Marketing of household toilets in Ghana

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DIARRHOEA DISEASES ARE said to account for the deaths of over 2.4 million people every year making it the third largest cause of death among children in the middle and low-income countries, (WHO 1999). The principle cause of diarrhoea is other people’s excreta, much of which can be prevented through good sanitation, hygiene and water supply, (Cairncross 1999). Apart from the health implications of inadequate sanitation, sanitation is also important for other reasons. These include the need for privacy especially for women, and safety issues related to walking to public toilets or open defecation sites in the night. It has been suggested that sanitation is a human rights issue from the perspective of the dignity of having access to a latrine.

Sanitation has always been given lesser priority than water supply. More recently, sanitation is beginning to more global attention. This is evident from the Millennium Development goals; Declarations of the World Summit on Sustainable Development; and the Africans conference, all of which aims to halve by the year 2015, the proportion of people without access to basic sanitation.

Despite the gains made in increasing sanitation coverage during the water and sanitation decade of the 1980s, over 313 million people (46 million in urban and 267 million in rural areas) mainly resident in low-income areas in Africa still lack adequate sanitation facilities (WHO and UNICEF, 2000).

To achieve the goals set for sanitation, at least 3.8 million people in urban areas and 22.3 million people in the rural areas need to be provided with adequate sanitation yearly.

Donor-supported sanitation programmes have failed to produce impressive results in terms of increased levels of uptake and coverage. This is mainly due to the fact that most sanitation programmes have commonly been concerned with the supply of latrines and education materials rather than with satisfying a ‘demand’ from the target population.

The relatively poor uptake of sanitation facilities especially among poor urban residents has highlighted the need for new sustainable strategies for promoting latrines. The strategy should be sustainable and should therefore not be dependent of latrine construction subsidies.

This paper describes a research on the application of commercial marketing approach to sanitation. The research project is being conducted in Nkawie/Toase, a small town in Ghana by WEDC, LSHTM, and TREND (a local NGO based in Kumasi, Ghana) in collaboration with the Atwima District Assembly. The research is still on going; therefore this paper presents the process that is being implemented and some of the results.

Methodology
The purpose of the research is to enhance the ability of key stakeholder agencies to plan and manage social marketing programmes for household toilets in low-income communities.

The methodology being tested is based on the social marketing process in Weinreich, (1999) and is divided into 5 main stages.

Stage 1: Formative research:
This is equivalent to the market research used by commercial marketers. In-depth interviews (IDIs) with a sample of heads of household were conducted in the project areas in order to understand the motivations and constraints, which make people to adopt or not to adopt household toilets. It also helped to understand users’ perception of existing toilet facilities (especially the public toilets) and the attributes that people desire in a household toilet. In addition, structured survey was also conducted and the result will form the baseline indicators for measuring the impact of the marketing programme on the demand for household toilet in Nkawie-Toase.

Stage 2: Message, Materials and human resources development:
The research is working with a local marketing expert to develop messages and materials based on the result of the formative research and the baseline survey.

Stage 3: Pre-testing:
The research project is yet to pre-test the marketing plan, as this will be based on stage 2 above. The project intends to pre-test the developed messages and promotion materials in a close-by town with similar characteristics as the research site. The latrine builders will also practice their newly acquired skills through the construction of demonstration toilets and role-playing.

Stage 4: Implementation:
Implementation will commence when the necessary resources are in place in order to achieve a good marketing mix, Product; Price; Place; Promotion.

The product is this situation is toilet that will respond to the desires of the target audience. The research project intends to promote 4 main types of toilet with some of the features modified to suit the desires of the target audience. In order to this, a number of masons have been selected to under various capacity building activities in the construc-
tion of various types of toilets, small business development/management, and marketing of household toilets. The first training workshop has been completed.

The price for the various toilets is yet to be determined. Work is ongoing with the key stakeholders to get at prices for building the various toilets and to also develop various payment options that clients can choose from. These key stakeholders include traders of latrine construction materials, formal and semi-formal financial institutions such as the rural bank and the ‘susu’ groups.

The place is the location where the target population can easily access information and assistance about building household toilets. The research project intends to establish an information/trade show centres that will provide information on the 4 types of toilet, contacts for toilet builders, credit facilities and other support services such as desludging trucks. Models of the 4 toilets being promoted will also be on display at the information centres.

Promotion will be initiated once the messages, materials and human resources required is developed and pre-tested. The research is working with a local marketing and advertising company to plan for the launch of the campaign and promotion using messages and materials developed earlier. The promotion will aim at attracting people to the information/trade show centres.

Stage 5: Evaluation:
Monitoring mechanisms have been put in place for the various phases of the research. An evaluation will be conducted at the end of the research period. The baseline indicators will be established from the survey that was conducted.

Results
The key results that have come out so far include the key motivations and constraints that make people to adopt or not to adopt household toilets obtained from the in-depth interviews. The motivations for adopting household toilets were mainly due to the bad conditions and inconvenience of using the public toilets. These motivations also called drives have been grouped into broad categories.

Motivations for adopting household toilets:
• **Health**: This broader category was further split into 3 sub categories, knowledge of disease transmission, disgust reactions and ill health as a result of using the public toilets.
• **Privacy/Embarrassment**: These two motives were grouped as one broad category because privacy issues such exposure in the public toilets, and being seen queuing in front of the toilets often cause embarrassment to people. Use of ‘chamber pots’ by adults especially in the night inside the houses causes embarrassment.
• **Smell/Dirt**: This is associated with the poor ventilation, strong smell and presence of used paper and faces in the public toilets. Smell has also been associated with traditional household pit toilets.
  1. **Status/Prestige**: Having a household toilet helps to elevate ones status in the town. People with house toilets often play key roles in arranging important ceremonies such as funerals so that he/she will allow ‘big’ visitors especially those from outside the town to use the toilet during the funeral.
  2. **Safety/Security**: This is made up of issues associated with unsafe structure of some of the public toilets and traditional household pit toilets. It also includes security issues with using the public toilets in the night for fear of being mugged, raped, or attacked by evil spirits. Defecating in the bush was also not considered safe because of the possibility of bites from insects and reptiles, and irritations caused by some leaves.
  3. **Economic gain/loss**: People believe that time spent going to queue at the public toilets could be used for economic gains. Having a household toilet will also save families the money they pay for using the public toilet. People loose work and farming hours when they start off late in the morning.
  4. **Comfort/Convenience**: This was one of the most mentioned motivations for wanting a household toilet. It includes issues such as distance to public toilets or the bush, and inability to use the public toilets or the bush in the night.

A total of 577 motivations for household toilets were mentioned. Table 1 summarises the motivations.

### Constraints in the adoption of household toilets:
The constraining factors for adopting household toilets were also grouped into 9 broad categories. They include:

1. **Operation and performance of existing household toilets**: People are not satisfied with the existing household toilets in Nkawie/Toase for various reasons, including

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high operational cost (e.g. WC), inability to empty pit when full (e.g. pit toilet including VIPs), problems with smell, insects and rodents amongst others. Operation and performance ranked highest in the list of constraining factors.

2. Cost/finance: There is no standardised price for the various toilets but the general belief is that household toilets are expensive. The quoted prices vary from C2million (£143) for pit toilets to C6million (£429) for water closets. These prices are above what an average household can afford to pay. Many of the people interviewed mentioned lack of finance as a constraining factor for obtaining household toilets.

3. Competing priorities: Due to poor earnings, many household spend their income on immediate needs such as feeding, paying school fees, hospital bills and are therefore unable to save for home improvement such as toilets.

Table 2 summarises the constraining factors for non-adoption of household toilets.

### Attributes desired in household toilet

The main features that many people would like in a household toilet include:

- Easy to flush away faeces (faeces not visible)
- No smell and good ventilation
- Low construction cost
- Little or not dependent on water
- Easy access for emptying
- Easily used by children
- Possibility of seating
- Easy to clean
- Easy to use water for anal cleansing

The existing public toilets and many of the household toilets do not have any of the above-mentioned attributes.

### Discusssions and conclusion

The research project has developed a marketing strategy based on the result of the formative research. The ‘motivations’ for Hh toilets are being used in the development of promotional messages and materials while work has commenced with key stakeholders especially toilet builders to reduce the constraining factors.

A start-up workshop with the latrine builders highlighted the areas that need to be strengthened to enable them to provide better services to their clients. Work has also begun with locally based financial institutions to improve access to credit facilities for the construction of household toilets.

The result so far has indicated that marketing sanitation is not only about promotion and advertising but also ensuring that all the marketing mix is in place. Marketing toilets is about:

- Understanding what the target audience desire in a toilet.
- Offering them toilets that satisfy the desire at prices that various groups can afford.
- Ensuring that there is a place where they can get information on the toilets and contacts of builders
- Sending out information to the target audience.

### References


### List of abbreviations:

WEDC: Water Engineering and Development Centre, Loughborough University.

LSHTM: London School of Hygiene and Tropical Medicine, University of London.

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