

EXECUTIVE SUMMARY

Background and Motivation

Soul City is a multi-media health education and entertainment strategy, which uses the mass media as a vehicle to communicate health and development messages to South African audiences. In 1997, Soul City was approached by the Health Education and Awareness Task Team (HEATT) with a request to include water and sanitation messages in their television, radio and print materials.

For Soul City, research is the foundation for the development of educational messages conveyed through its programmes, as this helps to ensure that materials are popular, messages are appropriate, and that audiences remain loyal. Soul City therefore commissioned research to identify key messages for the fourth series and to examine how the electronic media (radio and television) could best be applied to education around water and sanitation issues.

The research, funded by the Water Research Commission (WRC), comprised:

- primary research conducted by Social Surveys; and
- a literature review compiled by Clacherty and Associates.

This report provides a synthesis of the major findings from the literature review and the primary research, and discusses the application of the research findings to the Soul City vehicle.

Aim and Objectives:

The aim of the project was to develop educational material for the water and sanitation aspect of the Soul City materials through (a) a literature review and (b) qualitative research within the target audience. The second aim of the project was to pre-test all material for appropriateness, understanding of messages, misreading of messages, cultural acceptability and entertainment value.

The specific objectives of the literature review were:

- to provide a broad background to the water and sanitation sector; and
- to point to key issues for message development.

The specific objectives of the qualitative study were:

- to gain insight into common knowledge of, as well as attitudes and practices relating to water and sanitation, and the problems (both health and social) that are associated with the lack of basic services;

- to understand how people perceive the connection between the transmission of disease, and water and sanitation;
- to identify positive practices under difficult conditions, especially with regard to maintaining health and hygiene;
- to explore attitudes towards and possibilities for community involvement in accessing water and sanitation services;
- to explore the roles and attitudes of community leaders and government authorities with regards to the provision of, and education around, water and sanitation.

Methodology

The primary research took a qualitative approach, combining focus group interviews and one-on-one interviews with key informants. Discussion guides and semi-structured interviewing schedules were drawn up. This approach allowed for qualitative reporting on experiences, thoughts and perceptions of people at a community level. The research serves as a basis on which to design health messages which resonate with people's real life experiences, and which encourage individuals and communities to feel empowered to make changes to their water and sanitation attitudes and practices.

Major Findings

1. Services and Infrastructure: Water and Sanitation

- The collection of water from taps or pumps or natural sources in unserved areas remains primarily the task of women and children. The cost of this task is significant in terms of time, effort and risk to personal safety, and bears a direct relation to the distance from which water is transported.
- Low access to water has a direct and negative impact on personal hygiene.
- Communal taps and pumps can pose a health hazard when they are used for multiple purposes and there is insufficient drainage.
- There is a problem of people "free-riding" by illegally tapping into water pipes. This jeopardises supply levels to other households and also contributes to non-payment for services.
- Water from taps is widely seen as cleaner and safer than water from other sources. People also tend to judge the quality of water on the basis of its taste and appearance.
- Waterborne sanitation is the preferred sanitation option, but is not realistic as a minimum service standard in the short term due to its cost, while bucket systems are unpopular and frequently unhygienic.

- Ventilated Improved Pit toilets (VIP's) are appropriate, adequate and feasible; adequate sanitation is therefore defined by government as one well-constructed VIP toilet per household.
- In unserviced rural areas, use of the open veld has been the predominant form of sanitation. Here, as in unserviced urban areas, unimproved pit latrines have become a necessary alternative. Both methods pose serious health risks through the spread of disease (for example, contamination of ground water), as well as creating an environment which is unpleasant to look at and to smell.
- People's sanitation problems reflected the forms of infrastructure to which they had access:
 - those who had flushing toilets had problems with blockages and repairs;
 - those who had buckets had problems with disposal and smells and hygiene;
 - those who had pit latrines had problems with smells, fires, contamination of ground water, and the danger they presented to children.
- Infrastructure design had not taken full cognisance of health issues. This contributed to unsanitary conditions.
- A basic requirement from participants was that each house should have an individual toilet. There is great aversion to communal sanitation, which is seen as unhygienic and unacceptable.
- Decisions made at the household level (for example to construct a VIP) are simpler than those requiring community-wide agreement (for a communal latrine or demarcated area of open ground).
- Non-payment for services is frequently linked to poor quality of services (real or perceived), or to suspicion of metering and tariff systems. Non-payment in turn adversely affects service provision and is detrimental to relationships between communities and local authorities.

2. Health, Hygiene and Disease

- Most faecal-oral infection is food-borne or directly transmitted from unwashed hands and utensils used in the cooking of food. Safe hygiene practices can help to break the cycle of re-infection, thus reducing the incidence of disease.
- Handwashing, particularly before food preparation, is often not sufficiently recognised or practiced as an element in maintaining hygiene and health. This is particularly the case where adequate services are not available, pointing to a connection between service delivery and safe hygiene practice.
- There are four major household uses of water: for drinking, for the preparation of food, for washing of clothes and utensils, and for personal hygiene.
- When water is scarce, people prioritise the use of water for drinking and the preparation of food, to the detriment or even exclusion of personal hygiene.

- Erratic water supplies result in a "hoarding mentality": excess water supplies are stored, but after about two days, this water is seen as unfit for consumption and is then available for personal hygiene purposes.
- Both scarcity and irregularity in water supplies jeopardise personal hygiene practices, and contribute to faecal-oral re-infection through the use of unwashed utensils and through not washing hands after using the toilet.
- Cultural beliefs and practices are enduring, and often represent traditional wisdom regarding personal safety and resource management. Beliefs and practices sometimes have to be compromised or abandoned altogether when water and sanitation infrastructure (or the lack thereof) disallows such practices.

3. Health Promotion

- Recent policy approaches (for example the National Sanitation White Paper and the Department of Water Affairs and Forestry's guidelines for capacity building and training) emphasise the need to:
 - link the promotion of health and hygiene to issues of sanitation; and
 - integrate health promotion into the project cycle.
- Educational programmes around health promotion need to adopt participatory strategies which are both sustained and dynamic in order to contribute to changed attitudes and behaviour.
- Water supply and sanitation programmes should not exist in isolation, but need to be integrated into the development of physical, social, economic and institutional infrastructure.
- The roles and needs of women are crucial to any health promotion strategy, as women have particular health needs and are also traditionally responsible for child and family health. Women are also repositories of traditional knowledge about hygiene and health and therefore represent an important entry-point in community health promotion.

Conclusions

- It is important to distinguish between universal messages which are applicable to a wide target audience, from those which are specific to people living under similar conditions or engaging in similar health practices. Whereas the latter are most effectively conveyed through localised health promotion initiatives, the former may also be popularised as educational messages via the mass media.
- Both the specificity (as opposed to universality) of many water and sanitation issues, and the fact that people's health and hygiene behaviour depends on water and sanitation infrastructure, imply a supportive, rather than leading, role for the mass media in terms of health promotion.

- The role of the mass media at a national level needs to be conceptualised as an auxiliary strategy to "back up" local level initiatives which are better geared to address health and hygiene issues in the local context. The mass media's contribution should therefore be to raise awareness about those water and sanitation issues which have wide relevance.
- The mass media are well placed to augment the work of local government and NGO's through the widespread dissemination of basic and universally applicable information relating to health practices.
- The work of health promotion should fall to local government and non-governmental organisations (NGO's) through the agency of community health workers (CHW's) and the primary health care teams, including environmental health officers (EHO's). These agents are well placed to embark on health promotion programmes which need to be both intensive and sustained at a local and community level, and in conjunction with infrastructure development.

Recommendations

Health messages for the mass electronic media need to be concise, clear and simple. They also need to be messages that have general relevance, and that do not patronise or criticise any specific beliefs or practices. Messages need to encourage and support constructive interventions for water and sanitation development.

The work of health promotion should fall to local structures so that education is appropriately contextualised. The mass media should function in such a way as to support and augment localised health promotion and development strategies by promoting broad awareness and generic messages.

One of the recommendations arising from the Review of Water and Sanitation Related Health Education and Promotion Activities in South Africa, commissioned by HEATT in 1997, was the need to develop useful and accessible guidelines for those working in health promotion at community level:

"HEATT should publish guidelines for implementing health education and promotion in a document that is accessible to project managers, training agencies, health workers and others who may be involved in this sector. These guidelines should present the range of possibilities from the narrow 'bolt-on' approach to the development-oriented approach. It should present the latter as the ideal and deal with strategies for achieving this". (Clacherty et al, 1997: 105)

The key outcome of the research was the decision not to use the electronic media to carry national water and sanitation messages. This decision was taken in the light of the finding that information needs are dependent on a number of factors, and differ from area to area. Needs cannot be generalised, but are linked to contextual factors such as infrastructure, cultural beliefs and practices, and human and other resources.

Subsequent to the decision not to design water and sanitation materials for the electronic media, it has been agreed to use the research to inform the development of a reference manual for environmental health officers (EHO's) and community health workers (CHW's). This has been undertaken by Soul City in a consultative process with key players, including the HEATT task team.

The decision meant that funding originally allocated by the WRC for pre-testing the mass-media materials was instead utilised for the planning and workshopping of the print materials. This decision was taken in consultation with the WRC Steering Committee.

The manual, currently in its final draft phase, is entitled: *"Breaking the Rules : New Approaches to Promoting Health through Water and Sanitation in South Africa"*

The manual is designed to support the work of people who are implementing improvements to water and sanitation at a household level, and geared for use by environmental health officers, NGO workers, community health workers, activists, and any other people who are involved in local health promotion. It is designed as a user-friendly reference book, written in clear, accessible English, and comprises 16 distinct sections, as follows:

1. Which rules do we want to break to promote health through water and sanitation?
2. The burden of water and sanitation disease in South Africa
3. Diarrhoea
4. Worms
5. Parasites
6. Skin and eye diseases
7. Outbreak diseases
8. Provincial profiles of water and sanitation disease
9. Hygiene promotion
10. Sanitation promotion
11. Water supply
12. Water quality
13. Advocacy work for water and sanitation
14. Community actions to support water and sanitation
15. Women, the disabled and the elderly
16. Payment, subsidies and income generation

It is envisaged that the manual will be distributed through the provincial departments of Health, Environmental Health, Water Affairs and Forestry, as well as NGO's, technikons and academic training institutions. The manual should be available for distribution in mid-2000.