



Social mobilization for sanitation

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THE DIRECTORATE OF Public Health Engineering (DPHE) of the Government of Bangladesh (GOB) launched an integrated water, sanitation and hygiene project in rural areas of Barisal districts. This was the first attempt by GOB to mobilize various social and public groups for sanitation. The rapid assessment showed that school children and teachers carried out the major promotional activities. Various governmental and non-governmental organizations took part in this programme also. Households using some kind of sanitary latrines were found far above the national average (73 per cent compared to 26 per cent). Poorer families appeared to be more responsive to the idea of building their own sanitary latrines than those who were better off, who sometimes saw the home-made latrines as a symbol of low status. The findings of this assessment has implications for planning of social mobilization programme for sanitation.

Although Bangladesh has achieved remarkable success in drinking water supply (about 86 per cent drink tubewell water), it is still lacking in sanitation facilities. Only an estimated 26 per cent of rural households possess a sanitary latrine. The DPHE, with assistance from UNICEF, Dhaka, launched an integrated water, sanitation and hygiene (WSH) programme in rural areas of Barisal district in 1990 in which efforts were made to mobilize the community and local institutions instead of normal office-based programme. The objectives of the programme were to make people aware of the benefits of sanitation and motivate them to build 'ring-slab' (a cement squatting slab) and 'home-made latrine in this case consists of a hand-dug pit covered by a platform made of wood, bamboo or other locally available material, with an opening, and a lid to cover the hole. The writers visited Banaripara, a sub-district (thana) of the Barisal district to assess the situation.

The social mobilization initiatives

Although the lead agency of WSH programme is DPHE and it played its role at local level, the district administration of Barisal actively participated. The thana and union chairmen involved were invited to meetings at the district office in order to initiate the programme. To stimulate mass motivation and awareness, "courtyard meetings" were arranged at all levels in the thanas. In these meetings a group of field workers from the family planning, social services, agriculture, public health, and education departments of the government discussed sanitation, immunization and family planning with 20-25 families.

Attempts were made to involve the high schools, religious schools (madrasas), religious leaders (imams) and other leaders in the sanitation activities. A one-day orientation seminar was organized with about 200 representatives from these local institutions at the Directorate's thana office. During the seminar the benefits of sanitation and appropriate methods of promoting it in the community were discussed.

In November 1990 the District Commissioner (DC) of Barisal announced that the school which achieved the highest sanitation coverage in its catchment area would be rewarded with a contribution towards its development fund. This encouraged the local schools and madrasas to arrange meetings with their pupils and other people from their catchment areas to promote sanitation and demonstrate the construction of latrines. Teachers asked their pupils to build latrines for their homes. They also formed groups of pupils and went into their local communities to promote the programme.

In early 1991 the DC issued an open letter to the local people and institutions asking them to help each other to build sanitary latrines. The letter reminded them of the benefits of sanitation and of the law by which the owners of unsanitary latrines could be fined.

Assessing the situation

A family-based survey was conducted in randomly selected households in 30 villages. Information was collected by interviewing a member of the household, preferably a housewife, and checking on the condition and use of the latrine used by that household. We also discussed the impact of the sanitation programme with key informants including village doctors, local politicians, school teachers, health workers, religious leaders, a rice mill owner, people whose hanging latrine (basically a plank jutting over an open water-way or drain) has been destroyed, children we met in the community, and individuals at the local Directorate office.

Results

The reported rate of use of sanitary latrine increased from 18 per cent to 73 per cent over a period of 18 months approximately. Of the sanitary latrines, 59 per cent were home-made and 41 per cent ring slab. The platforms of the home-made latrines were almost all made of bamboo and branches from common trees; and in most cases were not very solidly built.

Almost all of those (91 per cent) who had built latrines during the programme reported that they were motivated to do it by school pupils. We were, however, surprised to find that none of the three schools we visited had an adequate number of sanitary latrines. In one there was no sanitary facility for girls, and the one existing latrine for boys was locked and said to be for the use of teachers only.

We found practically no mention of local leaders or imams promoting sanitation. These leaders reported that they were not encouraged or given guideline like schools on how to participate in the programme.

About 72 per cent of the families lived in houses with walls on all sides of bamboo, tin or brick (referred to as "better housing"). The remaining 28 per cent lived in houses without walls on all sides, or made of material cheaper than bamboo or tin ("poor housing"). No significant differences were found between the use of some kind of sanitary latrines in families with poor housing or better housing. Of those who built ring-slab latrines, the majority (59 per cent) lived in tin or brick houses. This suggests that socio-economic status may be a determinant of the type of sanitary latrine used. Some of the families with better housing told us that they were using an unsanitary latrine because they planned to buy ring-slab latrines soon and they did not think that home-made latrines were suitable for their status.

In response to a question on the benefits of sanitary latrines, the majority (56 per cent) cited prevention of spread of human faeces by chicken (Table 1). About 52 per cent of the respondents reported that these were their own views, but 89 per cent agreed that schoolchildren had talked to them about the benefits and construction of latrines.

The majority (72 per cent) thought that the enforcement of legal action against people who used open latrine was acceptable.

Discussion

Although this was only a quick survey and probably biased towards accessible areas, it provided information about issues which have important policy and programmatic implications. It may be mentioned that the success of this project encouraged the GOB to launch a nationwide social mobilization for sanitation programme in 1995.

Increasing use of home-made latrines indicates that they provide a useful technical option for those who want

Table 1. Response (multiple to question on benefits of use of sanitary latrines)

<i>Issues</i>	<i>per cent mentioned</i>
Prevent chickens and animals from spreading human faeces	56
Protect people from diarrhoeal and other diseases	49
Reduce bad smell	36
Convenient	36

to improve their standard of hygiene. Their use is related to both affordability and the further development of appropriate technology. However, to determine the effectiveness and sustainability of this approach, more detailed studies are required. Users' views on operation and maintenance should be a part of these studies.

The schools and local government played the most important roles in the programme. This has replicability potential. The social and religious leaders are influenced forces in a rural community and their involvement is likely to have implication for sustainability of this programme.

We are doubtful about the effectiveness of the one-day seminar with so many participants from different organizations. It may not provide enough time for the participants to understand the programme and discuss their strategies. The local schools and other public institutions should build adequate numbers of latrines for their own use before promoting sanitation or threatening people with the law requiring sanitary latrines. Schools and other institutions can provide an important demonstration for the community.

The users of sanitary latrines were more convinced of the benefits of latrine used with issues related to the events which could be directly observed or felt than the told biological issues. This may have implications for future health education messages.

Conclusion and recommendation

Schools and local government administration played effective roles in the success of the programme by DPHE. Social mobilization for sanitation programme should consider ways to involve other allies as considered appropriately.