



Why do people build and use latrines?

J.V.R.Murty, Bhakti Patel and Mohan Kukadia, India

THE POPULAR OBJECTIVE in most rural WATSAN programmes is to positively influence the Knowledge, Attitude and Practices (KAP) of the community through:

- Information, Education and Communication (IEC) to influence K&A, and
- Promotion/ facilitation of hard ware interventions to influence the Practices.

The popularly believed hypothesis in this scheme of things is that people adopt sanitary practices as they are made aware of the health benefits through software interventions. In India, The IEC component excessively, if not exclusively, focuses on the **health benefits** accrued through adopting better sanitation programmes, such as to reduction in diseases like diarrhoea.

It is then presumed that this IEC motivates one to have the sanitary latrine at the house and also adopt sanitary practices. Thus the IEC, in the traditional form, is also seen as a form of social marketing, which will ultimately lead to maximum coverage of families with sanitary facilities.

The issue of social marketing needs to be examined more carefully, if one has to achieve maximum coverage in a project area. User preference is a key issue in any marketing mechanism. For this the company selling a product often conducts user surveys to find out what made them to buy their products, what have been their experiences and how the product could be further improved. New marketing campaigns are then designed based on the user response to attract more buyers. We believe the same applies to promoting sanitation also in order to have maximum coverage, especially in India where only about 15% of the rural population has access to sanitation facilities.

We at Muniwar-Abad Charitable Trust (MACT) have been promoting rural sanitation in Rural Gujarat since a decade. Specifically, MACT has been working on an Environmental Sanitation Programme (ESP) covering about 110 villages, since 1995 with the support of Aga Khan Foundation. A major component of the ESP is to promote household sanitary latrines, The promotion has been designed on the traditional IEC approach. During the five years MACT facilitated construction of about 3000 household latrines, in line with the Government of India programmes containing differential subsidies. As survey conducted in 1999 revealed that about 96% of these families have been regularly using the latrines, which was a good indicator of the success of the programme.

Thereafter we were curious to understand what made these families to build a latrine, which they have not done

in ages, and more what made them to use the latrine with such regularity. We felt that such an insight of user preferences will provide clues for future social marketing campaigns.

As a part of this process we conducted a user survey to understand why the people who built latrines built them? A quick survey was designed and conducted in 22 villages randomly covering about 313 households who built a latrine in the past five years. Ten of these families have constructed the latrine on their own initiative while the other 30 have constructed the latrines due to the MACT programme in these villages.

The survey randomly identified these households and asked two questions to both men and women separately. The questions were:

- What made you to build a latrine?
- What are your experiences of using a latrine in the last few years?

The results of the survey are interesting and are provided below. Both men and women provided different reasons for opting to build a latrine but the answers to the second question were similar.

The answers to the first question 'why did you build a latrine?' are shown in Table 1.

The perceived benefits over a few after constructing a latrine at home are:

- This benefits old parents during sickness.
- Saves time for all: women in household chores, men in jobs, and children going to school.
- Women and girl children are saved from mental and (some times) physical harassment when they go out to fields for defecation.
- It provides additional comfort to guests and relatives, especially those coming from an urban area.
- Some petty businessmen reported that they don't have to close shop when they have to answer nature's calls.
- Women reported that they don't have to disturb their neighbours by calling them for company when they have to go out for defecation at nights.

This user study in the project areas was the first of the kind conducted by us the results reveal a new dimension of the programme. We have been thinking that people in the project areas have been building latrines owing to our (IEC)

Table 1.

MEN	WOMEN
<ul style="list-style-type: none"> • Subsidy was provided • Problem of going out for defecation in rainy season • Lack of open space surrounding the village • Construction technology and material was provided at the doorstep by MACT • Others built..so did I • It projects our status in the community 	<ul style="list-style-type: none"> • Safety and security for women and girl children (from harassment, eve teasing etc) • Problem of going out for defecation in rainy season • They don't have to go to open field for defecation which are far away.

campaigns emphasising the health benefits of the sanitation facilities. However the user preferences have been completely different. There is no reason to believe that the users have not experienced reduction in related diseases, just because they have not built and used a latrine owing to this priority.

This leads us to the moot point. Should we still continue the social marketing in the traditional way relating to health benefits? Or change the campaign strategy incorporating convenience, safety for women and even a status symbol. If some products that actually adversely affect our health (cigarettes, cosmetics, polluting vehicles etc) are sold on the issue of status why not we sell the latrines on similar issues that people easily relate and invest money in? May be this new campaign will attract more families to build latrines and use them?

While our study covered only a small sample size, we feel it is important to conduct similar user preferences studies in different geographical areas and re design the social marketing campaigns of promoting sanitation programmes in India. This new approach may then lead to greater

coverage and improved quality of life for residents of rural India.

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J.V.R.MURTY, BHAKTI PATEL AND MOHAN KUKADIA, (Muniwar-Abad Charitable Trust), India.
