Inside:

- In the Cause of Historic Preservation, Renovation, and Conservation
- Negotiating Professional Service Agreements
- Proper Specifications, Proper Details, Ensures Smooth Projects
- Putting Potties in Perspective
- Trend Alert - Public Building Commission Claim Procedure
Putting Potties in Perspective
Gender and Family Issues in Restroom Design

An Article for Licensed Architect

Although we are all forced to use them whenever we’re away from home, many of today’s public restrooms raise a host of problems for women as well as men, adults as well as children. We argue that it is now time for architects, facilities managers, and building code officials to revisit public restrooms—and they need a major overhaul. Among the major issues: safety, access, hygiene, and parity.

Family-friendly or companion-care restrooms that allow males and females to accompany each other are still all too rare. While they are slowly sprouting up in some upscale shopping malls, and even at Chicago’s O’Hare Airport, they are rarely found at bus or train stations where low-income travelers desperately need them. And they are still the exception rather than the rule. Designing more family-friendly restrooms stands to benefit women, men and children—i.e., society at large.

Why is this so important—and why now? Take the tragic case of nine-year-old Matthew Cecchi, in Oceanside, California, a story that in 1998 made national headlines. Matthew’s aunt waited for him outside a public restroom at a paid camping area at the beach. While Matthew was using the men’s room, a man entered, exited minutes later, and walked away. When Matthew failed to come out, his aunt realized something was wrong. Her nephew had been brutally murdered. The man who entered and exited the restroom, a 20-year-old drifter, slashed young Matthew’s throat from ear to ear.

In Champaign, IL in 2004, Samuel Pettis was sentenced to 25 years in prison after robbing a man at gunpoint while he was sitting on a public restroom toilet at Market Place Mall, the region’s major shopping center. After pacing back and forth in front of the man’s stall, Pettis kicked the door open, pointed a gun, and demanded his money. The victim said he felt “pretty vulnerable because I had my pants around my ankles.” Pettis, a heroin addict, was caught by a mall security guard and the police.

These are but two extreme examples of the potential dangers of public restrooms. In fact, crime in Men’s Rooms has long been problematic. But safety is not the only issue. So is access.

The first author came to realize the importance of family-friendly restrooms when her late husband, Barry Riccio, age 46, afflicted by cancer for over seven years, was in the final week of his life. Despite our abnormal circumstances, we tried our best to lead a normal existence, venturing out into our neighborhood at least once a day. Yet Barry’s body was running out of steam, and he was now in a wheelchair. His arm muscles were much too weak to push it himself. It was only when I, myself, took him to the door of a Men’s Room and realized that neither he nor I could go no further that it dawned on me that something in our built environment is still amiss. So, too, is the case of my uncle, age 84, in Washington, DC, currently in the middle stages of Alzheimer’s Disease. His wife, who just turned 80, is intent on keeping him home as long as possible—and out of an institution. She takes him out every day, and yet she worries every time he enters a Men’s Room. During a recent restaurant outing, she waited too long for him to come out of the rest room, so she asked a waiter in to check on him. The waiter found my uncle, fallen on the floor. Must we all face experiences like these to wake up to the reality that family-friendly restrooms are a right, not a privilege that we all deserve?

As the baby boomer population reaches retirement age, the numbers of those with Alzheimer’s disease, Parkinson’s disease, and other mental and physical disabilities will increase. Today over five million persons suffer from Alzheimer’s; the numbers have skyrocketed to epidemic proportions in the past decade. Those afflicted by such infirmities are often unable to use a restroom alone—yet now they are often forced to do so. An anxious family member of the opposite gender must wait outside. Either that, or due to this dilemma, they simply remain homebound, causing both patient and caregiver to become increasingly isolated from the everyday world.

Hygienic issues in the design and maintenance of restrooms are important to all. According to a 2000 World Health Organization study, 40% of the world’s population, over 2.1 billion people, lack adequate sanitation, leading to surging health care costs, disease, and death. Even here in the US, anyone forced to use filthy restrooms may be put at a significant health risk. Poor restroom design tends to affect women even more adversely than men. Why? Only women must always come in direct contact with toilet surfaces; unlike men, we don’t have the option of urinals. Only women must attend to feminine hygiene needs such as menstruation that can be messy and time-consuming. Only women become pregnant and breast-feed babies. Women are more likely to accompany small children to public restrooms. In fact, toilet stalls designed for persons with disabilities are often the stalls of choice for mothers with children; to many, these stalls are lifesavers. Ironically, accessible toilet stalls only became mandated by law due to the effective lobbying efforts of persons with disabilities and their advocates, while for decades, mothers have been squeezing themselves and their children into conventional toilet stalls—and still do.

But parents and children are not the only ones with problems. Women travelers with

(Continued on page 13)
luggage, women students with backpacks, and women who are obese find it nearly impossible to use standard-size stalls. Only at a sleek new outlet mall in California did we see a Women’s Room with an attractively designed recessed area behind each toilet, spanning the entire width of the stall, for purses, backpacks, or shopping bags. Most of the time these items end up on a dirty bathroom floor. The physical dimensions and design details of toilet stalls need greater input from women.

Compared to men, women are more prone to illness due to poor restroom design. Here the quantity—not quality—of restrooms is key, an issue often referred to as “potty parity.” When a woman is forced to hold her urine to the point of discomfort, she becomes a potential candidate for cystitis and other urinary tract infections. Pregnant women need to use the restroom much more frequently than usual, and they face this problem all too often. The lack of potty parity can be most easily seen at places of assembly such as sports and entertainment arenas, musical amphitheaters, stadiums, convention halls, amusement facilities, fairgrounds, zoos, institutions of higher education, and specialty events at public parks. Anywhere that crowds of people need to use the restroom at the same time, long lines tend to form outside the women’s room, but not outside the men’s. Somewhere along the line, it never occurred to architects and their clients, as well as to building code officials and others, that women take longer to use restrooms, and hence need more toilet stalls than men. Had women been the architects, clients, and building code officials, the built environment would likely be much more user-friendly to women. Many work places still deny women restrooms that are convenient or adequate. In fact, restrooms are among the last bastions of gender discrimination.

Potty parity first made national headlines back in 1975 when, New York State outlawed pay toilets in response to charges that they discriminated against women. A New York State court ruled that pay toilets are unfair to women, because men can avoid any charges by using urinals.

They were since outlawed across the United States. Around the same time, California Secretary of State Marge Fong Eu smashed a toilet bowl on the steps of the State Capitol in Sacramento as part of her successful campaign to ban pay toilets in her state. Yet in many parts of the world, pay toilets are still common.

A flood of discrimination court cases have emerged as women enter traditionally male-dominated fields such as construction, government, and firefighting which lack adequate restroom facilities for them. In response, potty parity laws requiring greater access to women’s restrooms have been sprouting up in several states. And a key question has been raised in the courts about what exactly constitutes equality. Is it equal square footage, equal number of toilets, or equal waiting time? Or is it more than that? States have differed in their interpretation of the answer to this question.

To date, approximately 21 states have passed potty parity laws. However, these laws generally apply only to new construction or major places of assembly, or to major remodeling projects (50% or greater) of existing such buildings. The rest of the building stock remains as is. Some cities have enacted special ordinances. For instance, Chicago’s 2001 Municipal Building Codes call for more women’s restrooms than men’s in restaurants, nightclubs, theaters, malls, museums, arenas, churches, and stadiums. Places of employment need only provide proportional numbers of restrooms. One notable result: After a $632 million renovation, Chicago’s Soldier Field has quadrupled the proportion of women’s toilets to men’s (not including urinals): 429 women’s toilets, 100 men’s toilets, 317 men’s urinals, and 18 family-friendly toilets. It is the first large-scale public works project affected by the new ordinance.

Who initiated potty parity laws? Often the rare female legislator came up with the idea. In Chicago one of the driving forces was Building Commissioner Mary (Continued on page 14)
Richardson Lowry. But potty parity laws have not come without controversy. And, as is often the case when women make progress, a backlash soon follows. In response to the 1996 Tennessee Equitable Restrooms Act, the 67,000-seat Adelphia Coliseum in Nashville, home to the National Football League’s Tennessee Titans, opened in 1999 with twice as many toilets for women and urinals for men. A snake-like line of 40 men formed on the top level. According to journalists, one woman reacted, “For years, I’ve had to sneak into the men’s room at events. This is the first place there’s no waiting.” But a man had this to say, “We hate it. If we had a tree, we’d be OK. This is not right. It’s not funny either.” In fact, security officers stationed themselves at the exit to some Men’s Rooms to stop those who tried to avoid the line by slipping in the exit. “We’re just trying to keep fights down,” said one Police Officer. Legislation was soon proposed to relieve men at Adelphia Coliseum. An exemption for the stadium from the state’s mandatory law of two women’s toilets for every one man’s toilet headed to the Senate and House Floor, prompting Tennessee State Senator Andy Womack to argue against the bill, accusing lawmakers of micro-managing. “The intent of the original bill is to give parity. Now we’re carving out exceptions to parity.”

Today’s restrooms don’t bode well for many men, either. Although few discuss it publicly, some men question the lack of privacy in the standard Men’s Room line-up of urinals, with users in full view of each other. In fact, a disorder called paruresis, or shy bladder syndrome, making it impossible for someone to urinate in public if others are within site or hearing distance, affects over one million Americans. Nine out of 10 sufferers are men, although women tend to have the most extreme cases. According to Steven Soifer, a professor of social work at the University of Maryland who specializes in this disorder, “paruresis can ruin lives and careers, and even end marriages.” As a result, some men’s rights advocates find Men’s Rooms inadequate, arguing for doors on all toilet stalls, including urinals.

This piece only scratches the surface, and each issue deserves a richer discussion than space permits here. In sum, architects, facilities managers, and building code officials should not frivolously dismiss the issue of restrooms. While they may seem like a laughing matter to some, to the rest of us they mean serious business. Like it or not, most of us use public restrooms every day. Consequently, even the slightest improvements to this part of our built environment can have a tremendous positive impact on all segments of our population.

**AUTHOR BIOS**

**Kathryn H. Anthony**, Ph.D., is Professor of Architecture and Chair of the Design Program Faculty at the University of Illinois at Urbana-Champaign, where she is also on the faculty of the Women’s Studies Program and the Department of Landscape Architecture. As Chair of the UIUC Chancellor’s Committee on the Status of Women, she initiated a study to examine and improve women’s restrooms across campus. She has authored over 90 articles and three books, *Running for Our Lives: Our Odyssey with Cancer* (CPS, University of Illinois Printing Services, 2004); *Designing for Diversity: Gender, Race, and Ethnicity in the Architectural Profession* (University of Illinois Press, 2001); *Design Juries on Trial: The Renaissance of the Design Studio* (Van Nostrand Reinhold, 1991). She is the 2003 recipient of the Institute Honors for Collaborative Achievement from the American Institute of Architects and the 1992 recipient of the Creative Achievement Award from the Association of Collegiate Schools of Architecture. Her course on gender and race in architecture, taught for over a decade, addresses gender issues in restroom design.

**Meghan Dufresne** is a master’s candidate at the School of Architecture, University of Illinois at Urbana-Champaign, where she currently serves as Editor of *Rickernet*, the weekly student newsletter. She and Professor Anthony have been conducting research on restrooms for almost two years. They presented a session on potties at the 2002-03 University of Illinois Feminist Scholarship Series and will be addressing it at the 2004 national conference of the Environmental Design Research Association.

---

5 According to research conducted by the authors, these include: CA, CT, DE, FL, HI, IN, MD, MI, MN, MO, NH, NY, OH, OK, PA, TN, TX, VT, VA, WV, WI.
6 Moore, “Facility hostility?”