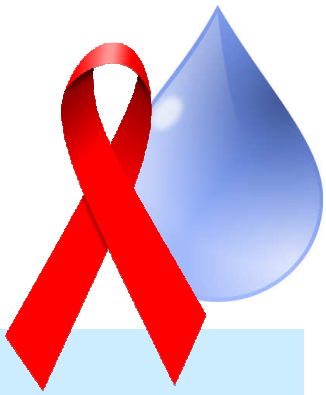
Water and Sanitation for People Living with HIV and AIDS: Exploring the Challenges



WaterAid Tanzania and AMREF Tanzania
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Summary of Main Findings

- People living with HIV and AIDS reported that they require an increased quantity of water since becoming HIV positive. Accessing this water is made harder by the difficult economic situation that they are facing.
- The standard of latrines being used by PLHIV are generally very poor. This creates an increased risk of opportunistic infections.
- Community-level mechanisms to provide better access to water supply for PLHIV were found to be rare, and faced opposition from the local community.

Summary of Recommendations

- Water and sanitation programmes should work in partnership with those in the HIV and AIDS sector to develop strategies to ensure that people living with HIV and AIDS have affordable access to water supply.
- Consistent hygiene messages should be used both in home base care training and in the water sector.
- HIV and AIDS programmes and interventions should consider costing and advocating for provision of water treatment agents as part of PLHIV medical treatment support packages.

Background and Introduction

The most widely published data on access to water and sanitation services in Tanzania – data from household surveys – gives us very useful data on overall trends in access[1]. However, these statistics hide the individual effort that vulnerable groups have to make in accessing those services each day. The elderly, disabled and people living with HIV and AIDS, for example, all face a particular set of challenges in accessing essential water and sanitation services.

In rural areas, it is often believed that communities have their own mechanisms of identifying and taking care of the vulnerable people, though there is little understanding of how inclusive these informal mechanisms are in practice. In urban areas where water supply and sewerage utilities are operating, they are yet to set clear and targeted mechanisms for ensuring access to such services for the vulnerable within their mandated service areas.

There have been some previous efforts to identify and understand the constraints faced by vulnerable groups in accessing water and sanitation services in Tanzania. A WaterAid study to investigate how the elderly and disabled are accessing water found that this group have poorer access due to a combination of physical, financial and social barriers[2]. However, previous studies have not focussed on the water and sanitation needs and challenges of people living with HIV and AIDS (PLHIV).

This briefing paper reports the main findings of a study to begin exploring this issue and fill this gap. The study

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was jointly conducted by WaterAid Tanzania and AMREF Tanzania during 2008. The full study report is available online[3].

A largely qualitative approach was used for this study, including interviews with PLHIV and their carers in Kinondoni (Dar es Salaam), Mkuranga, Morogoro Urban and Mvomero. This is partly due to the difficulty of achieving a random sample of people living with HIV and AIDS, and partly to suit the exploratory nature of the study. Some quantitative data was also collected, though this cannot be used to reach confident conclusions since the data was not collected from a random sample.

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Findings – What does this study tell us?

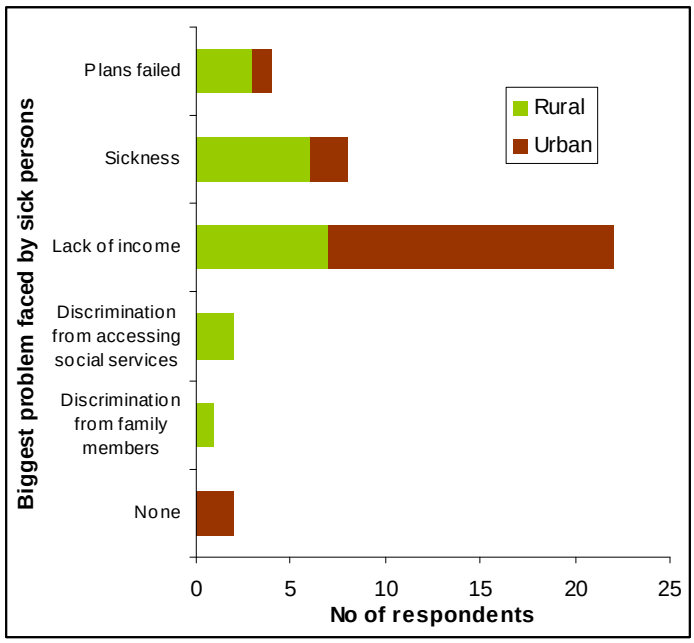
General challenges facing PLHIV

The study looked first at the whole range of challenges facing PLHIV, not limited to challenges relating to water and sanitation in particular. Figure 1 shows some of the findings. Two points are of note here. First, a simple lack of income was reported by a clear majority of respondents as being the biggest problem they are facing.

Second, and unexpectedly, stigma and discrimination was not reported as a big problem, and was only mentioned in rural areas. However, some of the qualitative data suggests that stigma and discrimination are present. Case study 1, below, first demonstrates that stigma is a very real problem, and second shows how stigma can in fact contribute to the economic difficulties faced by PLHIV.

Case study 1: Stigma and livelihoods
"...I was working in a restaurant but because of frequent illnesses I lost my job. I started baking bread for sale, but when members of the community realized that I was HIV positive, all customers stopped buying bread from me. I do not have other income generating activities other than the money I get from PASADA as one of their volunteers on 'home based care outreach'. I have three children all of them still in school..."

Figure 1 - General challenges facing PLHIV



Similarly, in focus group discussions on sanitation, there was some discussion of whether family members and neighbours were willing to share a toilet with PLHIV, with some respondents reporting discrimination in this area as well.

It may well be that stigma was under-reported in the data behind figure 1, perhaps because it was not perceived to be as big a problem as the lack of income.

Water and Sanitation and People Living with HIV and AIDS – Understanding the Linkages

Staying Healthy: For people living with HIV and AIDS, staying healthy is particularly important. Water and sanitation related diseases, such as diarrhoea and various types of skin diseases are among the most common opportunistic infections.

Infant Feeding: If a mother is HIV positive, there is a risk that she may transmit the virus to her baby through breastfeeding, even if the child is born HIV negative. The 'obvious' solution would be not to breastfeed the child, though this relies on the availability of clean water. Whether breast feeding or not, clean water is crucial for infant feeding and HIV positive babies need to be protected even more from unsafe water because it will weaken their resistance and shorten their lives.

Hygiene as Part of Home-Based Care: The majority of AIDS patients are being cared for within their local communities, often by trained volunteers: this is called home-based care. Because of the importance of staying healthy, hygiene education must be one element of training for carers.

Household Economy and Productivity: Access to sustainable water sources near household reduces the time and effort spent looking for water by families taking care of people living with HIV and AIDS. The time spent can be invested productively by the families for other tasks.

A Gender Perspective: Most of the time the caregivers in household are girls, women, and children, mainly because of the gender constructs and socially defined roles in traditional Tanzanian culture. Time spent in fetching water in case of the unavailability of water may affect taking care of PLHIV, hence reducing the time they would otherwise spend on other tasks around the household. This can also impact on children's education, leading to dropouts especially for girls.

Water-related needs and challenges

In terms of need for water, the first question the study looked at was whether PLHIV had noticed any change in the quantity of water they need. As table 1 below suggests, the response was mixed, although a clear majority did report that their daily water needs had increased.

Table 1 – changed water needs of PLHIV

	Number of household		
	Rural	Urban	Total
Yes, increased	12	13	25
No change	9	8	17

When asked in qualitative discussions what the increased use of water was for, the majority responded that their increased need for water was for washing rather than for drinking or bathing. These discussions also revealed that these increases were only partly due to an increase in the use of water by PLHIV themselves -much of the increase was suggested to be the result of other household members taking extra care over cleaning clothes and household cleanliness in general. However, as Case Study shows, additional water use was also reported by PLHIV themselves.

Case study 2 – Increased use of water by PLHIV
One PLHIV told a story from before she knew that she was HIV positive. She was using any source of water and as a result she was suffering from diarrhoea over and over again as well as having rashes. After counselling, she agreed to go for voluntary testing, and realized that she was having HIV. The HBC service provider continued to visit her and educate her on how to take care of herself including the use of clean water and on proper hygiene. This helped her improve her hygiene behaviour. She acknowledged an increase in washing hands after visiting toilets and bathing twice a day.

Sanitation-related needs and challenges

Access to sanitation facilities was encouraging, at least in terms of basic latrines. Among all surveyed households, respondents said that they had access to latrine facilities. However, both the researchers own observations and the respondents statements suggest that the quality of these latrines is poor. Only 26% of respondents said that their latrines provided good privacy and cleanliness. The researchers noted that less than half the pit latrines were covered.

These findings are fairly typical of Tanzanian households, and are therefore not unexpected. However, in the case of PLHIV, unclean latrine facilities are even more of a problem than for other households, due to the need to reduce the risk of opportunistic infections, many of which can be spread when latrines are of a poor standard. Case study 3 gives an extreme example of the dangers of poor standard latrines, though even in less extreme cases the dangers are clear.

Case study 3: Danger of unimproved latrines
Fatima is a middle aged woman, seriously sick in bed cared by her grandmother. Her grandmother is old and is tired of taking care of her. Neighbours normally supported Fatima by providing her with water and food. One day Fatima's leg slipped into the pit latrine and was rescued by neighbours. The latrine used by Fatima was one of the poorest quality; with neither roof, nor durable shelter or good slab.

One particular issue relating to latrines that came up in focus group discussions was the question of sharing latrines. The majority of PLHIV reported that they shared their latrine with 6 or more people. Though most of them did not have a problem with this situation, they were aware that other latrine users were concerned about sharing their latrine with someone known to be HIV positive. Pouring hot water down latrines before use was reported by other latrine users.

Community support mechanisms

The argument is often heard in the water sector that rural communities in particular have their own mechanisms for ensuring that vulnerable groups have easier access to water supply – through free water being provided to the elderly and disabled for example.

This study, however, found very little evidence of such mechanisms providing support to PLHIV to access clean and safe water. In only one case was free water provided to PLHIV, and this faced objections from the local community – see case study 3.

Case study 3 – Community support mechanisms?
In Yombo Vituka, Nuru PTC is doing voluntary work to support the seriously sick PLHIV. The group acknowledges water is a serious problem and especially for PLHIV who can not afford it. In the area there is a community water project but PLHIV are not allowed free access. However, in a neighbouring ward, the Ward Executive Officer has allowed a person living with HIV and AIDS to fetch water free of charge. In this case, some community members disagreed with the arrangement, pointing out that the person is no less capable of paying for the water service than they are.

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Conclusions

Increased used of clean and safe water, increased cost

The importance of safe and clean water for PLHIV is clear. Majority of PLHIV indicated increased daily use of water and in turn this was expected to increase the cost of accessing the water, which places extra demands to household resources. This is a particularly critical issue as low financial capacity was reported at a major problem by households involved in this study.

It is not straightforward to increased access to water directly for a specific group. This could be achieved by increasing access for the whole community, though this is the major challenge that the water sector is already struggling with. A second approach would be to use measures that increase water quality rather than quantity, such as water purification, which would at least reduce the risk of water-borne disease even if not addressing the whole issue. A final option would involve some form of subsidy for PLHIV. Although this may not have full community support, it would be possible to build into both HIV and AIDS programmes and water projects.

Sanitation and hygiene education

In relation to sanitation and hygiene, home based care guidelines include a component of water and sanitation, and hygiene in their training manual with information on the importance on safe and adequate water, proper storage, and chemical treatment of the water for maintaining good health for PLHIV. Water and sanitation programmes emphasise sensitization and training of community on stigma, hygiene, usage and sharing of water and sanitation facilities with PLHIV.

Both HIV and AIDS and water programme have sanitation, hygiene and stigma messages in their intervention packages. Are these messages harmonised or delivered in a consistent way? Such consistent delivery of messages has been shown to be a critical factor in achieving behaviour change.

Latrine facilities, hygiene and stigma

In most settings latrines do not meet the quality criteria, though this is no different to latrine standards in the wider community. However, for PLHIV, poor latrine standards create an additional problem: inadequate sanitation increases the chances of opportunistic infections and therefore a risk to users.

Recommendations

The study revealed that there are specific challenges that PLHIV face in accessing water and sanitation and in most cases there are no clear arrangements for supporting and removing the barriers towards to access water and sanitation. There is also a need to ensure the consistency of hygiene education messages in water and sanitation and home-based care programmes. The study therefore makes the following recommendations:

- Water and sanitation programmes should work in partnership with those in the HIV and AIDS sector to develop strategies that ensure that PLHIV have access to water and sanitation facilities.
- Common messages on water and sanitation hygiene should be used by both water and sanitation programmes and HIV and AIDS programmes to improve message uptake.
- Home base care guidelines should give extra attention to water, sanitation and hygiene issues, such as by including information on the need for, and the amount of water needed to keep PLHIV and their environment clean, and on safe sanitation and hygiene practices.
- HIV and AIDS programmes and interventions should consider costing and advocating for provision of water treatment agents as part of PLHIV medical treatment support packages.
- Further research is needed to assess who is being excluded from access to water and sanitation services where projects have been implemented. This will help to give a clearer picture of who is left out of the service and/or to what extent PLHIV have access to the services.

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[1] E.g. *Water and Sanitation in Tanzania: What does the 2007 Household Budget Survey Tell Us?* WaterAid Tanzania, 2009
[2] Holding (2007), *Access to Water for the Vulnerable in Rural Tanzania*
[3] The full report is available in pdf format from www.wateraid.org and tanzania.amref.org.

WaterAid Tanzania
PO Box 33759, Dar es Salaam
www.wateraid.org
wateraidtz@wateraid.org

AMREF in Tanzania
PO Box 2273, Dar es Salaam
www.amref.org
tanzania.info@amref.org