

BEHAVIOR PROFILE: SAFE DISPOSAL OF HUMAN FECES

HEALTH GOAL

Improve maternal and child survival

BEHAVIOR



Family members safely dispose of human feces

71 Percentage of households with improved and non-shared toilet facilities

BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Family members safely dispose of human feces

Steps

1. Decide to build or access a latrine
2. Build or access an improved latrine
3. Always use the latrine for human feces, including feces from babies
4. Cover the latrine hole
5. Maintain latrine and surroundings

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: Family members are unable to safely dispose of human feces because improved latrines are often unavailable locally or materials to build them are insufficient.

Accessibility: Family members are unable to build a latrine because physical constraints often make building a latrine difficult (e.g. height of ground water, hardness of ground).

Accessibility: Family members do not safely dispose of human feces because they have insufficient resources to build a latrine.

SOCIAL

Norms: Family members do not use a latrine to safely dispose of human feces because neighboring households also do not use a latrine, and therefore its necessity is not understood.

INTERNAL

Attitudes and Beliefs: Family members do not throw baby feces into the latrine because they do not believe it is dirty.

Attitudes and Beliefs: Family members do not use a latrine because they prefer to use the outdoors where the air is fresh.

Attitudes and Beliefs: Family members use a latrine to safely dispose of human feces because they feel proud and prestigious when they have their own household latrine.

Knowledge: Family members do not use a latrine to safely dispose of human feces because they do not know how to build an improved latrine.

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior, and what actions must they take?

INSTITUTIONAL

Policymakers: Adopt open defecation free (ODF) policy and sanitation regulations for the country.

COMMUNITY

Community Leaders: Support local sanitation marketing efforts and construction training to improve accessibility.

Community Leaders: Build institutional latrines (schools, clinics).

HOUSEHOLD

Family Members: Save a portion of available income for sanitation needs.

POSSIBLE PROGRAM STRATEGIES

What strategies will best focus our efforts based on this analysis?

Strategy requires Communication Support

ENABLING ENVIRONMENT

Financing: Offer financing or credit mechanisms for household sanitation improvements and sanitation businesses.

Partnerships and Networks: Form surveillance cadres (government, international and local NGOs) to track ODF communities.

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Investigate new sanitation technologies for geographically constrained situations.

Quality Improvement: Facilitate improved private-sector markets to increase access to latrine options and construction, small-scale supplies, or delivery options.

DEMAND AND USE

Communication: Use regular community forums to share data and progress on ODF status and discuss challenges.

Skills Building: Train local cadres of masons and builders.