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Rapid Assessment Survey of Current Sanitation, Immunization and Contraception Status in Selected Unions of Bangladesh 2006

Mohammad Awlad Hossain
Ahmed Ali
Nazimuddin
Aroj Ali Joarder
Farid Ahmed

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**Mohammad Awlad Hossain
Ahmed Ali
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Research and Evaluation Division
BRAC Centre, 75 Mohakhali, Dhaka 1212, Bangladesh
E-mail: research@brac.net, Web: www.brac.net/research
Telephone: 88-02-9881265, 8824180-87

For more details about the report please contact: awlad.mh@brac.net

ABSTRACT

Since December 2004, BRAC has been implementing a programme with the target of achieving 100% sanitation in all households, 85% immunization of children and 70% use of contraception among eligible women by 2005 in 100 selected unions across the country. A rapid quantitative survey was conducted to assess the impact of the programme covering 480 households that were randomly selected across six division of BRAC health programme. The survey included four types of households: ultra poor, BRAC VO, VO of other NGOs VO, and non-VO non-poor. The study found a significant progress in achieving the target in the mean time. It was found that 89% of the households had the access to sanitary latrine including ring slab with water seal or without water seal. However, 79% of the household's adult members (both men and women) were currently using sanitary latrine. Still a remarkable proportion of children (<5 years) from all groups (36%) went anywhere for defecation. It was also found that adult and children of ultra poor households defecated anywhere more frequently than all other groups. Data reveal that the programme already covered 84% of immunization of children while 68% of eligible women were using contraception of any kind that is a little away to reach the target by the programme.

INTRODUCTION

The combination of safe drinking water and hygienic sanitation facilities is a precondition for health and well-being. Unfortunately, sanitation situation in Bangladesh is still low compared to safe drinking water. The percentage of people having access to improved sanitation is only 48% (WSP 2005). Many people die every year due to diarrhoeal diseases originated by unsafe latrines; most of them are children less than 5 years of age. In adopting the Millennium Development Goals (MDGs), Bangladesh pledged to ensure sanitation facilities to all households across the country with the assistance of various GO-NGO and development agencies by 2010. In response to this goal BRAC initially assisted to set up 10,000 sanitary latrines in Dhaka city. Following this, BRAC committed to GoB to implement total sanitation programme in Shibpur upazila under Narshingdi district and Bogra district (BRAC BHP circular-2004). Meanwhile, BRAC achieved the target of total sanitation programme in these two areas. In December 2004, BRAC decided to expand its sanitation programme in 100 selected unions across the country with the target of achieving 100% sanitation by 2005. In this programme, BRAC adopted the National Sanitation Policies and was involved as an active actor in different level of sanitation task force committees. In addition to sanitation programme, BRAC decided to contribute to achieve the target of national immunization and contraception in these selected unions. BRAC targeted that by 2005 the rate of immunization of children would be 85% and the rate of contraception would be around 70% in these unions (BRAC BHP circular-2004). In October 2006, a meeting was arranged to share the current status of the programme with senior and field level managements where some of the field staffs claimed that they had already achieved the total sanitation in their unions. In that meeting, it was decided that BRAC Research and Evaluation division would conduct a rapid study to assess the current status of sanitation, immunization and contraception in these selected unions.

OBJECTIVES

The main aim of this study is to assess the impact of the programme in terms of using sanitary latrine in all households, achieving immunization among the 12-23 months old children and contraception among currently married non-pregnant women of reproductive age in selected unions.

SPECIFIC OBJECTIVES:

- To assess current knowledge towards safe sanitation and the source of information obtained.
- To assess the level of safe latrine practices in the study area.
- To assess the practice of basic hygiene rules regarding use of latrine.
- To assess the progress of immunization of children aged 12-23 months.
- To assess the status of contraception used by eligible women in the study areas.

METHODOLOGY

The study was conducted in all divisions (six) of BRAC health programme across the country. Two unions of each division were randomly drawn covering 12 unions. This was followed by randomly selecting one village from each union, giving a total of 12 villages. Again, 40 households from each village were randomly selected to collect data, covering a total of 480 households. The data were collected from four types of households: ultra poor, BRAC VO, Other NGOs VO and non-VO non-poor. Initially, it was decided to interview equal number of respondents from each group of household. However, it was not possible due to lack of sufficient number of ultra poor and NGOs members in some areas. As a result, the number of respondents of each group remained unequal. A pre-tested structured questionnaire was used to collect data. The data were collected by the researchers and trained interviewers during 01-08 November 2006. Almost all respondents were female. The entire data were manually checked and edited for completeness and consistency. Then data were analyzed using SPSS (version 11.5).

RESULTS

Table 1. Socio-economic profile of households (%)

Profile	%	(n=480)
% HH have children aged 12-23 months	14.16	68
No. of Children aged 12-23 months	-	70
% HH have currently married non-pregnant woman aged 15-49 yr	89.60	418
No. of currently married non-pregnant women aged 15-49 yr	-	466
HH head occupation		
Agriculture	21.5	103
Business	14.4	69
Wage labour	9.8	47
Service	10.4	50
Rickshaw/van puller	10.8	52
Fisherman	5.2	25
Small trade	4.2	20
Housewife	7.7	37
Others	16.0	77
HH head education (schooling)		
None	47.9	230
1-5	22.9	110
6-9	16.3	78
SSC+	12.9	62
HH own homestead land (decimal)		
None	4.6	22
1-10	70.8	340
11-20	15.4	74
21+	9.2	44
HH's main living room		
Jhupree	8.8	42
Two/four fold shade	73.5	353
Pucca	17.7	85
Self-rated poverty status		
Deficit	35.0	168
Break-even	26.7	128
Surplus	38.3	184

Table 2. Distribution of respondents by awareness about sanitary latrine (%)

Indicator	Respondents				
	Ultra poor (n= 64)	BRAC VO (n= 132)	Other NGO VO (n= 130)	Non VO (n= 154)	Total (n=480)
Know	81.3	91.7	86.9	92.9	89.4
Don't know	18.7	8.3	13.1	7.1	10.6
Total	100.0	100.0	100.0	100.0	100.0

Table 3. Distribution of respondents by source of information on sanitation (%)

Sources	Respondents				
	Ultra poor (n= 52)	BRAC VO (n= 121)	Other NGO VO (n= 113)	Non VO (n= 143)	Total (n=429)
Mass media	21.2	28.9	36.3	65.7	42.2
BRAC	78.8	76.0	42.5	14.7	47.1
Other NGOs	13.5	23.1	54.0	14.7	27.3
Neighbor/elite	23.1	23.1	23.0	42.0	29.4
Others (School etc.)	11.5	6.6	11.5	14.7	11.2

* Multiple responses considered

Table 4. Distribution of respondents by perceived consequences of using unsafe latrines (%)

Indicators	Respondents				
	Ultra poor (n= 60)	BRAC VO (n= 126)	Other NGO VO (n= 127)	Non VO (n= 152)	Total (n=465)
Diarrhea/dysentery	98.3	97.6	99.2	100.0	98.9
Skin diseases	1.7	1.6	1.6	3.9	2.4
Worm infection	5.0	1.6	3.1	3.3	3.0
Others	3.3	7.1	6.3	5.9	6.0

* Multiple responses considered

Table 5. Distribution of respondents by correct concept of safe sanitation and practices (%)

Indicators	Respondents				
	Ultra Poor (n= 56)	BRAC VO (n= 124)	Other NGO VO (n= 124)	Non VO (n= 149)	Total (n=453)
Using sandal	66.1	77.4	74.2	73.2	73.7
Hold pot with right hand	23.2	4.8	7.3	3.4	7.3
Use soap/ash after defecation	92.9	94.4	90.3	96.6	93.8
All member will use latrine	5.4	9.7	8.1	9.4	8.6
Time to time cleanliness	23.2	31.5	30.6	36.2	31.8

* Multiple responses considered

Table 6. Distribution of respondents by places of defecation for children under 5 years of age (%)

Indicators	Respondents				
	Ultra poor (n=52)	BRAC VO (n=99)	Other NGO VO (n=104)	Non VO (n=108)	Total (n=363)
Anywhere	57.7	39.4	35.6	22.2	35.8
Pit	5.8	7.1	4.8	4.6	5.5
Ring slab (with water seal)	9.6	19.2	14.4	19.4	16.5
Ring slab (without water seal)	26.9	22.2	26.9	11.1	20.9
Sanitary latrine	0.0	12.1	18.3	42.6	21.2
Total	100.0	100.0	100.0	100.0	100.0

Table 7. Distribution of respondents by places of defecation for adult household members (%)

Indicators	Respondents									
	Ultra poor		BRAC VO		Other NGO VO		Non VO		Total	
	Men (n=63)	Women (n=64)	Men (n=130)	Women (n=132)	Men (n=130)	Women (n=130)	Men (n=151)	Women (n=154)	Men (n=474)	Women (n=480)
Anywhere	23.8	21.9	14.6	14.4	16.9	16.2	4.6	3.2	13.3	12.3
Pit	11.1	10.9	11.5	11.4	6.9	7.7	7.3	7.1	8.9	9.0
Ring slab (with water seal)	22.2	23.4	26.2	26.5	21.5	21.5	24.5	23.4	23.8	23.8
Ring slab (without water seal)	41.3	42.2	35.4	34.8	37.7	37.7	17.2	17.5	31.0	31.0
Sanitary latrine	1.6	1.6	12.3	12.9	16.9	16.9	46.4	48.7	23.0	24.0
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

Table 8. Distribution of households by types of latrine seen during observation (%)

Indicators	Households				
	Ultra poor (n=51)	BRAC VO (n=113)	Other NGO VO (n=109)	Non VO (n=149)	Total (n=422)
Pit	13.7	13.3	10.1	8.7	10.9
Ring slab (with water seal)	21.6	21.2	18.3	17.4	19.2
Ring slab (without water seal)	62.7	49.6	50.5	22.8	41.9
Sanitary latrine	2.0	15.9	21.1	51.0	28.0
Total	100.0	100.0	100.0	100.0	100.0

Table 9. Distribution of households by properly maintained latrines seen during observation (%)

Indicators	Households				
	Ultra poor (n=51)	BRAC VO (n=113)	Other NGO VO (n=109)	Non VO (n=149)	Total (n=422)
Cleanliness	39.2	35.4	42.2	67.8	49.1
No bad smell	37.3	41.6	42.2	65.8	49.8
Adequate water near latrine	27.5	40.7	36.7	67.1	47.4
Soap or ash near latrine	2.0	14.2	10.1	34.9	19.0
Enclosure	86.3	96.5	92.7	98.0	94.8

Table 10. Distribution of respondents by source of expenditure for installing latrines (%)

Indicators	Respondents				
	Ultra poor (n=41)	BRAC VO (n=86)	Other NGO VO (n=90)	Non VO (n=135)	Total (n=352)
Self	82.9	82.6	82.2	95.6	87.5
BRAC	9.8	0.0	1.1	0.0	1.4
Government	2.4	3.5	3.3	0.7	2.3
Combined	4.9	14.0	13.3	3.7	8.8
Total	100.0	100.0	100.0	100.0	100.0

Table 11. Distribution of respondents by source of motivation for installing latrines (%)

Indicators	Respondents				
	Ultra poor (n=43)	BRAC VO (n=102)	Other NGO VO (n=101)	Non VO (n=136)	Total (n=382)
Self	41.9	65.7	64.4	94.1	72.8
BRAC	30.2	6.9	7.9	0.7	7.6
Government	23.3	12.7	12.9	2.2	10.2
Combined	4.7	8.8	7.9	2.9	6.0
Others (neighbours, elite etc.)	0.0	5.9	6.9	0.0	3.4
Total	100.0	100.0	100.0	100.0	100.0

Table 12. Distribution of children aged 12-23 months by status of immunization (%)

Indicators	Respondents				
	Ultra poor (n= 10)	BRAC VO (n=21)	Other NGO VO (n= 16)	Non VO (n= 23)	Total (n= 70)
Presence of card					
Yes	100.0	95.2	93.8	91.3	94.3
No	0.0	4.8	6.3	8.7	5.7
Status of all doses of immunization					
Completed	80.0	100.0	87.5	69.6	84.3
Not completed	20.0	0.0	12.5	13.0	10.0
Partially completed	0.0	0.0	0.0	4.3	1.4
Continue	0.0	0.0	0.0	13.0	4.3
Total	100.0	100.0	100.0	100.0	100.0

Table 13. Distribution of children aged 12-23 months by causes of not giving immunization (%)

Indicators	Respondents				
	Ultra poor (n=2)	BRAC VO (n=0)	Other NGO VO (n=2)	Non VO (n=4)	Total (n=8)
Children's illness	0.0	-	50.0	0.0	12.5
HW didn't visit/say	0.0	-	0.0	50.0	25.0
No accompanied persons	0.0	-	50.0	25.0	25.0
Mother's illness	100.0	-	0.0	25.0	37.5
Total	100.0	-	100.0	100.0	100.0

Table 14. Distribution of currently married non-pregnant women aged 15-49 years by status of contraception used (%)

Indicators	Respondents				
	Ultra poor (n= 58)	BRAC VO (n= 125)	Other NGO VO (n= 131)	Non VO (n= 152)	Total (n=466)
Using method of contraception	60.3	76.0	70.2	61.8	67.8
Not using methods	39.7	24.0	29.8	38.2	32.2
Total	100.0	100.0	100.0	100.0	100.0

Table 15. Distribution of currently married non-pregnant women aged 15-49 years by methods of contraception used (%)

Indicators	Respondents				
	Ultra poor (n= 35)	BRAC VO (n= 95)	Other NGO VO (n= 92)	Non VO (n= 94)	Total (n=316)
Pill	65.7	67.4	62.0	69.1	66.1
Injection	20.0	12.6	14.1	9.6	13.0
Copper -T	0.0	1.1	3.3	1.1	1.6
Ligation	8.6	12.6	15.2	10.6	12.3
Safe time	0.0	1.1	1.1	3.2	1.6
Condom	5.7	4.2	2.2	6.4	4.4
Vasectomy	0.0	1.1	2.2	0.0	1.0
Total	100.0	100.0	100.0	100.0	100.0

Table 16. Distribution of currently married non-pregnant women aged 15-49 years by source of contraception methods (%)

Indicators	Respondents				
	Ultra poor (n= 35)	BRAC VO (n= 95)	Other NGO VO (n= 92)	Non VO (n= 94)	Total (n=316)
Shastho Sebika (SS)	17.1	13.7	15.2	6.4	12.3
FWV/FWA	54.3	31.6	23.9	18.1	27.8
Pharmacy	8.6	17.9	25.0	45.7	27.2
Grocery shop	5.7	6.3	2.2	2.1	3.8
Bazar	5.7	9.5	9.8	10.6	9.5
Thana Health Complex (THC)	8.6	20.0	22.8	12.8	17.4
Others	0.0	1.1	1.1	4.3	2.0
Total	100.0	100.0	100.0	100.0	100.0

KEY FINDINGS

1. Data revealed that 89% respondents were aware about sanitary latrine, but still low among ultra poor households (81%) than all other groups.
2. Around 47% households came to know about sanitary latrine from BRAC followed by mass media (42%). Ultra poor and BRAC VO members received the message mostly through BRAC (79% and 76% respectively) while non-VO non-poor households received this message through mass media (66%).
3. It was found that around 79% of the total households' adult members (both men and women) were currently using sanitary latrine including ring slab with water seal or without water seal. But the proportion of using sanitary latrine is very low among ultra poor households. Also, the proportion of defecating anywhere was highest among the ultra poor households (24% for men and 22% for women).
4. Still a remarkable proportion of children (<5 years) from all groups (36%) went to anywhere for defecation. It is also found that ultra poor children went to anywhere more frequently (58 %) than all other groups.
5. Most of the households of the study areas installed the latrine by self-motivated (73%), highest among non-VO non-poor households (94%) while only 7% households installed latrines by BRAC motivation, highest among ultra poor households (30%). Also, most of the households set up their latrines by their own finance (87%).
6. Data revealed that around 94% of total respondents were aware about "using soap/ash after defecation" followed by "using sandal" (74 %) than other concepts of sanitation. It is interesting to

note that ultra poor households mentioned “holding pot with right hand” more frequently (23%) than all other groups. It could be that the ultra poor members got the opportunity to receive the message through various group meetings provided by BRAC more frequently than other groups.

7. Diarrhea/dysentery was cited as a major consequence of using unsafe latrines by almost all the respondents (around 99%).
8. It was found during observation that still around 11% households were using pit latrines, highest in ultra poor and BRAC VO households (14% and 13% respectively). The programme is still to reach 100% sanitized households though a remarkable change has been observed since its inception.
9. It was clear from the data that non-VO non-poor HHs could properly maintain latrines compared to other groups.
10. Data revealed that 84% of the children had completed immunization of all doses, highest in BRAC VO (100%) and lowest in non-VO non-poor groups (69%). Mothers’ illnesses (37%) were cited as prime factor for not giving immunization of the children. It is seen that the programme already about to reach its target (85%) regarding immunization by this time.
11. It was found that 68% of the eligible women of the study area were using contraception of any kind, highest in BRAC VO members (76%). Pills (66%) were most frequently used followed by injection (13%) and ligation (12%). It is seen that the programme is a little away to reach the target of using contraception (70%) by eligible women.
12. The eligible women gathered the contraception mostly from FWV/FWA (28%) and pharmacy (27%) whereas most ultra poor gathered from FWV/FWA (54%) and most non-VO non-poor gathered from pharmacy (46%).