

Community Participation

Sanitation for rural communities: first win the people's support

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A latrine project in an Indian village which failed because the inhabitants were scarcely brought into its planning and execution is contrasted with a moderately successful scheme in another village where a concerted effort was made to educate the community about the value of latrines and to obtain the people's participation.

In 1981, at the start of the International Drinking Water Supply and Sanitation Decade, various rural sanitation programmes were initiated in India as a response to the spread of *Vibrio cholerae*, outbreaks of diarrhoea, and many other matters of concern in public health. Yet by 1994 only 14% of the country's rural population had access to adequate sanitation. Why was so little progress made in this field? We try to answer this question by referring to two village projects for latrine construction in southern India, one a failure, the other moderately successful.

Many latrines, few usable

A project in one village, funded by the government and routed through a non-governmental organization, had limited community involvement. A few individu-

als were given contracts to build latrines, and the village leader said it would be good if the people accepted the project. As the price being asked was only Rs 50 (app. US\$ 1.40) per latrine, most families did accept, albeit in a passive way. The masons asked family members to provide manual labour but they refused.

Today, of the 132 households in the village, 100 have latrines but only 15 are in use. Some have pans but no leach pits. Some have everything but pans. A few so-called latrines consist of four walls and nothing else. Nobody has bothered to protest about this state of affairs.

As it turned out, most villagers wanted the latrines so that they could use them as bathrooms. A construction worker informed us that some households asked that a cement floor be put in but not a latrine pan. However, some people who did want toilets were disappointed. One mother showed us her latrine: the pan was crushed and dangerously sunken.

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What people say about latrine construction

"After we paid the money they asked us to dig the pit and build the foundation. We said we'd paid, so why should we do the work? That's why they didn't finish the construction."

"I have two daughters and because I didn't want them to go out of the house I accepted the latrine. I helped to dig the pit and gave the construction workers the equipment they asked for. One day, after it had been raining, the older girl sat on the latrine and suddenly the pan and the foot slabs sank."

"Since it is very near the house, it is convenient for us. It is also very convenient for women who are pregnant or who have had surgery. It is difficult for them to go looking for hidden places."

"In the towns we see men urinating against walls. Can women do that? – Very difficult in towns. In the village also it is difficult for women."

"Sometimes, not regularly, when men are at home they use the latrines. When they go to work in the fields they use the fields."

"Sometimes we wash with soap, sometimes only with water. We use soap when we aren't in a hurry. When we are in a hurry, we wash with just water."

"We are a farming community. When we return home from work we are so hungry we expect to be served food immediately. Who can be bothered about washing their hands?"

"People have to go to the fields at 4 a.m. They have no time to use latrines. So when they go to the fields they sit here or there. In the towns there is no space, but we have lots of space – we can go wherever we want."

"Those who have been used to going to the fields for many years do not feel like spending money on a latrine."

"Latrines are not important enough for people to get together and pool money so that they can be built."

A qualified success

The Community Health and Development Programme of the Christian Medical College, Vellore, began facilitating the provision of low-cost latrines for rural people in Kaniyambadi Blocz, Tamil Nadu, in 1986, with the assistance of the District Rural Development Agency. Funds from governmental and other sources have made it possible to build 650

latrines up to the present time in accordance with the following procedures.

- Before a project begins, all field staff undergo a training programme on sanitation.
- Village leaders and other influential people are informed about the project, and village meetings are then held to educate people about latrines and advise them as to what is intended. A substantial sum is earmarked for this work.

- After each meeting, anyone interested in acquiring a latrine is asked to complete an application form. No attempt is made to press people to accept latrines.
- People wishing to have latrines installed are asked to pay 10%–15% of the total cost, mainly in order to induce an attitude of responsible ownership.
- The women masons who supervise most of the construction work are initially educated about latrines and sanitation.
- Each family chooses a site for its latrine, and as far as possible this choice is respected.
- Much of the manual labour of digging pits and laying foundations is required to be provided by families, who, in this way, learn about latrine structure and have their feeling of ownership reinforced.
- After the construction of a latrine, educational sessions are organized for users so as to deal with any remaining doubts, particularly about the nature of the leach pits.

In one of the villages covered by the Programme, 24 of the 41 households acquired latrines. More families had been

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willing to accept latrines but, because the terrain was rocky, additional construction proved impossible. Ten years after the latrines were installed, all were still in use

and in reasonably good condition. In conversations with the villagers it emerged that most women and children used the latrines, whereas the men rarely did so, preferring to defecate in the open air.

Although most families that had acquired latrines were using them, their hygiene left much to be desired: it was uncommon, for instance, for people to wash their hands after defecation. Most villagers did not have a clear understanding of the hazards of faecal contamination.

Are latrines important for rural people? Do they perceive a real need for them? Our experience suggests that people, especially men, are disinclined to acquire and use latrines because of the availability of open spaces in villages and because of poor access to water facilities. The absence of privacy does not seem to bother people. For years they have defecated in the fields and this is an accepted feature of their lives.

People often lack the will to undertake latrine construction even if loans are provided. They prefer to wait for government subsidies.

When the project began it was expected that additional families, seeing the satisfaction of the first users, would soon try to obtain their own latrines. However, since then only one more family has acquired a latrine.

Historically, people have acquired latrines for reasons of health, convenience and privacy. In the Indian villages studied by us, convenience and privacy were the only perceived benefits of latrines. Time and

experience are needed for people's ideas, desires and behaviour to change.

In the village where the community was gradually and deliberately mobilized to participate actively in planning and implementation, all the households that accepted latrines continue to use them today. The introduction of sanitation on a large scale in rural areas is unlikely to succeed without community education and participation. However, even if these things are secured it would be unrealistic to expect rapid progress in the voluntary acquisition of latrines or in the improvement of standards of hygiene. Many people in rural areas appreciate the convenience that latrines offer but it is also true that there is often no felt need for them. Nevertheless,

once a good functional latrine has been installed there is a reasonable prospect that at least women and children will use it.

The construction of large numbers of inferior latrines simply to fulfil targets is likely to discourage people from pursuing initiatives of their own in this field. Mass sanitation projects need community involvement, without which poor utilization is probable. Such projects can succeed only when people begin to think of latrines as indispensable parts of their houses. ■

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Importance of sewage disposal

So much depends on how communities deal with human faeces. At least 2500 million people in developing countries lack an adequate system for disposing of their faeces. For the poor in many developing countries, faeces deposited near their homes constantly threaten household hygiene, by direct contact with people or by being inadvertently carried into homes and kitchens by children, domestic animals or insects. Domestic, neighbourhood or district water supplies such as wells, tanks and reservoirs may be contaminated by poorly designed or maintained sewage disposal systems.

■ *The world health report 1996 – Fighting disease, fostering development.* Geneva, World Health Organization, 1996: 43.