Commentary on Let Us Pee

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Debates on the implementation of gender-neutral facilities extend across various sectors in both society and scholarship. What began in the realm of academic rhetoric and socio-cultural commentaries has increasingly shifted into legislation and architectural briefs.1 Most urban planners argue that the provisions of public amenity (broadly defined as any toilet 'away from home') should be informed by the proportions and needs of the different sections of society.² Yet, in public spaces, gender-neutral amenity is viewed as the solution that can best resist bias and discrimination with segregated facilities increasingly criticised for excluding members of trans and genderdiverse communities. We argue that the proposed legislative changes for the provision of 'all gender', 'gender-neutral' or 'unisex' toilets (or GNTs) operate under an incorrect assumption that gender neutrality will lead to greater inclusion. This is evidenced in the proposed legislative changes which note that one in 500 people in Victoria identify as trans, but fail to acknowledge that one in two Victorians are women, and that these women will be impacted by this legislative change.3 Through putting forward a needs-based redesign, our argument highlights that rather than offering inclusivity, GNTs will likely further penalise those already disadvantaged in current public amenity design: marginalised people.

Within the disciplinary context of urban design, architecture and planning the built environment, the implementation of GNTs may appear to reconcile the social and political complexity of gender identity, assignation, expression and appearance. Yet the implementation of legislation for GNTs will result in the further privileging of 'default male' needs.⁴ This is because the built environment is not a tabula rasa: the design and retrofit of public places – including the provision of gender-neutral and/or all gender facilities – occurs within a complex system of existing public infrastructure and amenity. In this context, owners, property managers, governments and communities have limited space, are constrained by budgets and inevitably have an inconsistent commitment to quality public amenity or gender equality. The likely outcome of such proposed building amendments will result in *cosmetic* changes at best, mere rhetorical reworks at

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Figure 10A.1 Typical examples of women's public sanitary facilities being repurposed as gender-neutral

Credit: Monash University XYX Lab.

worst, rather than a substantive public infrastructure redesign that delivers greater inclusion.

The proposed legislation will shape the retrofit of existing buildings as well as new construction. For many owners, property managers, governments and communities, there will be an additional cost to incorporate the proposed amendment. This will multiply the ad hoc arrangements where a sign and /symbol on an existing 'female' or 'disabled' toilet provides a 'gender-neutral' or 'all genders' amenity, leaving the men's facility intact (indeed doubling men's toilet options). This point is locally illustrated by Chloe Booker's article, which promotes the idea that 'workplaces wouldn't necessarily need to build new bathrooms, but could reconfigure existing ones as all-gender toilets at a low cost'. 5 Similarly, a recent 'all-gender access toolkit' published by the Good Night Out campaign in partnership with Galop We All Need the Toilet! An All Gender Access Toolkit - was accompanied with the comment: 'If you have a wheelchair accessible toilet, then you already have an allgender toilet on the premises!'6 This change erodes the limited dedicated space for certain users, and further neglects the needs of those already marginalised in urban design, architecture and planning of public amenities.⁷

So while GNTs may appear to offer more inclusivity for trans and genderdiverse people, we suggest in practice it requires all socio-culturally neglected groups (including trans and gender-diverse people as well as breastfeeding women, people with children, older people, homeless people and migrant and culturally diverse women) to adapt to an amendment that functions as an 'add-on' to an enduring structure that privileges antiquated notions of men's needs. Further, the ways in which systemic discrimination and everyday racism manifests for First Nations people (such as heightened risk of homelessness, household crowding, the likelihood of living in underserved communities lacking adequate housing maintenance and public infrastructure and being ostracised from freely using certain public areas) means they both face a disproportionate requirement to use public sanitation facilities, as well as suffering exclusion and control in the design, signage and placement of public facilities.8 Within the context of public austerity, political lobbying and the increasing requirements for universal access design (that is, ensuring amenities can be accessed by people of all ages and abilities), there is a longer-term consequence where GNTs become the only provision. Taken together, already marginalised groups will be burdened by any design that continues to work without the material realities and practical uses of public facilities.

We therefore suggest that current reform proposals for inclusivity do not go far enough, and put forward the need for a more 'radical redesign' of public sanitary facilities. Such a radical redesign, we argue, requires a needsbased design ethos based on users' requirements. This approach reiterates the importance of more inclusive design, but does so by considering and prioritising those most significantly and disproportionately impacted and neglected by current design.

A needs-based approach highlights that public facilities are more than basic amenities: they are multipurpose spaces shaped by social, cultural and spatial factors, which are often required to meet users' personal needs (including activities illegal in public settings such as smoking, drug use and sex) and biological needs (which are often sources of discomfort and shame).¹⁰ The personal and biological needs of users may also be intersecting and can include breastfeeding, menstruation, incontinence, caring for a child or dependent adult and socially or culturally required cleaning (for reasons such as homelessness, faith-based rituals or in-transit needs). While not a focus of this commentary, the network of public toilets across cities and communities must meet the needs of the population; the distance people must travel to reach these is a key determinant of access and inclusion. Indeed, for some marginalised groups the intersectional and compounding nature of their socio-political disadvantage, including overcrowding in homes and unreliable, unsafe and substandard public sanitation facilities, points to the importance of public facilities that are designed with cultural competency

for the needs of people and places.¹¹ Despite these critical needs, the quality and quantity of public sanitation facilities influence the likelihood of such groups of people to use – or frequently, avoid using – public sanitary facilities.¹²

In considering who most frequently requires public facilities and their needs, we argue the provision of spaces that support care, comfort and refuge is paramount. This would allow sanitary facilities to fulfil the unique function of being at once a public *and* a private space.¹³

Care

Women from culturally and religiously diverse backgrounds are neglected and frequently require sex-segregated and private spaces – including requiring privacy to wash and remove items of clothing, such as hijabs – and hence are unable to use gender-neutral facilities. ¹⁴ For decades, international students, for example, have been excluded from facilities provided in Australian universities, frequently reporting difficulty using standard facilities that lack a wet bathroom. ¹⁵

For many women, public sanitary facilities are places where they access family and domestic violence materials as well as information about sexual harassment and assault. These messages function as a result of a sex-segregation context. While the provision of sanitary items is increasing in public sanitary facilities, a design focused on care would also include access to basic necessities such as wet wipes, diapers, tampons and pads and drinking water.

Comfort

Taking a care-focused approach would mean that the spatial configuration of public sanitary facilities, as well as the fixtures and fittings, would accommodate the ergonomic needs of pregnant women, children, people with mobility aids and larger people. In public spaces, users may be burdened with additional bags and children and the need to sit down to urinate, all of which require considerable space and time. ¹⁶ All toilets should be acoustically comfortable and maintain visual privacy.

Menstruation has been observed as a 'double burden' for women, in that it is both a biological and cultural experience resulting in their social and infrastructural invisibility. Randstad and colleagues state that 'the need to service sanitary bins also frames menstruation as an afterthought' lacking infrastructural consideration.¹⁷ Bins are also required for sharps, diapers and incontinence pads. So, when bins are centrally considered as a part of a needs-based design, rather than being an afterthought, it is not only women but also parents, the elderly, those living with illness or addiction who also become prioritised in public infrastructure design.

Refuge

Ensuring safety and freedom from sexual violence in public sanitary facilities can be partially addressed through crime prevention, ¹⁸ but the construction of safe spaces is central and supports both comfort and care. Risk of assault and harassment has been found to be a critical consideration in women's decisions to use public sanitary facilities. ¹⁹ For example, women fear sexual assault as a result of predators' use of GNTs; although for some women this is based on previous personal experiences, studies have found many women are conscious of the dangers without having a prior history of assault. ²⁰

Safety is also a key concern for homeless people alongside care and comfort, with facilities required to be accessible 24 hours a day. The need for intersecting considerations of care, comfort and refuge is also reflected in public facilities being required by many to be quiet and private places to rest.²¹

Conclusion

'Critical scrutiny' is required to unpack 'what-is and a vision for what oughtto-be'²² when redesigning building amendments for public sanitary facilities. The specific needs, revealed as social and cultural spaces of care, comfort and refuge, indicate a holistic radical redesign approach should be considered. In this commentary, we have put forward an alternate approach for greater inclusion in the design and provisioning of public sanitary facilities.

Notes

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