 Community water management - a gendered predicament

In this village, the women hear the messages and discussions about water and health at meetings (public) which they communicate back to the families at home (private). Local leaders at these meetings, mostly men, present themselves in an authoritative and dominant manner. This was observed in during one of the women's group meeting as reflected in the fieldnotes below:

This was supposed to be a women's meeting but some men also turned up especially the local leaders. As I asked questions, women shied away from providing responses and even when they tried, the men would interrupt and provide answers for the women. In the same meeting, I realised that some women who were normally active, were quiet and only talked after being personally prompted to say something.

(Fieldnotes, 20/09/11)

However, as previously noted, men do little with regards water issues, while reinforcing the patriarchal role and cultural status quo of the dominance of men over women. Despite this, the women continue to struggle and debate about the water issues, which rarely, if ever, translate into practical solutions. The women are caught in the web of fulfilling the culturally ascribed role of water management. Issues relating to the outcome of meetings are discussed in detail in the sections that follow.

The women raised issues at the community meetings which included: availability (or not) of sufficient water for use at household level; inadequate containers for collecting water; lack of water storage facilities; constant failure of one of the shallow wells; general poor maintenance of the water sources in the village; and inadequate hygiene within the households. In essence the women's voice and experiences on issues relating to water reflected the reality as experienced by Senga (See Chapter Seven) particularly when they described their need to limit hygiene practices as a consequence of inadequate water and the demands of the school hygiene and health inspections such as clean feet and clean uniforms.

The few men at the meeting focused mostly on the failure of the hand pump. The general discussion dwelt on the well that was non-functional mostly, while the women also endeavoured to ensure that decisions related to operation and maintenance of the water sources and to hygiene practices such as cleaning of the water containers were enforced. At the meeting, one such decision was to take the children to the wells to demonstrate the proper use of the hand pump. This is an example of gendered behaviours – men and the technical tasks of hand pumps, women and the affective tasks of caring. At the same meeting, members agreed to clean all the jerry cans used to collect water - this is mostly done by the women. The result is that the workload related to water takes an even greater toll on the women and children's activities, time and health due to the inadequate support from their male counterparts. From these meetings, women bring back the issues discussed to their men and their families with the hope that the men would take some interest in the concerns raised

Ms Nalu said:

We communicate the messages about water and health discussed during the community meeting to the men at home, but the men do not take any action.

(Fieldnotes, 17/07/11)

Hence, though the women participated in the meetings, and although they relayed the discussion and the decisions to the men at home, it was a pointless pursuit; it did not lead any to action by the men. There was a sense of lost effort. This situation reinforces, once again, the unequal power relations between the men and women as regards the decision-making process. Being a patriarchal society, the women are not supposed to question the men's actions or inactions; the women cannot move the water issues beyond delivering the messages from the meeting. The time invested into the meetings, therefore, does not translate into meaningful action to relieve the women of the challenges they face around water on a daily basis.

We come for the meetings because we bear the burden for water both at home and at the community level. At home when visitors come and there is no water, [it is] we who get embarrassed and not the men.

(Fieldnotes, 17/07/11)

These fieldnotes demonstrate the symbolic nature of water for the women and indicate the connection between how the women's image is perceived by the public with regards the availability (or not) of water. Culturally, it is a symbol of a woman's capacity to manage a good household – to be a good homemaker and a good host to guests. These issues contribute to a woman's self-actualisation. The woman cannot be this person where water is scarce; the woman's desire to fulfil her role performance especially around hygiene practices is frustrated due to lack of adequate water (WHO 2007). The woman's embarrassment in this situation is underpinned with a much more serious concern – the burden that will fall to her and her children if the wells are not cleaned or when the hand pump is not repaired.

In the three community meetings on water which were held during my study, the women did voice their views (sense of empowerment) by openly discussing the challenges they faced with regards water management both at household and community levels. Despite the apparent lack of interest and action from the men, the women persistently discussed the water issues with determination that they would register changes both at private and public level. Their consistent attendance of the meetings and the dwelling on the same issues whenever I met them e.g. the need to get men more involved in water management and the need to involve women in major decisions on water, confirmed the women's determination to improve the water situation. On the other hand, despite the absence of results vis-à-vis water and water issues the meetings did offer an opportunity for something more than a discussion on water issues. Meetings provided the chance for women to gather; in essence these were a social occasion beyond the home as the following fieldnotes indicate:

On our way to a community meeting during a visit to the field together with my supervisor, we met Mrs K who seemed to be in a hurry to get to her home.

JM: I asked her if she would join the meeting.

Mrs K: Yes I have to attend. I cannot miss any meeting related to water issues. As you have seen in this village water is a big burden.

Shortly before the meeting began, Mrs K appeared dressed up in her traditional attire with her hair well combed, despite all difficulties.

(Fieldnotes, 19/07/11)

The water meeting, aside from its practical purposes, therefore, is a social occasion - a reason to get dressed-up and to show a good face. This behaviour is similar to the priority of washing the school uniforms by the woman (noted in Chapter Six) to ensure the children present a “good image” in public. At the end of one meeting I got involved in the women’s discussion to explore why they participated actively in the meetings.

Ms Goretti said:

This is a rare chance we get together peacefully as women. During most times the gatherings are occasions when we have much work to do, such as funerals or weddings, but now we can talk comfortably.

(Fieldnotes, 17/07/11)

Ms Nalu said:

I missed one of the trainings⁵⁰ while I had gone to nurse my sick mother. This time I made sure I came early. We also take long without seeing each other as women in this village. We have a lot of work to do. By the time you finish working, you have no time left to visit your friends.

(Fieldnotes, 18/07/11)

The women use the meetings to share life; to present a face to the community; to show their personal side; to relax and catch up on other social events that are happening in the village. I observed this behaviour at all the meetings I engaged in in this village. The pretext of water brings the women together into their own society and allows them to also talk about other issues that affect them on a woman to woman basis. And yet, the company and friendship of the women notwithstanding, the lack of involvement and participation in water issues by men, remains critical in this village. The men are seen to be in positions of authority and dominance both within and outside the household in this society. Their limited participation with regards water issues is a big challenge for the women and their children. In the following section, the unequal power relations between men and women in water issues are presented.

⁵⁰ The women referred to the water meetings conducted during my study as trainings. They considered this an opportunity to obtain new knowledge about water and health.

8.7 Disempowerment and Tokenism in community management of water

According to MWE (2013, p.198), civil society organisations:

Appreciate that it is important to involve women since they bear the biggest burden of fetching water. Most CSOs have mainstreamed gender in all their projects and activities. In this regard, communities are sensitised about the gender concept and its significance to sustainable development, and why everyone, including both men and women, must be involved in making decisions on matters that affect their lives. In view of the Golden Indicator No. 10 (% of Water User Committees/Water Boards with women holding key positions), women have been selected to key WSC positions either as Treasurer, Vice Chairperson, Secretary and caretaker.

When improved water sources were provided within this village, with support from the district and a charity NGO as earlier stated in this chapter, Water User Committees (WUCs) were established as a statutory requirement to oversee the management⁵¹ of the water sources. The district and NGO representatives facilitated community dialogue meetings to elect WUC members. During a community meeting, the public nominates individuals who are considered respected and hardworking members of the village from among whom the committee is selected. As I walked down to one water source one day, I had a conversation with a man who was born and lived in this village. He said:

Water committee members took on the positions with a lot of financial expectations. However, members no longer hold meetings neither [do they] mobilise people to clean the wells. They have lost enthusiasm in the entire process which is affecting the maintenance of the water sources. The byelaws that are supposed to guide use of water sources have never been made by the committees... Therefore, people are reluctant to participate in clean-up and less willing to make any contributions towards the repairs of the well. This is an obligation placed by the government on the users (community) for all improved water sources. '*Bulungi Bwansi*' [for the good of my country] was very decisive and uniting towards a common cause, but the community contributions have led to divisions, conflict and hatred amongst those who contribute and those who do not.

(Fieldnotes, 08/02/11)

The fieldnotes depict challenges of non-functionality of the WUCs due to factors such as the tokenism of power which demoralises the women from active participation. The inaction by

⁵¹ Operation and maintenance guidelines were developed by the Directorate for Water Development (Ministry of Water and Environment – Uganda).

the WUCs further stretches the women's access to water when the water sources are not properly maintained.

In an attempt to address gender issues with regards water management, three out of the seven members on the WUC were supposed to be women as per the government guidelines. However, despite this equality oriented policy, the reality at the committee level was that women, despite their physical presence, were nonetheless excluded from committee processes and decision-making. Mrs Ben a WUC member who was in charge of health said:

I was a member of the committee, I did not resign, but I no longer know what is going on.

JM: What are the issues with regards the committee?

Mrs Ben: You know how men can make things difficult. They used to make decisions without our knowledge especially where money was concerned. I realised it was a waste of time for me to follow up and see what was going on.

JM: Do you consider continuing on the committee?

Mrs Ben: I would want to stay on but it is not easy. I do not want to betray those who nominated me.

(Fieldnotes, 08/11/10)

By staying on the committee, this woman shows hope that one day there will be possibility of the women's voice being heard in the context of public water management.

This woman's comments contradicted those of the chairperson of the WUC who had encouraged me to talk to this woman representing her as one of the most active women in the village and a WUC member. From my talking to this woman, I realised that she attended only the introductory meeting and never participated in any of the subsequent water-related events. During my further interaction with this woman, I learnt that her older children were no longer at home to help her with the water collection. She had decided to focus on her household water needs. She said:

I worry about water every day. I never know how much water I will be able to get during the day to be able to do my work at home. I have to wait for the children to collect water before and after school.

(Fieldnotes, 15/11/10)

A female ex-member on the WUC said:

Women who participate in community meetings and make contributions towards the repairs of the well have no say in the final decisions made. The treasurer to the WUC only comes to us to collect money but we never decide how it is spent.

(Fieldnotes, 10/12/10)

And yet another female member of the WUC expressed her disappointment having served on the committee:

It was like “pulling a rope” with these men on the committee. Our ideas were never considered. The committee no longer works well. It is mostly the chairperson and secretary to the committee who make all decisions yet we are the ones who struggle to ensure water is available. That is why even the water sources are no longer being cleaned regularly. Even at home, the men do not take any action even if we share with them messages from the meeting about water.

(Fieldnotes, 12/05/11)

Hence, while the notion of community participation aims at facilitating concerned parties to be part of the planning and implementing process, in Uganda, the reality is more of tokenism rather than true participation as was illustrated by Arnstein (1969). These comments echo what I heard about women’s limited decision-making power in the village of study. The election of at least three women on the WUCs as per government guidelines seemed to be more a representation in number as opposed to inclusion and shared responsibility for the water sources maintenance. There was no power given to the women on the WUCs, they were merely tolerated or, in the words of Amadiume (1997, p.x), they provided a “mere presence of women in power [but with no] guarantee to an equitable social system.” Where the women agreed to participate in the committee and were keen to contribute to the decision-making, they had limited capacity to influence the outcome on the ground. The WUCs approach towards maintenance of the water sources had not succeeded either and, at the time of this study, many members were not up to date with the water issues. Decision-making power remained in the hands of a few LC members who made decisions about the cleaning of the open well and spring. Repairs of the faulty shallow well remained contentious with no clear support mechanism from either the government or the community members by the end of the study. Women’s existence on the WUCs was merely tokenism to fulfil the requirements set by government, but in reality, women had no influence.

This situation of powerlessness is a worked example of Lewin's (1947) gate keeping theory where there are "gates in" and "gates out" to decision-making. The women in the village of study had "gates in" to household water management including, decision-making with regards water collection, use, handling and storage. However, at a community level the "gates in" to decision-making were closed, including decision-making with regards location and maintenance of water sources and finance related issues (ibid). The consequences of not being in a position to contribute in a meaningful and credible fashion to decision-making around water had significant influence on social conditions, health and quality of life for these women and their families, especially their children.

8.8 The notion of expertise on water and health

In the community of study, Village Health Teams (VHTs) were selected and trained with a view to promoting health as part of the national government strategy. Interventions for health which were promoted by two key actors, government and NGOs, included: training; demonstration of hand washing facilities; provision of toilet specifications; and posters containing health messages. The NGO focused on implementing integrated social service delivery programmes with an emphasis on health promotion.⁵² Water, sanitation and HIV/AIDs were among the key components of the programmes delivered. The integrated approach aimed at ensuring that maximum benefits from the water sources accrued to the community and that proper hygiene behaviours were adopted and practiced. This explains why health education is a key element carried out within the notion of public water management. This situation is the dominant process of a health education model – telling the people to do something – rather than a health promotion process which needs to respond to the reality on the ground, by looking at the context of the health circumstances. The health education focus is more akin to a patriarchal model than a participatory model. This approach is more inclined towards the reduction or elimination of water-related diseases.

⁵² Basic health promotion consisted of health messages communicated through posters and home visits carried out by the health promoters. The focus was on prevention of water and sanitation related diseases; personal hygiene; keeping the environment around the home clean; the need for a safe water chain from source to home; hand washing.

As a visitor to the community of study, during my fieldwork, I held discussions and engaged with the local government health team in charge of the village and local leadership. The programme involved local meetings at which the need for support to facilitate the VHTs was emphasised, particularly in terms of monitoring the progress of the community members with regards construction of toilets (pit latrines built using mud and wattle), bath shelters⁵³ and dish racks.⁵⁴ On further enquiry and observation of the local government's programme, I realised that emphasis was placed on the development of more key hygiene messages including how to keep containers safe in order to have a safe water chain and advice on personal hygiene (bathing, washing and brushing teeth). This agenda was decided by the health staff and imposed from outside without community engagement. I recorded the fieldnotes below based on a reflection of my own work as a health promoter in previous years

My role [as a health promoter] then was to develop and package hygiene messages. In order to ensure community participation, members were asked to identify the hygiene behaviours they were familiar with from a set of pictures and training material (package) and select which behaviours were negative and needed to be discarded. An action plan would be drawn by the community as to which behaviours they would deal with. I would monitor the actions taken by the women in their households. Despite women's involvement in the project, improvements only lasted during the project lifespan. Maintenance of the hygiene behaviours was minimal once the project came to an end. The situation in this village is similar to the villages I worked in two decades ago. Despite the health promotion activities, the engagement was short lived and the key issues of water management and the processes involved were absent from the engagement by the health promoters.

Having interacted in the community and with the women, on a daily basis, it occurred to me that the challenges that women face go way beyond having the knowledge of health behaviours. The women's health is more challenged by the socio-cultural issues such as power imbalance in decision-making, domination behaviours by the men and lack of voice by the women. These issues have not gained prominence in the water-related interventions. Greater attention was paid to getting the women appreciate the basic health messages which were communicated through posters and home visits carried out by the health promoters. The focus was on prevention of water and sanitation related diseases; personal hygiene; keeping the environment around the home clean; safe water chain⁵⁵ from source to home; hand washing. However, when the issue of dirty containers was brought up, Ms Nakityo said:

⁵³ Temporary structures made of grass and banana fibres.

⁵⁴ Structures are built using local materials such as wood, banana fibres or nails.

⁵⁵ Focuses on handling of water from the source to mouth

Our priority is on water for cooking and bathing, not for washing jerry cans, besides we hardly get the time to clean the containers. However, the health promoters continue to educate us on good health practices and we appreciate the message. But we are constrained by water.

(Fieldnotes, 24/05/11)

This links to Senga's situation where she was engaging in personal hygiene and sanitation practices, but within the context of a reality of inadequate water supply and huge demands around water sourcing. In other words, women were engaging in health behaviours but within restricted availability and resourcing of water.

The women's group leader Mrs Bunja mentioned that:

Hygiene is one of the topics discussed in our self-help group. We encourage women to keep clean homes and ensure that the children are taught good hygiene. Women are so active in water issues, but they are discouraged by lack of enough water at home. They have struggled in the past to give time and money when requested by the local leaders as regards water issues. They also save money and buy the jerry cans, but life is not easy for the women.

She went on to say:

Naawe obusente bwelikazzi obumanyi... You ought to know women's little hard earned money.

(Fieldnotes, 27/07/11)

The women seemed to have a great awareness about their roles around hygiene. Despite the fact that women knew how to stay healthy in terms of hygiene, for example Senga, they were frequently unable to apply this knowledge due to lack of water from the public water infrastructure. Throughout this study, I observed that critical issues relating to the management of water and health were embedded in the inherent socio-cultural practices that render men more powerful, and allow them to have greater decision-making than the women. On occasion, in this work, issues of power were also manifested amongst women. The issue of power is discussed in detail in the following chapter.

The fieldnotes above relates to the discussion on the biomedical model – its relative ease when it comes to deciding programmes, but its limitations when it comes to making a

difference. It is not the lack of knowledge that is a problem to the women, but it is issues with regards water management that constrain their role performance. Therefore, in seeking to change behaviours with regards health, one needs to understand the circumstances within which the women operate and manage water in this village. This relates to the theory of gate keeping by Lewin (1947) in relation to development of health messages in order to change the food habits of the family.

8.9 Public and private water management: challenges of womanhood

A key issue for the women in this village was their dependence on men and the need for their co-operation in order to manage water both privately and publically. The women cannot adequately fulfil their roles in the home for their families when they are unable to engage collaboratively with the men on the issue of water. With regards the repair of the well, men's response was not forthcoming, a situation which is similar to the challenge of purchasing containers, where the men were either slow to respond or they ignored the request. This situation was very conspicuous with regards water containers and repairs to the wells.

As expressed by Mrs Miti:

I am stretched with water issues both at home and at the water source. I can hardly make ends meet. I had to give money towards the well repairs and I have also bought the jerry cans we are using now.

(Fieldnotes, 14/02/11)

The woman expressed her deep engagement to the point of futility in the water activities at household and community level. This engagement, however, is no match for the relentlessness of water challenges, both at domestic and public. This woman, and others like her, cannot realise the difference with regards water availability and management which would allow her to perform her roles effectively. Moreover, a key issue at stake is a reliance on hardware (both at the private level – jerry cans – and at the public level - hand pumps) to manage water. The women are reliant on men and at the mercy of their indifference to manage these fundamental elements of opening the gate” to water where the pump and containers can be viewed as elements in the gate keeping, what Lewin (1947) referred to as the “gates in.” The availability of water, therefore, becomes a gendered aspect both at the water source and as regards the containers which is hugely dependent on the will of both men and women to fulfil their roles respectively. Hardware as a domestic and public issue re-

emerged time and again in the study. The jerry could be regarded as a metaphor for private patriarchy, where women decision-making power is limited. This leads to a frustration for the women in their gate keeping role to water. The hand pumps could be a metaphor for public patriarchy whereby the district emerges stronger against the challenges of the powerful over the 'gates in' (the men) hence the men essentially become invisible. They are not heard by the men.

As a result of the repeated failure of the pump in this village, people were less willing to make contributions towards the repairs of the well. One community worker further explained the situation as I recorded in my fieldnotes:

Inadequate water supplies account for failure of the shallow well. The population is too big since water is shared with neighbouring villages. She says the demand for water exceeds the supply. People use too much effort to try and get water out which damages the pump. Children do play with the pumps, but, the major cause of failure is that the pump is faulty and not robust enough to withstand the effects of the pressure that people exert on it to draw water.

(Fieldnotes, 02/03/11)

The statement made by the woman shows lack of clarity with regards the cause of the failure of the pump. This "conflicting force" (Lewin 1947, p.145) has prevented people from contributing funds to get the well repaired. The responsibility for operation and maintenance of the well had gone beyond the community's capacity to handle. Such circumstances constrained the women's access to water leading them to travel longer distances. Time spent by women and children collecting water is time that cannot otherwise be spent doing anything else. The frequent breakdown of the hand pump is the collective obligation of the users of this shallow well; yet, the personal payback regarding the repaired well is not conspicuous enough to the women who are stretched to the limits in terms of resources. Where some people contribute funds to the maintenance and repair of the pump, others do not. Conflict emerged amongst those who contributed and those who did not. In this context, the notion of obligation is hierarchical i.e. the local government places the obligation on the community rather than the community agency managing the situation. For a variety of reasons, the local community do not see much value from contributions for maintenance of the well which is too demanding in terms of repair. Given the patriarchal nature of life in the village, in practical terms the decision about where to collect water is one of the only ones that women can make. Their influence at household water management goes some way to

them having autonomy regarding water issues. However, domestic issues as discussed in Chapter Seven are symbolically and practically linked to public water management. They cannot be disentangled. As a result, women need real partnership in public water management and not the lukewarm co-operation that exists in the WUC. Where this partnership is absent, water and water management have an enormous influence on the essential, fundamental elements of community health and family health as viewed from a socio-cultural perspective - peace and harmony (Smith 1983). Smith (1983, p.31) refers to the “eudaimonistic model” of health which is associated with living a satisfied meaningful life. However, by the time all that needs to be done to ensure basic existence for the women and her children is addressed, there is little time and energy left for the woman to lift herself and her children to a better and more fulfilling position or status. The engagement with water robs the woman of the potential to live a full life since she spends so much time planning and addressing water-related issues. The woman’s time is spent on subsistence and she is not able to move beyond that to take steps towards self-actualisation.

In summary it is noted that operation and maintenance of the water sources is central to community water management. This chapter discussed the elements of gate keeping to community water management; the women’s gate keeping role and the limited decision-making power in public water management. Women’s involvement in water management at the public level demonstrates how events at the public level influence (or not) the private water management. Patriarchy and male domination which limit women’s voice and participation in decision-making have also been explored where women contribute to community efforts at water management they are obliged to do so out of a desperate need for water for their families. The social disorder as reflected in men’s limited participation with regard to public water management poses challenges maintenance of water sources. The chapter affirms that the conventional approaches employed by the health and water personnel pay limited attention to the health realities as experienced by the women. In addition the dilemma of children as key collectors of water vis-à-vis maintenance of water sources was explored. The influence of disempowerment and patriarchy practices at public level ultimately grow our knowledge and understanding of women, water and health. In the following chapter, I provide an in depth discussion and analysis of the concepts with regard women, water management and health.

CHAPTER NINE: OVERALL DISCUSSION

9 Introduction

This study set out to develop an ethnographic understanding of women, water and health in rural Uganda. This chapter synthesises the key study findings of the thesis to advance knowledge on key academic and theoretical debates. My interaction with women in the village of study provided insights into the symbolic and cultural complexity of issues surrounding water and health from a gendered perspective. These include: the prescribed social roles and gate keeping that women play as gate keepers in water management both at household and community level; the socialisation process relating to patriarchy, power and powerlessness, and how it leads to submission, by the women, in issues related to water; the symbolic importance of water to womanhood as seen from the time spent on planning, negotiating and coordinating water activities on a daily basis; children as key collectors of water; patterns of forces that lead to significant happenings around water management; and how they influence water collection, use and storage as well as water management at household and at community levels; and the myth of community participation which affects operation and maintenance of water sources. These elements amplify the notion of health from a socio-cultural dimension.

In this chapter, I discuss the fundamental issues of water and its symbolism to womanhood, and the prescribed social cultural norms which define the woman as the principal gate keeper of water. I argue that her role as gate keeper in the public and private management of water has significant influence on the woman's role performance with regard the household water-related activities and defines the status of the woman in the social setting. In addition, I propose to make a shift away from the biomedical model of health which is the predominant view at global and national level. This biomedical model does not sufficiently address the socio-cultural issues with regards to water management and health that affect women on an everyday basis. In this study, I focus more on the socio-cultural dimension by discussing the influence of water management on the health of women who bear the responsibility in rural Uganda.

I add my voice to that of a number of studies which explore the critical role women play in water management (Buor 2003, Singh 2006, Cleaver and Hamada 2010). These scholars focused on the quality of drinking water, water borne diseases such as diarrhoea, the long

distances walked to the water sources and the need for maintenance of water sources. These studies also highlight the associated risks and constraints such as assault to the women and their children that they get exposed to in the search for water. The studies provide important information on the status of women, water and health but they do not explicitly explain the socio-cultural dimension to health from the women's every life. Singh (2006 p.96) noted that women universally face the problem of access to safe water sources; encounter hardships in fetching water. Through this ethnographic study, I engaged with the everyday life of the women to appreciate how the women as individuals respond to the group actions to lend meaning to water management issues. The reflective process that I engaged in through this symbolic interaction provided me deep insights into the health of women in rural Uganda. I emphasise the need to redefine how water influences the health of women in rural Uganda on an everyday basis from the socio-cultural perspective. In the next section, I discuss key concepts and notions to women, water management and health.

9.1 Prescribed social roles and gate keeping to water

In Chapter Six and Seven, I observed that women play a critical social role in decision-making and negotiating around water management. Women as principal gate keepers engage in an intense decision-making process toward ensuring water availability within the home.

In this study, I argue that the struggle that women face during the management of water emanates from the deeply rooted culture of gate keeping with the associated concepts of gender, patriarchy and power around water. Therefore, understanding of women's involvement from a gate keeping perspective is important to discuss issues of women vis-à-vis water management. Water management is greatly influenced by actions of gate keepers. The "passing or not passing of the unit through the whole channel depends on a high degree upon what happens in the gate region" Lewin (1947 p.145). The gate keeping role by women requires regular planning, coordinating, organising, negotiating and monitoring of water collection and water use at household level given the patterns of forces that surround them. The gate keeping role to water which women play makes their day relatively longer than 12 hours as they work hard to manage the collection and use of water in a context marked by scarcity.

The Uganda report on the Beijing platform⁵⁶ (GOU. 2000, p.1) indicated progress towards increased attention “to the involvement of and the benefits to both women and men at all levels across the different sectors e.g. health, education, water etc.” However at local level (area of study), this progress has not translated into real benefits in everyday life of the women. Water management is still heavily dependent on access or not to the water sources as well as the condition of the infrastructure at the source. The technology of the water sources needs adequate attention, same as the receptacles (jerry cans) for collection and storage. Having access to water relates to the percentage of “people within 1 km of an improved water source” (MWE 2012, p.3). This target has not yet been achieved in this village as depicted from the long distance of up to 2kms travelled by many of the women and children to collect water. Whereas emphasis is placed on water quality (MWE 2012, p.3), this study reveals that preference for water collection is more influenced by easy access to the water source and not the quality of water i.e. convenience is more important to the women than the quality of water collected. Of critical importance is the quantity of water available for the women to perform their social roles. The golden indicator set by government of Uganda targets to enable people access to safe water within a distance of 1km is still far from being attained. As a consequence, the 40-60 litres obtained in a day were neither sufficient to enhance the women’s role performance. The intensity of the engagements denies the women their ability for role performance and a chance to live up to self-actualisation. The implication is that the women concentrate on the basic needs of having water available and can hardly move women towards advancement in life that could lift them towards full self-actualisation. For the women in this village, considerations for advancement include whether or not to engage in income generating activities, and when to participate in other social activities outside their home. The women’s opportunities to engage in activities that could enhance their income and social welfare are curtailed. Moreover, “what women and men do, need and want in relation to water is only partially shaped by gender, and is a function of complex social and political dynamics” (Ahlers and Zwarteveen 2009 p.419).

⁵⁶ Report on government of Uganda’s implementation of the Beijing platform for action (1995) and the outcome of the twenty-third special session of the general assembly (2000).

Organising around the collection of water is the woman's first priority every day. This implies that without their engagement in water-related activities, the social stability at household level would be undermined.

My ethnographic experience revealed that collecting, carrying and deciding how to use water is underpinned by deeply rooted socio-cultural norms which prescribe different roles for women and men. The ascribed roles for women and children through the socio-cultural norms were highly conformed to and respected, even where it did not make logical sense. Singh (2006, pp.98-99) argued that "the ascription of roles and responsibilities, and access to powers and resources related to these, are highly differentiated, both between women and men, and amongst women themselves."

I realised that the women still openly took on the role of water management, in order to maintain their position of "wife and mother" as taught to them during the socialisation process. The women always strived to satisfy the domestic water needs including their husbands' needs at all costs. Gendered inequities manifest themselves not just as individual attributes, but are also rooted in gendered divisions of labour (Ahlers and Zwartveen 2009, p.417). The women and children conform to the demands of society to avoid deviating from the norm. Lytton and Romney (1991 p.267) argued that "the home environment will of course be the first and perhaps the most salient agent of such reinforcement but others particularly peers and teachers also play a role." This assessment corresponds to the assertion by Nannyonga-Tamusuza (2009, p.368) that "the assignment of gender is based on specific 'culturally' assigned roles and identities and failure to adhere to them may disqualify... a female as a woman."

In Chapter Seven, I observe that children are a key channel in water collection. The women remain as the key gate keepers and managers of water. I also point out that the presence of children plays an essential role as collectors of water within the notion of gate keeping as they are a major resource and the principal carriers of water in the home while women maintain the overall gate keeping role. The gate keeping role of water by the women starts during child development where emphasis is placed on training the girl-child to focus on their domestic roles as future wives and mothers as opposed to their social and economic empowerment. The girls get biased to a mind-set that limits their horizon to the household as wives and by so doing, the girls' future in terms of self-actualisation is compromised. The socially and culturally constructed roles around water begin at a very early age as observed in

Chapters Two and Seven. The major role that children play in collecting water is of great assistance to the women, but it interferes with the children's normal routine at school, time for play and study. Hence it has an adverse effect on the children's school performance and health as was described in Chapters Six and Seven. In this study I also noted that the adaptation to scarcity of water by the women is largely a response towards domestic role performance and fulfilment of their full potential and self-actualisation in life. Given the significant level of effort and time expended in this regard, it all comes at a cost of other social activities and denies women the realisation of self-actualisation since water management consumes most of their time and thoughts.

My analysis of data also revealed that women pay greater attention to the institutional requirements such as presenting themselves and the children in a decent manner at school and at church. This reflects the women's conformity to society expectation and the desire for the women to protect their image as responsible mothers as well as the esteem of their children. Walby (2007, p.450) argued that gender and gender "complex inequalities" exist in society. The socio-cultural issues are tying the responsibility of water management to women. However, the women hold this responsibility (as viewed from their expressions) as an element that adds value to their womanhood once they are able to fulfil this role.

This study established that men play a key role as gate keepers to the resources at household level. The men will open the gates to access to water or close them based on the decisions they make about the utilisation of resources. The positive actions by men in gate keeping achieved greater life satisfaction and agency around managing the gates. In her study of maternal gate-keeping, Altenburger (2012, p.24) suggested that mothers who scored higher on life satisfaction reported less gate closing and more gate opening; fathers also reported greater maternal gate opening when mothers reported greater life satisfaction. Mothers who are more satisfied with life are probably less critical of the father and spend more time enjoying the family interaction.

The positive response by the women to this enormous responsibility for water management in addition to other prescribed roles is a reflection of gendered constructs constituted in the family [which lead] to gender "complex inequalities" Walby (2007, p.453). The complex inequalities pervade the social setting in the village of study. For example the conventional practice for women to kneel in front of men upon greeting, (as a gesture of submission), is a

gesture of men's control over women. Similarly, the water-related activities become a kind of "disempowerment and oppression" to the women. The women get caught up in the web of helplessness which makes it difficult for them to enjoy their full potential in life due to the dilemma that results from socio-cultural values. The values determine what a woman is supposed to do as regards water in this context. This burden placed on women with diminished support from men, has grossly undermined advancement of the rural women. Despite this scenario with regards resource management, the women do not necessarily see themselves as "targets" of the gender constructed roles.

In this ethnographic study, I noted that the social conditioning of women as per the roles defined for them, leads them to submission. With the exception of a few women who have moved beyond the basic water management at household level, these social roles in relation to water prescribe and determine what they have to do as well as when and where to do it. The women recognise the heavy toll on their shoulders, from their expressions (words and facial); they accept the status quo where the men do little about water issues. Hence, decision-making and negotiating around roles and responsibilities of water management influences the social life and health of women on an everyday basis.

Lewin (1947) argued for the need to change the patterns of forces which determine the decisions of the gate keepers in changing the food habits of people. In this study, the patterns of forces relate to the social, physical and economic forces that influence the gate keeping process to water. It should, therefore, be recognised that women will not be able to adequately perform their social roles and gain a sense of self-actualisation if forces which hinder adequate water supply are not changed. The forces include the men's decisions which depend "partly" on their patriarchal and masculinity beliefs and values as ascribed by society. Men in this village perceive women to be inferior, as the providers and the "carriers" of water. The relation between gendered ascribed roles, expectations by society and patriarchal dominance has a significant influence on water management. This study argues that some of the forces like cultural change require long term interventions which should be implemented gradually to avoid antagonising society. If the forces are not addressed, the women see themselves as having "no choice" and as vulnerable people responsible for water management as a result of their womanhood. In short, the women's role of gate keeping has major social implications for their lives and the lives of their children.

9.2 Power and powerlessness

In this ethnographic account, I make a contribution to existing knowledge by unveiling the deeply rooted patriarchal practices that have subdued the women's potential to improve their role performance as managers and gate keepers to water. I explore circumstances that empower or disempower women in their role performance and limit their potential towards self-actualisation with regards water management. The patriarchal nature of society in rural Uganda influences the relations at household level as regards water management. Men assume a position of power over the women by expecting the women to take on fully the role of water management in the home. The women take on the role too, albeit against a background of a prescribed socialised role.

This socio-cultural context of patriarchy and patriarchal roles within the village of study underpins the prescribed roles for women, particularly in relation to water and water management. This situation is similar to what Nanyonga-Tamusuza (2009, p.374) described in relation to the Baganda culture where she argued that "the young females are socialized to believe that their full identity depends on their being married and "controlled" (original quotes) by men who must pay bride price." Walby (1990, p.1-2) argued that the "concept of patriarchy is indispensable for an analysis of gender inequality and "essential to capture the depth of women's subordination." In this study, the women's issues around water and health are more to do with the social set up, that of patriarchy and power relations. When they get married, women take on responsibility to manage and coordinate activities at the household level. Consequent to this is the disempowerment of women both within the home and outside the home and the level of tokenism in decision-making which they experience. According to Ahlers and Zwarteveen (2009 p.410) there is "power dynamics underlying resource allocation with gender inequality being a critical structuring force."

The lack of access to resources to facilitate effective fulfilment of this role as discussed in Chapter Six and Seven means limited role performance in terms of meeting the needs of their family. These needs include but not limited to water for personal hygiene and nutrition. Indeed, this control is also a burden given that the circumstances under which the women are operating are not conducive due to limited resources and support from the men. Moreover Singh (2006 p.96) observed that women were "denied equal water rights and resources within their societies." On one hand, these socio-cultural issues form the basis for discussing the

influence of the unequal power relations in water management that result from the patriarchal nature of this society. On the other hand, however, the women have space to make most decisions around water within the household. At a practical level, women have considerable control, specifically with regards planning, negotiating and coordinating as they make decisions around water management as demonstrated in Chapter Six and Seven. Given that the priorities of the men are not necessarily in tandem with the priorities of women, men usually tend to focus on what they consider important to themselves as men, regardless of the views of the women. In the rare situations where men have the courtesy of consulting their wives on resource allocation, there is always a difficult compromise or negotiation to be made on what to prioritise.

In Chapter Eight, I discussed the challenges that women face with regards public water management. The women have got an extended role to participate in WUCs where they are expected to be part of the decision-making on water management for the common good, as well as make contributions in cash and kind for O & M of the water sources. However, in the village of study, the presence of women on the committees has not made much difference as the men still dominate the decision process. As Singh (2006 p.96) noted, women always expressed their views but their voices were never heard in the process of making decisions about water. Men's dominance in decision-making on WUCs shows apparent power dominance where the women are physically present but absent from the decision. Women's presence is mere tokenism. It creates an impression that women views would be heard yet in actual sense they are not considered. Arnstein (1969, p.219) refers to this situation as a circumstance of "participated in participation." In Chapter Eight I gave an example of Mrs Ben who stayed on the WUC for many years, but remained an inactive member.

Much as the DIM MWE (2007) provides for women participation at the WUC, the tendency for men to dominate the discussions and the decisions made on water is a manifestation of social inequality among the men and women in decision-making. Moreover, men sometimes hide behind formal structures such as the WUCs to use power principally to prevent dissenting views from women and to attain submissiveness from the women. Hence many women remain disempowered and continue to bear the burden of water management to meet society expectations.

This tokenism results into women's invisibility in decision-making both in the public and private spheres. The passive agreement of women on key decisions around water and women's silence does not indicate unwillingness to participate, but forced compliance to the socio-cultural situation. The compliance is rooted within the social-cultural setting in which they are nurtured and socialised. The apparent lack of conflicts or arguments about water management in the household is identified as both a sign and a consequence of deliberate use or misuse of power mechanisms. The compliant nature of the women is similar to what Weisgram, Dinella and Fulcher (2011, p.255) in their study on the role of masculinity/femininity in shaping young men's and women's occupational choices found that, "among both men and women, masculinity was a predictor of perceiving one's future occupation as high in salary and influence over others perhaps due to the traits that the masculine gender role encompasses (e.g., dominant, provider [and] strong)." At household level, men who rarely or do not come for the community water meetings make decisions as men, regarding resource allocation towards water management without due consideration of the women who understand water issues better. This is due to their everyday engagement in the gate keeping of water.

Men want to maintain power deliberately but they are not conscious about how their dominant decisions on water issues translate into women's limited social role performance. In this regard, Weisgram, Dinella and Fulcher (2011, p.256) argued that "reducing gender segregation of occupations may involve breaking barriers that prevent women from entering fields [and] changing perceptions of the values fulfilled by gender-typed roles." In the village of study, the desired improvements in decision-making have not yet been realised to a meaningful level.

Cornwall (1997, p.11) argued that "where the concept of 'hegemonic masculinity' (original quotes) is most valuable is in showing that it is not men per se, but certain ways of being and behaving, that are associated with dominance and power." Given that there is imbalance in the resource control at a public management level vis-à-vis water as a resource, this study takes on board the argument by Cornwall (1997, p.12) that "enabling people means to expand their 'power within' (original quotes) in order to have power to make their own choices..."

The men have more if not total control over financial resources in the family and determine what and how to spend it. Decisions on purchases of water-related items are used as a conduit

to exercise their manliness. With the exception of a few women who “engage in small income generating activities,” and hence able to buy some containers, the majority of these women have been kept vulnerable and subordinate to the power of the men where financial resources are concerned. This “vulnerability is often accompanied by exclusion from meaningful decision-making” Bouwer (2006 p.467), including the spending decisions. Consequently, they constantly suffer the challenge of inadequate water due to shortage of containers for collecting and storing of water. This situation sustains gender inequality. The increased responsibility for women with regards water management arising out of limited men’s participation has destabilised the social order around water issues.

Even though the women remain submissive by playing the role of ‘good wives’ to fulfil the expectations of society, the response to the water needs give the women a sense of power in form of an identity within the community. The backdrop of this identity is the compromise of the ‘real’ power associated with critical decision-making issues that limit the women’s increased role performance and potential towards self-actualisation. In the process of putting their best effort to water management, the household related activities rob the women of the time, space and energy to care for themselves. Single-handed, the women bear the responsibility of ensuring water is available to meet the family needs, but at the same time the women strive to see that their children remain healthy and get a good foundation and hope for a generation change in the future by ensuring they go to school to gain some education.

This study revealed that despite containers being a major factor in determining how much water is available to the household; men do not prioritise their purchase. The women who have no, or limited alternative sources of income are largely powerless as they struggle to get the men to understand the need to prioritise and support water management.

The constant powerlessness of women with less or no income causes anxiety, and social instability in role performance. Moreover as the women struggle in this situation, the men remain expectant of their needs to be fully met despite their failure to provide alternative solutions to relieve the women of this burden. Receptacles (jerry cans) may seem less important or insignificant when viewed in the context of the technological considerations around water facilities. However, the presence or absence of these receptacles in a household uncovers the power relations between the men and women in relation to allocation of resources for household needs. These power relations are one of the major causes of the

struggle that women continue to face in relation to water management. The men's actions with regards water reflects the tendencies of manliness which drives men to wield power and use it to create an environment that is not conducive to either discussions or positive collaborative action with regards the gate keeping of water within the household.

This manliness signifies a "relationship between cultural practices and social processes" and results in unequal power relations (Bourdieu 1993, p.1). In the village of study, power over the resources with regards water is dominated by the men. (Bourdieu 1993, p.1) further argued that "unrecognised as such by society and particularly the men, and thus [it is] accepted as legitimate by society are embedded in the system of classification used to describe and discuss the everyday of life."

In Chapter Two, I made reference to literature pertaining to submissiveness in relation to the women's desire to satisfy the needs of their husbands and to meet the expectations of society. Submissiveness relates to women's inability to resist men dominance and decisions even where they are unfavourable to the circumstances surrounding their water need. As the women remain submissive and powerless victims," the women show creativity in managing water and they continue to go to meetings at a community level, in the hope that something better would happen. This demonstrates women's commitment towards their role performance particularly in relation to their own sense of self and their potential to achieve some degree of self-actualisation.

The women in the village of study had abundant self-confidence with regards water management. Take for instance the Ms Nakityo the woman I discussed in Chapter Eight who had considerable knowledge and challenged the health promoter about hygiene practices in a climate of scarce water. However, with the limited power as regards resource allocation, the women suffer social instability in their relationships with the men, as well as their sense of self as women. The socially dominant gender construction that subordinates females reflects and shapes social relationships where for some "men it represents power and authority" over the women (Nannyonga-Tamusuza 2009). The socio-cultural values that institutionalise dominance of power over resources for water by the men and the submissive nature of the women in the village of study are a major constraint to the women's social role performance and attainment towards self-actualisation in life.

The inadequacy of receptacles/containers in most of the households mainly due to men's reluctance to buy them signals a withdrawal by the men who are responsible for their provision from fulfilling their obligation. Walby (1990, p.1) referred to this type of behaviour as "men's flight from family responsibilities." With the limited engagement of men in household water issues, the women are increasingly shouldering the responsibility of providing the receptacles for water. This responsibility further constrains the women in role performance. This is compounded by the expectation at community level, of the women's involvement in tasks, but not in decision-making for water issues.

The scenario as presented above reflects a power imbalance demonstrated in the way the women plead with the men to buy the containers. As noted in this study, the women spend considerable time juggling around water. At the end of each day, for the women the scarcity of water is mirrored in paucity with regards an empowerment deficiency in resource allocation. As a consequence, the women remain constrained and cannot lift themselves beyond the household social roles. This principal role that women play in this village with regards water management is only part of a socio-cultural complexity of the gendered roles. The men's engagement in water-related activities which directly generate income, such as local brewing and vegetable gardening (refer to Chapter Six and Seven) resonates with the conventional practice of paid work being a preserve for men while women's domestic work is innate, social cultural and is never valued given that no monetary value is attached to it. Women without a source of income look upon the men for the provision of finances required to meet the water needs. The active engagement of men in income related activities maintains their quest for power and control of the money that is generated. For example, while the income from the animals reared by the women contributed to the basic needs of the family, the men had a big influence on the spending decisions. By contrast women had little influence on what the money from the brewing (which is a preserve for men) would be used for. Furthermore, this fiscal activity of beer brewing was also a social outlet that created status and expectations in this village, especially among the men since traditionally women were not associated with brewing and social drinking.

Whereas the National Gender policy aims at strengthening "women's presence and capacities in decision-making for their meaningful participation" (MGLSD, 2007, p.15), this objective has not been meaningfully achieved at the community level with regards water management. The water and sanitation gender strategy (MWE 2010, p.viii) states that, "the women's

influence on WUCs is still constrained by their low socio- economic standing and work burden, which limits their participation in decision-making.” However, in this study I observe that whereas it is a fact that the women are constrained by the domestic work burden, the dominance of men in decision-making on the WUCs and the limited attention paid to women’s voices with regards water issues was observed to be a stronger disempowering factor to women’s participation. Moreover, Goffman (1963) argued that it is difficult to ascertain effective involvement, since the meetings are also seen as an opportunity for women to interact as women. In this village of study, I confirmed that for the women, meetings were also an opportunity for them to socialise. Moreover the women are always present where water issues are concerned. However, their presence is mainly symbolic since their concerns on water management related issues are rarely addressed through the decision-making process.

The efforts to empower women through the awareness campaigns in the village of study by the NGOs have yielded good results. Women have increasingly formed groups which have enhanced women’s participation in activities beyond household level. A few of the women that have been exposed to self-help and income generation activities have become progressive in these groups and have broken the chain around water management. More and more women, and are liberating and transforming themselves from the current unfavourable norms prescribed through cultural practices. The majority of the progressive women include those with a higher level of education who were more likely to push for autonomy vis-à-vis their gate keeping role and to share this role with their husbands/ partners. Such women can manage to move beyond the prescribed role towards a more liberated status through which they can empower themselves towards self-actualisation. They have better bargaining power within the household and in society given the income and understanding of issues which enhances their social stability of water management and health.

Women’s ability to provide water containers within the household could be a “sign of women’s independence” (Walby 1990, p.1). These women, a few of whom are engaged in small trade, have raised themselves beyond the household confines and have been exposed to life beyond their village. Hence their social stability with regards water management and social welfare in general, is at a better level than for the women who did not attain a reasonable education level and had very limited income. I noted that due to the drastic changes in social network, women are increasingly involved in work outside their homes.

Engaging more in income related activities with the hope of improving the household income. This situation has changed the water landscape in some households where the women are able to buy containers or buy water from the vendors.

The women with an education level such as the teachers have a stronger voice with regards water issues within the community and in the households. With some income of their own, these women can purchase the containers, no longer need to collect water by themselves or by their children, but buy water from the vendors. They relieve themselves and their children of water collection and reclaim time for other activities. This exposure promotes women's empowerment and self-reliance and hence to some extent reduces the influence of men in key decisions that affect them as women. This practice deviates from the traditional norms and expectations. In extreme cases these women are labelled 'rebellious.' However, the fact that these women bring water to the household counteracts the labelling since they are still able to play their roles as good mothers and good wives who are in position to mind and cater for the family needs as per societal expectations. In addition they can also engage in other social activities beyond the household for example church and marriage ceremonies which enhance their health. This reveals that the men get less engaged in water management issues the women are trying to find ground around improving water management issues. Even where they still rely on men for certain actions, these women had better dialogue and negotiations with their husbands around water issues at household level. Therefore, the social class structure, a woman's position and stage in the life cycle are issues that can be understood within the feminist perspective as issues that influence the capacity to manage and cope with water management.

The economy of power vis-à-vis the gendered role of women within gate keeping is central to water management issues. In his discussion on the economy of power, Foucault, (1982, p.788) referred to "the exercise of power is not simply a relationship between partners, individual or collective; but it is a way in which certain actions modify others." In relation to the gendered role of women, the power relations between men and women have an impact on water management. As discussed in Chapters Seven, it is evident that where the men are supportive to the women's role in water management, resources to purchase containers for water collection and storage are availed. Alternatively, if they are willing, the men make arrangements for water to be provided by water vendors. In this situation, power over resources is positively exercised by these men to enable women fulfil their social role. The

limited participation and input by the men in issues around water management both at household and community level signals a loss in the concept of belonging in relation to their role as partners in home management with issues regarding water. The responsiveness of society towards water management is on the decline and has worsened the burden of women as the principal gate keepers of water.

Another form of power relations which exist in this village relate to infrastructural elements to water. Much as the district authorities hand over the water sources to the community to ensure proper maintenance, in reality the responsibility to provide for critical parts for repairs and the technicians remains with the district. The community including the men remains powerless when the water sources breakdown until the district responds. Arnstein (1969, p.219) referred to this situation as “an emotion” of involving “those people.” In circumstances of a malfunctioning water source, the women’s burden for water is increased rendering them more powerless.

This section has discussed that notion of power and its implications on women and water management. It has explored how the powerlessness of women is deeply rooted in the socio-cultural norms which accord power to men as regards decision-making on the allocation of resources. As a result of the constrained environment with regards water in the village of study, the women in rural areas remain largely vulnerable and are not able to perform their social roles and advance themselves towards self-actualisation. In addition the circulation of power and how it is used by both women (vis-à-vis their children as collectors of water) and men to enable or hinder water availability at household level is a key consideration in the exploration of the complex concept of water, women and health. In the next section, I discuss the symbolic importance of water to womanhood in view of the social cultural expectations and their impact on the wellbeing of women.

9.3 The symbolic importance of water to womanhood

This ethnographic study looked at the social world of women, water and health as a complex notion. The study established that the complexity can best be understood from the perspective of water management within the home – private – and water management beyond the home – public. Ahlers and Zwartveen (2009 p.419) argued that “gender is seldom the primary or most important axis along which water responsibilities and identities are divided.” However,

in this village of study, the women see water as a symbol of their womanhood through their domestic responsibility. The preciousness of water as demonstrated by the women's adaptation to the water scarcity is of the symbolic importance to their everyday life. The symbolic value was demonstrated by Senga when she mentioned that "every drop counts" and hence, no wastefulness. The symbolism of water to womanhood is a form of a language used by women to communicate their everyday life as discussed in Chapter Six where the everyday life of the woman is described. This is also demonstrated through the way the women relate with the water sources, the receptacles, the children and the men.

Water is not only about what it is used for such as cooking, bathing, etc. but also about the volume available for home use. In situations of less water, the decision-making about the ever competing priorities becomes even more strenuous to the women. In the critical incident described in Chapter Six, the woman focused attention on quantity of water available rather than the quality. This is contrary to the normal expectation that the quality of water is an important factor in choosing preferences in relation to water. The concept of safety in terms of water purity is far from the women's priority in this village. For the women, it is more important to have water available than considerations for the water quality, in order for them to be able to perform their social roles. This situation was observed by Tumwine et al (2002, p.756) that "when there is not enough water to go round, it means that there is less water for cleaning utensils, for washing hands after defecation or handling children's faeces, or for regular baths, cooking and eating."

This has an implication for health in terms of the spread of disease particularly with regards water for drinking and bathing. The decisions demand creativity and entrepreneurship - for women to find solutions such as reuse, recycling and rationing at every stage of their everyday life with water. However, in this village of study, women's work on water management was not seen as entrepreneurship and not as a health issue, but merely an obligation expected of them as prescribed by social norms. This happens because of the expectation by society that women are required to provide the water for household use anyway, yet these women are being creative by trying to serve humanity against the odds.

In Chapter Six, I discussed that the management of water also differs at different stages of the family life-cycle. While older women cope better with assistance from their children, the younger women with young children are caught in a web of despair, dilemma, and struggle as they trade between water collection, child care and fulfilment of the family water needs. Due

to its high demand, water management robs the women of the opportunity towards self-development and realisation of their full potential since they spend enormous time juggling between the water demands.

The study also revealed that symbolic interactionism of the individual actions around water is influenced by group actions. As indicated in Chapters Three and Seven, the symbolic interactionism is manifested through the individual responses by women to the expectations of institutions such as marriage, the church, schools and local leadership as well as community members with regard to water and health. This knowledge can illuminate our understanding of how women play a strategic role in the social stability of water management but at a cost in terms of their own self-actualisation.

9.4 A socio-cultural perspective to water and health:

In Chapter Two, literature suggested that in the developing world, the challenge women face in relation to water is mostly linked to water collection and water-related diseases. The focus is majorly on access to water; water source maintenance and personal hygiene. Diarrheal diseases are an important cause of morbidity and mortality in low- and middle-income countries (Govender and Pieper 2011, p.e4). Therefore, the biomedical model to health focuses on diseases such as malaria and diarrhoea as the major causes of mortality among women and children under five years. Pneumonia and diarrhoea – conditions that are readily preventable and treatable – continue to kill more than three million girls under the age of five every year (WHO 2009, p.24). Hence policy development and interventions for health and water are mostly disease oriented. The biomedical model to health has limitations as presented in Chapters Two and Eight. In this study, the socio-cultural dimension to health provides a deeper understanding of the issues with regard women, water and health. Smith (1983) suggested a model of health that moves beyond the presence or absence of diseases to consider socio-cultural dimension to health. Both the biomedical model and the socio-cultural dimension can be classified into physical; and psychological health from the water point of view. Health promotion is a means of providing information about behaviour change. Health promotion aims at implementing the health policy through health education to ensure disease prevention.

An understanding of water and health from a perspective of women as gate keepers in the management of water both inside and outside the home (albeit with associated socio-cultural-patriarchal problems) could shift understanding toward a more appropriate style of health promotion. The water management role as presented in this village of study had distinctive social and cultural features that distinguish it from other studies that focus on women as the primary carriers of water (Tumwine 2002, Singh, Jacks and Bhattacharya 2005, WHO/UNICEF 2010). This study reveals the fundamental role played by women beyond collection and carrying of water to a more intense water management role that involves: planning; coordinating and negotiating with regards water on an everyday basis. In this study, children played the critical role of water collection on a daily basis. This study has revealed that for the rural women, challenges of water management go beyond water collection and diseases to include the gendered role constructs emanating from patriarchy and submissiveness which constrain role performance.

This study further revealed that in reality the health messages given on key hygiene behaviours focusing on personal hygiene do not necessarily address the issues of concern to the women as they are struggling with the insufficient water at their disposal. Health education emphasises proper hand washing in order to minimise the disease transmission routes. For the women in the study area who juggle with a multitude of competing priorities, using sufficient water for hand washing is not a priority for them. The health education is well intended and targeted to create increased health benefits, but the practice is not attainable. Besides, the messages delivered are usually too many and do not put into consideration the constraints the women face. The social meaning of health behaviours in circumstances of restricted water availability at household level are demonstrated in the practices such as recycling of water for multi purposes as a way of coping. The implication of this scenario is that as women struggle to ration water, the health messages are simply received, but are not used because they are far from the practical realities the women are faced with given the circumstances surrounding water management within households.

The efforts by government and development partners towards reduction in diarrhoeal diseases and minimum safety standards for drinking water may not be achieved due to the insufficient quantity of water that constrains the women's ability to perform the necessary hygiene behaviours. From the observations and perspectives of the women, health was linked to the everyday needs of the family through role performance, adaptation and self - actualisation.

These models, as illustrated by Smith (1983), illuminated an in-depth understanding of women, water management and health as opposed to the conventional approach which looks at health from the disease point of view with the limited view of the circumstances within which the diseases occur.

The biomedical model of health does not take into account the socio-cultural context within which the diseases occur. This study reveals that inadequate water within the household, leads to limited/selected patterns of hygiene behaviours which compromises the quality of health and wellbeing of the women. The socio-cultural issues that women in the village of study face, are not considered as health issues by society itself, or by the health promoters who focus on the biomedical model that looks at episodes of diarrhoeal mostly. The health issues that women in the village faced went way beyond a biomedical model of health. Indeed the women could articulate the need for hygiene and even engaged themselves, through their leaders, in the dissemination of health messages around hygiene. Principally the health issues they experienced around water were those underpinned by socio-cultural factors such as the prescribed roles, patriarchy, and power that influenced their role performance as well as their ability to adapt and for self-actualisation. Hence, a clear manifestation that water influences the everyday life of the women from a socio-cultural dimension.

This study promotes the argument that an understanding of women, water and health relates to role performance, adaptation to the environment and limited self-actualisation. Hence health is not a mere absence of disease which occurs in the everyday life of the women, but also entails the unfavourable hygienic conditions forced on the women due to inadequate water. Hygienic-health behaviours such as bathing are among the basic needs which enable a person to live with dignity. In reference to Chapter Six, Ms Siita expressed discomfort about her uncleanliness due to inability to bath and to wash regularly which portrays self-neglect by the woman as a result of limited water availability. The women engage in many decisions around water starting from the water source to the household and beyond. The decisions that have to be made with regards water management ranging from planning, use and storage of water influence the health of the women. In the next chapter I present the study conclusions and recommendations.

CHAPTER TEN: CONCLUSIONS AND RECOMMENDATIONS

10 Introduction

It is important to note that water management is a highly gendered process as reflected in the inherent power relations, control of relationships and powerlessness of the women. The notion of powerlessness as described is manifested in the behaviours of both women and men in the village of study. The men in the village of study are physically present, but they are invisible in the issues of water management, a situation that raises huge concerns. In situations where they are present, the men are authoritative and dominate decision-making processes which suppress women's voices. The diminishing role around water by the men portrays a changing culture from sharing of a living to a burden of living especially for the women. In this scenario, the challenges around water management reflect a decline in social values at household level, hence a growing social disorder and a disintegration of a social culture. This suggests that both men and women should have a stake in water realities which is a central component of the everyday life in this village.

I have discussed the complexity of the socially constructed gendered roles as regards water management and their influence on the women's health from a socio-cultural perspective. Women are key actors to water, but have limited power at both household and community level. The study unveils the imbalance in the resource control and decision-making process around water management. It discusses how women and children's health is influenced through the daily negotiation and coordination in relation to the social roles as expected by society around water. Among other findings the discussion concludes that water is critical to women's social role performance. Hence, its limited availability constrains the women's domestic role performance, hinders fulfilment of their full potential and limits their capacity for self-actualisation. The study also concludes that children are the key collectors of water at household level. However, it was beyond the scope of this study to explore in detail the effect of water collection on the health and school time of children.

Specifically the study contributes to wider debates on gendered roles in water management and health from a socio-cultural dimension. This study adds knowledge on the central matters that can inform policy actors and development practitioners in water and health sectors. The study builds on experiences from an ethnographic endeavour to understand women, water and health, and, in so doing, illuminates the existing unequal power relations at household

and community level that influence water and health issues for the women in the context of sub-Saharan African and rural Uganda in particular. This study makes a shift from the biomedical model of health toward providing an understanding of water and health from the socio-cultural dimension. In so doing, the study challenges water and health strategies that mostly focus on the biomedical model and hence fail to recognise the social and cultural context within which women operate. The study highlights the key themes of gendered roles, power, powerlessness and empowerment. In seeking for meaning beyond an understanding of health as a mere absence of disease, this study explored role performance, adaptation and self-actualisation models to health. It further calls for processes towards meaningful social relationships, notions of empowerment and enablement for women to realise their full potential with regards water management. Finally, this study suggests that greater attention should be given to the socio-cultural perspectives to health and the need to view water management from women's perspective.

10.1 Study implications and contribution

This study contributes to the academic debate on women, gender and development. It adds to existing knowledge of the complexity of women, water management and health. The study generates more evidence to demonstrate the understanding of women, water and health beyond the conventional health promotion and its emphasis on disease. The study contributes significantly to the foregrounding of the socio-cultural issues which limit the women's role performance and the potential towards self-actualisation due to their gate keeping role to water management. The study challenges the status quo in which women are overburdened because of the gendered constructs to water. The study advances knowledge on the socio-cultural perspectives underpinning women, water management and health and identifies issues that can be addressed through policy interventions. The study provides opportunities for policy improvements at national level with regards water, health and community development work. This study establishes that the existing policy and legal framework relating to women, water and health falls short of addressing the socio-cultural issues and factors which constrain effective participation of the women. The institutional structures such as the WUCs which were put in place to promote women's participation mostly focus on the women's presence on the committees rather than enablement of women to influence key decisions relating to water management.

Lewin (1947 p.145) argued that, “understanding the functioning of the gate becomes equivalent then to understanding the factors which determine the decisions of the gate keepers and changing the social process means influencing or replacing the gate keeper” In this study the gate keepers are the women, men as well as community and national level leaders who at different levels make decisions about water. Therefore, understanding gender and patriarchy issues becomes critical if one is to relieve the women from the everyday struggle around water in this village of study. Behaviour around water is not a linear process because of the many patterns or forces that influence the gate keeping role. Thus it is critical for the women themselves to develop an understanding of their key role in water management and how they might seek to empower themselves within that role, beyond being submissive within it. As earlier observed, some women are engaging and coping differently around water through their own initiatives. Lewin (1947) suggested that in order to influence change, one has to understand the forces behind the gate keepers to get them more committed to water management issues beyond telling them what to do – and/or replace them. In this regard, it is important to think beyond the supply driven approach of providing water sources and engage with issues affecting women in water management. Lewin (1947, p.144) asserted that “widespread social changes can be accomplished when one tries to understand the factors and variables behind a social phenomenon.”

In this case of water management, the development programmes that aim at implementing policy should pay attention to understanding the socio-cultural issues to women and water which demand the women’s attention and require [key] decisions on a daily basis. This is in line with the study by Leite (2010, p.70) which argued that “water and sanitation projects which go further than supporting women’s domestic role, and actually support women to take leadership roles within community water management programmes, are among the most successful/both in addressing health and sanitation goals, and in challenging gender inequality: empowered women can make water projects work better” On the other hand, Cornwall (1997, p.8) asserted that “the continuous focus on women-in-general as ‘the oppressed’ (original quotes) development initiatives that aim to increase gender awareness can fail to address effectively the issues of equity and empowerment that are crucial in bringing about positive change.”

My interaction with the community indicated that the women were aware of the practices required for uplifting their standard of living in relation to water and hygiene behaviours. The

challenge for the women is inability to implement the health practices due to the scarcity of water which emanate from the gendered roles and limited resource allocation for improved service delivery in the water sector. In this thesis, I provide more understanding of the notion of women, water and health from a socio-cultural dimension. This study has implications for the water and health policies based on the suggested shift from the water and health-related dominant biomedical model to a more comprehensive approach that seeks to challenge the traditional patriarchal tendencies that lead to the subordination by the women with regards water management. In situations where the power relations between partners are autocratic, women struggle with a heavy burden in water management, with adverse implications to the women's health which are not adequately addressed by the conventional approaches to health - which focus on the disease. Thus health promotion strategies are discussed to ascertain their influence on the health of the women. It is important to pay more attention to the social cultural issues surrounding women, water and health. In the following sections, I share some strengths and weaknesses of the study and later I make recommendations towards lifting the status of women with regard water management.

10.2 Strengths and limitations of the research study

The ethnographic fieldwork allowed for a deep interaction and exploration of the lives of the women with regards water management and health. The ethnographic fieldwork required an extended period of stay in the village of study which was necessary, but also very costly. In addition, the ethnographic fieldwork generated large volumes of data through the fieldnotes which took a lot of time to analyse and make meaning of the data along the way.

The presence of seven other researchers from the WIL project in the same study area at the same period of study was challenging to me and the community. I continuously had to explain the uniqueness of each study and the linkage to the WIL project. Due to the limited resources, this study could not be extended to explore in detail how the men could play a more supportive role to women in water management and the effect of water collection on the health and school time of children.

10.3 Recommendations

Government and NGOs

- (i) Development workers should go beyond the predetermined packages that focus on the biomedical model of health and engage the socio-cultural issues with regards the water management process. Rural development interventions should target deeper engagement with the socio-cultural factors to create better balance between women and men's roles in water management. Specifically, the policies should:
 - a. View water management and health from the women's everyday lived experiences and perspectives.
 - b. Shift from the conventional health promotion approach and its emphasis on disease to include a foregrounding of the socio-cultural issues that affect women.

- (ii) Access should be increased to get water closer to the households in order to enhance women's role performance and opportunities to live their full potential.

- (iii) Efforts to enhance women's role performance should be reviewed to enhance effective engagement and inclusion of women (as the primary water users) in key decision-making beyond mere presence of the women in leadership positions (tokenism).

Community

Community leaders and workers should:

- (i) Engage the women in a systematic process of awareness creation to go beyond the gendered constructed role to include developing an enhanced sense of self. The process should enable women to develop and grow their understanding of power and being empowered to address the unequal power relations.

- (ii) Promote dialogue at community level to get men back into the social processes with regards water management both at household and community level and ensure they are fully engaged to fulfil their roles and responsibilities.

10.4 Future research work

In the findings of this study, it is noted that women as principal gate keepers of water are faced with considerable constraints which impede their social role performance. The cycle of water use within the home suggests patterns of behaviour around water that need to be explored further in order to appreciate how these behaviours influence, or not, issues relating to sanitation, hygiene and health. In addition there are forces which take the men out of water management which represent a breakdown and disintegration of the role of men with regards water. The study also revealed that children played a crucial role as collectors of in order to meet the household needs. However, it was beyond the scope of this study to explore in detail the effect of water collection on the health and school time of children. There is great scope for future research to be conducted on the different elements of these factors.

REFERENCES

AbouZahr, C., Isabelle de Zoysa and Moreno, C. 2009. *Women and health: Today's evidence tomorrow's agenda*. Geneva: WHO.

ADF 2006. *Appraisal report: Support to health sector strategic plan, project II Uganda, June 2006*. Kampala.

Agar, M.H.1986. *Speaking of ethnography*. Newbury Park. CA: Sage.

Ahlers, R. and Zwarteven, M. 2009. The water question in feminism: water control and gender inequities in a neo-liberal era, *Gender, Place & Culture: A Journal of Feminist Geography*, 16:4, 409-426.

<http://dx.doi.org/10.1080/09663690903003926>

Altenburger, L.E. 2012. *Maternal gate keeping: Do they see it the way we do?* A senior honour's thesis (Unpublished). The Ohio State University.

Amadiume, I. 1997. *Re-inventing Africa: Matriarchy, religion and culture*. London and New York: Zed Books.

Anand, P.B.2007. Right to water and access to water: An assessment. *Journal of International Development*, 19(4), pp. 511-526.

Anspach, R.R. and Mizrachi, N.2006. The fieldworker's fields: Ethics, ethnography and medical sociology. *Sociology of Health & Illness*, 28(6), pp. 713-731.

Archer, E.2005. The wells are drying up: Water and women in Ghana. *Off our Backs*, 35(3/4), pp. 23-27.

Arnstein, S.R.1969. A ladder of citizen participation. *Journal of the American Institute of Planners*, 35(4), pp. 216-224.

Barclay, L. and Lupton, D. 1999. The experiences of new fatherhood: A socio-cultural analysis. *Journal of Advanced Nursing*, 29(4), pp. 1013-1020.

- Bakker, K. 2003. Archipelagos and networks: Urbanization and water privatization in the south. *The Geographical Journal*, 169(4), pp. 328-341.
- Becker, H. S. and Geer, B. 1957. Participant observation and interviewing: A comparison. *Human Organization*, 16(3), pp.28-32.
- Bircher, J. 2005. Towards a dynamic definition of health and disease. *Medicine, Health Care and Philosophy*, 8(3), pp.335-341.
- Blumer, H. 1969. *Symbolic interactionism: Perspective and method*. Englewood Cliffs NJ: Prentice Hall.
- Blumer, H. 1986. *Symbolic interactionism: Perspective and method*. California: University of California Press.
- Bourdieu, P. 1993. *Sociology in question*. London: Sage.
- Bouwer, K. 2006. Women and water. *Peace Review: A Journal of Social Justice*, 18(4), pp.465-467.
- Bradbury, H. and Reason, P. 2003. Action Research: An Opportunity for Revitalizing Research Purpose and practices. *Qualitative Social Work*. 2 pp. 155-175.
DOI: 10.1177/1473325003002002003.
- Brewer, J. 2000. *Ethnography, understanding social research*. New York: Open University Press.
- Bryman, A.1984. The debate about quantitative and qualitative research: A question of method or epistemology? *The British Journal of Sociology*, 35(1), pp. 75-92.
- Buor, D. 2003. Water needs and women's health in the Kumasi. *Health and Place*, 10(1), pp. 85-103.
- Carter, S. M. and Little, M. 2007. Justifying knowledge, justifying method, taking action: Epistemologies, methodologies, and methods in qualitative research. *Qualitative Health Research*, 17(10), pp. 1316-1328.

Cernic, L. 2011. Corporate obligations under the human right to water. *Denver Journal of International Law and Policy*, 39(2), pp. 303-345.

Charmaz, K. 2006. *Constructing grounded theory: A practical guide through qualitative analysis*. London: Sage Publications Ltd.

Cleaver, F. and Hamada, K.2010. 'Good' water governance and gender equity: A troubled relationship. *Gender and Development*, 18(1), pp. 27-41.

Clifford, J. 1986. *Partial truths IN: Clifford, J and Marcus, G. Writing culture: the poetics and politics of ethnography: a School of American Research advanced seminar*. California: University of California Press.

Coffey, A.1999. *The ethnographic self: Fieldwork and the representation of identity*. London: Sage Publications Ltd.

Cornwall, A.1997. Men, masculinity and 'gender in development'. *Gender and Development*, 5(2), pp. 8-13.

Courtenay, W.H.2000. Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50 pp.1385-1401.

Creswell, J.W. 1994. *Research design*. California: Sage publications Thousand Oaks, CA.

Creswell, J.W.2007. *Qualitative inquiry and research design: Choosing among five approaches*. California: Sage Publications.

Creswell, J.W.2009. *Research design: Qualitative, quantitative, and mixed methods approaches*. 3rd ed. California: Sage Publications, Inc.

Creswell, J.W.2013. *Research design: Qualitative, quantitative, and mixed methods approaches*. 4th ed. California: Sage Publications, Inc.

Crooks, D.L.2001. The importance of symbolic interaction in grounded theory research on women's health, *Health Care for Women International*, 22:1-2, 11-27.

<http://dx.doi.org/10.1080/073993301300003054>

Crow, B. and Odaba, E.2010. Access to water in a Nairobi slum: Women's work and institutional learning. *Water International*, 35(6), pp.733-747.

DOI: <http://dx.doi.org/10.1080/02508060.2010.533344>

Cunliffe, A.L.2010. Retelling tales of the field. *Organizational Research Methods*, 13(2), pp.224-239.

Danert, K. and Motts, N. 2009. *Uganda sector and domestic rainwater harvesting sub-sector analysis*. Washington: Enterprise Works/Vita.

Denzin, N.K. 1969. Symbolic interactionism and ethnomethodology: A proposed synthesis. *American Sociological Review*, 34(6), pp. 922-934.

Denzin, N.K. 2004. Symbolic interactionism *IN*: Flick, U., Kardorff, E.V. and Steinke, I. (eds.) *A companion to qualitative research*. London: Sage Publications Ltd, pp.81-87.

Denzin, N.K. and Lincoln, Y.S. 2005. *Sage handbook of qualitative research*. 3rd ed. California: Sage Publications.

Denzin, N.K. and Lincoln Y.S. 2013 Introduction: The discipline and practice of qualitative inquiry *IN*: Denzin, N.K. and Lincoln, Y.S. *Strategies for qualitative inquiry*. 4th ed. Los Angeles: Sage publications, pp. 205-231.

DeWalt, K.M. and DeWalt, R. 2010. *Participant observation: A guide for fieldworkers*. Plymouth, Alta Mira Press.

Etherington, K. 2007, Ethical research in reflexive relationships. *Qualitative Inquiry*. 13 (5), p.599-616.

DOI: 10.1177/1077800407301175

Emerson, R.M., Fretz, R.I. and Shaw, L.L. 1995. *Writing ethnographic fieldnotes*. Chicago and London: Chicago Press.

Emerson, R.M., Fretz, R.I. and Shaw, L.L. 2001. Participant observation and fieldnotes *IN*: *Handbook of Ethnography*. Atkinson, P., Coffey A., Delamont S., Lofland J. and Lofland L., (eds.) London, Sage, pp.352-368.

Ennis-McMillan, M.C. 2001. Suffering from water: Social origins of bodily distress in a mexican community. *Medical Anthropology Quarterly*, 15(3), pp.368-390.

Ereshefsky, M. 2009. Defining 'health' and 'disease'. *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences*, 40(3), pp.221-227.

Evans, M. 2003. *Gender and social theory*. Philadelphia: Open University.

Fetterman, D.M.2010. *Ethnography: Step-by-step*. 3rd ed. Thousand Oaks, CA: Sage Publications.

Foucault, M. 1982. The subject and power. *Critical Inquiry*, 8(4), pp.777-795.

Geertz, C. 1993. *The interpretation of cultures: selected essays*. London: Fontana Press.

Gill, P., Stewart, K., Treasure E. and Chadwick B. 2008. Methods of data collection in qualitative research: interviews and focus groups, *British Dental Journal*: 204, pp.291-295.

Girod, M. (2008). Deepening understanding of the teaching and learning context through ethnographic analysis. *The Teacher Educator*, 43 (3), 216-237.

Glaser, B.G. and Strauss, A.L. 1967. *The discovery of grounded theory: Strategies for qualitative research*. Hawthorne, N.Y: Aldine de Gruyter.

Goffman, E. 1963. *Behavior in public places*. New York: Free Press.

GoU 2000. *Report on government of Uganda's implementation of the Beijing platform for action (1995) and the outcome of the twenty-third special session of the general assembly (2000)*. Kampala:

Government of Ireland. 2013. *One world, one future: Irish Aid's policy for international development*. Dublin, Government of Ireland.

www.irishaid.gov.ie/news-publications/.../irish-aid-launches-new-policy/

Govender, T., Barnes M and Pieper, C. 2011. Contribution of water pollution from inadequate, sanitation and housing quality to diarrheal disease in low-cost housing settlements of Cape town, South Africa. *American Journal of Public Health*, 101(7), pp.e4 - e9.

Griffin, M., Neal, A., and Parker, S. 2007. A new model of work role performance: Positive behavior in uncertain and interdependent contexts, *Academy of Management Journal*, 50 (2), pp.327-347.

Guillemin, M. and Gillam, L.2004. Ethics, reflexivity, and "ethically important moments" in research. *Qualitative Inquiry*, 10(2), pp.261-280.

Guillemin, M and Heggen, K. 2009. Rapport and respect: negotiating ethical relations between researcher and participant. *Med Health Care and Philos*, 12, 291–299
DOI 10.1007/s11019-008-9165-8

GWA/UNDP 2006. *Mainstreaming gender in water management, Resource guide*. Kampala.

Hamera, J. 2013 Performance ethnography *IN*: Denzin, N.K. and Lincoln, Y.S. *Strategies for qualitative inquiry*. 4th ed. Los Angeles: Sage publications, pp. 205-231.

Hammersley, M. 2008. *Questioning qualitative inquiry, Critical essays*. London: Sage Publications.

Hammersley, M. and Atkinson, P. 1995. *Ethnography: Principles in practice*. 2nd ed. London: Routledge.

Hammersley, M. and Atkinson, P. 2007. *Ethnography: Principles in practice*. 3rd ed. New York: Taylor & Francis.

Hannabuss, S. 1996. Research interviews. *New Library World*: 97 (1129) pp. 22–30

Hart, C. 1998. *Doing a Literature Review: Releasing the Social Science Research Imagination*. London: Sage Publications.

Hearn, J. 2004. From hegemonic masculinity to the hegemony of men, *Feminist Theory*. 5(1): pp.49–72

www.sagepublications.com

Heyl, B. S. 2001. *Ethnographic interviewing*. IN: Atkinson, P., Coffey A., Delamont S., Lofland J. and Lofland L (eds.) *Handbook of Ethnography*. London: Sage, pp. 369-383.

Howell, N. R. 1997. Ecofeminism: What one needs to know, *Zygon*, 32 (2), pp. 231-241

IDA. 2010. *Country assistance strategy of the republic of Uganda for the period FY 2011-2015*, Country strategy, Kampala.

Jablensky, A.2005. Disease and health in the cultural context IN: Gunn S.W.A., Mansourian, P.B., Davies, A. M., Piel, A., Sayers, B.M. (eds.) *Understanding the global dimensions of health*, New York: Springer, pp.231-239.

Kabeer, N.1999. Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and Change*, 30(3), pp. 435-464.

Katz, J. 2001. From how to why: On luminous description and casual inferences in ethnography (part 1). *Ethnography*, (2), pp. 443-473.

Kiyimba, A.2005. Gendering social destiny in the proverbs of the Baganda: Reflections on boys and girls becoming men and women. *Journal of African Cultural Studies*, 17(2), pp. 253-270.

Lahar, S. 1991. Ecofeminist theory and grassroots politics. *Hypatia*, 6(1), pp. 28-45.

Leite, M. 2010. After the summit: women's access to water and policy making in Brazil, *Gender and Development* 18 (1), pp.69-79.

<http://www.tandfonline.com/loi/cgde20>

Lenzer, G. 2009. *The essential writing, Auguste Comte and positivism*. 5th ed. New Jersey: Transaction Publishers.

Lewin, K. 1947. Frontiers in group dynamics II, channels of group life; social planning and action research. *Human Relations*, 1(2), pp. 143-153.

LoConto, D.G. and Jones-Pruett, D.L. 2006. The influence of Charles A. Ellwood on Herbert Blumer and symbolic interactionism. *Journal of Classical Sociology*, 6(1), pp. 75-99.

Lofland, J. and Lofland, L.H. 1984. *Analysing social settings*. Belmont, CA: Wadsworth.

Lytton, H and Romney, D.M. 1991. Parents' differential socialization of boys and girls: A meta-analysis *American Psychological Association* 109 (2), pp. 267-296.

Macri, G., Rickard, A., Asaba, R., Mugumya, F., Fagan, G.H., Munck, R., Asingwire, N., Kabonesa, C. and Linnane, S. 2013. *A socio-spatial survey of water issues in Makondo parish, Uganda*. Report (Unpublished), Dublin.

Malinowski, B.1922. *Argonauts of the western Pacific: an account of native enterprise and adventure in the Archipelagos of Melanesian New Guinea*. New York: Routledge and Sons.

Manning, P. K. 2001. Semiotics, Semantics and Ethnography *IN*: Atkinson, P., Coffey A., Delamont S., Lofland J. and Lofland L. (eds.) *Handbook of Ethnography*, London: Sage. pp.145-159.

Mapp, T. 2008. Understanding phenomenology: the lived experience, *British Journal of Midwifery*, 16 (5), pp. 308-311.

Mays, N. and Pope, C. 1995. Observational Methods in health care settings. *British Medical Journal*, 311(6998), pp. 182-184.

McCall, George J. and Simmons J. L.1969. The nature of participant observation *IN*: McCall, G.J. and Simmons, J.L. (eds.) *A Text and Reader: Issues in Participant Observation*, Addison-Wesley Publishing, London. pp. 1-5.

McNiff, J. and Whitehead, J. 2006. *Action research: Living theory*.

MDGWR 2008. *Masaka district ground water report (MDGWR)*. Kampala, Uganda: Ministry of Water and Environment.

MGLSD 2007a. *National action plan on women*. Kampala: GOU.

MGLSD 2007b. *The national gender policy*. Kampala: GOU.

Miles, M. B. and Huberman, M., A. 1994. *Qualitative data analysis*. 2nd ed. Thousand Oaks, CA: Sage Publications.

MOFPED 2010. *Millennium development report for Uganda 2010, special theme: Accelerating progress towards improving maternal health*. Kampala: GOU.

MOFPED 2012. *Approved estimates of revenue and expenditure for financial year 2011/12*. Kampala: ROU.

MOH 2005. *Health sector strategic plan II 2005/06 – 2009/10*. Kampala: Ministry of Health.

MOH 2010a. *Annual health sector performance report*. Kampala: GOU.

MOH 2010b. *Ministry of health, the second national health policy (NHP II, 2010/19)*. Kampala: The Republic of Uganda.

Morse, J.M. 1999. Qualitative generalizability. *Qualitative Health Research*, 9(1), pp. 5-6.

Morse, J.M.2002. A comment on comments. *Qualitative Health Research*, 12(1), pp. 3-4.

Morse, J.M.2006. Reconceptualising qualitative evidence. *Qualitative Health Research*, 16(3), pp. 415-422.

Morse, J, M. 2007. Ethics in action: Ethical principles for doing qualitative health research. *Qualitative Health Research*, 17(8), pp. 1003-1005.

Murdock, E.2010. *The power of women bringing water to local communities in Siaya district, Kenya*. Ottawa: WaterCan.

MWE 2010. *Water and sanitation sub-sector gender strategy (2010-2015)*. Kampala: Ministry of Water and Environment.

MWE 2011. *Uganda water and environment sector performance report*, Directorate of Water Development, Kampala, Ministry of Water and Environment

MWE 2012. *Uganda water and environment sector performance report*. Kampala: Directorate of Water Development, Ministry of Water and Environment.

MWE 2013. *Uganda water and environment sector performance report*, Directorate of Water Development, Kampala, Ministry of Water and Environment

MWE 1999. *National water policy*. Kampala: The Republic of Uganda.

MWE 2007. *District implementation manual*. Kampala: Ministry of Water and Environment.

MWE 2009. *Water and environment sector performance report*. Kampala: GOU.

Nannyonga-Tamusuza, S. 2009. Female-men, male-women, and others: Constructing and negotiating gender among the Baganda of Uganda. *Journal of Eastern African Studies*, 3(2), pp. 367-380.

Nannyonga-Tamusuza, S. 2012. Girlhood songs, musical tales, and musical games as strategies for socialization into womanhood among the Baganda of Uganda *IN: Campbell, P and Wiggins, T. (eds.) Children's musical cultures*. New York. Oxford University Press, pp.114-130.

NEA 2008. *State of the environment report for Uganda*. Kampala, Uganda: National Environmental Authority, Government of Uganda.

Nettleton, S. 2006. *The sociology of health and illness*. Cambridge: Polity Press.

Newman, I. and Benz, C.R. 1998. *Qualitative-quantitative research methodology, exploring the interactive continuum*. Carbondale and Edwardsville: Southern Illinois University Press.

Niras. 2010. *Final mid-term review of the joint water and sanitation sector programme support (JWSSPS)*. Kampala: ROU.

Nutbeam, D. 2000. Health literacy as a public health goal: A challenge for contemporary health education and communication strategies in the 21st Century. *Health International*, 15, pp. 258-267.

Oakley, A.2005. *Gender, women and social science*, Cambridge: Polity press.

O'Mahony, B., Sillitoe, J. and Webb, J. 2008. *Communications for research, Graduate diploma in research practice*, (Unpublished). Melbourne: Victoria University.

- Parker, M. 2007. Ethnography/ethics. *Social Science & Medicine*, 65 pp. 2248–2259.
- Phillips, S.D. 1997. Toward an expanded definition of adaptive decision-making. *The Career Development Quarterly*, 45(3), pp. 275-287.
- Potter, R. 2010. Contemporary social variations in household water use, management strategies and awareness under conditions of ‘water stress’: The case of Greater Amman, Jordan. *Habitat International*, 22. pp. 115-124.
- Prus, R.C. 1996. *Symbolic interaction and ethnographic research: Intersubjectivity and the study of human lived experience*. New York: State University of New York Press.
- Punch, K. 2006. *Developing effective research proposals*. London: Sage Publications.
- Quisumbing, A. and Baulch, B. 2009. Assets and poverty traps in rural Bangladesh. *Chronic poverty research centre working paper*, (143), pp. 1-27.
- Ray, I. 2007. Women, water and development. *Annual Review of Environment and Resources*, 32 pp. 421- 449.
- Reed-Dahany, D. 2001. Autobiography, intimacy and ethnography *IN*: Atkinson, P., Coffey, A., Lofland, J. and Lofland, L. (eds.) *Handbook of ethnography*. Los Angeles: Sage Publication, pp.407-425.
- Rock, P. 2001. Symbolic interactionism and ethnography *IN*: Atkinson, P., Coffey A., Delamont S., Lofland J. and Lofland L. (eds.) *Handbook of Ethnography*, London: Sage. pp.26-38.
- RoU 1995. *Constitution of the republic of Uganda*. Law ed. Kampala: GOU.
- RoU 2010a. *The national development plan (2010/11-2014/15)*. Kampala: The Republic of Uganda.
- RoU 2010b. *Local government act cap 243*. Law ed. Kampala: The Uganda law reform commission.

Saylor, C. 2004. The circle of health, a health definition model. *Journal of holistic nursing*, 22 (2), pp. 97-115.

Schwartz, H. and Jacobs, J. 1979. *Qualitative sociology: A method to the madness*. London: Free Press.

Seale, C. 2004. *Social research methods. A reader*. New York: Routledge.

Seedhouse, D. 1997. *Health promotion, philosophy, prejudice and practice*. Chichester: John Wiley & Sons Ltd.

Shadle, B.L. 2007. What shaped the lives of working women in Uganda? Women, work and domestic virtue in Uganda, (1900-2003). *The Journal of African History*, 48(02), pp. 333-334.

Shoemaker, P.J., Eichholz, M., Kim, E. and Wrigley, B. 2001. Individual and routine forces in gate keeping. *Journalism and Mass Communication Quarterly*, 78(2), pp. 233-246.

Singh, N., Jacks, G. and Bhattacharya, P. 2005. Women and community water supply programmes: An analysis from a socio-cultural perspective. *Natural Resources Forum*, 29(3), pp. 213-223.

Singh, N.2006. The changing role of women in water management: Myths and realities, *The changing role of women*, 3 pp.94-113.

Singh, N.2006. Women women's s participation in local water governance understanding institutional contradictions. *Gender, Technology and Development*, 10 (1), pp. 61-76.

Smith, J.A. 1983. *The idea of health: Implications for the nursing professional*. New York: Teachers College Press.

Smith, V. 2001. Ethnographies of work and work of ethnographers *IN: Atkinson, P., Coffey A., Delamont S., Lofland J. and Lofland L. (eds.) Handbook of Ethnography*, London: Sage. pp. 220-233.

Sorenson, S.B., Morssink, C. and Campos, P.A. 2011. Safe access to safe water in low income countries: Water fetching in current times. *Social Science & Medicine*, 72(9), pp. 1522-1526.

Sugita, E.W. 2004. *Domestic water use, hygiene behaviour, and children's diarrhoea in rural Uganda*. PhD thesis (Unpublished), Florida. University of Florida.

Tacchi, J., Slater, D. and Hearn, G. 2003. *Ethnographic action research: A user's handbook*. New Delhi: UNESCO.

Tamale, S. 1999. *When hens begin to crow: Gender and parliamentary politics in Uganda*. Kampala: Westview Press.

Tamale, S. 2006. Eroticism, sensuality and “women's secrets” among the Baganda: A critical analysis, *Feminist Africa*, 37 (5) pp.89-97.

Thompson, J. 2001. *Drawers of Water II: 30 years of change in domestic water use and environmental health in East Africa. Summary*, Nottingham: Russell Press.

Tibatemwa-Ekirikubinza, L.1999. *Women's violent crime in Uganda: More sinned against than sinning*. Kampala: Fountain Pub Ltd.

Thompson, J., Porras, I.T. and Tumwine, J. K. 2002. *30 years of change in domestic water use & environmental health in east Africa: Uganda country study*. Brighton, Institute of Development Studies.

Tumwine, J.K., Thompson, J., Katua-Katua, M., Mujwajuzi, M., Johnstone, N., Wood, E and Porras, I. 2002. Diarrhoea and effects of different water sources, sanitation and hygiene behaviour in East Africa. *Tropical Medicine and International Health*, 7(9) pp. 750–756.

UBOS. 2002. *Uganda population and housing census*. Kampala: UBOS.

UBOS 2006. *Uganda demographic health survey*. Kampala: GOU.

UBOS 2011. *Uganda demographic health survey*. Kampala: GOU.

Ulin, P.R., Robinson, E.T. and Tolley, E. 2005. *Qualitative methods in public health a field guide for applied research*. San Francisco, CA: Jossey-Bass.

UN 2009. *Millennium development goals report*. New York: United Nations.

UN 2012. *Millennium development goals report*. New York: United Nations.

UNDP 2006. *Human development report 2006: Beyond scarcity: Power, poverty and the global water crisis*. New York: Palgrave Macmillan.

UWSD 2007. *Water and sanitation modes of supply in Uganda*, Kampala, UWSD.
<http://www.waterdialogues.org/documents/WaterandSanitation.pdf>

Van Maanen, J. 1988. *Tales of the field: on writing ethnography*. Chicago: University of Chicago Press.

Van Maanen, M. 1990. *Researching lived experience: Human science for an action sensitive pedagogy*. 2nd ed. Ontario: The Althouse Press.

Varjas, K., Nastasi, B., Moore, R.B.. and Jayasena, A. 2005. Using ethnographic methods for development of culture-specific interventions. *Journal of School Psychology* 43, pp. 241–258.

Walby, S. 1990. *Theorizing patriarchy*. Oxford: Blackwell.

Walby, S. 2007. Complexity theory, systems theory and multiple intersecting social inequalities. *Philosophy of the Social Sciences*, 37(4), pp. 449-470.

Walliman, N. 2006. *Social research methods*. London: Sage publications.

Warren, K.J. 2009. The power and the promise of ecological feminism *IN*: Soifer, E. (ed.) *Ethical Issues: Perspectives for Canadians*. 3rd ed. Peterborough, Ontario: Broadview Press, pp.97- 113.

WaterAid, 2003. *International study on the sustainability of changes in hygiene behaviour*. Kampala, WaterAid.

WaterAid. 2009. *Women and water*. Issue sheet ed. London: WaterAid.

WaterAid. 2013. *Rainwater harvesting*. Technical brief, London: WaterAid.
http://wateraid.org/documents/technology_notes_low_res.pdf

Weiler, J. 2007. Who gets it? Engaging in action research in Zimbabwe . *Action Research*, 5(2), pp. 139-159.

Weisgram, E.S., Dinella, L.M. and Fulcher, M. 2011. The role of masculinity/femininity, values and occupational value affordances in shaping young men's and women's occupational choices. *Sex Roles*, 65(3-4), pp. 243-258.

Were, E., Roy, J. and Swallow, B. 2008. Local organisation and gender in water management: A case study from the Kenya highlands. *Journal of International Development*, 20 pp. 69-81.

WHO 1978. *Alma-Ata declaration, 1978, declaration of Alma-Ata international conference on primary health care, Alma-Ata, USSR, 6-12 September.*

WHO 1986. *Ottawa charter for health promotion, first international conference on health promotion, Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1 p.1.*

WHO 1986. *Milestones in health promotion; statements from global conferences*, Geneva: WHO.

WHO 1948. *Constitution of the world health organization.*

WHO 2007. *Statement by Dr. Margaret Chan, WHO director-general, on the occasion of world water day, 22 March 2007.* Geneva: WHO.

www.who.int/mediacentre/news/statements/2007/s06/en/

WHO/UNICEF 2005. *JMP, water for life.* Geneva: WHO.

WHO/UNICEF 2006. *Meeting the MDG drinking water and sanitation target: The urban and rural challenge of the decade.* Geneva: WHO.

WHO/UNICEF 2010. *JMP progress on sanitation and drinking-water, 2010 update.* Geneva: WHO.

WHO/UNICEF 2012. *JMP progress on drinking water and sanitation, 2012 update.* New York: United Nations.

WHO 2009. *Women and health, today's evidence, tomorrow's agenda*, Geneva: WHO

WIL 2009. *Water is life: Amazzi Bulamu Newsletter*. August-September 2009 / Issue 1 Dundalk Institute of Technology: Water is Life Project. Dundalk, DKIT.

www.waterislife.ie

WMO 1992. *The Dublin statement on water and sustainable development*. WMO.

<https://www.wmo.int/pages/prog/hwrp/documents/.../icwedece.html>.

Wolcott, H., F. 1995. Making a study "more ethnographic," *IN: Maanen V. J. (ed.) Representation in ethnography*. Thousand Oaks, CA: Sage Publications. pp. 4-5.

Wolcott, H.F. 2001. *Writing up qualitative research*. 2nd ed. California. Thousand Oaks, CA. Sage.

Wolcott, H.F. 2002. Writing up qualitative research... better. *Qualitative Health Research*, 12 (1), pp. 91-103.

Wolcott, H.F. 2005. *Ethnography: a way of seeing*. 2nd ed. Lanham: Altamira Press.

Zahawir, A. 2010. Feminist Research for Social Change *IN: Miri, S, J. (ed.) Islamic Perspective* 3 pp. 87-94. London: SOAS University.

<http://iranianstudies.org/wp-content/uploads/2010/04/Islamic-perspective-Journal-number-3-2010.pdf#page=88>

APPENDICES

Appendix A: Presentations based on the research study

November 1st 2012: Water and Health Institute in the University of North Carolina (UNC), Chapel Hill, USA. Presentation of poster entitled: *Women and Water: a socio-cultural dimension to health in south western Uganda*

November 2012: Water is Life Workshop, Royal Irish Academy, Dublin, Ireland. Presentation of preliminary study findings.

Postgraduate seminar, School of Nursing and Human Sciences. Presentation of preliminary study findings.

December 2012: Sustainability seminar, DCU. Presentation of poster entitled: *Women and Water: a socio-cultural dimension to health in south western Uganda* (Awarded first prize for poster presentation).

Appendix B: Ethical approval – DCU

Dublin City University
Oireachtas Chair na nEolais agus Cléire



Dr. Jean Clarke
School of Nursing
17th August 2010

REC Reference: DCUREC/2010/061

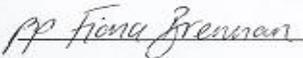
Proposal Title: **Women, Water and Water Management: an ethnographic action research study**

Applicants: Dr. Jean Clarke, Dr. Anthony Staines, Dr. Consolata Kabonesa, Ms. Joyce Mpalanyi Magala

Dear Jean,

Further to expedited review, this research proposal is approved. Should substantial modifications to the research protocol be required at a later stage, a further submission should be made to the REC.

Yours sincerely,


Dr. Donal O'Mathuna
Chair
DCU Research Ethics Committee



Office of the Vice-President
for Research

Office of the Vice-President
for Research
Dublin City University,
Dublin 9, Ireland
T +353 1 700 8000
F +353 1 700 8002
E research@dcu.ie
www.dcu.ie

Appendix C: Ethical approval – National Council of Science and Technology


THE REPUBLIC OF UGANDA

OFFICE OF THE PRESIDENT

PARLIAMENT BUILDING P. O. BOX 7168 KAMPALA, TELEPHONES: 254881/6, 343934, 343926, 343943, 233717, 344026, 230048, FAX: 235459/256143
Email: secretary@op.go.ug, Website: www.officeofthepresident.go.ug

ADM 154/212/01

January 4, 2011

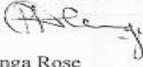
✓ The Resident District Commissioner
Lwengo District

This is to introduce to you **Magala Joyce Mpalanyi** a Researcher who will be carrying out a research entitled **“WATER IS LIFE: MAZZI BULAMU Project”** for a period of **03 (three) years** in your district.

She has undergone the necessary clearance to carry out the said project.

Please render her the necessary assistance.

By copy of this letter you **Magala Joyce Mpalanyi** is requested to report to the Resident District Commissioner of the above district before proceeding with the Research.



Alenga Rose
FOR: SECRETARY, OFFICE OF THE PRESIDENT

Copy to: Magala Joyce Mpalanyi

Appendix D: Plain Language Statement

The plain language statement was translated into the local language “Luganda.” The statement was read out to the women since some of them were not literate).

My name is Joyce Mpalanyi Magala. I am undertaking a research study at the Dublin City University and Makerere University. The study is being funded by Irish Aid (Ireland).

Title of project: Women, Water and Water Management: an ethnographic action research study.

The aim of this study is to gain an understanding of health and social issues around women, water and water use and handling in Uganda. In particular I want to learn about the experiences women have collecting water and how these influence your health and that of your children. In addition, you will be asked to negotiate and implement practical solutions that you believe will make a difference around water, water use and handling.

If you agree to participate in the study, I will live near your community for one year. I will observe and participate in activities relating to collecting water, water use and handling. I will discuss experiences of collecting water along with you to find and implement practical solutions to some of the issues identified in relation to water and health.

It is likely that some of our discussions will be tape recorded. The use of a tape recorder will always be agreed upon before the activity with you. All activities will be carried out at a time convenient for you.

Through being part of the project you will likely gain knowledge in identifying issues around your health, water use and water handling. You will also be facilitated to implement solutions to the issues identified.

The findings of the study will be shared with other people involved in community work in order to inform future water and health projects. Initially, this will be done through workshops, where you will be invited to be part of the discussions. In addition, the findings will be included in the final report of my course of study.

The project does not foresee or anticipate any risk to you. If you agree to take part, all information collected, your names and places will be kept strictly confidential to me and to my supervisors at all stages of the research project. At no time will your identity be disclosed. Records will be destroyed with 2 years of completion of the study.

The decision to participate in the study is entirely voluntary and you may withdraw your participation at any time without consequences.

Further Information contact:

Joyce Mpalanyi Magala - researcher (jcdevcons@yahoo.co.uk), phone +256-772-525229

Dr Jean Clarke - academic supervisor (jean.clarke@dcu.ie), phone +353-1-7005838

Prof. Anthony Staines - academic supervisor, phone +353-1-7007807

Informed Consent Form

The notion of informed consent is problematic in ethnographic research studies in developing countries. Laine (2000) and Clarke (2001) argue in favor of a processual and negotiated consent before and during fieldwork rather than the notion of agreement as a once-off contractual event prior to the commencement of the study. Indeed, at the point of negotiating access ‘researchers typically do not have all the information that fully informed consent might require’ (Murphy and Dingwall, 200, p342). Furthermore, in a collaborative exercise the researcher has continuous responsibility to ‘respond to, negotiate or present disagreement, and, in so doing, she continues to exercise control over the research process’ (Chase, 1996, p51). The researcher has sought to accommodate the complexity of consent within this study in her plain language statement (see section 8). The statement as written will be presented and discussed during the initial negotiations into the field. Thereafter, the plain language statement will be updated to accommodate the specific situation of the research study as it emerges.

The process will involve a discussion with the local leaders and community members including clarification of issues and concerns. At this point community members will decide whether or not to participate in the study. Agreement to participate is indicated during this meeting through verbal communication. Consent at this level will be viewed as ‘approval and clearance’ (Wolf 1996), to engage in the study. However, as referred to in the previous paragraph the process of negotiated consent will be at each stage of the research activity and will involve, where possible, the seeking of individual consent to specific activities such as interviews and observation activities. While a consent form is included it is noteworthy that in a community where literacy levels are very low the use of a printed form is in and of itself an ethical challenge. The researcher is mindful of the ethical challenge vis-à-vis literacy and will engage whatever levels of communication are deemed necessary toward the achievement of informed consent in the field, including the recording of verbal negotiated consent activities on an audio-tape prior to specific data gathering episodes.

Title of project: Women, Water and Water management: an ethnographic action research study.

I have been made aware of the content of the plain language statement in relation to this study	yes/no
The level of my involvement [<i>to be named specific to the data gathering activity</i>] associated with this consent form has been explained to me.	yes/no
I have had the opportunity to ask questions about the research and all the questions have been answered to my satisfaction.	yes/no
I understand that my name or location will not be mentioned in the final report of the study or in any publications associated with the study.	yes/no

I have a copy of this consent form and the plain language statement	yes/no
---	--------

I freely and voluntarily agree to be part of this study; Women, Water and Water management: an ethnographic action research. I understand that I may withdraw from this study at any time without any consequences.

Participants Signature: _____

Name in Block Capitals: _____

Witness: _____

Date: _____

Appendix E: Ebbaluwa eyanjula omunoneyereza eri abatuuze

Amanya gange nze Joyce Mpalanyi Magala. Nkola okunonyereza nga nkukolera mutendekero lya Dublin City University mu Ireland ne Makerere University mu Uganda. Obuyambi bwokunoneyereza buva mu gavumenti ya Ireland.

Omulamwa Omukulu: Gukwatta ku bakyala, amazzi awamunegeri amazzi gyegeyambisibwaamu.

Ekigendererwa mu byonna kwekufuna okutegeera kubulamu bwabakyala nembeera ezabbulijjo ezibetolodde, amazzi nengeri gyetugeyambisaamu negyetugakwataamu wano mu Uganda. Okutwaliza awamu njagala kuyiga kubumanyirivu abakyala bwebayina mu kusena amazzi era obumanyirivu bunno buleeta mbeera ki kubulamu bwabakyala nobwabaana babwe.

Nokwongereza kwekyo, mujakuba musabibwa okukubaganya ebirowoozo era mukole ebikolwa byemulaba nti biyinja oba bisobola okuleeta ejawulo ku mazzi nenyambisa oba enkwata yaago.

Bwemukirizza okwenyiga mukunonyereza kunno njakubeera kumpi nekyalo kyamwe okumala ebbange lyamwaka gumu. Njakutunulira, netegereze era nenyigire mumiro mo egikwatagana n'okusena amazzi, enkozesa wamu nenkwata yaago. Njakwogera kubumanyirivu obuli mu kuseena yamazzi wamu namwe tuzuule era tulabe byetuyinza okukola kwebyo ebinazuliibwa ebikwata kumazzi nobulamu.

Emirundi egimu kiyinzika okuba nti okutabagana kwange namwe kujjakuba kulikoodingibwa naye nga kino kijja kumalanga kukanyizibwako nga tekinakolebwa. Era emirimu gino gijja kolebwanga mubiseera byemunaba muwuliriramu emirembe.

Mukwenyigira mu kunonneyereza kunno, muyinza okwongera okufuna okutegeera nokuzuula ebintu bingi ku mbeera zobulamu, nenyambisa ya mazzi ne nkata yaago. Era mwe mwenyini muyambibwe okuzuula ebyo ebinyinza okukolebwa kunsonga ezinaba zizuulidwa.

Ebinaava mu kunonereza nokuyiga bijjakugabanyizibwako nabantu abalala abetaba mumirimu nkulakulanya zebyalo okusobola okusitula omutindo gwamazzi nebyobulamu.

Mukusooka kino kijja kolebwa nag tuyita mu misomo oba enkiiko mwe mujja okuyitibwa. Mpozzi nokwongereza kwebyo, ebinaavamu oba ebinazuulwa bijja kuba bitekeebwa mu alipoota oluvanyuma lwokunonyereza kwange.

Okunonyereza kunno tekulina bulabe bwonna kwebugenda kubatuusaako. Singa mukiriza okubeera mukunonyereza kuno, amawulire aganakunganyizibwa, amanya gamwe, nebifo bijja kukumibwa mu kyama ekiseera kyonna era tebijja kubulirwako bantu balala ngogyeko nze ne bakama bange abakulira okunonyereza kunno. Ate ara teri kaseera konna mbeerazaamwe, enfanana oba nebibakwatako bwebijja kubulirwa bantu balala. Ebinakozesebwa byonna nga empapula, amaloboozi aganakwatibwa byonna bijja kusanyizibwawo oluvanyuma lwemwaka ebiri nga okunonyereza kuwedde.

Okusalawo okwetaba mukunonyereza kunno kujja kuba kwakyeyagalire era teri muntu yenna aganda kukakibwa era osobola nokuvaamu nga tewali kwemulugunya kwonna.

Okufuna ebisingawo ddamu eri;

- i. Joyce Mpalanyi Magala - Omunonyereza
jcdevcons@yahoo.co.uk
Esimu: +256-772-525229
- ii. Dr. Jean Clarke - Akulira okunonyereza
Jean.clarke@dcu.ie
Esimu: +353-1-7005838
- iii. Professor Anthony Staines - Akulira okunonyereza
Anthony.staines@dcu.ie
Esimu: +353-1-7007807
- iv. Dr. Consolata Kabonesa- Akulira okunonyereza
Esimu: +256-41-531484

Appendix F: Key Informant Interview guide

October - November 2011	
Key Informant Interviews	LC chairman
Patriarchy	<ul style="list-style-type: none"> i. Men's role around water ii. Where do men see themselves with regards water issues? iii. Follow up on what messages women should delivery to husbands about water (e.g. <i>talk to your men well?</i>) <p>Be careful in the way I interview</p> <p>Move from how to why</p> <p>What would be the reality if they did not do it</p> <p>I should avoid the rhetoric</p> <p>Get deeper knowledge to develop my</p> <p>Theoretical understanding around public private links and relationships.</p> <p>Memo: Already know what he says about what men should do, and yet they don't. So find out why does he keep saying it? Why do men not listen and not collect water? What would men think if other men started collecting water? In other words try to explore the comment by the teacher Follow up on men's inferiority and how they seek to show they are not inferior by treating their women as inferior, and one role where they do that is with water collection.</p> <p>Another question for all interviews now is 'what do you understand by health? And what do you understand by water and health?</p> <p>Be careful that I am not going to develop a broad understanding – I already have that, what I am now looking for is a DEEP understanding</p> <p>Focus on water and social life which may raise some health issues from their perspective.</p>
	<p>LC 3 Chairman</p> <ul style="list-style-type: none"> i. Talk to me about water in the sub county Key actors and interventions for health in the community of study ii. Sustainability of hygiene behaviours iii. What is your understanding of health and social life
Women and water	<p>Nalongo (>70years) in Trading centre and Kanankole - grandmother to 7 children (>70 years)</p> <ul style="list-style-type: none"> i. Gain understanding of how she has coped with water needs and management as a woman, wife and grandmother. ii. Understand her life cycle and water

	<ul style="list-style-type: none"> iii. Her understanding of her role as a woman within the home iv. Discuss her experience of water management and motherhood v. Discuss how she has coped with womanhood, water and health and that of her children? vi. How did she manage to educate and empower her children?
Patriarchy and feminism Feminist	<p>Head teacher St Maria Goretti (38 years)</p> <ul style="list-style-type: none"> i. Follow up on feminist approach to water and health
Motherhood and water	<p>Mrs. S (>30 years)</p> <ul style="list-style-type: none"> i. Gain experience of water and pregnancy, her role as a young mother and coping mechanism
Women and water	<p>Bunjakko - women's group leader (44years)</p> <ul style="list-style-type: none"> i. Issues of women, water and health
	Children pictorial sessions on understanding of water and health in the village (Two schools)
November 2011	
Gender roles - during the workshop	<p>Group discussion with men (6 men)</p> <ul style="list-style-type: none"> i. Men's role, involvement and understanding around water issues
Testing of emerging model - during the workshop	<p>Group discussion (10 women) Test model with stakeholders (NGOs, women's group, Village Health Team/ Local leaders)</p> <p>Gain women perspectives on water management and health</p> <ul style="list-style-type: none"> i. Women authority over water issues? ii. What goes on around water in the household, at the wells? iii. How do women negotiate between community and household level issues around water? iv. How do you go about discussing issues of water with men? v. What do women mean when they say they want men to be involved in water issues? vi. What experiences of getting men involved? vii. What happens in dry and wet periods