

About

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What Matters? Afghanistan Speaks!

Water, Sanitation and Hygiene (WASH): Knowledge, attitudes and practices of people living with a disability in Afghanistan.

Data for this bulletin was collected through a quantitative survey with 403 men and women living with a disability across the project target provinces - Badghis, Herat, Faryab, Daikundi, Badakhshan, Nangarhar and Ghor. Respondents from the survey reported difficulties with a number of disabilities including self-care, memory, and sight.

We also conducted 21 in-depth interviews (IDIs) with people living with a disability, five key informant interviews (KIIs) with DAWAM implementing partners and organisations working on disability inclusion in Afghanistan, including Action Aid Afghanistan (AAA), Afghan Women's Education Centre (AWEC) and Nai Qala, and eight key informant interviews with health workers across the DAWAM provinces.

About What Matters? Afghanistan Speaks!

What Matters? Afghanistan Speaks! is a quarterly bulletin which informs the humanitarian community about how people are experiencing issues on the ground. It is part of the Driving Action for Well Being to Avert Mortality (DAWAM) project which aims to **contribute to decreased morbidity and mortality in women and girls and high-risk groups including persons living with disability in Afghanistan**. The project is funded by the Foreign, Commonwealth & Development Office (FCDO). It is implemented in seven provinces by a consortium consisting of World Vision, Afghanistan, Action Against Hunger (ACF), Action Aid (AA), BBC Media Action, Nai Qala, Afghan Women's Educational Centre (AWEC) and Agency for Assistance and Development of Afghanistan (AADA).

This bulletin is produced by BBC Media Action Afghanistan.



Discriminatory attitudes have led to people with a disability to feel excluded from society.

Deep-seated societal prejudices and discriminatory attitudes against individuals with disabilities, particularly women and girls, continue to exclude them from fully participating in society. Stigmatisation presents a significant barrier to accessing essential services, including WASH.

People with a disability (PWD) said they felt disrespected by their communities and are rarely consulted on issues affecting them. Widespread perceptions that they are incapable of working further marginalise them from economic opportunities. The qualitative research found that most men and women living with a disability suffered from poverty. Some had large families that could support them financially. Others

worked, and some were unemployed and received food and cash assistance or begged. The quantitative survey found that respondents cited economic issues and a lack of employment opportunities as their main concerns.

Key informants highlighted that women and girls with a disability faced greater challenges than men, often being viewed as burdensome and denied access to hygiene facilities, particularly in public spaces, health clinics or schools, which increases their risk of infections and poor health outcomes. Additionally, women living with a disability felt that community members believe that marriage is not an option for them.

“As individuals living with disability in this society, we have no value. No one and no organisation have ever consulted with us. We have no access to our rightful entitlements. Decisions are made by village representatives or offices, but we are never informed. Even charity organisations that provide aid in our name divide it among others. The reason is that we, as individuals living with disability, are defenseless, unprotected, and undervalued in society.”

Man with difficulty in seeing, Badakhshan province



“In meetings, we invite people with disabilities, but their voices are often dismissed. Community members claim that accommodating them would be an unfair allocation of resources.”

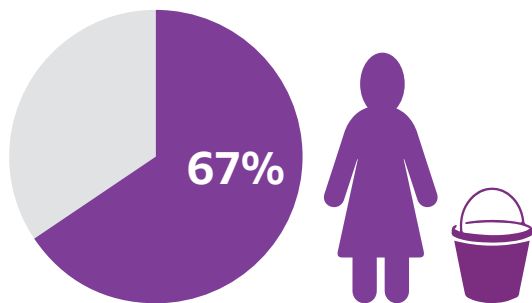
WASH Expert, ActionAid Afghanistan

Water

People with disability face significant barriers in accessing clean water.

The survey found that the main water sources for households are wells, springs and public taps.

- People with a disability reported being mostly dependent on their family members for accessing water. In most households (67%), women are responsible for collecting water.



- In the absence of support from family members, people with a disability struggle to access water – especially when the water source is more than five minutes away from their homes. People with a disability often report struggling to collect water due to mobility limitations, such as difficulties in walking or seeing, as they cannot climb stairs or are worried of slipping over and falling.

“Since I have no one to help, I have to collect water myself. I carry the water home with great difficulty; our house is at the foot of a mountain and has stairs. Transporting water is very difficult for me. I climb up first, then take the cane, and then pull the barrel up the stairs. I face many problems. When climbing up and down the stairs, I am very cautious, afraid of falling, and I try to be careful when carrying and lifting the barrels of water.”

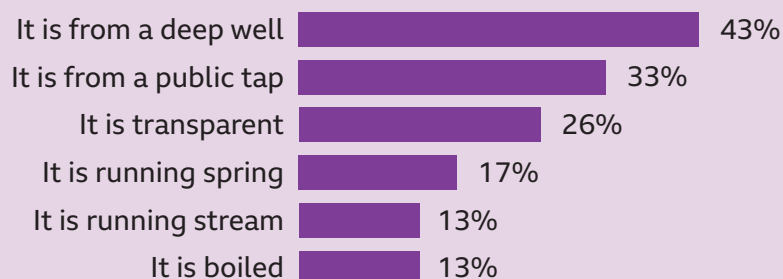
*Woman with difficulty in walking,
Ghor province*



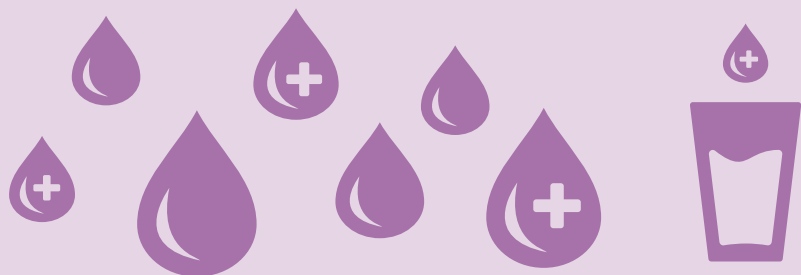
Understanding of safe drinking water

- Respondents reported that they consider deep well water and water from a public tap as a safe source of drinking water.
- The qualitative research found that men and women with a disability only understood the safety of water from its attributes, such as its colour, taste, and smell.
- In the survey 26% of respondents reported that water is safe for drinking if it is 'transparent', highlighting a possible limited understanding of the risk of waterborne diseases from drinking contaminated water.

How do you know water is safe for drinking?



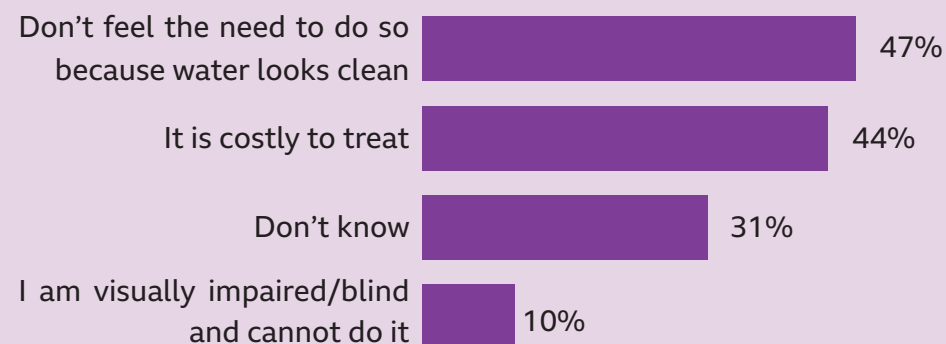
Base: All respondents (n=403)



Treating water

- Around one in three respondents (35%) expressed concerns about the water quality at the water point, of these 81% worried about pollution.
- However, only 10% said they treated water before using it. For those that treat it, the most common treatment methods are boiling (83%) and straining through a cloth (24%).
- Many do not treat water due to a lack of awareness of methods to use, a lack of tools to do so, and financial difficulties.
 - Nearly half (47%) of respondents believe that because the water appears clean it does not require treatment.
 - 44% find water treatment costly.
 - 31% 'don't know' so may lack awareness of the need for treatment.

Reasons respondents do not treat water



Base: Respondents who don't treat water (n=362)








“The tap water is covered; we know it is clean. When we fill the barrels, no dirt or dust settles at the bottom, so we know it is clean. If the water is muddy, we don't drink it. If it is clear, we do.”

*Woman with difficulty in walking,
Faryab province*

Sources of information¹

People with disability have less access to media platforms and information compared to others.

This survey found that only 42% of respondents (168 out of 403) said they had access to media.

Access to media platforms		People with disability (n= 168)	Nation-wide survey, October 2023 (n=2620)
Feature phone		51%	67%
TV		48%	54%
Radio		23%	45%
Smart phone		33%	40%
Internet		20%	36%

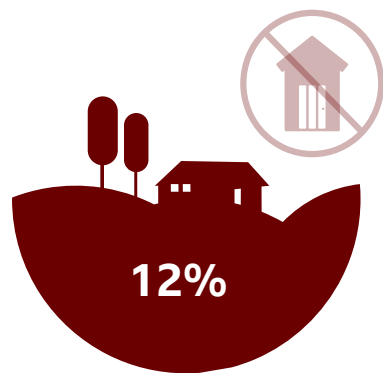
Humanitarian organisations conduct public awareness sessions about clean water and water treatment, sanitation and hygiene. While few people with disability mentioned they have participated in these sessions, most women and men with disability have not received information on these issues. These awareness sessions are often held in mosques and health centres that are not accessible for them.



¹ These comparisons are indicative only as the survey with PWD was not nationally representative

Sanitation

Most households have a toilet or latrine, but access remains an issue in some areas, particularly rural regions.

- 12% of rural households lack toilets or latrines, with Ghor province being particularly affected (51% of respondents lack access).



Does your household have a toilet/ latrine?	 Rural	 Urban	Total
No	12%	2%	9%
Yes	88%	98%	91%

Base: All respondents (n=403)

Barriers to sanitation for people with disability include:

Qualitative research found that participants reported that open defecation is common in their communities, occurring on farms, under trees, near walls, and in yards.

Barriers to using a toilet include:

- Toilets and latrines are not built to accommodate individuals with a physical disability and are often far from home, making them difficult to access.
- At night, people with a physical disability may remove their prosthetics legs, making it difficult for them to access the toilet without support.
- Respondents also reported a lack of privacy, with toilets not being properly enclosed.

“The yard is large, but we don’t have toilets. My eyes don’t work, and my sons aren’t grown enough to construct walls. We’ve just put up a light curtain and relieve ourselves there. Then we put the waste in a wheelbarrow and ask someone to come and take it away or, with my blind self, I somehow drag it in the wheelbarrow. But then someone comes and disposes of it for us.”

Woman with difficulty in seeing,
Nangarhar province

“I cannot use the toilet facilities because our toilet is far away, and I can’t reach it. I use open spaces instead. The toilet is far, has stairs, and I can’t go up and down the stairs without possibly falling.”

Man with difficulty in walking,
Ghor province

These challenges often discourage people from using the toilets, especially at night, leading to open defecation

Hygiene

People with a disability struggle to wash their hands with soap due to accessibility and financial issues.



- The survey found that the cost of soap and a lack of (accessible) hand washing facilities are the most common reasons for people not to wash their hands the way they want. This is especially an issue in rural areas.
- People with a disability reported they and their families use mud/ash, corn flour or home-made soap from animal fat for washing their hands and dishes.



“Here in our area, there is a special type of soil. We bring that soil and use it because it cleans well, like soap. and I sometimes give some to my neighbour as well so she can wash dishes with it. We can’t afford soap. The soil is very nice and clean, and I use it secretly, so people won’t laugh at me. With that soil, we wash dishes, this and that, and even our hands. But sometimes they don’t let me take it, as it belongs to someone else’s house.”

Woman with difficulty in seeing, Nangarhar province



Barriers to effective handwashing	 Rural	 Urban	Total
Cost of soap	80%	55%	72%
Lack of hand washing facility	38%	24%	34%
I wash my hands as I would want to	15%	34%	21%
Shortage of water	22%	13%	19%
I don't think it is necessary to wash my hands	7%	2%	5%

Base: All respondents (n=403), Multiple response options

Handwashing practice

Only half of respondents (52%) mentioned they wash their hands with soap **after using a latrine**, a considerable 45% reported washing their hands with water only. A small proportion mentioned using ash or sand for washing their hands.

Only 30% use water and soap **before and after eating**.

	After using latrine	After cleaning a child's defecation/ diaper	Before cooking	Before breastfeeding	Before and after eating	Before prayers	After working with animals/ fields	After coming home from outside	When hands look dirty
Water and soap	52%	40%	28%	24%	30%	18%	41%	28%	57%
Water only	45%	37%	54%	54%	64%	74%	49%	61%	35%
Water and ash	1%	1%	2%	1%	1%	2%	2%	2%	2%
Water and sand	1%	3%	4%	2%	3%	3%	3%	2%	2%
Wipe on cloths	0%	2%	1%	1%	1%	1%	1%	1%	1%
Refused/ don't know	0%	1%	12%	18%	2%	3%	4%	5%	2%

Base: All respondents (n=403)

Menstruation

Women with a disability face significant barriers in accessing menstrual hygiene products, services and information due to economic, social, and cultural constraints.

Qualitative research found that women with a disability face multiple challenges in managing their menstrual hygiene. This includes a limited knowledge about menstrual hygiene, a lack of access to sanitary materials, and social taboos surrounding menstruation.



Social and cultural barriers

- Menstruation is seen as a taboo subject, preventing women with a disability from discussing their needs with family members or seeking support. Women report experiencing shame and fear of being teased about menstruation, which leads them to feel reluctant to talk about menstruation with other women.

“In our village, it’s considered shameful to talk to anyone about such matters. If we do, people make fun of us. Because of this, we’ve never done anything about it, and we can’t; this is just the tradition of the village.”

Woman living with difficulty in walking, lack education, Ghor province



Knowledge about menstrual hygiene

- Research for previous editions of What Matters? found that women and girls are generally aware of basic information such as the typical onset of menstruation and have strategies for the use of menstrual hygiene cloths. However, they lacked information in other areas. Research with women with disabilities found that they lacked awareness of menstrual hygiene practices, including the use and types of sanitary products, hygiene maintenance, and health risks associated with poor menstrual management. These issues were especially common amongst women who have difficulties hearing or communicating.
- Some women living with disabilities stated they were aware of health risks of not maintaining menstrual hygiene. For example, they discussed problems of ovarian cysts and urinary incontinence that may cause issues like infertility, disability or difficulty seeing. They understood menstrual care to include using warm water for washing, taking rest, eating nutritious food, changing cloths frequently, keeping warm, washing with borax powder and not doing heavy work. Educated women understood some hygiene practices, but still highlighted a need for more comprehensive information on menstrual care and dietary practices.
- There was also a lack of communication material tailored for people with disabilities, particularly those with visual or hearing impairments.

“The harm is that it can cause issues like infertility, uterine infections, or bladder infections. For example, we’ve known from our student days that such problems can arise among girls.”

Woman living with difficulty in walking, educated, Badakhshan province



Access to products and services

- Financial constraints and the high cost of sanitary napkins is a significant issue and women with disability report using old clothes instead.
- Barriers to purchasing menstrual produce include a lack of local fabric shops and long distances to markets.
- Women also report a lack of support from men, and the presence of male sellers, which discourages women from buying menstrual products.
- Washing and drying menstrual cloth is particularly difficult in winter, especially for those with physical disabilities.



“ We cannot afford sanitary pads or even cloth. The market is far, and there’s no one to buy it for us. During menstruation, we use nothing, just the same undergarments. ”

Woman living with difficulty in walking, lack education, Ghor province



Recommendations

Services and infrastructure

- People with a disability need assistance to access clean drinking water through disability-friendly infrastructure, such as accessible water collection points.
- Offer affordable and practical water treatment solutions, such as chlorine tablets.
- Construct and modify latrines to accommodate people with a disability, ensuring features such as ramps, handrails and proximity to homes.
- Increase access to soap and handwashing stations that accommodate people with disability, and ensure access to safe, well-lit and private toilet facilities to encourage their use.
- Ensure the availability and affordability of sanitary produces, including cloth and disposable options.



Information and communication

- Implement community awareness campaigns to reduce stigma around disability to ensure their inclusivity in all aspects of society, including WASH.
- Create accessible educational material, including audio and sign language content, around WASH issues. This includes safe drinking water, hand washing with soap, latrine use, and menstrual hygiene to ensure people with all types of disability access and understand best practices.
- Women and girls with a disability especially need comprehensive and accessible information, including audio and sign language content, about menstruation and menstrual hygiene.
- Provide media and communication for women to hear helpful information and advice on menstrual hygiene practices, through which they can ask questions.





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to the analysis and production of this bulletin.

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