

World Toilet Day: Eradicating open defecation still a challenge in Ghana

Afrobarometer Dispatch No. 60 | Daniel Armah-Attah

Summary

Ghana has been observing Toilet Day since 2009, four years before the United Nations designated 19 November as World Toilet Day. The purpose of the observance is to raise awareness about the challenges and deadly health consequences of poor sanitation in some parts of the world, particularly sub-Saharan Africa and Asia, and to encourage the formulation and implementation of policies that increase access to improved sanitation. (For more on sanitation, its implications for health, and the World Toilet Organization, see www.worldtoilet.org.)

Over the years, local government bodies in Ghana have been encouraging households to build their own toilet facilities in their homes through the provision of counterpart funding. Improving human-waste management was made a key aspect of the Human Settlement and Infrastructure component in the Ghana 2010-2013 Shared Growth and Development Agenda. In July 2015, the Deputy Minister of Local Government and Rural Development announced a \$60 million World Bank loan intended to improve sanitation. According to the minister, the funds will be disbursed through the metropolitan, municipal, and district assemblies (MMDAs) in the Northern, Upper East, Upper West, Brong-Ahafo, and Volta regions to assist households to build their own latrines.¹

As we observe World Toilet Day 2015, this analysis of Afrobarometer survey data suggests that more extensive policy and implementation efforts will be needed to address the challenge of open (or “free range”) defecation in Ghana.

Afrobarometer survey

Afrobarometer is an African-led, non-partisan research network that conducts public attitude surveys on democracy, governance, economic conditions, and related issues across more than 30 countries in Africa. Five rounds of surveys were conducted between 1999 and 2013, and Round 6 surveys are currently under way (2014-2015). Afrobarometer conducts face-to-face interviews in the language of the respondent's choice with nationally representative samples of between 1,200 and 2,400 respondents.

The Afrobarometer team in Ghana, led by the Center for Democratic Development (CDD-Ghana), interviewed 2,400 adult Ghanaians between May 24 and June 10, 2014. A sample of this size yields country-level results with a margin of error of +/-2% at a 95% confidence level. Previous surveys have been conducted in Ghana in 1999, 2002, 2005, 2008, and 2012.

¹ See these links for news reports:

<http://graphic.com.gh/features/opinion/34036-open-air-defaecation-an-enemy-of-communities.html>

<http://graphic.com.gh/news/general-news/45632-government-contracts-loan-to-fight-open-defaecation.html>

Key findings

- Almost two-thirds of Ghanaians (64%) are at risk of engaging in open defecation because they do not have toilets in their homes or in their compounds. This proportion has hardly changed since 2012 (65%).
- The 2010 Population and Housing Census (PHC 2010) and 2012/2013 Ghana Living Standard Survey (GLSS 6) showed even higher proportions (73% in the PHC 2010, 74% in the GLSS 6) at risk of engaging in open defecation.
- Rural residents are more likely to lack access to toilets than their urban counterparts, according to the Afrobarometer, PHC 2010, and GLSS 6 surveys.

Access to toilet facilities

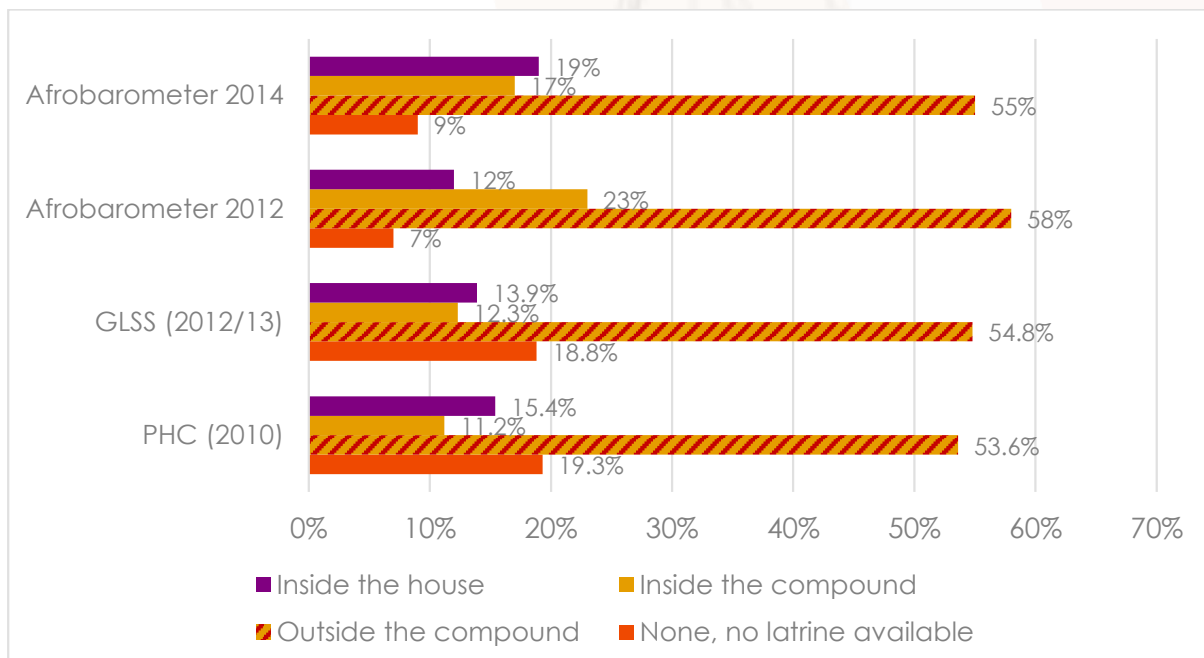
A majority of Ghanaians do not have access to toilet facilities in their homes or compounds. They instead make use of toilets outside their compounds or have no access to toilets at all.

As shown in Figure 1, close to one-tenth of Ghanaians (9%) say they have no access to toilet facilities (compared to 7% in 2012). In addition, more than half of Ghanaians (55%) say they access toilet facilities located outside their compounds (58% in 2012).

Aggregating the percentages of citizens who have to trek some distance to use toilet facilities outside their compounds and citizens who have no access to toilets, about two-thirds of Ghanaians (64% in 2014, 65% in 2012) are at risk of engaging in open defecation.

Just 36% of Ghanaians have toilets in their compounds, including 19% who have toilets inside their homes. This percentage is almost unchanged from 2012.

Figure 1: Location of toilet facilities | Ghana | 2010 - 2014



Afrobarometer respondents were asked: Please tell me whether each of the following is available inside your house, inside your compound, or outside your compound: A toilet or latrine?

Notes:

Afrobarometer reports only rounded percentages.

For the GLSS 6 and PHC 2010 results, we merged percentages of persons who use pit latrines and public toilets to constitute "outside the compound." Similarly, we aggregated those who said they use KVIP and bucket/pan latrines to constitute "inside the compound."

The Afrobarometer findings do not vary substantially from those of the PHC 2010 and the GLSS 6. An appreciable majority of households (55% in the GLSS 6 and 54% in the PHC 2010) access toilet facilities outside their compounds, and nearly one-fifth of households (19% in both surveys) said they do not have access to toilets. Just about one-quarter of households (26% in the GLSS 6, 27% in the PHC 2010) reported having toilets inside the house or inside the compound.

Geographical differences in access to toilets

National averages mask the enormity of the open defecation risk in parts of the country. An analysis of the Afrobarometer data by region shows that the proportion of the population without access to toilets inside their homes or compounds ranges as high as 91% in the Northern Region, followed by 83% in Upper West, 80% in Brong Ahafo, and 77% in Upper East. Central, Volta, and Western regions are also above average. Greater Accra Region fares better, even though the percentage at risk of engaging in open defecation (44%) is still substantial, especially for an urban center. PHC 2010 findings show a similar pattern (Table 1).

Table 1: Regional differences in access to toilets | Ghana | 2010 and 2014

	No access or access outside the compound	
	Afrobarometer (2014)	PHC 2010
Greater Accra	44%	51.9%
Ashanti	52%	67.4%
Eastern	60%	74.5%
Central	66%	78%
Volta	70%	80.3%
Western	71%	79.4%
Upper East	77%	92.6%
Brong Ahafo	80%	84.7%
Upper West	83%	91.8%
Northern	91%	92.1%
National average	64%	72.9%

Table 2: Urban-rural differences in access to toilets | Ghana | 2010-2014

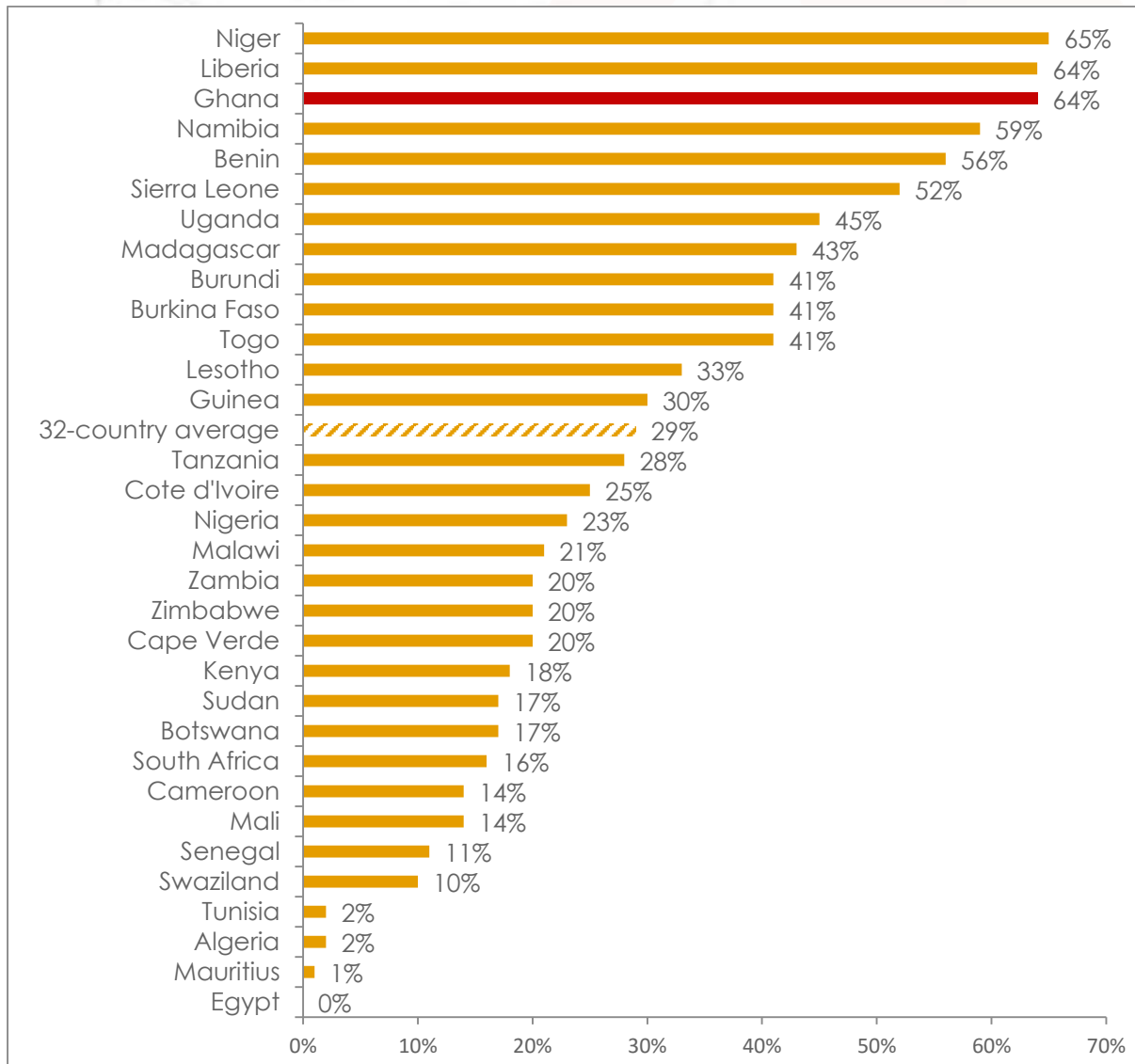
		None, no latrine available	Access toilet outside the compound	Percentage at risk of open defecation
Urban	AB (2014)	6%	43%	49%
	2010 PHC	9.3%	51.3%	60.6%
	GLSS 6 (2012/13)	7.4%	53.7%	61.1%
Rural	AB (2014)	13%	70%	83%
	2010 PHC	32.0%	56.5%	88.5%
	GLSS 6 (2012/13)	32.9%	56.3%	89.2%

Studies have established that access to toilets is much lower in rural areas than in urban centers due to an absence of toilet facilities or few available facilities serving larger numbers of people (Hawkins, Blackett, & Heymans, 2013). The Afrobarometer, PHC 2010, and GLSS 6 surveys all confirmed that the proportion of residents who lack access to toilets in their homes or compounds and are therefore at risk of defecating in the open is higher in rural areas (83%-89%) than in urban areas (49%-61%) (Table 2 above). The Afrobarometer data show no significant difference between men and women regarding access to improved sanitation.

Access to toilets lower in Ghana than in most African countries

An analysis of Afrobarometer Round 6 (2014/2015) data from 32 African countries shows that Ghana and Liberia have the second-highest proportion of the population, behind Niger (65%), without access to toilets in their homes or compounds (Figure 2). In Egypt, Mauritius, Algeria, and Tunisia, all or almost all respondents say they have access to toilets inside their homes or compounds.

Figure 2: Percentage of population without access to toilets | 32 African countries | 2014/2015



(% who say they have no access to toilets in their homes or compounds)

Conclusion

Given that two-thirds of Ghanaians are at risk of engaging in open defecation, the country faces a huge challenge in addressing this menace and its attendant health implications. As a first step, metropolitan, municipal, and district assemblies (MMDAs) and other public and private agencies should intensify information, education, and communication efforts to teach citizens to prioritize toilets in their homes. MMDAs should undertake mapping of highly populated locations in their jurisdictions with high potential for open defecation and invest in more public toilet facilities. In addition, local government bodies should educate households about counterpart funding available to property owners who construct toilets in their homes whilst also sanctioning landlords who fail to provide toilets in their rental properties. As a matter of urgency, local and central government bodies should work to revive the role of properly trained health and sanitary inspectors in communities to instill sanitary discipline whilst educating the public on the advantages of adhering to good sanitary practices.

To further explore this data, please visit Afrobarometer's online data analysis facility at www.afrobarometer.org/online-data-analysis.

References

Hawkins, P., Blackett, I., & Heymans, C. (2013). Poor-inclusive urban sanitation: An overview. World Bank Water and Sanitation Program. Available at <https://www.wsp.org/sites/wsp.org/files/publications/WSP-Poor-Inclusive-Urban-Sanitation-Overview.pdf>.

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Afrobarometer is produced collaboratively by social scientists from more than 30 African countries. Coordination is provided by the Center for Democratic Development (CDD) in Ghana, the Institute for Justice and Reconciliation (IJR) in South Africa, the Institute for Development Studies (IDS) at the University of Nairobi in Kenya, and the Institute for Empirical Research in Political Economy (IREEP) in Benin. Michigan State University (MSU) and the University of Cape Town (UCT) provide technical support to the network.

Core support for Afrobarometer Rounds 5 and 6 has been provided by the UK's Department for International Development (DFID), the Mo Ibrahim Foundation, the Swedish International Development Cooperation Agency (SIDA), the United States Agency for International Development (USAID), and the World Bank.

For more information, please visit www.afrobarometer.org.

Afrobarometer Dispatch No. 60 | 19 November 2015