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SOCIAL INFLUENCES

AND

SANITATION

by

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Inter-Country Workshop  
on Sanitation

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### Sanitation as a social problem

The problem posed by any attempt to introduce a sanitation programme, especially where the habits of excretion are involved, is particularly difficult. We are dealing with extremely intimate behaviour around which much myth, fantasy and disgust find a focus. The facilities to meet the problems related to the containment or safe disposal of excreta set challenges not merely technical, but social. The technical options are relatively simple and known. The social situations are extremely varied and can only be specific from small location to location. The use or non-use of sanitation facilities is highly individual with differences even within families, differences between males and females, very young, young, and old. There are differences, too, between time of day or weather conditions when such facilities (or lack of them) are used habitually, or at times of urgency during the all too common bouts of explosive need.

### Basically a problem of general living standards

It is of interest to note that very recently Western interest and a vast literature have been developed around what is called "toilet training". The methods of such training have been given a very important emphasis in some psychologies in terms of the subsequent development of personality. Cross-cultural studies have been made and large and profitable industries have grown up to provide ways of containing and disposing of, especially, infant excreta. Western societies have perhaps become obsessed with cleanth (at least that cleanth which is marketable). Toilets and bathrooms have become increasingly palatial and elaborate, absorb a high percentage of the cost of dwellings, and have developed into gleaming displays of affluence. While perhaps deploring such vanities, it is well to note that a real breakthrough in sanitation conditions in the West has only occurred with the rapid rise in standards of living and particularly standards of housing. (My house in the U.K. had no proper toilet until I bought it only 20 years ago.) It is just over a century since epidemics swept Europe and led to enforcement of strict sanitation codes in the exploding cities, where rapidly growing

populations were producing the wealth of an industrial revolution. If one stops for a moment before leisurely passing over our conference documentation's socio-economic overview of this SEARO region and looks at the numbers and the low standards of living of our people, the full magnitude of what we declare we are attempting in water and sanitation is apparent, awesome and heroic.

Policy: reality or good intentions?

One of the major social observations is the ease with which policy is adopted without matching the implications of such policy with realistic resources and know-how. Policy in this sense becomes a statement of good intentions. SEARO studies document well how the policy of coverage has dominated plans to the detriment of on-going maintenance and measures to ensure proper utilization of facilities without which it is not possible to achieve the stated health objectives. There is a comfortable but misleading logic and order in numbers. The setting of targets in percentages has very rarely grown from the proven realities of past achievement, from confidence in replicability, and from firm future commitment of resources and available skills. It is no wonder that we are dismayed by the overall slow progress in sanitation measures and have not seriously taken to heart, and especially head, the full implications of our isolated but very important successes or near misses, of which we shall hear some details during this workshop.

What have the social sciences contributed?

My background in the social sciences gives me some basis from which to appreciate the call for more social scientists/anthropologists and so forth in the study and planning of development programmes. A problem to date has been the emphasis of effort expended on studies which have academic merit in terms of methodology and which reap academic rewards. The methodologies, however, have severe limitations and too often result in too few indications of how findings can be translated into operational activities. To be sure, it has been important to document that which technicians should already be aware <sup>of</sup>. To give one example, <sup>there is</sup> the variety of anal cleansing materials which are commonly used and defy the provisions



designed for water flushing and quickly absorbing and decomposing such materials as toilet paper, which is rarely available or affordable in the conditions of our region. Attitudinal studies and adaptations of market research have drawn attention to ways of doing, and ways of thinking, of users which certainly need detailed attention. However, many of these studies also spend a great deal of time with numbers and percentages.

In sanitation (defecation) matters the questioning "how do you...." and "what would you prefer....." is even more problematic than in most subjects. Here especially, people will tend to tell you what they think you want to know, and what they think they ought to be doing or wanting, rather than what is. Questions too easily betray what the questioner is interested in. (The Maldives study innovatively attempting to find out what really happened in relation to use of the beach, used observers "trying to be unobtrusive and often pretending to be artists"). Surveys also may inadvertently raise expectations and suspicions, and such matters as obtaining information related to what might be available for sanitation in terms of household finances are notoriously unreliable.

#### If we listen we learn

What can be detected from such studies is that where there is true dialogue and one is prepared to actively listen, ordinary people come up with good ideas and even where they are not as good as we might like; people and communities at least feel they are their ideas and not ours to which they are expected to commit themselves. They can be brutally realistic about what is or might be possible also if they truly experience the need for improvement and are given the time and support to work out the what, how and when. They will be ready to listen to our ideas if we have properly listened to them and if they are free- if they wish to reject our ideas should they not fit into their way of thinking and doing things.

You will have heard things like this said many times before but are the implications clear in practice? In the documentation before us I pick out pieces of reporting such as:

"The people were provided information on the desired layout of the system.....". "Can we not use the religious leaders.....teachers" etc. "Project authorities introduced and explained the details of the project....". Let us stop to ask - who "desired"? Who is to "use", whom?. Whose "details".....?.

Community participation means genuine partnerships

The "co-operative mentality" required for community participation (stated as very necessary in our documentation) is a two-way co-operation and we, the planners, technicians, social scientists et al, must examine our own behaviour to see how simple it is to fall into the fatal expression of a "yes-but-we-know-best-really" way of working with communities and not so well-educated folk. If we take the time the trouble and develop the social skills the people will tell us, and then they will permit us to tell them some things also. It has to be a respectful sharing with a genuine belief that we draw from different experiences and both have significant things to share, all equally valid. They will certainly know more about their lives and their wishes and their possibilities of commitment. Their knowledge is not for us to collect, but for them to bring to bear on their problems and to discover how they might use us and what we can genuinely offer. Easily said, but institutionally we (and they) are traditionally in a poor way to establish this kind of working relationship. They have their community hierarchies, and constraints; leaders who do not necessarily get followed; habitual capturers of resources; the generation-from-generation forces which keep many disadvantaged; and so on. We have our bureaucracies looking for "results", where quality is often second (or worse) to quantity and upon which our job advancement is determined, and so on. There is clearly a need to rethink our institutions the way they influence our behaviour and the responses we get to it.

Health education is for doing, not telling

A word here about Health Education, which is often used interchangeably with community participation. I hope we will give some special thought to this. A great deal of what has passed for education has been "we-who-know-telling-them-who-don't". We have tended to tell about things and are especially fascinated with explaining what causes what.



is often a complicated chain of events which is not at all obvious but seems to demonstrate how "scientific" we are. Let education come to be where people are and what concerns them. There will be plenty time to tell about things when people begin to ask the questions because they want to know, not because we are eager for them to know ( as we know). In sanitation, the expression of need for privacy, for reduction of bad smells, safety from snakes, the fears of women and children being waylaid on the way to defecation places and so on, if they are the local concerns, should give us a suitable place to start from. Abstractions are not very helpful. Education should be very closely related to what can now realistically be done. This kind of education should be focused on what we can do together and not about things.

#### How to .....guides - the cafeteria approach

We should have already prepared a whole range of appropriately illustrated" - "How to .....guides", guides drawn from actual practical and tried experience, with light-hearted examples of the "mistakes" that were sometimes made. These guides should be ready when people are ready to want to know, "How to....." do whatever it is. I have called this method of producing and utilising these guides the "cafeteria" approach - the dishes being available when they are wanted in any sequence or combination people prefer or may need. This differs from the usual educational "banquet" approaches where there are set courses, one following inevitably upon another whether one wants them and is hungry (so to speak) or not.

#### Promoting a want for sanitation

Promotion (and one notes the marketing origin of the term) should aim at creating wants. To encourage a want for sanitation amongst all the other pressing wants in poor communities is no easy task, but is certainly possible. Here in India Mahatma Gandhi was much concerned not only with the great issues of man's existence but also very much with his small shovel and burial of excrement. All religions concern themselves with purity and wholesomeness. Are there men and women of stature in your countries willing to promote concern in sanitation matters? Can we ask (not use) our religious leaders and our local mentors to tell us what part they could and will play?

What other ideas can we share here to develop a want for sanitation in our communities?

Once the want is there and is genuinely expressed, comes the realistic discussion of the details i.e. how these wants might best be met. Then perhaps we can use our "How to....guides" and show the products that might become available. We must not advertise the advantages disproportionately against the limitations. The limitations are precisely what the community must plan to deal with. Without their genuine commitment in relation to such things as capital costs (however subsidised); ongoing costs; realistic maintenance measures (for communal facilities, willing and properly rewarded attendants); a related on-going series of health-related campaigns; and, most importantly, a clear set of accepted responsibilities, we should be reluctant to commit scarce resources from outside.

This is where community participation belongs-in working through from wants to achievement. It is, of course, well to note that the need for community participation, however, ambiguous, has been recognised and adopted by governments as part of their DECADE Declarations. The necessity is to establish an authority-bearing task force and staff to make this a reality.

Who are the community workers? What institutions?

It is sometimes asked: who should be community participation workers, and from what department or organisation would it be best for them to operate? There is no correct answer. Once again it is very much country-or agency-specific. Only you can know or find out who is likely to deliver the goods of community participation. Some Health Education Departments are excellent and others are too weak in terms of political punch. Some agencies are too involved with something else and haven't the capacity. However, some authority must be designated and given teeth to perform a vital and often treading-on-other-peoples-toes task.

Community participation - the need for partnership between people and organisations is a basic institutional need not only for sanitation and



### Promotion, People, Resources

Our documentation tells us that 1%, sometimes maybe 2%, of water programme budgets have been allocated to sanitation. It is perhaps a long way from latrines, but airlines and toothpaste manufacturers, for example, spend 30%, 40% or more on promotional activities alone. Such percentages are not perhaps what we should aim at, but we must ask whether government and our agencies are ready to give adequate funds and resources to this community foundation for planning and implementation? We must not be bemused by the idea that community participation is cheap -cheaper, perhaps, in the long run, but as in all else, <sup>only</sup> once a proper investment has been made and has had time to mature and expand at an appropriate rate. People-change starts slowly but once it takes off, it can have a surprising, sometimes disturbing, momentum. Organising with communities seems to me the only way to make inroads on the problems in our rural areas and in some of the urban populations too.

### Sanitation and development

Sanitation is, as I began, perhaps the most difficult of all development efforts. <sup>It is</sup> stimulated, perhaps, during disease-spreading epidemics or occasionally by some great political upheaval or fervour which jolts individuals in abruptly changing personal habits, but ordinarily it is a long and slow process which must be systematically followed through. Sanitation must of its nature ride on other developments; water and health care immunisation and nutrition are its close associates and should be strong allies. The community foundation for these is similar to what is required for sanitation. It should be added that water and health, too, needs to be part of wider programmes such as agriculture, irrigation, demographic planning etc. Sanitation ought to be part of the overall community development bargain: "If these external inputs are to be provided will you undertake to .....? Sanitation might well be part of a trade-off and should require a formal commitment.



Workshops - Talk shop now, work later but soon

Workshops-Talk shop now, work later but soon. Can we conceive of the community participation process eventually becoming the basis for on-going village-level planning of all kinds? Planning in which sanitation will take its proper place? And can we leave this workshop with a clearer idea of what each of us will and can now actually do when we get back to our posts, in order to accelerate the process? It is not enough to have heard about things.