**Changing women’s lives in Zambia**

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THE PURPOSE OF this paper is to give voice to the experiences of some of the women in the Eastern Province who have experienced a change in their water supply from a traditional or unprotected source to a protected water source fitted with a handpump. As the “primary water carriers, managers, end-users and family health educators” (Grekel, 1995), it is crucial that their perspective is heard. The benefits to end-users and family health educators" (Grekel, 1995), it is crucial that their perspective is heard. The benefits to their lives along with the drawbacks which have been observed must be considered within the planning and implementation of a project which affects such a major portion of their life.

**Background description of the RWS Eastern Province Project:**
The goal of the Rural Water Supply Project (RWS-EP) is to reduce the risk of waterborne diseases among rural Zambians in the Eastern Province by increasing access to safe reliable water sources and encouraging the adoption of improved health and hygiene practices. Through the drilling of boreholes, digging of wells and installation of hand pumps, over 550 communities in five districts have benefited from improved water sources over a three-year period (1998-2000). Over 200,000 people have been directly affected by the work of this project.

The Rural Water Supply project works with government structures from district, sub-district and local levels. The eight District Councils are responsible for the provision of rural water supply in their respective district, and matters relating to water are dealt with through the District Water, Sanitation and Hygiene Education (D-WASHE) sub-committee. The project works with the traditional authorities such as the paramount chiefs, chiefs, advisors, and the headmen and women in each village. Furthermore there is an on-going collaborative effort with other projects and NGOs which work in the area of water, sanitation, and health and hygiene education.

The targets for the project are rural villages, schools and rural health centres. To qualify for assistance, villages must fit within criteria of: having 200 people or more; an inadequate or unsafe water supply; the village must be willing to fulfill the “self-help” requirements being put forward. Through the use of interactive and participatory learning techniques, the communities are taught about clean water, sanitation, and other basic hygiene issues. They learn what their responsibilities will be and they elect a committee to head-up water and sanitation issues. Training is conducted to equip local people with the necessary skills required for the on-going maintenance of the hand-pump and water source.

**Methodology**
The women who were interviewed for this study were drawn from villages within the catchment area for the project. Villages were randomly chosen from four districts – Mambwe, Chipata, Katete and Petauke. The pre-project water supply was typical of the Eastern Province. This included traditional (unlined) wells, including scoopholes, and lined wells without lifting devices that had inadequate or seasonal water supplies. The distance of the traditional water source from the village ranged from 200 metres to up to 10 km. After the project work was completed, each village had a protected water supply – either a lined well or borehole – equipped with an India Mark II hand-pump. The distance had reduced to less than 500 metres for most people.

In-depth individual and group interviews were conducted with at least three women per village being asked to participate. The women who were interviewed were asked to participate because they had attended the first motivation meeting held in their village. Thus the initial interview was conducted prior to any technical work being done in the village when women were using their traditional water source. A second interview was conducted after the new water point was established and the women had become accustomed to using their new water point. It was at this point that they were able to more succinctly describe the difference before and after the new water point was established. Women were asked about their family’s water usage patterns and demand for water, water collection practices, health problems, and other concerns or problems related to water and water supply. The second interview the women were also asked what other activities they were involved in if they had experienced any savings in time with the new water source. There was opportunity for women to discuss the disadvantages or draw backs with the new water source.

**Results and discussion**
In general, the benefits of an improved water source fall into two categories – health benefits or socio-economic benefits (van wijk-Sijbesma, 1985). Included in the latter category would be the time and energy savings, economic
uses of water and time gains, and increased status and self-reliance. The women who were interviewed named most of these benefits although they did not make any comments about enhanced status or self-reliance.

Three of the villages in Mambwe District where women were interviewed were characterized by extreme water shortage. Women were walking 2 to 10 km during dry season to traditional wells and scoopholes that they shared with wild animals. Water supplies were insufficient and the water quality was very poor. Women would spend up to 8 hours a day trying to get sufficient water for the family. They were assisted in carrying and collecting by children. Males assisted in carrying water containers with bicycles and wheelbarrows and they also provided security against wild animals. Water was allocated for drinking and cooking but there was not enough for washing clothes or bodies. During this time of year, parents would sometimes send children away because there was not enough water for their needs. During the rains, however, they would collect surface water because it was closer and more plentiful—but the quality was poor and the families experienced a lot of illness during this time.

The project installed boreholes with handpumps in these villages. For most people this reduced the distance to the waterpoint—although due to the reliability of the boreholes, other people in the surrounding farming area started to use them. The key factors were that the water was sufficient, reliable and of good quality. According to the women, they spend less time collecting water although their demand and usage has increased. They noted that the waterborne diseases had decreased and that their children were in much better health. Bathing was now carried out regularly, so rashes were less frequent.

Two women commented that social relations had improved. For one woman the reason was that before women were so consumed and tired with the task of finding sufficient water that they could not attend to relationships with friends and relatives. With the closer water point, they could stop and talk to people without worrying about whether they would complete their task. The other woman however stated that since they did not spend so much time together at the new water source, there was less gossiping and backbiting about other people. Another woman said she could get more sleep because she did not have to wake up so early or spend nights at the water point.

The women were very pleased that their children could now be released from the task of collecting water, as the women could manage to collect sufficient water themselves. One woman stated that “child abuse had decreased” because the women’s burden was not so heavy. The extra time that was freed up for these women was spent on making their houses better by smearing, brewing traditional beer and for those that lived close to the borehole they had the opportunity to plant small vegetable gardens.

The water supply situation in the other villages where women were interviewed was not as acute as the first grouping of villages. This water supply was characterized by the use of traditional wells or unprotected lined wells that yielded poor quality water and the quantity was seasonally affected but there were more choices of water sources than the other area. Wells were usually further away than 700 meters from the village but some women were walking up to 2 kilometers. With the establishment of a protected water source, the time had been reduced in collecting water and the family’s demand for water had increased. The elderly women were grateful that their burden had been decreased since they did not have to walk as far to find water—and since the handpump was installed, drawing water was also easy. They were not as tired as before.

The women liked the quality of water and they had noticed that the cases of diarrhoea had decreased noticeably for their children. Since the family was able to bath more, this meant that their children’s rashes had decreased. With their children being sick less often and not as acutely ill (thus their mother’s presence in nursing them was not required), women could be involved in other activities. This included beer brewing, back-yard gardens, growing flowers around the house, and smearing their houses. The men were able to build better homes because water was available for molding bricks. Women help to carry water for this activity.

The quality of family relationships was directly affected by the water problem. When wives were leaving the home at 2 or 3 o’clock in the morning to draw water from the old water source, their husbands complained of having their sleep disturbed. They were very suspicious of the women and often accused them of having a boyfriend. Some husbands said they were worried about the women’s safety being out at night. However, it was only when the man’s own daily regime was disturbed that men became aware of the water problem. One woman stated rather eloquently that “family wrangles were the order of the day because we, the women, used to spend more time drawing water at the expense of other family chores”. In reference to the new water source she went on to say “all the family chores are done without problems. This water has solidified our families, it has assisted us to construct better houses, and diseases are a thing of the past”.

In some of the villages, regulations had been imposed on the usage of the borehole/well and the hand-pump was locked at certain periods. The women were often unclear as to who had made the decision to lock the handpump—whether it was the headman or the well committee. However, some women felt that they were now spending more time collecting water because they had to queue for water—it was not available freely at all times. This was inconvenient for them so they resorted to the old water source to draw water for bathing and washing clothes. For the women in the queue it gave them more time to exchange stories, plait each other’s hair and gossip.

There was one distinct difference between the villages that were in the water poor area and the ones where the shortage was not so critical. Villagers who live in a water
poor area carry borehole water with them to drink when they go to their gardens to cultivate. However, people from the other areas who have more choices of water sources are more likely to draw water from the traditional wells or scoopholes near their gardens instead of carrying safe water with them from the village. It is expected that the latter group would continue to experience more diarrhoeal problems as related to water supply.

Apart from the villages where the hand-pump was locked at certain times of the day and where queuing for water was required, women had very few complaints or comments about the disadvantages of the new water-point. Nonetheless through observation, comments can be made concerning the disadvantages or the ways in which the burden on the women has not lessened substantially.

As Curtis (1986) notes both quantity and quality of water is important. The time and energy that is spent on water collection is determined by a number of factors including the distance to the source, the terrain, the number of consumers, the number of people carrying the water, and the method of transport. For the women interviewed, the new water-point is closer and more reliable than the old one, thus saving on time and energy. However, there is an increased demand by the family for water, which means that women must make more trips to the closer water point to collect water. The assistance they received from children and men is usually withdrawn or decreased with the closer waterpoint, so the burden is still heavy on the women.

With the establishment of a permanent water source that is fitted with a hand-pump, the project has observed that the men have become more involved and prominent in this area which is usually the sphere of women. Traditionally women would identify the water source to be used – either by family groups or by the community at large. It was their responsibility to maintain the surroundings and ensure the cleanliness of the water source. The assistance and participation of men was requested only when deepening or protecting the water source was required. The day to day responsibilities and control of the water point was women’s work. While the project tries to facilitate the active participation of the women in the process of establishing the new water point, it is clear that in most cases men front the process. They take the positions of authority on the well committee that the community elects. In most cases men are chosen as caretakers and men are chosen as pump menders because these are seen as “technical jobs” – they are also more prestigious. Where women are elected as caretakers, they often find that a man takes over their job. The formality of a woman being on a committee is often seen as a threat to the husband – who may refuse to allow her to stand. Thus it becomes clear that when water supply matters are formalized, it tends to move from the domain of women to men and this is partly because of the process itself (van wijk-Sijbesma, 1979).

The hand-pump becomes a tool for controlling people. As a project we have seen situations where the handpump is locked – usually by the men on the committee or by the headman of the village – and women are threatened. They may be told that until they clean the surroundings, or perform another task, they cannot draw water. If more than one village shares a waterpoint and a quarrel erupts between the two villages, one group may be prevented from drawing water – and the women will revert to traditional water sources again. In one case we discovered that the traditional dancers – the Nyau – were preventing women from drawing water from the borehole. Women were being told that unless they participated in the singing and clapping for the Nyau in the evening, they would not be allowed to draw water. Since the Nyau are considered to be spiritual beings rather than human, the women were afraid to defy the Nyau so they reverted to using the scoopholes late at night. The situation was quickly resolved using the traditional leaders who told the Nyau that they could not use the borehole as a weapon. It was also used as a “teachable moment” where health and hygiene messages were outlined to the assembled village leaders.

Conclusions

When water situations are difficult, women are grateful for the relief offered through the establishment of a safe and reliable water point. The immediate gains in time and effort, and improvement to their children’s health are quickly noted. The disadvantages – or the ways in which their lives becomes harder or their status is worsened – are not as readily observed or commented about. In reality, the life of the rural Zambian woman is grindingly hard and there are few organized groups in the rural areas who engage women in discussion about their lives and how they can organize for change. It is possible that with time, the women themselves will identify the disadvantages.

From the perspective of a water project that attempts to fulfill significant technical targets, it raises questions about how can we better work with the women in communities so that their burden is not increased. How much of a burden do we place on women by saying that the only safe water is borehole/well water pumped through a handpump? The insistence of hygiene and sanitation measures must not be placed only on the women. Alone they are unable to change their communities. There must be involvement and convincing of traditional leadership, and husbands and fathers must also be educated to see that they have a role to play in the development of their own communities. In terms of development efforts, installing a water point by itself does not achieve as much as it could if combined with a whole package of other developmental activities and increasing the burden on women will not allow for a true development to occur.

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