Understanding Sanitation Habits
A Qualitative Study in East Java Indonesia
(Probolinggo & Pacitan)

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Prepared for:
WSP

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Agenda

1. Research Objectives
2. Research Design
3. Detailed Findings
   - Household Expenditure
   - Defecation Behavior
   - Sanitation Shopping Process
   - Concept Evaluation
4. Conclusions and Proposed Actions
   - Appendix: Experts Insights
Research Objectives
Research Objectives

• To understand the decision making process of major household expenditure (in general and for sanitation in particular)
  – Prioritization
  – Role of father vs. mother
• To identify most important values relevant to sanitation
• To understand drivers and barriers including satisfaction level with current defecation place
• To understand the shopping process for sanitation facilities
• To explore customer evaluation of communication concepts:
  • Understanding
  • Likes/ dislikes
  • Relevancy
Research Design
## Research Design - FGD

### FGDs (n = 6 groups per city, total 12 groups)

<table>
<thead>
<tr>
<th></th>
<th>Male heads of households</th>
<th>Female heads of households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Probolinggo &amp; Pacitan</td>
<td></td>
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</tr>
<tr>
<td>Open Defecators</td>
<td>1 group</td>
<td>1 group</td>
</tr>
<tr>
<td>Owners of Unimproved Facilities</td>
<td>1 group</td>
<td>1 group</td>
</tr>
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<td>Owners of Improved Facilities</td>
<td>1 group</td>
<td>1 group</td>
</tr>
</tbody>
</table>

### Other Criteria

- Married male & female
- 25 – 45 years
- With or without children
- Owner of improved defecator: should understand the decision making process of current improved sanitation

### Explanation of each segment:

- Open Defecators: people who defecate in the open, such as riverside, paddy field, forest, etc
- Owners of Unimproved Facilities: people who own sanitation facilities where:
  - Above the surface: the smell contaminates the air, not properly closed
  - Below the surface: the waste below the surface still contaminates the environment (water, ground) or not properly stored
- Owners of Improved Facilities: people who own sanitation facilities that do not contaminates the environment (air, water) or properly stored
Research Design – In-Depth Interview

• To confirm FGD findings and to give insights regarding people’s values and where sanitation fits in people’s life, 2 (two) In-Depth Interviews among experts (anthropologist / public health educator) will be conducted after the FGDs.

• **In-Depth Interviews were conducted on March 17 in Surabaya**
Probolinggo & Pacitan Overview

- Both districts were selected representing different ‘land types’:
  - Pacitan for hill area
  - Probolinggo for coastal area

![Map showing Probolinggo and Pacitan]

- Probolinggo: 4 villages in 2 sub-districts
- Pacitan: 3 villages in 2 sub-districts
Detailed Findings
Sources of Income

Main income:
Husband as breadwinner → Daily or monthly salary / income

Occupations:
• Farmer (owns farming land)
• Farm laborers (does not own farming land)
• Trader at traditional market
• Carpenter
• Hawker
• Driver of public transportation (including becak)
• Teacher
• Worker (in factory or others’ companies), either in Pacitan, other island (Kalimantan) or overseas i.e. Malaysia, Hong Kong, etc (especially in Pacitan)

Additional income:
Harvest time *) or when husband ‘finishes’ his work in another island / overseas

Occupations:
• Farm laborers (does not own farming land)
• Trader at traditional market
• Domestic worker (i.e. servant, washer woman, masseuse)
• Part-time teacher (at Kindergarten or Islamic Informal School)

Additional income:
Wife (few families) → Daily or monthly salary / income

Occupations:
• Farm laborers (does not own farming land)
• Trader at traditional market
• Domestic worker (i.e. servant, washer woman, masseuse)
• Part-time teacher (at Kindergarten or Islamic Informal School)

*) Harvest time will depend on:
• Type of crops
• Planting time
Expenditure Model

**Routine**
- i.e. monthly shopping, electricity, tuition fee, house rent, etc

**Waiting for extra money**
- i.e. livestock (goat, cow), pay debt, house renovation (including latrine)

**Accidental**
- i.e. Gift or donation for others (marriage, sickness, bereavement)

Will spend whether money is available or not:
- Money available → dispense
- Money is not available → borrow

Will only spend when money is available (having extra money), i.e.:
- Harvest time
- Husbands working on other island / overseas
- Donation from family members

Having a latrine (included in house renovation) is only considered when they have extra money → not prioritized
When extra money is available...

<table>
<thead>
<tr>
<th>Needs Fulfilled</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security needs</td>
<td>Payment of debt is prioritized as this is considered as obligation</td>
</tr>
<tr>
<td>Safety &amp; Security Needs</td>
<td>Extra money is treated as savings, but most do not have the habit of saving money at a bank. They tend to buy things that can be sold later when money is needed i.e. livestock (goats, cows), gold, ‘gerobak’ (horse or ox-drawn cart), etc.</td>
</tr>
<tr>
<td>Social Needs</td>
<td>Ownership of electronics will ease and entertain their lives. These also somehow reflect status of the family.</td>
</tr>
<tr>
<td>Social Needs Ego Needs</td>
<td>For most, home renovation / refurbishment are usually done in stages due to economical condition. Having latrine however, is not considered ‘a must have’. The needs may arise later after other needs above are fulfilled.</td>
</tr>
</tbody>
</table>
Decision of Big Expenditures in the Family

Husband and wife usually discuss and decide which big expenditures need to be prioritized.

Decision agreed

- Usually initiated by wife
  - Food, children’s needs, home renovation (some)

- Usually initiated by husband
  - Electronics, durables, home renovation (some)

Expenses

Decision is not agreed

1. Final decision is based on the husband’s decision as he is regarded as head of the family

Or...

2. Ask opinion of elders (parents, parents in law, older brother/sister)
Decision Making Regarding Sanitation

WIFE

Wife initiates when …
- Feeling **insecure** to open defecate, because might encounter difficulties or physical / natural harms
- Feeling **embarrassed** with neighbors when having to borrow their sanitation facilities (for example during dry season or experiencing diarrhea)
- Feeling **uncomfortable to open defecate** / have previously use improved sanitation facilities (before getting married)

HUSBAND

Husband initiates when …
- Wanting to **protect family’s honor** from physical / natural harm
- Feeling **uncomfortable to open defecate** / have previously use improved sanitation facilities (before getting married)

- There is an indication that wives are usually initiate the idea of having sanitation facility. However, the final decision must be made after discussion with husband, since husband is considered the breadwinners.
- **Needs to be reconfirmed at quantitative phase**
Key Learning

• While some area might be initiated by one of the pairs, but in general final decision making for major household expenditures is based on discussions between husband and wife. This is to avoid possible conflict in the future. Only if agreed discussion cannot be made, then the husband might have a bigger say in the end.

• Sanitation is only considered after routine and ‘accidental’ expenditures are met, and if extra money is available (as part of house renovation or refurbishment).

• However, it still competes with paying debts, buying things that can be sold later (i.e. gold, goat, cow, etc) and luxurious durables. There is an indication that sanitation facilities is not considered a valuable asset in the household. It cannot be resold if the family has financial problems in the future because it is part of the house – and most people think of selling the house as the last resort, if they have financial problem.
Defecation Behavior

• Open Defecation
• Unimproved Sanitation
• Improved Sanitation
Common Practices of Open Defecation

The 2 places common for open defecation:

In Pacitan and Probolinggo:

- “I usually go to the riverside because it is so close to my house” (Pacitan, Housewives)
- “The riverside is only like 100 meters from my house” (Probolinggo, Head of Household)

Mostly in Pacitan:

- “When in the forest, I cannot wait to return home so I defecate among the bushes” (Pacitan, Head of Household, Farmer)
# Open Defecation Habits

<table>
<thead>
<tr>
<th>RIVERSIDE</th>
<th>BUSH / FOREST</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who?</strong></td>
<td>• <strong>Who?</strong></td>
</tr>
<tr>
<td>• Those who live near the riverside</td>
<td>• Males, in emergency cases where they have to defecate when working in the forest or during the dry season when there is limited water in river</td>
</tr>
<tr>
<td>• Do not have sufficient land to build sanitation facilities (&quot;<em>jumbleng</em>&quot; in Pacitan)</td>
<td></td>
</tr>
<tr>
<td><strong>When?</strong></td>
<td><strong>When?</strong></td>
</tr>
<tr>
<td>• Tend to be in the morning (when it is still dark) or at night</td>
<td>• Tend to be during daylight</td>
</tr>
<tr>
<td>• Can be more frequent if suffering from diarrhea</td>
<td>• Can be more frequent if suffering from diarrhea</td>
</tr>
<tr>
<td><strong>How far?</strong></td>
<td><strong>How far?</strong></td>
</tr>
<tr>
<td>• 10 m – 300 m from home</td>
<td>• Quite far from home and from the river</td>
</tr>
<tr>
<td><strong>With whom?</strong></td>
<td><strong>With whom?</strong></td>
</tr>
<tr>
<td>• <strong>Housewives</strong>: Alone or with children</td>
<td>• <strong>Husbands</strong>: Usually alone, except when their wives ask them to accompany at night</td>
</tr>
<tr>
<td>• <strong>Husbands</strong>: Usually alone, except when their wives ask them to accompany at night</td>
<td></td>
</tr>
<tr>
<td><strong>How</strong></td>
<td>• <strong>How</strong></td>
</tr>
<tr>
<td>• <strong>The process</strong>: some squatting on the river side so buttocks do not touch the water; some squatting in the river, so part of their buttocks touch the water</td>
<td>• <strong>Anal cleaning</strong>: with stones or leafs, and cleaned with water later when the arrive at home</td>
</tr>
<tr>
<td>• <strong>Anal cleaning</strong>: with water, in the river, some clean it again with water later on but some do not</td>
<td>• <strong>Anal cleaning</strong>: with stones or leafs, and cleaned with water later when the arrive at home</td>
</tr>
<tr>
<td>• <strong>The waste</strong>: will be gone with the water flow or eaten by fish</td>
<td>• <strong>The waste</strong>: buried in the ground</td>
</tr>
</tbody>
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**Understanding Sanitation Habits**
View of owners vs. others’ view of owners

• **Those who do not have sanitation facilities see themselves as:**
  - Poor, do not have enough money to build sanitation facility but believe society still accepts their habit (many still do that).
  - Some believe that they do not really contribute to polluting the environment as waste will be naturally processed (do not create bad smell or become garbage/refuse)

• **Others (owners of sanitation facility), see those who open defecate as:**
  - From lower economic social class, lack funds to build own toilet
  - Have limited area in their house to build toilet
  - Lack awareness of health environment (some)
  - Have less shame of themselves and their body (esp. women) (some)

“It is not so proper, there are many who already have a toilet in their home but it is something common in my neighborhood. Sometimes those who have toilets at home still go to the riverside” (Pacitan, male, open defecator)

“I think in my village, even some of the rich ones still go to the river to defecate, because it is a habit” (Probolinggo, female, open defecator)

“I don’t think they are as poor as that. If they prioritize it I’m sure they will have their own toilet someday”” (Pacitan, female, improved sanitation owner)

“Maybe they want to have their own toilet but they just don’t have the money” (Probolinggo, male, improved sanitation owner)
Key Learning – Misconception Knowledge

• There are few **misconception regarding waste and its effect on the environment**. While it might be possible for human waste to be naturally processed, however the **concept of human waste as source of pollution is not clearly understood by people**.
• Thus, it is beneficial to raise this issue during health education or communication for the product
Open Defecation Means …

Physiological Aspect
- Have to ‘hold’ it if there is a need to defecate
- Uncomfortable when defecating; possibility to get cold / hot, to get itchiness, to pay attention to children at the same time

Psychological Aspect
- To avoid embarrassment of using improved sanitation of others → to look independent
- Embarrassment, especially for women… although they know that it is quite common to defecate at the riverside

Social Aspect
- Those who do not own improved sanitation are considered to be from low economic class, not well educated and do not care about the environment

• Research team feels that satisfaction of current defecation method is low.
• They do want to have sanitation if family financial is allowing them to do so
So…why do they keep defecating in the open?

Research Team Take Out

- Scarce living conditions
- Lack of and uncertainty of income
- No social punishment for open defecating
- Some of them still consider it as a natural habit (cannot defecate in closed space)
- Contamination of waste to health is not clearly understood
- They do dream of having sanitation facilities, but only after all life priorities are met (low priority in household expenditure)

Key Learning:

- Limited funds and it being a socially accepted habit make people still practice open defecating

There is no major motivator to change the habit
Defecation Behavior

- Open Defecation
- Unimproved Sanitation
- Improved Sanitation
Common Practices of Unimproved Sanitation - PACITAN

Definition of Unimproved Sanitation:

- **Unimproved Sanitation**
  - “Hole dug 2 m deep used to keep the waste”
  - “Have wood, cement or something more permanent as a place to step on”
  - “The hole can be opened or half closed”
  - “No water needed to throw the waste away (dispose of the waste)”

- **’Jumbleng’ / ’Cemplung’**

- **When?**
  - Anytime

- **How far?**
  - 10 m – 30 m from the house, but still within own land

- **With whom?**
  - Alone, except children below 7 years old who are usually still accompanied / helped by parents

- **How to clean?**
  - **The body**: With water brought from the bathroom. Some already have a source of water near the hole
  - **The waste**: No need to clean up, it will be thrown (fall) into the hole
Triggers of Having Unimproved Sanitation - PACITAN

• **Not in close proximity with the river**
  - Live on hills or slopes where clean water is difficult to find, especially during the dry season
  - Thus digging holes as a way of having (unimproved) sanitation

• **Present themselves as independent**
  - Borrow or use other people’s toilet can create embarrassment → it is considered bothering and impolite (because we “give” waste to others)
View of users vs. others’ view of users - PACITAN

- Those who own unimproved sanitation facilities see themselves as:
  - Poor, do not have enough funds to build improved sanitation but at least they feel independent of having their own sanitation

- Others (who own improved sanitation) regarded those who do own unimproved sanitation facilities as:
  - From low economic class who have quite a large land to build unimproved sanitation
  - Quite shy compared to those who defecate on the riverside
  - Sometimes bad odor can be smelt from (reaches) others’ home → pollute air

“I think they are quite shy because the sanitation place is closed, they do not want to show their body to others”
(Pacitan, female, improved sanitation owner)
Using an Unimproved Sanitation… - PACITAN

**Unimproved Sanitation**

**Physiological Aspect**
- Have to stand bad smell (especially during defecating)
- During rainy season / at night is rather difficult to access (because far from home)

**Psychological Aspect**
- More independent – have their own sanitation at home

**Social Aspect**
- More accepted compared to defecating at the riverside or among bushes.

Research team feels that these people have low satisfaction of current defecation method and want to have improved sanitation.
Common Practices of Unimproved Sanitation - PROBOLINGGO

- In Probolinggo, many houses are close to a river. It is common to find people who own latrines (including modern sitting toilets) but do not have a septic tank to dispose of the waste. Instead, they dispose of human waste in the river using a PVC pipe.

- Thus, these people may not consider themselves as owners of “unimproved” sanitation. Instead the definition comes from World Bank.

Definition of Unimproved Sanitation

- “Human waste is disposed of in the river, through a certain length of PVC pipe, without the use of a septic tank”

“Do Not Own Septic Tank”
Reasons for Not Having a Improved Sanitation (with Septic Tank) - PROBOLINGGO

Septic tank is considered as the advanced (improved) type of sanitation facility in Probolinggo. There are no other improved types that they know of. Here, the soil condition in the area is the main reason for these people for not having improved sanitation (with a septic tank):

- **Condition of the Soil**
  - Water easily seeps out from the soil. Thus, one must build a strong and thick septic tank to avoid the possibility of human waste seeping through and polluting the source of clean water in the neighborhood
  - There is not enough land space in their house to build a septic tank

- **Expensive to build and maintain a septic tank**
  - It is more expensive to build septic tank (needs to be strong and thick).
  - Since the toilet is used by other people, regular maintenance must be done (cleaning the septic tank because it will fill up a lot quicker) which means additional cost to prepare.

- **Since my house is near the river stream ...**
  - “I just use a PVC pipe and dispose of the waste in the river”. It is cheaper and at the same time it protects the clean water source in the area.
Understanding Sanitation Habits

Triggers for Having Sanitation Facility Even Without a Septic Tank - PROBOLINGGO

**PERSONAL EGO**

- **Protect family well-being**
  - Mostly from a husband’s point of view, having a toilet means protecting the family from harm (especially wives who are afraid of the dark, floods, snakes or even criminals)
  - Experience of discomfort when family members suffered from diarrhea (especially among children) – and must frequently go to the river
  - *Experience of parents being old and sick; and cannot go to the river anymore (few)*

- **Present themselves as modern and advanced**
  - Usually, visitors from out of town do not have the habit to defecate in a river. To avoid feeling embarrassed, they prefer to build a toilet to address this matter
  - Feeling that having a toilet is one step ahead in climbing the social ladder

“*My wife never goes to the river, she is not used to it. She feels embarrassed and uncomfortable. So I thought I’d better build my own toilet …*” (Probolinggo, male, unimproved sanitation owner)

“The river near my house sometimes floods, so I am afraid that when I go there I might be carried by the water. So I told my husband and we agreed that it would be better if we have our own toilet …” (Probolinggo, female, unimproved sanitation owner)
**View of users vs. others’ view of users - PROBOLINGGO**

**• Those who do not have own septic tank see themselves as:**

- Socially advanced, compared to open defecators
- Aware of the environment, because a septic tank is considered ‘dangerous’ as it can pollute the source of (drinking) water if not carefully planned (*only few*)

“If I build a septic tank, the cost will be very big. Plus I’m worried that it will pollute the water source. If I dispose of it in the river, my environment will be free from pollution” (Probolinggo, male, unimproved sanitation owner)

**• From others’ view, those who do not have a septic tank are regarded as:**

- From lower economic class (compared to those who have a septic tank)
- Have close access to the river

“Maybe their house is near the river, so they have easier access to dispose of it there” (Probolinggo, female, improved sanitation owner)

“Maybe they want to reduce the cost” (Probolinggo, male, improved sanitation owner)
Using Unimproved Sanitation… - PROBOLINGGO

Unimproved Sanitation

Physiological Aspect
- More comfortable → easy access, clean

Psychological Aspect
- More independent feeling – have their own sanitation at home
- More modern and upscale feeling – more confident about themselves

Social Aspect
- More advanced compared to open defecators

How to make them see that their practice is no different from those of the open defecators?

• Research team feels that these people have a relatively high level of satisfaction with their current sanitation practice.
• Do not see themselves as polluting the river
Defecation Behavior

- Open Defecation
- Unimproved Sanitation
- Improved Sanitation
Common Practices of Improved Sanitation

Definition of Improved Sanitation

- "Permanent pit-toilet with goose neck"
- "Sitting or squatting pit-toilet"
- "With septic tank"

When?
- Anytime

How far?
- Some: part of the house (located near kitchen or at the back of the house)
- Some: outside the house (<10 m)

With whom?
- Alone, except children below 7 years old who usually are still accompanied / helped by parents

How to clean?
- The body: with water available near the toilet (through water tap or bucket)
- The waste: flushed through the pit
Triggers to Having an Improved Toilet (With Septic Tank)

- **Personal Ego**
  - Having a modern and more comfortable lifestyle
    - Coming from a bigger city (cases in Probolinggo); accustomed to having improved sanitation thus unwilling to ‘down grade’ their lifestyle
    - Having their own toilet improves their feeling of comfort while defecating

- **Social Ego**
  - Present themselves as modern and advanced
    - Another step up on the social ladder → perception in the society that households in the higher economic class should have advanced housing, which includes toilets (economically, they are more advanced)
  - Protect family well-being
    - Mostly from a husband’s point of view: having a toilet means protecting the family from harm (especially wives who are afraid of the dark, flood, snakes or even criminals)
    - Experienced discomfort when family members suffered from diarrhea (especially among their children) – and must frequently go to the river
View of users vs. others’ view of users

- Those who own (improved) sanitation see themselves as:
  - Quite wealthy, well educated
  - Higher social status compared to those don’t have

- Quite similar with how others see themselves, they perceive those with healthy sanitation as:
  - Quite wealthy, well educated
  - Higher social status compared to those who don’t have
  - Those who received a donation from the government to build improved sanitation (few)
Using Improved Sanitation…

**Physiological Aspect**
- More comfortable → easy access, clean, no smell

**Psychological Aspect**
- More independent – have own sanitation at home
- More modern and upscale – more confident of themselves

**Social Aspect**
- Home with improved sanitation is regarded an ideal home
- Home with improved sanitation is more preferred as a place for gathering

High satisfaction with current sanitation, already regarded as the best that they can have
Key Learning – Owning Sanitation Facility

• Currently, triggers for having unimproved and improved sanitation are similar. The difference of having unimproved and improved sanitation facilities are based on mainly depend on geographical area (near the water or not, have sufficient land size or not) and clean water availability.

• There is an indication that clean water for anal cleansing is very important in a sanitation facility and that water-flushed system is the only one they know of to get rid of the smell. Thus, education regarding other type of sanitation system will be important to increase their awareness, though may not enough to change their current behavior
Key Learning - Hierarchy of Needs (Based on Maslow’s Hierarchy of Needs)

**Key Learning:**
- Having sanitation facility (any kind) is related to ego and social needs fulfillment, thus these will be drivers to change.

**Blue font:** routine expenditure

**Pink font:** ‘accidental’ expenditure

**Green font:** extra money:

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**PHYSIOLOGICAL NEEDS**
(Food, water, electricity, rent a house, children clothing, health, basic shelter / home (not including latrine))

**SAFETY & SECURITY**
Children’s tuition fee, school's building fee, live stock (i.e. goat & cow)

**SOCIAL NEEDS**
(Gift/ donation for others (sickness, marriage, bereavement), family gathering (children circumcision, marriage), having sanitation)

**EGO NEEDS**
(Luxurious home (permanent and well furnished home), motorcycle or car, luxurious durables including hand phone)

**SELF-ACTUALIZATION**
Specific hobbies
Key Learning - “Understanding of toilet”

Perception of toilet:

- A room complete with “pit-toilet” and water to flush the waste
- “Pit-toilet” can be squatting or sitting
- Sitting model is considered as the “modern” type of pit-toilet (“just like in the big cities”)
- A squatting toilet can be cheap or expensive, depending on the materials (porcelain or cement)

“WC” is their term (only few familiar with term ‘jamban’)

It is clear that there is a GAP between the physical structure of a toilet and its function.

These people do not see the actual function of toilet (of what is below the surface). In their eyes, a toilet would consist of several elements (including the actual room with cement, pit-toilet, and the water to flush)

The reason for not having a toilet is ‘price barrier’ based on their perception of the physical set up.
Sanitation Shopping Process
### General Illustration – Decision Making

- **Some husbands initiate** having sanitation facilities, because:
  - Not used to defecate in the open
  - Worried with the safety of their family members
  - Feel that they are already able to step up the “social class ladder” and have enough money to own sanitation facility
  - Feeling embarrassed of using someone else’s facility

- **Some wives initiate** having sanitation facilities, because:
  - Worried with their safety if have to go to the river
  - Feeling embarrassed or uncomfortable for having their body part shown
  - Not used to defecate in the open
  - Feeling embarrassed of using someone else’s facility

> “Maybe we need to have our own sanitation facility”

**Start discussion about**

- How is our financial condition? Do we have enough money? *(most important)*
- Where will we build the facility? Inside the house, outside the house?
- What kind of facility will we have? Squatting or sitting toilet? How will we dispose the waste?
Husband and wife agree to have a toilet facility.

Husbands usually go find Mason (easily found in their area).

Consult mason about materials needed, i.e.:
- Cement, coarse sand, stones
- Pipe
- Pit-toilet (mostly ceramic-made)

Also ask masons about their working fee (usually per day).

Mason builds the toilet; will take no longer than 1.5 week (depends on the room size).

Go to building-material store; at sub-district (kecamatan) or district capital (kota kabupaten).

Sometimes also get information about price estimation from neighbors who have built a toilet facility.
So, is it a difficult shopping process?

- Consumers do not feel that shopping for sanitation materials is a complex or complicated process. Both materials and masons needed to build the toilet are available in their area.

Thus, the barrier to having a personal toilet is not due to lack of outlets or human resources to build it. The main drawback is the funds to buy the materials or pay the masons.
Key Learning

- Since consumers do not have many ideas of toilet types (their knowledge of toilet type is what they are aware of so far, i.e. : sitting or squatting pit toilet, with clean water to flush) – discussions for decision making is not complicated. Sanitation facility is not something that they pay big attention to – unlike durables, for instance, where their level of involvement to such will be higher.

- Thus, the discussion will mainly be about the fund. They are not aware or do not care about, for example:
  - What happen below the surface of a sanitation facility
  - Features of sanitation facility available
Evaluation of Health Sanitation Concepts
Concept 1: “Is Your Prayer ‘Valid/ Correct’ with Given Procedures?”

“As long as the river flows, it is still correct according to given rituals. Even if the water is contaminated …”  
(Probolinggo, female, unimproved sanitation owner)

“The river here is big and the water flows. So it is okay …” (Probolinggo, male, improved sanitation owner)

“But here, people usually take water for wudhu’ at a well, not at the river. Even when we take a bath, we take water from a well …” (Pacitan, female, open defecators)

“I think it is still correct because the water flows …” (Pacitan, female, improved sanitation owner)
Concept 1: “Is Your Prayer ‘Valid/ Correct’ with Given Procedures?”

EVALUATION

- Respondents cannot easily take out the key message of this concept as they somehow feel that the situation is irrelevant to the actual procedure of praying because:
  - Water that flows along is okay to use for *wudhu’* even though it is contaminated.
  - In addition, most masjids (mosques) as shown in the concept will already provide clean water for *wudhu’*; so people will not use water from the river.

Thus, this concept lacks appeal and relevance.
Concept 2: “Don’t Be The Subject of Gossip”

“Exactly, the reason why we have a toilet is to cover our ‘aurat’ (Islam term: body parts that must be hidden from non-member of family) …” (Probolinggo, male, unimproved sanitation owner)

“Yes, that happens a lot, sometimes when we are defecating, there are men who are fishing near us, we feel embarrassed…” (Probolinggo, female, open defecators)

“I think here, it is common. I mean, it is not a strange thing anymore …” (Pacitan, male, unimproved sanitation owner)

“I don’t think there are people here who own DVD but do not have toilet …” (Pacitan, male, open defecators)
Concept 2: “Don’t Be The Subject of Gossip”

- The part of “his wife’s buttocks” is considered funny and easily generates laughter. It is relevant to current situation – since it has high possibility to occur among open defecators.
- The second part of “own DVD but do not yet have toilet” is not considered highly relevant. DVD is considered a luxury item in both areas. It will be more relevant if the concept talked about a more common household item, i.e.: TV.

- This concept generates some appeal, especially the part with “wife’s buttocks”. Some respondents feel that this can make husbands consider having their own toilet to avoid embarrassment of “displaying” his wife’s body.
- However, among some open defecators, this situation is not considered unusual – they accept it as it is.
Concept 3: “Cak Kempling – Stop ‘Plung’”

“Well, it is true, usually Maduranese defecate at the river…” (Probolinggo, male, open defecators)

“Even if we do not defecate in the river, it will not make any difference because of industrial waste that is being thrown into the river…” (Probolinggo, male, unimproved sanitation owner)

“I think here, this portrayal is not relevant. When we defecate, it will be immediately be eaten by fish (so it will not result in a pile of waste)…” (Pacitan, male, open defecators)

“I don’t think it is relevant because here only one or two people go to the river. It will not create pollution…” (Pacitan, female, improved sanitation owner)
Concept 3: “Cak Kemplung – Stop ‘Plung’”

- This concept is relatively easier to comprehend.
- However, in terms of relevance, some noted that there are other factors that make rivers dirty or polluted aside from human waste, i.e.: industrial waste from various factories in the area. Thus, cleaning the river cannot be done only by making people stop defecating there.
- In addition, in reality, they feel that human waste can easily be processed naturally (i.e. eaten by fish) thus will not create ‘heavy pollution’ as portrayed by the concept.
- There is no strong rejection of “Cak Kemplung” portrayal because respondents only see him as a spokesperson.

- This concept is moderately appealing – although it does not carry new information, only the idea of “cleaning the river”.

EVALUATION
Key Learning

• All three concepts do not seem to be highly effective to make people think twice about the consequences of open defecating. Most respondents from Pacitan and Probolinggo do not quickly draw the intended key messages in the concepts.

• Only the concept of “possibility of having wife’s buttocks displayed” seems to be closer to current reality – and may generate second thoughts among husbands.

• However, this also does not have an extremely strong pull. This situation is considered an everyday fact among open defecators. They tackle this issue simply by observing surroundings when defecating (avoid when there are many people around), building “semi-permanent” toilet above the river to hide themselves from public eyes (as with several cases in Probolinggo) or by going to the riverside early in the morning, when it is still dark (several cases found in Pacitan).

Thus, motivating people to change their open defecating habit might have to come from a different angle.
Concept “Jamat” – Jamban Sehat

“Beli Jamat, enggak mahal-mahal amat!”

Jambanku sehat!

PAJAMAT (Petugas Ahli Jamban Sehat)

Kios Jamat. Dapatkan Jamban Sehat di sini!
Evaluation

The term “Jamat”:
- It is not a common “term”; “Jamat” sounds like “Camat” (head of sub-district) or even “Jumat” (Friday). Few in Probolinggo even think that “Jamat” is a brand name for pit-toilet product.
- For some respondents in Probolinggo, “Jamban” is not associated with WC, but as “pit-toilets” or public toilets provided by government.

“Jambanku sehat!” means:
- Toilet that is clean
- Toilet that does not produce bad smell (invite flies)
- Toilet that does not pollute environment
- Toilet with a septic tank (among improved sanitation owners)
- “Modern” toilet - sitting toilet, complete with toilet-cover (few, Pacitan)

• This line means that one is expected to buy the product → thus, “Jamat” is a built-in product (most likely the pit-toilet)
Evaluation

“PAJAMAT” means:

- An officer from the Health Department or District government that gives counsel or information regarding health and sanitation (Most).
- People who know how to build a healthy toilet (few, Probolinggo)

- This line is linked to a place that sells pit-toilet products. Some see that it only sells the pit-toilet without other needed materials.
Key Learning

- Consumers only see the “Jamat” concept as an advice or suggestion to purchase pit-toilet. It does not generate high appeal or high level of comprehension. The majority only guess what “Jamat” is all about – without actually understanding the idea of “Healthy (Improved) Toilet”.

- To some, the introduction of “PAJAMAT” is translated that this suggestion is coming from the government or its agency. Thus, it opens possibility of getting financial aid to buy “Jamat” product

Must be careful to introduce this concept as it might mislead people to think that it is a campaign of “getting free or cheap” pit-toilet product from government
Conclusions and Proposed Actions
<table>
<thead>
<tr>
<th>Barriers to Adopt Improved Sanitation Among Open Defecator and Unimproved Sanitation Users</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Economical:</strong></td>
</tr>
<tr>
<td>• Scarce living condition, and sanitation is of low priority compared to other needs (low income and lack access to cash)</td>
</tr>
<tr>
<td><strong>Conditions:</strong></td>
</tr>
<tr>
<td>• <strong>Pacitan</strong>: Home with limited water supply (i.e. on a slope area)</td>
</tr>
<tr>
<td>• <strong>Probolinggo</strong>: River (or water stream) is in close proximity; it is seen as easy and cheap access to dispose of waste compared to building septic tank</td>
</tr>
<tr>
<td><strong>Social:</strong></td>
</tr>
<tr>
<td>• Some consider open defecating as part of habit (socially accepted)</td>
</tr>
<tr>
<td><strong>Physiological:</strong></td>
</tr>
<tr>
<td>• Cannot defecate in a closed room; smell their own waste</td>
</tr>
<tr>
<td>• Cannot defecate if the buttocks do not touch water</td>
</tr>
</tbody>
</table>

Orange fonts: barriers that need to be supported by external factors
Green fonts: barriers that still can be changed through communication → internal factors
Economical barriers – for not prioritizing sanitation

• Sanitation is considered of low priority. It is not seen as improving either present life condition or as investment for the future (= not value for money; what are the benefits I can get from having sanitation?)
  √ Important factors in the present time:
    – Daily survival (meaning food or clothing)
    – To be part of the society (giving gift or donation to others)
  √ Important factor for the future:
    – To make sure my children get a better life (meaning education)

• Sanitation is not directly associated with health
  √ Do not understand the contamination of disease-route
  √ Poor health condition is seen as a consequence of a poor living situation and often taken for granted
  √ Health is not a strong motivator to change behavior

• There is a lack of understanding on the function of toilets
  √ Perception of sanitation is skewed towards physical structure (close cemented area with pit-toilet), which is expensive to build
Open Defecation is a habit …

• Open defecation is seen as a habit that still widely accepted by the society. Even if open defecators have the knowledge of health-concept in their mind, if nobody raises attention to this problem – especially by those who they see as “leaders” in the society, it will not make them worry.
  – “Why should I care about changing my habit if others are still doing it anyway?”

• So, having sanitation facility also deals with change in behavior as well as changing their mindset – and this cannot be done in a short term.
Currently, what are the drivers of behavior change?

**SOCIAL NEEDS**

**Social status**
- Do not want to be the subject of gossip
- One step up the social class ladder
- Seen as being more advanced, more independent, and modern

**EGO NEEDS**

**Self esteem**
- Protect family honor and well-being
- Avoid being “looked-down” upon by outside visitors
- Have a more comfortable lifestyle

“**I want be better than the rest of the people in my society**”
Misconceptions to Clear / Clarify

• There are a number of misconceptions regarding sanitation (and sanitation facilities) that will need to be clarified to help behavior change:
  – The pollution / disease path of human waste in the water
  – The function of sanitation facility (or criteria of improved/healthy sanitation), including what is below the surface and method to get rid of bad smell. So, they can have options of sanitation facility to consider (depending on budget and geographical condition)
  – The concept of water-flushed toilet to dispose human waste, as it is possible to have improved dry latrine (such as closed “jumbleng”)

• Information regarding different types of pit-toilet / latrine needs to be shared with consumers, so they are aware of options that they have when they want to purchase sanitation facility.

• In addition, there is a missing link between what will open defecating do to them. They cannot see how open defecating can actually “harm” their life (carry disease, etc). Especially since health is seen as God’s given.
Comprehensive Solutions

Communication tapping into ‘Social Needs’ & ‘Ego Needs’ Drivers and Saving Education

• Communication tapping into ‘social needs’:
  – Defecating in an open space can be an object of gossip among neighbors … create feeling of embarrassment!
  – Having improved sanitation creates a more advanced, more modern and independent image

• Communication tapping into ‘ego needs’ driver:
  – Something relevant to their ego, i.e. protect family from harm, not regarded as “looked down” upon by visitors, etc

• Need to educate through communication that having healthy sanitation is something affordable and achievable! Share ‘success story’ of those who saved to build sanitation

Social Reinforcement

• Role of highly respected persons in the society is important to endorse / advice healthy sanitation.
• Need to reinforce people to adopt healthy sanitation i.e. reward those who can build sanitation within 1 year

Provide Water Source & Give information on healthy sanitation

• Pacitan:
  – Unavailability of water source should be tackled by the community to provide access to water source; or
  – Educate that healthy sanitation can be achieved through having ‘jumbleng’ with closed cover to avoid bad smell

• Probolinggo
  – Educate the right way to build a septic tank for land close to river; thus not polluting water source

Geographical

Economical (Prioritization)

Social
To be probed further in quantitative stage

- From this study, there are several issues that may need further confirmation during quantitative stage:
  - Main initiator of having sanitation facility in the household and main reason
  - Main decision maker of having sanitation facility in the household
  - Main drivers and barriers to have sanitation facility in each area → so that communication and action can be addressed properly
  - Cost for making sanitation facility (among owners)
Expert Interviews

- To gain full idea regarding sanitation behavior in East Java, Nielsen interviewed 2 (two) experts from Airlangga University – to give additional insights.

- These experts were:
  - Professor Lorens Dyson P: senior lecturer at Anthropology Department, Faculty of Social and Political Study, Airlangga University
  - Dra. Shrimarti R. Devy, M.Kes: senior lecturer at Behavior Science and Health Promotion Department, Faculty of Public Health, Airlangga University
Rationalising sanitation habits

• Sanitation is not a priority, mainly for 3 (three) reasons:
  – In general, the expert view is that sanitation is perceived as expensive (toilet, septic tank) and people have other things to prioritize (food, education, clothing). In addition, sanitation cannot be seen as directly improving their life (not value for money).
    “They are very poor, they cannot afford it. Even facility from government like ‘raskin’ (rice for the poor) is still too expensive. So, they prefer to defecate in the open, dig hole then cover it. Besides, it is weird for them, the habit of people in the city, why in the world should we keep our own waste (in septic tank). Why should we pay something to throw away own waste?”
  – Health is considered “God’s given”, either by way of disease or good health. Thus, disease prevention is not necessary as it does not impact the end result.
    “Health is not important for rural people. It is more of the upper class concern. Besides, for them, sanitation does not have any relation with disease”
    “They think that diseases come from God. If you live your life according to God’s rules, you will not get sick”
  – In some areas in East Java, clean water is difficult to get. Thus, it needs to be used carefully – sanitation is seen as wasting that clean water.
    “In area like Pacitan, Sampang, clean water is difficult to get – so they think that it is more important to minimize the use of clean water”
Behavior change – role of driver concepts (1/2)

• There are 4 (four) concepts related to behavior change:
  – **Thoughts and feelings**: based on knowledge, perceptions, and beliefs.
  – **Personal reference**: there is one (or more) person (s) that acts as “leader” (*panutan*) to change undesirable social behavior
  – **Resources**: natural or technical resources. In sanitation, this includes septic tank, clean water, etc.
  – **Social culture**: there are specific values and culture in the society that are very important; ignoring these values and culture will result in someone not being accepted in the society or seen as outsider

• Currently, the experts thought that personal reference and social culture play important roles in behavior change, including sanitation.
PERSONAL REFERENCE

- Experts see that the “leader” can come from the ranks of religious leader, tribe leader, or government officials.

- However, the current issue that must also be considered is the crisis of trust among people towards “so-called” leaders. Thus, anyone appointed as leader for sanitation behavior change must seen as “clean”, “wise”, and “trustworthy” – he/she needs to be socially accepted and trusted by people in the area. They should be seen to have credibility in the area of sanitation.

SOCIAL CULTURE

- In terms of social culture, experts also see that each person has their own role in the society. Even for the younger members of the community who might have been in touch with modernity and modern sanitation practices (for example people who work as labor force in urban area or even foreign countries) there will be a tendency for them not use that knowledge to persuade their parents or family because it is not their place to do so.

- In addition, they cannot sacrifice “being different” in a society where others are yet to be practicing healthy sanitation.
Thoughts for World Bank

• While World Bank has a plan to improve sanitation in East Java rural, experts see that there are several things need to be considered in this effort:
  
  – World Bank should treat sanitation programs as an effort to empower community; to improve their standard of living, thus addressing the need for health education. Since changing this behavior involves changing generations of alternative practice, it is necessary to teach health education from the very beginning. This should be considered as long term investment.
  
  – It is not enough to simply provide “cheap” resources (such as a clean water facility or inexpensive pit-toilet) to change behavior in sanitation because behavioral change is also related to social values and cultures. There are underlying values behind current unhealthy sanitation practices and are beyond economical factor (and which might not be fulfilled through improved sanitation).
  
  – Indonesia rural society, including East Java, have a different mindset based on their social values and cultures. Thus, any program that World Bank plans to implement to change behavior will need to incorporate a deep understanding of values and cultures in the area. For this, World Bank will need close coordination with local leaders to make sure that the program will run smoothly in both the short and long term.
Thoughts for World Bank

- Monitoring the program is as important as launching it. The team responsible for the program has to make sure that it will not stop in the midstream, especially because behavior change is a continuous process.
Thank you