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Sanitation Marketing: A Systematic Review and Theoretical Critique Using the Capability Approach

Keywords: Well-being, WaSH, human right, dignity, status, consumption

Abstract

Sanitation is a human right that benefits health. As such, technical and behavioural interventions are widely implemented to increase the number of people using sanitation facilities. These include sanitation marketing interventions (SMIs), in which external support agencies (ESAs) use a hybrid of commercial and social marketing tools to increase supply of, and demand for, sanitation products and services. However, there is little critical discourse on SMIs, or independent rigorous analysis on whether they increase or reduce well-being. Most available information is from ESAs about their own SMI implementation.

We systematically reviewed the grey and peer-reviewed literature on sanitation marketing, including qualitatively analysing and calculating descriptive statistics for the parameters measured, or intended to be measured, in publications reporting on 33 SMIs. Guided by the capability approach to development we identified that publications for most SMIs (n = 31, 94%) reported on commodities, whilst fewer reported on parameters related to impacts on well-being (i.e., functionings, n = 22, 67%, and capabilities, n = 20, 61%). When evaluating future SMIs, it may be useful to develop a list of contextualised well-being indicators for the particular SMI’s location, taking into account local cultural norms, with this list ideally co-produced with local stakeholders.

We identified two common practices in SMIs that can reduce well-being and widen well-being inequalities; namely, the promotion of conspicuous consumption and assaults on dignity, and
we discuss the mechanisms by which such impacts occur. We recommend that ESAs understand sanitation marketing’s potential to reduce well-being and design SMIs to minimize such detrimental impacts. Throughout the implementations phase ESAs should continuously monitor for well-being impacts and adapt practices to optimise well-being outcomes for all involved.

1. Introduction

Good sanitation can have profound positive impacts on human health, defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1948, p. 1). For instance, good sanitation is associated with improved physical well-being through reducing disease burden (Prüss-Ustün et al., 2014; Wolf et al., n.d.), and reducing childhood stunting (Spears et al., 2013; Wolf et al., n.d.). Sanitation also supports human capital development through economic benefits (Hutton et al., 2007) and increased school attendance by females (Jasper et al., 2012). For the purposes of this article, we consider individual well-being as equivalent to health, holistically incorporating social, mental and physical attributes.

Acknowledging sanitation’s profound impact on human development, in 2015 the United Nations General Assembly recognised sanitation as a standalone human right (United Nations, 2015a). In addition, in 2015, many countries committed to achieving the Sustainable Development Goals (SDGs) by 2030. Goal 6 of the SDGs is to ensure the sustainability and availability of water and sanitation for all, and underlying all seventeen SDGs is the objective to create a world where “physical, mental and social well-being are assured”, aligned with the WHO’s definition of health (United Nations, 2015b, p. 3).

Commercial markets (those developed through the purposeful action of business operators in response to the consumption-needs and buying-decisions of independent consumers) for sanitation have arisen independently throughout history (Cairncross, 2003; Schaub-Jones, 2010).
However, in attempts to achieve SDG 6, some external support agencies (ESAs, e.g. government agencies, community service organisations) attempt to foster sanitation markets through sanitation marketing interventions (SMIs). In SMIs, ESAs often recruit sanitation entrepreneurs to operate commercial enterprises within their communities. These entrepreneurs sell products and/or services within one or more of the following sub-markets: building or selling components of infrastructure (e.g., toilets, pits, tanks); managing pay-per-use toilets; and managing excreta and wastewater. The term ‘sanitation marketing’ has been coined to describe this as “the application of the best social and commercial marketing practices to change behavior and to scale up the demand and supply for improved sanitation, particularly among the poor” (Devine and Kullmann, 2011, p. 5).

In commercial marketing, business operators systematically develop, price, promote, and deliver solutions to address consumption needs. These actions are targeted at consumer segments, and differentiated from the actions of competing business operators (Varadarajan, 2011). By comparison, social marketing is applied “to develop and integrate marketing concepts with other approaches to influence behaviours that benefit individuals and communities for the greater social good” (iSMA et al., 2013). A distinguishing feature of social marketing is that it declares a goal of improving personal and societal welfare rather than economic value creation and appropriation (Kotler and Zaltman, 1971); whereas commercial marketing promotes economic growth, which may ‘trickle down’ to social development.

Through a hybrid of commercial and social marketing, many SMIs may seek to improve sanitation (a social good) by engaging entrepreneurs and consumers in an economic exchange. True to both traditions, SMIs attempt to influence individual purchasing behaviour in targeted groups (Jenkins, 2004). Toolkits and guides to foster supply and demand for sanitation have been published, particularly by USAID (Jenkins and Scott, 2010) and World Bank (Devine and Kullmann, 2011), with region- and country-specific manuals produced by non-governmental organisations and government agencies (e.g., Federal Democratic Republic of Ethiopia Ministry of Health, 2013; Live & Learn Environmental Education and Lanaway, 2011). There is a growing community of practice, evidenced
by reports and discussions of projects across the globe (e.g., SanMark Community of Practice, 2017; Sustainable Sanitation Alliance, 2017a).

However, sanitation interventions have been shown to reduce well-being under certain conditions (Jones et al., 2013). For example, it has been shown that individuals have suffered physical injury or death through the use of inadequate building materials (Hanchett et al., 2011a) or having stones thrown at them by other community members as punishment for openly defecating (Chatterjee, 2011). Yet there is little critical discourse on SMIIs, or independent rigorous analysis of their impacts, be them positive or negative (Bartram, 2008). Most information on SMI impacts is provided by ESAs themselves, rather than by independent evaluators (Gero et al., 2014; London and Esper, 2014).

We systematically reviewed the grey and peer-reviewed literature on sanitation marketing, including qualitatively analysing and calculating descriptive statistics for the parameters measured, or intended to be measured, in publications reporting on 33 SMIIs. We did so by undertaking a theoretical critique through the lens of the capability approach (CA) to development (Sen, 1999). The CA provides a useful normative framework to evaluate SMIIs as it is a philosophical movement that advocates for human development as the enhancement of well-being rather than an expansion of material prosperity (Clark, 2005a; Robeyns, 2005). Conceptually, the CA adds two important new concepts to the conventional welfare economic paradigm of commodities providing utility - functionings and capabilities. Functionings concern what an individual is able to meaningfully do in their daily life with a given bundle of commodities. For example, in the sanitation context, being able to overcome a felt stigma of open defecation given the commodity of a private toilet. Capabilities refer to a broader set of functionings attainable by an individual presently and in the future (Clark, 2005b; Sen, 1999). For example, by using a sanitation commodity such as a toilet, there may be opportunities to not only overcome stigma, but also to achieve better health, pursue employment prospects and avoid social conflict. Together, functionings and capabilities represent an individual’s well-being. The CA approach holds that it is an individual’s functionings and capabilities
that enable real value to be realised from commodities and improve that individual’s quality of life.

Although the CA would not deny the important role of “economic growth and the expansion of goods and services” (Clark, 2005a, p. 3), it helps broaden the focus of social programs to the lives that people can lead rather than exclusively concentrating on commodities (Sen, 1985). In this way, it shifts the inquiry from what is done for individuals and communities by ESAs toward what they are themselves consequently able to do in their lives; “the people have to be seen, in this perspective, as being actively involved – given the opportunity – in shaping their own destiny” (Sen, 1999, p. 53).

Our systematic review allowed us to investigate SMIs through the lens of the CA to understand which parameters of SMIs are commonly measured, or are intended to be measured, and whether methods are described for collecting such data. It also allowed us to investigate common practices in sanitation marketing that may reduce well-being, and how many of the SMIs studied used such practices. Based on the results of our review, we discuss how specific sanitation marketing practices may lead to reductions in individual well-being, and provide advice for ESAs intending to develop and implement SMIs.

2. Method

2.1 Systematic review

A systematic method was used to search for English language publications which discussed or reported on sanitation marketing (according to the definition given by Devine and Kullmann, 2011, where a program must include both social and commercial marketing components to be considered sanitation marketing) in low- and middle-income countries (as defined by World Bank, 2017a) Criterion 1). After reviewing publications which met Criterion 1, publications which reported on one or more SMIs and gave details of what parameters are measured, or are intended to be measured (Criterion 2), were analysed (Figure 1).
The peer-reviewed literature search began with a Web of Science query on the 12th April 2016 for “sanitation” and “marketing”, which returned 581 results. The titles of these records were screened according to Criterion 1 (and abstracts where titles did not provide enough information to screen for Criterion 1), resulting in sixty-four articles. The full-text of each of these articles was assessed to determine whether they met Criterion 2. To identify grey literature records for inclusion the following sources were searched: bibliographies of the 64 peer-reviewed articles which met Criterion 1, USAID’s list of sanitation marketing in their target countries (Godfrey et al., 2010, pp. 77–83), projects listed on the websites of the Sanitation Marketing Community of Practice (SanMark Community of Practice, 2017), WASH Alliance International (Akvo RSR, 2017), Sustainable Sanitation Alliance (Sustainable Sanitation Alliance, 2017b) and The World Bank’s Open Knowledge Repository (World Bank, 2017b); and projects listed on the websites of organisations known to have been involved in sanitation marketing (Concern Worldwide, iDE, Oxfam, Peepoo, Plan International, Population Services International, Sanergy, SNV, SOIL, Unicef, Water for People and WaterAid). The titles of these records were screened according to Criterion 1, resulting in 123 records. The full-text of each of these records that met Criterion 1 was assessed to determine whether it met Criterion 2.

**2.2 Analysis**

The CA requires that a SMI should monitor functionings to get a true sense of utility (e.g., satisfaction, happiness) to an individual, and the capabilities an individual has to achieve a desired combination of functionings. As such, the 58 publications reporting on the 33 SMIs that met Criterion 2 were deductively coded using NVivo11 according to whether or not they measured (actual or intent) parameters representing commodities, functionings or capabilities (Corbin and
Note that the number of SMIs does not equal the number of publications, as some publications reported on multiple SMIs and some of the same SMIs were reported on in multiple publications as detailed in Supporting Information Table SI1. Individual parameters were then inductively coded within these three categories as they emerged (see Table SI2 for codebook). An alternative would have been to construct a pre-determined, fixed list of functionings and capabilities deemed central to human living (see Nussbaum, 2011). However, as Sen (2004) points out, no list can be ‘definitive’ or ‘objectively correct.’ That would neither be practical, as the priorities of functionings and capabilities would differ across cultural and geographic contexts (Clark, 2005a), nor strategic, as the list would vary in length and scope based on the nature of the assessed interventions. For each SMI child node, parameters that were measured or intended to be measured were recorded as well as whether the measurement method was described (Figure 2 and Table SI1). Where well-being was reported as having been reduced, the cause reported by the author of the SMI publication/s was noted and investigated using the CA framework. Since a lack of monitoring or reporting does not mean interventions have not impacted on well-being, all 58 publications were then re-reviewed to determine whether they reported practices which the CA suggest may reduce well-being.

3. Results

Almost all SMIs (n = 31; 94%) measured parameters relating to sanitation commodities, while far fewer SMIs reported measuring parameters relating to functionings (n = 22; 67%) and capabilities (n = 20; 61%). The method used to measure these latter two parameter types was sometimes not described (9 of the 33 reported occurrences of a functioning being measured, and 12 of the 59 reported occurrences of a capability being measured, did not describe the method used to collect such data) (Figure 2).
Despite a general lack of information on the well-being impacts of SMIs, in four cases, well-being was reported as having been reduced (Table 1). In Bangladesh, authors cited the cause of death or injury as the use of inappropriate building materials (Hanchett et al., 2011a, 2011b). In Malawi, social unrest was stated to have been caused by the subsidising of entrepreneurs though the SMI, but not consumers. In Papua New Guinea and Pakistan the authors of the publications attributed reduced well-being to the use of strategies that appeal to people’s desires to increase their social status or improve their dignity (AAN Associates, 2013; Wicken, 2012). Our full-text review of the 187 publications which met Criterion 1 identified that these two practices are common in SMIs because “latrine adoption is rarely motivated by messages about health benefits alone. More important are the immediate and direct benefits of increased convenience, comfort, cleanliness, privacy, safety, and prestige offered by home sanitation” (Jenkins, 2004, p. 3). However, the CA suggests that appealing to individuals to increase social status or dignity may be detrimental to well-being when imposed without an assessment of fit with local values (Clark, 2002), and shame is damaging to psycho-social health in Community-Led Total Sanitation programs (Bateman and Engel, 2017). The core of the problem is that it could be paternalistic for practitioners of sanitation to lay down sanitation-related markers and principles of good culture for other cultures and societies (Clark, 2002; Engel and Susilo, 2014). These practices, broadly defined as the promotion of conspicuous consumption and assaults on individual dignity, were identified in several of the SMIs (conspicuous consumption n = 16, 48%; assaults on individual dignity n = 10, 30%).
4. Discussion

This systematic review demonstrates that although commodities, most commonly in the form of the number of households which have access to sanitation (access/coverage/sales/ownership parameter, n = 31, 94%), are reportedly measured for most SMIs, the impacts of such interventions on well-being (i.e., functionings and capabilities) are often not measured (Figure 2). For example, despite prestige and dignity being considered major drivers of consumption in SMIs (e.g., Jenkins and Curtis, 2005), only publications reporting on a few SMIs measured, or intended to measure, the SMI’s impact on pride or prestige (n = 6, 18%). In cases where well-being parameters were reportedly measured, there was often no description given of the measurement method used, and we are thus left to wonder how the publications are able to provide such data. If the aim of an SMI is to contribute to achieving SDG 6, including not just universal access to sanitation commodities but also where “physical, mental and social well-being are assured” (United Nations, 2015b, p. 3), it needs to be understood whether and how it is contributing to well-being. Although only two SMIs were reported to reduce well-being through the promotion of conspicuous consumption and assaults on the dignity of individuals, these practices are seemingly widespread in SMIs, many of which have not previously considered or monitored for the beneficial or detrimental impacts of such practices on well-being.

Desire for status and prestige motivates much consumptive behaviour (Eastman et al., 1999; O’Cass and McEwen, 2004). In both the grey literature and peer-reviewed publications, the purchase, use, display and consumption of products and services are reported sources of social status or prestige, regardless of functional performance. By placing emphasis on ‘status’ in promotional/advertising materials (Sijbesma et al., 2010), also known as promoting conspicuous
consumption, SMIs create a situation in which poorer consumers aspire to improve their sanitation so as to achieve parity with their richer neighbours (e.g., Narracott and Norman, 2011). However, this increases anxiety. Further, emphasising sanitation as a ‘status’ symbol may induce a divide in self-worth between those who have acquired social status and those who have not. Self-worth (or self-esteem) reflects one’s own worth, value, or importance (Blascovich and Tomaka, 1991). It is a capability linked to social and mental well-being. Low self-esteem is undesirable as it is associated with debilitating conditions such as depression (Shaver and Brennan, 1991), social anxiety (Leary, 1983), and alienation (Kanungo, 1979). These conditions constrain individuals, and in turn, can reduce their ability to achieve specific functionings from a given set of commodities. In other words, these conditions begin to represent reduced capabilities to function and reduced achieved functionings (i.e., reductions in well-being).

In several of the SMIs reviewed, messages of improving status through the purchase of a latrine were used to promote sales. For example, in Cambodia WaterSHED advocated for the “Promotion of status, pride... use of peer pressure; toilet as a status symbol” (Pedi et al., 2014, p. 11). However, if two people have the same sanitation system prior to a SMI, and one purchases a more aspirational system, the former would likely experience increased self-worth and the latter a decrease; creating a social or hierarchical gap. A conundrum then arises from the contrast of individual and collective physical health impacts. If a large proportion of a community have and use sanitation, this protects physical health community-wide, improving the well-being of those who have not, as well as those who have improved their sanitation (Fuller and Eisenberg, 2016). Thus, SMIs that promote conspicuous consumption may improve the physical well-being of the collective at the expense of the mental and social well-being of individuals.

Sanitation marketing interventions may also erode people’s sense of individual dignity (i.e. how a person perceives themselves and how others perceive them as being worthy of respect) (Spiegelberg, 1986). Whilst an experience of dignity is a human right (United Nations, 1948), particularly with regards to sanitation (Langford et al., 2017), people around the world live in
conditions that make it difficult to experience what they consider a minimally decent life (Sen, 1999).

Since dignity is associated with an individual’s personal life goals and social circumstances (Albers et al., 2011), social interventions such as SMI s have the potential to enhance or detract from it.

The development of the central character Lik Telek (‘Uncle Shit’) in a World Bank-funded SMI in East Java illustrates the potential for damage to individual dignity. By creating a character, Lik Telek, who defecates in the open and is vilified, it may impose a sense of embarrassment on members of the target population. Posters from the campaign are available online (World Bank, 2017c), and as well as visually portraying Lik Telek as potentially undesirable, they include captions stating:

“Use a closet, no stench and no flies. Build walls so you don’t have to be embarrassed and stop spreading disease.”

“Open defecation spreads disease and stench, shameful isn’t it?”

“The trouble you have with no toilet at home. While enjoying yourself, you have to company the lady to poo. Urrghh… the nocturnal animal lurks. It’s a scary night!! And watched by Lik Telek!!!”

(quotes translated from Indonesian)

Another World Bank-funded SMI distributed t-shirts with captions stating that one would become a “laughing stock” if they did not purchase an improved toilet with walls and a door (World Bank, 2017d). This may directly assault dignity, as dignity is felt via one’s awareness of their own status, both in one’s eyes and in the eyes of others (Resnik and Suk, 2003). Similar sanitation advertising materials are frequently used in low and middle-income countries, in print media, videos, radio soap operas, and workshops (for further examples see World Bank, 2017e).

A decline in dignity causes distress (Chochinov et al., 2008). Albers et al. (2011) categorise distress from loss of dignity into physical, mental, and social well-being aspects. At a physical level, not being able to carry out tasks of daily living, such as defecating in peace, is cited as an important
aspect of dignity distress. As such, when the open defecating population is already distressed due to a lack of the physical aspect of dignity, a SMI stands to mount an additional assault. At a psychological level, feeling anxious or depressed and therefore not being able to think clearly is a leading dimension of dignity distress. By goading people to think negatively about open defecation, SMIs compromise this aspect of dignity and reduce mental well-being. Furthermore, with regards to social well-being, feeling that one is a burden to others is a dimension of dignity distress. For example, by positioning Lik Telek as a menace to the community because he causes stench, spreads flies and disease, pollutes the waterways, and is a bad influence, the campaign very likely causes dignity distress. The caption of one of the posters illustrates this: “My village is clean & healthy. No stench, no flies, and no more Lik Telek. The whole village is more dignified” (World Bank, 2017c).

It may be argued that temporary loss of dignity leading to the adoption of behaviours (e.g., using sanitation) that are beneficial to both the individual and collective (particularly with regards physical health) is tolerable. However, this argument is only sound so long as the remedy is universally achievable. This is unlikely the case in all SMIs because disadvantaged members of communities who are unable to have and use sanitation will also suffer an attack on their dignity. Their physical well-being may be improved through collective effects, but the SMI may have reduced their individual mental and social well-being.

5. Conclusions and implications

There are potential detrimental impacts of SMIs on social and mental well-being, yet our review indicates that often well-being parameters are not measured during or following SMI implementation, and that even where they are reported as having been measured, the associated publications often do not explain how such data was collected. We recognise that our list of well-being parameters may be incomplete (i.e., there may be important parameters that are not
measured in the SMIs reviewed and thus not inductively identified here), or may include parameters
which are not considered important by individuals everywhere, however, it serves as a starting point
for evaluating the impacts of SMIs on well-being. When evaluating future SMIs, it may be useful to
develop a list of contextualised well-being indicators for the particular SMI’s location, taking into
account local cultural norms, with this list ideally co-produced with local stakeholders. We
recommend that during the design and implementation phase of SMIs, ESAs understand sanitation
marketing’s potential to reduce well-being and monitor for this throughout implementation,
adapting practices to ensure continuous improvement.

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