Research Report
On
People’s Perception on Sanitation

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1 INTRODUCTION

The perception of sanitation is different among different people. To some sanitation means simply sitting or squatting on a pit toilet and letting the waste matter build up in a pit or sitting on a toilet and flushing away the excreta to the environment as waste. In both cases the excreta is disposed of and forgotten in the quickest and most convenient way. But in a world which is becoming increasingly polluted from excreta, where many of the world’s population do not have access to a toilet at all, it does make sense to pay more attention to excreta management in a more meaningful way.

Worldwide around 2.5 billion people are without improved sanitation and around 1.1 billion of those, mostly living in rural areas, still practice open defecation (WHO/UNICEF 2010). Every year between two to three million people die because of inadequate sanitation, insufficient hygiene, and contaminated food and water and most of these people reside in rural Asia and Africa. In Bangladesh the progress in sanitation, particularly in the rural areas, was rather slow during the 80s and 90s; the sanitation coverage growth rate was merely 1% per annum. A national Baseline Survey conducted by the Government of Bangladesh in October 2003 to assess the extent of sanitation coverage revealed that out of a total number of over 21 million households in the country, only 33% were using hygienic latrines, 25% unhygienic hanging latrines and 42% did not have any kind of latrine and were resorting to open defecation. This poor coverage led the government to launch the National Sanitation Campaign to achieve rapid progress in sanitation in the country and the national sanitation goal was set initially to achieve 100% Sanitation for all by 2010 that was subsequently revised to achieve “100% sanitation for all by 2013”.

Since launching the National Sanitation Campaign in 2003 the government has taken several policy and operational decisions to promote sanitation. The National Sanitation Secretariat was formed and Task Forces were established from national to grassroots level to support and institutionalize the interventions. The month of October is being observed as the “Sanitation Month” each year since 2003. Mass-media campaign for creating greater awareness among the people about the necessity of sanitation and hygiene practice was organized. The government earmarked 20% of Annual Development Programme grant to Upazilas specifically for sanitation purposes and kept it at the disposal of Upazila and Union Parishads. Importantly, the government encouraged a partnership approach with Local Government Institutions (LGIs), NGOs, Development Partners and civil society, which provided a wider platform for multi stakeholder partnerships and created a synergistic effect in increasing the sanitation coverage. Due to these efforts the sanitation coverage of the country improved significantly. It is however, difficult to quote a single national sanitation coverage figure because of the variation in the definition of sanitation facilities. The draft Sector Development Plan (SDP, 2010) introduces “basic sanitation coverage” that primarily focuses on fixed place defecation using simple pits some of which may not be truly improved or fully hygienic. The sanitation coverage is relatively high when basic sanitation is considered but reduces when more stringent conditions for improved
sanitation (as per JMP) or hygienic sanitation (NSS, 2005) are considered. The national sanitation coverage in 2009 according to basic sanitation is 80.4%, however, 54.1% and 52.5%, for improved sanitation and hygienic sanitation respectively.

The low coverage, despite of various efforts mentioned above indicates that significant efforts still need to be made to fulfill the MDG and country targets as well as stick to the fact that Bangladesh has signed the recent UN Resolution on Human Right to sanitation. With this view WaterAid, WSSCC and FANSA have formed a coalition for joint efforts in South Asia to raise people’s voices on sanitation into SACOSAN-IV to be held in Colombo during 4 to 7 April 2011. The outcome of such camping should influence the policy makers in South Asia to accelerate the progress on sanitation to achieve MDGs. To have people’s perception on sanitation, a study was carried out in Bangladesh with the following objectives.

- Highlight factors which have contributed for success and failure in sanitation and hygiene improvement, from peoples’ perspective in Bangladesh.
- Identify key challenges/issues faced in sustainable sanitation in Bangladesh.

This report, presenting the findings of the study, accounts for a number of perceptions and assumptions that exist within the community about sanitation. More specifically, it uncovers general ideas about the reasons why sanitation progress is not up to the expectation, as well as associated ideas about what should be done to address the situation. This report also offers a brief analysis of findings and a discussion about how different perceptions might lead to different kinds of action. Finally, the report reflects on further strategy development to address the issues.

2 Methodology

About 155 interviews were made and information were collected from different locations all over the country that includes the areas-

- where sanitation efforts were made and they were successful;
- where sanitation efforts were made and they were not successful or intervention has been phased out; and
- areas where no sanitation efforts were made.

Apart from rural and urban stratification, the study covers geo-physically difficult areas that include haors, hill tracts, slums, char-lands (river islands), high and low water table areas, coastal and offshore islands and disaster affected areas. Social stratification such as minorities and excluded groups were also interviewed.
2.1 Challenges of the Methodology

- Some people might have been restricted from participating due to lack of literacy.
- Due to the random group of respondents, there was little possibility to follow up the respondents to further explore or clarify their comments and views.
- It was not considered to get a respondent group which was balanced in terms of age and gender.
- In some cases it was difficult to comprehend the facts expressed by people in the questionnaires.

3 SURVEY FINDINGS AND INTERPRETATION

3.1 What do people understand by Sanitation?
In general a large number of people have good understanding of the benefits of sanitation. They understand that using hygienic latrine, safe drinking water and improved hygiene practice in their daily lives are important components of sanitation that keep them healthy and free from disease burdens. Besides, keeping surrounding environment clean, disposal of solid wastes safely and safe disposal of household and kitchen wastewater through a drainage system are also integral part of sanitation. However, in some non intervened areas people think that fixed place defecation is sanitation.

3.2 What sanitation technologies are available?
The most common latrines found particularly in rural areas are ring slab latrines. Locally made latrines or hanging latrines are mostly observed in areas where no intervention has so far been made. In the areas where interventions were made but have been phased out, it was found that a significant number of latrines that were initially hygienic later became unhygienic because of various reasons such as broken slabs, broken water seals and filled up pits. In few cases latrines’ rings were found to be broken and excreta are flowing through the broken rings into the surrounding open space. The vent pipe was also found to be broken or missing for some latrines and odor is commonly found in these latrines. Community latrines with septic tanks are usually found in urban slums and fringes where there were interventions. Some latrines are raised particularly in the low land, coastal and disaster prone areas.

Except a few cases latrines are generally available in government and non-government schools and madrasas. Most of the latrines are found functional and are being used by the students, teachers and staffs. Most of these institutions have source of water (mostly tubewell) in the premises to ensure water for sanitation. Some institutions have provision of separate latrine facilities for the girls and in some of the intervened areas these latrines have facilities for menstrual hygiene.
3.3 What is the O&M situation of latrines?
Most people keep their latrines clean and usable where interventions are made. Concerns are observed in case of community latrines where all the members of the community or designated caretaker are responsible for O&M of toilets. The institutions’ authorities are generally responsible to keep the latrines of the institution clean and in most of the cases those were found usable by the pupils.

3.4 Why sanitation is important?
People perception about the importance of sanitation is very positive. People know the linkages of sanitation and health and it helps them keep free from water borne diseases. They also understand that sanitation reduces medical expenses. People also think that sanitation has impact on daily earnings particularly for them who are day laborer, van puller or rickshaw puller who cannot earn if they are unwell or weak due to common waterborne diseases. By keeping fit due to good sanitation the school going children can regularly attend in the classes and can pay more attention to study. In addition some people also think that sanitation ensures social dignity. In some non-intervened areas, however, the idea of sanitation and poverty linkage is not understood by people in general.

3.5 Do people know that sanitation is a Human Right as declared by UN General Assembly?
In general people are not aware of the UN General Assembly declaration of water and sanitation as human rights. But when explained, they appreciate as it is endorsed by the government. A large number of people think that government should ensure latrine facilities for all and also ensure water where required. The poor and hardcore people, who are not capable of installing a hygienic latrine, should be supported with hardware facilities.

3.6 What do people understand by Basic Hygiene?
People are aware of basic hygiene. However, the practice of hygiene is very diverse particularly among the poorer section of the country. In intervened areas most of the people wash hands, foods and cookeries by safe water, use sandal during use of the latrine, regularly cut their nails, use cover on water storage. People use soap or ash for cleaning hands which is not common among the low income people of non-intervened areas. People also keep their court-yard and homestead clean in intervened areas.

3.7 What are general practices during Menstruation?
The awareness about menstruation is present among the women to some extent. Most of them, like before, are not being afraid of it anymore. They continue their day to day activities during this period also. Generally the adult women/adolescent girls use pieces of cloth during this period. They use one piece of cloth for 2/3 months and after every use they wash it and keep it with care. After 2/3 months, when the piece of cloth is worn-out, they change it and dispose the used one in nearby ditches, low-lying areas or by digging
hole. Few adult women/adolescent girls who are financially capable use sanitary napkins. Some of the interventions particularly in urban slum areas comprise facilities for menstrual hygiene.

3.8 What are the plans with the latrines that became unhygienic in course of time?
People explained that flood, cyclones and other natural disasters are the prime causes of damaged latrines. Besides water availability, lack of knowledge and filling up of pits also contributed in transition of latrines from hygienic to unhygienic. Nevertheless, most of the people are committed to repair these latrines within a short period. They also opined that they should have sanitation facilities that are disaster resilient. Some people also expressed that financial assistance in this regard will be beneficial especially for the hardcore poor.

3.9 In intervened areas what sort of initiatives were taken?
Different organizations were responsible for sanitation interventions in different parts of the country. The programmes included mostly software activities and in some cases hardware installations. Generally courtyard sessions, school sessions, business place/tea stall sessions, market/bazaar committee sessions, workshop/seminar, rally, film/drama show, mass media campaign and personal communication are made to mobile people. Different sorts of technological assistance were also provided by the intervening organization that included building and repairing of household latrine, community latrine, public latrine and school toilet; raising of latrines particularly in flood and disaster prone areas; and building of eco-toilets in water scarce areas.

3.10 In some intervened areas why sanitation programs were successful?
The respondents identified the following factors for the sustainability of sanitation initiatives in their areas.

- Community participation at all level of the program/project including planning and implementation
- Regular monitoring and follow-up by the communities and/or program implementers
- Motivational and educational activity by the intervening organizations to make people aware of the benefits of sanitation and behavior change
- Political commitment and strong leadership by the local leaders who took it seriously
- Participation of women and children in the campaign process
- Incentives to LGIs for successful implementation of sanitation
- Provide subsidy to hardcore poor for sanitation
- Community willingness to share latrines with landless people
- Emphasis on hygiene education and behavioral change
- Suitable and affordable technology implementations
• Ensuring availability of water

3.11 In some intervened areas why sanitation programs were not successful?
The following reasons were mentioned by the respondents for sanitation programs not being sustainable.
• Technological options that were inappropriate or unacceptable to the community
• Faulty construction of different structures such as toilets, positioning of the water seal, drainage system, solid waste disposal system, sewerage lines etc.
• Lack of community consultation that resulted in lack of ownership by the people
• Absence and/ or inadequate support by LGIs
• Lack of follow-up actions and fund generation for O&M
• Failure to address the needs of the poor and the hardcore poor

3.12 What needs to be done to make the Sanitation development sustainable?
People feel that Government and NGOs should work jointly with them for sustainable sanitation implementation. Success of the program significantly depends on integration of appropriate hardware facilities as well as motivational activities. Without partnership and community participation the people will never own the programs/ projects. Community participation will have to be ensured at the outset of all the programs and facilities management will have to be gradually handed over to community. Government should ensure the hardware facilities at households’ level particularly for poor and hardcore poor people. It was also understood that ensuring adequate safe water and basic hygiene promotion are at the core of successful sanitation programs. These need to be integrated for sanitation improvement to be sustainable.

References