Sanitation in Developing Countries

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Sanitation in Developing Countries

Proceedings of a workshop on training held in Lobatse, Botswana, 14–20 August 1980

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Acceptability means that something new is being introduced, whether as an improvement of what has been used or as a new innovation.

Considering sanitation acceptability, some of the important variables influencing its acceptance by the local community must be known. Some of the important variables to be considered are (1) tradition and culture, (2) physical environment, (3) education, (4) agents of change, and (5) maintenance. All of these variables are interrelated and must be dealt with at the same time. Most of the sanitary units provided are mainly in squatter or site and service areas where the physical environment plays a major role.

When these experimental sanitary units were provided the physical environment was not taken into consideration. An example exists in a mining area in Selebi Pikwe where type B latrines were provided but, unfortunately, water is only drawn at night in this area after the demand for water for the mine has subsided. The area is surrounded by bush and there are a lot of open spaces that are used for defecation. In the corner of each plot a plastic shelter is made that is used mainly for urinating during the day.

When sanitation facilities were introduced to the people of Botswana, who in most cases did not have sanitary services before, health education was not emphasized. The people did not know why they should have toilets. When monitoring these units it was observed that some of the plotholders cleaned the toilet to please the officers involved in the monitoring; when spot checks were made the toilet was found to be filthy.

This low-cost sanitation project required council health assistants to carry out the monitoring. It was found that these people went into the community and gave incorrect advice because they did not know how the units operated. This included the council sanitation staff who were responsible for emptying some of the units. An example of this problem occurred in Gaborone where the Town Council staff advised the owner to pour water into a double vault to facilitate emptying. Some people were advised to pour water into a Reed odourless earth closet (ROEC), which is supposed to be a dry toilet.

There are a few cases in Gaborone where sanitary units were rejected for valid reasons, which reflected bad planning. The plotholders were not involved in deciding what kind of toilet they wanted, it was simply imposed upon them. Because there was no follow-up on the project after the toilets were given to the plotholders, some toilets have not been used since 1976.

The maintenance of some of the units is quite demanding. For example, the ROEC requires a long brush for cleaning the chute, which is soiled in most of the toilets. To avoid seeing the dirt on the chute and the smell, the men and children prefer urinating on the side of the toilet. Again, Botswana considers defecation as something secret but
this is not possible with some of the units provided. Once other members of the family see a person pouring water into a type B trough they conclude that the person was defecating and this discourages people from using these units. A similar problem exists with a ROEC because one has to use a brush and some water to push down the dirt so the secret is then known.

The basic problem goes back to health education: people have to be taught that defecation should not be taken as something secretive. The danger of not using the toilet should be highlighted, i.e., disease transmission should be explained to the individual.

In conclusion, the Sanitation Department within the Ministry of Local Government and Lands should hand over the low-cost sanitation project to the local authorities so that they can participate in an effort to make the project a success.