

# Public school toilets: A curse or blessing for girls with physical impairment

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## ABSTRACT

The study was set to assess the effects of inaccessibility of school toilets to girl pupils with disabilities. Statistics staggered around the world reveal that 2.4 billion people lack access to basic toilets. According to UNICEF report, more than half of the schools in the developed world lack private toilets. Whilst this is so, people with disabilities do not only lack privacy in terms of toilets but face challenges in accessibility of these toilets especially in developing countries. World over, most nations including Zimbabwe have domesticated the United Nations Declaration Charter on equalisation of opportunities for People with Disabilities (PWDs). Zimbabwe Ministry of Education Policy Minute No. 36 of 1996 saw the enrolment of children with disabilities in their home schools. In spite of the Government policies on sanitary facilities that meet the needs of PWD, it had been observed that some toilets in Bindura town of Zimbabwe did not meet the requirements of inclusive education. Earlier study revealed that school toilets were inaccessible or difficult to access by pupils with physical disabilities. Inaccessibility of school toilets seemed to adversely affect females with disabilities much more than males with disabilities. By the time this research was done, the researchers had not come across a study that assessed the effects of inaccessibility of toilets to girl pupils with disabilities. Qualitative methodology was used for this study and grounded method was used. Data was collected through interviews and observations. The following question guided the study: To what extent are school toilets accessible to pupils with disabilities? Does inaccessibility to school toilets have more effects to girls with disabilities?

**Keywords:** Sanitary infrastructures, toilets, girls with disabilities, accessibility, inclusivity.

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## INTRODUCTION

Available statistics around the world reveal that 2.4 billion people lack access to basic toilets. According to UNICEF (2012), more than half of the schools in the developed world lack private toilets. Whilst this is so, people with disabilities do not only lack privacy in terms of toilets but face challenges in accessibility of these toilets especially in developing countries (Brooks, 2011). Hence despite the fact that 19th November is a day designated by the United Nations to recognise the use of safe sanitation and access to clean water, access to toilets by people with disabilities in developing countries remain a big challenge. Research by Chigunwe (2014) revealed that both male and female with physical disabilities were

adversely affected by inaccessibility of sanitary facilities in Zimbabwe. But it appears females are adversely affected more than men.

The purpose of this study was to assess the effects of inaccessibility of school toilets to girl pupils with disabilities. This study was motivated by the United Nations (UN) 22 standard rules on the equalization of opportunities for people with disabilities which included accessibility to buildings and other community infrastructures (UNDP, 2006; USIS, 1998). Most nations world over, including Zimbabwe have internalized these UN policies. Zimbabwe Ministry of Education Policy Minute No 36 of 1996 saw the enrolment of children with

disabilities in their home schools. Whilst this had been a major stride towards the development of inclusivity of children with disabilities in regular schools, we wondered how inclusive the school toilets were for these children. In Bindura Urban, both Government and Non-Governmental Organisations have been involved in the provision of public sanitary facilities.

In spite of the Government policies on sanitary facilities that meet the needs of PWD, it has been observed that some school toilets in Bindura Urban did not meet these requirements. The researchers have not come across any studies that have been carried out to assess the effects of inaccessibility of these school toilets to girls with disabilities.

Hence the following questions backed the study: What are the views of teachers pertaining to the inclusiveness of school sanitary infrastructures for girls with physical disabilities? To what extent has inaccessibility to school toilets affected girls with disabilities?

## LITERATURE REVIEW

When Africa marked the 22nd Day of the African Child on 16 June 2012, under the theme *“The Rights of Children with Disabilities: The Duty to Protect, Respect, Promote and Fulfil,”* Plan International called on governments to protect the rights of children with disabilities and many others living with disability in Africa (WHO, 2006). Tanzania also had an increase in school enrolment from 5.4 million in 2001 to 7.6 million in 2005 (UNICEF, 2015) which led to a crisis of access to toilets since the demand became high and infrastructure few. Children with disabilities were most disadvantaged on accessing toilets and tended to lose out on education and many other social activities from which able-bodied children benefit due to absenteeism ([www.unicef.org/tanzania/wes.htm](http://www.unicef.org/tanzania/wes.htm)).

### Schools and inclusive toilets

Plan International supported by the Kisarawe District Council in Tanzania made a difference in selected schools where improvements had been made to toilet facilities, creating not only a conducive environment to both the teaching fraternity and the pupils but also promoting dignity among the school community and its neighbourhoods ([www.unicef.org/isabilities/index](http://www.unicef.org/isabilities/index)). The programme focused on designing and constructing sanitary facilities that took cognisance of the children's gender needs and more importantly, those with disabilities. The initiative made a significant impact in selected schools in Tanzania in reducing hygiene related diseases and in keeping children at school, especially the disabled children who had to break the school routine to

access sanitation facilities back home. It has also helped boost confidence in children with disabilities who are now enabled to access sanitation facilities in a healthier and more dignified way ([www.unicef.org/disabilities/index](http://www.unicef.org/disabilities/index)).

A study conducted in Zimbabwe by The Small Projects Foundation (SPF) showed that 400 girls out of 700 students were subjected to use four toilets for all 154 of their ablution needs (Sommer, 2009). The study further observed that the toilets had broken doors and passers-by could see into the toilets (Sommer, 2009). Girls reported that absence of privacy, which was contributed by doors that could not lock, caused them embarrassment and fear while accessing such toilets (Freeman et al., 2009). This problem in Zimbabwe had partly been aggravated by the implementation of the Free Primary Education (FPE) and Compulsory education which was declared by the Government of Zimbabwe in the 1980s and which had witnessed a drastic enrolment increase in the number of primary and secondary school pupils (Zvobgo, 2003).

The researcher noted that most studies on sanitation emphasise on inadequacy or poor sanitary facilities in schools and communities. They do not bring out issues of accessibility of availed sanitary facilities to people with disabilities. It appears very few studies have been carried out particularly in public schools to investigate accessibility of sanitary infrastructures in these schools to pupils with disabilities. Especially considering that most countries in Africa and world over have endorsed their signatures to declarations, such as, the Warnock and the Salamanca Declaration (1993) on the inclusion and education of pupils with disabilities in their home schools.

### Zimbabwe constitution and inclusion of people with disabilities

The 2013 Zimbabwe constitutional amendments on the provisions of persons with disabilities are already in force and the researchers are of the view that the adoption of this new Constitution in Zimbabwe signals the dawn of a new era for persons with disabilities. The Constitution provides in section 22 that all institutions and agencies of the Government at every level must recognise the rights of persons with physical or mental disabilities in particular their right to be treated with respect and dignity (Zimbabwe Constitution, 2013). This is a great improvement in that the provision reinforces the equal worthiness of all human beings, hence the need to treat persons with disabilities with dignity and respect.

### Gender and the psyche of gender

Disability has been used to refer to a system of social relations that limit the individual in their daily lives impairment has been used to describe functional

limitations accruing to an individual as a consequence of embodied differences (Thomson, 1997). This simple binary, while heuristically useful, masks the interpenetration of the social and the biological (Schriempf, 2001).

Thus gendered analyses address the processes through which both femininity and masculinity are constituted, and the implications of these processes for people with impairments, thereby moving beyond the particular focus of feminism on the experience of women (Gerschick, 2000). In other words, the gendered experience of people with disabilities has often been represented as without gender, as asexual and others to the social norm. In this way it may be assumed that for people with disabilities gender has little bearing, yet the image of disability may be intensified by gender, that is, for women and girls, a sense of intensified passivity and helplessness and for men and boys a corrupted masculinity generated by enforced dependence. The psyche and gender has been used as a powerful metaphor in psychology, particularly as a means to assign to females the status of incomplete or a status of deformed males (Charowa, 2002). What the latter suggest is that the psyche of able bodied people views persons with disabilities in broken images and helplessness. It all emanates from marginalisation of the latter group in participating in the physical and social environments of their societies. The girl child is viewed in a more negative status than a boy with disabilities thus is more disadvantaged in terms of participation and resource distribution.

### **Females with disabilities and access to health or hygiene facilities**

The World Bank (2009) noted that females with disabilities of all ages often have difficulty with physical access to health services. This is to say, females with disabilities are particularly vulnerable, while there is limited understanding, in general, of the broad range of risks to mental health to which females are disproportionately susceptible as a result of gender discrimination. According to the World Health Organisation (2009), depressive disorders account for close to 41.9 percent of the disability from neuropsychiatric disorders among females compared to 29.3 percent among males. This is to say, depressive disorders that women and girls face are a result of barriers to full equality and advancement.

More so, Ashmore (2006) asserted that girls and women with disabilities are worse off in receiving services, such as rehabilitation and health care, education, assistive technology, training and employment. This is to say, the vulnerability of a female with disability as compared to her male counterpart with regards to sexual abuse is very high thus with the advent

of HIV/AIDS, females who are disabled are at a higher risk.

While females with disabilities have been noted to face more challenges in accessing societal amenities and infrastructures, people with disabilities in general often encounter attitudinal and environmental barriers that prevent their full, equal and active participation (World Programme of Action Concerning Disabled Persons, 2002). There is therefore need to take into account and to address people with disabilities concerns in all policy-making and programming.

### **METHODOLOGY**

The study used the qualitative methodology. A qualitative approach to research is an approach that advocates the study of direct experiences taken at face value (Cohen et al., 2010; Creswell, 2013). In other words, the methodology bases on the assumption that, behaviour is determined by the phenomena of experiences rather than by external objective and physically described reality. Grounded theory was used for this research. Convenient sampling was used to select teachers and girls with physical disabilities whom were individually interviewed. Raw data gathered from interviews was analysed by using descriptive techniques. In order to increase credibility of the findings, direct responses were highlighted in the paper to reflect observations and major views of interviewed individuals. Data saturation was reached on the fifth teacher, third parent and two girls with physical disabilities respectively. Received data were summarized and interpreted based on predetermined themes. Instruments used were interviews and observations.

### **FINDINGS**

#### **Inclusiveness of sanitary infrastructures in schools**

In order to find out the extent of inclusivity of public school toilets teachers opinions were sought. Their responses are enlisted as follows:

- i) "Steps at toilet entrance are not friendly".
- ii) "Most pupils are dropping out of school because we feel they are misplaced, they need to go to special schools".
- iii) "Every child of course has the right to learn in their home schools but these schools are rejecting them".
- iv) "Children with disabilities in our schools are pathetic, they access toilets in an unhygienic way, and they leave wheelchairs outside and crawl in. I have improvised the use of plastics as gloves which you saw at the toilet entrance".
- v) "I observed that, girls with disabilities at my school face great problems when they fail to access school toilets than boys with disabilities. As you know, our children with disabilities come to school when they are very old so some girls are already in the adolescents whilst here at primary and they menstruate. Tendai for example (pseudonym) when she is going through MPs, she does

not come to school and she misses out”.

### **Parents Individual Interviews: Accessibility and inclusivity of school toilets**

Parents of children with disabilities were interviewed. The aim was to ascertain their views pertaining to accessibility of school toilets by their children. The views were transcribed verbatim and into English:

- i) “I was happy when my child was enrolled at our local school but latter I noted with concern that his accessing the school toilet was a nightmare. I ended up withdrawing my child from school”.
- ii) “The toilets are not easy to access for my daughter who is in a wheelchair. Thus I stay at school during school days so that I assist my daughter whenever she needs to go to toilet. I sit at a nearby distance where I am easily summoned by the teacher when our child needs to go to toilet”.
- iii) “Our children with disabilities learn under very difficult circumstances as most school toilets in Bindura are not accessible to children in wheelchairs. My child ended up crawling and the toilet floors and chambers will be dirty as they are used by the whole school. I noted that it did not make sense to keep my child in such hostile circumstances so I withdrew her from school”.

### **Observations and auditing of conveniently sampled toilets**

Below are presentations of toilet photographs conveniently sampled in Bindura Urban.

Water challenges faced by Bindura urban have seen the development of Blair toilets to supplement flush toilets in most schools. But as depicted in Figure 1, Blair toilets have very narrow entry hence not easy for pupils in wheelchair to access. They are designed with squatting holes and most pupils in wheelchair are hemiplegic in the lower part of the body thus cannot manage to squat.

Most flush system school toilets have steps at the entrance, no rails inside and the inside widths are narrow for wheelchairs to manuvre (Figure 2). During this study, pupils left the wheelchair at the entrance and crawled inside the toilet.

## **DISCUSSION**

Lack of enough appropriate water, sanitation and hygiene facilities compounds problem faced by girls with disabilities in schools. The study noted that lack of access to sanitary facilities cause a lot of frustrations among pupils with disabilities thus make them behave in certain ways that bring about stigmatisation and prejudice

among people around them. Society prejudice against children with disabilities has psychological effect on their ability to cope with their school environments. In this case pupils with physical disabilities are made to develop low self-esteem due to inaccessibility of societal infrastructure. Low self-esteem kills the child’s developmental abilities hence become a burden to parents and family.

### **Challenges during menstruation period**

The study revealed that girls with disabilities absented themselves from school during menstruation periods. The reason was because they faced challenges in accessing school toilets for sanitary change and disposal.

Mwila, a girl adolescent with disabilities pointed out that;

“I used to absent myself every menstruation period. This was because I could not access sanitary disposals placed in toilets, entering the toilet was a nightmare for me because I am in a wheelchair. The steps at the entrance prevented me from entering. Latter, I could not cope, so I left school”.

Bupe a school dropout had this to say;

Every morning I dreaded going to school because of toilet nightmare. I was the only one with physical disability in school so they couldn’t renovate school toilets for only one person. This other day I spoiled myself during my struggle to get up the high toilet steps. That was the last time I went to school.

The above assertions suggested that whilst Zimbabwe has adopted inclusive policies and has made it mandatory for pupils with disabilities to be enrolled in their home schools, most schools are not ready to accept such pupils in terms of sanitary infrastructure.

### **Access to toilets and the girl child with physical disabilities**

Inclusion of children with disabilities calls for a whole school approach which includes access to the physical infrastructure, social affairs and the school curriculum. The study revealed that access to school toilets was a challenge to most pupils especially girls in wheelchairs. It appears girl children with disabilities have double jeopardy in exclusionary practices of society. One jeopardy is that of having impairment and the other is that of being a girl. The findings revealed that girl children were traumatized more if toilets were inaccessible. Of interest to note was that, male children in wheelchairs



**Figure 1.** School Blair toilet with narrow entry.



**Figure 2.** School flash toilet with steps.

would go behind the toilets, lean forward and urinate against toilet walls, an act that was difficult for a girl with disability. As was pointed out by one interviewee, inaccessibility to sanitary facilities was more traumatizing to a girl child during her menstruation period hence the

dropout rate of such children was noted to be high.

These findings concurred with Mbula et al. (2014)'s study which noted that inaccessibility of sanitary facilities such as water was a major contributing factor for dropouts among school pupils, especially girls. More so,

the findings for this study revealed that, in comparison to able bodied children, girl children with disabilities experienced a double jeopardy, that is, they experienced challenges faced by girls if they lacked access to sanitary facilities and they experienced challenges posed on them as a result of disability.

### Personal hygiene practice and health safety

The research also revealed that girl pupils with physical disabilities in Bindura urban schools were at risk of contracting diseases because they accessed most of the school toilets by crawling on their hands and feet. That is, they left their wheelchairs at the door entrance then crawled inside. The reasons were that there were no ramps at most entrances and there were no rails for support in these school toilets. Mrs Kibanda, a school teacher had this to say;

“Children with disabilities in our schools are pathetic, they access toilets in an unhygienic way, and they leave wheelchairs outside and crawl in.”

Crawling on hands and feet in public toilets exposed pupils to high risk of contracting diseases such as cholera, dysentery and many other sanitary related diseases. While the scale of cholera in Zimbabwe had reduced by more than 98% (WHO, 2011), compared to the 2008/09 epidemic (ibid), water and sanitation related disease outbreaks continue to be reported in Zimbabwe. ZFM News Beat (16.03.2016 at 12:05 pm) reported typhoid outbreak in Harare and Makonde. Harare is only 87 km south of Bindura where this research was carried out. Thus, the chances of Bindura contributing to the country's sliding back into another epidemic are high. In other words, access to water, sanitation and hygiene (WASH) is critical to meeting not only the specific water and sanitation Millennium Development Goals (MDGs), but for combating diseases, tackling hunger, achieving universal primary education, gender equality and reducing child mortality and poverty (UN News Centre, 2011; WHO, 2013). Wolfensohn, a former president of the World Bank, stated that eliminating world poverty and meeting the MDGs is unlikely to be achieved unless the rights and needs of disabled people are taken into account (ibid). This implies that as long as a certain group of society is discriminated in the provision of sanitary facilities, MDGs on health issues will be difficult to be met by Zimbabwe and other developing countries with similar situations.

The research also found out that lack of acknowledgement of people with disabilities in public infrastructure discourse stemmed from a lack of recognition that such people face unique problems in accessing certain types of architectural plans that able bodied people engineered, for example, Blair toilet

model. Matsebe (2006) had it that various attempts to implement water solutions for people with disabilities have repeatedly failed because people with disabilities are not consulted as to what their needs are and what the solution could be. This is to say, people with physical disabilities are exposed to unhygienic practices because sanitary infrastructure engineers never consulted them in their initial stages of infrastructure design. As was pointed out above, some boys in wheelchairs in Bindura urban schools relieved themselves by going at the back of toilets and urinating whilst girls felt more exposed, thus crawled inside unsuitable toilets. Such exclusionary practices in terms of the nature of toilets had seen most students with disabilities in Bindura urban schools indulge in poor hygiene practices. Poor hygiene practices by a few individuals may be havoc to all.

### Conclusion

This study revealed that most school toilets had steps at their entrances, narrow insides, high chambers, squatting holes, high flush systems and no supporting rails. More so, the old school toilets had not been rehabilitated to accommodate pupils with disabilities. Thus, generally, Bindura Urban school toilets were not appropriate for pupils with disabilities. This made most pupils with disabilities crawl on their hands and feet in the toilets despite the dirty and messed up floors.

It was revealed that girl pupils in wheelchairs faced more difficulties posed by inaccessibility of sanitary infrastructures, especially during their menstruation periods. It was noted that lack of access to school toilets where sanitary disposals were, led to girl students absenting themselves from school during times of menstruation, thus missing out on school lessons. Most girls with disabilities also dropped out of school.

### RECOMMENDATIONS

Based on the findings of this study, we recommend that, the Ministry of Primary and Secondary Education put in place instruments that monitor accessibility of sanitary facilities in schools for pupils with disabilities. Also the architectural engineers need to do further research so as to develop toilet models and sanitary disposal facilities that are inclusive to people with disabilities. Blair toilet model for example should be modified so that it becomes accessible to pupils in wheelchairs too.

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