

Millennium Development Goal (MDG) On Sanitation and Water: The Advocates and the Rural-Urban Differentials in Ghana through the Media

Frank S Arku and Doris Fiasorgbor

Presbyterian University College, Ghana

Improving access to clean water and sanitation facilities is one target of the Millennium Development Goals (MDGs). Studies demonstrate that more urban than rural residents have access to these facilities. Also, there is a sense that sanitation target of MDG 7C is far from reach because of the slow progress on it. The goal of this study therefore was to determine the extent to which the media through the newspapers have covered issues on water and sanitation matters among rural and urban dwellers including closing the access gap among rural and urban residents. This research used the Daily Graphic newspaper in Ghana, as a case study. Topics on water and sanitation issues from September 2000 to December 2011 were collected. The Statistical Package for Social Scientists (SPSS) software was used to analyse the data. The findings have shown that politicians and other government officials were predominantly the sources followed by NGOs' workers. Topics featuring sanitation and water were geared to rural than urban areas with water issues being the predominant focus, and less so for sanitation. The skewed frequency of newspaper stories in favour of rural sanitation suggests that more attention is needed on rural sanitation in order to make significant progress on the MDG 7C.

Key Words: MDG, clean water, sanitation, toilet facilities, rural, urban, daily graphic

Introduction

Access to clean water is said to be basic human right, and equally important is access to sanitation facilities, especially improved toilet facilities. Normally, the two words 'water' and 'sanitation' go hand in hand especially in international development work. The importance of access to clean water (Arku, 2010a, 2011, Arku & Arku, 2010; Varis, 2007; Saleth & Sastry, 2004; Fiasorgbor, 2013), and improved toilet facilities (Arku, 2010b; Arku, et al., 2013) is widely documented.

The Millennium Development Goal 7, target C is to halve the proportion of the population without access to safe drinking water and basic sanitation by 2015. Although there are many aspect of sanitation, the focus of this study is on access to toilet facilities. According to WHO and UNICEF (2008) sanitation ladder, there are four types of toilet facilities, namely: improved, shared, unimproved and open defecation. The improved type which is the internationally preferred type is defined by WHO/UNICEF Joint Monitoring Program (JMP) (2012) as a sanitation facility that hygienically separates human excreta from human contact.

WHO/UNICEF's (2012) comprehensive monitoring report on water and sanitation shows that the target to provide a majority of the world population with drinking water would be met. The proportion of the global population who had access to safe drinking water in 2010 was 89%, and it was 99% in developed world and 86% in developing

world. However, the access was as low as 61% in Africa, South of the Saharan (ASS). Thus, although the global population is on track, on the average, ASS is lacking behind in achieving the MDG 7C. But countries including Ghana, Malawi, Burkina Faso, Namibia, Liberia, and Gambia are said to be on track, with Namibia having the highest safe drinking water supply coverage of about 93% of its population in 2010.

Also, access to improved toilet facilities in the developed world is higher than developing countries, and within developing world, access is worst in ASS. While the proportion of the world population who had access to improved toilet facilities in 2010 was 63%, it was 95%, 56%, and 30% in developed world, developing world and ASS, respectively.

Consequently, the percentage of the world population who have access to improved toilet facilities is lower than those who have access to drinking water (Saleth & Sastry, 2004; Arku, 2010b; WHO/UNICEF, 2012). Globally while about 780 million people are without safe drinking water (WHO/UNICEF, 2012), as high as 2.5 billion people lack access to improved toilet facilities (Well & Sijbesma, 2012; WHO/UNICEF, 2012). It is estimated that if the current trend continues about 605 million people will be without an improved drinking water and as many as about 2.4 billion people will lack access to improved sanitation facilities by 2015. This means that if the current trend continues, the MDG 7's target for drinking water would be met, but not that of sanitation.

Within ASS, the WHO/UNICEF (2012) maintained that while access to improved toilet facilities in Ghana in 2010 was 14%, it was 32% and 31% in Kenya and Nigeria, respectively. The coverage for clean drinking water for the same year in Ghana, Kenya, and Nigeria was 86%, 59% and 53%, respectively of the total population. Accordingly, access to clean water is by far higher than access to improved toilet facilities. The overall result of many people not having access to improved sanitation facilities is that thousands of children dying each day in developing countries from sanitation related diseases including diarrhoea (Wells & Sijbesma, 2012).

The discussion has shown that access to improved toilet facilities is generally very low. Despite the generally low access, this is lower

among rural residents than urban residents of developing countries. For example, WHO/UNICEF (2012) indicated that on the average, 79% of the global urban population had access to improved toilet facilities in 2010 compared to only 47% for rural residents. Within ASS in the same period, it was 43% (urban) and 23% (rural) in favour of urban residents.

Also, access to clean water among urban populations was higher than among the rural populace in 2010. While access to safe drinking water among the urban dwellers globally was 96%, it was 81% among the rural folks. The situation was not different from selected countries (Table 1). The Table 1 shows that access to safe drinking water and improved toilet facilities are higher in urban areas than rural locations.

Table 1. Access to improved toilet facilities and clean water among urban and rural residents in selected countries in 2010.

	Access to Improved toilet facilities (%)		Access to clean drinking water (%)	
	Urban	Rural	Urban	Rural
Burkina Faso	50	6	95	79
Ghana	19	8	91	80
Senegal	70	39	93	56

Source: WHO/UNICEF (2012).

The conclusion which can be drawn from the discussion is that, more than half of the people of the ASS countries are without improved toilet facilities and the disparities between urban and rural sanitation coverage remain daunting in favour of urban.

The goal of this study therefore was to determine the extent to which the media through the newspapers have covered issues on water and sanitation matters among rural and urban dwellers including closing the access gap among rural and urban residents. The objectives of the study were:

- To identify the sources (i.e., individuals/organizations) that advocate for clean water and sanitation facilities to rural and urban residents
- To determine any differences/similarities in newspaper coverage between urban and rural sanitation and clean water facilities
- To determine emphasis in coverage between access to sanitation facilities and clean water

Method

Ghana's *Daily Graphic* newspaper was used for the study. It is a popular newspaper in Ghana and is published daily, from Monday to Saturday. The *Daily Graphic* is selected because it is the oldest newspaper in Ghana; it is also observed to be a credible source of information; and have the most readership than any other newspaper in Ghana

Various stories that address water and sanitation matters were collected. Topics that speak to the need for water and sanitation facilities, turning of sods for water and sanitation projects as well as commissioning water and sanitation projects were considered from September 2000 to December 2011. Data was collected from September 2000 because it was when the MDGs were indorsed. Other elements that were considered were: where it was said, who said it, and whether it was concerned with clean water, sanitation or on both. The Statistical Package for Social Scientists (SPSS) software was used to analyse the data.

Results

The sources of articles

The *Daily Graphic* carried 327 publications on water and sanitation topics during the period under investigation. The articles centred on the need for clean water and sanitation, commissioning of water and sanitation projects and problems associated with lack of access to clean water and toilet facilities. The sources comprised 244 males (75%), 26 females (8%) and the sex of the rest 57 (17%) were not identified. Stories from NGOs comprised about 28% of all the stories over the period. Politicians and other government officials, educationalist and others (including journalists, clergy, opinion leaders in communities, UN officials) comprised 54%, 3% and 16%, respectively (Table 2). Table 2 is statistically

significant at 0.00 level with chi-square value of only 28.34. Some of this information was disseminated at community gatherings, workshops/

conferences/seminars, individual contribution to the newspaper (Table 3).

Table 2. Advocates.

Advocates	Frequency	Percentage (%)
NGO	90	27.5
Politician and other government officials	176	53.8
Educationist	9	2.8
Others	52	15.9
Total	327	100.0

Table 3. Sources of the information.

Sources	Frequency	Percentage (%)
Community gatherings	108	33.00
Workshops/conferences/seminars	136	41.60
Direct contributions	83	25.40
Total	327	100.00

Differences in coverage between urban and rural toilet and clean water facilities

Rural coverage was more than twice the urban coverage on matters of water and sanitation.

Whereas about 59% of the coverage was on rural communities, only 28% was on urban sites, and about 2% addressed both urban and rural locations. About 12% of the stories did not specify whether it is focussed on rural and/or urban matters (Table 4).

Table 4. Differences in rural-urban coverage.

	Frequency	Percentage (%)
Rural	193	59.0
Urban	91	27.8
Rural and Urban	5	1.5
N/A	38	11.6
Total	327	100.0

Coverage emphasis between access to toilet facilities and clean water

There was more coverage on clean water than toilet facilities. While, as high as 83% of the stories were

on clean water issues, only 6% was on toilet facilities and 11% was on both toilet and clean water (Table 5).

Table 5. Coverage difference between clean water and toilet facilities.

	Frequency	Percentage (%)
Clean water	270	82.6
Toilet	21	6.4
Clean water and toilet	36	11.0
Total	327	100.0

Discussion

It is not surprising that the politicians and government officials were the main advocates. Typically, it is their duty to help provide the electorates with their basic human needs including toilet facilities and clean water. Another reason is that they turn sods for, and also commission water and toilet projects. Another possible reason why they

might have appeared more than others is that when seeking for votes, they make promises to provide the needs that are most relevant to the voters of which access to safe drinking water and toilet facilities are among. As the politicians and the government officials are the main advocates, one could say that water and sanitation appear to be a national issue.

Both local and foreign NGOs play important roles in advocating for the need to provide basic

needs in developing countries. This study has shown that the Daily Graphic's coverage of the NGOs involvement in provision of clean water and toilet facilities for the period under study was about 28%. This evidence suggests that these groups have significant interest in water and sanitation issues.

Community gatherings including festivals, sod-turning to construct water and toilet facilities, workshops/conferences/ seminars and direct contribution to the newspaper were sources from which the Daily Graphic covered issues on toilet facilities and drinking water. It is documented that higher urban population than the rural populace has access to both improved toilet facilities and safe drinking water (WHO/UNICEF, 2012; Arku, 2010b). For example, while 19% of Ghanaian urban population had access to improved toilet facilities in 2010, it was 8% for rural dwellers. Similarly, the urban population who had access to clean water in 2010 was 91% and it was 80% for the rural residents (WHO/UNICEF, 2012). This study has however shown that the Daily Graphic covered more issues on rural than urban areas. For example, while 59% of the Daily Graphic's coverage was on rural, only 28% was on urban. The higher rural coverage over the urban could be that the Daily Graphic targeted rural issues in order to show that the gap is being closed and/or the advocates targeted provision of toilet facilities and drinking water to rural people in order to close the gap.

The global population who have access to safe drinking water is more than improved toilet facilities. While 86% of the population in Ghana had access to safe drinking water in 2010, only 14% had access to improved toilet facilities at the same time. This study has also shown that almost all the issues covered by the Daily Graphic were on water. Thus, for example, 83% of the issues were on water and only 7% were on toilet facilities. Can this mean that toilet issues are forbidden area for policymakers, researchers, advocates and the media? Is it because 'toilet' sounds like a 'dirty word' so many are not so much interested? (See Arku et al., 2013). Arku (2010b) also maintains that research on clean water issues far outweigh that of toilet. If the current trend of attaching less importance to toilet facilities by researchers, policymakers, advocates and the media continues, and as maintains by many (e.g., WHO/UNICEF, 2008; WHO/UNICEF, 2012), it would be difficult to meet MDG target on sanitation. Thus by 2015 almost everybody would have access to clean, while the majority would lack access to toilet facilities. It should, however, be noted that 'sanitation' and 'water' are bed fellows.

Conclusion and Policy Implications

The findings of this research has shown that there was more coverage on rural areas with regards to provision of, and the need to provide clean water and

toilet facilities to the residents of rural areas than urban residents. According to the Daily Graphic coverage, almost all the efforts by the advocates and providers were concentrated on provision of clean water and also campaigned largely for the need to provide people with clean water neglecting provision of toilet facilities.

The Daily Graphic concentrating its coverage on rural facilities than that of urban is in the right direction because currently, more people in urban areas than rural areas have access to improved toilet facilities and clean water. The major issue however is that the coverage on the need to, and provision of toilet facilities was low; already, the literature maintains that it might be impossible for ASS countries to meet MDG target on sanitation if the current rate of provision of improved sanitation facilities continues. The Government of Ghana and development organisations should increase their efforts towards providing the both rural and urban residents with toilet facilities otherwise the MDG on sanitation would be a mirage.

Acknowledgement

The authors are grateful to the Research Assistants who are Kennedy Botse, Godlove Adjei and Sarah Obeng for assisting to collect the data.

References

- Arku, F. S. (2010a). Time savings from easy access to clean water: Implications for rural men's and women's well-being. *Progress in Development Studies*, 10 (3), 233-246.
- Arku, F. S. (2010b). May be more intricate than you think: Making rural toilet facilities possible using Demand Responsive Approach. *Journal of African Studies and Development*, 2(7), 168-174.
- Arku, F. S. & Arku, C. (2010). I cannot drink water on an empty stomach: A gender perspective on living with drought. *Gender & Development*, 18(1), 115-124.
- Arku, F. S., Angmor, E. N. & Seddoh, J. (2013). Toilet is not a dirty word: close to meeting the MDGs for sanitation? *Development in Practice*, 23(2), 184-195.
- Fiasorgbor, D. A. (2013). Water and sanitation situation in Nima and Teshie, Greater Accra Region of Ghana. *Journal of Toxicology and Environmental Health Sciences*, 5(1), 23-28.
- Saleth, R. M. & Sastry, G. S. (2004). Water supply and sanitation sector of Karnataka, India: status, performance and change. *Water Policy*, 6: 161-183.
- Wells, C. S. & Sijbesma, C. (2012). Practical innovations for strengthening community-led total sanitation: Selected experience from Asia. *Development in Practice*, 22(3), 417- 426.
- World Health Organisation (WHO), United Nations Children Fund (UNICEF) (2008). *Progress on drinking water and sanitation—Special focus on sanitation*. Geneva: WHO Press.
- World Health Organisation (WHO), United Nations Children Fund (UNICEF) (2012). *Progress on drinking water and sanitation-2012 update*. Geneva/ New York: WHO/UNICEF.
http://www.wssinfo.org/fileadmin/user_upload/resources/JMP-report-2012-en.pdf Retrieved on December 28, 2012.
- Varis, O. (2007). Right to water: The millennium development goals and water in the MENA. *International Resources Management Journal of Water*. 23(2), 243-266.