



100 Acres Free, Why Need Latrines

Rajapaksa Hewageegana NS*

Physician in General Medicine Timisoara, Romania

***Corresponding author:** Dr Neelamani Sandhaya Rajapaksa Hewageegana, Physician in General Medicine Timisoara, Romania, Email: drneelamani@yahoo.com

Case Report

Volume 7 Issue 6

Received Date: November 07, 2024

Published Date: November 29, 2024

DOI: 10.23880/jqhe-16000421

Abstract

The “100 Acres” case study in Badulla district Sri Lanka illustrates the challenges of implementing sanitation projects in culturally sensitive areas. In 2000, the Regional Director of Health Services discovered funds for latrine construction, aimed at reducing open defecation and improving sanitation in the district. Open defecation was recognized as a health risk, leading to diseases like soil-transmitted helminths, diarrhea, and effects on outside health. The initial plan targeted schools, but the apathy of the principal became evident when he indicated that the surrounding open land was sufficient for the sanitary purposes of students, underscoring a lack of buy-in for latrines.

Shifting the focus to plantations, where open defecation was more common, the project collaborated with plantation managers to identify needy areas. Although latrines were built and well-maintained, only a small percentage were used as intended. Through interviews, reasons for non-usage included cultural preferences for open, airy spaces and discomfort with enclosed areas.

The project then employed a behavioral change strategy, moving through a phased approach to gradually ease residents into using latrines. The community gradually adjusted to the change, starting with open pits and adding incremental structures like partial walls and eventually a roof. This method allowed for a more culturally sensitive approach to sanitation, increasing usage over time.

The study emphasizes the importance of understanding community values and involving residents in project design. Behavioral change is a slow process that requires trust and adaptation, especially in projects that alter daily habits. By respecting cultural preferences and implementing phased adoption, the project achieved more sustainable outcomes, demonstrating the necessity of aligning health interventions with local norms for genuine impact.

Keywords: Behaviour Change Communication; Cultural Sensitivity; Building Community Consensus (BCC); SDG Goals; Badulla District Sri Lanka; Latrine Usage; Sanitation Interventions

Abbreviation

BCC: Building Community Consensus.

Introduction

Open defecation not only provides negative health impacts and environmental pollution, it also increases the risk of sexual exploitation and threats to women’s privacy and dignity [1]. By 2022, only 57% of the world’s population



used a safely managed sanitation service [2], according to SDG indicator 6.2.1a. This indicator monitors the proportion of the population that has access to safe sanitation services [3]. According to 6.2.1a, by 2022 Sri Lanka's open defecation is noted as zero [2].

Building Community Consensus (BCC) is a crucial management skill, especially for projects directly involving end-users. A project in the Badulla district serves as a case study, highlighting the importance of cultural understanding and community involvement in project success. This case study examines the failure of a latrine-building initiative due to inadequate assessment of local customs and norms, with valuable lessons learned.

Background

In November 2000, I took on the role of Regional Director of Health Services (RDHS) for Badulla district Sri Lanka, bringing years of medical administration experience and expertise in healthcare management. First and foremost, we analysed the status of the Six building blocks of health services delivery [4]. When reviewing budget allocations, we discovered a fund earmarked for latrine construction intended to reduce open defecation in the district. which was going to lapse in six months. Before becoming RDHS, my work as a Medical Officer in maternal and child health, Regional Epidemiologist, and Medical officer of health in the district exposed me to the health issues prevalent in the communities, including the spread of infectious diseases exacerbated by poor sanitation practices.

Problem Identification

By the year 2000 only 5.4 % of the Sri Lankan population was practicing open defecation and Badulla district was one main district that contributed to this unimproved status. Open defecation predisposes people to soil-transmitted helminths and diarrheal diseases [2]. Open defecation is a critical global health challenge [5]. We grabbed the opportunity with both hands, a fund available to address a known cause of ill health in the district. The only concern was the time frame. We discussed with the relevant staff and made a tentative plan to identify the beneficiaries and stakeholders. A plan for the disbursement of funds and a tentative log framework of Monitoring and evaluation was made.

Project Implementation

Our initial goal was to construct latrines for schools in need, starting with one in a remote village. However, upon visiting, the school principal dismissed the need for latrines, indicating that the surrounding "100 Acres" of open land was sufficient for the children's sanitation needs, endorsing open

defecation. This reaction underscored a lack of community buy-in for the project and a deep-seated cultural norm.

We shifted our focus to the plantation sector, where open defecation was more prevalent. With the support of the Plantation Human Development Trust, we worked with plantation managers to identify areas in need and met the funding deadline.

Project Outcomes and Follow-up

Six months after completion, we revisited the plantations to assess the latrines' use. Despite well-maintained facilities, we observed that most latrines were not being used as intended. Instead, they were often repurposed for storage, chicken raring with a plank put on top of the pit or reserved for guests, with less than 5% used for sanitation, primarily by school-aged adolescents.

Reasons for Non-Usage

Through in-depth interviews with plantation community leaders and residents, we identified several reasons for the reluctance to use the new latrines:

- Claustrophobia or discomfort with enclosed spaces
- Preference for open, airy environments
- Attachment to the natural sights, sounds, and smells of the outdoors
- A need to look at the sky

Behavioral Change Strategy

The modern theories for behavior change approach for addressing open defecation focuses on, "reflective" drivers of behavior, including people's emotions (such as pride or shame), rational knowledge (e.g., of germ theory), and social norms⁴.

Anyhow our innovative approach went beyond. To address the barriers, with discussion with the end users we developed a phased approach to encourage gradual adoption (Figures 1-6):

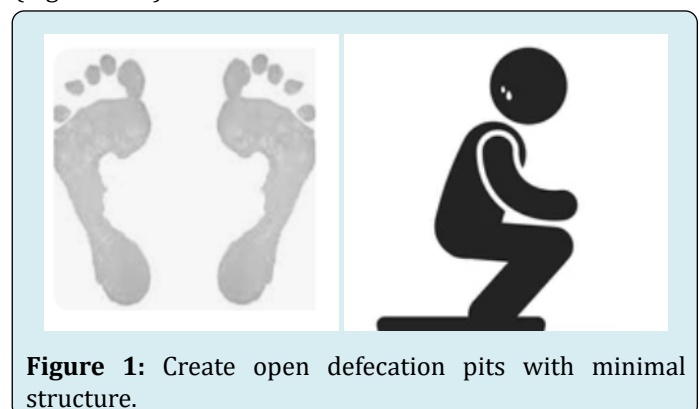


Figure 1: Create open defecation pits with minimal structure.



Figure 2: Install a water-sealed squatting pan.



Figure 3: Add a temporary thatched wall for partial privacy.



Figure 4: Construct a half-wall around the squatting pan.



Figure 5: Complete the wall structure.



Figure 6: Add the roof last.

Each step needed a minimum of two weeks for adoption. This incremental method allowed users to adjust gradually, making the shift to latrine use more acceptable. Over time, usage increased, with fewer residents requiring all phases.

Discussion

Reflective Drivers and Practices

The phased approach in the study effectively converted reflective drivers into practice. Emotional drivers such as pride were leveraged by showing incremental improvements in personal hygiene facilities while addressing discomfort and fear of enclosed spaces reduced shame or embarrassment. Rational knowledge was disseminated by educating residents about the health implications of open defecation and the benefits of using latrines, including the germ theory of disease. Social norms were reshaped by involving community leaders to demonstrate and normalize the use of latrines publicly. The community system was strengthened through partnerships with plantation managers and trust-building discussions with residents, fostering a sense of collective ownership. The entire behavioral change process was executed over a span of six months, with incremental adoption of latrine features, ensuring gradual but sustained shifts in habits.

Systematized Purpose, Relevance, and Results

This case study explores a sanitation intervention in the Badulla district, addressing the cultural barriers to latrine usage in areas where open defecation was prevalent. The project highlights how reflective behavioral drivers—emotions, knowledge, and social norms—were incorporated into a phased strategy to promote cultural acceptance of sanitation facilities. Initial resistance arose from cultural preferences for open spaces and a lack of awareness of health risks. A six-phase behavioral change model was implemented, starting with open pits and progressively

adding structural elements to latrines. The process engaged community members, respecting local norms while gradually introducing new habits.

The intervention resulted in an increased adoption of latrines, as the phased approach eased users into the change without overwhelming them. Over time, the project achieved a sustainable reduction in open defecation and improved health outcomes. This case underscores the importance of aligning public health initiatives with cultural contexts and emphasizes trust-building and community involvement as pillars of successful behavior change. The findings demonstrate a replicable model for addressing similar public health challenges globally.

Methods and Protocols

The structured approach to identifying beneficiaries, and stakeholders, and monitoring the phased interventions. All protocols, including engagement with plantation managers and iterative design discussions with residents, were explicit. The phases of latrine adoption were clearly outlined.

Results and Implications

A broader implications for global health and sanitation, addressing how this model could inform interventions in similar cultural contexts. Limitations, such as the time-intensive nature of phased adoption and the need for ongoing community engagement, are acknowledged.

Conclusion and Lessons Learned

This case study underscores the necessity of understanding and addressing community values, fears,

and norms in project planning. Behavioral change is a gradual process, and building trust and acceptance within a community can lead to sustained success. Projects impacting daily habits, like sanitation, must prioritize cultural sensitivities and phased adoption to ensure genuine impact.

This case study places in a broader context by connecting open defecation to global public health challenges and defining the purpose of the work as an exploration of culturally sensitive sanitation interventions. It highlights the importance of integrating community involvement, cultural understanding, and phased behavior change strategies to achieve sustainable outcomes.

Recommendations for scaling the model to other regions adopting the cultural sensitivity.

References

1. Saleem M, Burdett T, Heaslip V (2019) Health and social impacts of open defecation on women: a systematic review. *BMC Public Health* 19: 158.
2. Progress on Sanitation (SDG target 6.2). United Nations.
3. (2024) SDG Indicators - UN Statistics Division - the United Nations.
4. (2010) Health system building blocks. World Health Organization.
5. Njuguna J (2016) Effect of eliminating open defecation on diarrhoeal morbidity: an ecological study of Nyando and Nambale sub-counties, Kenya. *BMC Public Health* 16: 712.