

HOW DOES SANITATION MARKETING IMPACT DECISION-MAKING?

USAID UGANDA SANITATION FOR HEALTH ACTIVITY (USHA)

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SUMMARY

While improved basic sanitation is crucial for community health and dignity, access to improved sanitation remains low in rural Uganda due to limited household ability to invest, few financing options, and inadequate supply chains. Women are particularly impacted by poor sanitation but have often been left out of community planning processes. USAID's Uganda Sanitation for Health Activity (USHA) applied a sanitation marketing approach wherein sales promoters visit rural households and directly encourage customers to invest in a new or upgraded facility. This research examined USHA's sanitation marketing program, implemented in 13 districts of Uganda. Through a quantitative and qualitative assessment, the analysis indicated that active household engagement in sanitation marketing activities, particularly when both household heads participated, increased the likelihoods of achieving improved sanitation and involving women in decision-making. This research highlights two sanitation marketing activities as pathways to improved latrine coverage and women's decision-making agency.

SANITATION MARKETING

Sanitation marketing encompasses many sanitation promotion strategies, usually through behavior change methodologies, sales techniques, and commercial marketing to help households construct and/or improve the quality of their toilets¹. Sanitation marketing programs use formative research to identify target groups with latent demand. Appropriate products and services are then designed and packaged at an affordable price.¹ Direct sales, demonstrations, or community events are used to promote products. Market-shaping mechanisms may also be used to encourage entrepreneurship and build the capacity of sanitation service providers.

Women and girls have historically been excluded from traditional sanitation planning in Uganda.² Because sanitation marketing brings decisions to the household, the approach presents an opportunity for greater involvement of women and girls. However, there is a lack of peer-reviewed literature documenting outcomes of sanitation marketing programs, and little is known about how households react to them. These knowledge gaps were addressed in two research questions:

1. How do sanitation marketing activities impact sanitation service levels?
2. How do sanitation marketing activities impact women's involvement in decision making?

UGANDA SANITATION FOR HEALTH ACTIVITY

The Uganda Sanitation for Health Activity (USHA) was a 66-month program (January 2018-July 2023) financed by the United States Agency for International Development (USAID). A major component of the activity was the market-based sanitation implementation approach (MBSIA, which was implemented in 1,011 villages across 13 districts in two regions (shown right).

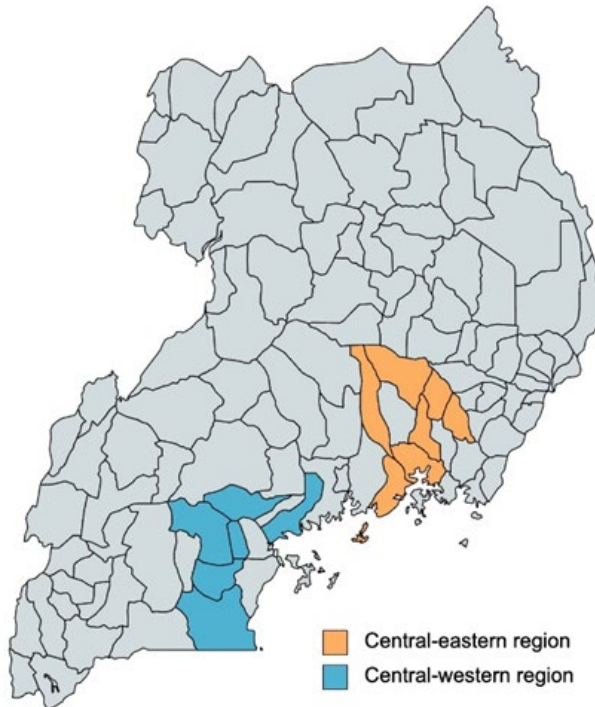
MBSIA facilitated community action towards household sanitation improvement, triggering interest in improved toilets and linking households with local private-sector actors for sales promotion and construction.

METHODOLOGY

DATA COLLECTION

Before households were exposed to MBSIA programming, baseline surveys were administered to every household in target villages. These surveys documented the household's current sanitation status and relevant demographics. After making a qualifying purchase or improvement to their facility, households were surveyed again. These endline surveys asked about how the household had engaged with the sanitation marketing activities, the type of upgrade, and who had participated in decision-making. The sample used in the analysis included 86,666 households, all of which had made an upgrade to their existing facility or constructed a new latrine. Improved sanitation was defined as toilet or latrine with a washable floor that hygienically separates users from their feces. This includes private facilities (basic sanitation) and shared facilities (limited sanitation).

To gain insights to local context and answer questions about causality, eight focus groups were administered in four districts (one male and one female group in each district). Participants were asked 25 discussion questions about the sanitation marketing activities, household and community decision-making, and sanitation outcomes. Participants also answered five questions about decision-making in a confidential exit interview.



USHA was implemented by Tetra Tech with partners FSG, Sanitation Solutions Group, SNV USAD (now Devworks International), and BRAC Uganda. USHA worked in 20 districts across three regions, implementing a series of water, sanitation, and hygiene (WASH) interventions to achieve the following key outputs:

- Increased household access to sanitation and water services.
- Key hygiene behaviors at home, school, and health facilities adopted and expanded.
- Strengthened district water and sanitation governance for sustainable services.

ANALYSIS

Logistic regression models were used to identify household characteristics with associated with two outcomes:

- A household reaches improved sanitation, as defined by the JMP³
- A household lists the involvement of a woman or girl in the decision-making process

Chi-squared tests were conducted as needed for additional context, and comparisons between categorical variables are used in the discussion to explain the results of the logistic regression model. Focus groups were thematically analyzed, and response patterns were identified for further explanation.

FINDINGS

CONTEXTUAL VARIABLES

Reaching improved sanitation

Unsurprisingly, context plays a key role in the adoption of improved sanitation and the involvement of women in decision-making. Adoption of improved sanitation was 47% lower for households in the central-west than those in the central-east. Regional variation might be caused by environmental conditions making it difficult to build (e.g., rocky or sandy soil) or because of how the sanitation marketing activities were conducted. Triggering sessions were organized and conducted by one of seven different organizations, and sanitation promoter networks varied in training and the consistency of payments⁴. Furthermore, households in the central-west had better access to sanitation at baseline (61% vs. 51% in the central-east) but, at endline, the regions had similar proportions of basic, limited, and unimproved sanitation. This could suggest demand saturation in the central-western villages where MBSIA was implemented.

Living in an urban location, using mobile money, and having an unimproved sanitation facility at baseline were related to improved sanitation. These factors have been associated with greater wealth⁵, plausibly explaining their higher likelihood to reach improved sanitation status (income and wealth were not collected in surveys). As expected, the association with baseline sanitation status was strong. Over 98% of those with an unimproved latrine reached improved status (compared to 57% of households without latrines). Households with existing latrines needed less labor and expenditure to reach improved sanitation status and could simply purchase a washable cement floor and install it over an existing pit. Indeed, these two variables – owning a latrine at baseline and choosing to improve an existing latrine instead of building a new one – were the strongest predictors of reaching improved sanitation.

Interestingly, renters and other non-homeowners (11% of surveyed households) were more likely than homeowners to reach improved sanitation. This could be partially explained by shared sanitation facilities, which are more common for rented homes and are slightly more likely to be improved. In urban areas with high rates of property resale, owner-occupants benefit financially from investing in better sanitation. However, in rural villages with less transient populations, homeowners with paying tenants and long-term guests may be most incentivized to improve sanitation facilities. Outside of MBSIA activities, some communities enacted or starting enforcing laws to require households to have improved sanitation. This may have given tenants a leverage point to request improvements from their landlords.

Surveys did not collect data on whether renters or their landlords were the financiers of sanitation projects; further research might investigate the effects of tenant laws on sanitation access for renters.

Female decision-making

Women were involved in about 30% of household decisions on sanitation investment, in both male- and female-headed households. When controlling for other variables, however, logistic regression showed that women were key decision-makers more often in male-headed households than in female-headed households. Women who are household heads mentioned relying on family members outside the household, particularly adult sons, for labor and financial support. Thus, they had limited influence over projects compared to other women. There are several reasons why women in male-headed households may have more decision-making agency. Firstly, wives are often regarded as important decision-makers on health and household matters. They also have less pressure to leave the home to generate income, and therefore are more likely to be home when construction occurs. Lastly, because of relatively higher household incomes, a wider range of products is available and thus, there is more room for discussion.

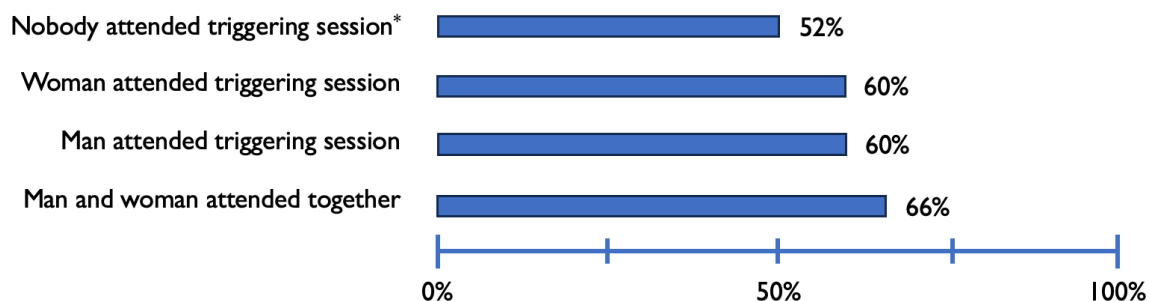
SANITATION MARKETING ACTIVITIES

Reaching improved sanitation

Attendance at a triggering session, where the community was introduced to locally available products and vendors, was associated with a household's likelihood of reaching improved sanitation. Compared to households where no one attended the session, improved sanitation was slightly more likely if a man or woman attended alone and was substantially more likely if a man and woman attended together.

Sales promoter interactions were listed as influential by 74% of households and were the most frequently cited motivational factor. However, neither engaging with a promoter nor finding the interaction motivational was significantly related to improved sanitation. Sales promoters' lack of impact on final sanitation service levels implies that they were more focused on selling products to enhance attractiveness, durability, or other features besides hygiene. This notion is supported by focus group findings, which are further discussed in the next section.

Figure 1: Probability of reaching improved sanitation based on triggering session attendance

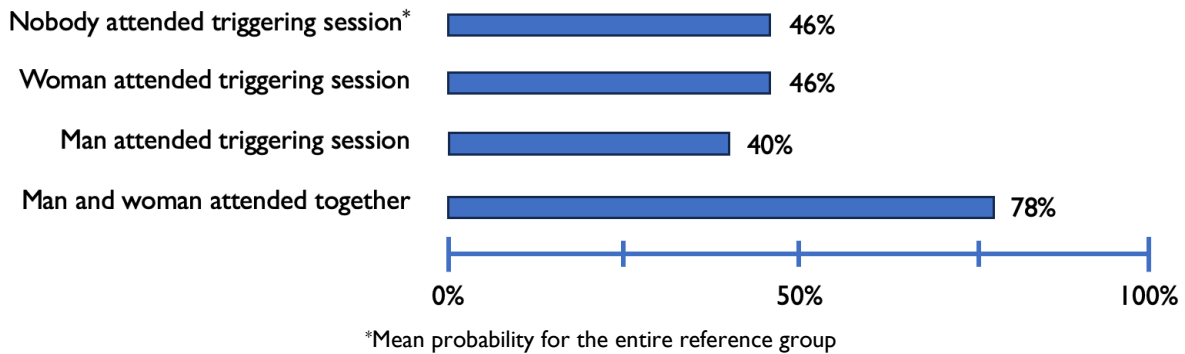


*Mean probability for the entire reference group

Female decision-making

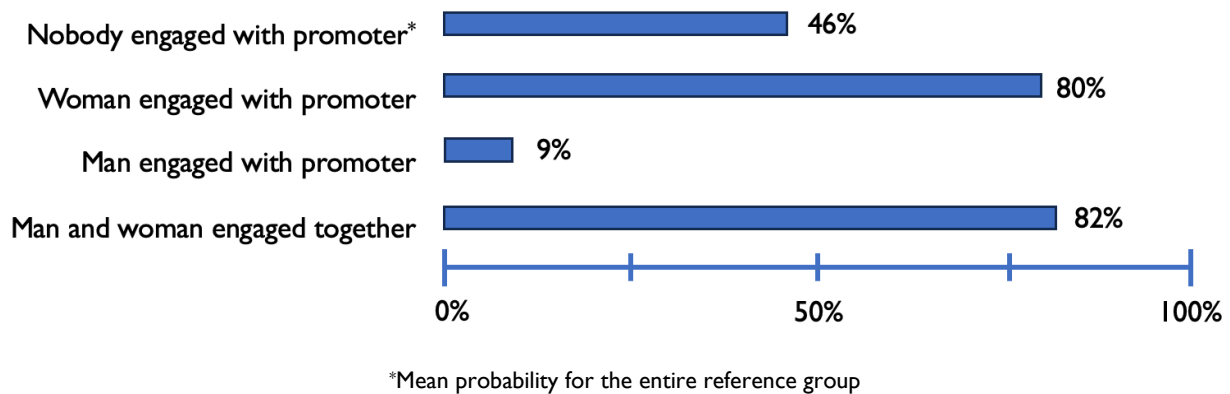
Compared to households that did not attend the triggering session, a woman attending alone did not appear to relate to her involvement in sanitation decision-making. However, households where a man attended without a woman were slightly less likely to involve women in decision-making. The most notable relationship was found in households where both a man and a woman attended the session together – joint attendance boosted probability of a woman’s involvement up to 78%.

Figure 2: Probability of a woman’s involvement in decision-making, based on triggering session attendance



Sales promoter engagement was more strongly related to female decision-making than triggering session attendance. There was a strong association between women speaking to sales promoters (alone or with their spouses) and women becoming involved in decision-making conversations. If their husbands were engaged without them, they were much less likely to be decision-makers. Though the analysis does not show causation, women in focus groups described being influenced by these one-on-one interactions. Promoters encouraged them to make small improvements by themselves, to convince their husbands to fund the projects, and to involve family members in maintenance and cleaning.

Figure 3: Probability of a woman’s involvement in decision-making, based on who engaged with the sales promoter



FOCUS GROUPS

SALES PROMOTERS ARE INFLUENTIAL

Almost three-quarters of households listed sales promoter interactions as motivational to their purchase, and many focus group participants attributed those decisions to the promoters' convincing language and custom suggestions. Promoters advised on building drying racks, bathing areas, and additional aesthetic features to make the home more hygienic, though these improvements did not necessarily lead to improved sanitation. Focusing sales promotion on washable floor products may increase improved sanitation more effectively than other tailored messages.

WASHABLE FLOORS AS VALUE PRODUCTS

Value was the most important product feature to customers. Cement slab floors were perceived as value products due to their durability and ease of transfer to a new facility. Six of eight groups described their ideal latrine as having a clean, easily washable floor and viewed the feature as prestigious.

"I no longer have shame when visitors come because I have a washable floor that's easy to clean."

– Male household head,
carpenter and father in Luuka
District

MEN ARE VIEWED AS PRIMARY DECISION-MAKERS

In male-headed households, women contributed to decision-making in many ways, including initiating and leading the process, and both men and women emphasized the importance of consensus. However, men were still viewed as primary decision-makers because they had more savings and higher incomes, and thus had the "final say." Women in female-headed households had more control over decisions but struggled to finance projects alone, relying on adult children and others outside the household.

JOINT ATTENDANCE IMPROVED OUTCOMES

Focus groups confirmed previous findings that joint activity engagement improved sanitation outcomes and consensus-building. Two women agreed that attending the triggering session with their husbands allowed each couple "to discuss from a point of knowledge, as opposed to one spouse educating or convincing the other."

"Better decisions are made when (men) are present for meetings."

– Female household head and
single mother in Sembabule
District

RECOMMENDATIONS

1. **Use triggering sessions to engage communities.** More households that went to triggering sessions reached improved sanitation, and the event was listed as motivational by 57% of households that made a purchase. The triggering session approach is not commonly used in sanitation marketing interventions but has shown promise as an entry point for interested community members.
2. **Promote joint activity engagement for better consensus.** Households were most likely to reach improved sanitation and involve women in decision-making when men and women participated in activities together. Schedule meetings and promoter interactions at times when both household heads are likely to be free and consider offering incentives for joint event attendance.
3. **Design, package, and promote low-cost washable floors.** In addition to being more hygienic, customers in focus groups perceived washable floors as more prestigious than traditional dirt or wood floors. Value and the ability to transfer the product to a new facility were important features.

Marketing methods like product demonstrations and door-to-door sales promotion should emphasize the benefits of washable floors on cleanliness, hygiene, and family health.

4. **Leverage equitable decision-making through sales promoter interactions.** Interacting with a sales promoter – especially a female promoter – encouraged women’s involvement in decision-making. Promoters motivated women to convince their husbands to invest in better sanitation and to make improvements by themselves. Sales promoters should be trained to encourage bilateral decision-making, to suggest products that meet the needs of all household members, and to encourage women’s participation during site selection and construction processes.

In conclusion, this research affirms the potential of sanitation marketing to improve equitable access to improved sanitation, contributing to progress towards Sustainable Development Goal Six. While triggering sessions had positive impacts on household sanitation status, sales promoter interactions encouraged more consensual decision-making and the involvement of women and girls. Longitudinal studies are needed to investigate the effects of sanitation marketing on long-term use, maintenance, and improvement of facilities. Additionally, programs using the recommendations listed above would benefit from conducting a controlled study to evaluate their effectiveness. This research would improve the effectiveness and equitability of sanitation marketing programs worldwide.

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