

Abandoning Open Defecation

Comparison and Adaptation of Social Change Dynamics



Photo Credit: WaterAid/Jon Spaul

Introduction

Improved sanitation is important not only to human health but also for economic and social development. Yet total sanitation in African countries such as Ghana faces a lot of challenges critically linked to human behaviour. Key on the list are lack

of infrastructure, indiscriminate disposal of water waste, lack of control for the collection and treatment of waste and open defecation. The effects of open defecation in particular are many. Not only does it pollute ground waters, it contaminates agricultural produce, helps the spread of diseases such as diarrhea,



European Commission

This document has been produced with the financial assistance of the European Union. The contents of this document are the sole responsibility of WaterAid and can under no circumstances be regarded as reflecting the position of the European Union.

cholera and bilharzia. Experiences of efforts to improve sanitation in poor countries such as Ghana, strongly suggest that provision of facilities such as toilets and refuse bins, alone, is not sufficient to improve communities' health through proper sanitation.

The goal of the Draft National Sanitation Policy, 2007, acknowledges environmental sanitation as a public good and seeks to bring about changes that will ensure a transition from traditional service delivery arrangement to one that builds on the traditions of target beneficiaries. Positive behaviour change and enhanced user participation in the planning, implementation, management and cost sharing are critical elements for sustained and improved sanitation practices.

Background

As part of its contribution towards attaining total sanitation in Ghana and elsewhere in West Africa, WaterAid Ghana commissioned this study. This is part of a larger cross-country study covering Nigeria, Mali, Ghana, Burkina Faso. The overall objective was to identify key strategies and actions that can lead to complete and collective abandonment of open defecation. This involved among others, understanding the nature of urban social dynamics, identifying factors for social change of various ethno linguistic groups, investigating the means of promoting collective action in abandoning open defecation, rural and peri-urban hygiene and identifying actions required for the development of communities.

Methodology

The study covered 4 selected districts- Tamale Metropolitan Assembly, the Gushiegu, Kwahu North and Wa East Districts in the Northern, Eastern and

Upper West regions respectively. A total of 2,864 households, drawn from a total of 78 communities and made up of household heads and opinion leaders were involved. Non- governmental organizations (NGOs -PRONET, APDO, NewEnergy, CLIP, GYAM and Church of Christ Rural Water Project, involved in water and sanitation), members of community based organizations,(CBOs), members of project implementation committees, such as Water and Sanitation Committees, were interviewed. Purposive and simple random sampling techniques were used. Focus group discussions were held in all sampled communities.

Both quantitative and qualitative methods were used for data collection including interviews with structured questionnaires and focus group discussions guide. Collected data was analyzed using Statistical Package for Social Scientist (SPSS), a software which involved a careful matching of study objectives and expected outcomes.

Key Findings

Water, Hygiene and Sanitation

Sanitation infrastructure: Public toilets are the main toilet type in all four districts with majority (42%) in Tamale metropolis. The use of water closet (WC) was found to be high in urban Tamale compared to other districts which are mainly rural. This is primarily due to the availability of water in urban Tamale. About 47% of respondents in Kwahu North rely on pit latrines. Respondents without toilets constitute about 30% in Tamale Metropolis, 90% in Gushiegu, 64% in Wa East and 29% in Kwahu North, with nearly all of them resorting to indiscriminate disposal of human excreta. Less than 10% of the sampled population use improved toilet facilities, a low percentage as compared to the national estimate of 20%. The urban and rural disparity in terms of improved toilet use was also evident.

Main sources of drinking water: Pipe borne water is the main source of drinking water in Tamale Metropolis,(78.8%), while majority of respondents in the other three district rely on wells, bore holes, springs, rivers and dug outs. The general poor quality of water from such sources is further threatened by high indiscriminate defecation, exposing majority of rural communities to higher health risks. Less than half of sampled respondents in the four districts said they have access to safe drinking water, thus water is not only scarce in the study districts, when available, it is also not safe. The scarcity of water suggests total sanitation cannot be attained by just the provision of sanitation facilities that are water dependent.



Photo Credit: WaterAid Ghana/Lamisi Dabire

A pupil washing her hands with soap during the Global Hand washing Day in Cape Coast

Hygiene Behaviour: Personal hygiene was described as a basic necessity for everybody. Yet only about 25% on the average, of all respondents said they wash their hands with soap after using the toilet. Generally burning or burying of waste is minimally practiced with indiscriminate

disposal accounting for 27%, 76%, 56% and 49% in Tamale Metropolis, Gushiegu, Wa East and Kwahu North, respectively. About half of respondents practice uncontrolled solid waste disposal, with the bush, gutters, backyards, uncompleted buildings being the sites. On the average 40% to 47% of all respondents resort to the bush, gutters and the “behind the house” for solid waste disposal. Such behaviours is largely attributed to lack of knowledge and understanding of the linkages between unsafe excreta disposal and health problems, including diarrhoea, worm infestation, cholera, malaria and other diseases.

It was interesting to note that most people want toilets for reasons of convenience, privacy and status rather than ensuring healthy environment, good sanitation or the prevention of diseases, such as malaria, diarrhoea and cholera.

Practice of open defecation and dynamics of social change

Concepts of hygiene, cleanliness, purity and beliefs about sanitation and disease vary widely and are often deeply ingrained through religious or cultural practice. There are also many different traditional beliefs with respect to disease causation, including spiritual concepts. Even when people are able to associate excreta with the spread of disease, faeces of small children are often considered harmless, even though it contaminates water supply and the food chain.

Defecation into plastic bags and throwing into the bush, gutters and backyards is rampant in Ghana. This was found more prevalent in the urban areas such as the Tamale Metropolis. It has double negative impact on the environment – pollution with plastic bags and human waste!

There were also ethnic differences with respect to open defecation. The Dagombas, Mamprusis, Konkombas and the Gojas, in the Northern region, are the major ethnic groups that practice open defecation. In the Eastern region these are the Akans and Ewes. The Chakala, Sissala, Wala, Dagaati and the Lobi constitute the main ethnic groups for open defecation in the Upper West region. Generally open defecation is practiced widely in societies because it is costless but more serious reasons are lack of effective regulatory policies and incentives for self discipline.

Also it was found that women that are mostly concerned with water and sanitation matters and have more managerial skills and experience in services at the community level, are inadequately represented in the water and sanitation decision making processes. With the appropriate training, support and equipment women can bring about changes in basic hygiene behaviour in daily sanitation activities.

Socio- economic and cultural factors that promote open defecation

Indiscipline was cited as the first socio-economic determinant of open defecation followed by poverty. Most of the respondents cannot afford to construct improved facilities because they are poor. Further, responsible state structures to provide the sanitation facilities are not able, coupled with the fact that laws enjoining landlords to provide sanitation facilities are not being enforced. When primary waste collection services are not available the incentive is to explore other options and when regulation is either absent or non-compliant, the incentive is to dump waste in open access spaces such as streets, gutters and other public places.

The belief that visiting a public toilet will cause one to be possessed by demons or lose ones magical powers lead some respondents to indulge in open defecation. Others do open defecation because it is costless, it fertilizes the soil and they want to protect their bodies from bad odour or smell from the toilet/pit latrine. However, over 70% of respondents saw no advantages in open defecation. Not only does it pose health hazards that can lead to outbreak of diseases, it is indeed dehumanizing, exposing one's privacy. In addition, it pollutes the air, serves as breeding grounds for harmful insects while 'free rangers' are at risk of being bitten by dangerous reptiles. Women and children were seen as the most affected as they are compelled to "do it" only before dawn or after dark. Majority of respondents (63% and 62% in Gushiegu and Kwahu North) resent open defecation as a bad practice, unhygienic and recommends an intensive education to stop it.

Majority of respondents supports the provision of toilets to every household as a useful means of attaining total sanitation. Nevertheless, enacting laws and by-laws and educating the general public by sanitary officers are equally important, they said. Communication strategies are similar in all sampled districts. The use of 'gong-gong' is the commonest technique of sharing information. Others are community durbars, meetings, and festivals.

Organizational dynamics and good governance

Communication networks: Decision making processes for development are influenced by information. Communities need information for behaviour change and development planning. Radio was found to be the major source of health information among respondents, ranging

between 29% and 73% in Gushiegu /Kwahu North and Tamale Metropolis, respectively. Next in line are health providers, teachers, opinion leaders, CBOs and women groups.

Field of Influence: The Assembly man was seen as the most influential person in all four districts, serving as a crucial link between communities and district level political and administrative set ups. Chiefs and elders, representing the traditional authority, were cited as next in influence. In their advisory roles, they together with Assembly men are seen as critical change agents for community development and health interventions.

Demographic characteristics of respondents

Age and Occupation: Over 70% of respondents were between the ages of 31-60 years, with the three main age groups of 31-40, 41-50 and 51-60 constituting 77% in Tamale metropolis, 70% in Gushiegu, 74.4% for Wa and 78.5% in Kwahu North. Farming and fishing is the mainstay of all districts employing about 40% of sampled respondents. Petty trading however topped the occupation list in the Tamale Metropolis. Interestingly 13% of respondents practice as doctors and nurses and are all in urban Tamale Metropolis.

Ethnic groupings: Thirteen major ethnic groups, including Dagomba, Mamprusi, Konkomba, Ewe, Ashanti, Fante, Chakala Wala, Sisala and Dagarti were found across the four districts. While the major ethnic group in Tamale Metropolis was Dagombas (72.3%) followed by Mamprusis (9.1%), in Gushiegu the Kokombas (27.4%) were second to the Dagombas (54%). The Ewes dominate the population in the Kwahu North (50%), followed by Ashantis (27.5%) while in

Wa East, there is a close distribution among the major ethnic groups (Wala- 27.9%, Chakala- 21.1%, Sisala- 20.8%).

Education and Literacy: Sampled respondents were largely literate in all four districts, with post SHS education ranging between 25.1% in Gushiegu and 64.8% in Tamale Metropolis. Gushiegu has the highest number of respondents with standard six/SHS qualification (54.1%) followed by Kwahu North (51.8%). Males have higher literacy rate in all four districts except in Wa East (Tamale- 55%M, 35%F; Gushiegu 18.5%M, 7.6 F; Kwahu North 50% M and 34.1%F; Wa East 25%M and 50%F).

Resources and Assets: Land for agriculture and housing industry is said to be abundant in sampled districts except in Tamale metropolis. Markets, schools, clinics and health centers, electricity (mostly in district capitals) rivers and forests are other resources. Among household assets and equipment bicycle was owned largely by respondents in predominantly rural districts (Gushiegu, Wa East and Kwahu North). Electricity dependent equipments such as fan, television were found more among respondents in Tamale and Wa West while ownership of tape recorders was high in the other three districts as against Tamale metropolis. Though primarily farmers, ownership of farming equipment- tractors, ploughing and threshing machines is very low in all districts (9.3% -4.9 %).

Evolving effective strategy for total sanitation



A man roofing his household latrine in Kpatinga Northern Region

Individual users are the ultimate decision makers as to the acceptance or non-acceptance of a new and sensitive practice such as stopping open air defecation. Despite the varied practices of the ethnic groups there is a common driving and underlying factor- society's attitude and behaviour towards open air defecation. Majority of respondents resent open air defecation and demands it is stopped. Consideration of any strategy to improve sanitation should be assessed based on its potential effectiveness to change society's sanitation related attitudes and behaviours. The CLTS's approach that focuses on igniting a whole community sanitation behaviour change rather than constructing toilets, serves as a powerful way to end open defecation. Whatever strategy adopted however should involve a number of critical elements.

- The good practices and successes of CLTS and the other water and sanitation NGOs, in terms of project design with behaviour change as a priority,

the use of participatory approaches and building community structures and capacity, should be built on.

- Initiating the triggering process based on building a collective sense of disgust and shame among communities as they deal with the crude facts about the impact of open air defecation on the total development of the community.
- A conscious effort made to involve women in the campaign to end open air defecation.
- Replication and strengthening of factors for success of total sanitation, with behaviour change as the prime and priority first phase intervention coupled with facility provision as the second phase. Some of the key components of the first phase should include:

Baseline Study: to assess the situation with respect to existing strategies adopted by poor households, personal characteristics and ethnic dissuasive factors, and the external opportunities and constraints, using contextual and participatory methods.

Education and sensitization: High illiteracy rates in communities suggest the need for an intensive community sensitization that focuses on increasing communities' knowledge and acceptance of the dangers of open defecation and how to avoid it.

Capacity building: Capacity of sectors at all levels- individuals, households, communities, public and private institutions, health providers, and particular women, men and the youth.

Partnership/Collaboration: This is to ensure best practices are widely shared, resources are pooled and maximized for increased coverage and outputs in the interest of beneficiaries.

Advocacy: This is to bring into public arena and put on political agenda the negative impact of open air defecation on rural communities and seek change in the desired direction.

Participatory approach and Households: Special efforts to involve all stakeholders- chiefs, elders Assembly men women leaders, the youth and Unit Committee members, with household placed at the centre of analysis and towards project design, implementation and evaluation. Right based and gender mainstreaming approaches adopted to protect environment from human waste.

Sustainability: Giving progressive responsibility to beneficiaries during implementation, involving different actors coupled with continuous dialogue and information sharing between parties are critical elements towards sustainability.

Conclusions

Sanitation status in Ghana is such that it must be a priority to the government and development partners seriously considering the sector with the view to finding appropriate solutions. Experiences from the implementation of CLTS and other NGOs work clearly indicate the urgent need to prioritize attitudinal and behavioural change if open air defecation is to become the thing of the past. The role of authorities in strengthening control and safeguarding the environment and the need to work closely with communities, all relevant groups, sectors including those identified in the National Sanitation Policy cannot be over emphasized. If sanitation particularly open air defecation is to be eliminated it must come from the people and must be nurtured by indigenous knowledge.

Key recommendations

WaterAid Ghana should:

- Strengthen its existing partnership with its NGOs as well as initiate partnership with new ones, while working with District Assemblies and building on the experiences of GYAM, CLIP and APDO.

- Facilitate the provision of physical sanitation facilities such as household toilets, soakaways to communities during the second phase of the CLTS project.
- Find ways of building on the traditional method of using “gong-gong” as an effective channel of communication
- Facilitate the documentation and dissemination of project experiences (films, reports, publications) as such experiences can form critical basis for future learning and teaching.
- Ensure that ending open air defecation processes are gender sensitive because the role of the man and woman is paramount.

Establish a well prepared local core group to support and advocate for the project, building on and including the existing WATSAN Committees, Parent Teacher Association, and School Management Committees. Where these committees are not in existence effort should be made to form them.

Next steps involve strengthening and expanding existing CLTS interventions to cover more communities and districts.

Acknowledgment

Research Conducted by
DR.ALHASSAN SEIDU

Brief prepared by
MRS MARTHA OSEI

Brief reviewed by
IBRAHIM MUSAH

Finalised by
LAMISI DABIRE



WaterAid mission is to transform lives by improving access to safe water hygiene and sanitation in the world's poorest communities. We work with partners and decision makers to maximise our impact.

Contact:

For detailed report, contact:

Water Aid Ghana Office

Location: Near Abelemkpe
Junction, Dzorwulu, Accra.

Contact: The Country Representative
Box 16185, KIA, Accra

Tel: (233-21) 760440/780581

Fax: (233-21) 783947

E-mail: info@wateraidghana.org

Website: www.wateraidghana.org

WaterAid International Website: www.wateraid.org