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**Article:**

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<https://doi.org/10.1016/j.socscimed.2017.10.021>

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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

23 we discuss the mechanisms by which such impacts occur. We recommend that ESAs understand  
24 sanitation marketing's potential to reduce well-being and design SMIs to minimize such detrimental  
25 impacts. Throughout the implementations phase ESAs should continuously monitor for well-being  
26 impacts and adapt practices to optimise well-being outcomes for all involved.

27

## 28 **1. Introduction**

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

37 Acknowledging sanitation's profound impact on human development, in 2015 the United  
38 Nations General Assembly recognised sanitation as a standalone human right (United Nations,  
39 2015a). In addition, in 2015, many countries committed to achieving the Sustainable Development  
40 Goals (SDGs) by 2030. Goal 6 of the SDGs is to ensure the sustainability and availability of water and  
41 sanitation for all, and underlying all seventeen SDGs is the objective to create a world where  
42 *"physical, mental and social well-being are assured"*, aligned with the WHO's definition of health  
43 (United Nations, 2015b, p. 3) .

44 Commercial markets (those developed through the purposeful action of business operators  
45 in response to the consumption-needs and buying-decisions of independent consumers) for  
46 sanitation have arisen independently throughout history (Cairncross, 2003; Schaub-Jones, 2010).

47 However, in attempts to achieve SDG 6, some external support agencies (ESAs, e.g. government  
48 agencies, community service organisations) attempt to foster sanitation markets through sanitation  
49 marketing interventions (SMIs). In SMIs, ESAs often recruit sanitation entrepreneurs to operate  
50 commercial enterprises within their communities. These entrepreneurs sell products and/or services  
51 within one or more of the following sub-markets: building or selling components of infrastructure  
52 (e.g., toilets, pits, tanks); managing pay-per-use toilets; and managing excreta and wastewater. The  
53 term ‘sanitation marketing’ has been coined to describe this as *“the application of the best social  
54 and commercial marketing practices to change behavior and to scale up the demand and supply for  
55 improved sanitation, particularly among the poor”* (Devine and Kullmann, 2011, p. 5).

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

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

73 by reports and discussions of projects across the globe (e.g., SanMark Community of Practice, 2017;  
74 Sustainable Sanitation Alliance, 2017a).

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

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

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

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

113

## 114 **2. Method**

### 115 **2.1 Systematic review**

116 A systematic method was used to search for English language publications which discussed or  
117 reported on sanitation marketing (according to the definition given by Devine and Kullmann, 2011,  
118 where a program must include both social and commercial marketing components to be considered  
119 sanitation marketing) in low- and middle-income countries (as defined by World Bank, 2017a)  
120 Criterion 1). After reviewing publications which met Criterion 1, publications which reported on one  
121 or more SMIs and gave details of what parameters are measured, or are intended to be measured  
122 (Criterion 2), were analysed (Figure 1).

123 The peer-reviewed literature search began with a Web of Science query on the 12th April 2016  
124 for “sanitation” and “marketing”, which returned 581 results. The titles of these records were  
125 screened according to Criterion 1 (and abstracts where titles did not provide enough information to  
126 screen for Criterion 1), resulting in sixty-four articles. The full-text of each of these articles was  
127 assessed to determine whether they met Criterion 2. To identify grey literature records for inclusion  
128 the following sources were searched: bibliographies of the 64 peer-reviewed articles which met  
129 Criterion 1, USAID’s list of sanitation marketing in their target countries (Godfrey et al., 2010, pp.  
130 77–83), projects listed on the websites of the Sanitation Marketing Community of Practice (SanMark  
131 Community of Practice, 2017), WASH Alliance International (Akvo RSR, 2017), Sustainable Sanitation  
132 Alliance (Sustainable Sanitation Alliance, 2017b) and The World Bank’s Open Knowledge Repository  
133 (World Bank, 2017b); and projects listed on the websites of organisations known to have been  
134 involved in sanitation marketing (Concern Worldwide, iDE, Oxfam, Peepoo, Plan International,  
135 Population Services International, Sanergy, SNV, SOIL, Unicef, Water for People and WaterAid). The  
136 titles of these records were screened according to Criterion 1, resulting in 123 records. The full-text  
137 of each of these records that met Criterion 1 was assessed to determine whether it met Criterion 2.

138 **Figure 1: Process of including peer-reviewed and grey literature publications for review. Criterion 1 is that the**  
139 **publication must report on or discuss sanitation marketing according to the definition by Devine and Kullman (2011).**  
140 **Criterion 2 is that the publication must describe parameters measured, or intended to be measured, by specific**  
141 **sanitation marketing interventions. The dashed line indicates where the bibliographies of peer-reviewed articles were**  
142 **used to identify grey literature records. The figure was developed from the PRISMA flow diagram concept (Moher et al.,**  
143 **2009).**

144

## 145 2.2 Analysis

146 The CA requires that a SMI should monitor functionings to get a true sense of utility (e.g.,  
147 satisfaction, happiness) to an individual, and the capabilities an individual has to achieve a desired  
148 combination of functionings. As such, the 58 publications reporting on the 33 SMIs that met  
149 Criterion 2 were deductively coded using NVivo11 according to whether or not they measured  
150 (actual or intent) parameters representing commodities, functionings or capabilities (Corbin and

151 Strauss, 2008). Note that the number of SMIs does not equal the number of publications, as some  
152 publications reported on multiple SMIs and some of the same SMIs were reported on in multiple  
153 publications as detailed in Supporting Information Table SI1. Individual parameters were then  
154 inductively coded within these three categories as they emerged (see Table SI2 for codebook). An  
155 alternative would have been to construct a pre-determined, fixed list of functionings and capabilities  
156 deemed central to human living (see Nussbaum, 2011). However, as Sen (2004) points out, no list  
157 can be 'definitive' or 'objectively correct.' That would neither be practical, as the priorities of  
158 functionings and capabilities would differ across cultural and geographic contexts (Clark, 2005a), nor  
159 strategic, as the list would vary in length and scope based on the nature of the assessed  
160 interventions. For each SMI child node, parameters that were measured or intended to be measured  
161 were recorded as well as whether the measurement method was described (Figure 2 and Table SI1).  
162 Where well-being was reported as having been reduced, the cause reported by the author of the  
163 SMI publication/s was noted and investigated using the CA framework. Since a lack of monitoring or  
164 reporting does not mean interventions have not impacted on well-being, all 58 publications were  
165 then re-reviewed to determine whether they reported practices which the CA suggest may reduce  
166 well-being.

167

### 168 **3. Results**

169 Almost all SMIs (n = 31; 94%) measured parameters relating to sanitation commodities,  
170 while far fewer SMIs reported measuring parameters relating to functionings (n = 22; 67%) and  
171 capabilities (n = 20; 61%). The method used to measure these latter two parameter types was  
172 sometimes not described (9 of the 33 reported occurrences of a functioning being measured, and 12  
173 of the 59 reported occurrences of a capability being measured, did not describe the method used to  
174 collect such data) (Figure 2).



175           Despite a general lack of information on the well-being impacts of SMIs, in four cases, well-  
176 being was reported as having been reduced (Table 1). In Bangladesh, authors cited the cause of  
177 death or injury as the use of inappropriate building materials (Hanchett et al., 2011a, 2011b). In  
178 Malawi, social unrest was stated to have been caused by the subsidising of entrepreneurs through  
179 the SMI, but not consumers. In Papua New Guinea and Pakistan the authors of the publications  
180 attributed reduced well-being to the use of strategies that appeal to people’s desires to increase  
181 their social status or improve their dignity (AAN Associates, 2013; Wicken, 2012). Our full-text review  
182 of the 187 publications which met Criterion 1 identified that these two practices are common in  
183 SMIs because *“latrine adoption is rarely motivated by messages about health benefits alone. More*  
184 *important are the immediate and direct benefits of increased convenience, comfort, cleanliness,*  
185 *privacy, safety, and prestige offered by home sanitation”* (Jenkins, 2004, p. 3). However, the CA  
186 suggests that appealing to individuals to increase social status or dignity may be detrimental to well-  
187 being when imposed without an assessment of fit with local values (Clark, 2002), and shame is  
188 damaging to psycho-social health in Community-Led Total Sanitation programs (Bateman and Engel,  
189 2017). The core of the problem is that it could be paternalistic for practitioners of sanitation to lay  
190 down sanitation-related markers and principles of good culture for other cultures and societies  
191 (Clark, 2002; Engel and Susilo, 2014). These practices, broadly defined as the promotion of  
192 conspicuous consumption and assaults on individual dignity, were identified in several of the SMIs  
193 (conspicuous consumption n = 16, 48%; assaults on individual dignity n = 10, 30%).

194

195 **Figure 2: Data collection methods reported on 33 sanitation marketing interventions across 58 publications.**

196

198

## 199 4. Discussion

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

216 Desire for status and prestige motivates much consumptive behaviour (Eastman et al., 1999;  
217 O'Cass and McEwen, 2004). In both the grey literature and peer-reviewed publications, the  
218 purchase, use, display and consumption of products and services are reported sources of social  
219 status or prestige, regardless of functional performance. By placing emphasis on 'status' in  
220 promotional/advertising materials (Sijbesma et al., 2010), also known as promoting conspicuous

221 consumption, SMIs create a situation in which poorer consumers aspire to improve their sanitation  
222 so as to achieve parity with their richer neighbours (e.g., Narracott and Norman, 2011). However,  
223 this increases anxiety. Further, emphasising sanitation as a ‘status’ symbol may induce a divide in  
224 self-worth between those who have acquired social status and those who have not. Self-worth (or  
225 self-esteem) reflects one’s own worth, value, or importance (Blascovich and Tomaka, 1991). It is a  
226 capability linked to social and mental well-being. Low self-esteem is undesirable as it is associated  
227 with debilitating conditions such as depression (Shaver and Brennan, 1991), social anxiety (Leary,  
228 1983), and alienation (Kanungo, 1979). These conditions constrain individuals, and in turn, can  
229 reduce their ability to achieve specific functionings from a given set of commodities. In other words,  
230 these conditions begin to represent reduced capabilities to function and reduced achieved  
231 functionings (i.e., reductions in well-being).

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

243           Sanitation marketing interventions may also erode people’s sense of individual dignity (i.e.  
244 how a person perceives themselves and how others perceive them as being worthy of respect)  
245 (Spiegelberg, 1986). Whilst an experience of dignity is a human right (United Nations, 1948),  
246 particularly with regards to sanitation (Langford et al., 2017), people around the world live in

247 conditions that make it difficult to experience what they consider a minimally decent life (Sen, 1999).  
248 Since dignity is associated with an individual's personal life goals and social circumstances (Albers et  
249 al., 2011), social interventions such as SMIs have the potential to enhance or detract from it.

250 The development of the central character Lik Telek ('Uncle Shit') in a World Bank-funded SMI  
251 in East Java illustrates the potential for damage to individual dignity. By creating a character, Lik  
252 Telek, who defecates in the open and is vilified, it may impose a sense of embarrassment on  
253 members of the target population. Posters from the campaign are available online (World Bank,  
254 2017c), and as well as visually portraying Lik Telek as potentially undesirable, they include captions  
255 stating:

256 *"Use a closet, no stench and no flies. Build walls so you don't have to be embarrassed and*  
257 *stop spreading disease."*

258 *"Open defecation spreads disease and stench, shameful isn't it?"*

259 *"The trouble you have with no toilet at home. While enjoying yourself, you have to company*  
260 *the lady to poo. Urrghh... the nocturnal animal lurks. It's a scary night!! And watched by Lik Telek!!!"*

261 (quotes translated from Indonesian)

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

268 A decline in dignity causes distress (Chochinov et al., 2008). Albers et al. (2011) categorise  
269 distress from loss of dignity into physical, mental, and social well-being aspects. At a physical level,  
270 not being able to carry out tasks of daily living, such as defecating in peace, is cited as an important

271 aspect of dignity distress. As such, when the open defecating population is already distressed due to  
272 a lack of the physical aspect of dignity, a SMI stands to mount an additional assault. At a  
273 psychological level, feeling anxious or depressed and therefore not being able to think clearly is a  
274 leading dimension of dignity distress. By goading people to think negatively about open defecation,  
275 SMIs compromise this aspect of dignity and reduce mental well-being. Furthermore, with regards to  
276 social well-being, feeling that one is a burden to others is a dimension of dignity distress. For  
277 example, by positioning Lik Telek as a menace to the community because he causes stench, spreads  
278 flies and disease, pollutes the waterways, and is a bad influence, the campaign very likely causes  
279 dignity distress. The caption of one of the posters illustrates this: *“My village is clean & healthy. No  
280 stench, no flies, and no more Lik Telek. The whole village is more dignified”* (World Bank, 2017c).

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

288

## 289       **5. Conclusions and implications**

290           There are potential detrimental impacts of SMIs on social and mental well-being, yet our  
291 review indicates that often well-being parameters are not measured during or following SMI  
292 implementation, and that even where they are reported as having been measured, the associated  
293 publications often do not explain how such data was collected. We recognise that our list of well-  
294 being parameters may be incomplete (i.e., there may be important parameters that are not

295 measured in the SMIs reviewed and thus not inductively identified here), or may include parameters  
296 which are not considered important by individuals everywhere, however, it serves as a starting point  
297 for evaluating the impacts of SMIs on well-being. When evaluating future SMIs, it may be useful to  
298 develop a list of contextualised well-being indicators for the particular SMI's location, taking into  
299 account local cultural norms, with this list ideally co-produced with local stakeholders. We  
300 recommend that during the design and implementation phase of SMIs, ESAs understand sanitation  
301 marketing's potential to reduce well-being and monitor for this throughout implementation,  
302 adapting practices to ensure continuous improvement.

303

## 304 **References**

- 305 AAN Associates, 2013. UNICEF WASH Pakistan End of Programme Evaluation for Rural Sanitation in  
306 Flood-affected Districts (RuSFAD Phase III) 2011-12. Unicef, Islamabad, Pakistan.
- 307 Akvo RSR, 2017. Akvo RSR - Projects [WWW Document]. URL <https://rsr.akvo.org/en/projects/>  
308 (accessed 7.4.17).
- 309 Albers, G., Pasman, H.R.W., Rurup, M.L., de Vet, H.C.W., Onwuteaka-Philipsen, B.D., 2011. Analysis  
310 of the construct of dignity and content validity of the patient dignity inventory. *Health Qual.*  
311 *Life Outcomes* 9, 45. doi:10.1186/1477-7525-9-45
- 312 Bartram, J., 2008. Improving on haves and have-nots. *Nature* 452, 283–284. doi:10.1038/452283a
- 313 Bateman, M., Engel, S., 2017. To shame or not to shame - that is the sanitation question. *Dev. Policy*  
314 *Rev.* doi:10.1111/dpr.12317
- 315 Blascovich, J., Tomaka, J., 1991. Measures of Self- Esteem, in: John P. Robinson, Phillip R. Shaver,  
316 Wrightsman, L.S. (Eds.), *Measures of Personality and Psychological Attitudes*. Academic Press,  
317 San Diego, pp. 115–160.
- 318 Cairncross, S., 2003. Sanitation in the developing world: current status and future solutions. *Int. J.*  
319 *Environ. Health Res.* 13, S123–S131. doi:10.1080/0960312031000102886
- 320 Chatterjee, L., 2011. Time to acknowledge the dirty truth behind community-led sanitation | Global  
321 development | *The Guardian* [WWW Document]. *Guard.* URL  
322 [https://www.theguardian.com/global-development/poverty-matters/2011/jun/09/dirty-truth-](https://www.theguardian.com/global-development/poverty-matters/2011/jun/09/dirty-truth-behind-community-sanitation)  
323 [behind-community-sanitation](https://www.theguardian.com/global-development/poverty-matters/2011/jun/09/dirty-truth-behind-community-sanitation) (accessed 7.17.17).
- 324 Chochinov, H.M., Hassard, T., McClement, S., Hack, T., Kristjanson, L.J., Harlos, M., Sinclair, S.,  
325 Murray, A., 2008. The Patient Dignity Inventory: a novel way of measuring dignity-related  
326 distress in palliative care. *J. Pain Symptom Manage.* 36, 559–571.  
327 doi:<http://dx.doi.org/10.1016/j.jpainsymman.2007.12.018>
- 328 Clark, D., 2002. *Visions of Development : a study of human values*. Edward Elgar, Manchester, U.K.
- 329 Clark, D.A., 2005a. *The Capability Approach: Its Development, Critiques and Recent Advances* (No.

330 32), GPRG-WPS. Global Poverty Research Group, Institute for Development Policy and  
331 Management, University of Manchester.

332 Clark, D.A., 2005b. Sen's capability approach and the many spaces of human well-being. *J. Dev. Stud.*  
333 41, 1339–1368. doi:10.1080/00220380500186853

334 Corbin, J., Strauss, A., 2008. *Basics of Qualitative Research: Techniques and Procedures for*  
335 *Developing Grounded Theory*, Third. ed. SAGE Publications Inc., Thousand Oaks, C.A., U.S.A.

336 Devine, J., Kullmann, C., 2011. *Introductory Guide to Sanitation Marketing*. World Bank, Washington  
337 D.C., U.S.A.

338 Eastman, J.K., Goldsmith, R.E., Flynn, L.R., 1999. Status consumption in consumer behavior: scale  
339 development and validation. *J. Mark. Theory Pract.* 7, 41–52. doi:10.2307/40469967

340 Engel, S., Susilo, A., 2014. Shaming and sanitation in Indonesia: A return to colonial public health  
341 practices? *Dev. Change* 45, 157–178. doi:10.1111/dech.12075

342 Federal Democratic Republic of Ethiopia Ministry of Health, 2013. *National Sanitation Marketing*  
343 *Guideline*. Ministry of Health, Addis Ababa, Ethiopia.

344 Fuller, J.A., Eisenberg, J.N.S., 2016. Herd protection from drinking water, sanitation, and hygiene  
345 interventions. *Am. J. Trop. Med. Hyg.* doi:10.4269/ajtmh.15-0677

346 Gero, A., Carrard, N., Murta, J., Willetts, J., 2014. Private and social enterprise roles in water,  
347 sanitation and hygiene for the poor: a systematic review. *J. Water, Sanit. Hyg. Dev.* 4, 331–345.  
348 doi:10.2166/washdev.2014.003

349 Godfrey, A., Hart, T., Rosensweig, F., 2010. Application of total sanitation and sanitation marketing  
350 (TSSM) approaches to USAID. United States Agency for International Development, Washington  
351 D.C., U.S.A.

352 Hanchett, S., Khan, M.H., Krieger, L., Kullmann, C., 2011a. Sustainability of sanitation in rural  
353 Bangladesh, in: 35th WEDC International Conference. Loughborough, U.K.

354 Hanchett, S., Krieger, L., Kahn, M.H., Kullmann, C., Ahmed, R., 2011b. Long-Term Sustainability of  
355 Improved Sanitation in Rural Bangladesh. World Bank, Washington D.C., U.S.A.

356 Heierli, U., Frias, J., Ghosh Moulik, S., Azad Ahmed, S., 2007. One fly is deadlier than 100 tigers: Total  
357 sanitation as a business and community action in Bangladesh and elsewhere. Swiss Agency for  
358 Development and Cooperation, Berne, Switzerland.

359 Hutton, G., Haller, L., Bartram, J., 2007. Global cost-benefit analysis of water supply and sanitation  
360 interventions. *J. Water Health* 5, 481–502. doi:10.2166/wh.2007.009

361 iSMA, ESMA, AASM, 2013. Consensus Definition of Social Marketing. International Social Marketing  
362 Association (iSMA), European Social Marketing Association (ESMA) and Australian Association  
363 of Social Marketing (AASM).

364 Jasper, C., Le, T.T., Bartram, J., 2012. Water and sanitation in schools: A systematic review of the  
365 health and educational outcomes. *Int. J. Environ. Res. Public Health* 9, 2772–2787.  
366 doi:10.3390/ijerph9082772

367 Jenkins, M.W., 2004. *Who Buys Latrines, Where and Why?* Water and Sanitation Program, World  
368 Bank, Nairobi, Kenya.

369 Jenkins, M.W., Curtis, V., 2005. Achieving the “good life”: Why some people want latrines in rural  
370 Benin. *Soc. Sci. Med.* 61, 2446–2459. doi:10.1016/j.socscimed.2005.04.036

371 Jenkins, M.W., Scott, B., 2010. *Sanitation Marketing for Managers: Guidance Tools for Program*  
372 *Development*. USAID Hygiene Improvement Project, USAID Bureau for Global Health, Office of

373 Health, Infectious Diseases and Nutrition, Washington D.C., U.S.A.

374 Jones, S., Greene, N., Hueso, A., Sharp, H., Kennedy-Walker, R., 2013. Learning from failure: lessons  
375 for the sanitation sector. UK Sanitation Community of Practice, London, U.K.

376 Kanungo, R.N., 1979. The concepts of alienation and involvement revisited. *Psychol. Bull.* 86, 119.  
377 doi:10.1037/0033-2909.86.1.119

378 Keraita, B., Jensen, P.K.M., Konradsen, F., Akple, M., Rheinl  nder T, T., 2013. Accelerating uptake of  
379 household latrines in rural communities in the Volta region of Ghana. *J Water Sanit Hyg Dev* 3.  
380 doi:10.2166/washdev.2013.035

381 Kotler, P., Zaltman, G., 1971. Social marketing - Approach to planned social change. *J. Mark.* 35, 3–  
382 12. doi:10.2307/1249783

383 Langford, M., Bartram, J., Roaf, V., 2017. The Human Right to Sanitation, in: Langford, M., Russell,  
384 A.F.S. (Eds.), *The Human Right to Water: Theory, Practice, and Prospects*. Cambridge University  
385 Press, Cambridge, U.K.

386 Leary, M.R., 1983. *Understanding Social Anxiety: Social, Personality, and Clinical Perspectives*. SAGE  
387 Publications, Inc.

388 Live & Learn Environmental Education, Lanaway, V., 2011. *Setting up and managing a small  
389 enterprise: A guide for the Pacific*. Live & Learn Environmental Education, Melbourne,  
390 Australia.

391 London, T., Esper, H., 2014. Assessing poverty-alleviation outcomes of an enterprise-led approach to  
392 sanitation. *Ann. N. Y. Acad. Sci.* 1331, 90–105. doi:10.1111/nyas.12345

393 Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., Altman, D., 2009. Preferred reporting items for  
394 systematic reviews and meta-analyses: the PRISMA statement. *PLoS Med.* 6, e1000097.  
395 doi:10.1371/journal.pmed.1000097

396 Narracott, A., Norman, G., 2011. *Clean Team, a Human-Centred Approach to Sanitation: Initial Trials  
397 in Ghana*. Water & Sanitation for the Urban Poor, London, U.K.

398 Nussbaum, M., 2011. *Creating Capabilities: The Human Development Approach*. Harvard University  
399 Press, Cambridge, U.S.

400 O’Cass, A., McEwen, H., 2004. Exploring consumer status and conspicuous consumption. *J. Consum.  
401 Behav.* 4, 25–39. doi:10.1002/cb.155

402 Pedi, D., Jenkins, M., Aun, H., McLennan, L., Revell, G., 2011. The “hands-off” sanitation marketing  
403 model: emerging lessons from rural Cambodia, in: *35th WEDC International Conference: The  
404 Future of Water, Sanitation and Hygiene: Innovation, Adaptation and Engagement in a Changing  
405 World*. Loughborough, U.K.

406 Pedi, D., Sophanna, M., Sophea, P., Jenkins, M., 2014. Rural Consumer Sanitation Adoption Study: An  
407 analysis of rural consumers in the emerging sanitation market in Cambodia. WaterSHED.

408 Pr  ss-Ust  n, A., Bartram, J., Clasen, T., Colford, J.M., Cumming, O., Curtis, V., Bonjour, S., Dangour,  
409 A.D., De France, J., Fewtrell, L., Freeman, M.C., Gordon, B., Hunter, P.R., Johnston, R.B.,  
410 Mathers, C., M  usezahl, D., Medlicott, K., Neira, M., Stocks, M., Wolf, J., Cairncross, S., 2014.  
411 Burden of disease from inadequate water, sanitation and hygiene in low- and middle-income  
412 settings: a retrospective analysis of data from 145 countries. *Trop. Med. Int. Heal.* 19, 894–905.  
413 doi:10.1111/tmi.12329

414 Resnik, J., Suk, J.C., 2003. Adding insult to injury: questioning the role of dignity in conceptions of  
415 sovereignty. *Stanford Law Rev.* 55, 1921–1962. doi:10.2307/1229568

416 Robeyns, I., 2005. The Capability Approach: a theoretical survey. *J. Hum. Dev.* 6, 93–117.



417 doi:10.1080/146498805200034266

418 SanMark Community of Practice, 2017. Sanitation Marketing [WWW Document]. URL  
419 <http://www.sanitationmarketing.com/> (accessed 7.14.17).

420 Schaub-Jones, D., 2010. Should we view sanitation as just another business? The crucial role of  
421 sanitation entrepreneurship and the need for outside engagement. *Enterp. Dev. Microfinance*  
422 21, 185–204. doi:10.3362/1755-1986.2010.017

423 Sen, A., 2004. Capabilities, Lists, and Public Reason: Continuing the Conversation. *Fem. Econ.* 10, 77–  
424 80. doi:10.1080/1354570042000315163

425 Sen, A., 1999. *Development as Freedom*. Anchor Books, New York, N.Y., U.S.A.

426 Sen, A., 1985. *Commodities and Capabilities*. North Holland, Amsterdam, The Netherlands.

427 Shaver, P.R., Brennan, K.A., 1991. Measures of depression. *Meas. Personal. Soc. Psychol. attitudes* 1,  
428 195.

429 Sijbesma, C., Truong, T.X., Devine, J., 2010. Case Study on Sustainability of Rural Sanitation  
430 Marketing in Vietnam. Water and Sanitation Program, World Bank, Washington D.C., U.S.A.

431 Spears, D., Ghosh, A., Cumming, O., 2013. Open defecation and childhood stunting in India: an  
432 ecological analysis of new data from 112 districts. *PLoS One* 8, e73784.  
433 doi:10.1371/journal.pone.0073784

434 Spiegelberg, H., 1986. Human Dignity: A Challenge to Contemporary Philosophy, in: *Steppingstones*  
435 *Toward an Ethics for Fellow Existents: Essays 1944--1983*. Springer Netherlands, Dordrecht, pp.  
436 175–198. doi:10.1007/978-94-009-4337-7\_10

437 Sustainable Sanitation Alliance, 2017a. Sanitation as a business and business models [WWW  
438 Document]. URL <http://forum.susana.org/161-sanitation-as-a-business-and-business-models>  
439 (accessed 7.17.17).

440 Sustainable Sanitation Alliance, 2017b. Projects [WWW Document]. URL  
441 <http://www.susana.org/en/resources/projects> (accessed 7.4.17).

442 United Nations, 2015a. General Assembly Resolution 70/169: The Human Rights to Safe Drinking  
443 Water and Sanitation. United Nations, New York, N.Y., U.S.A.

444 United Nations, 2015b. General Assembly Resolution 70/1: Transforming Our World: The 2030  
445 Agenda for Sustainable Development. United Nations, New York, N.Y., U.S.A.

446 United Nations, 1948. *The Universal Declaration of Human Rights*. United Nations, Paris, France.

447 Varadarajan, R., 2011. Marketing strategy: discerning the relative influence of product and firm  
448 characteristics. *AMS Rev.* 1, 32–43. doi:10.1007/s13162-011-0003-4

449 Water for People Malawi, 2012. *Rural Sanitation Marketing*. Water for People.

450 WHO, 1948. *Constitution of the World Health Organization*,. New York, N.Y., U.S.A.

451 Wicken, J., 2012. Effectiveness of a sanitation marketing approach in rural Papua New Guinea: the  
452 ATPProjects Round Loo programme. Loughborough University.

453 Wolf, J., Hunter, P., Freeman, M., Cumming, O., Clasen, T., Bartram, J., Higgins, J.P.T., Johnston, R.,  
454 Medicott, K., Boisson, S., Prüss-Ustün, A., n.d. The impact of drinking water, sanitation and  
455 hand washing with soap on childhood diarrhoeal disease: an updated systematic review, meta-  
456 analysis and -regression. *Environ. Health Perspect.* Submitted.

457 World Bank, 2017a. Country and Lending Groups [WWW Document]. URL  
458 [https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups)  
459 [lending-groups](https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups) (accessed 7.7.17).

- 460 World Bank, 2017b. Research [WWW Document]. URL <http://www.worldbank.org/en/research>  
461 (accessed 7.4.17).
- 462 World Bank, 2017c. Lik Telek Posters [WWW Document]. URL [http://www.wsp.org/content/lik-](http://www.wsp.org/content/lik-telek-posters)  
463 [telek-posters](http://www.wsp.org/content/lik-telek-posters) (accessed 7.14.17).
- 464 World Bank, 2017d. Promotion Mix - Uganda [WWW Document]. URL  
465 <http://www.wsp.org/toolkit/uganda> (accessed 7.14.17).
- 466 World Bank, 2017e. Sanitation Marketing Toolkit: Communication Campaign [WWW Document].  
467 URL <http://www.wsp.org/toolkit/communications-campaign> (accessed 7.14.17).
- 468