

**PATTERNS OF HUMAN EXCRETA DISPOSAL IN AYIKUMA, SHAI-  
OSUDOKU DISTRICT.**

**BY**

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**THIS THESIS IS SUBMITTED TO THE UNIVERSITY OF GHANA,  
LEGON IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR  
THE AWARD OF MPhil SOCIOLOGY DEGREE**

**JULY, 2013**

## DECLARATION

I hereby declare that except for references to other people's work which have been duly acknowledged, this work is the result of my own field investigation carried out under the supervision of Prof. Kodjo Senah and Dr. Peace Tetteh both of the Department of Sociology. I also declare that, to the best of my knowledge, this thesis has never been presented in whole or part for another degree elsewhere.

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## DEDICATION

This work is dedicated to a wonderful person, Mary Naah, my mother, for her sacrifice, perseverance, humility and strength. She gave up everything for us and this has made me what I am today.



## ACKNOWLEDGEMENT

I owe it a duty to show appreciation to all those whose guidance and support made it possible to produce this work. My praise and thanks go mostly to the Almighty God for his mercies, wisdom and good health to complete this work.

Many heartfelt thanks to my supervisors, Prof K. A. Senah and Dr. Peace Tetteh, for their ‘critical eye’ and excellent supervisory expertise without which this thesis would not have been completed. Words alone cannot express my gratitude.

I am also grateful to SUSA Ghana and the Dodowa Health Research Centre for providing me with the logistical and financial support to undertake this work. I thank them also for giving me the platform to venture into an uncharted area in medical anthropology and public health.

To the Shai-Osudoku District Assembly, the chief, elders and residents of Ayikuma, I owe them a debt of gratitude for their warm reception. I say thank you to Michael, my translator and facilitator for being my voice and ears during data collection.

Again, my heartfelt thanks go to my family and friends for being there for me throughout the period of writing this thesis. To my five sweet hearts; Lelia, Anette, Tony, Evelyn and Ferdy, thanks for your prayers and encouragement. You taught me the essence of family. To Vitus, for your love and support, I say you are greatly appreciated. Noela, Leo, Joana, Judith and Kofi, thanks for your encouragement and for being there.

Finally to my mum and dad, I can never thank you enough for your love, advice, encouragement and support which has brought me this far. I am grateful that you both believe in me.

However, while acknowledging the diverse assistance I received from friends and relatives, I wish to state that I am solely responsible for any misrepresentation or misinterpretation of data obtained from the field and or from documentary sources.

## ABSTRACT

This thesis explores the defecation practices and preferences of the people of Ayikuma, a peri-urban community in the Shai-Osudoku District of the Greater Accra Region. The community has few social amenities: There is only one public-private toilet facility serving residents but this facility is hardly patronised. The majority of the people practice open defecation. The study was undertaken against the backdrop that understanding local conditions and specific needs of people is necessary to facilitate improvement in their sanitation behaviour.

To study the defecatory behaviour of the people, the study was guided by the following objectives: **a)** To outline the history of faecal matter disposal in the community and how this informs present methods of excreta disposal; **b)** To investigate the factors that influence point of defecation preference of community members; and **c)** To find out preferred options for defecation of community members.

The study was undertaken using triangulated quantitative and qualitative research techniques. Thus, a household survey, focus group discussions, in-depth interviews and observations were employed to elicit varied views on defecation practices and preferences in the community.

### Major Findings

- It was found that Ayikuma was introduced to public toilet system as early as 1916 by the British colonial authority. Toilet use was free until the 1990s when franchising was introduced and fees were charged. Presently, there is a 12-cubicle public-private flush toilet facility but it is hardly patronised by community members. This is so because there is a perception held by many residents that the fee charged for use of the facility is too high and also that the location of the toilet is not appropriate.

- The majority of households do not have a toilet facility. People, therefore, make use of group-financed toilets, ‘solidarity toilets’ and the bush. However, these toilets are not child-friendly. Therefore, children defecate in chamber pots or in the bush.
- In choosing a place to defecate, the residents consider the following: their financial status, age, privacy and safety, the cleanliness and hygienic nature of a defecation point, cultural prescriptions and beliefs pertaining to faecal matter as well as family ties and relationships.
- Generally, the people prefer to have toilets in their homes for convenience and easy access. Although public water supply is not regular in the community, the majority of people prefer flush toilets.

### **Recommendations**

On the basis of these findings, it is recommended that:

- The Shai-Osudoku District Assembly like all district assemblies in Ghana should provide toilet facilities that are owned and patronised by the local population, while ensuring that the community context reflects in the type of facility provided.
- The district authorities should see the provision of proper sanitary facilities as a responsibility so that people can enjoy access to decent toilets at affordable rates.
- The worldview and cultural subscriptions of people should never be underestimated if gains are to be made in good sanitation. Sanitation education should incorporate the perspective of the community members who are the target of this education.

### **Future Research Agenda**

This study has focused specifically on Ayikuma, a peri-urban community. Further studies may be undertaken in future to ascertain the extent to which the findings and recommendations are applicable to other peri-urban communities in the country. In particular, the issues of smell and gender should also be examined to ascertain how they influence excreta disposal among males and females.

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## CHAPTER ONE

### SANITATION CRISIS: A GLOBAL OVERVIEW

#### Introduction

The main focus of this thesis is human waste management. In more specific terms the focus is on the defecation practices and preferences of a people, the dynamics at play in these processes and the decisions people make on where to defecate. This study is part of a bigger ongoing research coordinated by the Sustainable Sanitation Solutions, Ghana. The research focuses on five broad areas in sanitation: (a) preferences and practices in peri-urban sanitation; (b) technical and urban planning barriers to improved sanitation; (c) occupational health risks in waste removal and treatment; (d) sanitation business systems in peri-urban settings; and (e) monitoring and evaluation of private sector sanitation contracts. This study is embedded in the first area, preferences and practices in peri-urban sanitation. In this way, its focus is narrowed to people's preferences and practices in defecation.

Human waste management is one of the world's most difficult public health crisis today. This is reflected in the interventions of the international community over the years. In 1977 for instance, the United Nations came up with the Mar del Plata Action to address water supply and sanitation needs of developing countries. This gave rise to the International Drinking Water Supply and Sanitation Decade of the 1980's. The provision of drinking water and sanitation for the entire world population by 1990 was the core of its mandates (Whittington et al. 1993). However, meeting these goals was a mirage as sanitation, especially, lagged far behind water supply. It was for instance estimated that about 1.7 billion people still lacked adequate sanitation systems and even after some form of sanitation services were provided, this figure remained the same in the 1990s.

Recognising this trend, many governments and international bodies have battled and continue to battle with environmental pollution and management of waste in contemporary times. Perhaps, the first and second Earth Summits in 1992 and 1997 made a significant mark in this quest. These summits were a climax of a process started by all member states of the United Nations in December 1989 to plan, educate and negotiate with governments to rethink economic development and find ways to halt the destruction of irreplaceable natural resources and pollution of the planet. The recurring message of these summits was that poverty as well as excessive consumption by affluent populations places damaging stress on the environment and these reflect the complexity of problems facing the world. They held that nothing less than a transformation in human attitudes and behaviour would bring about the necessary changes in the environment. In this way, they brought to light the need for nations of the world to address environmental challenges through effective national policies. Again, nations were to adopt programmes that exploit the earth's resources in a sustainable manner, while sensitizing its citizenry to respect the delicate balance in the ecosystem.

Following from this, world leaders in 2000 came up with the United Nations Millennium Declaration at the Millennium Summit of the United Nations to consolidate the goals of the global world. The declaration conceived of 'a world united by common values and striving with renewed determination to achieve peace and decent standards of living for every man, woman and child' (NDPC and UNDP, Ghana, 2010). It captures as one of its eight goals, to ensure environmental sustainability. This is reflected in Goal 7 and further targets among others to halve by 2015, the proportion of people without sustainable access to improved drinking water and basic sanitation (World Bank, 2004). It is this sub goal of the Millennium Development Goal 7 that is of interest to this study. To reach this

Millennium Goal however, it is estimated that a minimum of 2.6 billion toilets would have to be installed within the next ten years (Rosenquist, 2005).

Consequently, in 2001 the World Toilet Organisation under the United Nations has declared 19<sup>th</sup> November every year, as World Toilet Day to shed light on the importance of access to decent toilet facilities as a human right. It was also to raise global awareness of the struggle of over 2.6 billion people without access to proper clean sanitation. The sanitation discussion has further deepened and the principles of sustainable development have been adopted and streamlined into the national policies and strategies of most countries in order to reverse the loss of environmental resources following the UN declaration of 2008 as the Year of Sanitation.

However, the literature points out that half of the developing world lacks improved sanitation even though coverage rose from 34% in 1990 to 49% in 2002 (UN, 2007). There has been improvement but the rate is very low. If this slow growth trend continues, 2.4 billion people worldwide will still be without access to proper clean sanitation in 2015. As a result, nations would have to drastically increase investments in sanitation (UN, 2007). The report further observes that Eastern, South-Eastern and Western Asia, Northern Africa and Latin America and the Caribbean are on track to halve the proportion of people without basic sanitation by 2015. However, the situation in sub-Saharan Africa is one of retrogression. The number of people without access to improved sanitation actually increased from 335 million in 1990 to 440 million by the end of 2004 (UN, 2007). This number is noted to have increased further given the low budgetary support for sanitation activities in the developing world. The enormity of the challenge points out therefore that public resource alone is unable to solve this global problem. Rather, new demand-oriented approaches are needed (Metha & Knapp, 2004; Jenkins & Scott, 2007). Consequently, it is

projected that the world would meet its 2015 goal for improved water but will miss the goal for improved sanitation coverage by half a billion people (UNICEF, 2006).

Presently, however, about 2.5 billion people are still without access to proper sanitation services and about 780 million people lack access to improved drinking water (WHO, 2012). In the developing world, 80% of disease is due to poor sanitation (WHO, 2000). Poor sanitation and water supply moreover are the engines that drive cycles of disease, poverty and powerlessness in developing nations. It is again estimated that sanitation and water contribute to 88% of diarrhoeal disease (WHO, 2009) and the death of about 1.5 million children less than five years (UNICEF, 2006). Good sanitation ultimately is a foundation for good health as it affords protection from a myriad of diseases including cholera, diarrhoea and typhoid which are some of the leading causes of death in the developing world. Actions to improve sanitation therefore are necessary steps to enable the poorest people escape poverty and death.

As noted earlier, the majority of the population without access to improved sanitation and water are in sub-Saharan Africa. Again, while most places without improved drinking water are rural, lack of sanitation facilities affect both urban and rural areas (UNICEF and WHO, 2000). The United Nations Centre for Human Settlements in 1987 estimated that 1.3 billion people, approximately 25% of third world population were living in urban centres and by the year 2020, it is anticipated that more than 50% of the population in developing countries will be living in cities. Again, it is projected in the same report that given the exploding growth rate in third world settlements without the accompanying formal urban infrastructure, as many as 1 billion people will be living without adequate excreta disposal avenues.

The result of this is that presently over 50% of the world's population is living in urban and peri-urban areas (UNFPA, 2007). The needs of these urban and peri urban dwellers overwhelm city authorities who are stretched beyond their capabilities. Consequently, there are inadequate basic services such as water, electricity and in particular toilet facilities. Open defecation is thus common. In the case of peri urban communities especially, they are usually characterised by high population density, unreliable water supply and are heterogeneous in nature. They are not completely rural and neither are they urban (Hongrewe, 1993). This situation threatens public health and the environments in which peri urban areas are situated.

The urgency of the situation prompts governments all over the world, especially, those in developing nations to come up with interventions to augment the situation. These interventions have often taken on different approaches ranging from providing sanitation facilities to public education with assistance from nongovernmental organisations. However, provision of toilet facilities for citizens has often not been well- suited for the beneficiaries while at the same time they lack community ownership and usage (Burra et al. 2003; Curtis, 1998; Okine, 2011; Water Aid, 2010). Many countries, for instance have adopted Western style disposal systems even in situations where there is no reliable water supply to facilitate the effective use of these. In this way, interventions are likely to yield only negligible success.

An approach like the Community Led Total Sanitation (CLTS) has often been cited as an intervention. This intervention facilitates a process that inspires and empowers rural communities to stop open defecation and to build and use latrines (Water Aid, 2010). It makes use of participatory methods to develop awareness of the risk of open defecation. Its aim is to 'ignite' communities to cease open defecation and commence toilet construction using local materials. However, this process is confronted with the challenge

of exclusion of people particularly in vulnerable situations such as women, the disabled, and the aged, among others. Again, there is a ‘naming’ and ‘shaming’ component to this approach (Water Aid, 2010). For instance, during the CLTS process, people caught openly defecating are often publicly identified and ridiculed. This may inadvertently reinforce stigma and social exclusion of some groups.

Burra et al. (2003) note that toilet blocks built in a slum in India are done in consultation with contractors and engineers. However, there is rarely any consultation with inhabitants regarding location, design, construction and provision for maintenance. The agencies responsible for the construction and maintenance of these facilities are often unaccountable to the communities in which they operate and so there is no sense of community ownership among inhabitants. In other circumstances, private people and charity organisations provide facilities and charge fees (1 rupee per use. This translates into 150 rupee for a family of five in a month) for their usage in order to maintain them. However, none of these pay- and -use facilities serve slum people well as they are too expensive for low-income households (Burra et al. 2003).

It may be noted in all of this that governments and organisations that intervene, pay little attention to understanding how individual residents and local communities perceive sanitary conditions and the options available to them. It is noted that cultural barriers, market failure and lack of information prevent households from making informed decisions about sanitation (DANIDA, 2010). This situation has often led to the failure of improving sanitation by building facilities.

The obstacles to community’s access to improved sanitation are varied. They include economic, political and logistic barriers (Spencer, 2012). Providing improved facilities cost money, both to build and for maintenance. It is noted that many nongovernmental

organisations may be willing to build facilities but maintenance becomes a huge barrier proving the intervention unsustainable. People may not be willing to pay for a service they may feel is inadequate or unnecessary if facilities do not suit their preference.

Further, sanitation coverage may be complex in that people who need access the most are also the most impoverished and disenfranchised (Spencer, 2012). These are people with the least amount of political capital and persuasive power to engage government for improved services. Others may just be accustomed to open defecation and so do not see the need for other defecation options. A UN-Habitat Report (2003), for instance, shows that for some slum-communities, priority lies less in safe sanitation approach and more in other life style investment such as televisions, mobile phones and refrigerators. In this way, open defecation is common.

Logistically, it is complex to build, especially water based sanitation systems that require both piped water and sewerage as well as waste water treatment. Provision of water is inadequate in urban slums and peri urban areas and this can lead to illegal tapping into water systems creating pressure drops and possible unhygienic back flows into water systems (Spencer, 2012). Again enough physical space is not available within these set ups if each family were to be provided their own latrine or toilet facility.

In addition, it is noted that most residents in urban and peri-urban areas in developing countries do not receive integrated and sustainable waste management services as it is a costly service for municipal authorities to undertake. Moreover, those who do not receive these services are usually the low-income populations concentrated in these urban and peri-urban areas (Bartone & Bernstein, 1993; Okai, 2011).

Perhaps, beside global security and human rights issues, sanitation has strongly engaged the attention of the international community and national governments. The levels of

intervention however, do not seem to measure up to gains made. Focus has often been on providing facilities for people which may not necessarily ensure access to improved sanitation and so what has been advocated for, is the incorporation of the perspective of beneficiaries in the planning, type and citing of sanitation facilities (Burra et al. 2003; Curtis 1998). There is however paucity of documentations to emphasise this necessity. An understanding of the motivations for people's choices on where to defecate as well as people's preferred defecation options become necessary.

### **The Ghanaian Context**

Ghana is experiencing rapid pace of urbanization. There is more preference for the larger cities and towns than rural areas. This is so because since colonial times, the nature of development has often been skewed towards urban areas to the neglect of rural areas. It is estimated that by the year 2020, the urban population in Ghana will be 60% (GSS, 2002). The 2000 Population and Housing census reveals that nationally, the urban housing stock increased by 159.4% over the period of 1984 to 2000. This trend is persistent with estimates of urban growth pegged at 2.5% annually. The region that experienced the fastest rate in increased housing stock is the Greater Accra Region with 5.8% reflecting more than one and half times the national average.

Provisional results from the 2010 Population and Housing Census moreover, show that Ghana's population has increased by 28% while the Greater Accra Region records the second largest increase rate of 35% the Northern region (36%). Its intercensal growth rate stands at 2.8%. Over 50% of the total population is also recognised to live in urban areas. As in any developing country, one of the socio-economic problems facing Ghana is the inadequacy of its urban infrastructure and services to meet its fast growing urban population.

According to the Ghana Statistical Service (2000), overall, a fifth of households do not have access to any toilet facility in the country. Only 6% of households have access to a flush toilet, 28% use Kumasi Ventilated Improved Pit Latrines (KVIPs) while the most common form of toilet used by 38% of all households is the ordinary pit latrine. Further, 7% of the population use a pan or bucket as a toilet receptacle. Based on rural and urban analysis, about a tenth of households in urban areas do not have access to a toilet facility. Rural households are, however, worse off as 27% of households practice open defecation and make use of other alternatives for defecation. In rural savannah the situation leaves much to be desired as nearly 70% of households in this zone do not have access to any toilet facility. Overall, this translates into close to a million households in the country not having any toilet facility; (154,500 are in urban areas and 783, 000 in rural areas). Indeed, any visitor to most towns and cities in Ghana will appreciate the magnitude of waste management problem: heaps of polythene bags, and mountains of garbage and poorly managed toilet disposal sites are a common sight constituting a health hazard to urban residents.

Interventions have, however, been made over the years to salvage the situation. These have taken the forms of national policies and regulatory frameworks. However, the Revised Environmental Sanitation Policy describes the persistent situation of lack of waste treatment and disposal facilities as a ‘national crisis’ (Konradsen, 2010). This succinctly expresses the overwhelming nature of waste management in the country and the extent to which sustainable solutions to the problem seem to be eluding the authorities in charge and policy makers.

The establishment in 1994 of the Environmental Council (which is presently known as the Environmental Protection Agency [EPA]) was one effort in improving the sanitation situation in the country. Its sphere of activities include, among others, to create an

awareness and to mainstream environment issues into the development process at the national, regional, district and community levels. Again, it is to ensure that the implementation of environmental policy and planning are integrated and consistent with the country's desire for effective, long term maintenance of environmental quality. It is also to apply legal processes in a fair, equitable manner to ensure responsible environmental behaviour in the country. These activities have, however, not been without challenges. One of such is the wide ranging tasks the EPA is saddled with to the extent that its focus seems to have been narrowed down to the mining sector where the activities of environmentally-oriented activists and non-governmental organisations are consolidated.

In 2002, the EPA cited waste management as a major challenge still confronting the nation. Poor planning for waste management, inadequate sites and facilities for waste management operations and the lack of equipment and operational funds to support waste management have been cited for this challenge. This holds true not only for district assemblies which have been mandated by Law 207 of the Decentralization Policy of 1988 to be responsible for the development, improvement and management of human settlements and environments within their areas of jurisdiction but also for their urban and metropolitan assemblies. However, given the current sanitation situation it is obvious that these urban, metropolitan and district assemblies have not been able to adequately carry out the task entrusted to them. This is as a result of problems of institutional coordination and poorly defined functions of stakeholders in the sanitation sector (Owusu and Awo, 2013). Inadequate equipments and operational funds, low level of skills and capacity of the district waste management team coupled with the negative habits, apathy, uncoordinated and lax attitude of the general public and officials towards the environment and sanitation specifically have been cited (Oteng-Ababio, 2011).

Other interventions have been the formulation in 1999 of the Environmental Sanitation Policy aimed at maintaining a clean, safe and pleasant physical environment in all human settlements. It also aims at promoting the social, economic and physical well-being of all sections of the population. It envisages a number of complementary activities which include the construction and maintenance of sanitation infrastructure, the provision of services, public education, community and individual action, regulation and legislation. (Government of Ghana, 1999) The principal components of the policy are: collection and sanitary disposal of waste, including solid waste, liquid waste, excreta, industrial wastes, clinical and hazardous wastes; storm water drainage; cleansing of thoroughfares, markets and other public spaces; control of pests and vectors of disease; food hygiene; environmental sanitation education; inspection and enforcement of sanitation regulations; disposal of the dead; control of animal rearing and stray animals; and monitoring the observance of environmental standards. The policy envisages that these services will go a long way to mitigate the negative effects of social and economic activity in human settlements if they are reliably and regularly discharged (Government of Ghana, 1999).

Ghana along with 189 UN member countries adopted the Millennium Declaration that laid out the vision for a world of common values and renewed determination to achieve peace and decent standard of living for every man, woman, and child in 2000 (UN, 2007). Derived from the Millennium Declaration are the eight Millennium Goals (MDGs) aimed at transforming the face of global development and cooperation. The principles of sustainable development envisaged by the MDGs have been adopted and incorporated into most countries' national policies and strategies. In Ghana, they have been mainstreamed into the successive medium term national development policy framework (NDPC and UNDP, Ghana, 2010). These include but not limited to the Ghana Poverty Reduction Strategy (GPRS I), 2003-2005, the Growth and Poverty Reduction Strategy (GPRS II),

2006-2009 and the Medium-Term Development Policy Framework (MTDPF), 2010-2013. The Goal 7 of the MDGs which aims at ensuring environmental sustainability has been tackled by the country within the spheres of these national development frameworks.

A country assessment of the MDGs in Ghana shows that the country is on track to achieving the targets of halving the proportion of the population without access to safe water (NDPC and UNDP, Ghana, 2010). It, however, states that the critical challenges exist in achieving the targets of reversing the loss of environmental resources, reducing the proportion of people without access to improved sanitation and achieving significant improvement in the lives of people living in slum areas. This observation concerning water is, however, contestable as there continue to be reports on the struggle of many Ghanaians to access clean and potable water in their localities. One such report is a recent story by Joy FM, a private radio station in Accra, on the 1st May 2013. The report was on the acute water shortage in Cape Coast and its environs which forced residence and students within the municipality to fall on bagged water for bathing, drinking and for other household purposes. The situation almost led to the close down of the regional hospital where pregnant women who were in labour had to provide a gallon of water for delivery. Apparently, officials note that the Cape Coast Water Supply Project and Baafikrom Water Supply Expansion Project inaugurated in 2008 by the then President of Ghana, John Kufuor to mitigate the perennial water shortage that was experienced in the Municipality was not completed to halt the problem entirely leading to water shortage. This occurrence is not uncommon in many towns and cities in Ghana.

The MDG assessment further notes that the proportion of the population with access to improved sanitation will reach 21.2% by 2015 instead of the anticipated 52% while the proportion of urban population with access to improved sanitation will be 23.4% instead of the targeted 55% in 2015 (NDPC and UNDP, Ghana, 2010). In rural areas however,

only 20.6% would have access to improved sanitation instead of the estimated 50.5% in 2015. If this trend continues, then Ghana may not achieve the target of providing improved sanitation for its citizenry by 2015.

In addition, the Ghana Demographic and Health Survey for 2008(GSS, 2008), indicate that national coverage for improved sanitation increased from 4% in 1993 to 12.4% in 2008. Among urban populations, was an increase from 10% in 1993 to 17.8% in 2008 while rural populations experienced an increase of 8.2% between 1993 and 2008. Open defecation (including defecation into drains, fields, streams, bush and beaches) however declined only marginally from 24.4% in 2006 to 23.1% in 2008. This implies that about 5.4 million people in Ghana practice open defecation. The Environmental Sanitation Policy for 1999 (Government of Ghana, 1999), however, envisages that by the year 2010, the majority of Ghanaians (90%) will be provided with hygienically accepted household toilets, pan latrines would be phased out and public toilets would be restricted to transient persons in urban areas. As it stands, this vision may only remain on paper as population increase has given officials the opportunity to cite financial challenges as militating against making strides in this regard.

Further, policy makers and city authorities often observe that the current sanitation status of the country is as a result of their inability to effectively monitor environmental sanitation due to the unavailability of accurate and timely data on sanitation. Again, as alluded to earlier, population pressure along with low level of investment in sanitation delivery is emphasised as challenges. Estimates from the Environmental Health and Sanitation Directorate (EHSD) of the Ministry of Local Government and Rural Development meanwhile indicate that Ghana requires about US\$ 1.5 billion within the next five years in order to meet sanitation targets by 2015 (Government of Ghana, 2010). However, Okai (2011) [citing Kendie (1999)] points out that population pressure and lack

of funding are nothing more than convenient excuses by authorities to justify low investment in the provision of waste disposal facilities.

As a result, most people still use shared toilet facilities in Ghana. A common and important facility in human waste management in Ghana remains the public toilet. Aryee and Crook (2003) trace the history of public toilets in Accra and Kumasi. They observe that before colonial rule, pit latrines were used and these were often located in the outskirts of the community to minimise stench and prevent flies. However, as a result of population growth with its attendant public health hazards, the latrines became obsolete. The British Colonial government therefore, introduced the household 'bucket latrine' system with 'night soil' collection which became dominant. They later constructed public toilets in the early 1930s in Accra and Kumasi in line with their sanitation policies. Until the mid-1980s; the metropolitan government maintained a staff responsible for the collection and disposal of 'night soil' from both private homes and public 'bucket latrines'. The 'bucket latrines' were soon considered major public health hazards and so attempts were made to phase them out (Thrift, 2007). Okai (2011) however, observes that about 54% of people in Bukom still use household pan latrines which are similar to bucket latrines.

Public toilets have remained an important feature in Ghanaian urban life (Aryee and Crook, 2003). Two main reasons have been cited for this. In the first place, they are the main facility for people in low income, densely populated or informal settlement areas. Secondly, and more important they serve the interest of public health. Without them, people in low income densely populated areas will be compelled to defecate in the bush or on the beach with its attendant environmental health hazards.

Further, by 1989, Sub-Metropolitan and District Councils derived 60% of their revenues from toilet user charges following the introduction of toilet user fees in 1982. In this way, metropolitan assemblies delegated the running and maintenance of the public toilets to their sub-metropolitan and district councils. However, sub-metropolitan district councils did not received adequate grants from the metropolitan assemblies to enable them to fulfil their obligations to provide services such as building, installing, and maintaining public toilets, lavatories and urinals in order to promote and safeguard public health in their areas (Aryee and Crook, 2003). The collection of public toilet user fees has become a major revenue item thereof.

Songsore (2011) has, however, observed that the capacity of municipal and metropolitan assemblies to handle household and municipal waste is unsatisfactory and dumping waste in any form either at official or unofficial sites is the predominant mode of waste disposal in the country as a whole. Additionally, he maintains that the problems associated with inadequate waste disposal include: unsightly conditions of neighbourhood environments, odour nuisance and prevalence of diseases such as cholera, diarrhoea, dysentery and others. The aspirations of most people however, are that they live in health promoting homes and environments where they can be assured of quality of their lives (Songsore, 2011).

Again, the nexus between health and development has been emphasised. Myrdal (1968) for instance, has argued that health affects development and development affects health. In this way, sanitation issues which have a bearing on health are crucial for social development in a developing nation like Ghana. A challenge to health perhaps still remains how to handle faecal matter. This challenge persists even as technological achievements have been made. Kwawe (1995) meanwhile, observes that technology alone cannot make gains in the sector. It rather seems to have brought on new types of waste to

add to the already complicated and complex puzzle of waste. Also, Oteng-Ababio (2011) points out that there is the anticipation in Ghana like most African countries that the worst in terms of increasing waste generation and poor management practices is yet to be experienced. This has been attributed to high rate of urbanization and modernization.

It is evident that the country faces huge sanitation challenges. There is interplay between policies, human attitudes and social change fuelled by modernization. However, Oteng-Ababio (2011) argues that a critical analysis of these challenges reveals a fundamental cause which is skewed towards a governance crisis rather than attitudinal challenges. Reasons have been cited for this. In the first place, policies relating to the adaptation of institutional arrangements to deal with sanitation issues are developed in the absence of stakeholders in the sector. Such unilateral decisions ignore the realities of local conditions and so are deemed to make minimal impact. Again, authorities have failed to implement necessary by-laws to make compliance with policies enforceable. It is thus put forward that policy makers adopt an all-inclusive, creative and experimental approach while taking into consideration local conditions and engaging the public in a democratic manner (Oteng-Ababio, 2011). It is in line with this that a study of the defecation practices and preferences of the people of Ayikuma from their perspective becomes worthwhile.

### **Statement of the Problem**

As discussed earlier, Ghana is in the midst of a rapid and unplanned urbanization fuelled greatly by migration. It is estimated that, by 2020 60% of her population will be living in urban centres (GSS, 2002). The region that experienced the fastest rate in increased housing stock is the Greater Accra Region with 5.8% reflecting more than one and half times the national average.

Provisional results from the 2010 Population and Housing Census moreover, show that Ghana's population has increased at 28% while the Greater Accra Region records the second largest increase rate of 35% after the rate of 36% for the Northern Region. Its intercensal growth rate stands at 2.8%. This rapid growth has resulted in the need for more accommodation and toilet facilities to meet the growing needs of the populace.

The Dangme West District in the Greater Accra Region is an example of this rapid urban population growth. Its growth rate parallels that of Accra. A survey conducted in the district in 2010 reveals that 43% of the population do not have access to a toilet facility and practice open defecation (Koradsen, 2010). Ayikuma, the study area, was part of the Dangme West District at the time the survey was conducted. It mirrors a society that is neither rural nor urban. This gives it a mixture of characteristics ranging from traditional to modern patterns of life and interactions. It is noted that as early as 1916, the colonial authority provided Ayikuma with an improved latrine that is, the Septic tank latrine (STL). Presently, it has a community toilet provided by the Community Water and Sanitation Agency in the district. This is an improved facility. There is, however, low patronage of the facility and a greater number of residents of Ayikuma still practice open defecation. This provides an interesting arena for an anthropological enquiry into the toiletry practices and preferences of the community members.

Songsore (2011) observes that health problems resulting from lack of sanitation facilities are greater among the urban poor living in overcrowded informal settlements and deprived rural communities than they are in wealthy areas of towns and cities. Additionally, improved sanitation, besides its health benefits, improves the quality of the home and neighbourhood environment and hence the quality of life. Access to toilet disposal facilities in most communities in Ghana is however very limited.

Further, public health implications of poor sanitation have often been daunting. For instance, data from the Ghana Health Service indicate that six (6) out of the top ten (10) diseases in Ghana are related to poor environmental sanitation with malaria, diarrhoea and typhoid fever jointly constituting between 70% and 85% of out-patient cases at health facilities (MLGRD, 2010a). Again, the Ghana Medical Association also indicates that about five million children die annually from illnesses caused by the environment in which they live (World Bank, 2007).

In spite of this, sanitation issues specifically defecation practices seem less explored especially in sociological and anthropological endeavour. The view articulated here is buttressed by van der Geest's (2007) claim that defecation is practically absent as a focal point of ethnographic interest in anthropological work. This, he attributes to the private nature of defecation. Yet he argues that defecation is influenced by the cultural usages and nuances of a society and so this fact not only makes its study worthwhile but an anthropological truism as well.

The argument this study puts forward therefore is that, sanitation interventions should incorporate the realities of local conditions while exploring people's specific needs and preferences in terms of defecation in their communities. In the absence of this, intervention efforts are likely to manifest little gains in improving the quality of health and ultimately live of people.

### **Objective of the study**

The main aim of this study is to explore and gain an insight into the defecation practices and preferences of the residents of Ayikuma. This is done while taking note of structural and systemic shortfalls experienced by residents within the community and how they manoeuvre and innovate their toiletry practices within these strains.

### **Specific Objectives**

- To outline the history of faecal matter disposal in the community and how this influence present methods of excreta disposal;
- To investigate the factors that influence point of defecation preferences of community members; and
- To find out preferred options for defecation of community members.

### **Significance of the study**

Most urban areas often feature significantly in sanitation research because of population increase and its attendant problems. However, areas that are largely not rural and not urban present a myriad of complexities which manifests in the way of life of its members. These ways of life, to a large extent, reflect in how they deal with their sanitation issues. This makes sanitation studies within these areas compelling.

In addition, documentation on human waste in both rural and urban areas has often focused on the availability and non availability of facilities for the purpose. However, what is missing is how people view sanitation in their own context and the influences these have on the kinds of choices they make beyond the issue of limited facilities.

Further, the link between poor sanitation and disease burden has always been emphasised. It is not uncommon to sight mountains of garbage and poorly managed toilets constituting health hazards to residence in towns and cities in Ghana. These have generally been linked with cholera outbreaks that often claim lives. Diarrhoea, dysentery and other infections have also been linked with insanitary conditions. These are all preventable. Meanwhile, good health is considered necessary for national development. It thus becomes pertinent to

unearth the underlying reasons and hindrances to good sanitation as a step towards enhancing the quality of life of people.

It is also intended to help policy makers develop relevant interventions to address human waste management problems in the country. This is because the study explores local conditions, structural and systemic gaps as well as suggested interventions. These will go a long way to enrich policy and to make gains in the area of sanitation specifically, human waste disposal.

In addition, this study is significant as it adds to existing knowledge on people's sanitation practices and preferences. This will serve as reference for studies with similar purview.

### **Organization of Thesis**

The thesis is presented in nine chapters in order to succinctly deal with the issues and allow for ease in reading and comprehension. Chapter one provides a general background to the study. The research problem, objectives, significance of the study and organisation of the work are stated here. In chapter two, a significant number of relevant literature have been reviewed and a theoretical framework has been articulated.

A history of the sanitation policy in Ghana is outlined in chapter three. The description of the study area, Ayikuma, has also been done in chapter four. This provides a historical, social, economic and political development of the area. Chapter five describes the field work and methods of data collection. In chapter six, the interpretation of data on the socio-demographic characteristics of respondents is presented. This is then linked up with chapter seven where the data on excreta disposal in Ayikuma is interpreted, dwelling on the community toilet and its use. Chapter eight describes the alternative points of defecation for community members and outlines from their perspective the factors for

choosing the different defecation options available to them while teasing out their preferred choices. In chapter nine, the final chapter, the major issues arising from the study are discussed and policy recommendations provided where necessary.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

An overarching characteristic of defecation is that we prefer not to talk about it. It is also a subject surrounded by numerous unwritten rules and taboos and humans want to be able to distance themselves both mentally and physically from the perceived trouble and nuisance associated with excrement (Rosenquist, 2005:341). This is evident in the type of technology that has been developed over time to deal with excreta. For instance the flush toilet is such that when excreta is deposited into it, it is flushed, the user most of the time does not know where it goes to. It is however comforting when it is no longer seen and one can easily forget about it.

Human excreta are part of human beings and cannot be separated from human activity. Its management across cultures however, have not featured significantly in sociological and anthropological discourse. This trend has often been attributed to human excreta considered as ‘matter out of place’ (Douglas, 1966). This is a product which is consciously pushed into the safety vault of privacy through cultural practices and language. Its name and the activities involving it are often shrouded in metaphors. The Akan of Ghana for instance, refer to going to toilet among other metaphors as *mereko gya m’anan* (‘I am going to leave my leg’) [van der Geest, 2007].

This study sets out to locate this matter out of place in the social and cultural context of Ayikuma, the study area. This is against the backdrop of the omission noted by van der Geest of defecation in the work of anthropologists. Van der Geest (2007) argues that because of the daily routine of defecation, most anthropologists do not pay attention to it.

They are rather interested in dramatic events and festivals that only occur once a year. However, he argues that if the everyday appearance of faeces could not capture the curiosity of the anthropologists, its disappearance (dys appearance) should. This is because anthropologists have always been fascinated by the unseen. He throws more light thus:

*...one of the paradoxes of the anthropological quest is that we swear by participant observation but feel attracted by what we cannot participate in. Hidden knowledge, black magic, forbidden practices, covert conflicts, secret societies and nocturnal rituals are some of the unobservable popular topics in ethnography. Yet defecation, one of the most concealed activities has never been on the short list of anthropological favourites (van der Geest, 2007:77).*

In this way, defecation practices and preferences become a worthwhile and legitimate anthropological venture as any other anthropological concern. In the face of scarce and scattered literature, an attempt is made to provide in depth information on the phenomenon under study from a variety of sources.

### **Choices and Preferences in Defecation**

A dual approach is necessary to understanding sanitation issues. In as much as policies are necessary to help cater for sanitation needs, fusing in of community perspective in all of this is valuable. An integrated research strategy is therefore necessary. Providing public services whether in water supply, sanitation, curative services or health education does not in itself guarantee improvement in health status. Just because a service is there does not guarantee that it will be used to the best possible health advantage (Curtis, 1998).

The need for community participation and involvement in the planning, citing and management of toilets has often been highlighted. For instance, Ndonko (1993) [cited in

Avannavar and Mani, 2007] found out in a study in Cameroon that communities tended to reject latrines provided by government agents. This is because latrines upset the ordered traditional patterns of defecation behaviour. An understanding of this ordered traditional pattern thus, becomes valuable to make gains in the promotion of sanitation.

It is again observed that cultural preferences play an important role in defecation practices. According to Nawab et al. (2006), incorporating cultural preferences in the planning of improved sanitation, aids in the understanding of people's attitude and behaviour. This in turn helps to adopt feasible strategies for sensitizing and motivating people on the needs for developing appropriate environmental practices. Nawab et al. (2006) go further to make a case for this stance with a study on societal preference in designing ecological sanitation system in North Frontier Province, Pakistan. It is noted that every household in the primarily Muslim community wanted water within the toilet or latrine for anal cleaning which is common in Muslim cultures. The Islamic religion requires of a person all possible cleaning as part of purification rituals for praying. Their respondents were, therefore, in favour of flush toilets.

Again, a study in India shows preference of respondents for open defecation (Banda et al., 2007). Open defecation is seen as an age old custom and tradition and so carries no stigma. It is also observed as a form of social outing. Moreover, it is unacceptable in the study community to accumulate human faecal matter close to dwellings (Banda, et al., 2007). This situation has been alluded to by Nawab et al. (2006). In their study, respondents especially, of the older generation had strong sensitivities about excreta and toilets and continue to favour open defecation. For this group, an in-house latrine or toilet is similar to bringing closer the untouchable, impure human excreta to the home compared to open defecation away from home. 'An in-house' toilet is thus equated to eating and spitting in the same place, which for them is true of animals.

In his ethnographic study among the Kwahu of Ghana, van der Geest also observes the almost obsessive concern of the people with cleanliness and abhorrence for 'dirt'. This obsession reflects in the people's reluctance to build latrines in their homes preferring to locate these on the edge of town (van der Geest, 1998).

Certain desires have also been cited as the driving force for accepting or adopting some defecation options. A study of latrine adoption in Benin reports that there are eleven 'drives' for sanitation uptake (Jenkins and Curtis, 2005). These drives have been broadly characterised into three areas namely, a) prestige-related drives, b) well-being drives and c) situational drives (Jenkins and Curtis, 2005). The drives categorised as prestige-related are viewed in terms of the status of a person. For instance, respondents adopt latrines in order to identify with urban elites, aspire to Fon royal class status, and leave a legacy for their family and what Jenkins and Scott (2005) describe as 'living the good life'.

Well-being drives on the other hand broadly describe people's desires to maintain their physical well-being and those of their family members. This includes protecting family health and safety from mundane dangers and infectious diseases, convenience and comfort, protecting personal health and safety from supernatural dangers, cleanliness and privacy. A situational drive, however, incorporates particular situations or circumstances in which one finds oneself. For instance, respondents cited old age, infirmity and voodoo ceremonies that confine them indoors for extended periods and making houses for rent valuable as motivating forces in adopting latrines. In line with this, their reasons for adopting latrines are to ease restricted mobility and to increase rental income (Jenkins and Curtis, 2005). In as much as health was mentioned, it was merely one of the many factors mentioned and cited by less than one third of interviewees.

In line with drives and desires, Cairncross (1992) similarly found in the Philippines that respondents valued many other latrine attributes over health. In ranking reasons they had for choosing latrines, the average rank for health was five. Ranked more important was lack of smell, lack of flies, cleaner latrine and privacy. Another study in Pakistan shows that the driving force for valuing flush toilets is status-related and symbolic. A facility in which 'night soil' can be seen anytime one goes to defecate is seen as back ward and considered a sign of poverty. Flush toilets however are markers of development and high standards of living and so they are considered prestigious and desirable (Nawab et al. 2006). Health concern is the least of concerns for consideration in the choice of where to defecate.

Attitudes and perceptions have also often been related to the defecation and entire sanitation practices of people. Kendie (1999) [cited in Okai (2011)] has argued that in the Ghanaian socio-cultural context, cleanliness is commonly embraced as a virtue. However, the perception of cleanliness is mostly restricted to individual embodiment and one's immediate environs with little concern for what happens outside one's household. Van der Geest (op cit.1998), for instance, finds a paradox in their culture. He notes that on one hand, the way people actually get rid of human waste is so inefficient while they are extremely concerned with cleanliness and removing dirt from their bodies and so they are continuously confronted with what they detest most: filth, in particular, faeces. This has however been related to the colonial period when Ghanaians were alienated from events that took place outside their homes. Sanitation and its related issues were seen as the preserve of the colonial administration that usually employed sanitary officers under the Sanitary Department to take care of the environment (Okai, 2011). The Sanitary Department, however, ceased to exist a few years after independence.

Gender differences have been identified as influencing preferences and choices in defecation. One study in Benin reports that men desired latrines mostly for prestige purposes, whereas women desired latrines for comfort, cleanliness and convenience. Women however had higher barriers to adoption of latrines and tend to install fewer than men (World Bank, 2004). Further, men displayed higher aversion to the perceived smell and dangers of latrine than women. Men were also attracted to the privacy of open defecation more than women (World Bank, 2004). Echoing this, Avannavar and Mani (2007), [citing Drangbert, 2004 and Hannan and Anderson, 2001] assert that work in East Africa brings to the fore differences in preference between men and women. Whereas men opted to have toilets detached from the house and in the yard, women preferred toilets indoors. Perhaps this is so for obvious safety and privacy reasons.

Beyond cultural and social influences on defecation choices and preferences, other barriers have been identified. Poverty and financial constraints on the part of people and governments are cited. People often do not possess required financial resources to build toilets and open defecation eliminates the need to maintain toilets (Banda et al. 2007). Burra, et al. (2003) posits that in some urban areas people have to choose between inferior public facilities provided by governments and expensive private facilities. These choices, however, are depended on the individual's financial status.

Further, a study in Ghana proposes stages in latrine adoption. These follow three behavioural stages: preference, intention and choice (Jenkins and Scott, 2007). Preference is created when there is dissatisfaction with current sanitation options. People then intend to build a latrine when that is preferable and no constraints are identified. Finally, they choose to install a latrine when they have access to good information, materials, finances and product choices (Jenkins and Scott, 2007). It is evident that finances cannot be ruled out in the decision making process to change sanitation behaviour.

There are again peculiar challenges that exist in certain areas. Urban and peri urban populations for instance live in crowded areas where there may not be physical space for every household to have a personal latrine or toilet (Aryee and Crook, 2003). Unreliable water source could also affect defecation practices and preferences. It is noted that without adequate water, hygiene would not improve even with education (Gilman et al. 1993 cited in Spencer, 2012). In situations of unreliable water supplies, people may not be able to adopt any flush toilet system.

Social change tends to indicate influence on choices and preferences. Jenkins and Curtis (2005), for instance, demonstrate that in Benin there were motives for installing latrines. Level of education and opportunity to have lived outside the village showed high desire for latrine. Again, distinctions in the motivation for adoption of latrines were less clearly visible among the educated and none of the respondents with more than six years of education expressed personal protection from supernatural threats (Jenkins and Curtis, 2005). It however, contrasts Ndonko's (1993) study in Cameroon where the communities tended to reject latrines provided by government agents because latrines upset the ordered traditional patterns of defecation behaviour. This is a reflection that culturally- bound definitions of 'good' and 'bad' place to defecate are evolving under the influence of changing lifestyles and physical environments. It can then be argued that it is probable that the timing of the two studies and different settings could have mirrored the contrast.

For some others, their preoccupation is not with sanitation issues. Case studies from various slum areas around the world, for instance, show that for some slum communities, priority lies less in safe sanitation approach and more in other lifestyle investments such as televisions, mobile phones and refrigerators. Open defecation and urination is thus a very common practice (UN Habitat Report, 2003). It is probable, however, that this trend may

be so, given the barriers cited previously. These barriers may militate against choices and preferences in defecation.

In conclusion, the literature reviewed shows that defecation practices and preferences have attracted considerable attention. It is however evident that specific focus on Ghana is limited and one of the classical studies on Ghana worth noting is that of van der Geest (1998). He however focuses specifically on the Akan. This study is an attempt to study the defecatory behaviour of another community so as to enhance the literature on defecation and sanitation.

### **Theoretical Framework**

One of the central arguments of this study is that there are socio-cultural undertones to defecation practices and preferences of any group of people. It is, therefore, crucial to understand the world view of any group of people in relation to such matters and be able to account adequately for the popularity and perpetuation of certain defecation practices and preferences. This process may best be accounted for by a combination of theories that elicit on the one hand, the social relations people have with their 'shit' or faeces and on the other hand the political and social order in which their lives are constructed. It appears, however, that Douglas' concept of dirt as 'matter out of place' and Bourdieu's perspective of 'habitus' are well situated and will enable the pulling together of these two strands embedded in people's defecation practices.

Mary Douglas' concept of dirt as a 'matter out of place' is presented in her much acclaimed work, *Purity and Danger: an Analysis of Pollution and Taboo* (1966). It is formulated against the background that dirt should not be explained away or shrouded in medical terms but needs to be understood in terms of the wider social and cultural context. Douglas opines that absolute dirt does not exist; dirt is defined by its context. Anything

then, that transgress or disrupt the boundaries of a given order or social context is dirt or dirty.

Dirt in this way is viewed within the context of structural functionalists' stance on order. Two conditions are implied thereof: a set of ordered relations and a contravention of that order. This approach then suggests that dirt is never a unique or isolated event. Where there is dirt, a system exists and dirt becomes a systematic ordering and classification of matter in so far as ordering involves rejecting inappropriate elements.

This is more or less like creating a pattern or classifying objects into a certain category and so any object that does not belong to this category or to our normal scheme of classification is rejected. For instance, taking Douglas' own example, shoes are not dirty in themselves but it is dirty to place them on a dining table. Thus, our behaviour toward dirt would be a reaction which condemns any object or idea likely to confuse or contradict cherished classifications. This means that anything that falls out of the ordered classification implies disorder thereof and an obligation to restore order in a manner proposed by Durkheim in his analysis of the social system (Coser, 2010). The concept of dirt then in her view offers people the opportunity to order their lives. It also outlines where the boundaries between good and bad, right and wrong, inside and outside lie.

Douglas' perspective which has been highlighted is critical, but it is discussed in broad terms. It does not focus on a specific classification of dirt, it addresses dirt in generality. She also does not give an explanation of how the exact organisation of order differs from culture to culture. Again, this framework explores the relationship between dirt and holiness, impurity and hygiene as a means of defining one's own group as distinct from another (Zimmerman, 1988). This notwithstanding, it still has lingering merits; its usefulness lie in the fact that it opens up more layers for analysing and focusing on faeces

and the act of defecation as dirt. Again she gives the basis for recognising dirt as a reflection that something is not right with the society and so a call to reshuffle things. She makes this point more forcefully thus:

*...dirt is essentially disorder. There is no such thing as absolute dirt; it exists in the eye of the beholder. If we shun dirt, it is not because of craven fear, still less dread or holy terror. Nor do our ideas about disease account for the range of our behaviour in cleaning or avoiding dirt. Dirt offends order. Eliminating it is not a negative movement, but a positive effort to organise the environment (Douglas, 1966:2).*

Curtis (1998) concurs with this concept and in furtherance of it, suggests that in as much as dirt is culture-bound, it is also time specific. What is considered dirty in her view in one era is considered unacceptably dirty in another. The history that underlies defecation practices then becomes pertinent to elicit the changing trends and the relationship it has with the present. To combat the dangers of dirt, she proposes hygiene which in her view serves to preserve the order that dirt disrupts and to preserve health.

However, a nuanced analysis which addresses the shortfall in Douglas' framework and provides an on point lens for understanding defecation and faeces in the social world is one outlined by van der Geest (2007). Van der Geest draws on Douglas' concept to analyse faeces as 'dirt' giving it a 'social character'. By this, he demonstrates how the social phenomenon of dirt can become an interpretative tool.

Van der Geest reflects on questions such as: are faeces ever out of place? Can they be clean and orderly? Is it not always dirty by its nature wherever it is? He then argues that in assessing the dirt of faeces and addressing the questions posed, it should not be so much about its in or out-of-place-character. Rather, what becomes relevant are issues of 'what', 'where', 'whose' and 'how' of faeces.

In order to achieve this he draws on Rozin and Fallon's (cited in van der Geest 2007:386) insights on disgust. They make distinctions between primary and secondary disgust. Primary disgust is viewed as the reaction that an object or activity causes by itself and faeces then becomes a classic example. The latter focuses on disgust that originates from relatedness of the object to a person, place, and experience, among others. Van der Geest however objects to the existence of primary disgust and argues that all human feelings take place in a context and derive meaning from that context. In this case, the most important context of faeces and defecation is the person or agent who produced it. Relying then on introspection and social imagination, given the scarcity of research in the area, he examines possible agents that can be held responsible for the out-of-place presence of faeces and the disturbing act of defecation.

In the first place, van der Geest maintains that there are indeed degrees of dirtiness. The location of faeces reinforces these degrees of dirtiness. For instance, faeces in the pipes of sewerage system are just dirty but on a sandwich they become 'unspeakably disgusting' (2007; 382). Again, he points out, faeces in the lavatory are not disgusting as long as they are our own because we do it as a daily activity. As noted earlier, his ethnography among the Kwahu of Ghana, establishes the almost obsessive concern of the people with cleanliness and abhorrence of 'dirt'. This obsessive concern with cleanliness reflects in the people's reluctance to build latrines in their home and ensuring that they were located on the edge of town (van der Geest, 1998). Arguably, the dirtiness of faeces is dependent on its location. It then emerges that the location of toilets can reinforce its usage or otherwise. The choice of a place to defecate ultimately becomes important.

Again, the 'whose' or ownership of faeces matters. The claim here is that people are usually not disgusted by their own faeces. However, he opines that anxiety may arise only when others can see and smell one's faeces or hear one defecating. Also, faeces of people

known to us (what he termed 'known others') are tolerable. A mother for instance, will experience little or no aversion in dealing with faeces of her baby (Curtis, 1998 and Okine, 2011). The issue may not so much be one of closeness but also the conception of innocence on the part of the child who has not as yet grown fully into a human being with an outspoken identity and biography. Thus, 'as their hands are not yet dirty in a metaphoric sense, their faeces are not yet dirty either' (van der Geest, 2007:388).

Further, the trust between lovers and partners renders their bodily excretions innocuous and only when such trust does not exist can such substances be dangerous. Defecation matters can also become relaxed between friends. In this way the issue of dirt or disgust should not arise making the rules of disgust more socially oriented than physical. Invariably, attitude of children towards parents' excreta may be complicated. This may be due to the strong nature of codes of shame and respect between parents and their grown up children. Van der Geest notes that similar observations can be made between parents and children-in-law.

Strong gender boundaries regarding defecation can also be observed outside marriage and love relationships. This can often be observed in the stipulated strict separation between men and women in lavatory behaviour. Class differences or social status can also be distinguished using defecation practices. Teachers and students, doctors and patients and higher and lower status personnel use different places to defecate (van der Geest, 2007). We are also able to tolerate excreta of strangers because of anonymity. This is because in as much as we smell and see the faeces, the actor remains out of sight and so there is no face attached to the faeces.

The focus of this study on the choice and preferences of community members on where to defecate can be adequately represented in this analysis. It is noted that defecation and

faeces are not physical in nature but have social leanings. Choices on defecation can be seen as a socialised process and take place within a particular social context. Socialization makes a person learn overtime the 'where', 'what', 'whose' and 'how' of faeces. Decision making on choice and preference will arguably incorporate the considerations noted above. It may not just be a mere process or one that is not thought about but consciously or unconsciously, social relations and circumstances may have a role to play.

In discussing the political and social relationship between community members and government agencies in terms of defecation, Bordieu's 'habitus' is most useful. It essentially describes the ways our personal histories determine particular practices, both individually and collectively and end up being more influential in our way of doing things than formal rules and explicit norms (Bordieu, 1977). Habitus is created through social rather than an individual process leading to patterns that are enduring and transferrable from one context to another. These patterns also shift in relation to specific context and over time (Navarro, 2006). It is not permanent and can be changed by unforeseen situations or over a long historical period.

Habitus is a result of interplay between free will and structures. These dispositions are both shaped by past events and these in turn reflect in current practices and structures (Bourdieu, 1984 cited in Reay, 2004). It places this study more in perspective when linked with the idea of 'field' also projected by Bordieu. Field is explained as a social arena in which people manoeuvre, struggle and develop strategies in pursuit of desirable resources. Habitus can be replicated as it encounters a field that reproduces its dispositions or be changed or transformed when it encounters a field which is not familiar. Clearly, habitus cum field has a close affinity with classical ideas of Marx, Weber and Durkheim in which individuals both actively participate in creating social reality while at the same time become passive recipients of society's norms and values.

In line with this, the proposition here is that defecation practices may be acquired through socialization processes. Present defecation practices mirror a learned process over time. People learn overtime how to handle their faecal matter and also whose responsibility it is to provide amenities for its disposal. This process is, however, not learned in isolation but often is a reflection of the workings of the larger structures in which government agencies such as the district assembly can be found. In this case, where the government structures are unable to meet these learned expectations, people will be forced to manoeuvre and develop strategies to cope with their circumstances and this defines the community's activities in terms of defecation.

To the experienced Habitus 'expert', the short-cut treatment of this theory here must seem trite. However, its basics may essentially help to explain in a fuller manner why open defecation is popular in the study community. It has often been criticised for possessing a duality, which is of both collectivism and individualism resulting in indeterminacy and changing notions of the concept (Reay, 2004). Further, it is criticised for structuralism or determinism (Jerkins, 1992; Alexander, 1995 cited in Reay, 2004). However, it provides a method for simultaneously analysing 'the experiences of social agents and....the objective structures which make this experience possible' (Bourdieu 1988:782 cited in Reay, 2004).

In sum, the appeal of Douglas dirt as 'matter out of place' and Bourdieu's habitus is the promise it affords to investigate in the study community both the social relations people have with their faeces and the political and social order in which their lives are constructed which in turn reflects in their defecation practices and preferences.

## **CHAPTER THREE**

### **A HISTORICAL PERSPECTIVE ON GHANA'S SANITATION**

#### **POLICY**

##### **Introduction**

This chapter discusses the policies that have been put in place to tackle sanitation over the years in Ghana. It provides an overview of policy reforms and the implications and challenges in improving human waste disposal. To achieve this, issues are examined beginning with the colonial period and ending in contemporary times. This is done with the view that sanitation issues are not merely individual decisions but are shaped by the entire structural and cultural norms and nuances. It is these interactions that reflect in the circumstances and situations that exist within the Ghanaian society with regards to waste disposal.

##### **Sanitation Policy in Ghana**

Between 1844 and 1957 Ghana was under British colonial administration and was guided by English laws. Until the 1900s, customary laws run parallel to British law although the latter were strongly enforced. This was as a result of the system of administration adopted by the British: the indirect rule. Essential features of this system were the preservation of traditional political institutions and their adaptation under the tutelage and direction of the British administration. It was to augment the shortage of British staff and to enhance their economic interest by creating the needed peaceful environment under the disguise of participatory governance (Buah, 1980). British laws thus moved some traditional and cultural bye laws to external codified laws. The enactment of the Rivers Ordinance was the first attempt at regulating water use for purposes other than domestic use (Agyenim

and Gupta, 2010). These purposes included diverting course of water flow from any river for purposes of irrigation, mines or factories among others. The area of sanitation received less attention. However, there are some relevant policies worth noting.

The Towns Ordinance of 1892 for instance introduced the position of Inspector of Nuisances. This position was defined to include the post of Sanitary Inspectors who were to regulate sanitation and also hygienic water and promote public health (Owusu and Awo, 2013). Again, in 1897 the Beaches Obstruction Ordinance was instituted. Its aim was to protect sanitation at the ports, rivers and beaches. There were other laws such as the Forestry Ordinance of 1927 and the Land and Soil Conservation Ordinance of 1953. These complemented the regulations in protecting water courses and forest reserves (Owusu and Awo, 2013).

In line with this, the colonial authority built its first water supply system in Cape Coast under the aegis of the Water Supply Division of the Public Works Department (PWD) in 1928. The PWD served both the rural and urban centres until 1948 when the Rural Water Development Department was created to provide services to rural areas. This was to ease pressure on the PWD. This organisational structure continued until after independence when the Water Supply Division of PWD, the Ministry of Works and Housing (MWH) and the Ghana Water and Sewage Corporation (GWSC) were established (Owusu and Awo 2013). It is important to note that despite specific concerns about sanitation, it remained part of the water sector in the 1990s but with greater emphasis being placed on water provision. This to some extent saw the neglect of the sector and so little gains were made.

After independence, the government of Ghana made an agreement with the World Health Organisation (WHO) for the latter to conduct a study into the country's water sector. This

became necessary following a water crisis in 1957 as a result of a severe draught. The study recommended among others the institution of the Ghana Water and Sewage Corporation (GWSC) which came into being by Act 310 of 1965 (Fuest et al., 2005 cited in Owusu and Awo, 2013). The GWSC was to exist alongside a master plan for water supply and sewerage services in Accra and Tema covering a period 1960 to 1980. This was because Accra was becoming a populated urban centre while Tema was the industrial hub of the nation. It meant that to some extent, other towns and areas in the country were not specifically focused on. Again, the post-colonial government re-introduced the health inspector units around 1962, this time at the district level. The inspectors went round to enforce bye-laws on sanitation and environmental cleanliness. Those found guilty of engaging in unhygienic activities were penalized with fines enforced by district courts.

Streamlining the discussion specifically to sanitation and in particular human waste disposal, it is important to note that residents in Accra and Kumasi and other Ghanaian towns used pit-latrines located at the outskirts of the community to minimise stench and prevent flies. This was in line with health considerations of residents. Population growth with its attendant public health hazards saw the decline of the use of pit latrines. Consequently, the British government introduced the household 'bucket latrine' system with 'night soil' collection, which became dominant. Until the mid-1980s the metropolitan government maintained a staff responsible for the collection and disposal of 'night soil' from both private homes and public 'bucket latrines. However, 'bucket latrines were considered major public health hazards (Thrift, 2007).

In line with their sanitation policies, the British government constructed public toilets in the early 1930s in Accra and Kumasi (Aryee and Crook, 2003). It is further noted that public toilets increased during early post-colonial period not only because of policies pursued by successive governments but also because of the practical problem of dealing

with rising population in the two cities. Again it is observed that metropolitan assemblies delegated the running and maintenance of the public toilets to their sub-metropolitan district councils which by 1989 derived 60 percent of their revenues from toilet user charges. The collection of public toilet fees has become a major revenue item because sub-metropolitan district councils have never received adequate grants from metropolitan assemblies to enable them fulfil obligations to provide services such as building, installing and maintaining public toilets, lavatories and urinals and promoting and safe guarding public health in their areas (Aryee and Crook, 2003).

The 1980s saw more rigorous interventions in the sector with the commencement of the International Drinking Water Supply and Sanitation Decade in 1981. Sanitation policy within this period has been cited in relation to the role of public toilets in Accra and Kumasi and this has proven to be fascinating and complex. Nonetheless it provided a basis for understanding the complexities and dynamics at work in sanitation issues in Ghana. According to Aryee and Crook (2003), the history of sanitation policies can be divided into three distinct 'policy periods' or 'phases'.

- Phase I represents the 1980s, the era of the Committees for the Defence of the Revolution and the introduction of fees;
- Phase II represents the 1990s that witnessed the beginning of public- private partnership- policies (PPP); and
- Phase III set in from the year 2000.

Prior to the first phase, the use of public toilets was free until 1982 when the Provincial National Defence Council under the leadership of Flt. Lieutenant Jerry John Rawlings came to power as a result of a coup on 31 December 1981. The PNDC propagated a

populist and people-centred development and so this guided its developmental activities (Dzorgbo, 2001). Public toilets before then were cleaned by paid sanitation workers. They were, however, poorly motivated leading to poor management and deterioration of facilities. Again, population increase along with inadequate measures to improve quality of services and maintenance of existing structures posed a problem. In its program of economic reforms the PNDC introduced user fees to help in the management of the facilities (Thrift, 2007).

With the introduction of the populist approach of the PNDC government which insisted on the spirit of public participation and community ownership, the Committee for the Defence of the Revolution (CDR) and radical youths (who were the working machinery of the government) were motivated to take over the management of public toilets. This move was ostensibly to halt the corruption in the management of toilets. Minimal fees were charged thereof to help maintain the facilities. Users were ready to pay following the euphoria of 'community ownership' at the time. Improvements were, however, noted to have been made in the management of toilets in the era of the CDRs (Frantzen and Post, 2001 cited in Aryee and Crook, 2003).

The result of this was the perception that public toilets could be run effectively by the 'community'. It did not however last too long as the CDRs began to misuse the fees collected leading to poor maintenance of the facilities. It was not surprising then that the management of toilets were then reverted to the municipal authorities, presently termed metropolitan assemblies when a national decentralisation policy based on governmental values such as empowerment, equity, stability, accountability and checking rural-urban drift, was introduced in 1988 (Aryee, 1994a cited in Egbenya, 2009).

Phase II witnessed public- private partnership policy. With the introduction of the new decentralisation programme alluded to earlier, it is observed that policies for responding to the environmental health crisis in Accra and Kumasi took the following turn: moving to privatisation of waste collection and public sanitation through franchising and contracting on the one hand and encouraging more community- based participation in the provision of local cleansing and sanitation services, basically by engaging ‘micro enterprises’ for local waste collection, and franchising management of public toilets to approved local businesses and community groups (Aryee and Crook, 2003).

Three main factors have been attributed to this policy shift. The influence of the donor community such as the World Bank, the Germans, the Dutch and the British who funded community education and community partnerships while promoting franchising have contributed to the policy shift. This reflected in many government policies. It resulted in policies to reduce dependence on public latrines by introducing community managed local sewerage systems and shared household-based facilities in the densely packed traditional housing areas. Whittington et al. (1993) observe that in Kumasi, the UNDP/World Bank Water and Sanitation Programme began subsidizing the installation of the popular Kumasi Ventilated Improved Pit latrines (KVIP) as the cheapest and most acceptable form of household facility in the early 1990s.

It should, however, be noted that by the mid 1980s, the need to fashion out a market-friendly economy had become widely accepted throughout Africa through the initiative of the International Monetary Fund (IMF) and World Bank (Moss, 2007). This meant a reduced role of the state in national economic management. Thus, the state had no business doing business. Instead, the state is expected to provide policy directions that will enable the private sector to play the leading role as the ‘engine of development’. Further, the state was expected to provide some of the social and physical infrastructure sometimes

in partnership with community-based organisations (World Bank, 1994). It is quite obvious that this new role of the state is somewhat beyond its capabilities. In the first place, these structural changes often require good governance programmes suggested by donors and these require that the state must initiate policies and programmes that can create conducive political, legal and economic environment, protect the vulnerable in society, respect the rule of law and other human freedoms while promoting gender equality (UNDP, 1995; World Bank, 1997; Peterson, 1997; Collins, 2000).

In addition, the ambitious political and social goals require at the very least, both political legitimacy and competent administration. It is also necessary that the state rely on non-state agencies in the private sectors to provide services which it once provided directly and at heavily subsidised cost to the citizenry. There is also an enormous premium on its ability to regulate and manage public-private partnership as well as sectors which have been completely privatized (Batley, 1996). In 1988 in Ghana for instance, the UNICEF and other non-governmental organisations criticized the demands of adjustment programmes. They cited the removal of subsidies on social services and the contraction of formal employment to be socially costly especially for the vulnerable groups: women, children and the unemployed (Dzorgbo, 2001).

Another appeal for franchising had to do with the earlier difficulties in funding and maintenance of public toilets by government as noted previously. It was to relieve government authorities of the maintenance burden and offer prospect for an improved revenue stream. Franchising is also noted by Aryee and Crook to be extremely popular with newly elected political elites. Public toilets became crucial revenue earners for sub-metropolitan districts (SMDs). This is so because by 1994 toilet maintenance and management were formally 'privatised' and franchising involved revenue sharing agreements between the franchisees and the SMDs. Sharing agreements, however, seem to

vary but generally SMDs rely on the toilets for around 60-70 per cent of their total revenues. However, Owusu and Awo (2013) observe that these partnerships have often created problems of institutional coordination and poorly defined functions resulting in the neglect and minimal improvement in the sanitation sector.

In May 1999, the National Environmental Sanitation Policy was published marking the third policy phase of sanitation in Ghana. This policy stipulated that the then 110 district assemblies must privatise the management of toilets for effective management. Sanitation services to a large extent were to be borne by the private sector like NGOs and community-based organisations. They are however to be supervised by public agencies particularly the metropolitan, municipal and district assemblies (Government of Ghana, 1999). Additionally, environmental sanitation services are to be provided by private sector on a full cost recovery basis under franchise or through concession agreements where possible. In situations where full cost recovery is not possible however, the assemblies are required to enter into contracts with service providers. The services to be provided include construction, rehabilitation and management of public baths and toilets which should be subject to the supervision and setting of maximum tariffs by the assemblies concerned (Government of Ghana, 1999).

Although a comprehensive sanitation policy has been put in place, there are persisting underlying causes of poor environmental sanitation and its vital link to health. In addition, the sanitation policy has been cited as saddled with challenges that make it difficult to make gains. There are issues of lack of a clear national goal or vision of environmental sanitation as an essential social service and a major determinant of the standard of living; lack of a formally constituted environmental sanitation sub-sector in the governmental system of sector development planning; lack of a comprehensive policy assigning responsibilities for environmental sanitation to the relevant ministries and agencies,

resulting in overlaps, gaps and poor coordination in the management of programmes; lack of technical capacity of the Ministry of Local Government and Rural Development to orient and support the district assemblies in the provision of environmental sanitation services; attempts to transfer to the assemblies environmental sanitation functions performed by ministries and central government agencies without transferring the accompanying budgets, personnel and equipment; inadequate allocation of resources for environmental sanitation services, both nationally and at district level; and lack of adequate professional manpower including engineers, planners and administrators for planning, management, policy formulation and research (Government of Ghana, 2010).

In line with this, the old policy published in 1999 was revised in 2009. It is to address the shortfalls of the previous policy. The policy revision takes on board the changing content of national and international development priorities. It also emphasises the need to ensure systematic collection of data on wastes from all sectors of the economy. This is to support relevant research and development to meet the challenges of managing wastes associated with the growing economy and rapidly changing lifestyles. Again, the policy supports building partnership both at international and local levels and with private sector through an effective public sector facilitation and coordination. In addition, urgent attention is to be devoted to enhancing the capacity of front-line actors, especially environmental health staff to equip them to effectively carry out their duties. Environmental sanitation has also been designated as an essential social service in order to merit urgent attention (Republic of Ghana, 2010). On the whole, however, the policy will need the commitment of all stakeholders in the sector along with attitudinal change on the part of the citizenry if improvements and realistic achievements are to be made.

Currently, this policy document translates into the various interventions and approaches to sanitation issues in Ghana. There is greater private sector participation in environmental

sanitation and the franchising of public toilets has taken root. It has been reported that private franchised toilets in Accra and Kumasi are better maintained and attract user satisfaction that those managed by the sub-metropolitan district councils and their sub-contractors (Aryee and Crook, 2003). Consequently, users pay more for private than SMDC toilets. However, in the case of the poor and vulnerable in society this presents some challenges. For a country like Ghana where social equity has not attained much strides, it becomes problematic to transfer the provision of basic welfare services to private persons and organisations.

### **Conclusion**

It is clear from the discussions so far that sanitation has often been tagged with water supply leading to the neglect of the latter since the colonial period. There have, however, been some essential regulations shaping the sanitation sector. These have taken the form of law and policy frameworks. They have not only existed in isolation but have greatly been influenced by both national and international development trends. These developmental trends have greatly shaped and directed the focus of policy in sanitation, shifting it from government to private hands. Although private sector has been hailed as efficient and well placed to provide basic welfare services, it has a telling effect on especially the poor in society.

Again, public-private partnership has been highlighted in the provision of sanitation services. There is however, lack of coordination and clearly defined roles of the two parties (government and private sector). This has further led to some kind of stagnation in the sector. Another challenge that poses a threat to making gains in the sector remains the unavailability of a concrete long term development plan in the country. Government policies are often revised to address aspirations of sector actors and ruling political parties.

There is, therefore, no continuity of plans coupled with structural and sector lapses which in the end hinder progress. Overall, it is evident that there is a disjoint between policy and practice. It is interesting and worthwhile to explore how these changes and challenges play out in a peri-urban community like Ayikuma.

## CHAPTER FOUR

### A PROFILE OF AYIKUMA COMMUNITY

#### **Introduction**

This chapter provides a descriptive profile of Ayikuma, the community where this study was conducted. This is necessary to understand the social and behaviour patterns of the residents. It should also enable an understanding of their values system and modes of responses to the problems that daily confront them, especially those of sanitation and specifically of defecation.

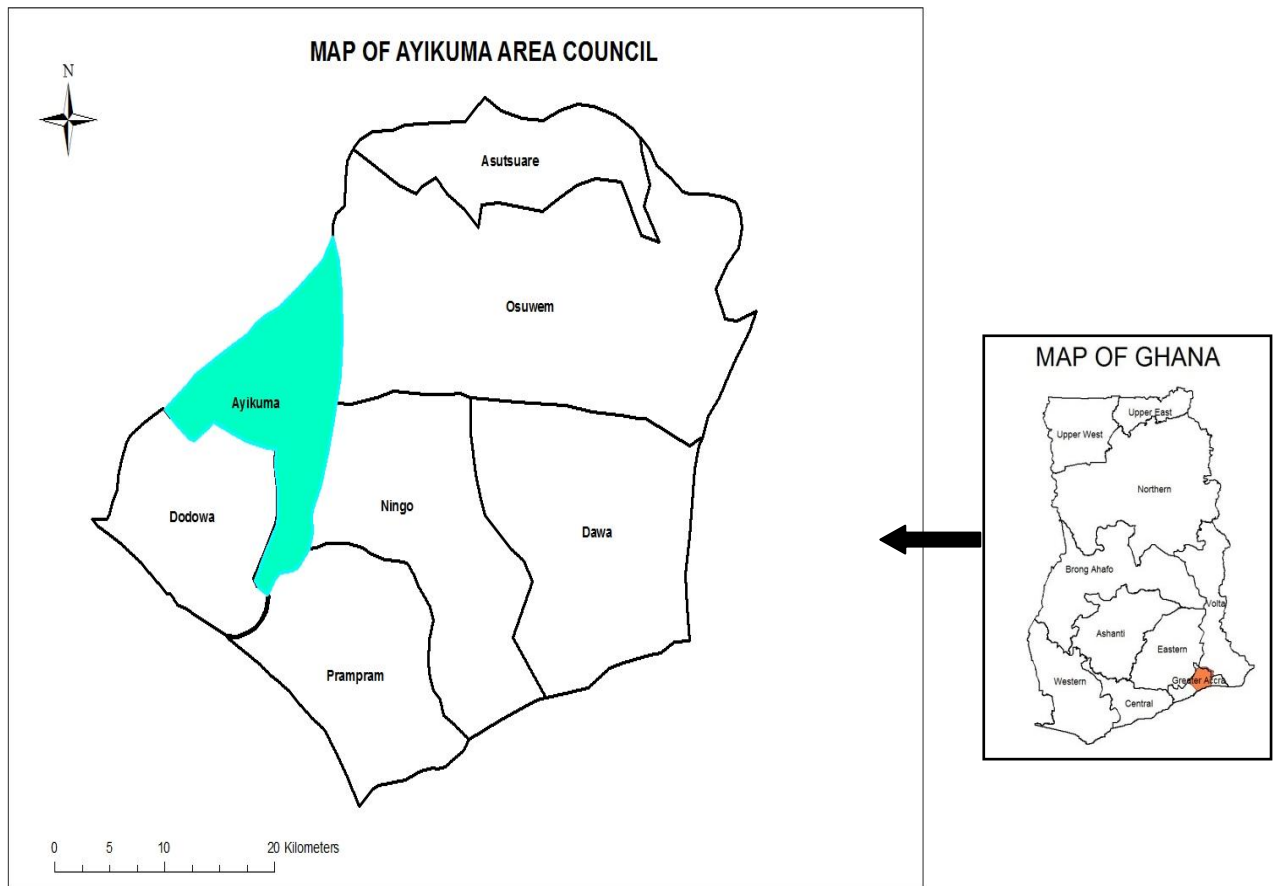
It is indeed an anthropological truism that the beliefs and practices of a people provide an in depth insight into their desires and immemorial thoughts. To this end, Assimeng (1999) has argued that one can only understand the structures, organisation and institutional components such as politics, economics and the system of socialization among others against the background of the culturally approved and generally held evaluatory system of dos and don'ts in the structure of the society. For this purpose also, the Marxian premise that one's social circumstances in all aspects of life and hence level of consciousness is determined by the person's social position, underpins the chapter (Cosser, 2010).

#### **Location**

Ayikuma is located in the Shai-Osudoku District (previously Dangme West District) in the Greater Accra Region of Ghana. Like all districts in Ghana, it was established in line with the decentralization policy of the Ghana Government. Between 1957 and 1988, efforts were made by successive Ghanaian governments to decentralize authority to the local level. Decentralization was seen as a vital tool in governance and because of this when it was introduced in 1988, it was based on governmental values such as empowerment,

equity, stability, accountability and checking rural-urban drift (Aryee, 1994a cited in Egbenya, 2009). It was also designed to accelerate growth and equitable spread of development in rural communities as well as urge these communities to participate in decision making that relate to the overall management of development in their districts (Government of Ghana, 1993). Progress in this regard was minimal until the 1970s when the decentralised system was reformulated into a four-tier structure namely regional, district, local councils and towns and village development committee. Ayikuma is a community within the Ayikuma Area Council in the district. This mirrors the decentralised system in the country.

Like many other communities in the Shai-Osudoku District, Ayikuma is a Dangme-speaking community. It is within a ten- minute drive from the district capital, Dodowa. The town is predominantly rural though it is rapidly becoming urban as evidenced by the development of many modern types of houses. Major highways link the town to Accra, Akosombo, and Aflao-Lome but the local access roads are either not tarred or usually poorly maintained. It is bordered to the east by the Akwapim-Togo ranges leading up to Larteh in the Eastern Region of Ghana. It has a fair share of forest land extending up to the hills which give it a scenic beauty. It is bordered by Doryumu in the west and Dodowa and Somanya in the south and north ends, respectively. It shares linguistic and cultural affinity with its neighbours, the communities in the district. The map below shows the location of Ayikuma within the Shai-Osudoku District. It also illustrates the major neighbouring communities surrounding the town.

**Figure 1: Map of Ayikuma Area Council**

### Historical Origin

Oral tradition has it that the Ga and Dangme are kinsmen and indeed originally one people. Several facts support this claim; not only are the two neighbours, but they also speak closely-related dialects (Buah, 1980). The Dangme are thus believed, like the Ga, to have migrated from somewhere in the 'east' which some historians believe could have been in present-day Nigeria. The Dangme recall Teteku or Someh an island in river Ogun, adjoining the Republic of Benin, as their original home (Buah, 1980).

There is however no recorded history as to how the people of Ayikuma came to settle in their present location. Thus, its historical origins are embedded in oral tradition and suffer from inconsistency with the passing of generations. As is characteristic of oral traditions, the historical accounts are not certain as to when exactly the town was founded but it is believed that it existed at the early stages of British colonial rule and this could have been around 1874. There are several versions of the accounts for how Ayikuma emerged. One version has it that the ancestors of the Muslim community are the source of the name Ayikuma while another has it that the town was found by the Dangme. However, the latter version seems to be generally agreed upon by many indigenes of the community but it is often complemented with the former claim.

According to the traditional leaders, Ayikuma was first called 'Bunyuku' meaning 'dust'. This is because the current site of Ayikuma was initially a forest with lots of anthills and persistent whirlwinds constantly creating huge mass of dust. It is noted that a chief linguist who lived in the Shai Hills carved out the boundary of Bunyuku up to the Larteh area in the present day Eastern Region of Ghana. This, he did for hunting purposes until about 1892 when the colonial authority drove the Shai from the hills because there were allegedly apes up there having sexual relations with the women. They were then forced to come down from the hill and some of the Shai settled in Bunyuku.

Later, a drought in the area of Agomanya led the chief linguist to suggest Bunyuku as a place of residence. This was because Bunyuku was alleged to have a river that 'does not dry'. It was at this point that one of the clans of the Dangme, the Lenordze moved from Agomanya to settle in the present location of Ayikuma. This clan consequently produced the first chief of the area. Not long after this, the Ningo led by one Tetteh Atta asked for a place to rear their animals and they were also given a place to settle. Their leader was later made a linguist to the stool of the Lenordze, affording them royal privileges they were to

enjoy for a long time to come. However, this move has led to chieftaincy disputes till today.

In the other version of how Ayikuma came to be, the name Ayikuma is said to be closely associated with the first settlers of the Muslim community. It is said that there was a dispute between two brothers over the construction of a mosque in Dodowa. This brought division among the Muslims there. A complaint was filed with the colonial District Commissioner (DC) who lived in Prampram. The colonial DC ruled in favour of the elder brother since he and his supporters were the majority in number.

It is said that on their way home from the trial, the two brothers parted ways at a small town called Odunse. The younger brother who had lost the case decided not to go back to Dodowa and so led his supporters to Bunyuku. This was because he had a friend named Azaji (residing in Bunyuku), who used to come and seek help from a 'mallam' (a local medicine man) in Dodowa. So, they decided to see him for a place to spend the night. Azaji is said to have given them a small piece of land to settle on. That very day, the Muslims wove 'zaana' (thatch woven with special grass that is either used as a fence or to roof buildings) around the place they were given and later built a mosque on the same spot they spent their first night in Bunyuku and decided never to return to Dodowa. One day they woke up and seeing how they had increased in number, the leader of the Muslim group (that is the younger brother in the dispute) challenged his elder brother to come and provoke them again. In Hausa this translates as 'Aikuma mugeni'. This name Aikuma came to stay but with time the name was modified by the Shai in the area to read 'Ayikuma'.

Following from this, it is obvious that both accounts may have some degree of validity, given the traditional and social organisation observed in the community. The two accounts

however, to some extent, seem to be more complementary than divergent in details. It is also clear that the two accounts have one thing in common: a need and ways to fulfil this need. In this case there was the need for safety and for food and these cannot be completely ruled out even presently as will be demonstrated later in the discussions.

### **Population Structure**

According to data from a 2010 census by the District Surveillance System (DSS) of the Dodowa Research Centre, Ayikuma has a total population of 1, 552. It has quite a high youth and female population which in many respects, appears to be a reflection of the national population structure: about 38.7% of the town's population is below the age of 15 while female constitute 54% of the population. Also, quite characteristic of rural communities, the aged (60 years and above) constitute quite a significant proportion of the population.

The pattern of population distribution in the town can be explained by two main factors. In the first place, the easy access to the city centre such as Accra by community members constitutes a centrifugal force for able-bodied young men. This is especially so for those with some form of formal education and artisanal skill who easily migrate to the city in search of jobs. Girls on the other hand who hardly attend school or complete their formal education generally have a low desire to migrate.

Again, early marriages can be identified as an important factor in giving the community its youthful outlook. Teenage parenthood is quite common in Ayikuma. When young boys derive independent income and are able to rent their own place of residence, they are ready to marry. This is often in the form of cohabitation with young girls of about the age of 15. Such early marriages come with it prolific child bearing over time.

## **Domestic and kinship arrangements**

Presently Ayikuma is made up of several ethnic groups; the Ga-Dangme, Ewe, Akan (Asante, Akwapim, Akyem, Fante), Guan, Dagomba, Basale and Hausa or generally termed Zongo community (Kotokoli, Hausa, Gao, Zambrama). It can adequately be described as a heterogeneous community to some extent. According to the elders of the town, the Ga-Dangme ethnic group is the predominant group and is broken down into various sub- groups including, the Shai, Prampram, Ningo, Osudoku, Ada and Krobo. Again, the elders point out that traditionally, Ayikuma consists of several clans including the Lenordze, Wekpeti and Magbiem who are all Shai clans. However, the Wekpeti clan is the largest now and the current Ayikuma chief belongs to this clan. There is also the Ningo community whose settlement is traced to their ancestor Tetteh Atta. However, since inter and intra marriages are allowed between and within clans these marriages have led to the merging of these clans.

The basic unit of organisation in the community is the household. From personal observations, it is noted that a typical home in Ayikuma is built with mud and roofed with thatch or corrugated aluminium sheets and often fenced with palm fronds. This building style is however changing as more people are putting up modern houses all over, especially at the outskirts of the town.

It was further observed that typically, the home has a number of built living rooms and two temporary structures separated from these living rooms serve as bathroom and kitchen. The bathroom is identified by a structure made of rusted aluminium sheets or palm fronds that cover one up to the neck and so it is easy to spot individuals taking their bath in the early morning. A cloth is used to cover the entrance and old or used buckets and gallons are used to collect the bath water which is then thrown away after bath. There

is no integrated sewage system where waste water can easily be channelled into. There are other instances where bath water is left to flow freely behind the bathroom and becomes a breeding place for mosquitoes and or swimming pool for domestic animals such as goats and fowls. These often return to their dwellings with the dirt. There is also the compound house system where rooms are rented out to tenants. These are mostly patronised by those who are not indigenes and young adults who have started fending for themselves.

Formerly, people in Ayikuma lived in large family compounds with at least three generations of relatives, men, women and children. This is not so now. One of the reasons that accounts for this trend is that once children begin to earn an income, they are often neglected by their parents and so they leave home and begin to fend for themselves. In line with this, female adolescents easily leave home to live in consensual union with their male counterparts. It is not uncommon to see many young people cohabiting in the area. The Dangme do not practice separate living arrangements like the Ga. As Field (1960) has observed, many Ga men and women hardly live with their wives or husbands in the same house. They prefer to live with their kinfolds and in the evening, the women retire to their husband's home to spend the night. As one elder said: *As for us, when we marry we take our wives home, not like the Ga. If you don't do this, your in-laws will insult you...Ahhh! marry and leave your wife in my house? No no no no.* Nukunya (2011) observes that social change has brought with it change in living arrangements and so the pattern observed by Field (1960) may not be the case presently.

### **Religious Life**

Religion literally pervades every aspect of the life of community members. They, like most Ghanaians, are very religious. This is evident in the number churches seen within this small community: the Catholic Church, Methodist, Church of Pentecost, Light House

Chapel International, Deeper Life Bible Ministry, Christ Apostolic Church and the Celestial Church of Christ. The Pentecostal churches are mostly housed in structures attached to the church leader's house or in an uncompleted make shift structure. Sundays often see the town transformed into a busy place with men, women and children criss-crossing the major road and alleys in the community to their various places of worship. There is usually loud singing, clapping and drumming coming from especially the Pentecostal churches within the town.

The Zongo community is also made up of Muslims who congregate in their Mosque especially on Fridays to say their prayers. Besides these however, the townsfolk do not rule out the influence of traditional religious beliefs and practices in spite of the fact that most of the people claim to uphold Christian religious teachings.

However, a close examination of the religious life of the people shows pragmatism. Avowed Christians and Muslims easily resort to traditional practices and beliefs to explain events and happenings that are perceived to be metaphysical in nature. Indeed Assimeng (1995) attributes this situation to the superficial nature of Christian beliefs such that when converts are presented with difficult and unexplainable situations, they fall back on their indigenous beliefs.

### **Social Welfare Facilities**

Like most communities and towns in Ghana, Ayikuma has few social amenities and even when they exist, they do not serve the people in the best possible ways. The existence of a major highway that links the town to Accra makes it very easy to access means of transport to and from the city. Many private vehicles ply the route and so transportation is not only easily accessible but also quite affordable. However, the local access roads to

other communities in the district are either not tarred or poorly maintained and so they become inaccessible especially in the rainy season.

The source of the community's water supply is the Kpong Water Works which serves several communities in the Greater Accra Region. Most homes, however, do not have regular supply of pipe borne water. They obtain piped water on Sundays only. According to community members the shortage of water is due to the breakdown of a pipe line that supplies water to the community. Although reports have been made to the district assembly nothing has been done. This is because the district assembly is not directly in charge of the pipe lines that supply water to the area; the assembly only manages the reservoir and treatment plant that supplies water to Dodowa, the district capital. This reservoir is sited at Dodowa. However, Ayikuma which is only a ten- minute drive from Dodowa does not benefit from this reservoir. The lack of coordination in the work of the district assembly and other government and private agencies is obvious here. It is clear that the District officials have no control over the provision of a social service in a community within its area of jurisdiction.

Consequently, some community members have water storage facilities or even harvest rain water in concrete tanks in their homes. One may not be an expert on water quality, but to some extent, this mode of storage raises questions on the quality of the water stored over a long period of time. The water is sold to the rest of the community who do not have storage tanks. This often goes for between 10 and 30 pesewas depending on the size of container one is filling.

Currently, there is no waste disposal site in the community and so children dump household waste in the bush or at the edges of foot paths. It is common place to see garbage along paths and close to houses. This is compounded by the sale of food and

water in polythene and so the community is littered with polythene products. The District Assembly provided the community with a waste disposal container but for two years now this has been in a state of disrepair and nothing has been done about it. The lack of potable water and insanitary condition in the community provide a recipe for the incidence and prevalence of infectious and parasitic diseases.

Given the difficulties in accessing potable water, few homes have water closet toilet facility and shower baths. Most homes use pit latrines and KVIPs. There are supposed to be two public toilets in the community; one is a KVIP which was poorly constructed and so broke down before it was put to use and the other is a 12- cubicle water closet facility and a 12- cubicle bath constructed in 2010. Those who can afford 40 Gp (0.76 USD)<sup>1</sup> can use the toilet and 50 Gp (0.95 USD) to enjoy a shower-bath. The amount paid is used in buying water, toilet roll and other detergents to clean the place. It is, however, not consistent with the long queues that characterise public toilets in Ghana. Most people hardly make use of this toilet and so it is fairly neat as illustrated in Picture 1, below.

Also, due to shortage of water in the community, water is stored in plastic containers to serve toilet users as illustrated in Picture 2 (below). The water is poured into the cistern so that users can flush the waste after use. It however leaves questions of what happens when the water provided cannot adequately flush the toilet. Detailed information on this will be given in the subsequent chapters. The rest of the population, however, go to toilet in the bush with its attendant health hazards.

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<sup>1</sup> Conversion rate for the dollar in the entire work is done at GHC 1.9 as at February 19 2013.

**Picture 1: The community public toilet with the attendants (seated)**



**Picture 2: Water storage containers in the Public toilet**



In terms of health care provision, the community has a Community-based Health Planning and Services (CHPS) compound which house nurses are trained to provide health care services with support from community members. Through community participation, these nurses are supposed to, on a daily basis, visit homes in their catchment area and provide vaccination for children, public health education to community members, treatment of minor ailments and referral of medical cases beyond them. Inadequate logistics and lack of motivation for health personnel, among others, however, does not allow for these services to be adequately delivered.

In Ayikuma, there are two resident female community health nurses who offer these services. They are resident in the same building as the CHPS compound. This building was first rented by the district assembly for the nurses but when the rent expired, the chief and his elders renewed it for another two year period. There is an ongoing building project by the assembly to house the compound but a permanent CHPS compound will depend on the speed with which this project is executed. Again, it is pertinent to reflect on the extent to which the chief and his elders can sustain the payment of rent if the project is delayed.

Services offered at the centre include prenatal care, deliveries, post natal care, and health education for community members and outpatient services for minor ailments. In instances where cases are beyond the nurses, they make referrals to the Dodowa District Hospital. An interesting observation made reveals that there is no ambulance for referral and so this implies reliance on public transport or on the benevolence of community members who can help. The house is a large compound with several rooms. Some of these rooms are occupied by the nurses while one of the larger rooms is where the clinic is set up. This room has one examination bed for examining pregnant women. This obviously means that it is not a place for detaining patients. There is also a table top refrigerator for storing drugs. As to whether this refrigerator has the capacity to maintain the cold chain for drugs

stored in it is something to ponder about. Further, the current erratic power supply in the country leaves questions as to how these drugs are maintained in the event of power shortage. Also, there is a stand for setting drips when it becomes necessary. On the corridor of the house are benches and seats for patients, especially during pre-natal and post-natal clinic days.

Besides the CHPS compound, community members make use of the services of a local chemist in the area. The chemist's shop is located close to the main street in the town and so it is visible. It is made up of one room with shelves on which over-the-counter medicines are displayed. It has a ceiling fan that is turned on all day, by mid day it merely blows hot air. The attendant most often sits on the veranda of the shop for fresh air while waiting for clients. In many instances, people go there with minor ailments and to buy medicine.

Some community members also make use of the services of drug peddlars who sell mostly herbal medicines. Most often, the drugs that are peddled are portrayed to have enough potency to cure several ailments at a time including waist pain, piles, constipation, asthma and hypertension. Other community members in need of health care services go to the district hospital in Dodowa which is about ten minutes drive.

## **Education**

Ayikuma is relatively endowed with many educational facilities. There are two public primary and junior high schools provided by the Methodist and Catholic Missions. Also, there are about five privately-run primary schools. What this means, however, is that the two public junior high schools may have to take on these pupils after they have completed primary six and this may over stretch facilities and resources in the junior high schools.

Unlike most rural schools, the school buildings in the town are well maintained; they are not characterised by leaking roofs, life threatening structures and inadequate furniture. The pupils also enjoy the school feeding program (where one hot meal is provided at least once a day) and the capitation grant of fee free basic education. However, the content and quality of the food provided is questionable. Again the schools are provided with toilet facilities and these are usually pit latrines or KVIPs, but by midday, however, the stench that emanates from these places is unbearable and often distracts pupils' attention in class. The schools are also ill-equipped with books and personnel. Sand winning in the community attracts the young boys who are quick to drop out to engage in it. The females also easily drop out because of early marriage and teenage parenting. This accounts for the low level of education of the young people in the area.

### **Economic Activities**

Ayikuma is a farming community but the community members engage in other economic activities besides farming. Farming is mostly done at a subsistence level and includes the rearing of animals such as goats, fowls and pigs. The pattern of farming is dictated by the weather conditions. Following the weather conditions characteristic of southern Ghana, land clearing starts between March and April and planting between May and June when the rainy season is at its peak. Between August and November, some planting and harvesting is done to coincide with the minor rainy season. Crops grown include maize, cassava, water melon, beans, mango and sometimes pineapple.

Farming activity is constrained with the advent of sand winning which is the preserve of the youth. Most of the youth neglect education to engage in this venture. It is noted that a day at the sand pit can yield as much as GHS 500 (USD 950). They supply sand for building projects and so it has become a very lucrative activity. It is also observed that

once a child gets into the business, parents lose control over that child because they earn substantial amounts of money to be independent of their parents. Sand winning has destroyed the grass land and so farmers have to move up to the forest on the hills. This has also decreased farm yield especially in the case of water melon. It used to be one of the crops produced in large quantities. Over the years however, this has been cut down as the nature and type of soil needed for the purpose has been destroyed.

Farm produce is often sold by the women but for those who farm on large scale, they are able to sell them to exporters. One of the fruit crops that have gained reputation in these parts is mango which is cultivated in Ayikuma and many of the other communities surrounding it. Those who are unable to export their crops sell them by the road sides mostly with no means of preserving them. They are either bought or left to rot wasting resources invested into it. Cassava is not produced on a large scale and is for subsistence. It is mostly used for 'fufu' (one of the local staples) at the domestic level. Others also produce cassava dough or sell it to a neighbouring community which is well vested in the production of dough. The dough is later sold in markets in the city for profit.

It is common sight to see women cooking and selling by the road side. Drinking 'spots' are common place in the community where the local 'akpeteshie' drink is sold. It is the popular and most sought after drink. In effect, most people sell it from their houses. The women in the community also engage in petty trading. They sell cooked local staples, farm produce like water melon, mangoes and cassava, sell provisions and sachet water. They mostly do this in front of their houses, by the road side or hawk in the neighbourhood. Others are seamstresses and hairdressers or apprentices in the field. In the morning, women are seen performing their household chores: bathing and preparing their children for school, and sweeping and cooking. After these they begin their economic activities.

Men who are not engaged in farming are mostly artisans. There are masons, carpenters, plumbers, welders and steel benders. They either work in the community or move to other towns and villages to sell their labour. Some leave the community for months and return when their job is done. They are on the move again when they get wind of opportunities elsewhere.

When community members are not working, a lot of social activities go on especially during the weekend. People relax in their homes to watch television as many homes own a television set. It may be true to speculate that more homes in Ayikuma have television sets than they have toilets. It is also a time when outdoorings and funerals are held. Canopies are erected and plastic chairs of all colours are arranged in the home or selected venue for such purposes. People from all walks of life are invited to either celebrate or mourn with the family concerned. Previously, funerals in Ayikuma were held two weeks after Christmas. At this time people who migrate to work in the city centre and elsewhere come home. These often pull their resources together to perform funerals for their relatives and this could be done for between twenty to forty people at a time. This is because after burial people wait ten to twenty years before performing the final funeral rites of their loved ones. This allows all those who are far from home to take part as well as cut the cost involved in organising such activities.

### **Local Politics**

Like any traditional area in Ghana, Ayikuma is influenced by local and national political dynamics. There is a chief in the community who works hand- in- hand with the local government structure in the community headed by the Assemblyman.

In terms of national politics, Ayikuma is a stronghold of the ruling National Democratic Congress (NDC) as with many other Dangme communities. Casual observers would not

fail to note that almost every house in the community has the NDC party flag flying high on their roofs. Currently, the parliamentary seat of the area is occupied by the ruling party. The intense political rivalry between the two major political parties (the National Democratic Congress [NDC] and the New Patriotic Party [NPP]) in Ghana has influenced local politics in every area including the provision of social infrastructure such as toilets in Ayikuma. Again, the biased nature of politics in the area brings to the fore the tendency of the people to vote for the leaders on the basis of ethnic and party lines instead of the capabilities and resourcefulness of the individual to ameliorate their living conditions.

Consistent with many traditional areas, Ayikuma is not left out in land and chieftaincy disputes. Each of the clans in Ayikuma produces sub chiefs who all owe allegiance to the chief from the Wekpeti Clan. The chief from the Wekpeti clan is the recognised chief of Ayikuma. It should be noted that Ayikuma is a predominantly Shai area and had as one of their chiefs Asafo Tettey Soji. At his death, it is alleged that a Ningo chief, Akwetey Teye Kwanta usurped power and reigned over all of Ayikuma although this was not supposed to be so. This unresolved situation later translated into a conflict in 1994 when the Shai drove the Ningo out of the town and set their houses and property on fire. This conflict meant the loss of livelihood of many people who had made Ayikuma their home. It also has implications for a developing community like Ayikuma where all necessary resources are needed to marshal development. These resources however go into conflict resolutions and maintaining peace while majority of people still lack a decent standard of living.

There has also been series of land disputes resulting in court rulings and injunctions as well as litigations. These often border on who owns land and the demarcations of land in the community. This turn of events often result in the loss of farm lands as farmers are forced out of their lands and thus lose of their source of livelihood. Again, this situation often affords community members the opportunity to sell off lands to migrants for

cultivation of cash crops and the most affected are the vulnerable such as women and the youth who due to their weak status cannot lay claim to their family and lineage lands. In this way, social life is individualized and economic activities highly commercialised while the social network that was an essential part of communal life is negatively transformed (Owusu and Tonah, 2013).

## **Conclusion**

Ayikuma, the study community reflect a society that presents mixed interactions and social arrangements greatly influenced by *gemainschaft* and *gesselschaft* way of life. Many changes have occurred in terms of their social, economic and political life. Its closeness and accessibility to urban areas such as Adenta, Madina and Accra brings about intercommunion between residents and the city transferring lifestyles to it from these areas. This in turn affects the social arrangements in the community as well. It is not yet fully an urbanised community. These changes however have brought into play new needs to meet the demands for a comfortable life. It shows an example of how humankind tries to survive and make innovations in the face of severe social needs. The study area in this way provides an interesting profile to study the defecation practices and preferences of its people. In the next chapter, the processes and procedures for collecting data for the study are described.

## CHAPTER FIVE

### DATA COLLECTION APPROACHES

#### Introduction

One idea that social theorists such as Emile Durkheim have posited which has been adopted for doing research in anthropology and sociology is that society is not out there to be studied but exist in the minds of people, it has a reality *sui generis* (Coser, 2010). The only way to gain insight into this reality, this collective conscience, is through sound data collection approaches.

Qualitative and quantitative approaches are now commonly accepted research approaches. However, there have often been debates about the one that is more appropriate in doing research. Creswell, (2003) for instance, views the quantitative strategy as basic for assessing situations as a prerequisite for inferences and generalizations. Again it is concerned with conditions and interrelationships that exist, opinions that are held, processes that are on-going, effects that are evident and trends that are developing. Patton (2002), however views the quantitative researcher as one which looks ‘through a narrow lens at a specified set of variables’. For others, it is seen as one approach in the social sciences to find out the present status of a situation or population (Osuala, 2001).

The qualitative approach, on the other hand, is advocated as necessary when there is a new area to be explored (Creswell, 2002). It also allows research participants to express their views in an opened and relatively unconstrained way (Kumekpor, 2002). According to Patton (2002) qualitative research is based on the premise that people can better air their views when they are asked to do so in an in- depth manner. However, Silverman (1990) takes a cautious stance: he advocates qualitative methods for certain types of evaluative

research projects while vouching for a combination with quantitative approaches as useful in other cases.

In view of the nature of the research problem (defecatory behaviour) and the objectives set for the study, a triangulated approach was adopted using both quantitative and qualitative techniques. A mixed method also helped arrive at vital information that might possibly not be obtained had one approach been used. It also enabled pulling together of two strands in the study: on one hand the opportunity to generalise findings and on another gaining an in depth understanding of the phenomenon under study. This involved a quantitative survey, in depth interviews, focus group discussions and observation. More emphasis was however placed on the qualitative method as a way of gaining a deeper insight and a better appreciation of the research problem. It was also necessary to facilitate probing and to avoid distorted information which could be prompted by the private nature of people's toiletry behaviour.

### **Initial Contact**

Community entry can be very difficult without the use of social connections. For a small peri-urban community like Ayikuma where characteristics of a *germainschaft* and *gesselschaft* society co-exist, it was necessary to contact as many relevant people as possible. This was also necessary not only to gain access to the community, but to erase as much as possible suspicion in the minds of the people. It also fostered a better understanding of the ways in which issues are handled, especially those pertaining to the study.

The community entry was facilitated by links with the Dodowa Health Research Centre, the health research body in the district. This centre often conducts health researches in communities in the district and so was popular among the people. The centre had also at a

point in time, distributed insecticide treated mosquito bed nets to these communities. This goodwill was further enhanced when a native of the district was made the translator and facilitator for the study. Community entry process was therefore made fairly easy.

The researcher began data gathering in September, 2012 by first familiarizing herself with the field. This was done by identifying and establishing rapport with as many key informants as possible. These key informants were mostly suggested through informal discussions with some of the community members. The first person to be contacted was the assemblyman for the area who represents the political authority at the community level. He was contacted to give permission for the conduct of the study and to seek his assistance in identifying people whose views could be of immense contribution to the study. After explaining the intent and purpose of my study, I was led to the chief of the community. This however had to be postponed to another day because I was expected to present a gift to the chief (within the Ghanaian traditional set up, it is the practice that one does not go to see a chief empty handed). When we finally met the chief, I introduced myself and the nature of my study and then produced my gift, a bottle of schnapps. Drinks (whisky) were served and one of the elders in the gesture of pouring libation but not the usual long prayers and philosophical statements that mark one said a brief prayer for the success of the study and the possibility for it to yield positive results in the community. After this, I was given the go ahead to begin the study.

At the end of this phase, a number of people including, an elder of the traditional council, the assemblyman, the Chief Imam of the Zongo Community in the area, a pastor of the Church of Pentecost, the community public toilet attendant, and the head teacher of one of the schools in the community had been contacted. During my encounter with all these people, I often made it clear to them I was solely interested in their defecation practices and preferences and had nothing to do with 'government work'. This was necessary

because there were political campaigns going on in readiness for the 2012 general elections in Ghana at the time and most of them thought it was some kind of political activity. However, others also saw in me a ‘saviour’ who had come to solve their toilet problems and it was necessary to erase these misconceptions. I also had the opportunity to do transect walks within the community, observing people’s daily activities and toilet sites.

Information generated from the discussions with these contact persons and observations enabled the designing of a 35-item questionnaire administered in the next phase, the household survey. The results from the household survey, to a large extent, influenced the type of questions posed during focus group discussions and in-depth interviews held later in the study.

### **Study Design and Source of Data**

As indicated earlier, this study made use of both the quantitative and qualitative methods. Data was obtained from both primary and secondary sources. To obtain the primary data, a household survey and three qualitative research data collection techniques were employed: in- depth interviews focus group discussions and observations. The choice of all these methods was to allow for triangulation of the data which according to Dezin (2000) exposes the diverse aspects of the empirical data and the weaknesses of each method overcome by the other. These were all conducted in the local Dangme language with the assistance of a translator. Secondary data sources include books published and unpublished and articles.

## **Sampling Procedures**

For the survey, the target population was made up of households in Ayikuma. As Curtis 1998 (citing Berman et al, 1994) suggests it is necessary in hygiene studies to focus on households because this is the level at which internal and external processes come together to produce health. In this regard, the concept of household was used as defined in the 2000 Population and Housing Census. For this census, a household was defined as a person or group of persons who live together in the same dwelling, share the same house-keeping arrangements and are catered for as a unit (GSS, 2005). By this definition however, family members may not necessarily be household members based on their living arrangements. In the same vein, not everyone who lives in the same house can be defined as constituting a household. Further, length of time of stay of members is not considered as some may just be visitors to the house and may not necessarily be permanent members of the household. Therefore, the study, focused on people who live in the same house and eat from the same pot and have access to the same facilities in the house at least six months before the study.

A total number and list of households was obtained from the Dodowa Health Research Centre. The total number of households, based on a 2010 census by the research centre's District Surveillance System (DSS) is 404. Using a confidence interval of 95% and an estimated variance of 50%, a sample size of 195 was obtained representing close to half of the total number of households in the community.

A complete sampling frame obtained from the Dodowa Health Research Centre was used to select households to be included in the study. From this list, the 195 households were chosen using the simple random sampling technique. Numbers were assigned to each household in the list and using the lottery method the numbers were picked till the sample

size was obtained. However, to account for defaulters, households picked were 5% more than the original sample size of 195 giving a total of 205 participants. The simple random technique ensured that every unit in the population had an equal chance of being picked for the study. It also provided a sample of people who live in the same community but occupy different types of houses and use different types of facilities. This survey targeted household heads but in their absence any adult 18 years and above who was found within the household was interviewed. Those sampled for the household survey were made up of 119 females and 76 males.

### **The quantitative survey**

To obtain data, questionnaires were used in the survey. It covered the various socio-demographic characteristics of respondents- age, sex, marital status, and religious affiliation, educational and occupational background. The questionnaire also covered the major sub-themes of the objective of the study (see Appendix A). On the average, 25 minutes was used for a respondent. However, in some cases the administration of the questionnaire took a longer time because often, respondents digressed in their responses and gave long and winding answers to questions. It also took a longer time because most of the participants could not speak and understand English. This necessitated the use of a translator, who translated the questions into the local Dangme, the language spoken and understood by most residents. Data collection often started from 7am to 6pm in order to capture people who worked outside town and those who went to the farm.

### **The Qualitative Study**

Based on the objectives of the study, specific participants whose opinions were perceived as highly relevant and related to the objectives of the study were included in the study.

Purposive sampling was thus used to select these participants for both in-depth interviews and Focus Group Discussions. These participants were selected based on possessing characteristics and information relevant to the objectives of the study (Kumekpor, 2002).

Participants for the in-depth interview included the District Sanitation Officer, the assembly man for the community, a traditional elder of the community, two religious leaders (one from the Christian community and another from the Muslim community) and the community toilet attendant. Interview guides were used for the in-depth interviews. These varied from respondent to respondent but covered basically the theme of the research (Sunders et al 2009). The interview guides were not strictly adhered to in the order in which they were written as the interviews took the form of conversations while at the same time steering them in line with the objectives of the study.

The discussants for the focus group discussions were however, selected during the household survey. Respondents who had lived all their lives or had lived for over twenty years in the study area were considered for focus group discussions. Also, during the survey, there were respondents who displayed enthusiasm and depth of knowledge in the subject, these were contacted and they agreed to meet with others at an appointed date and time to participate in the discussion. Discussants were then grouped based on age and common socio- economic backgrounds. In all, four focus group discussions were conducted, two for women and two for men.

Focus group discussants included males and females aged 18 years and above. At 18 one is considered an adult who can reason and make informed decisions on defecatory practices. Each group consisted of 8 discussants to enable active participation and control of the discussions. Each session was coordinated by a moderator (the translator) and was conducted in the local Dangme. Issues discussed basically revolved round the current defecation practices and preferred defecation options if discussants had the opportunity to

make choices. A focus group discussion guide was also designed to initiate and direct the focus of discussions. In all, six focus group discussions were held: three for males and three for females. In depth interviews and focus group discussion sessions were recorded on tape recorders and transcribed later. The transcribed discussions were then translated from Ga-Dangme to English.

Further, observations were done of the phenomenon under study. This was to capture those issues that were not raised during discussions but were of importance to the study. It was also a way of acquiring firsthand knowledge of the situation regarding daily activities and defecation practices of the people. Observations were guided by a check list that captured the specific activities, events and happenings of interest to the study. This was necessary to guide the observations and ensure that specific and useful happenings were noted.

### **Data Analysis**

Data from the survey were computer- processed for analysis using the Statistical Package for Social Sciences (SPSS, Version 16). Data were first coded by assigning numbers to verbal responses such that the raw data was reorganised into a form easy to enter into a computer. In the case of open ended questions, simple responses were grouped into one category till all possible categories were obtained to develop a nominal scale category for the variables under study.

Data were then cleaned and edited to check for accuracy in data entry and all coding errors in the data entry. Results have been presented using descriptive statistics such as tables and frequencies where appropriate.

Qualitative data obtained from the in-depth interviews and FGDs were grouped into themes and categories with reference to the research objectives. The emergent narrative

themes were stated and samples of dialogues that captured each theme displayed. This was, however, done after a transcription and translation of the recorded information from the field. Issues arising from the FGDs and interviews are then described and analysed.

### **Limitations and Ethical Considerations**

As discussed earlier, the study was conducted at a time when the political campaign period for the 2012 Presidential and Parliamentary elections was at its peak. Political opponents were wary of each other and cautious to give their opponents any lead for propaganda. The study area happens to be a strong hold of the National Democratic congress as was evident with most houses displaying its flags and paraphernalia. Given this situation, many community members were suspicious of the intent of the study as most felt it would be used as propaganda against the ruling government. This made it difficult initially to get any information from the people. However, subsequent visits to some of these households elicited the true picture of the situation. In addition, observations were adequate to at least, to show the general pattern relating to the objectives of the study.

Another challenge was the fact that the majority of respondents could not speak and understand the English language and so the study made use of Dangme, the native language of respondents. This was a difficult task as it demanded the services of a translator. This often inhibited certain probes that would have been useful to enrich the study. Translations were however often cross-checked by other experts in the language to ensure quality product.

Another limitation was that at some time it was evident that research participants were suffering from research fatigue. This was because they were constantly taking part in researches conducted by the Dodowa Research Centre. For them, these researches often

yielded no gains. Thus, as much as possible, in-depth information was teased from them, sometimes with the help of incentives.

Every study involving human life brings ethical considerations to the fore. Thus, the phenomenon being studied was a dilemma for the researcher who must participate in and observe as much as possible. The Code of Ethics of the American Anthropological Association (AAA, 2012) which is one of the most influential codes refers to three parties to whom a researcher bears responsibility: to the people (and animals) they study; to their discipline; and to the general public. With respect to the first party, principles of respect, safety, dignity or privacy of people as well as obtaining informed consent are advocated.

Neuman (2007) points out that researchers must never coerce their respondents into participating in a research. Participation must be voluntary at every stage of the research. The safety of respondents can also be ensured through privacy on one hand and anonymity on the other hand in order to ensure the protection of a participant's identity after information is gathered. To Neuman (2007) therefore, even if a researcher cannot guarantee anonymity, he or she should always protect participant confidentiality. There is the risk of information being divulged unintentionally or negligently to third parties.

Guided by these principles, ethical clearance was sought from the Ministry of Health of Ghana Ethical Review Board which provided a provisional clearance before the study began. Permission was sought from the appropriate governmental and traditional authorities under whose jurisdiction the study community is sited. In addition, verbal informed consent from participants was sought from the beginning to the end of the study and opportunity was given to any person who wished to withdraw from the study at any point in time, to do so. They were also assured of anonymity and confidentiality and this

has been ensured by protecting their identity through the use of pseudonyms to represent their responses.

All told, however, almost every social research cannot be done without intruding into the social life of people. The responsibility though is to ensure that while promoting scholarship, harm is not done to respondents. In the next chapter, data obtained from the field are analysed and discussed.

## **CHAPTER SIX**

### **DATA PRESENTATION AND ANALYSIS**

#### **Introduction**

This chapter presents the interpretation of data obtained from the field. To ensure a reflection of the objectives of the study, the interpretation is structured into three chapters: the first chapter is devoted to analysing the socio-demographic characteristics of respondents so as to grasp an insight into the type and world view of the people encountered in the field. The next chapter captures the mainstay of the study by outlining the policy influence and shift in the disposal of human excreta in the study community and how these influence the present circumstances. Finally, the analysis will concentrate on describing the existing toiletry practices, the socio-cultural undertones to these practices and the defecation preferences of the people.

#### **Socio-Demographic Characteristics of Respondents**

##### **Age**

Defecation is a response to a natural urge. The practices associated with it, therefore, are not the sole prerogative of a particular age group. In spite of this, the household survey was limited to persons eighteen years and above. This was done with the assumption that this age group would have greater decision making power over their own defecation practices while influencing the lesser age groups. Further, in Ghana, the 1992 Constitution recognises age eighteen as the age at which an individual attains adulthood. This is with the assumption that one is old enough to make reasonable and informed decisions. The toiletry behaviour of those below this age group was thus assessed through observation

and the responses provided by those who took part in the survey and in the in- depth interviews.

Questions on age were often met with shy smiles and exclamations. For most of the old respondents, they often referred to significant events that took place in the country to determine their age. For instance, some mentioned they had been born, married or attained a certain height when Queen Elizabeth of England visited Ghana for the first time in 1961. Others linked their age to 1966 when Kwame Nkrumah, the first President was overthrown. Again some link their age to when the first cedi notes were introduced in 1965 or when all illegally resident aliens were asked to leave Ghana in 1969. Based on this information, respondents' ages were then estimated. It is pertinent to note that for most people in Ghana, what matters is one's social or cultural age as most people are unable to state the chronological age they have attained. Thus, a person's status and accompanying role is often determined by the social and cultural age of the individual.

Going by reported ages, the data reveal that about 59.1% of the respondents are between the ages of 18 and 42 years. This reflects a large youthful population in the community. It also reflects the overall national population which has been observed to be, to a greater extent, youthful (GLSS, 2008 and GSS, 2005). A casual visitor to the community will not fail to appreciate the sight of young men, women and children sitting in groups engaged in conversations or criss-crossing the main road that passes through the community. Indeed, as described earlier, Ayikuma has many young people who are mostly artisans and only move out of the town to other places to work on contract basis when there is a job opportunity. They can be away for months returning only to leave again when there are new job opportunities elsewhere.

Others, on the other hand, are engaged in sand winning while the rest idle around the town with no jobs. Therefore, during data collection, these were mostly the ‘captive’ respondents. Most of the young people also migrate to the city centres like Accra to work and only come home during festive occasions. The trend leaves behind many elderly people who are engaged in subsistence farming or take care of their family homes while their younger relatives work to sustain their livelihood. These elderly people are therefore not in the position to provide basic amenities even within their homes and rely heavily on the government.

It is also worthy of note that there is quite a high representation of the aged population (10.3%). This has implications as this group of people are not involved in any active work or economic activities. In this way, they can be viewed as a vulnerable group which depends, to a large extent, on remittances from their children who migrate to city centres to work. However, as observed by some of the respondents, these remittances are not enough for their upkeep and so they find it out of place to use it to access toilets in cases where toilet facilities are nonexistent in their homes.

### **Sex Distribution of Respondents**

The differences in the biological make up of males and females make them have different needs in terms of defecation. This may influence their need for particular types of toilet facilities that will serve these needs. Also, traditionally, it is believed that men are the breadwinners and women, the homemakers. Men are thus saddled with providing a house for the family to live in. The type of house the man is able to put up will be reflected in the kinds of basic amenities including sanitary facilities that the household will have access to. Females on the other hand, are supposed to maintain and ensure domestic hygiene. They do the sweeping, cleaning, washing of clothes, bathing the children and taking care of their

toiletty needs. This, obviously, implies that cultural attitudes and behaviour towards excreta may differ in terms of gender. For instance, in the study community, women are supposed to handle the faecal matter of their children without showing signs of repulsion. It is indeed, a popular view that the laps of mothers should be the receptacle for the faeces of young children as this forms part of the nurturing duties of women. This reflects in a common proverb in the community when disputes between parents and children are being resolved: *If your child shits on your thigh will you simply cut off that part of your thigh with a knife? Will you not clean the faeces with water?* The weight of this proverb often appeases an angry mother: she is compelled to consider her child's misdemeanour as shit on her thigh and so the expected response is to simply wipe the issue off and forgive that child.

In line with this, the study incorporated the views of both men and women. The sex distribution shows that males made up 39% of the respondents while females constituted 61%. This clearly, reflects the differences in the gender composition of the Ghanaian population. It however, displays a rather high disparity between the two. According to the 2010 Population and Housing Census the female population makes up about 51.3% of the total population while males constitute 48.7% (GSS, 2010). The high female population in the study could be attributed to the nature of economic activities undertaken by the men in the community. As alluded to earlier, most of the men are artisans who work outside the community and do not come back until their contract is over. Therefore, during the study more women than men were encountered.

The women on the other hand engage in activities that keep them at home during the day. They mostly engage in household chores; cooking, washing, sweeping, and nurturing their children, among others. Some do petty trading in front of their houses or by the roadside and so they featured prominently in the study. Other women also go to the farm very early

in the morning and return late in the afternoons. This group was also captured during field work.

### **Level of Education**

Education is often seen as an empowering tool in society. This is reflected in policies of both national and international governments and agencies where the focus is geared towards widening access to quality education. The United Nations Millennium Development Goal 2, which is achieving universal primary education for all by the year 2015, is one such step towards quality education. The 1992 Constitution of Ghana recognises this in a number of provisions including Article 25 which gives educational rights to children in the country. Education gives knowledge and skills to demand and negotiate varied health needs and complexities and so acts as a stimulator for change. In line with this, data was gathered on the educational background of research participants.

It is interesting to observe from the data that about 21.5% of respondents have never been to school while 22.5% have primary education. These two groups can to some extent be described as illiterates as they can neither read nor write the local and English language. This was obvious during data collection as questions had to be translated into Dangme the predominant local language in the town.

The data further revealed that many of the respondents (42.9%) claim to have completed junior high school or the former middle school. It is worthy of note that this figure includes respondents mostly between 18 and 38 years. This low literacy level of the community is to be expected; most of the young people, especially the males are lured into sand winning often after completing junior high school because of the quick economic rewards the job promises. Sand winning has gained prominence in the study community because of the several building projects springing up in the proximity of Ayikuma. Elders

disclosed that when the youth go into this business, they become uncontrollable and defy authority because of the new economic freedom they gain. As one respondent pointed out: *You know because they start making their own money, they no longer respect us [parents] because now they can buy whatever they want.* The young females on the other hand go into early marriage or cohabitation with young men. The attendant pregnancies and other social problems have a telling effect on the general literacy level of the community. Table 1 outlines the breakdown of the educational backgrounds of respondents in the study.

**Table 1: Educational Background of Respondents**

<b>Level of education</b>	<b>Frequency</b>	<b>Percentage</b>
Primary	43	22.5
JHS/Middle School	86	42.9
SHS	13	6.8
Vocational/Technical	3	1.6
Tertiary	9	4.7
No Education	41	21.5
<b>Total</b>	<b>195</b>	<b>100.0</b>

Field Survey, 2012

There appeared to be a relationship between level of education and provision of domestic toilet facilities. It was noted that respondents with higher level of education often had a toilet facility in their houses or patronised the public toilet. The majority of respondents who owned a flush toilet or were in the process of installing one in their house were mostly workers in the public sector or had retired from public service. Again, observations at the public toilet in the community show that most of the people patronising the facility are the teachers and other public and private sector workers. This group of people also often related their choice of the public toilet to the issue of hygiene as will be discussed further in subsequent chapters. It can be assessed, to some extent, that the levels of education of respondents have some influence on their desires to own a toilet at home. A similar observation was made by Jenkins and Curtis (2005) in Benin where they showed

that levels of education of respondents correlated with a high desire for latrines and none of the respondents with high level of education expressed the desire for protection from supernatural threats in their choice of defecation point. This can be seen as a reflection of the empowering and enlightening role of education. Empowerment and enlightenment may be seen as giving people the opportunity to make choices based more on maintaining good health than any other reason. They also provide people with some kind of financial freedom which further enhances the options available to them.

### **Period of Residence**

The period of residence of respondents became necessary given one of the objectives of the study: to outline the history of faecal matter disposal in the community. This was investigated from the point of view that the longer one lives in the community the more experienced and familiar one will be with the social life, structure, general aspects of the life of community members and indeed the history of provision of toilet facilities in the community. In line with this, respondents were requested to state how long they have lived in the community. Table 2 displays the data generated in this regard.

**Table 2: Period of Residence**

<b>Period of Residence</b>	<b>Frequency</b>	<b>Percentage</b>
6 months- 1 year	11	5.7
2-6 years	44	22.7
7-11 years	30	15.5
12-16 years	19	9.3
17-21 years	14	7.2
22- 26 years	17	8.8
27 years and above	60	30.9
<b>Total</b>	<b>195</b>	<b>100.0</b>

Field Survey, 2012

From the table, it can be deduced that 30.9% of respondents have lived in the area for over 27 years. However, it is worthy of note that most respondents who lived in the community

for up to 21 years and above were born and have lived all their lives in the community. The period of residence, to a large extent, is linked with the age of the respondent except for most of those who have resided in the town for less than 21 years. It is necessary to point out as well that some respondents migrated to the community but have lived in the town for a long time and therefore consider themselves as part of the community. Following from this, it can be said that majority of respondents have spent a relatively long time in the community and so are knowledgeable of the way of life of the people including the main concern of this study. It also goes to strengthen the stance that the community is quite rural in outlook and so largely inhabited by indigenes of the town

### **Occupational Status of Respondents**

It was important to gather information on the kind of economic activities respondents engage in as well. This was done with the view that occupational status will go a long way to influence the kind of living conditions community members will have and the kind of toiletry options they will have access to thereof. In line with the observation of the Ghana Living Standards Survey (2008), the data reveals that the majority of respondents are employed in three main occupational categories. These are agriculture, craft and related trades and service and sales workers.

The data show that most of the respondents (31%) are into petty trading and these are mostly women. This group is basically engaged in the sale of farm produce such as fruits, operation of provision shops and the sale of cooked staples. Another group of people worthy of note are those who are unemployed. They constitute 20.1% of the population, and include majority of the youth whose educational background is poor and persons who for reasons such as age and incapacitation do not engage in any economic activities. There are also significant representations of farmers (19.2%) and artisans (16.9%) comprising carpenters, masons, seamstresses, hairdressers, mechanics, electricians and painters. The

data go to reinforce the earlier discussion on the economic activities engaged in by community members. The socio-economic status of the town folk can be seen as generally low and its implications for the toiletry practices of the people will be outlined and better appreciated in the subsequent chapters. Table 3 shows the breakdown of the occupational background of respondents in the study.

**Table 3: Occupational Background of Respondents**

<b>Occupation</b>	<b>Frequency</b>	<b>Percentage</b>
Petty trader	60	31
Unemployed	39	20.1
Farmer	38	19.3
Artisan	33	16.9
Public Servant	9	4.6
Sand Winner	5	2.5
Businessman	5	2.5
Student	4	2.1
Housewife	2	1.0
<b>Total</b>	<b>195</b>	<b>100.0</b>

Field Survey, 2012

### **Marital Status**

Marriage is a recognised institution for the establishment and maintenance of family life. Nukunya (2011) notes that marriage confers a number of rights, duties and obligations on people and these often reflect in their behaviour and roles they are expected to play in the society. In terms of how marriage influences toiletry behaviour, some traces were observed during field work. For instance, marriage in general denies a woman the use of a toilet facility in her father's house. The view is that once she is married and no longer lives in her father's home, she is not expected to continue to make use of a toilet facility in that house if she is resident in the community. Among the Dangme as with most patrilineal people, marriage confers on a man rights in uxorem and genetricem. However, while children are completely absorbed into their fathers' patrilineage, wives are not. The

restricted access of married women to certain facilities in their patrilineage is reportedly meant to ensure that their husbands are responsible for the needs of their wives.

Again women who had children were often seen washing and cleaning their children after they have defecated or held their babies while they defecated. These women were more tolerant and accommodating of the sight and smell of their children's faeces than those who were not married. Questions on where their children defecate were often met with laughter, their answer was simple: children can either sit on their mother's laps to defecate, defecate on the floor or ease their selves into a chamber pot. The bush is the repository of these faeces.

From the data, 61.5% of respondents were found to be married while 14.9% were single. The high rate of married people in the community can better be understood when viewed in the context of the people. For some respondents once they live in a man's house, bear him children and their relatives are aware then they consider themselves married. However, about 6.7% of respondents admitted they were merely cohabiting with their partners. The rising cost of performing marriage ceremonies in contemporary times greatly influenced by the economic conditions in the country may account for this trend.

### **Size of household**

It was deemed necessary to find out the number of people comprising households to observe the extent to which that translates into the degree of pressure on available toilet facilities. Again this was done in line with Curtis' (1998) [citing Berman et al (1994)] suggestion that households combine their knowledge, resources, behavioural patterns and technological services among others available to them to make gains in good health and so should be the focus of sanitation studies.

In this regard, the data show that the number of people who make up a household range between 1 and 20 with 4 as the average number of people in a household. Therefore, most households (33%) have 4 members. It is followed closely by 30% of households with five members constituting the group. This reflects to some extent the finding of the 2000 Population and Housing Census which notes that the average household size is between 1 and 6 people (GSS, 2005). The implication for this trend is that if a household is without a toilet facility, it translates into the overall number of people in the community without access to toilets. In instances where there are several households in a house, where there is a toilet there is usually pressure on such a facility. The consequence was pointed out by a respondent thus: *We are many people using the toilet and sometimes in the morning you cannot wait for everyone to finish before you enter. So for me, I just go to the bush.* The bush therefore remains a crucial receptacle of faeces.

Closely tied to household size is the number of households that have children as members. The concern is to enable an appreciation of the arrangements in place to manage children's faecal matter. The data reveal that 68.1% of households have children within it while 31.9% do not. To a large extent then, most households have children as members and this has implications for waste disposal. More children imply increase in population which translates into pressure on existing toilet facilities and in a context where toilet use is commercialised, parents do not think they should pay for children to go to toilet. One woman emphasised this point thus: *Oh he is only a child and he can squat near the house and do it [defecate].* This has implications for open defecation as parents perceive that children's faeces are not harmful because they do not eat large amounts of food like adults and so they can defecate anyway. Children will thus be socialised in such a way that they do not develop the habit of defecating in toilets. Also, it may reflect in the types of facilities people construct as these facilities are usually not child-friendly.

## **Religion**

Although in the earlier discussion of the social structure of Ayikuma, the general religious life of the community was discussed, efforts were made to demand from respondents, information on their religious affiliation. This became necessary because religious phenomenon emerge in society when a separation is made between the sphere of the profane (the realm of everyday activities) and the sphere of the sacred (the area that pertains to the transcendental and the extraordinary) as distinguished by Durkheim (Coser, 2010). These distinctions exist only because society gives them these attributes and this becomes possible only when societal members are united by common symbols and objects of worship.

In the realm of defecation, it is not exactly clear which of the attributes it can be accorded with. On one hand, it is an everyday, normal activity that most people do not think too much about (profane) while at some point from the perspective of respondents, it assumes some kind of power that transcends its everyday nature as will be discussed later. Again, it can be viewed at another level as assuming a sacred attribute. This is because matters of defecation are not easily talked about. There are some kinds of rules governing the activity such as not greeting while on the way to toilet and then no matter where people are defecating they hide so that no one sees them. These are unspoken but generally adhered to by members of the society and at the same time, may to some extent translate into choices people make in choosing a place to defecate. It was thus necessary to find out the religious affiliation of community members.

As regards the religion respondents identify with, the data indicate that 92.3% subscribe to Christian religious beliefs while 7.7% are Muslims. Those who are Christians largely belong to the Catholic, Pentecostal, Presbyterian and Methodist denominations. No respondent however claimed to belong to the Traditional religious group. This is contrary

to the general notion that Ghanaians affiliate with three main religious groups. This may be explained by the nature of the community which is not completely rural and so urban influences with the proliferation of many Pentecostal churches may have a part to play. There is, however undertones of traditional religious beliefs in explaining phenomenon even though respondents claim not to subscribe to it. In line with this, Assimeng (1989) points out that Ghanaian's ties to Christianity for instance are superficial and that in that in the face of the unexplainable, they fall back on their indigenous religious beliefs.

This seems to hold true as respondents relate their defecation practices to religious and cultural perceptions and some of these rely on traditional religious beliefs and practices. In instances where respondents could not explain the cause of death of certain people, their beliefs concerning faeces as powerful substances that can kill have come in handy. It may then be in order to assume that there are traces of traditional religious beliefs among the people despite their claim of not subscribing to it and that in the face of crisis or the inexplicable, people will always fall back on the beliefs and practices that help them make sense of their circumstances.

## **Conclusion**

The analysis so far point out that the respondents generally have low levels of education. They are generally unemployed and poor peri urban dwellers who are faced with the challenge of sustaining their livelihood. The majority of respondents have being born and lived for a relatively long period of time in the community. They are therefore in the position to provide a reliable insight into the community's history in relation to waste disposal. For people like them who are faced with a critical social need, they require a high degree of manoeuvring to cope with their circumstances. How these people negotiate and strategise in this regard will be discussed in the next chapters.

## CHAPTER SEVEN

### EXCRETA DISPOSAL IN AYIKUMA

#### **Introduction**

This chapter situates the toiletry behaviour of the people of Ayikuma within the context of policy stipulations and shifts. As theorists such as Emile Durkheim and Karl Marx in sociology (Consensus and Conflict) postulate, the social institutions of any society shape the nature and depth of interaction and interrelations that exist among its members (Cosser, 2010). It is thus pertinent to draw parallels in this regard and to see the extent to which this holds true. In this case, the structural and systemic arrangements in the study community would be examined to tease out the extent to which it has shaped over time the toilet practices of community members.

#### **Historical Origin**

According to community elders, in the past before colonial rule, toilets in Ayikuma have been ‘dug-out’ pits in the bush far away from dwellings to avoid the stench. They further observed their ancestors were engaged in hunting and farming activities in the bush. They defecated in the bush while they spent their time there engaging in activities to sustain their livelihood. Overtime, however, population increase and colonialism saw a decline in these activities especially hunting and so their daily routines were gradually concentrated in the home. It reflected in changes in defecation practices.

In the case of colonialism, the Towns Ordinance enacted in 1892 by the colonial authority for instance, introduced the position of Inspector of Nuisances. This position was defined to include the post of Sanitary Inspectors who regulated sanitation and water in towns with the aim of promoting public health (Owusu and Awo, 2013). This ordinance, to some

extent, moved the issue of sanitation from a traditional and cultural focused activity to an external and official parlance where codified laws and regulations guided practices. Owusu and Awo (2013) further observe that law regulating water and sanitation in Ghana were codified in the early 1900s when the colonial administration deemed it necessary to control them (especially water) on behalf of the citizens. Aryee and Crook (2003) also note that the colonial authority introduced household bucket latrines. Later in the 1930s, they introduced public toilets in Accra and Kumasi. This is because earlier practices of defecation in the bush were seen as posing health threats to the citizens. The maintenance of these public toilets became the mainstay of the Sanitary Unit of the colonial administration under the Department of Health which later became the Ministry of Health in 1952.

Following from this, it is attested to by district assembly officials that Ayikuma was one of the communities to have been provided with a toilet facility by the colonial authority. This was done as far back as 1916. The facility provided was the Septic Tank Latrine (STL). It was attached to the community market. This brings to the fore an important observation that as early as 1916, community members had been introduced to the concept of 'public toilets'. There is no clear or concrete reason from officials as to why the British colonial authority provided this facility. However, one could merely speculate that the activities of the British within the area before colonial rule took off could account for this. For instance, in 1826 the British aligned with the Ga, Fante and other southern ethnic groups to defeat the Ashanti at Dodowa which is in proximity of Ayikuma. The British further set up a post in Dodowa and so had greater influence in the daily activities of the people and their neighbours.

Besides this facility, it is observed that there were other community members who had pit latrines in their houses. The pit latrines and the septic tank latrine were the major facilities

in the town through to the 1990s. This presents some kind of paradox in the eyes of officials who think that human waste disposal in the community should have ‘improved’ as Ayikuma had already had access to improved facilities in the past. The story however is different. In the words of one official, *Ayikuma has been in the limelight for quite a long time. They know the use of better toilets. In spite of this, we have never ruled out open defecation in nearby bushes.* This assertion can easily be misleading as the dynamics at work in accessing toilet facilities is not as simple as has been portrayed.

As stipulated earlier, accessing public toilets in the colonial era was free and continued to be so until 1982 (Aryee and Crook, 2003). Toilets were catered for by paid sanitation workers. These workers were however often poorly paid leading to poor management of facilities. The management of these toilets did not change hands until 1975 when the Ministry of Local Government [now Ministry of Local Government and Rural Development (MLGRD)] was drawn in to manage toilets. It became necessary since decentralization of the administrative framework of government was at its peak and was advocated at every sphere of the country’s development. This ministry overtime was renamed the MLGRD in order to broaden its scope but at the same time it is worthwhile to point out that it mirrors trends in governance in the country. It is not uncommon for political leaders to rebrand or package names of government agencies once they assume power. As to whether this helps to solve or ameliorate social conditions in the country are matters to ponder on.

By 1982, fees were charged for toilet use. This followed the adoption of the IMF and World Bank structural adjustment policies. In the face of dire economic circumstances, Ghana like most developing countries had to adopt stringent measures to stabilize its economy. As part of conditions to achieve this end, government had to divest itself from providing welfare services to its citizens. Consequently, basic services which hitherto were

the preserve of government and offered for free had to be suspended. This included toilet use. Income generated from fees charged was used to maintain facilities. In line with this, when a KVIP was provided for the Ayikuma community in the 1990s fees were charged for its use and it was also in the care of the District Assembly.

Another dimension that was introduced was the stress on private sector participation in development. Private sector was encouraged to partner government to help provide basic amenities. Government was to be the initiator and the private sector was to assist to carry through with projects. This saw the presence of civil society organisations such as the Integrated Social Development Centre (ISODEC) and the Danish International Development Agency (DANIDA) in the sanitation and water sectors of the country. This is evident in Ayikuma where there have been collaborations between NGOs like DANIDA and World Vision and the District Assembly to provide toilet facilities for the community as well as households. There are a number of household KVIPs that were built through partnerships with the district assembly. Beneficiary households were made to provide labour while the NGO provided the technical know-how and materials for the facility.

The problem arising out of this, however, has to do with the criteria for the selection of beneficiary households. There has been general dissatisfaction and bitterness among some community members who feel that the process was unfair. According to them, they had dug the place and marshalled labour in readiness for the facility only to be denied the facility much to their dissatisfaction. The Assembly however cites poor soil type and location for these facilities as the major reason for the exclusion of some community households from the exercise. This explanation has however never gone down well with the aggrieved households whose members feel that the Assembly favoured their friends and political party faithfuls. This has left in its wake tension and conflict between community members and the Assembly members. This situation is manifested in the

constant criticisms and allegations of incompetence levelled against Assembly members by the townsfolk.

The NGO-financed toilets are KVIPs with a squatting receptacle. It is housed in a small concrete structure close to the dwellings of owners. It is often roofed with corrugated iron sheets which do not adequately cover the top of the building. Thus, this becomes an easy access route for reptiles like lizards and snakes that sometimes hang on the ceiling posing danger to users. Most of the toilets are new and so often times there are still heaps of sand used for the building by it. Some owners also write warning signs such as ‘TOILET: KEEP OFF’ on the doors of the toilet because it is located outside the dwelling. This is done to ward off intruders. This may, however not be necessary as the facilities are locked up. An example of this type of facility is illustrated in pictures 3 and 4.

**Picture 3: An inside view of an NGO-financed toilet with a squatting receptacle**



**Picture 4: A Structure housing an NGO-financed KVIP**



Presently, the district's policy on sanitation is closely tied to the national sanitation policy which spells out among others the construction and maintenance of sanitation infrastructure, collection and sanitary disposal of waste, including solid waste, liquid waste, excreta, industrial wastes, clinical and hazardous wastes; storm water drainage; and cleansing of thoroughfares, markets and other public spaces (Government of Ghana, 1999). The District embraces the stipulations of the national sanitation policy and tailors it to meet the specific needs of the district. In the realm of defecation, two main tasks have been the preoccupation of the District Assembly. These have been the construction of toilet facilities and public education.

Before the 1990s, the district assembly constructed about twenty nine (29) septic tank latrines in towns and communities within its area of jurisdiction until the inception of the Kumasi Ventilated Improved Pits (KVIP) in the 1990s when it was also adopted. The

septic tank latrines are water tight chambers below the ground attached to any type of toilet (flush toilet, pit latrines, among others) which receive excreta and fluids from the toilet and other domestic sullage. It is a small scale sewage treatment system in areas with no connection to main sewage pipes. Periodic emptying is necessary to remove irreducible solids that settle and gradually fill the tank reducing its efficiency. The KVIP however is a pit toilet but with a vent pipe fitted to the pit which appears on the structure housing the toilet like a chimney. The vent is put in place to overcome unpleasant odours. At the top of the vent is a screen (fly screen) to control fly nuisance.

There were also a number of pan latrines (about 5) in communities within the district. Officials however point out that the pan latrine was gradually phased out following the land mark court ruling in 2010 which clearly pointed out that pan latrines had become obsolete and posed serious health threats to users. All the other communities in the district are however using pit latrines as the basic form of toilet facility. The pit latrine unlike the KVIP is merely a hole that is dug for depositing excreta. It is not connected to any sewer nor has any vent attached to it. It is covered up when it is full or emptied. The STLs as described earlier are no longer in use in the district and have completely been phased out replacing them with the KVIP. This became necessary because the STLs were plunging systems which the district is no longer engaged in. The KVIP, according to officials at the district is currently the most common facility provided for community members in the district. The Community Water and Sanitation Agency and DANIDA have assisted in the provision of toilet facilities.

The Environmental Department of the District Assembly is the body in charge of educating community members on sanitation issues as well as urging landlords to install 'proper' latrines in their homes. These latrines include the Ventilated Improved Pits (VIP), flush toilets and the aqua privies. In addition, the Environmental Department works

together with the building inspectors of the Assembly to ensure that every building has a latrine integrated into its plan before it is approved. The District Planning Authority as specified by the Local Government Act 462(1993) is tasked with this responsibility.

However, there are systemic gaps and lapses stemming from the lack of a defined supervisory or enforcement public entity. This makes the building regulation law quite ineffective resulting in laxity whereby officials are not strict about the enforcement of rules regarding building plans. In addition, there is a lack of will on the part of officials to push through the law while at the same time citizens connive with personnel in charge to evade the necessary processes in putting up a building. This situation has often culminated in the building of houses without toilet facilities and with poor structures. In a feature carried in the Daily Graphic (the 27th December 2012 edition) with the caption *Delivering Risk-free Buildings*, the subject matter dwelled on the collapse of a six storey building on the 7th November, 2012 in Accra. This disaster, like many others, was blamed on the lack of the building permit before the building was put up.

Significantly, the Environmental Division of the Assembly has pointed out that the year 2012 was a 'Year of Action' for the provision of household toilets in the district. By this, the assembly officials visit houses in the district to find out if there are 'proper' latrines in houses. Houses without latrines are noted and given time (unspecified) within which to provide one or face court action. Another dimension to this line of action is to encourage joint latrine use. With this, old houses that cannot integrate a latrine or do not have sufficient space to build a latrine can share a facility with a house that has one. An official of the Assembly observes thus: *They can join together, you know they are all relatives, they are indigenes and so they can join together to use a facility*. This position however presents a difficulty as there have been cases where some relatives are unwilling to share toilet facilities. This will be discussed in detail in subsequent chapters. Against this

background, attention will now be focused on Ayikuma and its present toilet facilities and use.

### **The Community Toilet: Public or Private?**

Discussions so far have centred on the District Assembly's policy on defecation. It is obvious that there are traces of the national sanitation policy especially the existence of public private partnership in the provision of sanitation services. It is then necessary to focus attention on Ayikuma, the study community to see how this plays out.

There are divergent opinions on the number of public toilet facilities in the community. District Assembly officials in the community claim that there are three facilities; a broken down KVIP, an uncompleted KVIP whose construction had to be halted when it was realised that it had been sited on a water logged area and a 12 cubicle water closet facility. However, some community members also refer to two facilities which include the 12 cubicle water closet and the broken down KVIP. There is yet another claim from most community members which is that there is no public toilet facility whatsoever in the town. Although all claims may have some degree of validity, observations and transect walks conducted in the town revealed two toilet facilities; one is a 12 cubicle water closet and the broken down KVIP. Community members point out that the latter has never been used; it broke down even before they could have access to it and so it has been abandoned. This has been attributed to shoddy work undertaken by the contractor. Today the toilet is engulfed by tall grasses and is inaccessible. It stands there as a 'white elephant'.

The claim that there is no public toilet whatsoever in the community should however not be ignored. Arguments that have been made to support this assertion are that the toilet was built by the assembly and handed over to a private business person whose primary concern is to make profits and so exorbitant fees are charged for the use of the facility. As far as

the proponents of this view are concerned government 'things' are cheap if not free but this is not so for the toilet in the community. It is therefore private. This was summed up in the words of a female FGD discussant: *As we speak now, there is no toilet in Ayikuma; there is no public toilet whatsoever, only the private toilet on the Larteh road [pointing] and if you don't have money you can't go there. Ahhh a public toilet will never charge that amount.* It should be recalled that in the 1980's fees were charged for toilet use. Public toilets were also franchised to ensure proper management. The toilet in Ayikuma is a typical example of franchising of toilets in Ghana. The facility is managed by a private company which shares the profits accrued from fees charged with the District Assembly. This private company apparently went through a bidding process with others and emerged the suitable agent to manage the facility based on years of experience and proof of competence in similar engagements. According to the managers of the facility, they previously paid a monthly token of Ghc 150 (USD 285) to the District Assembly. Presently, however, the district assembly charges Ghc 80 (USD 152) given the low patronage of the facility. The amount demanded by the District Assembly is negotiated with the toilet managers and not based on any fixed percentage or rate but on how much profit is made from the use of the facility. At the close of operation each day, the toilet attendant makes between Ghc 25 (USD 47.5) and Ghc 15 (USD 28.5).

The 'private' toilet in the community was built by the Community Water and Sanitation Agency three years ago. It consists of a 12-cubicle water closet and a 12-cubicle washroom. The toilet has two separate compartments, one for males and the other for females. Of the two compartments, each is made up of six cubicles (three with squatting receptacles and three with sitting receptacles). It is supervised by a woman with assistance from her family members. The management employed people earlier to tend the facility but their work was not satisfactory enough and so the manager together with her family

members became the toilet attendants. They operate from an office attached to the facility. Their duties around the toilet include charging fees and cleaning. The facility opens between 4 am and 5 am in the morning and closes at 9 pm. This means that anyone who wishes to use the facility outside these times will have to find an alternative, most likely the bush. There are sinks in which one can wash one's hands after use. In addition toilet roll is provided as well as soap for washing hands. Each toilet cubicle is cleaned right after it has been used and intermittently, the supervisor goes in to flush the toilets that have been left unflushed.

Personal observations reveal that faecal matter is not left in the receptacle after use and this could be due to the low patronage as well as constant cleaning by the care takers. There is also no stench emanating from the facility like most public toilets in the country. The tiles on the walls of the toilet are so uncharacteristic of a public toilet in a not so urban community like Ayikuma as they look more like a wall in a private home in an urban area. This could also be a hindrance as most respondents observed that the place is fit for sleeping and eating in. A female focus group discussant had this to say: *It is so neat. I will not mind eating and sleeping there.* Indeed, most houses in Ayikuma cannot be compared to the public toilet in terms of neatness and so it presents some kind of irony that people will rather go and dispose of unwanted substances in a place that is neater than their own dwellings.

In addition, the toilet as pointed out earlier has 12 cubicles; 6 of these have squatting receptacles and another 6 with sitting receptacles. This implies that if a toilet user prefers a sitting receptacle or vice versa and they are all in use, then it becomes problematic. The toilet attendant however points out that in such circumstances, the person is made to wait until a cubicle is free for use. This waiting-time obviously poses discomfort and may be a reason for some community members not using the toilet.

There are plastic baskets placed within each cubicle in the facility where users drop their used toilet rolls provided by the toilet attendants but these are often empty probably because users are able to flush it. However, it was observed that in the sitting receptacles, the seat covers are broken and this can be linked to the inability of community members to use the facility because they are not used to them. This was corroborated by the toilet attendant who confirmed that some users squat on the toilet bowl instead of sitting on it and so this has led to the destruction of some of the toilet seats. In the view of some respondents, they do not want to sit on the same seat with others they do not know for fear of contracting diseases. For other community members however, they are intimidated by the type of facility available as some confess they have never used a flush toilet before. They are therefore more likely to resort to a toilet option they are more familiar and comfortable with such as the bush. Again, the covers for the water tanks on the toilet have been removed and this is attributed to the need to pour water into the water tank to enable users flush the toilet. Others are broken because of the constant removal to pour water into it.

It should be recalled that Ayikuma does not have regular supply of water and so water is stored in containers at the toilet to enable users to flush the waste even when water is not running. The whole process of having to defecate and then pour water into the cistern to flush can be cumbersome and anyone who does not want to go through this may avoid the facility. These facilities have been illustrated in pictures 5 and 6.

**Picture 5: A sitting receptacle in the community toilet**



**Picture 6: A squatting receptacle in the community toilet**



The patronage of the facility is very low as community members complain the fee charged is too high. The attendant charges Gp 40 (0.76 USD) per visit to the toilet and Gp 50 (0.95 USD) per visit to the bathroom. Long queues that often characterise public toilets in urban centres such as Bukum (Okai, 2011) are nonexistent in Ayikuma. A hand full of people are seen at the facility in the morning and by midday, the number of people who visit the toilet further dwindles and this continues as the day wears on. An interesting observation made was that with the exception of occasional visitors, the same faces were seen at the facility each day. Again, most of the regular users of the facility were noted to be non indigenes; they probably moved into the community to work or in some cases married some of the indigenes and so have not lived in the community for too long. Peak times for using the facility is the rainy season when the bush is inaccessible or when there is a funeral in the community which brings in many visitors.

Further, on the walls of the toilet facility are posted rules and regulations guiding its use. Interestingly, these rules are written in the English language which most residents can hardly speak and most of all read. These rules are illustrated in picture 7. For a better appreciation of these rules, it will be necessary to comment and shed more light on them.

**The rules:**

- **PLEASE KEEP THE TOILET CLEAN:** This rule points out the necessity of ensuring that one uses the toilet for its purpose and to avoid littering the floor, perhaps the reason why there are plastic baskets provided in each cubicle. However, the issue of cleanliness is relative and specific to people; what is considered clean to the toilet attendants may not be the same for the user. There may therefore be some kind of conflicting ways of seeing things.

- **TOILET MUST BE FLASHED ONCE:** It is quite obvious that in a community where water is scarce and has to be bought for toilet use, it is only necessary to re-echo this to people using the facility. It could also be a way of ensuring that users do not temper with the toilet fittings to destroy them. What this implies however, is that in the circumstance where flushing the toilet once does not clear it of all the faecal matter deposited, it will pose some difficulty for the user and could translate into avoiding the facility.
- **DO NOT DAMAGE ANY PROPERTY:** This rule is set perhaps, to ensure that the facility is maintained for a long period of time. However, as pointed out earlier some community members do not know how to use the flush toilet and so in instances where they should sit, they squat on the toilet and this could damage the toilet.
- **PAYMENT WILL BE MADE FOR DAMAGED PROPERTY:** Perhaps, this is to reinforce the rule on damaging property. It is clear that for most residents who have limited resources, they will not want to spend it on repairing damaged property in the toilet when they can access other options like the bush with limited risks.
- **EXTRA PAYMENT WILL BE MADE FOR UNNECESSARY TIME WASTED:** This rule appears quite ambiguous; it does not specify the exact time period that is considered a waste of time. Also, a clock is not set to time users while there are using the toilet. People go to toilet with all kinds of complications such as constipation and so may need some time to relieve themselves. The rule obviously hinders the convenience and comfort of the toilet user and so may not appeal to people who already find the toilet charges exorbitant.

- **DO NOT SPIT ON THE WALL:** Perhaps, this rule comes in handy in a culture where spitting is a normal behaviour especially when defecating. However, the issue to reflect on is how people will cope within the confines of a toilet they cannot exhibit a 'normal' pattern of behaviour. This may be a disincentive to use the facility.
- **PROPRIETOR HAS THE RIGHT TO CHECK ON THE CUSTOMER IF TOO MUCH TIME IS SPENT ON THE TOILET:** As pointed out in earlier discussions, defecation is a private affair, one that is confined to a personal space and so this rule to a large extent violates such privacy. Again the toilet attendants are females, however, the toilet serves both male and female users. This rule will certainly not appeal to especially, the male users of the facility.
- **DO NOT SMOKE IN AND AROUND THE TOILET:** This is quite familiar with many public spaces where smoking is prohibited. For some people who smoke, this may be restricting whereas the bush may present a preferred avenue. Again, people may smoke to dispel the smell that emanate from toilets and so where they are prohibited, it may present a difficulty for them.
- **MAKE SURE YOU SIT ON THE POT:** There is ambiguity with this rule as the toilet facility comprises of both sitting and squatting receptacles and can be misleading. It does not specify which bowl to sit on or to squat on.

The toilet rules obviously exist to create some sanity and maintain the facility. However in a community like Ayikuma where most people have limited resources and still have traces of a traditional society, these rules may be a hindrance that is, if it can even be read and understood. Below is a list of the rules and regulations as posted on the wall of the toilet:

**Picture 7: Rules and Regulations governing Community toilet use**



Children below age 7 are also not allowed to use the toilet unless in the company of a parent further reducing the number of people patronising the toilet. It has been explained that on a number of occasions, children using the toilet messed up the place and so they have been banned. They either go to the bush or use their school toilets.

### **Affordability**

Reactions on the fees charged at the 'private toilet' were mixed. There were those who felt that the fee charged was too high and they represent 56.5% of respondents. On the other hand, others felt that it was fair enough considering the type of facility in place (about 43.5%). In the face of this contestation, those who felt it was too expensive may devise their own means of taking care of their biological need to defecate. The means may be manifested in several ways including the use of the public toilet all the same, irregular

use of the toilet and the use of the bush. However, the cost involved in all these may impose health burden not just on the individual but on the whole country as well.

Again, in as much as quite a significant percentage of the respondents expressed that the charges are affordable, most of them do not use the facility. For those who felt the charges were affordable, they indicated the cleanliness of the facility as mainly the reason for their decision. One woman had this to say: *It is very very neat, I have never been there and had had any distraction. You can spread a mat there and sleep and even eat inside there...O true [laughs]. The charge may be good for me but for others, not. But I think the place is worth the charge. The place is really beneficial to us.* Besides, there is no stench emanating from the toilet neither are there flies hovering around. The surroundings of the toilet are also without litter except for a few out-grown grasses. The sinks, tiles and toilet receptacles reveal constant scrubbing since there are hardly any stains on them making it user-friendly. To some extent, this explains the eagerness and willingness with which the manageress of the toilet permitted the researcher to have pictures of the facility taken. She also did not hesitate to allow inspection of the entire facility.

The majority who did not agree that the fee charged is affordable had economic reasons as the strongest determinants for this stance. There were concerned about the cost involved if one had to go to toilet several times if one had a stomach upset. As expressed by a resident: *Imagine I go to toilet three times in a day and for each time I pay Gp 40[shaking head]. That implies Ghc 1. 20 for only toilet? No no no no! It's not reasonable at all!* These may often resort to the nearby bushes or sneak into school toilets that are left unlocked. During the day, however, when the sun is scorching, the stench that emanates from these school toilets and nearby bushes is repulsive. This is a recipe for an outbreak of diseases, especially in the rainy season.

Although the majority of respondents (83.2%) observed that the public toilet is very clean, only 55.4% of them disclosed they use it. It is clear that cleanliness of the facility is not enough to entice people to use it; the level of fee charged is a disincentive. However, observations coupled with the low daily income generated by the toilet gave the impression that either the respondents wanted to impress the researcher or that they felt uncomfortable to admit that they did not use the facility. Another suggestion is that the respondents use the facility on irregular basis. Community members, however, express willingness to pay between Gp 10 (0.19 USD) and Gp 20 (0.38 USD) to use the toilet facility. In their view also, it is the government and not a private entity that is responsible for providing welfare facilities at a cheaper rate.

However, the managers of the toilet justify the fees level charged for the use of the facility. They indicated that the income generated goes into paying electricity bills, plumbing and general repair and maintenance works, purchase of water, hand washing soap, toilet rolls, disinfectants, mops, insecticide sprays, and payment of Assembly tax. They however did not provide a breakdown of the budget covering the expenses cited.

In line with paying Assembly tax, the manageress revealed that the district assembly is paid an agreed amount of Ghc 80 (USD 152) which was previously Ghc 150 (USD 285) every month as revenue. As observed by Aryee and Crook (2003) the collection of revenue from public toilets had become a major source of income for sub-metropolitan district Councils by 1989 since they never receive adequate grants from the metropolitan assemblies to enable them execute their mandate such as building, installing, and maintenance of public toilets. This tends to explain why private people who enter into partnership with the District Assemblies charge the fees they do in order that they can maintain and meet all the expenses that come with running these facilities and indeed, to make profits.

### **‘Everybody sees you going there’: Location of the Community Toilet**

The toilet is located close to the community market and lorry station. This makes it quite far from most households in the town. Close to the facility are fruit sellers and provision shops. It is also quite visible to travellers and passersby. Two main reasons have been cited for the location of the facility. In the first place, there is the need to make it accessible to travellers. Ayikuma is a town that has a major highway passing through it and so the aim is to make the place of convenience visible to travellers plying that route.

Another reason observed coincides with development plans of the town. There are plans to upgrade the present community market into a bigger market centre which is expected to attract traders and buyers from towns and villages within the district. Consequently, the present lorry station within the community will be expanded and also housed in the same vicinity. There are expectations therefore for brisk activity within the area. Thus, it will be in the interest of the assembly to have a toilet facility there to cater for the needs of all these people when the time comes. This can be viewed against the backdrop that district assemblies invest in projects that will rake in money to facilitate the developmental projects and not necessarily to promote community welfare.

Community members however see things differently. Most of them live far away from the toilet and so complain of inaccessibility. Some attribute the low patronage of the facility to its location. The fear remains that in the midst of the urge to defecate, one may not make it early enough to the toilet. Also at night, it is not feasible to go there. As one woman observed: *Bad things happen late at night. Yet the toilet is far [laughs] the toilet even closes at 9 pm...as if there is closing time for moving ones bowels...*

For others, it is not so much about the distance as it is for the vicinity in which the toilet is located. This is a space in which people sell, wait to board public vehicles, as well as a route for buses and taxis loaded with passengers. Thus, against traditional etiquette,

everyone sees toilet goes and this creates discomfort for the facility users. After all, defecation is a private affair and preference is with keeping it within. One man expresses his frustration thus: *Everybody sees you going there [toilet] and they know what you are going there to do. I don't like it at all.* Thus, most people will prefer places where no one can catch a glimpse of them in their quest to deal with nature's urge.

## **Conclusion**

Right from colonial times till now, Ayikuma has moved along with changing patterns of excreta disposal. Essentially, however, these changing patterns have pushed its members to devise ways of negotiating their toiletry practices and making sense of the environment around them. While this is meaningful in the context where elements of social change exert pressure on the existing norms and values, it however remains valuable to examine the extent to which it is capable of meeting the needs of community members. Again, there are structural and systemic gaps interacting with the entire everyday lives of the people, further creating barriers for people with a social need. For instance, although a toilet facility exists in Ayikuma, community members feel that they do not have access to it. There is thus, a disconnect between the existence of a toilet and the perceived access to it by community members.

Reflecting on Bourdieu's 'habitus' cum 'field', it can be seen that there have been some form of interaction between what community members have learned overtime, as the expected role of the District authority in human waste disposal and the actual situation on the ground. There is however a disjoint in this interaction. This is because the learned expectations of the people of Ayikuma in terms of excreta disposal have not been adequately met by the district authorities. A situation thus, has been created where community members question the basis of public-private partnership stance of government. The people are then forced to find alternative means of disposing of their

faecal matter. In the face of this however, what is necessary is to look into the path carved by community members to cater for their toilet needs.

## CHAPTER EIGHT

### DEFECATION PRACTICES AND PREFERENCES IN AYIKUMA

#### Introduction

In the previous chapter, a background to the current state of affairs in terms of how faeces are managed in the study community is provided. It has become necessary here to outline beyond the use and non-use of the community toilet the existing strategies designed by community members to meet their toiletry needs. It is also important not only to find out these strategies but to gain an understanding of the factors that influence choices in the face of policy changes and influences. It is in anticipation that this endeavour will bring to the fore how within a social space, people struggle, manoeuvre and develop strategies in pursuit of satisfying a need.

#### Household Toilets

Data collected from the study area show that the majority of people (65.1%) do not have toilets in their homes while about 34.9% claimed to have one form of toilet facility or the other. Casual observation further indicates that most homes do not have a toilet facility and often when there is one, it is located between 100 and 200 metres away from the house. This can be understood within a context where separating toilets from main dwellings is a cultural lag as people cannot live with their faeces. In other instances, toilets are built far away from dwellings to dispel the discomfort to households and their neighbours often created by the stench emanating from these facilities. A similar observation was made by van der Geest (1998) about the Kwahu who prefer that toilets are located in the outskirts of the town to maintain cleanliness of their immediate surroundings and to avoid stench from these facilities. Further, household toilets are

usually shared by several people living in the same house given the nature of housing system. In as much as a toilet exists in a house its users are many. In one house for instance, it was observed that as many as fifteen people shared one facility.

The dearth of toilet facilities in most households compels members to devise ways of meeting their needs. Often, the households with no facility have at their disposal different options for accessing toilet facilities. These options are usually not the same for all household members. The data reveal that 84% of household members do not make use of the same point for defecation. Everyone finds a place to defecate closely tagged with their location at anytime of the day, their ability to pay for an option chosen and also their preference. On the whole however, 22.2% of household members claim to use the bush and public toilet for defecation while 13.4% resort to the bush as their only option for disposing faeces. It is important to point out that these percentages represent households that do not have any type of toilet facility in their house.

During field work, it was obvious that most respondents did not feel at ease disclosing that there was no toilet facility whatsoever in their homes. Responses to questions in this regard were often met with shy laughter and then people blame government for their present predicament. This may not be strange as it has been observed that issues of defecation are shrouded in secrecy and metaphors in the Ghanaian society (van der Geest, 2007).

### **Group-Financed Toilets**

Besides household toilets, there are other facilities provided by community members which are referred to here as group-financed toilets. In the face of the difficulty to accessing toilet facilities, members of the community who live in houses without toilet facilities usually pull resources together in order to put up a facility. They pay not less than

Ghc 10 (USD 19) for this purpose. When built, the facility is shared and collectively owned by those who contribute towards it. This innovation may be seen as one of the reasons why there is low patronage of the public toilet.

The amount charged per person goes into hiring labour. They dig pits in nearby bushes surrounding houses and cover the opening of the pit with ply wood but leaving enough space for one to squat over and defecate. Usually, two pits are dug such that when one is full, users make use of the second pit. In other instances, the pits are used simultaneously. When this is done, a makeshift structure is constructed with rusted corrugated roofing sheets, plywood or plastic bags to enclose the pit in order to ensure privacy of the user. When the pit is full, it is closed up with garbage and a new pit is dug. Pictures 8, 9 and 10 are illustrations of the dug-out pit as described.

**Picture 8: A structure Housing a dug-out pit**



**Picture 9: Inside view of a dug-out pit**



**Picture 10: An abandoned dug-out pit filled with domestic waste**



The problem with this type of toilet is that often times, the pit is not deep enough and easily becomes full. It is also inaccessible when it rains and at times the rain water fills up the pit spilling over its contents into dwellings thereby posing serious public health problems. The stench that emanates from it is also unbearable especially to those who live close to the facility.

The challenge with this facility also is that, its use cannot be restricted to those who contributed to build it. However, in some cases, the facility is locked up and the key is placed at a designated house known to those who contributed to build it. Most people see such toilets as an affordable means to access a toilet facility and which prevents people from going into the bush. Reproduced below is a field note which captures people's perceptions on these toilets.

*Mamavi is a 65 year old mother of seven children. She is unemployed, illiterate, Christian and lives alone. I met her at her home taking a nap under a shady tree near her house. She lives in a rented room. All her children have grown up and are living in different parts of the country. There is no toilet facility in the house where she lives. When asked about where she defecates, she recounts how over a year ago some residents in the area took it upon themselves to go round houses convincing people to contribute towards building a toilet. She points out this is laudable since previously she went to the bush. However, she says the remittances sent to her from her children is not enough to feed herself for a month, not to think of using part of it to pay for daily toilet use. She says the onetime payment for a facility is favourable since with Ghc 10 she can defecate throughout the year and beyond and does not have to go into the bush anymore given the dangers involved.*

### **“Solidarity Toilets”**

Findings from the study reveal another type of toilet within the community. This I refer to as “solidarity toilet” constructed by the Ningo who have settled in Ayikuma. It is however not a common practice. The preference for “solidarity” in discussing this toilet lies in the expression of oneness and family ties among the users of the facility. “Solidarity” in this regard is used to refer to the support given by this ethnic group to one another because they share similar feelings of family. This “solidarity” was observed among the Ningo who live in a particular area within the community and share a common toilet facility. It goes to reinforce van der Geest (2007) observation that the faeces of the known are tolerated. In this way, the ‘whose’ of faeces is relevant in making choices of a place to defecate.

Castles and Miller (2003) commenting on international migration observe that in some instances, there is some kind of separation between immigrants and host citizens. This is so because some landlords discriminate by refusing to rent their houses out to immigrants. In other instances, immigrants cluster together for economic and social reasons and to provide mutual support, develop family ties and maintain their language and culture. Migrants’ desire for separate residential arrangement has also been attributed to the situation where receiving communities initially regard them with suspicion and so migrants are perceived as the ‘other’ (Hugo, 2005). However, these residential arrangements are crucial in assisting newcomers to adjust and link up with their ethnic groups in the host community. Although the dynamics of migration within countries may be different from international migration, some of these traces can be made in national migration. For instance, in Accra, some kind of ethnicization of residence can be observed. There are areas such as Nima mostly inhabited by settlers from the Northern part of Ghana. Similar trend was observed in the study community.

Within the town, settlers often live together in designated areas. Often times, the name of the ethnic group are reflected in the name of the area in the town. For instance, the area where the solidarity toilet is sited is predominantly occupied by the Ningo and so the area is called Ningo Kpone. To enhance their separateness, they also form ethnic associations within the community that provide kinship surrogate for the family lost through migration. These ethnic associations make financial contributions towards funeral, outdooring and marriage ceremonies of members. This group of people see themselves as one family. Thus, they feel obligated to be each other's keepers so as to feel secured in a land away from their original home. The family provides this communal solidarity and the toilet may be the esprit de corps of this solidarity. It has however, been pointed out by community elders that presently all ethnic associations have ceased to exist owing to financial mismanagement by leaders of the groups. This reason however, seems empirically unlikely and it may not be out of place to speculate that, a myriad of other issues could be the cause of the nonexistence of these ethnic associations presently and not necessarily financial mismanagement.

The solidarity toilet observed was not built through financial contributions from a group of people. It is owned by a person of Ningo origin and he makes it accessible to all persons of Ningo origin because in his view, all persons of Ningo belong to one family. In this way, relief is offered to family members while ethnic ties are strengthened. Within this group, it is culturally acceptable for 'family' members and not strangers to share the same facility. This view was strongly expressed by a respondent: *Toilet should be used by family members only and not with outsiders. The public toilet in town is shared with strangers and this is out of place....the toilet I go to is a family toilet; it belongs to the Ningo and situated in Ningo Kpone. It is a family toilet and it is acceptable for families to share a facility and one does not have to pay.*

This development however brings to the fore a number of issues. In the first place, is it the case that people patronize this facility because they do not pay? Again is it the case that these people patronize the facility because it is built among the Ningo who constitute the main settlers in the particular area? As discussed earlier (chapter 4), the Ningo are a subset of the Ga-Dangme ethnic group but Ayikuma is not their traditional home. Though Ayikuma is a Dangme community, it is predominantly a Shai town. In the past there has been a chieftaincy conflict between the Ningo and Shai leading to open confrontation in 1994. In the ensuing conflict, the Ningo were driven out of Ayikuma but later returned when the animosity died down. So, the point of interrogation here is this: Is the building of 'family' toilets a sign of the subtle tension between the two groups? In reflecting on these issues, it may be in place to opine that the solidarity toilet may not so much be about family ties or oneness, but just a gesture of generosity on the part of the owner of the facility. Also, the fact that there are no fees charged at this facility may be the driving force for members of this ethnic group in a community where toilet charges are a disincentive. On the whole however, there is an emphasis on 'family' which cannot be ignored in gaining insight into the defecation practices of the people.

Besides the household toilet, the group-financed toilet and the solidarity toilets, some community members resort solely to the bush. There are others who also go to their friend's houses to use their toilet. Van der Geest (2007), has suggested that the faeces of 'known others' is much more tolerable than those of strangers as observed earlier. It appears that by virtue of familiarity with their friends and relatives' people are allowed to have access to common facilities. However, others sneak into toilets constructed for schools in the community using their connections with school teachers or security men in such schools. There are also those who take advantage of unlocked toilets in the neighbourhood. This practice has led to the locking up of toilets in the community, no

matter the type of facility or where it is located. Picture 11 is an example of such a toilet. It is a household dug-out pit in the bush that has been locked up with a padlock to prevent community members who are not part of the household from using it.

It is however necessary to point out that most community members combine several options for defecation. For most of them, their first point of defecation is the bush. They may however combine this with using a household toilet, group-financed toilet, solidarity toilet and the public toilet. This perhaps accounts for the low percentage (13.4%) of people who have the bush as their only point of defecation. On the whole however, respondents point out that the bush is the option most accessible to them.

**Picture 11: A dug-out pit in the bush locked with a wooden slap and pad lock**



## Toilet Types

The types of toilet facility identified in the town are closely tied to the categorisation that has been made early on in the chapter. The types so far identified are a household facility, group-financed toilet or a solidarity toilet. Household toilets are mostly pit latrines, dug-out pits in the bush, KVIP and flush toilets. Group toilets are basically dug-out pits cited in the bush not too far from dwellings while solidarity toilets are either pit latrines or KVIP. On the whole, however, the majority of the respondents (57.4%) have access to a pit latrine while 20.6% subscribe to the dug-out pit, and 16.2% have access to the KVIP while 5.9% have water closets in their home. As may be appreciated therefore, access reduces with improvement in the quality of the toilet.

The popularity of the pit latrine can be attributed to the fact that it is cheap to construct and maintain and its cost is within the means of individuals or groups who own them. They are usually provided with either a sitting or squatting receptacle. In some homes, the toilet is modelled after the flush toilet with a sitting receptacle while a wooden cover is provided to close the bowl when it is not in use as illustrated in picture 12. In this case however, there is no cistern attached to flush the content. Users can either sit or squat on it. In some homes toilet roll is provided in the cubicle and often times a container is provided for used tissue papers. These are later burnt outside. Pit latrines are not connected to any sewage system; the faecal matter deposited into them is mostly taken care of with chemicals to ensure that they harden up and reduce smell. These chemicals include car battery acid, ash and carbide. Most of the respondents who own pit latrines disclosed that their toilets have never been full because they have a special chemical that is used for treating the faecal matter. In some cases this treatment is yearly and is intended to harden the faeces. Further, the pit latrine does not need water to function. Once there is

no regular supply of water in the community, the pit latrine clearly then is a favourite choice.

**Picture 12: A household pit latrine**



It was observed that houses with flush toilets were recently built. Such houses are often rented out to public and government sector workers who have taken up appointments in the town. Some of these houses also belong to retired public sector workers who are indigenes of the town. Upon retirement, they return home to settle and to live on their investments. There are water storage systems attached to the houses to provide water when the public water supply ceases. They are therefore able to properly maintain these facilities. As to how the cesspits are dislodged when they are full, the house owners disclosed that the cesspits are not yet full but when they are, they will make use of the private companies that provide this service.

As disclosed earlier, the majority of the households that use the KVIP acquired them through the help of non-governmental organisations. Others also built them on their own. The choice of this facility is also influenced by the lack of running water in the town and its low-cost maintenance. The owners of this facility just like the owners of the pit latrine, also deposit special chemicals (car battery acid, ash and carbide) into the toilet to harden up the faeces and eliminate the stench.

The dug-out pit is another facility that is quite popular with community members. This is constructed by digging a pit of about six feet deep or more and covering its mouth with wood while leaving enough squatting space for the user as described earlier. It is obvious that it is far cheaper to construct this facility because no special expertise and materials are needed. This facility is always located outside the house in order to keep the stench and flies away.

These toilet types are, to a large extent, used alongside the bush. In the compound house system where several people live together and there is pressure on the facility especially in the mornings, some people opt for the bush as an alternative. In some compound houses where a toilet facility is provided, some tenants are unwilling to clean toilets and this often results in quarrels especially among women. To avoid such quarrels, some tenants refuse to use the toilet so that they will have no responsibility to clean it. Others avoid the toilet facilities because of the stench and heat emanating from them and fearing that they might contract diseases. This is especially so for women. For others, the bush is airy, spacious and 'hygienic' since they do not have to come into contact with other people's faeces.

Others also use chamber pots and polythene bags for defecation. People who subscribe to this practice have no toilet at home and they usually do so at night when the public toilet closes. The bush in this case is not an option because it is risky to go there at night. This

is then thrown into a nearby bush. Going into the bush to defecate is so common that there really seem to be no inhibition attached to it. The officials and elders of the town point out that it is illegal to defecate in the bush, but no one has ever been caught and penalised. In a germinschafft community such as Ayikuma, most people are familiar with each other and do not want to expose erring members of the community, especially in cases of bush defecation which most people consider a normal activity.

The bush, however poses the risk of contracting infections and attacks by snakes and other reptiles. In the bush respondents often mention, especially the fear of snakes and giant ants popularly known as ‘Charles Taylor’<sup>2</sup>. The bite of these ants often leaves its victim with a deep and large sore that takes several weeks to heal. During field work, I encountered a man who had suffered a bite from the ant leaving in its wake a large and ugly scar.

In reflecting on faeces as ‘matter out of place’, van der Geest observes that the ‘where’ of faeces is necessary in determining the level of disgust associated with it. It is apparent from the discussion so far that circumstances in which people find themselves downplay their concern for locus of faeces. The concern then is not where their faeces and those of their neighbours are seen but with a place to deposit their waste. It is then obvious that in the midst of daily struggles, the main preoccupation of people shifts from the ‘where’ of faeces as disgusting to the ability to adequately meet a natural need. In this way it does not matter where faeces is deposited.

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<sup>2</sup> The ‘wickedness’ and pain caused by the ant and the scar to remind the victim of his or her ordeal makes the people draw a parallel between the ant and the former Liberian political leader, Charles Taylor in whose tenure, the country was plunged into civil war with its citizens suffering several atrocities.

## Children's Faeces and Mothers Laps

Children's faeces are seen differently from those of adults. The manner in which it is handled is also different from those of adults. In the study area, a reflection of this is seen in the differential reaction to the faeces of adults and children. This is however dependent on the age of the child and also on the person handling or encountering the child's excreta. For instance, the faecal matter of children below age seven is treated with no reaction or a mild reaction. Those who deal with or encounter directly these faeces are largely mothers. For them, the kinds of food the little children eat and the quantity of the food does not warrant any form of disgust. One male respondent had this to say on the issue: *the place for a child to defecate is on the laps of its mother*. This again, gains a better exposition within the realm of van der Geest social analysis of faeces as based on the 'whose' of faeces and the degree of disgust thereof. He further observes that children's faeces are not disgusting especially to mothers since they are not yet matured. It largely influences where children go to toilet.

Many respondents observed that most children (47.0%) defecate into a chamber pot and polythene bags and the content thrown into the bush or they are made to squat in or around the house to defecate. It is then collected and thrown into the bush or left to be fed on by fowls and house flies. This was not an uncommon sight during field work especially in the mornings. In some cases, a place close to the house is cleared of weeds and designated as defecation place for children. With this, a shallow hole is dug and wooden planks or boards are placed across the mouth of the hole so that the children can place their legs on them when they squat. Often times the mouth of the hole is too large and so the children are unable to squat on it. In this case, they defecate around instead of into the hole. Any casual observer will not fail to notice the thud of faeces around the place and the papers

used for anal cleaning strewn around with its attendant stench and house flies hovering around the place. This is illustrated in picture 13.

**Picture 13: A Children's toilet**



As observed earlier, most children defecate into chamber pots or around the house. This may be accounted for by the high number of children below the age of seven in most households.

About 33.6% of children also use the same facility as their household members. These include the pit latrine, dug-out pit, KVIP, flush toilet and the bush. These are mostly children above the age of seven. Thus, the age of a child to some extent determines where he or she is permitted to defecate. Some others use their school toilets or go to the public

toilet to ease themselves. It may be recalled that parents do not allow their children to go to the public toilet in the town because children below the age of seven are not permitted to use the facility and so most children have never been there. It is also deemed important however to note that children also use a combination of options depending on their location. Most parents do not find it prudent to pay money for their children to access toilets since they are just children. Others go along with their children to the bush so that the parents can protect and watch over them while they defecate.

### **Defecation Practices and Preferences**

In this chapter, the discussion so far has outlined the various options and places for defecating in the community. As discussed earlier, in Ayikuma people have access to several options for defecating and therefore, they combine and blend these options as and when necessary. From the perspective of the townsfolk there are a host of motivations for making use of the options available. It is, therefore, necessary to delve into these motivations so as to deepen our understanding of the defecatory practices and preferences of the people.

Poverty has been cited as one of the considerations in choosing a place to defecate. This consideration reflects in whether or not fees are charged or whether one can build one's own facility. Beyond this, in building one's own facility, the financial strength of the person determines the particular type of facility to install in his or her house. In affirmation of this observation Jenkins and Scott (2007) have argued that the adoption of latrines in poor communities follows three behavioural patterns: preference, intention and choice. The third pattern, choice is however based on the financial standing of the individual. Therefore, finances cannot be ruled out in decisions regarding the facility to use. Everywhere in Ayikuma, people have expressed the pains of poverty which is displayed in the condition of some of their dwellings- dilapidated mud houses often with

part of their roof falling off. For most community members, therefore, choosing an option to go to toilet depends on whether it is affordable or not.

From the responses of participants in the study, age also features significantly in choosing a defecation point. It appears that the older one is, the more one has to ensure that one's faeces do not pose any inconvenience to one's neighbour. As discussed earlier, the faeces of young children below the age of seven do not elicit any strong reaction as compared with adult faeces. In the long run age determines where people will choose to go to toilet. It is an interesting finding that community members' view corroborates with that of van der Geest's (2007) social analysis of faeces when he argues that people are usually not disgusted by their own faeces and that anxiety only arises when others can see and smell other's faeces. In this way, the faeces of a child do not attract much attention regarding where it is deposited. Using van der Geest's view, this is because 'as their hands are not yet dirty in a metaphoric sense their faeces are not yet dirty either' (2007:388). To this end then, it can be argued that the ownership of faeces elicits more disgust than the 'where' of faeces. This is because it is the 'who' tagged to faeces that makes it disgusting and not where it is found. This however makes one to question the effectiveness of provision of more latrines for people in this community given the perception surrounding children's faeces. Once the perception remains that children's faeces is not disgusting, no matter where it is found, then children will not be made to use improved toilet facilities. This has been observed in the community, as the public toilet management in the community do not allow children below the age of seven to access the toilet.

Further, in deciding on options for defecation Jenkins and Curtis (2005) and Cairncross (1992) have cited safety, privacy and absence of smell of the facility as motivating forces for its use. They observe that people are willing to use facilities that are safe, provide privacy and that do not emit smell. Similar observations have been made in Ayikuma.

Community members cite safety considerations in choosing a place. This is in terms of safety from reptiles such as snakes in the bush and health safety. In line with privacy, however, even when a facility is provided in the bush such as the dug-out pit, it is covered with iron sheets, ply wood and plastic bags. The concern for privacy is especially expressed by females in the study although a few males uphold this. In the bush, women prefer to squat behind shrubs that provide some privacy. Others go into the bush with a piece of cloth which they use to cover their body while defecating. The concern of community members with smell is especially so, for those who have access to pit latrines, dug-out pit and KVIPs. Respondents who owned these facilities often do not use them but go to the bush. This is because they carry with them the smell from the toilet the whole day. When asked about the health implications of the smell most of them related it to headaches but pointed out that it is not so much of health issues but the stigma of others associating them with that awful smell.

Contrary to the findings of Nawab et al. (2006), Jenkins and Curtis (2005) and Caincross (1992) that health concern is the least for consideration in making defecation choices, this study points to the contrary. Many females especially were worried that the heat emanating from pit latrines and KVIPs could expose them to the risk of contracting candidiasis locally known as 'white'. Such a concern limits the toilet options available to women. As a result, the airy bush is the best place. Still dwelling on health, some respondents also observed that faeces in the bush pose health threats. This is because flies settle on the faeces and come back home to contaminate food and water which can cause illnesses like diarrhoea. For this group of people, the bush therefore is not an option for defecation. They consider a place that is clean and a place where excreta can be covered and shielded from flies.

Connected to culture, community members hold diverse views about the role of culture in easing one's self. For some of them defecation is not about culture but a natural need. A respondent opines thus: *Cultural practices have nothing to do with toilets and once you feel the urge and can find a convenient place that doesn't disturb others, you can defecate.* Others also point to the role of culture in defecation and so for them, it matters where one defecates. A respondent had this to say: *Both the bush and the public toilet are culturally acceptable since both are places to put faeces away from the home.* Supernatural forces have been identified to be at work in faeces. Jenkins and Curtis, (2005), observed similar belief among the Fon of Benin. For the Fon, faeces are a medium through which one's enemy can cause one, irreparable destruction. In the study community, one respondent expressed this view thus: *If you are not strong [spiritually], your faeces can kill you.* During field work, an incident occurred to re-emphasise this position. It was alleged that a young shop attendant in the community woke up one morning to find faeces in front of his shop. He reportedly collected the faeces and threw it into the bush. The next day he was found dead even though he had not been sick. His death was attributed to the work of enemies. Faeces to the people are a dangerous and powerful substance with spiritual dimensions. For subscribers to this belief therefore, it matters where they leave their excreta. They will prefer to defecate in places where their 'enemies' will not have access to their excreta or resign to smelly toilets to safeguard their lives.

Others also feel that the concept of 'public' toilet is not culturally accepted. In their view, public toilets are built for strangers and not for people living in the community and so the culturally acceptable thing to do is for every household to have its own toilet facility. A male discussant had this to say: *Public toilets are certainly not culturally accepted. Public toilets are for strangers in the town, not for indigenes. It is therefore out of place to go there.* People are however constrained by the inability to put up their own facility because

of financial reasons. In this way, economic implications transcend cultural beliefs and practices in a peri-urban community like Ayikuma.

Closely tied to culture are religious beliefs and practices. Findings from the study revealed some religious considerations based on whether one is a Christian or Muslim. Those who express religious views as influential were about 8.8%. This people predominantly subscribe to the Islamic faith. This position reflects Nawab et al. (2006) study in a Muslim community in Pakistan where respondents favoured flush toilets because it allows the use of water. The Islamic religion requires of a person to perform ablution before prayers and after using a toilet as part of purification rituals. A facility that does not permit the use of water therefore, is not desired. Again, gender boundaries are adhered to among Muslims. There is strict separation between men and women in toilet use. Some Christians in Ayikuma also observed that in handing down the Ten Commandments to Moses in the Bible, God also handed down rules for dealing with the people one lives with. These rules spell out that people should not leave their excreta uncovered such that it poses inconvenience to their neighbours.

Further, considerations have been linked to habit or what one is used to doing. People choose places to defecate because they are used to it. For instance, some respondents observed that they go to the bush because they are used to those points of defecation. It has been their option since they were children and have grown up with it and so find it difficult adjusting to other toilet facilities as one respondent pointed out: *Our fathers defecated in the bush and handed this down to us. Since I was little I haven't known any option than the bush and there is enough of it [bush]. So tell me why should that change now [laughing]*. They do not feel enclosed in the bush and can choose wherever they want to defecate since they are not confined. It is necessary to articulate at this point that, community members may not solely be driven by their habits. The structural and systemic

arrangements within the community go a long way to shape the kinds of habits people develop. Bourdieu's 'habitus' cum 'field' as discussed earlier come in handy to gain an understanding of the argument of habit put forward by community members. The defecation practice of the community is created through socialization overtime leading to patterns that are enduring and transferrable from one context to another. However, the social spaces in which community members live either enhance the learned patterns or alter them. The District Assembly has not provided enough improved and affordable points of defecation for the people such that they can develop the 'habit' of using these defecation points.

On the other hand, some respondents attribute their choice of certain facilities like the flush toilet or KVIP to previous use of those facilities. They were using these facilities before they settled in Ayikuma. One teacher for instance, pointed out that she has never defecated in the bush. She uses a flush toilet and so, when she married and had to join her husband in the town she resorted to going to the public toilet. She prefers to pay and use the facility because that is what she is used to and besides there is no toilet facility in the house they live in. In her case however, she is able to pay to use the public toilet and this leaves one pondering if things would have been different if she could not afford the fee charged at the public toilet. Again, there are indications that migration may change the whole dynamics of sanitation in Ayikuma as settlers bring in new ideas through their way of life.

Almost all respondents pointed to the nature of the environment as contributing to open defecation in the town. The surroundings are mostly bushy and provide privacy for people defecating. This stance has featured significantly in the responses of community members and has been cited as one of the reasons for choosing the bush to defecate. Any casual observer will notice that the town is surrounded by thickets and vast grasslands; some of

the houses are sited deep inside the bush. Occupants of these houses resort to the bush as their main defecation point. The argument by community members that the nature of the environment influences open defecation is contestable: it may not so much be the nature of the environment, as a bushy area does not call for bush defecation. It may be more about finding a place to defecate given issues such as cost, safety, spiritual beliefs, and smell among others as indicated earlier. However, as new houses are springing up in the town and its periphery, it is safe to predict that those who rely on the bush will soon be left with no place to defecate. In the mean time, however, the contestations for structural development, farm lands, sand pits and social space of faeces continue.

Other factors for consideration also, are the distance of a toilet facility from one's house, the space in which the toilet facility is sited and an individual's location at the time of the urge to defecate. With reference to distance, community members feel that the public toilet in the town is far from their dwellings and this contributes to its underutilization. They will opt for a place that they can easily access when they are pressed to ease themselves. The location of a toilet facility has an added problem: culturally, people do not want to be seen going to toilet because defecation is considered a private affair. However, the location of the public toilet flouts cultural prescriptions on the 'invisibility' of its patrons.

One's location at any time of the day also determines the point of defecation. For instance, farmers defecate in the bush because they leave to the farm very early in the morning. Children also make use of the school toilet during the period they spend in school and so their option changes when they close and are away from school. Choosing a place to defecate then depends on the option considered convenient where a person is located at the time of the urge.

Kinship ties can limit or expand one's options for defecation. Kinship in this regard is viewed as the social relationships derived from consanguinity, marriage and adoption (Nukunya, 2011). It forms the basis of the social structure of traditional societies. An insightful event occurred during field work that establishes the nexus between kinship and place for defecation. There was a heated argument between a young woman and an elderly woman who were later identified as a mother and daughter. The basis for the argument was that the daughter had gone to the father's house to defecate even though she had been warned several times not to do so. This is because she is married and lives in her husband's house.

However, there is no toilet facility in her husband's house and her parents felt that since she no longer lives in their home she could not continue to use their facility. This, perhaps, was a way to stop the young woman from embarrassing her husband whose responsibility it is to provide a toilet facility. Kinship ties may open several avenues for kinsmen and women to share in a commonwealth. However, in this case of a married woman, she is status-barred from using a toilet facility in the home of her family of orientation. In another instance, a strained relationship between some family members does not permit them to share a toilet facility even when they live in the same house. This is especially so when the owner of the toilet facility is one of the disputants. Family relations and quality of ties are considered when choosing a place to defecate.

Ownership or non ownership of a land or a house is a factor in choosing where to defecate. Ownership of land or a house gives people the opportunity to build a toilet facility of their choice. For instance, it was observed that a house had two facilities- a KVIP and a pit latrine. However, while the landlord and his household used the KVIP, the tenants and their households resorted to the pit latrine. Also, in cases where tenants make financial contributions towards building a toilet facility, this is often demolished when the

landlord decides to build a room on the land occupied by the toilet facility. Often therefore, tenants construct dug-out pits which can easily be covered up when the need arises. Thus, ownership of a house or land is factored into the decision regarding what toilet facility to construct.

### **‘We are no longer villagers’: Preferred Toilet Options**

It is a truism that people invent and innovate when faced with challenges. This innovation process does not happen in a vacuum but is driven by underlying dynamics and existential principles as it has been observed in the case of Ayikuma. It is then necessary to find out, in the absence of these challenges and barriers, what the people of Ayikuma really envisage to be their ideal options and preferences with regards to the type of facilities suitable for them.

In eliciting this information, it was deemed important to tease out the stance of respondents on their level of satisfaction with present toilet options available. In this regard, 50.3% noted that they are satisfied while 49.7% observed that they are not. The respondents who are satisfied cut across users of different facilities: those who use the bush, dug-out pits, pit latrines, KVIPs and flush toilets. The main reason given is that they at least have a place to dispose of their excreta; the type of facility does not matter.

Those who use flush toilets pointed out that, this facility has made them the envy of their neighbours. With regard to this facility, easy access, convenience and the absence of smell and toilet charges are cited as the reasons for their satisfaction. Others, who take a fatalistic posture, observed that because they do not have a choice anyway they must be content once they can find a place to defecate.

Those who are not satisfied with their toilet options include those who use the public toilet, the bush and dug-out pits. They cite safety issues such as fear of dangerous reptiles in the bush and the inconvenient location of the public toilet which is far and which closes by 9 pm. They believe that a home toilet will solve all these problems. This view was highlighted by a respondent thus: *There is inconvenience. We should not be chasing places to go to toilet. Every household must have its own facility.*

As indicated earlier, respondents were asked to state their preferences regarding public or household toilet facility. In line with this, 13.3% preferred a public toilet while the majority (86.7%) opted for household toilets. For the majority, household toilets are accessible anytime of the day and even at night. They also cite safety reasons. However, subscribers of the public toilet hold the view that since not everyone can afford to install a toilet facility in the home, a public toilet will serve the needs of the poor especially if the fee charged is affordable. They also express willingness to pay between Gp 10 and Gh 20 to use such a facility. A public toilet in their opinion will further reduce open defecation only if the fee charged is affordable. They also feel that a public toilet is the most likely intervention from government instead of the household toilet.

Following from this, 75% of respondents revealed that they prefer the flush toilet to any other type of toilet facility. Community members feel that this facility is more presentable to visitors than any other type of facility; visitors would hold in high esteem the owners of such a facility. Besides this, community members view the flush toilet as trendy and in vogue. One respondent summarised their views thus: *The water closet is what everyone is now using. We are no longer villagers and so we deserve what people in Accra are using. Who doesn't want a good thing?* This stance underscores the observation that Ayikuma is an urbanizing community, one that has been greatly influenced by urban life and experiences because of the intercommunion between the town and the urban centres like

Accra and Koforidua. Jenkins and Curtis (2005) observe a similar trend among the Fon of Benin; they described the preference for latrines as the 'good life'.

Another motivation for preferring flush toilets is the way in which it works. A respondent described it in magical terms: *Once you flush, everything is gone and you do not see it [faeces] again.* Almost all respondents kept echoing this and added that it prevents one from encountering the faeces of others. In their view also the flush toilet prevents the stench that usually accompanies the users of other toilets. Further, for others, it does not produce the steam that emanates from KVIPs and pit latrines. As discussed earlier, there is the general belief that the steam causes 'whites' (candidiasis). Respondents also felt that it is easier to clean because of the water in it. What respondents failed to realise, however, is that without regular flow of water, the flush toilet facility they so much desire cannot function properly. Most of the houses do not have water connections and the flow of water in the entire community is irregular. This preference can then be seen as problematic.

In as much as majority of the people prefer flush toilets, about 21% opted for either the KVIP or pit latrine while 4.2% reported that they do not mind using any facility once it will serve the purpose for which it is constructed. The argument put forward by those who prefer the KVIP or pit latrine is that, because the flow of water is not regular in the community, it will not be feasible to use a flush toilet. They also observed that it seems easier to have access to a KVIP or pit latrine than a flush toilet since they do not want a facility they may never have. A respondent highlighted this point saying: *I do not want to dream about something I may never have.* It can be deduced from the respondents' stance that they have lost faith in the district assembly's capability to provide basic welfare facilities.

Preferences of community members were not highlighted without the notion that government is responsible for the provision of toilet facilities. This was observed in their constant mention of ‘government’ (district assembly) as the agency responsible for their problems and frequent appeals that government comes to their aid.

## **Conclusion**

Ayikuma provides a setting where the dynamics at play in meeting a natural need can be observed. It shows how defecatory practices have transcended formal rules regarding how things should be done. There is interplay of social and political factors in the defecation practices and preferences of the people. From the analysis, it is obvious that faeces are not mere physical things: there are several social, cultural and economic interrelationships embedded in it, making its management more complex than it may seem.

In this light, van der Geest’s (2007) analysis of faeces which gives it a social character becomes a useful interpretative tool. It is obvious from the findings that human waste disposal in Ayikuma takes place within particular contexts. These contexts rely on the person or agent who produced the excreta. In this way, the ‘what’ (what is considered dirty), ‘how’ (how faecal matter should be handled), ‘where’ (where faeces is found) as proposed by van der Geest ultimately rely on the ‘whose’ (person who produced the faeces) of faeces. It is clear that community members are not disgusted by the faeces of young children and this reflects in where children go to toilet as discussed. However, it is also observed that, because proper structures are not in place to dispose excreta, community members seem not to be so much concerned with where their faeces are found. It will be in order then, to argue that the ‘where’ of faeces will not necessarily elicit disgust as suggested by van der Geest in the face of structural constraints. It is evident that

the community context influences the dynamics at play in the disposal of faecal matter while at the same time influences the point of defecation of community members.

Also, toilets have given community members the opportunity to innovate and to foster ethnic and friendship ties. This reflects how a social need shapes interaction among people. Beyond this however, the people of Ayikuma have their own ideals concerning where to defecate although hindered greatly by their inability to afford them. This is coupled with systemic defects such as the irregularity of water supply incapable of supporting the type of facility the people desire.

Further, it is clear from the analysis that through the influence of urbanization, community members have been exposed to improved toilet facilities. Thus, they feel that the District authorities owe it to them to provide these improved facilities at an affordable fee. Indeed, it is their right to have access to decent toilet facilities as this will go a long way to improve their standard of living.

## CHAPTER NINE

### CONCLUSION

Sanitation issues have assumed human right dimensions and inability of people to access decent toilet facilities constitute a violation of their fundamental human rights. According to the WHO (2012) however, about 2.6 billion people are still without access to safe and decent excreta disposal avenues. This is more serious for developing countries, but more especially, for countries in sub-Saharan Africa. Given this situation, there is the burden of many preventable diseases such as diarrhoea and cholera aggravated by poverty and low literacy in these countries. It is noted that poor sanitation and water contribute to 88% of diarrhoeal disease and the death of about 1.5 million children less than five years (WHO, 2009). Actions to improve sanitation, therefore, are a necessary step to enable the poorest people escape poverty.

Ghana, like many other countries, has battled and continues to battle with issues pertaining to sanitation management. Several interventions have been made through policy frameworks and interventions. These interventions culminated in the formulation of the National Sanitation Policy launched in 1999 (and revised in 2009). The policy envisaged public-private interaction and collaboration in the provision of sanitation facilities including toilet facilities in the country. To facilitate this collaboration, sanitation issues have been decentralised to metropolitan, municipal and district assemblies. The transfer of power to these assemblies is, however, without a transfer of the accompanying expertise, budget, personnel and equipment. Poor sanitation behaviour and attitude on the part of the citizenry have also constrained strides in the sector.

It is not uncommon to attribute sanitation problems to urban communities in the country. However, there are areas that are neither urban nor rural but which present a myriad of complexities that influence sanitation and more specifically, excreta disposal.

This study focused on one such community. Ayikuma is located in the Shai Osudoku District in the Greater Accra Region. It is a predominantly farming community and is greatly associated with the cultivation of mango and water melon among others. However, the lucrative business of sand winning has reduced farming activities greatly by destroying the land and attracting the youth into this venture. Ayikuma is not a completely rural area, as it is characterised by some modern infrastructural developments. It is accessible by a major high way linking Accra to Akosombo. There is thus intercommunion between the town and the surrounding urban communities. In this way, it can be said that it is a town that presents mixed interactions and social arrangements greatly influenced by *germainschaft* and *gesselschaft* way of life.

The main aim of this study is to examine the defecation practices and preferences of the people of Ayikuma and the dynamics at play in this whole process. Specifically, to find out how these people struggle, manoeuvre and innovate to meet the natural need of defecation in the face of limited toiletry options. The ultimate goal of this study is to provide from the perspective of community members, their preferences and the considerations that influence these choices such that future interventions towards improving their faecal waste management will meet their expectations. In order to achieve this, the study was guided by the following objectives:

- To outline the history of faecal matter disposal in the community and how this influence present methods of excreta disposal.

- To investigate the factors that influence point of defecation preferences of community members
- To find out preferred options for defecation of community members.

This study draws on a combination of theories to elicit on one hand, the social relations people have with their faeces and on the other hand, the political and social order in which their lives are constructed. Douglas' dirt as a matter-out-of-place and Bourdieu's habitus enabled a pulling together of these two strands embedded in people's defecation practices.

### **Major Findings**

- The study revealed that Ayikuma was introduced to public toilet concept by the British Colonial authority as early as 1916. The facility provided was the septic tank latrine. Toilet use was free of charge until in the 1990s when franchising was introduced and fees were charged. Presently, there is one 12-cubicle flush toilet facility that serves as the only public toilet in the community, but it is not patronised by community members.
- The use of the public toilet is related to the fees charged and the distance of the toilet from people's homes.
- In view of the above, some community members resort to toilets in their home or in the homes of some community members. In line with this, residents have innovated ways of disposing of their excreta. These include group-financed toilets and 'solidarity toilets'. Outside these, the bush remains the general waste disposal site.
- Basically, the types of facilities available to community members- whether household toilets, group-financed toilets and 'solidarity toilets'- are often the KVIP, pit latrine, dug-out pit and flush toilets. Installation of any of these

(except flush toilet) is tied to the irregular flow of water, the ability to finance the installation and the ease in dislodging the facility.

- At the household level, children are made to defecate in a chamber pot and the faecal matter thrown into the bush. They may also defecate around the house and the faeces is either collected or left to be fed on by fowls. Parents may also clear and designate a place close to their dwellings for children to go to toilet. However, some school-going children make use of their school toilet, the bush or the same facility with their household members.
- A number of factors are considered in choosing a place to defecate: People consider their financial stance, age, privacy, absence of smell in a facility, the location of the facility and safety issues. The clean and hygienic nature of a defecation point determines whether it would be used or not. Further, cultural prescriptions and beliefs pertaining to faecal matter as well as family ties and relationships are considered. In addition, Muslims in the community adhere to religious obligations such as, performing ablution, and for them, this influences their choice of a facility with water in it.
- Generally, community members prefer to have toilet facilities in their homes for easy access, convenience and safety as they will not have to get out of their houses to defecate, especially at night. Although water supply is not regular in the community, the people prefer flush toilets as the ultimate toilet facility type for defecation. This is dictated by their quest to identify with people in urban centres, to please their visitors, to avoid coming into contact with others excreta and to avoid opportunistic infections.
- In as much as the community members acknowledge that their defecation options especially the bush pose health threats to them, they however express

their constraints in improving their circumstances. The notion that the government is responsible for both their woes and improving their lot in terms of defecation was a dominant theme. Indeed, it is their right as humans and government owes it to them. Consequently, there were appeals for help from government to ameliorate the present defecation practices.

A number of implications from this study are significant from several perspectives: within the confines of the community studied and at a broader level beyond the community it may be useful. It will be easy to quickly blame the people of Ayikuma for their sanitation problems. However, it is pertinent to argue that faeces are not just physical things: there are several social, cultural and economic interrelationships embedded in it, making its management more complex than it may seem. There are several underpinnings to these relationships that go beyond mere construction of a toilet facility. In the circumstance where a public facility is proposed, consultations with the beneficiaries on issues such as level of fee to be charged, location of facility and supportive of the type of facility infrastructure such as water supply, should be seriously considered. It is obvious from the study area that some of these gaps exist culminating in the present poor sanitation in the community. This study thus, provides a nuanced approach to sanitation issues specifically excreta disposal as a guiding frame for the design and effective waste management interventions.

Currently, policy shift has moved the burden of the provision of social services including human waste management from government to private and community ownership. However, there is intense contestation over whether the private sector is more efficient and reliable than government in the provision of social services. Whether privatization is efficient, reliable or is a strategy by the international community to reshape the economies of third world countries, it does not absolve government from its social responsibilities

towards its citizenry. Ghanaian governments have not been able to bring some level of social equity among its citizens such that it can fall back on the private sector to provide services such as human waste removal. It is in this light that this sector is poorly managed and still beset with numerous challenges and setbacks in many communities in the country.

### **Recommendations**

Based on the findings, the following recommendations are made:

- The Shai-Osudoku District Assembly should work closely with the area council, unit committees and community opinion leaders in taking decisions bordering on general sanitation issues including management of faeces. There should be community participation in issues pertaining to the construction of toilet facilities by seeking the opinion of community members through public fora such that the facility will be owned and patronised. Also the community context should reflect in the type of facility provided so that its use will be affordable and maximised. In this way interventions will be cost-effective.
- In Ayikuma, as in many other peri-urban communities, the provision of proper sanitary facilities should not be placed solely on the shoulders of community members; it should be seen by all stakeholders as one of the very important responsibilities of the district authorities in order to allow people enjoy access to decent toilets as their right as human beings. This will go a long way to enhance the health of the people and enhance their standard of living.
- In addition, the worldview of people should never be underestimated especially if gains are to be made in sanitation. In this light, it is necessary that environmental education incorporates the perspective of the people who are the target of this education. Thus, the health authorities, District Social Committee and the National

Commission on Civic Education can team up to better educate the people of Ayikuma to ameliorate their present circumstances. However, this may be meaningless without the provision of toilet facilities and proper waste disposal sites. It will be necessary that community members are provided with sanitary facilities to complement health education.

- Again, it will be laudable for the district authorities to provide toilet facilities in the various sections of the community to cater for the needs of people within that area. Many people cite the distance and location of the public toilet as a major problem. However, not every area or section of the community will have the suitable soil type to site a toilet and this may pose challenges. Also, the fee charged to use the facility will largely determine if such facilities will be put to use.
- Further, the District Assembly and non-governmental organisations can draw on the initiative of the group-financed toilets and ‘solidarity toilets’ to assist community members to put up improved facilities. Although, this may not fully achieve the aim of encouraging community members to provide toilets in their homes, it may nevertheless be a step towards minimizing open defecation and its attendant public health risks.

### **Future Research Agenda**

The defecation practices and preferences of the people of Ayikuma has been the focus of this study. This has been done by examining from the people’s point of view their preferences and the reasons why they do the things they do in terms of defecation while incorporating structural and social constraints that shape this process. It may be appropriate that further studies could be undertaken by examining specific issues such as smell and gender to ascertain how they influence excreta disposal habits among males and females.

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## **APPENDIX A**

### **The Questionnaire**

#### **INTERVIEW SCHEDULE**

I am a post graduate student undertaking a research to examine patterns of human excreta disposal in Ayikuma. I would be glad if you participate in this study by answering a few questions to enable the achievement of the objectives of this study. Your responses would be treated as confidential and used only for the purposes of this research. Your name is not required. Kindly respond as truthfully as possible.

#### ***Section A: Socio-Demographic Characteristics of Respondent***

1. Household ID.....
2. Age of Respondent.....
3. Gender of Respondent
  - a) Male
  - b) Female
4. Highest Educational status completed.....
  - a) None
  - b) Primary school
  - c) Junior high school
  - d) Senior high school
  - e) Undergraduate degree
  - f) Graduate degree
  - g) Technical/vocational training
  - h) Other specify.....
5. Number of people living in household.....
6. What is your ethnic group?.....

- 7. Religion.....
- 8. Marital status.....
  
- 9. What is your occupation? .....
- 10. How long have you lived in this community? .....

***Section B: Factors that influence defecation preferences***

- 11. Do you have a toilet facility in your house?
  - a) Yes
  - b) No
- 12. If yes, what type of toilet facility is it? .....
- 13. How is it dislodged? .....  
.....
- 14. Who owns the toilet facility? .....
- 15. Who uses it? .....
- 16. What options for going to toilet do your household members have access to?  
.....  
.....
- 17. Do household members all use the same toilet options?
  - a) Yes
  - b) No

Explain .....

.....

.....

.....

18. Are there any special reasons for the use of the toilet options stated?

OPTION	REASON

19. Are these options for going to toilet culturally acceptable?

.....

.....

.

.....

20. What do women in this household consider in choosing a place go to toilet? .....

.....

.....

.....

21. What do the men in this household consider when choosing a place to defecate?

.....

.....

.....

22. Where do the children (if any) in the household ease themselves? .....

.....

23. Are there any reasons for the choice? .....

.....  
.....  
.....

24. What does one consider in choosing a place for a child to defecate?

.....  
.....  
.....

25. What opinion do you have generally about the toilet in the community?

.....  
.....  
.....

26. Does your answer in Q23 inform your use or non use of the facility?

- a) Yes
- b) No

27. Do you have any religious beliefs and practices that determine where you defecate?

- a) Yes
- b) No

28. If yes, what are these religious beliefs and practices?

.....  
.....  
.....

29. What are the implications of these religious beliefs and practices for choosing a place to defecate?

.....  
.....  
.....  
.....

***Section C: Preferred options for defecation***

30. Are you satisfied with the present toilet options available to you and your household?

- a) Yes
- b) No

Explain answer .....

.....  
.....  
.....

31. If you had a choice, where would you prefer to defecate? .....

.....

Why? .....

.....  
.....

32. A public toilet and a household toilet which do you prefer?

- a) Public toilet
- b) Household toilet
- c) None

33. Give reasons for your answer.....

.....  
.....  
.....

34. If you prefer a household toilet, which specific type of toilet appeals to you?

.....

35. Explain.....

.....  
.....

Any Comments

THANK YOU

## **APPENDIX B**

### **Focus Group Discussion Guide**

1. Where do community members generally ease themselves?
  - List them
  - Are these options culturally acceptable?
  
2. What do you consider in choosing a place to defecate?
  - List them
  - Rearrange these considerations in order of importance
  
3. Are there any religious considerations in choosing a place to ease one's self?
  - What are these considerations?
  
4. Does the choice of a place to defecate take into consideration whether one is
  - A male?
  - A female
  - A child
  - For each, what are the considerations?
  
5. Do members of this community have any cultural beliefs about faeces?
  - What are they?
  - Are they specific to certain people?
  - Do they influence the choice of a place to defecate?

6. Does the environment in which you live influence your choice of a place to defecate?
  - In what ways
  
7. What kind of toilet facilities do community members prefer?
  - List them
  - For each type, give reasons for the preference
  
8. What kind of facility is preferred if one is
  - Male
  - Female
  - child
  
9. Do you prefer a private toilet in your home or a public toilet in the community?
  - Give reasons
  
10. If you had the opportunity to be provided with a toilet facility,
  - What type would you prefer?
  - What location would you want it to be?
  - How much would you be willing to pay to use it?

## **APPENDIX C**

### **In depth Interview Guide for District Sanitation Officer**

1. How long has this district being in existence?
2. What defecation practices have existed in this district specifically in Ayikuma?
  - For how long have these practices existed?
  - What reasons can be given for their existence overtime?
  - Why, if any have other practices died out?
3. What has been the district's policy (ies) on defecation over the last 20 years?
  - How have these policies worked out in Ayikuma? (implementation, challenge, usage, etc)
4. What are the current defecation practices in Ayikuma?
  - Do you think policies that have existed over the years have a bearing on the present defecation practices of community members?
  - What is the relationship?

## **APPENDIX D**

### **In depth Interview Guide for Assemblyman**

1. How long have you been an assemblyman?
2. What defecation options have been made available by the local authority to community members in the last 20 years?
  - Are these options still available to community members presently?
  - Why have they remained the same?
  - Why have they changed?
3. Are there any bye laws or regulations in place regarding defecation in the community?
  - What are these laws?
  - Are they enforced and by whom?
  - Are community members aware of these laws?
4. Has the District Assembly provided any facilities for excreta disposal?
  - How many are there?
  - What types are they?
  - How effective are their usage?
  - Where are they located?
5. What has been done to improve defecation practices in the community?
  - Intervention by the government/ assembly. ( name specific interventions).
  - Intervention by the community.
  - How effective has the intervention by the government/ assembly been?
  - How effective has the intervention by the community been?

- What are the reasons for choosing the kinds of interventions that have been put in place?
- What has been the community's responses?

## **APPENDIX E**

### **In depth Interview Guide for Traditional Leader**

1. What options for defecation did community members have before a toilet facility was put up in Ayikuma?
  - List options
  - Why was each option adopted?
2. Are any of these defecation options still available to community members?
  - Which ones?
  - Why they are still resorted to?
  - Why have they been abandoned?
3. Are there any defecation options that exist presently that were not available before the community toilet was built?
  - What are they?
  - What prompted the adoption of these options in the community?
4. Do you think the defecation practices that existed before the community toilet was built have any influences on present defecation practices?
  - In what way?
5. What defecation option in the community is more appealing to members?
  - What reasons account for this?
6. Are there any beliefs that are common in this community with regards to human excreta?
  - What are they?
  - Are they specific to particular people?
  - How do these beliefs relate to one if he is a man, a woman or a child?
  - Do they influence a person's choice of a place to defecate?

**APPENDIX F****In depth Interview Guide for Religious Leaders**

1. What defecation preferences do community members have?
  - List them
2. What do community members consider when choosing a place to defecate?
3. Can these be placed in an order of priority?
4. How does your religious group view human excreta?
  - Does this view influence the choice of a place to defecate?
5. Do you have any religious practices that require the use of specific types of facilities for defecation?
  - What are these practices
  - What types of facilities do they require?
6. Does your religion require specific locations for citing of a toilet facility?
  - What are these specifications?