My Walk to Water

What is life like with poor access to water? For the last five years, I have been working on a variety of global health and humanitarian response projects in Kenya along with the Kenya Red Cross. Poor access to quality water—my primary research topic—exists throughout the country. While exploring the issue in depth, I wanted to gain a personal experience while connecting strongly to the cultural and social underpinnings of inadequate access to water. To date, an autoethnographic viewpoint on poor access to water does not exist; therefore, I sought to personally experience what poor access to water means for millions of water gatherers worldwide.

WATER GATHERER

My water gathering experience took place in Narok, Kenya, with women from the Maasai tribe. Walking to the river was not difficult because the route was primarily downhill; furthermore, there was plenty of cloud coverage to keep the temperature tepid and enjoyable. When we approached the river, I did not know how to fill the jerrycan, so the women in my group explained how I needed to take my sandals off and wade barefoot into the river. It was rocky and I was unbalanced, although after some time, I was slowly able to wade out to the middle of the river. Since the water was not deep enough to just immerse the jug in and fill up, I was unsure about how to top the jug off with water. The women indicated that I needed to cup my hands, so I filled water to the top of the jug utilizing my hands as a scoop. After several minutes, I finally finished filling the jug. I returned to the river bank, tightened the lid, and wrapped ropes securely around the top and bottom. The women helped place the middle of the rope firmly against my forehead while the jug fell at my lower back. I held onto both rope straps to help disperse some of the weight to the front. It was so heavy and awkwardly distributed that the pressure hurt my head and neck immediately.

The demanding part of gathering water is the weight. The weight of the tribal beads strewn across my head and neck was close to five pounds, which was added to the weight of my five-months-pregnant body. Next, the weight of the water in a 10-liter jerrycan was added; the jug was supported by straps around my forehead and settled into the hollow of my lower back—approximately 20 pounds. I glanced at the sun and felt the dry African heat penetrating my skin under the heavy native clothing that I was wearing. My exposed skin had already accumulated small beads of sweat even before I began moving. And then, I walked.

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Each step required concentration and effort in attempt to disregard the unfamiliar pain that reverberated throughout my body from the unaccustomed weight. We walked back up the hill toward the house, and my only focus was to keep moving, so I could arrive at the homestead, straighten out my arms, and remove the weight from my neck and back. My arms went numb, sweat was dripping off of me, and the pain was getting worse. I kept walking.

The round trip was one hour in total. The women teased and called me “a bull” because I would not relax or rest and struggled to end my journey. My group explained that the trip typically takes around an hour and a half to two hours, with breaks to rest and socialize between walking and gathering. In this village, the women walk to gather water from the river four times every day. My filled 10-liter jerrycan weighed approximately 20 pounds. The women in this village carry 25-liter jugs, which weigh approximately 50 pounds.

The daily role of water gathering by the local women is unfathomable to me, especially if one has to gather water from the river four times a day. I was barely able to walk a single, low-weight version of the walk to water. I thought my pregnancy may have contributed to the difficulty, but the women explained how they also gather water during all stages of pregnancy and at times, also with a newborn baby wrapped securely to the front of their chests and stomach. I estimated that the weight of the beads, a baby, and one filled jerrycan could reach about 75 pounds.

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WaterAid also suggests that women are at risk from various dangers, including feral animals and male sexual harassment, because of isolated water points. Through my own experience, I was able to understand or confirm all of these associated physical and safety issues.

NEW PERSPECTIVES, NEW PRIORITIES

Improved access to safe drinking water is defined as water located within 1 kilometer of the household and must contain at least 20 liters for each member per household a day. Approximately 780 million people do not have access to safe or affordable drinking water worldwide. Poor access to water contributes to waterborne diseases, physical aches and pain, orthopedic-related issues, and miscarriages. Improvements in water supply quality minimize these associated negative health impacts.

While these facts are appalling, accessibility and transport are problems in themselves. Providing nearby access to safe drinking water is a primary public health concern and a frequent public health intervention throughout Sub-Saharan Africa. Previously, I placed more emphasis on the necessity of water quality to eliminate waterborne diseases, but this first-hand experience gave me a different perspective on the physical difficulties experienced by water gatherers. In fact, as a water scientist, I was shocked that the issue of transport weight is rarely discussed in the access to water issue. This needs to change; water gathering transport times along with accompanying physical distress needs to be moved to the forefront of problems associated with poor access to quality water.

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I would like to personally thank the women who participated in the walk to water with me, but I would like to especially acknowledge every water gatherer worldwide who continues to suffer from poor access to water. Please do not lose hope.

REFERENCES


