

Water, sanitation and hygiene for homeless people

Sayed Mohammad Nazim Uddin, Vicky Walters, J. C. Gaillard,
Sanjida Marium Hridi and Alice McSherry

ABSTRACT

This short communication provides insights into water, sanitation and hygiene (WASH) for homeless people through a scoping study conducted in Dhaka, Bangladesh. It investigates homeless access to WASH through the lens of a rights-based approach. It demonstrates that homeless people's denial of their right to WASH reflects their marginal position in society and an unequal distribution of power and opportunities. The study ultimately suggests a rights-based approach to work toward dealing with the root causes of discrimination and marginalisation rather than just the symptoms. For the homeless, who not only lack substantive rights, but also the means through which to claim their rights, an integrated rights-based approach to WASH offers the possibility for social inclusion and significant improvements in their life conditions. Given the unique deprivation of homelessness it is argued that in addressing the lack of access to adequate WASH for homeless people the immediate goal should be the fulfilment and protection of the right to adequate shelter.

Key words | Bangladesh, homeless, hygiene, rights, sanitation, water

Sayed Mohammad Nazim Uddin (corresponding author)
University of Science and Technology Beijing,
30 Xueyuan Road, Haidian District,
Beijing,
China
E-mail: nazimivfmbuet@gmail.com

Vicky Walters
Massey University,
Tennent Drive, Palmerston North 4474,
New Zealand

J. C. Gaillard
Alice McSherry
The University of Auckland,
Auckland 1010,
New Zealand

Sanjida Marium Hridi
Manarat International University,
Zoo Road, Dhaka 1216,
Bangladesh

WATER, SANITATION AND HYGIENE – OR THE LACK OF – FOR HOMELESS PEOPLE

The rights to water, sanitation and hygiene (hence referred to as WASH) like other human rights, are universal and the birthright of every human being. They are also indivisible, interdependent and interrelated rights. Recent academic and policy debates have recognised WASH as part of a larger bundle of fundamental rights, and commentators who have advocated for a rights-based approach to WASH have often made explicit the connections with other human rights and other human rights treaties and conventions (e.g., [Scanlon *et al.* 2004](#)).

Recent conversations on the right to WASH have, however, largely overlooked the case of homeless people although homelessness is an advanced level of destitution and denial of basic rights. Homeless people's rights to WASH are also seldom explicitly or sufficiently addressed in international and national policies ([Walters 2014](#)). Most interventions for poor or marginalised individuals and groups target those with some form of shelter, such as

those living in informal settlements and rural areas (e.g., [Fewtrell *et al.* 2005](#)). These gaps in research, policy and practice point to a major deficiency in environmental, health and social policy knowledge, decision-making and implementation, and specifically in WASH for the homeless.

Homelessness is not a universally agreed concept or phenomenon ([Tipple & Speak 2009](#)). It is usually apprehended along a spectrum of hardship to secure tenured and safe housing. The homeless thus range from informal settlers under threat of eviction to pavement dwellers and people sleeping rough ([Wasserman & Clair 2010](#)). In this scoping study we only focus on those who live without roofed shelter in places such as the roadside, pavements, or other open spaces or who are temporarily roofed at night by non-government organisations (NGOs) or at their relatives' accommodation.

By exploring people's access to WASH, this scoping study provides an empirical case study of the indivisibility,

doi: 10.2166/wh.2015.248

interdependence and interrelatedness of human rights in the context of Dhaka, Bangladesh. In doing so, it affirms that addressing the right to WASH for all, and in this case the homeless, requires a rights-based approach that attends to the broader bundle of rights that are denied to the poor, and from which they are marginalised.

A SCOPING STUDY IN DHAKA

According to United Nations data, Bangladesh has made significant improvements in sanitation with 57% of the population with improved services and just 3% practising open defecation (WHO/UNICEF 2014). The National Policy for Safe Water Supply and Sanitation of 1998 states that the government's goal is to ensure that all people have access to safe water and sanitation services at an affordable cost. In fact, the homeless are eligible for receiving subsidised sanitation services. In practice, however, homeless people are highly overlooked by implementing bodies and service providers. There are, to date, no particular programmes initiated by central or local governments to improve the WASH situation for homeless people in Dhaka.

There are no reliable statistics on the number of homeless people in Dhaka although the 1997 census provided a rough count of 15,000. This is likely to be a gross underestimate. Common causes of homelessness include house fires, disasters associated with natural and anthropogenic hazards, sudden loss of jobs, mental and other illness, drug addiction, domestic violence, dowry-related and land conflicts, and general abuse of political and family power structures (e.g., Uddin *et al.* 2009a).

Field research for this scoping study was conducted in Dhaka between October and December 2011, then from August 2012 to February 2013. Twenty homeless people, between the ages of 10 and 60 years old across different parts of the city were identified to participate with the help of an NGO and security guards. Five of the homeless were living in a temporary shelter provided by the NGO *Oparajeyo Bangladesh*. Two of the participants were staying in their relatives' houses on a temporary basis, and the remaining 13 participants were staying in open spaces such as footpaths, rail stations and temporary shelters near river banks. All of them had come to Dhaka from rural

areas following disasters associated with natural or anthropogenic hazards, land conflicts, marriage breakups (in particular the divorce of women by their husbands), domestic violence, deaths of household heads and land acquisition by the government.

Semi-structured interviews were conducted with all homeless participants who also led observational investigations through transect walks in five strategic places of Dhaka. These provided an opportunity to observe living places, sources of drinking water and availability of toilets. Ten semi-structured interviews were also conducted with representatives from the Ministry of Health and Family Welfare, staff of NGOs providing support to the homeless, leaders of religious institutions from where the homeless regularly access water, committee heads of markets where homeless people stay and public toilet owners. Interviews and transect walks provided an interesting set of data to investigate homeless people's access to WASH in Dhaka. It is noteworthy that such a scoping study did not require formal ethical approval from any Bangladesh authorities but paramount importance was given to seeking informed consent from the respondents prior to conducting interviews and transect walks.

WASH IN DHAKA: A SITUATION OF DENIED RIGHTS

The following discussion is framed around the deprivations and denied rights that were most clearly highlighted during the scoping study, and signposts the connections between these rights as well as their interdependence with the right to WASH in particular. We recognise, however, that this is not the full body of rights that the homeless are denied, or that are inherently interconnected with the right to WASH.

With the exception of those who were staying at their relatives' houses or in temporary shelters, the homeless people who were interviewed do not have any proper access to toilet facilities. Very few homeless people use public toilet facilities because of the user fees. In Dhaka, almost all public sanitation facilities which provide toilets and places to bathe are leased by contractors from the government to operate as private businesses. Everyone is required to pay to use the facilities, irrespective of their capacity to pay. The homeless explained that depending

on the facility and quality of public toilets they have to pay to the owner a fee that ranges between 0.06 and 0.13 USD for each visit. This was confirmed during the interviews with the public toilet owners/businessmen. This may seem like a minimal charge. However, as a percentage of a homeless person's daily income it is significant. Given that it is normal for individuals to relieve themselves more than once a day, it is evident that the user charges for public toilets are a gross denial of the right to adequate sanitation for the homeless. Unable to pay the fee, the homeless are prohibited from entering the public toilets, which forces them to practise open defecation and urination near their living areas.

The interviews also revealed that hand washing after defecation or urination is not practised because the homeless respondents lack access to water. However, most observe anal cleansing with water after defecation, which is the cultural norm among both Muslims and Hindus in Bangladesh. Lack of access to facilities for clothes washing is also a problem experienced by the homeless. Some of the homeless interviewed explained how they wash their clothes in the polluted lake water, whereas others use the public baths, or facilities at relatives' houses and temporary shelters if they are available. In addition, respondents among the homeless stated that they do not receive any kind of subsidised sanitation services from the government.

At the centre of adequate sanitation and hygiene, as well as for life and human dignity, is the right to safe, sufficient, affordable and accessible water. Data collected during the interviews found that the homeless in Dhaka collect water from a wide range of places, such as the open supply tap from the Dhaka Water Supply Authority (DWASA), water storage tanks, religious centres, restaurants and shopping malls. However, these water sources are not assured. For example, the quantity of water supplied by the DWASA public taps fluctuates based on season. Access to water at these different sources also entails an array of other hazards associated with gender and age discrimination, especially at night. In addition to insecure water access points, the homeless are also forced to use water of poor quality. [Mahbub *et al.*'s \(2011\)](#) study on the water quality in Dhaka found the microbial contamination often exceeded the Bangladesh Standard and World Health Organization guidelines for

drinking water. While it is advisable to only drink filtered or boiled water, all these purification options come at some cost and are therefore unavailable to the financially destitute homeless.

The denial of all of the above rights prevents the homeless from enjoying the 'highest attainable standard of physical and mental health' as stipulated in Article 12(1) of the International Covenant on Economic, Social and Cultural Rights. Limited access to toilet facilities and clean water significantly increases homeless peoples' susceptibility to various diseases such as diarrhoea, malaria, typhoid, stomach pain, fever, jaundice and skin diseases. In fact, interviews with homeless people highlight that they frequently suffer from such diseases, some of which are contagious. This constitutes a major health risk for those who are driven to stay in unhygienic and unsterilised environments.

Ultimately, homeless people's insecure access to a safe water supply and sanitation facilities stems from inadequate living and sleeping locations. The homeless interviewed for this study who were either staying at relatives' houses for short periods, in temporary shelters or in market places are able to access WASH facilities. However, for those living in more precarious environments such as at railway stations, on riverbanks and beside rail tracks, their WASH situation is far more hazardous and insecure. Interviews and transect walks illuminated how these living places and their surroundings expose the homeless to unhygienic living conditions, infectious and waterborne diseases, pollution, unsafe water sources, and insufficient access to toilets and bathing facilities.

In this context, health, nutrition, and population services in Bangladesh are supposedly designed to ensure an equitable distribution of services and support across society, but homeless people remain invisible and are not targeted ([Uddin *et al.* 2009b](#)). Results from the interviews with NGO officers revealed that there are no health services and programmes currently provided by either the Government of Bangladesh or the Dhaka Local Government that accommodate the unique situation and vulnerabilities of the homeless. Unable to avail private health care services due to their extreme poverty, the right to health for the homeless is severely compromised. Ultimately, the inter-related character of rights, and the combined denial of

these rights, drives the homeless into even deeper levels of destitution and vulnerability.

TOWARDS A RIGHTS-BASED APPROACH TO WASH FOR HOMELESS PEOPLE

Bangladesh has made significant progress towards meeting the Millennium Development Goals targets associated with WASH (United Nations Development Programme 2014). It is disturbing then that the homeless of Dhaka continue to face WASH insecurity, vulnerability and indignity. Homeless people's denial of the right to WASH reflects and is consequential of their marginal position in society – not just in Dhaka but around the world. Homelessness is one of the ultimate stages of destitution where access to basic resources, such as shelter, water, sanitation, appropriate diet, education, and health care, is obstructed. It is obvious in the case of Dhaka that these resources are, however, available locally but access is limited to those with stronger economic, political and social position in society, thus reflecting an unequal distribution of power and opportunities that is grounded in an array of structural socio-cultural heritages and political-economic processes (e.g., Hartmann & Boyce 1983).

For the homeless, who not only lack substantive rights but also the means through which to claim their rights, an integrated rights-based approach to WASH offers the possibility for social inclusion and significant improvements in their life conditions. Central to a rights-based approach to WASH is the recognition that human rights are indivisible. As this short paper has highlighted, the right to WASH does not exist in isolation of other rights. Principled on equality and non-discrimination, a rights-based approach to WASH works towards making duty bearers responsive and accountable, and in empowering those who are marginalised, excluded and affected by poverty to claim their rights (e.g., Filmer-Wilson 2005). In this way, a rights-based approach not only focuses on the attainment of a right or bundle of rights, but also the process through which decisions are made. In contrast to a technocratic or need-based approach to development and WASH, a rights-based approach does not see vulnerability and a lack of access as

a symptom of marginalisation but as a structural issue rooted in unequal power relations. Thus, the rights-based approach works toward dealing with the root causes of discrimination and marginalisation rather than just the symptoms.

Forced homelessness, as a symptom of poverty, social exclusion and life crises, is a violation of Article 11(1) of the International Covenant on Economic, Social and Cultural Rights (ICESR). This article recognises the right of every man, women and child to housing, an adequate standard of living and continuous improvements of living conditions. As we have highlighted, a homeless person's vulnerability and lack of security give rise to other human rights violations, for example a lack of access to adequate WASH. Given the unique form of deprivation that is homelessness, the immediate and broader goal in addressing the lack of access to adequate WASH for homeless people must therefore be the fulfilment and protection of the right to adequate shelter.

REFERENCES

- Fewtrell, L., Kaufmann, R. B., Kay, D., Enanoria, W., Haller, L. & Colford, J. M. 2005 *Water, sanitation, and hygiene interventions to reduce diarrhoea in less developed countries: a systematic review and meta-analysis*. *Lancet Infect. Dis.* **5** (1), 42–52.
- Filmer-Wilson, E. 2005 The human rights-based approach to development: the right to water. *Quart. Human Rights* **23** (2), 213–241.
- Hartmann, B. & Boyce, J. K. 1983 *A Quiet Violence: View From a Bangladesh Village*. Zed Books, London.
- Mahbub, K. R., Nahar, A., Ahmed, M. M. & Chakraborty, A. 2011 Quality analysis of Dhaka WASA drinking water: detection and biochemical characterization of the isolates. *J. Environ. Sci. Nat. Resour.* **4** (2), 41–49.
- Scanlon, J., Cassar, A. & Nemes, N. 2004 *Water as a Human Right?* International Union for Conservation of Nature, Gland, Switzerland.
- Tipple, G. & Speak, S. 2009 *The Hidden Millions: Homelessness in Developing Countries*. Routledge, London.
- Uddin, M. J., Ashraf, A. & Rashid, M. 2009a Homeless in Dhaka: violence, sexual harassment, and drug-abuse. *J. Health Popul. Nutr.* **27** (4), 452–461.
- Uddin, M. J., Koehlmoos, T. L., Ashraf, A., Khan, A. I., Saha, N. C. & Hossain, M. 2009b *Health needs and health-care-seeking behavior of street-dwellers in Dhaka, Bangladesh*. *Health Policy Plann.* **24** (5), 385–394.

United Nations Development Programme 2014 *Human Development Report 2014 – Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience*. United Nations Development Programme, New York.

Walters, V. 2014 [Urban homelessness and the right to water and sanitation: experiences from India's cities](#). *Water Policy* 16 (4), 755–772.

Wasserman, J. A. & Clair, J. M. 2010 *At Home in the Street: People, Poverty and a Hidden Culture of Homelessness*. Lynne Rienner Publishers, Boulder, CO.

WHO/UNICEF 2014 *Progress on drinking water and sanitation*. World Health Organization/United Nations Children's Fund, Joint Monitoring Programme Update 2014, Geneva, Switzerland.

First received 9 September 2014; accepted in revised form 26 May 2015. Available online 7 July 2015