Report

WaterAid

Towards total sanitation

Socio-cultural barriers and triggers to total sanitation in West Africa

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Front cover image: WaterAid/Suzanne Porter
WaterAid worked in Fikaji village, Bauchi State, Nigeria in 2006. Deborah Kogi from the WaterAid partner group Women in Nigeria is pictured talking to local children about hygiene.

Preamble

This report documents the results of studies on open defecation in rural communities and the cultural values that reinforce its practise carried out by WaterAid in four West African countries — Burkina Faso, Ghana, Mali, and Nigeria.

In these countries, the practice of open defecation is surrounded by cultural taboos and beliefs particular to many of the ethno-linguistic groups who live there. While total sanitation techniques such as Community-Led Total Sanitation (CLTS) have been generally successful in West Africa, some communities where WaterAid works are particularly resistant to abandoning open defecation.

In response to these challenges, a series of in-country studies have been carried out to identify the socio-cultural barriers specific to communities in the region. Based on these findings, WaterAid is now moving to address these issues in West Africa, and is gradually adapting its sanitation programming accordingly.

The strategies suggested in the second part of this paper still require further development and testing in the field, but it is hoped that some of these ideas may prove useful for other sanitation practitioners who may be experiencing similar difficulties.

This report is a regional synthesis of the in-country studies and is not intended to be an exhaustive academic examination of the causes of open defecation practices, nor is it intended to provide comprehensive guidelines for the conduct of CLTS projects.

The report focuses on a small piece of the sanitation puzzle; necessarily other factors including wider socio-economic concerns are not discussed in detail. The most pertinent examples have been chosen from across the four studies to be included in this paper; this is not intended to give any one country greater prominence over the others, but to highlight the most interesting examples of particular practices from across the region.

For further details from the country studies, including the methodology used and data gathered, please use the contact details at the beginning of this paper. The content of this paper reflects the findings of the research, and does not necessarily reflect the views of WaterAid.

Idrissa Doucoure
Head of New Initiatives
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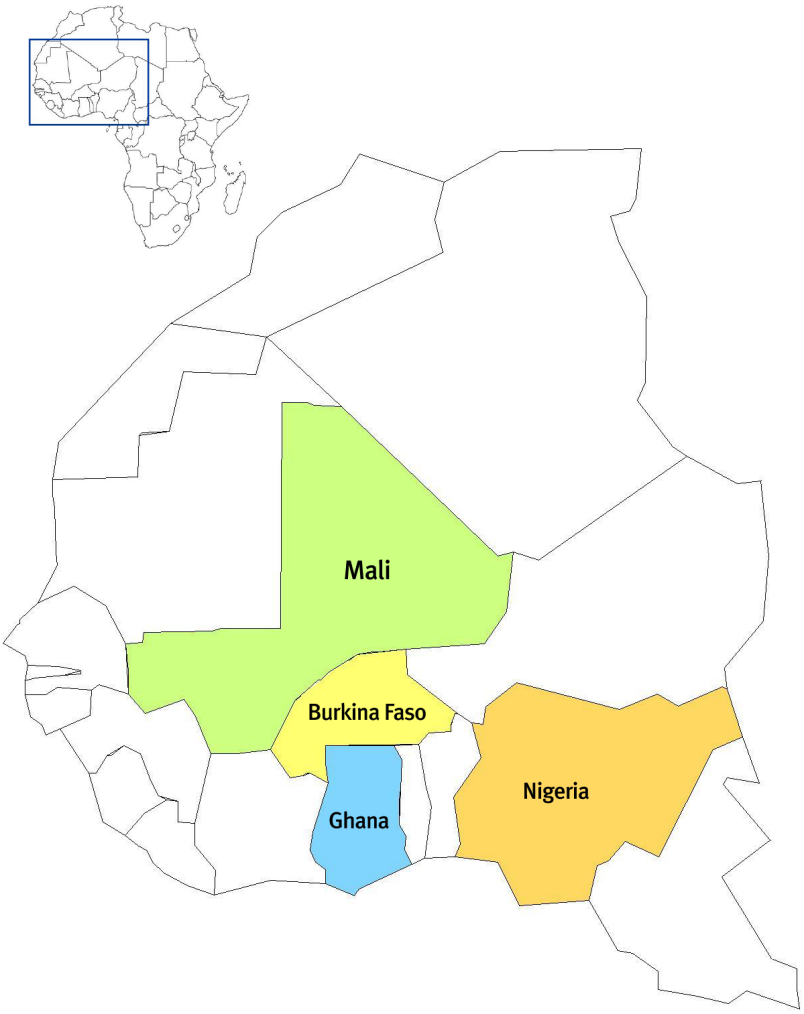
Introduction

WaterAid country programmes in West Africa have been using Community-Led Total Sanitation (CLTS)-based approaches successfully for a number of years, but have noticed some rural communities are particularly resistant to abandoning their use of open defecation. The research summarised in this report was conducted in response to this observation. It was carried out under the assumption that abandoning the practice of open defecation is not always linked to the presence or absence of water or latrines, but to social determinants.

In many West African rural communities the practice of open defecation persists because the conditions that cause it have not been adequately analysed or taken into account before projects are started to try to overcome it. While poverty may be a contributing reason for the lack of latrines in many communities, it does not always explain why some people continue to practise open defecation long after their community has been provided with water points and learned about latrines and hygiene practices.



In the areas the researchers visited for this study, open defecation is a social convention — widely practised and reinforced by traditional beliefs which relate not only to the practice itself, but also to latrine use. The study sought to identify these beliefs, which act as social and cultural barriers to the adoption of improved sanitation. By mapping the social communication channels relevant to each community, the study also aimed to find potential ways of encouraging social change and to engage with communities to end their use of open defecation.

The final part of this report makes a number of suggestions for how total sanitation facilitators can tailor their approaches to 'shift' the social convention towards achieving total group behaviour change in these communities.

Total sanitation: contextualising approaches in West Africa

WaterAid country programmes in West Africa have been using CLTS-based approaches since 2005. Instead of focusing on the supply and installation of sanitation hardware to communities, CLTS and other similar total sanitation approaches focus on changing attitudes and behaviour through community mobilisation to stop open defecation, and to encourage community members to build and use latrines.

The approach is participatory; a process facilitator aids the community to analyse their sanitation practices, with the aim of 'triggering' a sense of disgust or shame to prompt the community to stop open defecation. The process relies on the social solidarity of the sensitised target group to promote behaviour change in the entire community as the environmental health of the local area will only improve if all members of the community improve their sanitation practices.

Within WaterAid in West Africa, the WaterAid in Nigeria country programme was the first to adopt total sanitation in the region, and has made efforts to adapt the CLTS approach — originally developed in Bangladesh — to suit the West African context. These adaptations have included the use of locally appropriate language and identifying triggers and motivations relevant to local contexts, as the CLTS triggers of shame and disgust were found to be ineffective in some situations.

WaterAid in Nigeria — particularly through the Regional Learning Centre for total sanitation based in Abuja — is supporting the three other WaterAid country programmes in the region in developing their use of CLTS. While most projects have been successful, the implementation of the approach in all four countries has not been as successful as it was in the original Asian context. One of the challenges faced by WaterAid projects in West Africa has been the variety of attitudes and beliefs that lead to the persistence of unhygienic behaviours and open defecation in some communities.

CLTS in Nigeria — a success story

"I learnt about CLTS when I received CLTS training in November 2006. I got to know about effective community facilitation techniques which are different from the teaching methods (telling them what to do) I was used to. The facilitation for CLTS is more participatory and it motivated me to quickly 'step down' the training in one community called Efopu-Ekile.

Efopu-Ekile originally practised 100% open defecation with no latrines or hand-washing facilities; the local environment was dirty and houseflies were everywhere. I took community members on a transect walk to the defecation sites. Those on the walk were ashamed to see faeces in the presence of visitors. I facilitated focus group discussions and [by using faecal calculation methods] the community were able to easily link diseases such as diarrhoea to their bad habit of defecating in the bush. This triggered them to draw a community action plan on how to become 100% open defecation free and develop good hygiene practices. The community members formed a WASHCOM (Water, Sanitation, and Hygiene Committee) and I monitored all the hygiene and sanitation work by visiting the community regularly.

I am convinced that CLTS is a good approach because within four months of the training, all the households in the community had constructed latrines and open defecation zones in the community reduced drastically. Initially, I was of the opinion that the result achieved was because of the small nature of the community. But CLTS has also worked in the larger community of Igba with 120 households."

Attah Samuel Itodo
Hygiene and Sanitation Officer, Ado Local Government Authority

Open defecation: a traditional practice

In 2006, 28 percent of the population of Sub-Saharan Africa (or 221 million people) practised open defecation. In the four focus countries of this study — Burkina Faso, Ghana, Mali, and Nigeria — significant proportions of the population lack access to improved sanitation, and many rural communities practice open defecation.

Environmental sanitation is particularly poor in villages where inadequate or non-existent latrines and a lack of dedicated areas for the disposal of rubbish pollute the local environment. While a lack of sanitation facilities may be attributable to government, poverty, or other factors, community members are responsible for most of the factors that affect their environment and health. Discharging wastewater in public spaces, dumping garbage close to households, and open defecation in areas around the village affects the environment, contaminates groundwater and causes health problems.

In many rural areas in West Africa, the practice of open defecation is ritualised and bound in tradition. The behaviour and attitudes of the ethnic groups that are the focus of this study are drawn from traditional beliefs and cultural values which, in certain circumstances, resist the use of latrines.

Country study details

Country	Burkina Faso	Ghana	Mali	Nigeria
Target groups identified	Seven ethno-linguistic groups: Yana, Dagari, Bwaba, Bobo-Dioula, Lyell, Marka, Mossi, and Bissa	78 ethno-linguistic groups, including: Dagomba, Mamprusi, Konkomba, Gonja, Akan, Ewe, Chakala, Sissala, Wala, Dagaati, and Lobi groups	Three districts: Touna, Koro, and Goss	21 ethno-linguistic groups, including: Berom, Idoma, Tiv, Igbo, Yoruba, Hausa, and Fulani
Individuals/ household heads interviewed	350	2,864	332	151
Localities	21 villages	Four regions: Tamale, Gushegu, Wa East, and Afram Plains	Nine villages	Three communities

Group behaviour: social and cultural beliefs

The study is based on the assumption that the collective practice of open defecation is a social habit. More specifically:

- Open defecation is related to factors specific to the culture of the ethno-linguistic group that practises it.
- The collective abandonment of open defecation will only be achieved through the modification of the social convention which regulates the practice of the group.
- Each group has socio-cultural factors that can be used to produce culturally appropriate responses to encourage the group to abandon open defecation.

A social convention is a moral contract which encourages and reinforces consensus on particular practices and ideas held within a community. Community members act in accordance with expectations set for them by the accepted convention.

It is important to define 'socio-cultural factors', and how they could explain the practice of open defecation.

Culture is the particular knowledge, beliefs, and understanding of art, law, morals, customs, and other skills and habits that a person acquires as a member of a given society. Beyond their individual differences, the members of a group or a society have particular ways of thinking and behaving, and will react to situations in similar ways. Culture is also an instrument; a tool by which we assign meaning to the reality around us and to the events that happen to us. This constant building of meaning involves repetition — the reproduction of the ways of doing things and behaving which have been acquired; and renewal — the incorporation of new elements that add to or replace what has been acquired. Because of these processes of repetition and renewal, societal attitudes are not unchangeable and communities can choose to give up harmful practices, although there is a need to accept that this process may take some time.

From WaterAid's experience of CLTS in West Africa, it is clear that the total sanitation techniques it uses need further strengthening and adaptation to local contexts in order to be more effective. This study was designed to identify the socio-cultural beliefs in West African countries that make some communities resistant to changing their sanitation practices, and then identify the relevant communication networks, power relations, decision-making processes and social leadership that could be utilised within those communities to facilitate change. The suggestions at the end of this report may help sanitation facilitators to identify the issues particular to each local context, and to find ways to usefully adapt their sanitation approaches to fit these contexts.

Socio-cultural barriers to abandoning open defecation

The ethno-linguistic groups involved in the country surveys reported a number of socio-cultural factors or beliefs related to both their reasons for retaining the practice of open defecation and their resistance to changing their sanitation practices. The following section summarises these beliefs and factors.

Socio-cultural factors that reinforce open defecation practices	Burkina Faso	Ghana	Mali	Nigeria
Shame or embarrassment of being seen approaching a toilet	✓		✓	
Excreta must be removed from the house due to bad smell	✓	✓	✓	✓
Latrines are meant for wealthy people and you should not try to imitate them by building one	✓			
If someone feeds you, you should defecate in their field	✓			
You may be possessed by demons if you use a latrine		✓		
Use of latrines leads to the loss of magical powers		✓		
Defecating in latrines shortens life span	✓			
Continuation of ancestor's way of life				✓
Comfortable with the practice of open defecation	✓			

Shame: defecation as a private practice

In some communities in Burkina Faso and Mali, people are ashamed or embarrassed to be seen walking in the direction of a latrine or toilet—even by close relatives such as their spouses or children — as other people will know they are going to relieve themselves. Most people will avoid walking directly towards toilets, and some prefer not to have any at home as they feel that defecating in the bush offers more privacy.

Smell: offensive and off-putting

Living with human excreta is unacceptable to groups in all four focus countries, with most difficulties related to the elimination of smell. The particular ethnic groups that reported this include the Igbo communities in Nigeria, and a clear distinction is made between the smell of human excreta and other types of waste (animal waste or garbage). In Ghana, a significant number of respondents, including half of the respondents in the Kwahu North region, preferred open defecation because they believed it prevented them from smelling unpleasant.

Social status: only 'rich people' should own latrines

Some groups in Burkina Faso believe that latrines are only intended for certain categories of rich people, and you should not compare yourself to them and build latrines, even if you can afford the cost.

Obligation to hosts
For the Bwaba ethnic group in Burkina Faso, if someone gives you food, you are expected to defecate in his field (and fertilise the crops), as the act of giving entitles the giver to receive something in return.

Evil: fear of being possessed
In Ghana, fear of being possessed by demons or losing your magical powers is the leading cause of open defecation across all the areas where the study was carried out. Nearly half of the respondents in Tamale believed that public toilets are surrounded by evil spirits and therefore should be avoided, with a significant group of respondents in the Wa East district believing that latrine use will strip the user of their magical powers.

Ancestral practices: continuing the tradition
In Mali, and for the Idoma people in Nigeria, open defecation is seen as an ancestral practice passed down through generations. Open defecation is culturally encouraged in Idoma communities as it is a taboo to defecate in a building or super structure, and many older people still refuse to defecate in any sort of enclosed area. In some Idoma communities, husbands do not allow their wives or daughters to share latrines with them, and will generally refuse to pay to build latrines for the use of female family members.

Other barriers relating to open defecation

Open defecation is also related to difficult socio-economic and geophysical conditions. The section below summarises the financial, technical, and health-related issues raised by survey respondents.

Poverty: expense and loss of resources
A number of issues identified in the survey relate to the wider issue of poverty. The cost of building a latrine is high in relation to household income in many rural communities, requiring unaffordable technical and financial resources. People who cannot afford chemical fertilisers encourage defecation in their fields, as it is a ready and cheap source of fertiliser. Building latrines in these communities is perceived as depriving growers of a useful—although hazardous—resource.

> "The construction of latrines requires the participation of communities. However, the contribution requested is still considered as too high. People often say they cannot conceive sleeping in thatched-roof huts and on the other hand build latrines with cement and reinforcing steel just to defecate. Thus, they give less importance to the latrines than to other facilities and do not want to invest in latrines..."
>
> M Souleymane Kindo
> Water, Hygiene, and Sanitation Project Co-ordinator, Nasséré, Burkina Faso

Smell, heat and maintenance: a persistent problem
Many traditional latrines are not well maintained, and a persistent complaint about traditional designs from those surveyed was that they generally do not allow for the escape of unpleasant smell and 'heat' from the latrine. Many people prefer to defecate in an open space in the bush where the faeces will dry quickly in hot weather, rather than in a confined and unpleasant-smelling building. In some localities poor hygiene standards in public latrines — especially during the rainy season when pits may fill with water — discourages people from using them even when the toilets are maintained.

Safety: is the structure safe to use?

Latrines built using local materials are more affordable for poor people, but the absence of a cement slab to cover the hole means the structure is difficult to keep clean, and the use of the latrine can be hazardous — especially for small children who may easily fall into the pit. Many latrines are abandoned because the wood used in the place of the slab has broken or become rotten. Accidents are sometimes caused by poor construction.

Environmental constraints: added difficulty and expense

The geophysical conditions in some locations make latrine construction more difficult, either because the ground is too hard or because it is too sandy and unstable. The survey covered areas in Mali and the Gwarandok area in Nigeria where the ground is too rocky to dig pit latrines in the usual way. Construction in these areas requires technical and financial resources that people often cannot afford.

Indiscipline: people who just don't care

The study found that 'indiscipline' or carelessness and disrespect for traditional authority is the greatest cause of the practice of open defecation in the four regions covered by the Ghana country study, with between 34 and 43 percent of respondents citing this as a significant problem. In Burkina Faso, survey respondents spoke of similar 'incivility'.

Positive change factors

The previous section covered the identifiable barriers to improved sanitation use in the communities surveyed. The research also identified a number of factors or concerns that could be used to promote sanitation change within these communities. This section of the report details these as well as social factors such as local communication networks, power relations, decision-making processes and social leadership that could be utilised within the relevant communities to facilitate change.

Factors that concern community members who practise open defecation include:

- The sense of shame and disgust experienced by community members during transect walks and when understanding the results of faecal calculation.
- Risk of sexual attacks on women and girls.
- Fear of snake bites, especially in the night.
- Social pressure.
- Distance to cover to the bush.
- Pride and a sense of prestige for those who can afford a latrine.
- Difficulty in going out to relieve oneself when it is raining.

Other positive social factors include:

Grassroots organisations

It is important to work with or build on the social organisations of communities. Many of these groups and some elected officials show good traditional leadership. Leaders such as village chiefs, councillors and leaders of other community organisations are listened to, and the communities often follow their lead on important issues.

Men's, women's and youth associations all play a part in village life. Many of these 'grassroots' associations are increasingly interested in all aspects of local development, and are supported by non governmental organisations to work for change in their communities. Women's organisations are particularly known for their dynamism and commitment to hygiene issues and can be a point of entry for the promotion of the use of latrines. These groups use interactive forums and community meetings as dialogue spaces to strengthen local democracy through participatory decision-making.

Diffusion mechanisms

A strong sense of solidarity has emerged due to migration; in some cases migrants provide financial support (sometimes through fundraising) to their community of origin. In addition, migrants' adoption of new hygiene and sanitation behaviours from other communities and their transmission to their community of origin has a significant effect, as the existence of latrines in the households of influential community members leads other people to get their own latrines.

Promoting education, health and hygiene as a basis of sustainable development

In the countries targeted by the study, growing interest is given to health and education that are considered as important development factors. Many respondents could cite a number of the risks associated with open defecation, including the risk of disease and water and food contamination.

While being concerned about health, most of the communities surveyed respect community customs and traditions associated with the practice of open defecation. The establishment of facilities such as schools, health centres, private clinics and maternity hospitals, as well as training and literacy campaigns to help improve living conditions and instil knowledge and skills, creates an environment conducive to the abandonment of non-hygienic behaviour. The construction of latrines in public places in general and in schools in particular leads people to use them more frequently; cleaning the facilities on a regular basis will encourage more people to use them.

Improving sanitation programming

Historically, WaterAid country programmes have delivered sanitation services using many different approaches. The shift from subsidy-based approaches to total sanitation — especially total sanitation approaches led by communities — has not only accelerated access but also highlighted the importance of empowerment and ownership as factors for the long-term sustainability of sanitation access.

WaterAid in West Africa country programmes have previously identified six steps for CLTS: self preparation; advocacy and sensitisation; identifying the community; introduction and rapport building; participatory analysis; and action planning by the community. Based on the findings summarised in this report, the country programmes will adapt the activities under each of these steps to suit country and community contexts as necessary. The aim is to keep communities at the centre of the process but also take into account socio-cultural factors that define the attitudes and responses of particular groups to the practice of open defecation. General themes emerging from the findings of the research are summarised below.

Understanding the local context

Prior to starting an intervention, it is important to assess the cultural practices, systems and beliefs, leadership structures, and other existing drivers of change within the various ethnic groups present within a community. This process should help to identify any opportunities or issues specific to that cultural setting that could be drawn on to facilitate or trigger behaviour change.

Adapting triggers to suit the context

Drawing on the understanding of the local context, different options and mechanisms for triggering behaviour change should be explored. In addition, communities could be encouraged to make a collective public declaration to end open defecation. In some of the communities identified in the study, the whole community takes collective responsibility for the practices of all members, and may then be more likely to hold other members to account after/upon the public declaration.

Broad stakeholder involvement

The multiplicity of sanitation approaches and the use of conflicting practices by other sanitation sector actors and local/national governments highlights the need for better co-ordination of interventions between different stakeholders. The use of subsidies in communities where CLTS is being introduced always presents a huge challenge which ultimately affects sanitation uptake and sustainability of access in those communities.

The decentralisation process empowers local governments to lead development in the local area, so their role in sanitation programming is critical for long term up-take, ownership, and sustainability. Using government structures is a simple way to allow for better coordination between sanitation interventions. Where practicable, development organisations and support institutions should work within mandated government structures when developing sanitation programmes, as national policies (where they exist) generally define approaches to sanitation which can be used as a basis for both sanitation intervention and programming.

Skillful facilitation

The purpose of CLTS is to end open defecation and achieve total sanitation so every member of a target community has a means of safe excreta disposal. In sanitation programming, maintaining this focus is essential for success. Organisations and individuals leading the CLTS process in a community should have a good blend of skills to be able to adapt approaches to take into account the identified socio-cultural issues and to use local diffusion mechanisms to facilitate or trigger behaviour change.

Any identified factors that could assist leaders and facilitators to promote the improvement of sanitation should be built on, including community concerns about the drawbacks of open defecation. The specific communication networks, community organisations and decision-making processes emerging from the initial assessment of local context can all be utilised in this way. Facilitators should also try to enlist the support of community champions and leaders to help to break down barriers, sensitivities and perceived taboos associated with the use of latrines. It is important to provide ongoing support to local champions to keep their focus on developing sanitation.

Areas for further consideration

During the course of research, a number of further areas for potential study were identified. Some of these are listed below.

Champions

Local sanitation champions have a huge impact on the uptake and continued use of improved sanitation. Further analysis is needed on how champions can be most effective in encouraging positive change, and what factors they can help their communities overcome — social and/or physical. Potential methods of sustaining the interest and continued engagement of local champions also need to be examined, including the use of reward systems and whether these would affect the overall success or focus of CLTS interventions.

Looking-back study

The results of the studies summarised in this report have been used to develop strategies for addressing some of the problems experienced by WaterAid country programmes in implementing CLTS approaches. These strategies still need to be fully tested in the field, and should be evaluated after a suitable period to determine how successful they have been.

Heat from latrine pits

The perception of unpleasant 'heat' emanating from latrine pits reported in some of the communities surveyed requires further analysis, as there is currently no scientific explanation for this effect.

Socio-cultural factors and economic concerns

The findings from these studies could be usefully linked to wider economic considerations to identify further barriers or positive factors to overcoming open defecation and promoting safe sanitation.

Notes

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