Rural Water Supply and Sanitation Project in Western Nepal Phase II

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2018

Charpi Chha – there are toilets but are they used? Case 932 households in Western Nepal RWSSP-WN BRIEF 9-2018

WHY WE KEEP ASKING IF THE TOILETS ARE USED?

This Brief is launched during the Nepal National Sanitation Week 2018 to draw attention that having toilets alone is not enough - to get the full benefit in the community, all must also use their toilets, at all times!

Rural Water Supply and Sanitation Project in Western Nepal Phase II (RWSSP-WN II) is a bilateral water, sanitation and hygiene (WASH) project. RWSSP-WN has conducted several surveys related to the sustainability of the great achievements made in Nepal over the past few years with regards to sanitation.

Menstruation was mentioned as one of the reasons why toilets aren't used; the two other main reasons being after child birth and during mourning. These findings triggered RWSSP-WN II to develop *Menstruation, WASH and RWSSP-WN - Position Paper, RWSSP-WN Brief 2-2018*, and to explore the topic in more depth, see the Briefs 5 to 7. This Brief concludes this series by exploring to what extent the toilets are used.

Photo: Making the difference in between the Doers and the Non-Doers. Q: *in the last seven days, how often did you practice open defecation?* There are evident differences in between two near-by locations

RWSSP-WN II Vision:
The right to access to water, sanitation and hygiene for all **means all**, *including menstruating women & girls.*

- Menstruation, WASH and RWSSP-WN - Position Paper Brief 2-2018
- Community health volunteers (N-55) Brief 5-2018
- Students (N-664), Brief 6-2018
- Teachers (N-48), Brief 7-2018
- Adult women (N-755), Brief 8-2018
- **Toilet use (N-933) Brief 9-2018**

This Brief was prepared by Sanna-Leena Rautanen with Pamela White. Kalpana Dishwa was in charge of the field research, coordinating the Kathmandu Training Institute On-The-Job Trainees who collected the data 11/2017– 04/2018. Aura Liski and Sangita Khadka contributed to the question setting.

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WERE THERE TOILETS?

- ♣ All 932 had a toilet.
- ♣ 32% were also sharing their toilet with other families.
- ♣ 77% had water available within their house compound
- ♣ Mostly permanent toilets, only seven had a temporary toilet.
- ♣ 20 toilets (2%) had problems with privacy, 3% had temporary superstructure.

Declared ODF?

- ♠ All locations were declared as Open Defecation Free (ODF)
- ♠ 13% of women and 10% of men did not know if their location was declared 'ODF'
- ♠ Out of all who did not know if their location is declared 'ODF', 85% were 'Non-Doers'.

The toilets are not all new:

- ♥ Less than 1 year: 5%
- ♥ 1 to 5 years: 29%
- ♥ 6 to 10 years: 27%
- ♥ Over 10 years: 40%
- ♥ Locality counts! e.g. 80% of Gaidahawa toilets built within 1 to 5 years; only one toilet built over ten years ago.

BUT:

- ♠ During the ODF campaign, 19% were threatened with punishment if they would not build a toilet. Out of these, 80% were 'Non-Doers'
- ♠ 93% of those who had been threatened (173 out of 932), were threatened with detention by the local government services or involvement of police.

WHO ARE THE 'DOERS'?

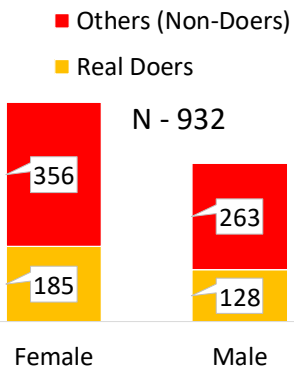
The survey explored behavioural factors related to the toilet use using the 'RANAS' approach (Risks, Attitudes, Norms, Abilities and Self-regulation; see References). For this, it is important to identify the 'Doers', those who already practice the desired behaviour, and the 'Non-Doers', those who are not. If we ask directly whether people use their toilet or not, the 'Yes' answers are very frequent, even in those cases where the toilet by observation is clearly hardly used at all, sometimes not even completed.

Therefore, in our case the question that helped us to divide the respondents into 'the Doers' and the 'Non-Doers' was worded in an indirect way. It was also one of the very last questions, Question 47: ***"In the last seven days, how often did you defecate in the open (not in toilet)?"***

The 'Doers' were supposed to be those who replied '*Never*' to this question. Out of total 416 respondents, 46% of the females and 43% of the males replied *'Never'*. Without Phedikhola GP respondents that do stand out, **only one-third (27%)** of the total 692 respondents replied 'Never'.

Unfortunately this was not enough: the final question made us think again whether all the 'Never' respondents were 'the Doers' after all. The survey found that out of 416 respondents who replied 'Never', 103 would practice open defecation during the special days. This is 25% of those that we would have liked to consider as 'the Doers'.

CHART 1

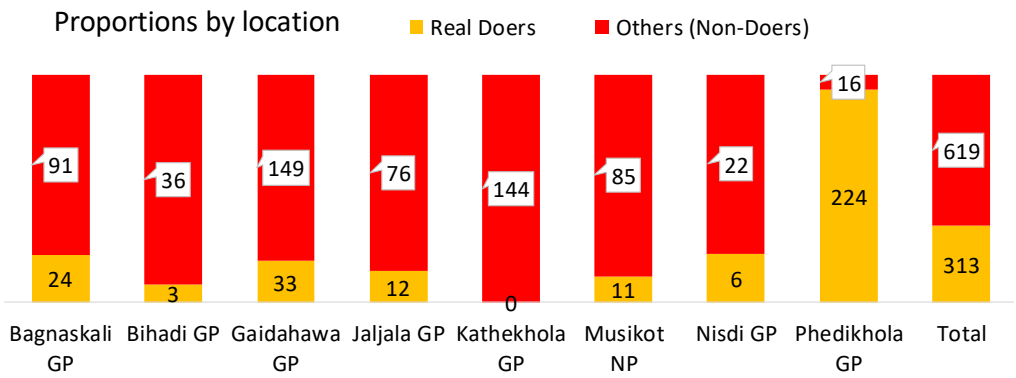


Therefore, the 'Doer' is defined as one who replied 'Never' having practiced open defection over the past ten days, **and** who did not give examples of special days when the toilets are not used - total 313 respondents, see Charts 1 and 2.

As is evident from Chart 2, without Phedikhola GP in Syangja district, the total picture is even more gloomy! Without Phedikhola GP, there were 184 respondents in total in other municipalities who replied 'Never'. Out of these, 52% would practice open defecation during the special days. Therefore, out of all respondents except Phedikhola GP, there were **only 13% of 'real Doers'** among these 692 respondents - those who never practiced open defecation over the past seven days and who do not have special days when they would.

Out of all respondents, 33% had given examples of various reasons for not using the toilet, even if over the past seven days these respondents did not go for open defecation. Out of all reasons, 16% stated that they themselves (or if the respondent was a man, the women in their household), do not use the toilet during menstruation.

CHART 2



DIFFERENCE IN 'REAL DOERS', 'DOERS' & 'NON-DOERS'?

In RANAS surveys the questions are made regardidng different behavioural factors. The respondents score these on a scale of 1 to 5 (for instance, *Extremely likely - Very Likely - Likely - Very unlikely - Extremely unlikely*). In the analysis the respondents are usually divided into two groups for further comparison: the 'Doers' and the 'Non-Doers', and the average within each group is counted for the comparison, looking for differences.

In this study, we define two kinds of groups:

1. 'Real-Doers' (N-313) vs 'Others' as Non-Doers (N-619) where 'Real Doers' include only those who replied '*Never*' having practiced open defecation over the past seven days *and* who did not have special days when practicing open defecation (Chart 1 and 2); and

2. 'Doers' (N-416) vs 'Non-Doers' (N-516) where 'Doers' replied '*Never*' having practiced open defecation over the past seven days but they did have the special days when they or their family member would, while 'Non-Doers' are those replied anything else expect 'Never' for the question about open defecation over the past seven days.

The differences in between and within these groups are consistent for all other questions except for Risks where the 'Non-Doers' average is higher compared to the 'Doers' in both groups as defined above.

RISKS

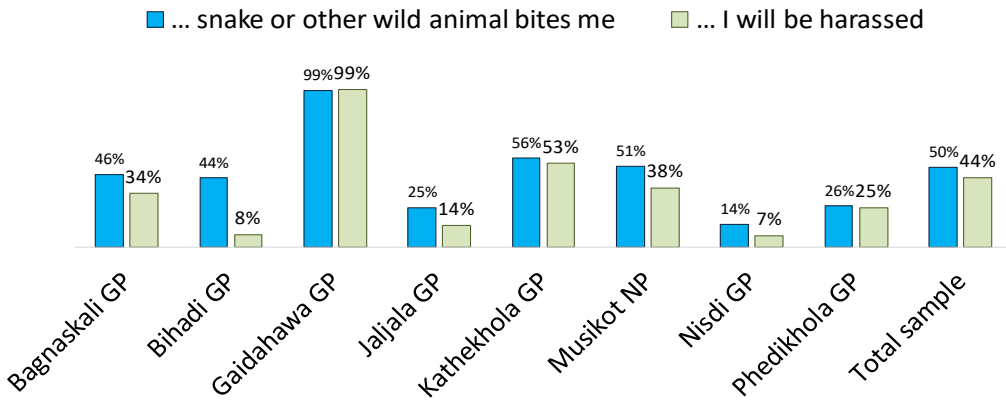
Risk factors are about health knowledge, perceived vulnerability (am I at risk?) and perceived severity (how much would this affect my life?). Here two questions are shown as the 'Non-Doers' scored higher than the 'Doers'.

Out of all respondents, 50% considered it likely or very likely that a snake or other wild animal could bite you if you go to defecate in the open. ('Non-Doers' 57% compared to 'Doers' 43%). Out of all respondents, 44% considered it likely or very likely that you could be harassed if you go to defecate in the open. Again, more 'Non-Doers' (47%) than 'Doers' (40%) stated this. It is interesting that even though the 'Non-Doers' consider there to be a significant risk, it doesn't deter them from open defecation!

The locality specific differences are evident in Chart 3. This does not seem to match with the number of 'Doers' and 'Non-Doers' in these localities. For instance, considering that 99% of Gaidahawa respondents reply 'likely' or 'very likely' to these serious statements (Chart 3), still only 18% of them were 'Doers' (Chart 2).

CHART 3 % of total respondents in each municipality

"It is likely or very likely that if I go for open defeaction, ... "



WHO RESPONDED?

Total 932 respondents:

- 541 (58%) female
- 391 (42%) male

The age of the respondents:

- 18 to 29 (16%)
- 30 to 39 (17%)
- 40 to 49 (19%)
- 50 to 59 (19%)
- 60 or over (29%)

From ethnic/caste groups:

- Adibasi/Janajati 21%
- Dalit 25%
- Disadvantaged Tarai groups 7%
- Religious minority (Muslim) 7%
- Others (mainly Brahmin & Chhetri) 41%

Where? In 8 municipalities (*Nagarpalika, NP*) & rural municipalities (*Gaunpalika, GP*), in 6 districts. N indicates the total sample of interviews in each GP:

- Kathekhola GP, Baglung (N-144)
- Musikot NP, Gulmi (N-96)
- Bagnaskali GP, Palpa (N -115)
- Nisdi GP, Palpa (N-28)
- Bihadi GP, Parbat (N-39)
- Jaljala GP, Parbat (N-88)
- Gaidahawa GP, Rupandehi (N-182)
- Phedikhola GP, Syangja (N-240)

Questions were developed by project staff and asked by trained enumerators, in Nepali. Responses were recorded using Kobo Toolbox (a mobile phone-based application), in Nepali language.

EDUCATION

Out of all **female** respondents,

- ♠ 31% did not have schooling and were illiterate
- ♠ 30.5% did not have schooling but were literate
- ♠ 7% were class 1 to 5 and 19.6% class 6 to 10
- ♠ 11.6% were >10 S.L.C.

Out of all **male** respondents,

- ♣ 19% did not have schooling and were illiterate
- ♣ 26.6% did not have schooling but were literate
- ♣ 16% had attended class 1 to 5 and 23% class 6 to 10
- ♣ 14.8% had achieved >10 S.L.C.

- ♥ 55% of all respondents had no schooling
- ♥ Out of all >10 S.L.C., 52% were female
- ♥ 39% of all >10 S.L.C. respondents are from two municipalities
- ♥ Out of all illiterate (no schooling), 69% were female
- ♥ Out of all literate (no schooling), 61% were female
- ♥ Gaidahawa GP in Rupandehi had the highest proportion of 'no schooling' respondents, (76%), followed by Musikot NP in Gulmi (71%) and Nisdi GP, Palpa (68%).

WHAT DO WE CONCLUDE? Behaviour change communications cannot rely on written and printed materials. We also need to be able to approach adults specifically as it seems that many still miss the school.

WHAT STANDS OUT?

The questions for analysis were two fold:

- ♠ where there is a large difference in averages within a group?
- ♠ where there are differences in between the groups: is the picture different if we are strict about being a 'real doer'?

R: Risk factors were discussed on the previous page.

A: Attitude factors relate to the feelings, and to the beliefs about costs and benefits.

'Feelings'-factors do not stand out as strongly as 'Norms' except for Q6 "*How much do you like or dislike defecating in the open?"* While this is almost expected, given the definitions for the 'Doers' and 'Non-Doers', it also points outs that we should not ignore the behaviour change techniques suggested under the Attitudes & Feelings-heading either. The difference in 0.55 in between the 'Doers' and the 'Non-Doers', and 0.75 in between the 'Real Doers' and the 'Others'. There was practically no difference in between the two questions related to the costs and benefits (e.g. -0.01 in between the 'Doers' and the 'Non-Doers').

N: **Norm** factors are about others' behaviour and (dis)approval, and also about personal importance.

There is a consistent difference in between the two groups through several questions under **'Norms'** factors, relating to what other people approve or not. See Chart 4 for three questions about approval and disapproval, and how the approval differs between the localities. Chart 4 doesn't show a difference between the 'Doers' and 'Non-Doers'. Yet, this can be compared to the earlier Chart 2 that shows the 'Real Doers' and 'Others' by locality.

Both within the two groups and in between them, the biggest difference is in the Q16 '*Imagine that all members of your family used the same toilet. How much would people in your community approve or disapprove*?' This is also where the difference in between 'Real Doers' minus 'Other' (0.97) and 'Doers' minus 'Non-Doers' (1.17) are the most significant.

Furthermore, this question points out that the biggest difference in between the 'Real Doers' and the 'Doers' is here: there is no other question where the difference in between the 'Doers' and the 'Non-Doers' is bigger than in between the 'Real Doers' and the 'Others'.

The biggest differences in between 'the Others' and 'the 'Non-Doers' was under Norms-factors, and specifically with the question about sharing the toilet (in other questions the difference was in between 0.01 to 0.05, but this question had a more significant 0.2 difference).

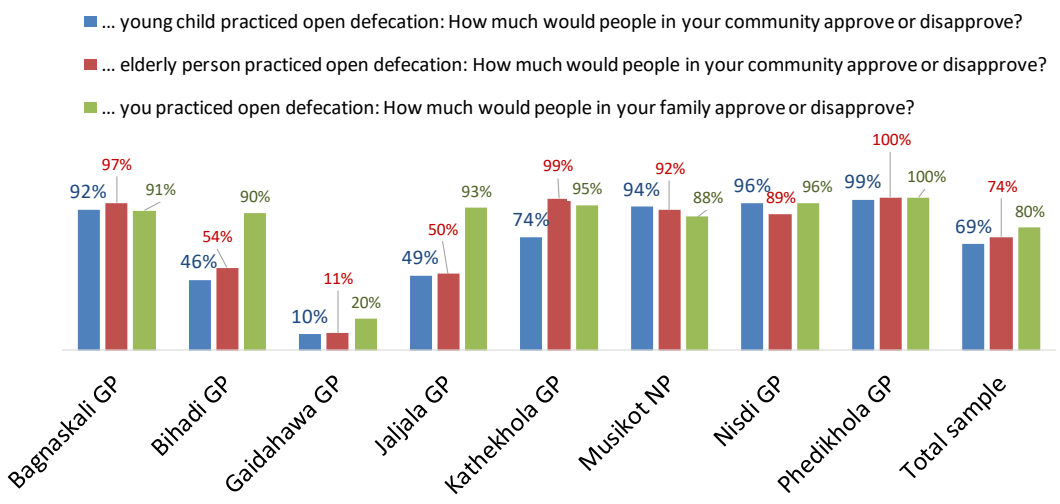
These indicate a link with the reasons given later on in the survey about special days for not using the toilet. We were already aware that in some cultural settings the same family members cannot use the toilet (worse still, if any family member happens to be menstruating or has given birth).

A: Ability factors relate to how-to-do-knowledge, confidence in performance and continuity, and confidence in recovery; and:

S: Self-regulation factors that were about action planning and control, about barrier planning, remembering and commitment.

The questions under these headings had the least differences, with nothing standing out within the groups or in between them.

CHART 4 % for *"All would disapprove" + "Most would disapprove"* of total respondents in each municiaplity *"Imagine that ... "*



THE WAY FORWARD: WHAT BEHAVIOUR TECHNIQUE TO USE?

The results are pointing towards the importance of targeting normative factors to change the perceived social pressure. This pressure may result from both what other people really think; and what the respondents think that others think.

Here there are two factors: *'Others' behaviour'* and *'Others' (dis)approval'*. Some possible Behaviour Change Techniques (BCT) for Norms factors (as identified by Mosler & Contzen, 2016) include:

BCT: Inform about others' desirable behaviour. This could be done by:

- pointing out that a desired behaviour is already adapted by other persons (posters, public debates, discussions in group meetings, radio, loudspeakers)
- Facilitate a group session where the participants are encouraged to compare their own behaviour with the behaviour of the others, with particular attention to what the 'Doers' do. This is considered more effective than focusing on the undesired behaviour (i.e. what the Non-Doers do). The results from this survey could be used as a discussion starter.
- In a community, display posters or stickers that say "*In this household, we use the toilets*". The Blue and Green Total Sanitation stickers are already supporting that approach by identifying what the households practice and what they do not, making it public. Perhaps is time for a dedicated '*We use the Toilet*' sticker?

BCT: Prompt public commitment: RWSSP-WN works already now with the Ward-WASH-Coordination Committees and Municipality WASH Coordination Committees. We must take the message to them, and encourage to make a public joint commitment in any forthcoming public event, similarly as was already done for ODF.

BCT: Inform about others' approval/disapproval: Point out that there are many 'others', including 'important others' such as local and religious leaders, who approve of the appropriate behaviour. Widespread thinking that there is anything wrong about using the toilet at all times is actually not true.

RWSSP-WN has already realized that the use of the toilet by all and at all times is the foundation for moving ahead with other sanitation and hygiene related improvements. Continued open defaecation will undermine other improvements. We can now see that it is not only about users' own behaviour, but perhaps even more importantly, it is about 'others'.

USE OF MEDIA?

Out of 932 respondents,

- 73% listen to radio
- 90% use mobile phone
- 29% read anything, e.g. newspapers, leaflets, brochures etc.
- 33% use Social Media

The above proportions are fairly equal in between men and women, but there are location-wise differences:

- while 89% of Kathekhola GP respondents listen to the radio, only 10% in Gaidahawa do;
- while 94% in Bagnaskali GP use mobile phones, 79.4% in Bihadi GP do;
- while 64% in Phedikhola GP read anything, such as newspapers and brochures, only 2.6% in Bihadi GP and 6% in Gaidahawa GP do; and
- while Musikot had a surprisingly large proportion of 'no schooling' respondents, they have the highest number of social media users (85.4%).

There are also some ethnic/ caste/social group –wise differences:

- The highest proportion of mobile phone users are Adibasi/Janajati (92.3%), followed by 'Others' (91.6%) and Religious minorities (90.8%)
- The highest proportion of radio listeners are within the 'Others' (92.9%), followed by the Adibasi/ Janajati (84.5%)
- All groups have a fairly similar proportion of social media users, ranging from 64.2% to 70.1%)

This indicates that phones, social media and radio are viable channels for behaviour change messages.

ACKNOWLEDGEMENTS

Name of enumerator	Total
Jansari Sharki	**164**
Chandra Bhiyal	**163**
Binista Kumari Dhami	**121**
Bishnu Maya Shiwakoti	**121**
Deva Laxmi Thami	**74**
Manasa Raj Giri	**72**
Kabiraj Shahi	**71**
Monika Ghimire	**67**
Nirmala Dhami	**61**
Devi Lal Tamata	**18**
Grand Total	**932**

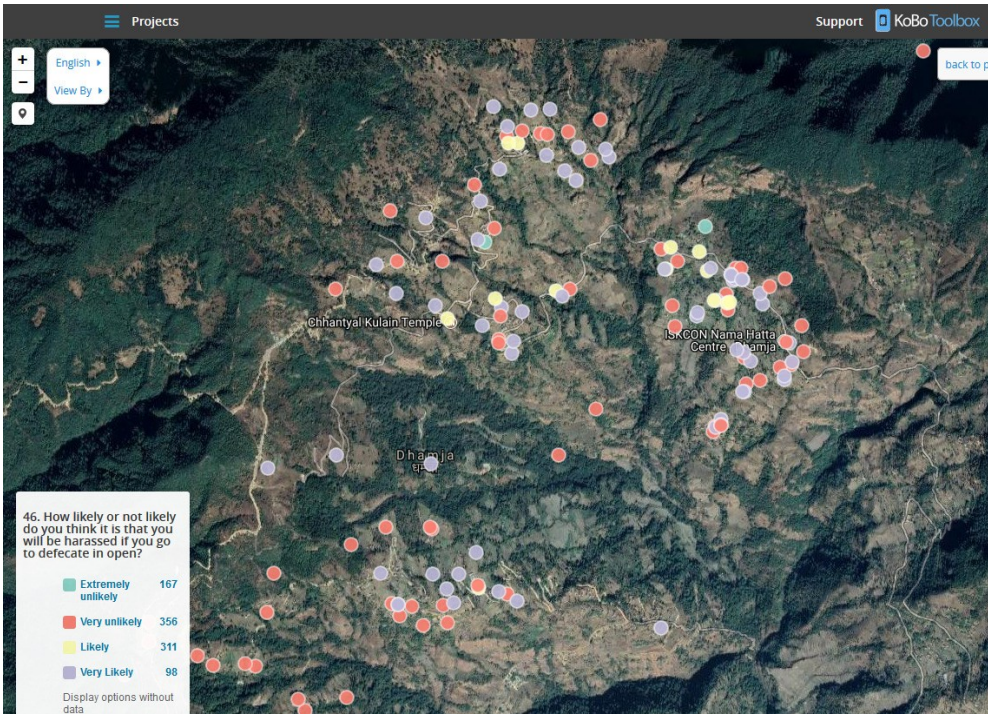


Photo: Screen capture from the KoBo Toolbox from Kathekhola municipality, Baglung district. Kathekhola did not have any 'Real Doers' even if 53% consider it 'likely' or 'very likely' that they will be harassed when going for the open defecation. Likelihood of being harassed did not influence their behaviour.

REFERENCES & BACKGROUND DOCUMENTS

RWSSP-WN Briefs 2-2018, 5-2018, 6-2018, 7-2018 and 8-2018 available at www.rwsspwn.org.np/briefs2018

Cavin (2017) Behaviour Change Manual. Version 1, Helvetas, EAWAG, USAid, TOPS Small Grant, 35 pp.

Mosler & Contzen (2016) Systematic Behavior Change in Water Sanitation and Hygiene - A practical guide using the RANAS approach, Version 1.1. Dübendorf, Switzerland: Eawag; + ESI 3.1: Catalogue of behaviour change techniques (BCTs) https://www.eawag.ch/en/department/ess/main-focus/environmental-and-health-psychology-ehpsy/

RESULTS INDICATORS FOR RWSSP-WN II

This Brief relates to the RWSSP-WN II Overall objective: Improved health and fulfilment of the equal right to water and sanitation for the inhabitants of the Project area.
Particularly to the following result areas:
Result 1: Access to sanitation and hygiene for **all** achieved and sustained in the project working municipalities.

FCG

Rural Water Supply and Sanitation Project in Western Nepal Phase II is a bilateral development cooperation project funded by the governments of Nepal and Finland, and implemented through local governments and users' groups under the Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR), Ministry of Federal Affairs and General Administration. RWSSP-WN II works in 14 districts in two Provinces of Western and Mid-Western development regions in Nepal, thorough municipality-based programmes.

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