

Public Consultation:

Stigma and the realization of the human rights to water and sanitation

1 February 2012

Introduction of the issue by Catarina de Albuquerque, Special Rapporteur on the human rights to safe drinking water and sanitation

Excellencies, Distinguished Delegates, Ladies and Gentlemen,

Thank you for following my invitation and for being here. I am happy to see such great interest in the work of the mandate and this particular report on stigmatization.

As you may know, my report to the Human Rights Council that I will present in September this year will focus on Stigma and the realization of the human rights to water and sanitation.

First, what is stigma and how does it relate to human rights?

- There is no conceptual clarity about stigma and no agreed definition. But to stigmatize can be understood as “to label someone and see them as inferior because of an attribute they have.” It is always about a process of “dehumanizing” certain people.
- Stigmatization as such is not a concept that is commonly used in the human rights framework. But it is closely linked to it, in particular to the human rights principle of non-discrimination.
- Stigma and discrimination are “interrelated, reinforcing and legitimise each other”, but, of course, they are not one and the same.
- Stigma can best be understood as an antecedent to discrimination, or a ‘rationale’ for it. It does not always translate into discrimination, but can lead to it as well as other violations of human rights. Stigma makes discrimination possible because the more stigmatized a group, the easier it is to ‘justify’ discrimination against them.
- In that sense, stigma makes human rights violations more possible and ‘palatable’, thereby laying the groundwork for discrimination.
- In the Expert Meeting held on 30 and 31 January, one of the participants stated that “without combatting stigma, it is impossible to fully realise the rights to water and sanitation”.

Second, why did I choose the topic of stigmatization?

- While on country missions, I have often seen dramatic situations of lack of access to water and sanitation. The people I have seen and met with were always the same.
- When talking with local and national authorities in these countries, even when discussing with representatives of international organisations, I also realized that there was clearly a lack of attention and political will to address these situations. These situations were obviously clear cases of discrimination – a violation of human rights. But still, the concept of non-discrimination did not seem sufficient to explain the situations I saw, since the concept does not necessarily take us to the root causes, which are deeply engrained in societal and cultural norms and attitudes.
- For example, some people I met such as homeless people said they did not deserve my time. They seemed to feel responsible for the situation of being extremely poor and being homeless. Some people seemed to feel that they were born to be in that situation.
- I hope that the concept of stigma helps to shed light on these underlying issues and that it helps us understand why some people do not have access, in particular where it is only a small part of the population that is obviously disadvantaged compared to the majority.
- Identifying human rights violations as ‘stigma-based’ is hopefully a first and important step.
- From the work and research that I started to undertake on stigma, it is clear to me that we need to speak about all the issues that seem ‘unmentionable’ – whether it is menstrual hygiene, manual scavenging or the situation of people with disabilities, to name but a few. This is imperative, precisely because stigma has an effect of silencing and turning the people who experience it invisible.
- It also perpetuates discrimination by lending it a kind of ‘moral justification’.
- And only if we understand better how stigma is constructed and how it influences the lives of so many people and societal relationships, only then can we identify appropriate responses to combat stigma, and ideally to prevent it.

I convened an expert consultation over the last two days where we discussed a range of different issues related to stigmatization. I focussed on some groups whom I encountered during my country missions and/or who were mentioned in complaints I received in order to better understand the situations they are trapped in.

Illustrative Examples:

- **Menstrual hygiene for women and girls** (menstrual hygiene being closely related with the rights to sanitation and water)

Menstruating women and girls are perceived as somehow 'dangerous', 'dirty', 'impure' and practices such as seclusion of women and girls are often applied during their menstruation. Women are at times prohibited from preparing food for others, or have to observe dietary restrictions. Sometimes menstruating women are even housed separately from men and boys. It often also results in girls missing school.

- **Obstetric fistula for women**

This is a medical term which refers to a hole which develops either between a woman's rectum and vagina, or between a woman's vagina and bladder (or both), as a result of obstructed labour. The obstetric fistula results in constant urinary incontinence. The constant wetness and smell often lead to divorce or abandonment, and enormous shame, leading many women to isolate themselves.

- **Transgender and Intersex**

In relation to water and sanitation, one can see the effect of stigma in the controversy over access to public bathrooms by Transgender and Intersex individuals. The use of public bathrooms, which are often sex segregated, has been an issue associated with exclusion, verbal harassment, physical abuse and sometimes even arrest of Transgender and Intersex individuals.

- **Roma**

Roma communities often lack even rudimentary access - even in affluent European cities and in countries where non-Roma communities have universal access to water and sanitation. We found that the concept of 'disgust' which is closely linked to stigma. Roma are stereotyped as being 'dirty', 'smelly', 'contaminated', and 'unclean.' Obviously the denial of water and sanitation makes it impossible for one to take care of one's hygiene needs and in this way the stereotype becomes seen as true, which only serves to reinforce and justify further stigmatization.

- **Dalits**

Dalits encounter a number of obstacles when it comes to the enjoyment of their rights to water and sanitation, being sometimes unable to collect water from shared wells, and being fined for drinking from a common water tap.

- **Sanitation Workers**

The practice of manual scavenging is mostly carried out by Dalits in those countries where they live and where the caste based system exists. In these cases, Dalit men clean sewage pits and mostly Dalit women clean dry toilets individually in homes and public places. This task is obviously related to the stigma of Dalits being seen as 'untouchable'. Manual scavengers suffer extreme forms of stigma and social exclusion. But Dalits are not the only sanitation workers in the world. In other cultural context, sanitation workers

may face similar stigmatization, in particular when having to carry out the work manually and getting in direct contact with faeces.

- **Sex workers**

Sex workers are stigmatized and often criminalized because of the work in which they engage, resulting in difficulties to access health, legal, and social services as well as water and sanitation. Sex workers are often forced to work in areas where access to services, including water and sanitation, is not available, including in the outskirts of cities.

- **Prisoners and ex-prisoners**

The stigmatization of prisoners results in exclusion and lack of attention and low-priority given to addressing their needs. Even once out of prison, ex-prisoners continue to face stigmatization. Ex-prisoners face entrenched barriers to social integration. They often have difficulty securing employment and housing, and are sometime unable to access water and sanitation facilities, particularly if they become homeless.

- **People living with HIV/AIDS (PLHA)**

There is stigma attached to HIV/AIDS. PLHA have increased water needs. Moreover, diseases associated with unsafe water and inadequate sanitation can be fatal for PLHA. Stigma impacts PLHA's access to water and sanitation. For example, once individuals were suspected of having the HIV virus, they would sometimes be locked out of communal toilets/latrines by their neighbours.

- **People with Disabilities**

Many people with disabilities continue to face widespread stigmatization. They may be abandoned, abused or neglected, and people may see their lives as less valuable. Stigma also shows itself by rendering people with disabilities and their needs invisible within the larger society. This results in lack of accessibility regarding water and sanitation.

- **Elderly Persons**

Despite the fact that aging is a fact of life, many elderly persons face stigma in most societies. There is a negative attitude that ageing "makes people unattractive, unintelligent, asexual, unemployable, and mentally incompetent." Elderly persons have specific needs when it comes to water and sanitation, e.g. in terms of physical accessibility. Stigma plays out by rendering the needs of elderly people invisible and isolating them. Lack of access to hygiene and sanitation, will exacerbate the stigma they are subject to.

- **People living in poverty**

People living in poverty may also face stigmatization, for instance when living in informal settlements. There is often a perception that they are to be blamed

for living in poverty and that they do not deserve water and sanitation services if they cannot pay for them.

- **Homeless Persons**

Homeless persons are heavily stigmatized. They are often blamed for their homelessness. We see in certain countries a trend towards criminalization of homelessness and of proxy behaviours such as public urination. When this is combined with lack of alternatives for the homeless to have access to drinking water, toilets, showers, and facilities for washing clothes, stigma is obviously heightened.

I hope these initial thoughts and some examples I shared with you, might shed some light on what I have in mind for my upcoming report.

Why am I convening this consultation?

- I want to identify concrete instances of stigmatization so that my report can be as close to reality on the ground as possible. – Which groups and individuals experience stigmatization? How are they affected in regard to the realization of the human rights to water and sanitation?
- I would like to hear about measures which are being taken by your Governments and/ or organisations to prevent, address and combat stigma. I am particular interested in measures at the structural level that combat stigma in a coherent way, that do not only seek to address the symptoms.
- And where such measures are not yet in place, I would also like to hear views about what measures should be taken.

I am looking forward to your interventions.

I would also like to mention that I would welcome more written submissions on the issue. I know that the deadline in the call I issued was end-January, but we still welcome submissions until the end of February.