

Environmental Sanitation Promotion: A Social, Institutional and Legal Challenge for the Rural Poor

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Abstract

This study focuses on improving environmental sanitation and behaviour change in rural communities in low-lying areas of Bangladesh. In these communities, health and environmental problems are attributed to the lack of sanitary means of disposing of human waste. The study was mainly to test whether some issues of environmental sanitation could be quickly promoted i.e. in one year with key sanitation behavioural change, which has environmental, social and economic impact on the rural poor community. More important that the outcome of the study may be an input to the sector stakeholders that how fast the environmental sanitation promotion can be done and what steps are needed to be followed for fast behavioural change. The study result shows that with one year promotional package for 100 % environmental sanitation coverage in terms of hygienic latrine use by all is possible and people stop open defecation and defecation in unhygienic latrine. But in other issues the study result shows that behavioural changes have taken a steady way of diffusion based on socio-economic pattern of the community ranging from 55% to 86% drift in one year. Finally, the study identified four major key indicators for successful environmental sanitation behaviour promotion strategy under existing social, institutional and legal framework to combat the water and excreta borne diseases where children and women are the worst sufferers.

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Introduction

Environmental degradation is a serious threat to the developing countries, hindering and undermining development. The rural poor in particular depend heavily on social, institutional and legal bindings for their livelihoods, and poor people especially women are most vulnerable to the effects of inadequate sanitation and hygienic practices. Safe sanitation is a greatest challenge to the people of Bangladesh. Around 2.4 billion people globally still lack adequate sanitation, of which 1.5 billion live in Asia. Safe Sanitation promotes health, improves the quality of the environment and thus, the quality of life in a community. Sanitation refers to the proper collection, transportation, treatment and disposal of human wastes. In developing countries, improvements in practices of disposing of human excreta are crucial to raising levels of public health. An increasing amount of literature suggests that health problems result from the lack of sanitation facilities. Invariably, it is the poor who suffer the most from the absence of safe water and sanitation because they lack not only the means to provide such facilities but also the information/messages on how to minimize the ill-effects of the unsanitary conditions

in which they live. As a result, the negative effects of unsanitary living conditions lower the productive potential of the people who can least afford it. Poor communities in developing countries, the people rarely consider an inadequate excreta disposal system a problem. In the absence of sanitation systems, some communities rely on natural processes; defecation takes place in the open fields or on surface waters. In the latter option, human waste is directly disposed off into the rivers, canals for transport and eventual dilution leads towards a severe environmental problem.

Bangladesh has its own specific challenges, with only 33% of the population in the country having access to hygienic latrine facilities. Lack of or inadequate sanitation, impacts the economy by adversely affecting productivity loss due to sickness and the overall quality of life where poorer are the worst sufferers. Health Statistics indicate approximately 125,000 children below 5 years are dying each year, 342 children are dying everyday in Bangladesh for lack of proper sanitation.

In this milieu a pilot project was launched in December 2002 for the improvement of Environmental Sanitation and also study social, institutional and legal aspects in a village named South Masimpur of Noakahli District in Bangladesh. The study village selected represents where 90% households people defecate in an unhygienic condition polluting the entire environment. The study aimed to protect and improve the state of the environment through 100% sanitation in the program village, and to ensure that development activities take place in a manner that is environmentally sustainable, as a key contribution to the overall poverty reduction objective.

Study Objectives

The study was mainly to test whether some issues of environmental sanitation could be quickly promoted i.e. in one year with key sanitation behavioural change, which has environmental, social and economic impact on the rural poor community. Experts say that hygiene behaviour changes will take at least three years but on the other hand environmental implications to wait for such long time not economical for the developing country like Bangladesh. So, the outcome of the study will be an input to the sector stakeholders that how fast the environmental sanitation promotion can be done and what approaches needed to be followed for fast behavioural change to meet the social, institutional and legal challenges faced by the rural poor. The specific objectives are:

- ◆ To analyze sanitation and environmental conditions in low-income communities located on coastal village of Bangladesh.
- ◆ Community mobilization for promotion of key environmental sanitation behaviours in one year's approach in a coastal village of Bangladesh.
- ◆ To identify key considerations in the provision of hygiene promotion.
- ◆ Institutionalization and legal anchorage of activities with the local bodies for long-term sustenance.

Approaches and Strategy

The study on 100% Sanitation Promotion was undertaken as a unique approach and with some specific methodological measures. Both the approaches of the study and the methodological tools applied were structured considering the objectives of the study and

at the same time keeping the nature of the study in mind. The overall approach was developed in a direction of formative research with an applied rationale.

Initial assumptions regarding the need for improved sanitation in the area as a whole and particularly in priority areas verified through baseline survey, contacts with key leaders and health workers. In particular, the incidence of excrete-related diseases, awareness of relationships between sanitation and disease and other disadvantages of existing excretes disposal practices were checked.

Care was taken to avoid raising unreasonable expectations. At the same time, the local people are made aware of the potential benefits of improved sanitation. Some idea of the readiness of the community to provide labour, money and materials for a latrine-construction programme also obtained. Considerable skills are required to find out the true aspirations and priorities of the people. Answers to the questions are often distorted because the interviewees wish to please the questioners. Small group discussions with minimum intervention by outsiders were used as an effective means of finding out the true local opinion.

The significant approaches were as follows.

- ◆ Reach consensus with the user's community on present sanitation problems and their causes. A comprehensive community plans to improve environmental sanitation.
- ◆ Small-steps approach towards achieving the desired situation.
- ◆ Allocation of tasks and responsibilities for action
- ◆ Identify support requirements for developing the plan.
- ◆ Local bodies will play advocacy role.

The community people are the key actors to execute all the activities in a flexible manner, where as project personnel act as a facilitator.

In studying fast behavioural change relating to 6 hygiene issues, some issues of investigation are readily observable after promotional activities or can be known by asking any respondent direct questions. However, some behavioural aspects are beyond immediate observation or cannot be known just by asking questions in a structured manner. The readily investigable issues (e.g., latrine types, etc.) are regarded as "explicit" issues. In contrast, issues that are beyond immediate investigation are regarded as "implicit". These implicit issues (e.g., practices, etc.) relating to hygiene and sanitation are often difficult to understand but carry significant and meaningful behavioural information that underlay people's perceptions. This anthropological distinction between explicit and implicit issues was adopted in the study. Accordingly, monitoring formats developed which were mainly filled up through observation and empathy techniques.

The fieldwork for the study on accelerating 6 key hygiene behaviours was developed as a progressive field investigation. Instead of devising the study into 'typical' socio-economic study, great care was given in keeping the anthropological nature of the study and its objectives.

Capacity Building, Institutional and Legal Linkage

Capacity building is one of the critical aspects for sustenance of any activity. As a first step of capacity building, orientation session was organized. Village Sanitation committee, Youth Committee and Children Committee were formed and provided with formal/informal training. WatSan Committee Orientation/meeting held. Community action plan was drawn using PRA tools. Video show on sanitation promotion, rally, meeting with local elites, opinion leaders, Gram-sarkars and Union Parishad (lowest tier of local government) members together with R&D and DPHE (Department of Public Health Engineering) personnel held regularly. With a facilitated participatory approach, committees mainly youth group played vital advocacy role and communities were motivated to stop unhygienic defecation.

Finally, on completion of the pilot project all the achievements/ learning/ shortcomings were discussed with Upazilla Nirbahi Officer, who is the Chief Executive of the Sub-District administration, together with Union Parishad Chairman, Community representatives and DPHE, so that Union Parishad continues their institutional and legal support in this village to sustain efforts given to meet the sanitation challenge of the millennium.

Economic and financial factors

During study it was found that the priority of latrine installation is related to economic condition of the users. Especially the extreme poor they usually don't consider it as a priority issue over food, clothing, housing, water etc. During PRA exercise hygienic latrine issue was in 6/7 numbers and in some group it was least. Extreme poor for obvious reason are cautious to spend money in latrine constructions because of their deprived financial condition. Even while extreme poor are motivated they go for the cheapest one and all family members are going for fixed defecation but unfortunately the truth is that it do not sustain after one rainy season. There is a notion among the development activists that once habit is grown then they will never use unhygienic latrine or go for open defecation but in reality it did not work as affordability for the extreme poor stands as an impediment. During piloting it was found that some cross subsidy for the poor given by the affluent members of the community for latrine that were the cheapest one, which also may not sustain in long run.

Study findings and lessons learnt

The study revealed that with one year's behavioural change promotional package for 100 % sanitation coverage in terms of hygienic latrine use is possible and people stop open defecation and defecation in unhygienic latrine. But in other issues the study results shows that behavioural changes have taken a steady way of diffusion.

The following table will give an overview on the findings:

Sl. No	Key Issues	Expected Change	Actual Change
1.	Use of hygienic latrines by all Members	100%	100%
2.	Use of sandal by all while using	100%	86 %

	latrines		
3.	Disposed babies feces in latrines	100%	55%
4.	Washing hands with soap/ash/soil after cleaning children's bottom.	100%	81%
5.	Washing hands with soap/ash/soil after defecation	100%	81%
.6.	Cleaning of latrine and keep clean the surrounding of latrines	100%	76%

Table1: Behavioural change pattern in Environmental Hygiene and Sanitation

The above results no doubt have given remarkable and immensely important study findings as an input for the Water Supply and Sanitation program and for other stakeholders too. The study findings show that it almost required a year for 100% hygienic latrine coverage and interestingly the installation of latrines speeded up at the later months of one year package program that means users have gone slow first and faster later.

Further, the study has shown that about one fourth of the people preferred one slab one ring mainly due to financial constraint. But continuity of hygienic use of those built latrines by them in the high water table and flood prone area still needs to be investigated that how the users behave in sustaining or whether backfire to original position. Nevertheless this change from unhygienic defecation to hygienic defecation evaded many social and health problems.

In case of key hygienic behaviour issues the development followed rapid progression than national average due to unique approaches. The most important point of departure is to give authority (not mere involvement) to the *youth group* who helped to spread and scaling up the program. The study findings also suggest that effective planning requires a participatory, bottom up process to reflect community demand and choice where youth group can act as a constructive pressure group to activate Union Parishad, local opinion leaders and community people. Further more, the video show on sanitation in different circle tremendously influenced women and children especially drama/cartoon show on sanitation.

Another important point of departure is the bari (cluster of 5-10 households) based approach. Whenever meeting held, the achievement /activities focused bari and it enhanced peer pressure, positive competition and encouraged cross subsidy for the extreme poor.

The pivotal point of this piloting was also to observe how fast the 6 key hygiene behaviour could be promoted. The study has shown a very positive result although it did not follow the blue print as stipulated.

In case of 100 % hygienic latrine coverage it took one-year time and for other behaviours (although different in nature) ranged from 55 % to 86% in the same period and with an average increment of 51% over baseline. So, it is deemed that another one year will be required to diffuse/promote the behavioural change. As mentioned earlier the latrine installed by poor dwellers for the sake of fixed hygienic defecation, some may not sustain in the high water table area and may again add to the unsafe defecation list. These people will definitely need advocacy and follow up from local bodies and may

require support to install latrines that sustains under local conditions. The important aspect is also to motivate poor people for self-realization because solutions depend on a mix of social, institutional and legal approaches, most of them involving in changing established practices which itself is a challenge.

Conclusion

The major learning from the study findings that how fast behavioural changes can be made by the rural poor and the study result indicates that 100% hygienic latrine installation requires one-year time with 55% to 86% drift in other 5 key hygiene behaviours. Finally, the study has identified four major key indicators for successful environmental behaviour change strategy and as such concludes that environmental sanitation promotion strategy should:

- ◆ Educate, mobilize, and respond to the community, enabling greater environmental awareness and protection through community participation at least for two years;
- ◆ Be presented in a format, style and language that is accessible and attractive to the community;
- ◆ Stress concrete solutions and provide support to the community. Providing practical tools and assistance should ideally empower the community and highlight the positive contributions they can make to protect the environment;
- ◆ Be a partnership between a numbers of key partners. This includes local/ regional government, NGOs, business and the media. Such a partnership can also increase the quality of environmental coverage.

Health is the most important resource of the poorest of the poor particularly those who earn their livelihood through manual labor. Ill health is both the cause and effect of poverty. There is a huge loss of their productivity/ man-hour, which affects their earning due to water and sanitation related diseases. It not only affects the individual but national economic growth as well. In this context, the study has given extremely important findings for fast behavioral practices which can be directly adapted by other stakeholders or tailor made based on local socio-economic, institutional and legal frame work focusing poor children and women to get rapid access to safe sanitation to offer better life and self-esteem in the society.

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