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COMMUNICATION)**



TOPIC:

**THE INFLUENCE OF SOCIAL MEDIA AS A CAMPAIGN TOOL TO CURB OPEN
DEFECATION AT JAMES-TOWN**

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DEDICATION

I dedicate this dissertation to my family, friends and lecturers alike. It is beyond doubt that each party has contributed immensely to the completion of this research work. I say thank you to all and may God richly bless you.

I further confirm that the knowledgeable content of the work is the result of my efforts and of no other person.

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TABLE OF CONTENTS

Declaration.....i

Dedication.....ii

Acknowledgement.....iii

Abstract.....iv

Chapter 1: Introduction.....1

1.0 Background of the Study.....1

1.1 Statement of Problem.....3

1.2 Objectives of the Study.....4

1.3 Research Questions.....4

1.4 Methodology.....4

1.5 Study Population.....5

1.6 Data Collection Procedure.....5

Chapter 2: Literature Review.....7

2.0 Introduction.....7

2.1 Theoretical Framework.....7

2.1.1 Social Norm Theory.....	8
2.2 Global State of Sanitation and its Impact.....	9
2.2.1 Sanitation in Ghana.....	11
2.3. Open Defecation Situation in Ghana.....	12
2.3.1 Causes of Open Defecation in Communities.....	12
2.3.2 Harmful Effects of Open Defecation.....	15
2.4 Impact of social media as a campaign tool in curbing open defecation.....	18
2.5 Importance/Benefits of Social Media in promoting good sanitation.....	19
2.6 Social Media and Behaviour Change.....	20
2.6.1 Limitations of Social Media for Improved Sanitation.....	21
2.7 Empirical Review of Related Studies.....	22
Chapter 3: Methodology.....	25
3.0 Introduction.....	25
3.1 Research Design.....	25
3.2 Research Method.....	26
3.3 Population and Sample.....	26
3.3.1 Data Collection Instruments.....	27
3.3.2 Sample Size.....	27
3.4 Description of Instruments.....	28
3.5 Data Collection Process.....	28

3.6 Data Analysis.....	29
3.7 Ethical Considerations.....	30
Chapter 4: Data Analysis and Presentation of Results.....	31
4.0 Introduction.....	31
4.1 Demographic Information of Respondents.....	30
4.2 Knowledge Levels on the Modes of Transmission of HIV/AIDS.....	31
4.3 Knowledge Levels on the Modes of Prevention of HIV/AIDS.....	33
4.4 Knowledge Levels on the Modes of Treatment of HIV/AIDS.....	36
4.5 Negative Effects of HIV/AIDS on the Growth and Development of the Country.....	39
4.6 Medium for Accessing Information on HIV/AIDS.....	41
Chapter 5: Summary of Findings, Conclusion, Limitation and Recommendations.....	45
5.0 Introduction.....	45
5.2 Summary of Findings.....	45
5.3 Conclusion.....	46
5.4 Limitations.....	47
5.5 Recommendations.....	47
Bibliography.....	49
Appendix i: Survey Questionnaire.....	51
Appendix ii: Interview Guide.....	55
Appendix iii: Frequency Tables.....	56

LIST OF TABLES

Table 4.1 Gender of Respondents.....	31
Table 4.2 Highest Educational Attainment.....	32
Table 4.3 Current Apartment type of Respondents.....	33
Table 4.4 Practice of Open Defecation.....	35
Table 4.5 Possession of Public Latrine in Neighbourhood.....	36
Table 4.6 Frequency of using public Latrine to Defecate.....	37
Table 4.7 Frequency of Using Social Media.....	38
Table 4.8 Disease as a consequence of Open- Defecation.....	39
Table 4.9a Lack of Proper Education.....	40
Table 4.9b Some People Perceive the construction of Private Latrines as very Expensive.....	41
Table 4.10a I still defecate openly because there is no latrine in my house.....	43
Table 4.10b I still defecate openly because it helps Fertilize the soil which is very Beneficial.....	44
Table 4.11 I have defecated openly in the past twelve Months.....	47

LIST OF FIGURES

Figure 4.1 Possession of Private Latrine in the House.....	34
Figure 4.2 Factors Responsible for Open-defecation.....	42
Figure 4.3 I still prefer to defecate openly because the Public Latrines are not neat.....	45
Figure 4.4 I still defecate openly because there is no latrine in my house.....	46
Figure 4.5 I do not report people who defecate openly to the right authorities because open-defecation is not a crime.....	47
Figure 4.6 I have defecated openly in the past twelve Months.....	48

Abstract

The aim of this study was to assess the influence of Social Media in curbing Open-Defecation at James Town. The mixed method approach was used as the methodology of this study and respondents were chosen based on the convenience and purposive sampling method. Analysis of the results was done using tables and figures with 100 people chosen as the sample size. The study sought to achieve three specific objectives thus Determine the impact of social media on behavioural change towards open defecation at Jamestown, find out if social media campaigns have been successful in creating the needed impact of minimizing open defecation in Jamestown and ascertain the factors that motivate individuals at James Town to openly defecate.

Findings of the study revealed that generally open-defecation is still prevalent at some parts of Jamestown if not the entire community. One thing that was quite clear was the fact that social media campaigns has had little or no effect on the behaviour and thought process of the majority of the respondents who practiced open-defecation. There are still homes with no private latrines and public toilets are often kept untidy and unclean. If open-defecation is to be a thing of the past, then more work evidently still needs to be done to ensure that at least, each household in Jamestown has a private latrine or a well-functioning public toilet.

Due to the sensitive nature of the topic, a qualitative research approach that employs focus group discussion as the method for data collection will be ideal for a more elaborative information on the reasons why people still engage in open-defecation.

Future studies should consider doing a longitudinal study that will allow the researcher to properly gauge behavioural change and adequately measure social media impact towards open-defecation.

CHAPTER ONE

1.0 Introduction

According to the World Health Organization (WHO), sanitation generally refers to the provision of facilities and services for proper disposal of human waste (urine and faeces) (WHO, 2008). Open defecation on the other hand is the practice of removing waste from the body through the anus; outside, in and around one's local community or public as a result of no access to toilets, latrines or any kind of improved sanitation (UNCW, 2007). The United Nations Conference on Water declared the year 1981-1990 as International Drinking Water and Sanitation Decade with a target of water and sanitation for all (Black & Fawcett, 2008). Despite the aim to improve both water supply and sanitation, most of the attention was put on water supply and at the end of this decade (1981-1990) there were 300 million more people without sanitation than at its beginning (Black & Fawcett, 2008). Globally, there are approximately 2.6 to 3 billion people without proper sanitation. The worst situation is in Southern Asia and sub-Saharan Africa, where the demand for sanitation is rising due to the growing population especially in the urban areas (WHO/UNICEF, 2012). Recently updated report; Progress on Drinking Water and Sanitation by the United Nations Children's Fund (UNICEF, 2012) shows that there are 2.5 billion people in the world without access to improved sanitation. About 1.1 billion people are practicing open defecation and the rest are using shared or unimproved sanitation facilities. Although Ghana ranks 152 out of 182 on the Human Development Index, it has the 4th lowest rate of sanitation coverage worldwide (WHO, 2010). A survey conducted by WASH in the Greater Accra Region alone revealed that about 7,000 households do not have toilet facilities. Apart from that, the entire municipality has only 75 public toilet facilities (KVIP) and just eighteen (18) Water Closets against a population of 2.27 million (TTFPP, 2013). If such trends continue, the world will miss the sanitation target by 600 million people (United Nations, 2007).

Admittedly, much attention has been paid to the ecological and health effects of open defecation. This has necessitated the adoption of several campaign strategies towards curbing the menace. Among these strategies include, branded advocacy and communication campaign at national level, community self-mobilization to end open defecation, community education and enforcement of laws through sanitary inspectors and relevant authorities. Despite these laudable interventions, open defecation is increasingly becoming alarming putting citizens at the risk of sanitation related diseases such as cholera, diarrhoea and typhoid among others (UNICEF, 2015). According to Tayler, the challenge of achieving global sanitation targets requires application of both technology that is appropriate and a supporting organizational structure (Tayler. 2005). It is in this regard that there is the need to explore new areas such as the adoption of social media in the fight against open defecation.

Social media encompass the amalgamation of traditional media such as films, image, music, spoken and written words, with the interactive power of a computer and internet. Smith (2012) defined social media as “social interactions using technology (such as the internet and cell phones) with any combination of words, pictures, video, or audio” (Smith, 2012). According to Smith (2012) this interactive process allows users to “communicate, socialize, sharing email, documents, pictures, video, audio files, in a number of different ways”. Over the years, online social networking has moved from a niche phenomenon to mass adoption (Wang, 2009). According to the 2016 internet live statistics; there are currently over 3,424,971,237 internet users globally, with an internet penetration of about 46% of global population, growth differences of 3% from the previous year. In Ghana, 7,958,675 of the country’s population can be found online according to the global internet user base rankings (GIUBR, 2017). Social media usage in Ghana is also continuously growing and estimated at 40% social media penetration with almost every online mobile user having a social media account or on a social messaging app (GSMR report, 2016).

The exponential increase in social media usage has provided a new paradigm for communication and empowered millions of people to network socially beyond the confines of geographical proximity. Largely, social media has been adopted to champion social media campaigns such as, teenage pregnancy, drug abuse, child abuse among others. It is in this regard that this study seeks to assess the role social media as a tool can play in reducing open defecation.

1.2 Statement of Problem

In Ghana, more than five million people practice open defecation each day (WHO, 2010). This dangerous practice has very negative repercussions on the health of the population and also on government and household health bill. Each year, the country experiences cholera outbreak, a very avoidable epidemic. Open defecation does not only make the environment messy and smelly but also pollutes water bodies which some communities depend on for their domestic use (GHS, 2010). In a resolve to curbing the menace of open defecation, both previous and present governments have made efforts to build toilet facilities for homes where they are non-existent. It is sad to note that though this effort of government is woefully inadequate, some homes with toilet facilities still prefer open defecation. A study conducted in the Wa Municipality on addressing Open Defecation Sanitation Problem found that, some households engage in open defecation though they have toilet facilities (Essuman, 2009). In tackling open defecation, there is the need for the development of a strategic communication framework through an appropriate medium. One of such mediums is social media. The discovery, introduction and usage of social media is undoubtedly an important component of social campaigns in the 21st century. All classes of people adopt social media for various reasons. Common among them is the usage of these platforms for the purpose of fulfilling their communication needs. As literature from the Ghana Social Media Rankings report (2016) shows, current statistics on social media usage continue to rise. As a tool for communication,

the platform is largely adopted to facilitate several campaigns. While companies across the globe have adopted social media in improving productivity, social scientist see the platform as an effective tool in driving change (Turban, 2011). Generally, the adoption of social media as a tool for social change can be impactful or detrimental. In view of this, the study seeks to find out whether social media as a communication tool will be impactful in the fight against open defecation.

1.2 Objectives of the Study

The general objective of the study is to investigate the impact of social media as a campaign tool in curbing open defecation. The study seeks to

1. Determine the impact of social media on behavioural change towards open defecation at Jamestown.
2. Find out if social media campaigns have been successful in creating the needed impact of minimizing open defecation in Jamestown.
3. Ascertain the factors that motivate individuals at James Town to openly defecate.

1.3 Research Questions

The study is guided by the following research questions;

1. Has social media campaign against open defecation yielded positive results?
2. What is the impact of social media in effecting behaviour change on open defecation in James-Town?
3. What are the motivating factors for open defecation at James Town?

1.4 Methodology

The research study will employ various methods and strategies to obtain relevant information to provide answers to questions posed and assist in drawing suitable conclusions after the data is analyzed. A combination of qualitative and quantitative (Mixed method) data would be

gathered for analysis. According to Murphy (2007), quantitative research is a quantifiable research approach in which raw data are collected and turned into usable information by mathematical manipulation that leads to forward-looking predictions. On the other hand, qualitative research is defined as a scientific research method mostly adopted to understand a given research problem from a perspective of the local population it involves (Walnut, 1999). Qualitative research method is especially effective in obtaining culturally specific information about the values, opinions, behaviour and social contexts of a particular population (Murphy, 2007). Walnut (1999) further argues that, the strength of qualitative research is its ability to provide complex textual description of how people experience a given research issue. It provides information about the human side of an issue that is, the often-contradictory behaviours, beliefs, opinions, emotions and relationships of individuals. The reason for the combination of techniques is to ensure that the generalization would be based on credible and reliable data from the field.

1.5 Study Population

Gratin (2009) defines population as the sum total of elements with same features defined by the sampling criteria established by a particular research work. This research intends to investigate the effectiveness of social media as a campaign tool against open defecation in Jamestown. Therefore, the population of this study comprises residents of James town who are users of social media platforms and have either heard or have knowledge about social media campaign(s) on open defecation in James-Town.

1.6 Data Collection Procedure

The choice of methodology influences the data collection process. Due to the fact that the study employs the quantitative and qualitative method (mixed method), a survey and interview will be employed in collecting data. Quantitatively, the researcher will administer questionnaires to

gather data while the qualitative method will involve the use of interviews to gather further information. The use of different methods to investigate a certain domain of social reality can be compared with the examination of a physical object from two different viewpoints or angles. Both viewpoints provide different pictures of this object that might not be useful to validate each other but that might yield a fuller and more complete picture of the phenomenon concerned if brought together.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This study intends to determine the impact of social media as a campaign tool in curbing open defecation in Jamestown. This chapter seeks to review relevant information subject to the topic under investigation including the influence of social media in ending open defecation, state of sanitation in Ghana, state of open defecation in Ghana, causes of open defecation among others. There is the need to review literature because; it enables the researcher to compare his findings with previous discoveries in order to make valid conclusions. Literature review also broadens a researcher's perspective about the topic under investigations. Again, literature review helps to identify gap(s) in the literature in order to position one's own work in such gap(s). This helps the research to make claim to a contribution to the field. Also included in this chapter is a review theory relevant to the study.

2.1 Theoretical Framework

Theories are systems of ideas mostly described as models for making predictions about trends of behaviour or outcome at a given time (Labaree, 2009). According to Labaree, (2009), it is important to incorporate theory into practice because theories serve as the foundation upon which individuals generate new knowledge and ways of thinking about the world. Several theories have been adopted by previous studies to examine the impact of social media on behavioural change. Among such theories include the theory of planned behaviour, theory of social change and the magic bullet theory of the media. These have been adopted to explain how social media usage influences social issues such as teenage pregnancy, drug abuse and child abuses. Under this study, the researcher shall make use of the Social Norm Theory. Though there are other theories that could be used to explain this phenomenon, social norm

theory provides a sociological perspective to issue of social media usage. It helps in understanding human behaviour in the context of what is the norm. This will help to put the study in perspectives by making it possible for the researcher to predict why the use of social media for the fight against open defecation is possible or otherwise.

2.1.1 Social Norm Theory

Wesley Perkins and Berkowitz are noted to be the first people to have suggested the social norm model in 1986. The theory was first adopted by these two philosophers to study the use of alcohol among students. The social norms approach was first suggested by Wesley Perkins and Berkowitz, in 1986 during an analysis of student alcohol use patterns. The idea was to find out the factors that influenced students' desire for alcohol. By testing this hypothesis, it was consequently gathered that, the students' alcohol behaviour was largely influenced by the perception of peers and other social groups about alcohol consumption. This period brought about the development of the Social Norm Theory.

The theory measures the gap or vacuum created between perceptions and reality. Thus, between what people perceive and the actual fact, there are certain factors such as individual experience, engagement with certain groups that influences the things they do, how they feel and act among others. The theory predicts that overestimations of problem behaviour will increase these problem behaviours while underestimations of healthy behaviours will discourage individuals from engaging in them. Bicchieri (2006) explains that a social norm is a rule of behaviour that individuals conform to it, that is, most people in their reference network conform to it. According to Bicchieri (2006), social norm is what motivates collective patterns of behaviour. It tries to answer a very basic question of why people do what they do? Bicchieri (2006) uses the following very simple, measurable concepts to answer the question of why people do what they do:

Unconditional: I have the preference regardless of what I expect others do or what I expect others think I should do. Unconditional Preference is Independent Choice.

Conditional: My preference depends on what I expect others do or what I expect others think I should do. Conditional Preference is dependent Choice upon the possible answers given by Bicchieri (2016) to why people prefer to do what they do are:

- (1) Because they believe it meets a need
- (2) Because they believe it is the right thing to do
- (3) Because they believe other people are doing it
- (4) Because they believe others think they should do it

From this theory, behaviour is seen as a norm. It is formed over the years based on the practices of a group of people. When people engage in a particular behaviour for a long time it becomes a norm. Therefore, the theory can be adopted in understanding that open defecation might be persisting in James-town because inhabitants view the practice as a norm. They engage in the act and feel no sense of guilt. This is because; open defecation is an integral practice in the community. This theory will provide an insight for the researcher to appreciate how norms influence attitudes. This will help the study in proposing actionable plans towards resolving the problems.

2.2 Global State of Sanitation and its Impact

The period of 1981-1990 was declared as the international Drinking Water and Sanitation Decade. This was arrived at during a conference on water held in Argentina in 1977 by the United Nation. This declaration was targeted at providing water and good sanitation for all (Black & Fawcett, 2008). The declaration swept in a lot of attention with many countries adopting pragmatic steps towards meeting the demand. Sadly, during this period, much attention was directed at providing clean and safe drinking water with little attention on improving global sanitation. By the end of this period, though the task of clean drinking water

had improved, sanitation on the other side had worsened. There were 300 million more people without access to proper sanitation after the period that marked the declaration (World Water Assessment Programme, 2009).

Later, the UN Millennium Declaration in 2000 global commitment was made. Among other things, the Millennium Development goal was aimed at improving sanitation. This was expected to bring about an improvement in health through the reduction of malaria and other diseases. In 2002, the world held a summit on sustainable development in Johannesburg and reaffirmed these goals and added access to basic sanitation as a centrepiece of the poverty eradication commitments (World Water Assessment Programme, 2009).

WHO/UNICEF (2012) reported that, the global drinking water target has been met in 2010, five years ahead of the schedule date of 2015. Despite the welcoming news on drinking water, the sanitation development is still inadequate and the world yet again could not meet the MDG sanitation target. For instance, the global Monitoring report held that, 1.8 billion people gained access to improved sanitation facilities between 1990 and 2010, but 2.5 billion people still lack improved sanitation (Bartram, Brocklehurst, Fisher, Luyendijk, Hossain, Wardlaw, and Gordon, 2014). Rockström, Axberg, Falkenmark, Lannerstad, Rosemarin, Caldwell, Arvidson, and Nordstrom (2005) stressed the importance of the seventh MDG by saying that environmental sustainability is not an isolated goal in itself, but instead forms an integral goal for all the MDGs. The sanitation target of environmental goal has connections to other MDGs as well.

The UN Millennium Project Task Force on Water and Sanitation (2005) emphasize the importance of water and sanitation management for meeting the MDGs and says that improved water and sanitation will promote the achievement of all eight MDGs. This indicates well the broad influence area of sanitation and the benefits from the investment to sanitation

management with suitable sanitation technology, not only to promote environmental sustainability, but also to the other development goals.

2.2.1 Sanitation in Ghana

The issue of sanitation in Ghana is one that has received considerable attention across the length and breadth of the country. Many media reports continue to highlight the poor state of sanitation in Ghana with the aim of getting decision makers to fix the problem. Various governments have also attempted to address sanitation situation in Ghana by investing heavily into the sector. Notwithstanding these healthy investments made by individual, institutions and government, there appear to be little or no improvement in the sanitation situation in Ghana. Access to clean drinking water is a challenge to several rural communities and even some urban cities. Recent media reports have evidenced the poor state of drinking water in these communities. Some of these rural communities continue to share same drinking water with cattle/animals. According to the Safe Water Network, over 40% of Ghana's total population depend on surface water for drinking exposing them to a plethora of diseases (SWT, 2018). Currently, 67% of Ghanaians lack access to toilet facilities. This has led to increasing cases of open defecation especially in rural areas.

Ever more, many people still dump waste indiscriminately. This is as a result of high cost of waste disposal especially in urban cities, a lack of education and a lack of dumping sites. There are also very limited waste recycling facilities to help reduce the heaps of waste generated daily. The Accra Municipal assembly estimated that, over 75% of gutters in the Greater Accra region are choked with garbage making it impossible for water to flow easily during rains. Sanitation experts believe that, this has contributed largely to floods whenever rain set in. Due to poor sanitation, Ghana loses 290 million annually, this is equivalent to 12 dollars per person per annum in Ghana.

2.3 Open Defecation Situation in Ghana

Open defecation, the riskiest sanitation practice of all, is on the decline worldwide, with a global decrease from 25% in 1990 to 17% in 2008, representing a decrease of 168 million people practicing open defecation since 1990 (WHO, 2010). A new UN report focusing on water sanitation and hygiene has found that open defecation is widespread with 21% of the world's population equivalent to 1.3 billion people practicing it. Current statistics compiled by UNICEF in 2016 showed that, out of Ghana's 216 districts, only 8 districts have at least 33 percent of their community not practicing open defecation. The report further upholds that, out of the entire population of the Upper East Region, 89% engage in open defecation. This makes the region the worse in the area of open defecation (UNICEF, 2016)

Several reports reviewed in the earlier part of this literature suggest that, a large number of Ghana's population drink from surface water. This means that, open defecation is a major threat to the safety of drinking water. During raining seasons, water wash away faeces left in the open and end up polluting water bodies such as rivers, lakes, ponds among others. Some of these water bodies serve as source s of drinking water and as such, many get infected with diseases and illnesses. In recent times, especially in 2014, Ghana has witnessed an unprecedented outbreak of cholera cases claiming hundreds of lives. Among other factors, reports available suggest that, the practice of open defecation largely influenced the outbreak. Annually, Ghana is estimated to lose a minimum of 79million dollars per year arising out of the practice of open defecation.

2.3.1 Causes of Open Defecation in Communities

Cherukupalli (2016) opines that "there are always people who refuse to believe in the benefits of using a toilet. Many prefer to go out in the open to defecate as their ancestors have done for centuries a habit extremely difficult to break" (Cherukupalli 2016, p.69). Singh (2017),

indicated that most people from rural areas in India have shown an unwillingness to discontinue their habits of open defecation even if they are given toilets. Many people who already have toilets in their house forgo its use in favour of defecating in the open. In 40 percent of households that had a toilet, at least one member chose not to use it at all. They believe that defecating in the open is more natural and healthy, and that building a latrine in the house brings impurity to it.

In India, Ambesh and Ambesh (2016) state that most open defecation occurs in villages with a prevalence of 65%. In urban settings the prevalence is close to 16%. The problem has thick deep roots with a multi-factorial origin. Unavailability of proper toilets or toilets that are dimly lit, broken or clogged latrines is common. However, the biggest problem is the mind set of people in both rural and urban settings. Children grow watching parents and grandparents practice open defecation. Most farmers believe that waking up early and defecating in the field, not only adds natural fertilizer to the soil, but also rejuvenates the bowel and the mind.

Access to decent toilet facilities in Accra is largely limited. Many homes in the region are without toilet facilities, a development that have contributed largely to the open defecation menace. On the other hand, not only are there very few public toilets, the state of these toilets are mostly bizarre. Most public toilets are not in a good state while others are located far from homes. Due to the deplorable and unclean nature of these toilet facilities, some users are left with no option than to smoke cigarette while easing themselves or cover their nose to escape from the bad odour. Apart from this, many people do not understand why they must pay to attend to “natures call”.

In some parts of Accra, fees are charged before one can access public latrines, many people cannot afford. Others cannot bear the pressure and uneasiness of joining long queues before having their turn to ease themselves and so defecate into polythene bags and throw them on

the streets and in dust bins. This poses great environmental concerns because; these actions and many others are the main cause of cholera and diarrhoea outbreak in Accra and other parts of the country. Many people find it convenient to ease themselves at the beaches, in gutters and refuse dumps where they will not pay a dime and also escape from a more or less, comparatively odour free place of their convenience.

According to the UNICEF (2016), slow progress on sanitation and the entrenched practice of open defecation among millions around the world continue to put children and their communities at risk.

Around the world, it is projected that about 2.5 billion people have limited access to toilet facilities. This has resulted in a total of 1 billion people out of the 2.5 billion without toilets engaging in the practice of open defecation with its consequences. Routray, Schmidt, Boisson, Clasen and Jenkins (2015) state that to improve sanitation and promote better health, the Government of India (GOI) has instituted large scale sanitation programmes supporting construction of public and institutional toilets and extending financial subsidies to poor families in rural areas for building individual household latrines. Nevertheless, many household latrines in rural India, built with government subsidies and support of Non-Government Organizations (NGO) are not being utilized.

In their study, Routray, et al. (2015) revealed that government subsidized latrines were mostly found unfinished. Many counted as complete per government standards for disbursement of financial subsidies to contracted NGOs were not accepted by their owners and termed as “incomplete”. These latrines lacked a roof, door, adequate walls and any provision for water supply in or near the cabin; whereas rural people had elaborate processes of cleansing with water post defecation, making presence of nearby water source important. (Routray, et al., 2015).

Providing infrastructure does not ensure use when there are significant and culturally engrained behavioural barriers to using latrines. Such barriers as: habits, socializing, sanitation rituals and daily routines varying with caste, gender, marital status, age and lifestyle is a contributory factor against the acquisition and usage of latrines. Interest in construction of latrine was for only their female members especially the newlywed daughter in-law for their privacy, security and convenience (Routray, et al., 2015).

2.3.2 Harmful Effects of Open Defecation

According to Singh (2017), open defecation practices remain a huge health and safety risk issue. In India, there have been hundreds of cases of women being raped, murdered and hung on trees after they were defecating in an open field. India's dense population also means that even in rural areas, human faeces are not easily kept away from fields, wells and food. Bacteria and worms in faeces are often accidentally ingested. This results in a range of health problems from diarrhoea to chronic sickness that prevents the absorption of calories and nutrients. Many specialists believe that the problems open defecation causes are the reasons 50 percent of Indian children are malnourished (Singh 2017).

According to Ambesh and Ambesh (2016), open defecation is the mother of all infection and morbidity and is a major cause of fatal diarrhoea. Every day about 2000 children aged less than five succumb to diarrhoea and every 40 seconds a life is lost. It is depressing that all this needless suffering is actually preventable (ibid). In densely populated countries like India, the health impact is magnified many fold. There is evidence to suggest that water sanitation and hygiene practices are associated with child linear growth. Children have a tendency to put common things in their mouth (ibid). In rural settings where open defecation is prevalent, large amounts of faecal pathogens via human and animal faeces are ingested by children. This creates

a massive reservoir of bacteria, parasites and viruses that keep spreading gastrointestinal infection. An eventual result is growth stunting and malnutrition (ibid).

According to This Day Live (2016), experts have consistently warned that when large numbers of people are defecating outdoors, it's extremely difficult to avoid ingesting human waste, either because it has contaminated the food or water supplies or because it has been spread by flies and dust. According to This Day Live (2016), a joint UNICEF and the World Health Organization report on the issue revealed that the absence of toilets remains one of the leading causes of illness and death among children. The report further pointed out that diarrhoea, a disease often associated with poor sanitary conditions, and respiratory infections resulting from poor hygiene, kill about 400,000 children under the age of five annually. These deaths are largely preventable with improvements in water, sanitation and hygiene (This Day Live, 2016).

The UNICEF report was amplified by the country representative of Water Aid to Nigeria, who said every seven women out of 10 had no access to safe toilets, and millions of other women and girls lacked safe and adequate sanitation (This Day Live, 2016). Every year, over 85,000 mothers in Nigeria lose a child to diarrhoea diseases caused by lack of adequate sanitation and clean water. Women and girls living in Nigeria without toilet facilities spend 3.1 billion hours each year finding a place to go to the toilet in the open (This Day Live, 2016).

Akapule (2015) claims that as a result of open defecation phenomenon and the lack of sanitation facilities in Ghana, in 2014, the country recorded a massive outbreak of cholera. According to the situational report of World Health Organization Country Office in Ghana, the epidemic affected 123 out of the 216 districts in the 10 regions. It gave a cumulative total of 26,286 cases with 211 deaths. According to Akapule (2015), the Greater Accra Region recorded 72% of the cases and with the highest recorded deaths. The International Federation of Red Cross also cited Greater Accra as the most affected region, with 5,558 cases and 45 deaths.

Akapule (2015) attributed the outbreak of cholera to open defecation because there is a relationship between faecal waste and cholera. Every patient diagnosed to have cholera meant that the patient might have eaten faecal waste. Rainwater often washes faecal matter into drinking water sources thereby affecting the sources. Drinking from such sources could lead to water borne diseases particularly cholera.

The impact of Open Defecation on the socio-economic development cannot be overemphasized (ibid). Health experts have confirmed that there is a direct correlation between open defecation and diseases such as dysentery, typhoid and cholera among others. There is no doubt that in the wake of a cholera outbreak, government spends huge sums of money in the procurement of medicines in trying to support and to manage the problem (ibid).

Apart from government spending so much money in managing the situation, the productivity sectors such as agriculture, industries, trade and the economy including all the government sectors are often affected leading to lower productivity as many affected persons are unable to go to work (ibid). According to Acheampong (2010) in some areas of Accra, public latrines do not have hand washing facilities which is the major cause of the rampant diarrhoea and cholera outbreak in the metropolis, especially among children. Inhabitants who live close to these facilities suffer from the hazards that it poses and can hardly breathe in any fresh air. Acheampong (2010) laments that when it rains; these indiscriminate human wastes are washed into our water bodies which are the main source of drinking water for both human and livestock. This inevitably leads to the outbreak of cholera, diarrhoea and other perilous diseases which have claimed many precious lives in the past and is still claiming the lives of many poor children and adults who cannot afford portable accommodation and hygienic toilet facilities. This will go a long way to retard economic development since; a lot of money is wasted by the government in treating diarrhoea and cholera patients yearly. Many children are made orphans, and parents tend to have more kids to compensate for those who will be lost to preventable

sanitation diseases. Many of the country's work force, the youth, are also lost to these preventable and treatable disease (Acheampong, 2010). According to UNICEF (2014) in 2013 more than 340,000 children under five died from diarrhoea diseases due to a lack of safe water, sanitation and basic hygiene – an average of almost 1,000 deaths per day.

In Kenya, Tifow (2011) laments that open defecation and its public health, social and economic impacts can create a vicious cycle of illness, high expenditure on health care, lost work and schooling and poverty (UNICEF, 2014). Girls and women are at most risk and made more vulnerable by poor sanitation and hygiene. In some regions, girls and women are forced to defecate only in the dark exposing them to serious illness due to waiting, in addition to increased risk of harassment and assault to and from defecation areas. Tifow (2011) claims that among children under age five, the two main causes of mortality; acute respiratory infections and diarrhoea diseases are closely linked to poor water, sanitation and hygiene. Of the 1.8 million people estimated to die each year from diarrhoea, 1.5 million are children. Repeated diarrhoea episodes are a significant underlying cause of malnutrition, leading to weakened immune systems and stunted growth (UNICEF, 2014).

2.4 Impact of social media as a campaign tool in curbing open defecation.

Social media comprise platforms to create and exchange user-generated content. Sometimes social media is called consumer-generated media (CGM). The advent of social media has transformed every facet of human life, facilitating information sharing and building ties across social, demographic and geographic divides (Luo & Smith, 2015). With a remarkable capacity for a widespread public engagement, social media is perhaps the fastest and most cost-effective means of connecting with any desired audience. Today, the world is becoming a small place to live in and share knowledge, ideas and passing over valuable culture to the next generation. The media is increasingly being used in all manners of communication ranging from personal and academic communications to professional, health and wellbeing-related communications

(Campbell & Craig, 2014). Social media is not only important for creating an online presence, it has become a veritable platform for marketing and relationship building as well as running social campaigns (Manfred, Verena, & Daniela, 2012). Under this study the researcher assess the relevance of social media in the fight against open defecation in Ghana. Some of the ways by which social media can be used in the fight against open defecation include the following. Educating and empowering people with sanitation information are one area where social media has found an unparalleled usefulness (Vance, Howe, & Dellavalle, 2009). Owing to the ever-increasing availability and access to social media, a growing number of people now have greater access to sanitation information (Campbell & Craig, 2014). It has become easier for players in the sanitation sector to connect and interact with their target audience via social media platforms.

Social media has equally been used in surveillance, tracking and monitoring of poor sanitation practices as well as in providing cost-effective communication in real time (Scanfeld, Scanfeld, & Larson, 2010). Similarly, social media can be used in identifying areas in need of intervention, monitor the response of the public to sanitation issues and communicate appropriate sanitation messages to targeted communities (Signorini et al., 2011). Several of these uses are relevant in behavior change communications. They can be adopted and adapted to the communication objective(s) of behavior change interventions.

2.5 Importance/Benefits of Social Media in promoting good sanitation

Some unique characteristics distinguish social media as an important channel for promoting good sanitation (Heldman, Schindelar, & Weaver, 2013). First, social media has the capacity for targeting and reaching diverse audiences since it is not limited by space, time or geography (Moorhead et al., 2013). Access to the internet and hence social media has greatly improved. Different physical gadgets such as smartphones and other mobile devices can now be used in accessing social media sites (Moorhead et al., 2013). Also, the creation of various mobile

applications has further contributed to the ease of social media's accessibility. This improved access has implications for the use of social media, which in turn enhances audience reach and engagement, thus, benefiting the campaign for improved sanitation through ending open defecation (Moorhead et al., 2013). Also, the expansive and targeted reach of audiences, which social media offer is far greater than is possible with conventional media (Keller, 2009). Similarly, the use of social media cuts across all ages. Thus, if well-deployed, social media may influence behaviour change across diverse population groups, irrespective of age, race, education or location (Kukreja, Sheehan, & Riggins, 2011).

Secondly, social media promotes interactive engagement with the target audience (Korda & Itani, 2013). This interactive potential defines social media's suitability for effective sanitation (Moorhead et al., 2013). Based on the understanding that promoting good sanitation is not merely the transmission of sanitation information to passive audiences (Portsmouth et al., 2012), the multi-way interactivity in social media offers an unmatched advantage (Adams, 2010; Taylor, 2012).

Thirdly, social media has the potential for providing peer and social support (Moorhead et al., 2013). Majority of the people who engage in open defecation are youthful who by large are the users of these social media platforms. These attributes are perhaps the most important requisites for promoting good sanitation. The reason is because; social media by its nature is addictive and has a direct influence on its users especially at the early level, where people think and act similar.

2.6 Social Media and Behaviour Change

How social media brings about behavior change is not entirely understood; however, the idea behind marketing and advertising gives an insight (Taylor, 2012). In marketing, for instance, the popular brand (often a consequence of extensive publicity) easily becomes the most

attractive option. This fact may explain why corporate bodies and organizations often budget large sums for advertising and brand promotion (Taylor, 2012).

Following a strategy similar to that of marketing, sanitation campaigns uses various types of communication channels in promoting good sanitary behaviours (Freeman et al., 2015). Arguably, social media channel offers a unique advantage for visibility, publicity and aggregating evidence of people's choices. Proof of options made by a network of friends/followers on social media platforms, for example, can significantly influence the choices of other users (Taylor, 2012). Thus, using strategies of commercial marketing, social media, may promote behavior change towards sanitation – a concept known as social marketing.

2.6.1 Limitations of Social Media for Improved Sanitation

Notwithstanding the many benefits in social media and its potential for engagement purposes, using the media to promote good sanitation is not without some challenges. First, barriers with respect to internet connectivity tend to limit the use of social media (Taylor, 2012). Access to, confidence and knowledge in using technology and attitudes to learning, all have consequences for engagement with social media. In the United Kingdom, for instance, only about 87% of the population had access to the internet in 2017 (Seybert, 2017). Lack of skills and cost of equipment were the commonly cited reasons for poor internet access (Seybert, 2011). A behaviour change intervention, therefore, with social media as the only communication outlet will achieve little or no result among populations/sub-populations with low or poor access to or skills in using the internet. Owing to this difficulty, evaluating online activities for their long-term influence on behaviour change is considerably challenging (Taylor, 2012). One major criticism of using social media is that the analytics for measuring engagement level – views, shares and likes – cannot be used in judging behaviour change (Freeman et al., 2015). The number of 'likes', 'views' and 'shares', for example, may have no link whatsoever with

changes in behaviour in real life (Freeman et al., 2015). Consequently, it can be understood that whereas social media and the internet have become pervasive with lots of benefits, it is not ‘a one size fits all’ channel. A possible scenario would be an end open defecation campaign or intervention targeted at people with low technology skills, or local people in remote settings where there is no access to the internet. Another scenario could be a behavior change intervention targeted at children, for instance, hand washing behaviour in the prevention of trachoma. Social media will most likely perform poorly if used as a channel for communicating these types of behaviour change interventions. Some of the other challenges associated with using social media for open defecation campaign include difficulty in sustaining engagement, loss of control over messages, concern about negative comments, and challenges in carrying out evaluation (Heldman et al., 2013).

2.7 Empirical Review of Related Studies

The Water Aid Ghana (2008) in their study ‘Abandoning Open Defecation: Comparison and Adaptation of Social Change Dynamics’ examined key strategies and actions that could influence or cause a stop to open defecation in Ghana. Data collection employed both quantitative and qualitative methods where structured questionnaires and focus group discussions were used as instruments to elicit responses from the study respondents. The sampling technique employed was that of purposive and simple random sampling with four different districts (Kwahu North, Tamale Metropolitan Assembly, the Gushiegu and Wa East district) sampled. In total, 2,864 households were sampled from 78 communities that were enlisted. Findings of the report revealed that only about 10% of the households sampled had access to improved latrines, causing majority of the respondents to resort to gutter, bushes and uncompleted buildings for solid waste disposal. It was also clear from the findings that most of the people sampled had little or no knowledge about the related health problems and diseases associated with open defecation. With respect to the factors that promoted open defecation,

poverty, refusal of landlords to provide latrines, social norms and the perceived notion that solid waste tend to fertilize the soil were some of the reasons cited. Even though the mixed method approach was used for this study, there were no associations made between social media campaigns and change in behaviour, a gap this study seeks to address.

O'Connell (2014) in her study 'What Influences Open Defecation and Latrine Ownership in Rural Households' also conducted a cross country analysis on the factors that influenced positive or negative sanitation behaviours. By examining secondary data from eight different countries (Uganda, Malawi, Kenya, Cambodia, Tanzania, India, Indonesia, and Peru), and restricting the analytical process mainly to inductive thematic interpretations, the following results were obtained: Findings of the study revealed that the main factors responsible for open defecation in all the 8 selected countries were social behaviour towards open defecation, the absence of private latrines, poor state of public latrines, and low socio-economic status. Positive change in behaviour were associated with factors like embarrassment and shame, social status, and the need for privacy and convenience. The foregone focused mainly on secondary data (reports) from previous studies which begs the question of whether or not the source(s) employed were dependable. The study also focused only the factors that influenced positive or negative sanitation behaviours but failed to establish associations between social media campaigns and change in behaviour, a gap this study seeks to address.

A study titled 'Public toilets and their customers in low-income Accra, Ghana' was conducted by Peprah, Baker, Moe, Robb, Wellington, Yakubu and Null (2015) to investigate the physical conditions of public latrines, the challenges faced by customers of public latrines and the possible solutions to these problems. The methodology used was that of the mixed method approach with the study site encompassing four communities namely Bukom, Alajo, Old Fadama and Shiabu. A total of 800 households were sampled in the study with the entire data

collection process lasting for 6 months. They observed that most of the public toilets in these communities were in a deplorable state (i.e. not clean, overrun with flies and maggots, and smelly) with poor or no hand washing facility. Majority of the respondents according to the report from the findings indicated that they were convinced open defecation would be a thing of the past provided public latrines will be improved and properly managed.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter deals with the methodology, specifically the research design. Research methodology details the guidelines or steps adopted in a particular research. It sets the premises, practical conditions and considerations according to which the researcher structures the logic of a research given the question he wants to answer. The research design includes the population and sample selection, primary and secondary sources, research procedure, the study area, data collection methods and instruments, and how the data will be analyzed.

3.1 Research Design

The research adopted the case study design to determine the impact of social media as a campaign tool in curbing open defecation in Jamestown. In social science research, a case study is adopted to enable the researcher conduct a systematic enquiry of a social phenomenon. With this type of design, the researcher can examine different variables. The approach also makes it possible to narrow down a broad topic into a simple or small size thus, making it easy to be studied (Braylen, 2007).

According to Yen (2001), research design is purposely adopted to reduce the possibility of making unrepresentative generalizations in research. To achieve this, the approach suggest that the researcher specifies the type of evidence needed in addressing the research questions, describing the phenomena and examining theories or conceptual framework developed through the study (Smith, 2001). In choosing the research approach for this study, a number of factors were taken into consideration. The first factor was to determine how the researcher could easily manipulate the topic or his level of control. Others included looking at the setting of the topic under investigation which included whether it was a contemporary issue or historical in nature,

the period within which the study is to be conducted and the nature of data to be gathered (Gay & Airasian, 2003).

3.2 Research Method

The Mixed research method adopted in this study centered on assessing the influence of social media in the fight against open defecation. This type of method allows the researcher to gather both qualitative data through (interviews, observations, focus group discussions etc.) and quantitative data through the use of a research instrument (questionnaire, survey etc.) (Trochim & Donnelly, 2003). Instead of using one of these methods, the mixed method research approach will allow the researcher to first gather vast data that will aid in drawing a more responsive and representative conclusion. This can be achieved by comparing the qualitative data with the quantitative data. Moreover, because majority of the inhabitants of the study area (Jamestown) are predominantly GA speaking people, adopting the mixed method approach where personal interviews and interactions are guaranteed will be very simple and useful. It will enable participant to explicitly express their views. This will go a long way in enhancing the validity of the outcome. Finally, both methods have their negative effects. By combining the two methods, it permits the researcher the opportunity to eliminate bias in the findings.

3.3 Population and Sample

Bryman (2000), identifies the population as the focus group of any social or scientific enquiry (Bryman, 2000). It can also be defined as a complete set of elements that possess the characteristics defined by the sampling criteria of a research work (Glizt, 2003). The population of this study includes all inhabitants of James-Town community in the Greater Accra region. Creswell (2009) defines a sample as a small part of something intended as the representative of a whole. Sample is very vital in research because, it is practically impossible for the researcher to engage all individual units in the population. Sampling proceedings refers to the methods adopted in selecting respondents for the study. Sampling is very important in both

quantitative and qualitative research; it is used when it is not possible to include the whole of a population in research projects (Williamson, 2002).

3.3.1 Sample Procedure

In this study, the researcher employed the purposive sampling and convenient sampling method for the selection of the respondents. Purposive sampling refers to intentionally chosen sample according to the needs of the study. In the opinion of Wimmer and Dominick (2000), respondents are chosen based on a shared characteristic or quality that satisfies the needs of the study. Likewise, this strategy enables the researcher to collect relevant and useful information for answering the research question. This particular method was thus used in selecting three (3) elders/community leaders of James-Town. This was done because it was believed that they possessed a vast knowledge on the subject matter and were in the best position to answer all the questions that were being posed. On the other hand, convenient sampling method will be used in selecting hundred (100) inhabitants from James town because it allows the researcher to choose base on accessibility, readiness of respondents and availability.

3.3.2 Sample size

The sample size of a research work represents the total number of respondents that is chosen from the sample frame to represent the population. As explained by Kujo (2004), choosing a sample size is necessary because it is practically impossible for any researcher to engage the entire population. However, choosing a larger sample size presents the research outcome the needed credibility. This study considered a sample of hundred (100) respondents for the survey questions and three other community elders for conducting interviews. By using the formula: $n = N / (1 + N (e)^*)$ with n denoting the actual sample size, N referring to the size of the population, e termed as the margin of error and finally $*$ denoting the squared root of the margin error. The following figures were thus substituted into the formula as follows:

$$n = 200 (1 + 200 (0.05 \times 0.05))$$

$$n = 200 (201 (0.0025))$$

$$n = 200 \times 0.5025 = 100$$

3.4 Description of instruments

Since the research adopted a mixed methodology, a standardized questionnaire was used in collecting primary data. Questionnaires normally comprised of two different set of questions including the open-ended question and, the close ended questions. While the close ended questions were purposefully designed to restrict respondents to particular answers, the open ended questions gave respondents the opportunity to express their personal opinion. Questionnaires are very relevant instruments in data collection because, they permit respondents time to consider their responses carefully without interference. Greatline (2002) explains that, questionnaire is an effective way of measuring the behaviour, attitudes opinions or intentions of relatively large groups at a cheaper cost. In addition to the usage of questionnaires for the survey data, interviews were conducted using a voice recorder. The voices were recorded and later transcribed for further analysis.

3.5 Data Collection Process

The mixed method research emphasizes the importance of context in analyzing data (Denzin & Lincoln, 2005). Quantitatively, during the research process and especially during the data collection phase, the 100 questionnaires were administered to respondents in their various homes at a predetermined time. The researcher stayed behind and monitored the completion of each questionnaire. Further elucidation and clarification was also provided for those who did not understand the content of some of the questions they read. This made it possible for them to make the right choices. Additionally, some of the texts were translated for those who did not

speak English and spoke only the GA language to make it easier for them to answer the questions appropriately.

In order to gather qualitative data, the researcher also conducted interviews. These interviews were conducted at the convenience of the interviewees as the time and location were predetermined by them. Apart from one participant, who spoke in English, all the remaining spoke in the Ga language. The interviews were first recorded using a voice recorder and later transcribed into written text. Fortunately, the researcher speaks Ga, this made it easy for him to translate and administer the interviews in Ga.

3.6 Data Analysis

Mouton and Marais (2001) describe data analysis as the process whereby the phenomenon is broken down into its constituent parts in order for it to be understood better. “Data analysis in mixed research method includes analyzing the quantitative using quantitative method and analyzing qualitative data using qualitative method” (Creswell & Plano Clark, 2007). The first identifiable feature of data analysis in mixed method is the use of descriptive statistics to delineate the findings. Therefore, this study intends to present quantitative data through the use of tables and bar charts. After administering and retrieving the questionnaires, the researcher shall first collate the data in its raw form. This will later be reduced into measurable percentages using the SPSS software. This software will help in reducing the raw data into percentage equivalents for easily presentation. The use of the SPSS software when used appropriately will lead to more accuracy and clarity in the outcome of the findings (Trochim & Donnelly, 2007).

The qualitative phase is concerned with the analysis of the data transcribed from the interview conducted. The textual data will be analyzed using content analysis. According to Kothari (2004, p. 110), “content analysis is mostly qualitative analysis concerning the general import or message of the existing document or textual data. Qualitatively, the transcribed interviews

will be presented in relation with the quantitative data. Thus, the views expressed through these interviews will be assembled comparatively with the quantitative data. This means that, the researcher will review how these responses relate with the quantitative data and literature reviewed under this study. It must be noted that, not all transcribed information will be needed. Rather, the study makes use of those responses that are relevant to answering the researcher questions posed from the beginning of the study.

3.7 Ethical Considerations

In this study it was necessary to collect a lot of information of a highly personal nature. For this reason, anonymity was of vital importance to protect the personal identity of the individual respondents. Necessary precautionary measures were taken to protect the confidentiality of the respondents. Respondents were duly informed about the purpose of the study through the presentation of a consent form. They were also educated on the main components of the research design. Respondents were assured of confidentiality, though they were told, for instance, in the case of the interviews, that their voices would be recorded. No participant was coerced by any means to take part. They willingly accepted to actively participate in the study by thumb printing the consent form to indicate their volition to participate in the study. Pseudonyms were used in the study report to conceal the identity of all the respondents.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS

4.0 Introduction

Chapter 4 is concerned with the analyses conducted on the data that was collected from the sample. The chapter has been divided into two, and it encompasses data obtained from the quantitative phase as well as that of the qualitative phase of the study. In displaying results, the study made use of tables and figures to aid in providing a graphical representation of the data obtained. The first section of this chapter focuses on descriptive statistics and clearly shows the characteristics of the sample. The remaining sections follows the arrangement of the research objectives in a chronological order.

4.1 Demographic Information of Respondents

Table 4.1

Gender of Respondents		
	Frequency	Percent
Male	62	62.0
Female	38	38.0
Age		
Under 20	20	20.0
21-30	52	52.0
31-40	27	27.0
41 and above	1	1.0
Total	100	100

Field data, 2019

Table 4.1 above shows the gender and age distribution of respondents in this study. From the table, we see that there are 62 males (62 percent) and 38 females (38 percent) in the sample, giving a total of 100 respondents. This means that the number of male respondents outweigh the number of female respondents in the sample. Thus, one characteristic of the sample in this

study is that it is male dominated. Information apparent on Table 4.1 above also shows that majority of the respondents sampled, 52 (52 percent) fall within the age group of 21-30 years, followed closely by those within the age group of 31-40 years, 27 (27 percent) respectively. The remaining number of respondents 20 (20 percent) were under 20 years of age with only one respondent recorded who was above 41 years. This suggests that the sample is dominated by respondents in their early adulthood stage.

Table 4.2

Highest Educational Attainment		
None	15	15.0
Primary	40	40.0
Secondary	30	30.0
Tertiary	15	15.0
Occupation of Respondents		
Bus conductor	3	3
Driver	2	2
Fish smoker	8	1
Kenkey seller	9	2
Banku seller	7	3
Petty trader	3	3
Student	68	1
Total	100	100

Field data, 2019

Information apparent on Table 4.2 above also shows that majority of the respondents sampled, 40 (40 percent) have had access to basic education, followed closely by those in the second cycle of the educational system, 30 (30 percent) respectively. The remaining number of respondents in the study, 15 each (30 percent) are tertiary students and illiterates respectively.

This suggests that one of the main characteristics of the sample is that majority have the ability to read and write and have at least been exposed to the appropriate ways of defecating. Further examination of Table 4.2 above also reveals that, the sample is dominated by students, 68 (68 percent) with the remaining number of respondents, 32 (32 percent) engaged in menial jobs like Kenkey/banku selling, fish smoking and petty trade.

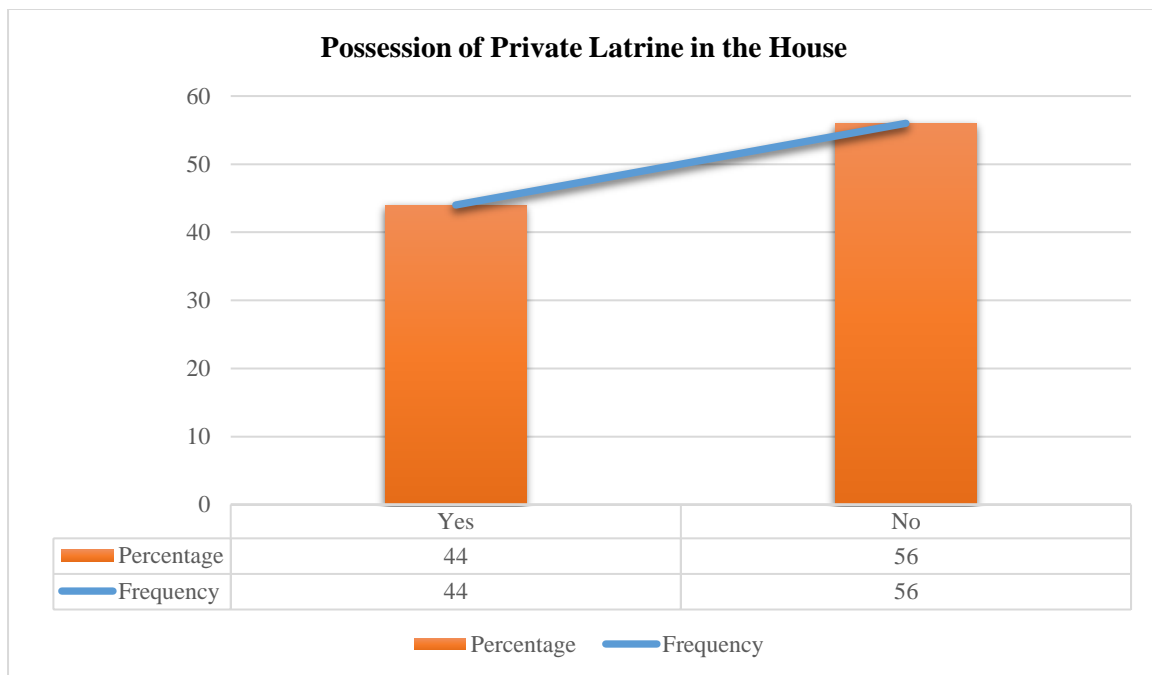
Table 4.3

Current Apartment type of Respondents		
	Frequency	Percent
Single room	29	29.0
Chamber and hall	26	26.0
Detached/Self contained	10	10.0
Family house	35	35.0
Number of Members Living in Household		
2-4	17	17.0
5-7	11	11.0
8-10	48	48.0
Above 10	24	24.0
Total	100	100

Field data, 2019

With respect to the type of apartment occupied by respondents of the study, it was observed that majority of them (see Table 4.3 above), 35 (35 percent) lived in family houses, followed closely by those living in single rooms, 29 (29 percent) and chamber and hall, 26 (26 percent) respectively. The remaining number of respondents in the study 10 (10 percent) lived in detached/self-contained buildings. Further analysis of the table below revealed that majority of the respondents in the study, 72 (72 percent) lived in populated houses as the average number of members living in the same household was above 7.

Figure 4.1



Field data, 2019

Figure 4.1 above shows a graphical representation of the number of respondents with private latrines in their house. Examination of Figure 4.1 above also revealed that more than half of the sample, 56 (56 percent) lived in houses without private latrines with the remaining number of respondents, 44 (44 percent) indicating that they had private latrines in the house.

4.2 Practice of Open-defecation and Reasons why

One of the main objectives of this study was to assess the reasons why some of the respondents in James Town defecated openly. With this aim, respondents were asked to indicate if they had once or are still engaged in the habit of defecating openly. Once that was achieved, the researcher sought to identify reasons why such practices was still prevalent in the community. The responses obtained have been summarized in Table 4.4 below.

Table 4.4 below showed the number of respondents that practiced open defecation as well as those that did not. From Table 4.4 above it was observed that majority of the respondents, 69

(69 per cent) out of the 100 respondents sampled did not engage in open-defecation while 31 (31 percent) of them did.

Table 4.4

Practice of Open-defecation		
	Frequency	Percent
Yes	31	31.0
No	69	69.0
Reasons for the answer above		
Because we don't have a private latrine in the house	15	15.0
Because we have a private latrine in the house	22	22.0
Because the private latrine in the house is not neat	3	3.0
I use the public toilets at all time	7	7.0
It is demeaning and disgraceful/shameful	22	22.0
It is unhealthy and unhygienic	7	7.0
It is against the law	5	5.0
It is more comfortable and convenient	9	9.0
My friends go there so I do same	3	3.0
The public toilets are not kept neat and are very smelly	3	3.0
Distance from my house to the public toilet	4	4.0
Total	100	100

Field data, 2019

When asked to give reasons why they engaged in or did not practice open-defecation, majority of the respondents 44 (44 percent) who said they did not engage in open-defecation believed that they did not engage in such practices because they had access to a private latrine in their houses, and were also of the opinion that engaging in such an act was very demeaning and shameful. This confirms the finding of O'Connell (2014) who argued that positive change in

open defecation were associated with factors like embarrassment and shame, social status, and the need for privacy and convenience. Other reasons they gave were the presence of a public toilet in their neighborhood that served such purposes and that it was also unhealthy and unhygienic for them to defecate openly. The main reasons given by the remaining number of respondents, (31 percent) who indicated that they defecate openly, were the fact that they did not have access to private latrines in their houses, and felt that it was more comfortable and convenient for them to defecate openly than visiting the public toilets. This confirms the finding of Ambesh and Ambesh, (2016) and O’Connell (2014) who revealed that the problem of open defecation is as a result of unavailability of proper toilets and absence of private latrines. The foregoing also supports the finding of Singh, (2017) who also contended that people were unwilling to discontinue the habit of open defecation, and this was true even for many people who already had private latrines in their homes. Other reasons that were given by the respondents had to do with the distance of the public toilets from their houses, the untidiness of the private latrines in their houses as well as that of the public toilets in the neighborhood. This finding corroborates the finding of O’Connell (2014) who said in his study that open defecation was caused by poor state of public latrines.

Table 4.5

Possession of Public Latrine in Neighbourhood		
	Frequency	Percent
Yes	78	78.0
No	22	22.0
Total	100	100

Field data, 2019

Table 4.5 above showed that majority of the respondents sampled in this study, 78 (78 percent) possessed a public latrine in their neighbourhood with only 22 (22 percent) of them indicating otherwise.

Table 4.6

Frequency of using public Latrine to defecate		
Not at all	29	29.0
Rarely	40	40.0
Most of the time	10	10.0
All the time	21	21.0
Wish to have a newly built Latrine in Neighbourhood		
Yes	77	77.0
No	23	23.0
Total	100	100

Field data, 2019

When asked to indicate the frequency with which they used the public latrines, majority of the respondents, 40 (40 percent) said they rarely used the public latrines they had in the neighbourhood, followed by 29 respondents (29 percent) who also revealed that they did not use the public toilets at all. Only 10 out of the 100 sampled respondents (10 percent) indicated that they used the public latrines most of the time with the remaining 21 respondents (21 percent) revealing that they used the public latrines all the time (see Table 4.6 above). This suggests that majority of the respondents do not really make use of the public latrines in James Town. This could be because of the conditions of those public latrines as revealed by Ambesh and Ambesh (2016) who said that toilets that are dimly lit, broken or clogged more often than not lead to open-defecation. The foregoing assertion was based on the premises that out of the total number of respondents sampled, majority of them, 77 (77 percent) wished to have a newly

built latrine in their neighbourhood with only 23 (23 percent) of the remaining respondents saying no.

Table 4.7

Frequency of using Social Media		
	Frequency	Percent
Rarely	6	6.0
Most of the time	48	48.0
All the time	46	46.0
Social Media used most often		
Facebook	29	29.0
Twitter	20	20.0
Whatsapp	49	49.0
YouTube	2	2.0
Campaign against open-defecation on Social Media platforms		
Yes	46	46.0
No	54	54.0
Total	100	100

Field data, 2019

Table 4.7 above shows respondents' frequency of using social media and the specific type(s) of social media channels they used most often. From Table 4.7 above it was observed that majority of the respondents, 48 (48 per cent) out of the 100 respondents sampled use social media most of the time, followed closely by 46 (46 percent) who used social media all the time. Only 6 (6 percent) of the respondents indicated that they rarely used social media. Further analysis of Table 4.7 above also showed that Whatsapp was the social media channel that was used most often by respondents as majority of the respondents, 49 (49 percent) affirmed it. This was followed by Facebook, 29 (29 percent), Twitter, 20 (20 percent) and YouTube, 2 (2

percent) respectively. When asked to indicate if they had ever been exposed to a campaign on open-defecation on social media, half of the sample, 54 (54 percent) said no while the remaining number of respondents, 46 (46 percent) said yes.

4.3 Motivating Factors Responsible for Open-defecation

Table 4.8

Disease as a consequence of open-defecation		
	Frequency	Percent
Diarrhoea	78	78.0
Diarrhoea; Dysentery; Typhoid	10	10.0
Diarrhoea; Typhoid	2	2.0
None	1	1.0
Typhoid	9	9.0
Contaminated water and food from open-defecation causes people to fall sick		
Yes	98	98.0
No	2	2.0
Total	100	100

Field data, 2019

This study sought to assess the motivating factors behind respondents' open-defecation practices. One of the key measurement factors the study employed was to assess respondents' knowledge on some of the possible diseases they could contract as a result of practicing open-defecation. To this end, respondents were asked to identify a list of diseases that have been proven as possible repercussions for engaging in open-defecation. Results obtained from Table 4.8 above showed that respondents' indeed possessed knowledge on some of the diseases that were consequential to the practice of open-defecation, and this was apparent in the majority of the respondents' views 99 (99 per cent) which served as the premises for the aforementioned conclusion. Additionally, majority of the respondents, 98 (98 percent) were convinced that

water and food from open-defecation caused people to fall sick, which also revealed a good knowledge of some of the negative effects of open-defecation. One thing that was also revealed from the analysis was that, majority of the respondents, 78 (78 percent) knew a lot about open-defecation leading to diarrhoea as against the other diseases that open-defecation brought about. This was in sharp contrast to the finding of Water Aid Ghana (2008) which revealed that most of the sampled respondents had little or no knowledge about related health problems and diseases associated with open defecation.

4.3.1 Factors Responsible for Open-defecation

Table 4.9a

Lack of Proper Education		
	Frequency	Percent
Strongly disagree	70	70.0
Neutral	13	13.0
Strongly agree	17	17.0
No access to Private Latrines in homes		
Strongly disagree	3	3.0
Neutral	3	3.0
Strongly agree	94	94.0
Public Latrines are not neat and are usually full		
Strongly disagree	6	6.0
Neutral	12	12.0
Strongly agree	82	82.0
Family members, peers and others defecate in the open		
Strongly disagree	5	5.0
Neutral	18	18.0
Strongly agree	77	77.0

Self-completed Field Survey, 2019

Table 4.9b

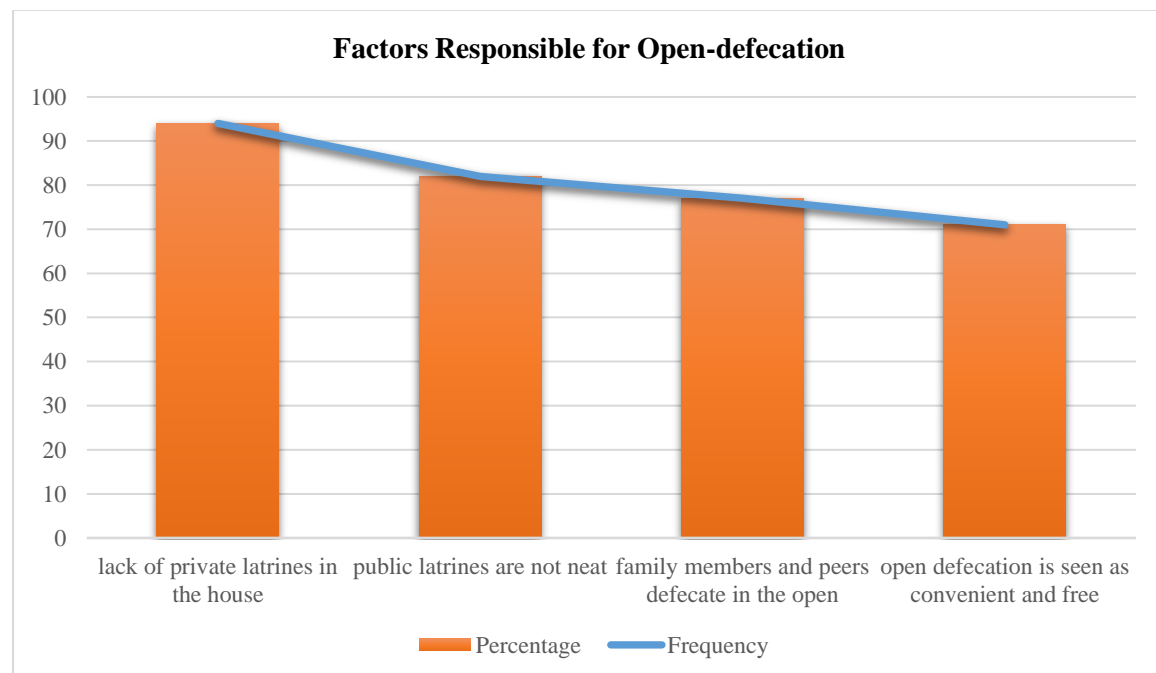
Some people Perceive the construction of Private Latrines as very Expensive		
	Frequency	Percent
Strongly disagree	9	9.0
Neutral	22	22.0
Strongly agree	69	69.0
It is my habit and I simply cannot Stop		
Strongly disagree	20	20.0
Neutral	15	15.0
Strongly agree	65	65.0
It is convenient and free of charge		
Strongly disagree	16	16.0
Neutral	13	13.0
Strongly agree	71	71.0
I want to protect my body from bad odour/smell from the Latrine		
Strongly disagree	38	38.0
Neutral	39	39.0
Strongly agree	23	23.0
Total	100	100

Self-completed Field Survey, 2019

Respondents were asked to indicate on a continuum of 1 to 5 (where 1 represented ‘strongly disagree’ and 5 signified ‘strongly agree’) the factors they thought were responsible for open-defecation. To this end, eight (8) factors were identified of which respondents could either agree to or disagree. Data on the factors have been separated into two tables namely, Table 4.9a and Table 4.9b. However, interpretations made on the data available on each table (i.e. Table 4.9a and Table 4.9b) were done comprehensively, and figures were used to give a graphical representation of the main factors that encouraged the practice of open-defecation.

Information apparent in Table 4.9a and Table 4.9b above revealed that the main factors responsible for the practice of open-defecation amongst majority of the sample was the lack of private latrines in their houses 94 (94 percent), public latrines not being neat and usually full 82 (82 percent), the incidence of family members, peers and others defecating in the open 77 (77 percent) coupled with the convenience of practicing open-defecation which was also revealed by majority of the respondents 71 (71 percent) respectively. This supports that results of Peprah et al 2015 and Water Aid Ghana (2008) which revealed that most of the public toilets in these communities were in a deplorable state (i.e. not clean, overrun with flies and maggots, and smelly) with poor or no hand washing facility and that only 10% out of 2,864 sampled households had access to improved latrines. It is important to note moreover that majority of the respondents, 70 (70 percent) out of the 100 respondents sampled felt that the main reason for the continuous practice of open-defecation had nothing to do with the lack of proper education. Figure 4.2 below gives a graphical representation of the aforementioned conclusion.

Figure 4.2



Field data, 2019

4.4 Behavioral change towards Open-defecation

Table 4.10a

I still defecate openly because there is no Latrine in my house		
	Frequency	Percent
Strongly disagree	67	67.0
Neutral	3	3.0
Strongly agree	30	30.0
I still defecate openly because everyone else in the Community is doing same		
Strongly disagree	71	71.0
Neutral	12	12.0
Strongly agree	17	17.0
I still defecate openly because there are no functioning Public Latrines		
Strongly disagree	77	6.0
Neutral	13	12.0
Strongly agree	10	82.0
I still defecate into Plastic bags when I feel the need to attend Natures call		
Strongly disagree	86	86.0
Neutral	6	6.0
Strongly agree	8	8.0
Total	100	100

Self-completed Field Survey, 2019

This study also sought to assess respondents' behaviour towards open-defecation. The aim was to establish if there had been a positive change in the behaviour of the group of respondents who had indicated that they had once or still practiced open-defecation as a result of the numerous campaigns against open-defecation on social media. Thus, respondents were asked to indicate on a continuum of 1 to 5 (where 1 represented 'strongly disagree' and 5 signified

‘strongly agree’) whether they agreed or disagreed with a list of selected statements. Data on the factors were separated into two tables namely, Table 4.10a and Table 4.10b (see Table 4.10b below). However, interpretations made on the data available on each table (i.e. Table 4.10a and Table 4.10b) were done comprehensively.

Table 4.10b

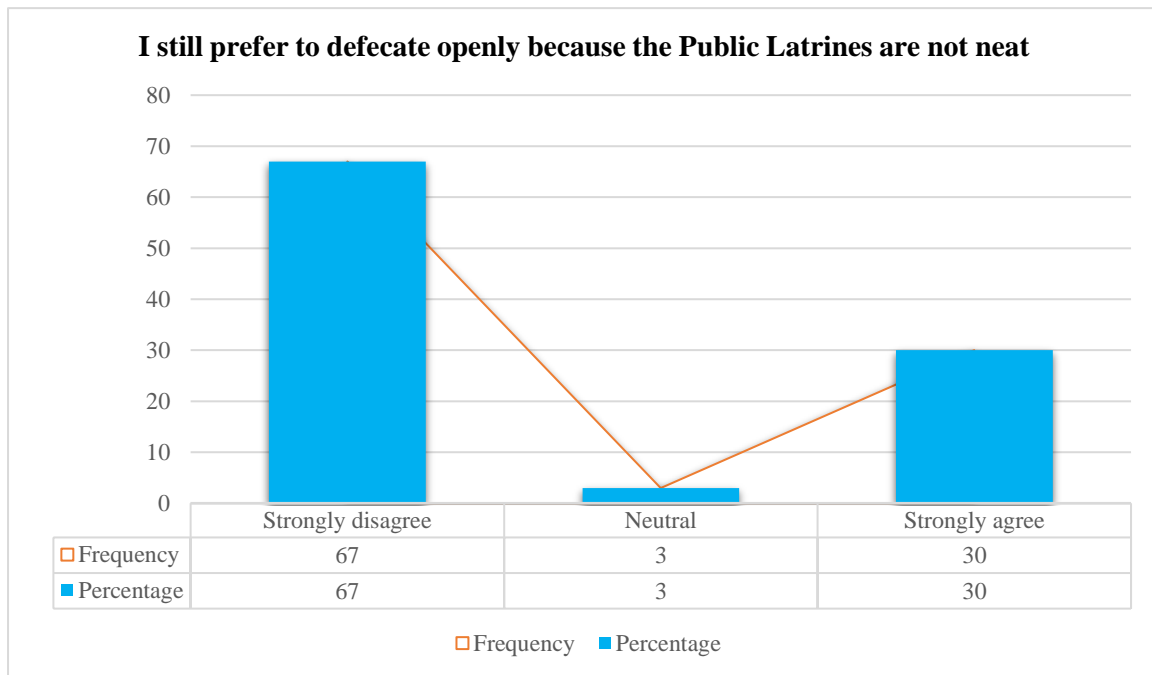
I still defecate openly because it helps Fertilize the soil which is very Beneficial		
	Frequency	Percent
Strongly disagree	69	69.0
Neutral	22	22.0
Strongly agree	9	9.0
I do not report People who defecate Openly to the right authorities because Open-defecating is not a crime		
Strongly disagree	20	20.0
Neutral	15	15.0
Strongly agree	65	65.0
I still prefer to defecate openly because the Public Latrines are not neat		
Strongly disagree	55	55.0
Neutral	14	14.0
Strongly agree	31	31.0
I still defecate openly because it is convenient and free of charge		
Strongly disagree	72	72.0
Neutral	10	10.0
Strongly agree	18	18.0
Total	100	100

Self-completed Field Survey, 2019

Information apparent in Table 4.10a and Table 4.10b above revealed a negative change in behaviour towards open-defecation amongst majority of the 31 respondents who indicated that

they had at a point defecated or still continue to defecate openly. This was apparent in Table 4.10a where majority of the respondents, 30 (97 percent) out of the 31 respondents who had once or still practiced open-defecation indicated that they still defecated openly because there was no latrine in their houses (see Figure 4.3 below). This supports the finding of O’Connell (2014) which disclosed that open defecation exists due to the absence of private latrines.

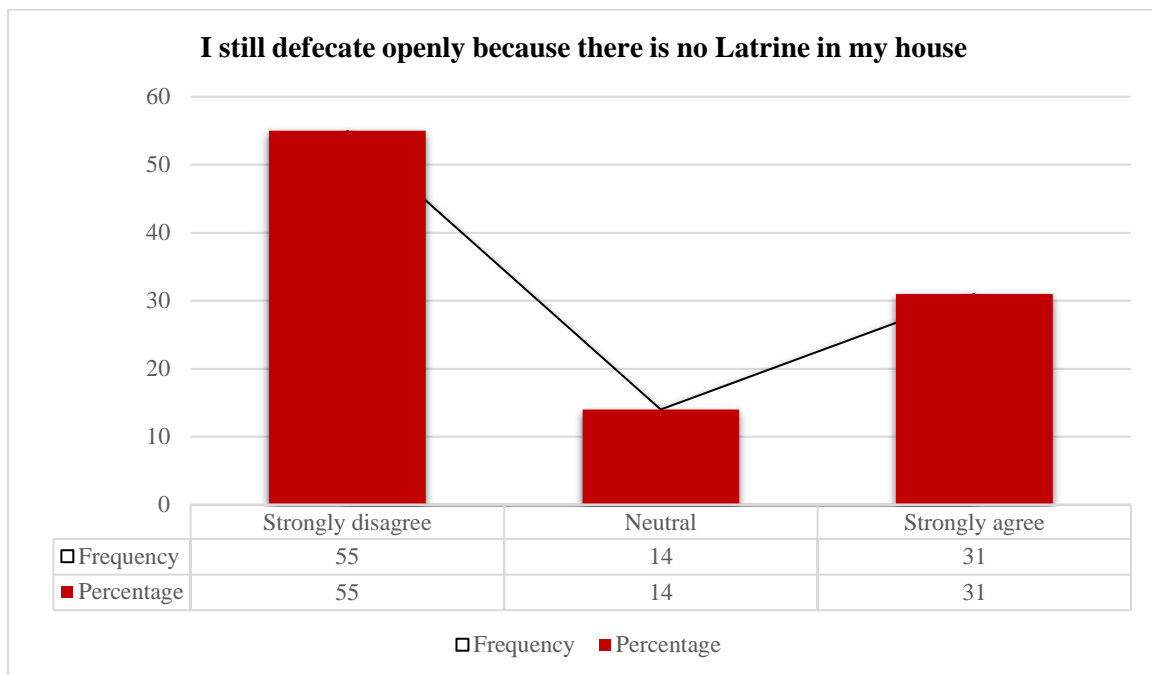
Figure 4.3



Field data, 2019

The same was revealed in Table 4.10b where all the 31 (100 percent) respondents strongly agreed that they still preferred to defecate openly because the public latrines were not neat (see Figure 4.4 below). This finding also concurs with that of Peprah et al (2015) who revealed that open-defecation continued to exist because most of the public toilets in these communities are usually in a deplorable state (i.e. not clean, overrun with flies and maggots, and smelly).

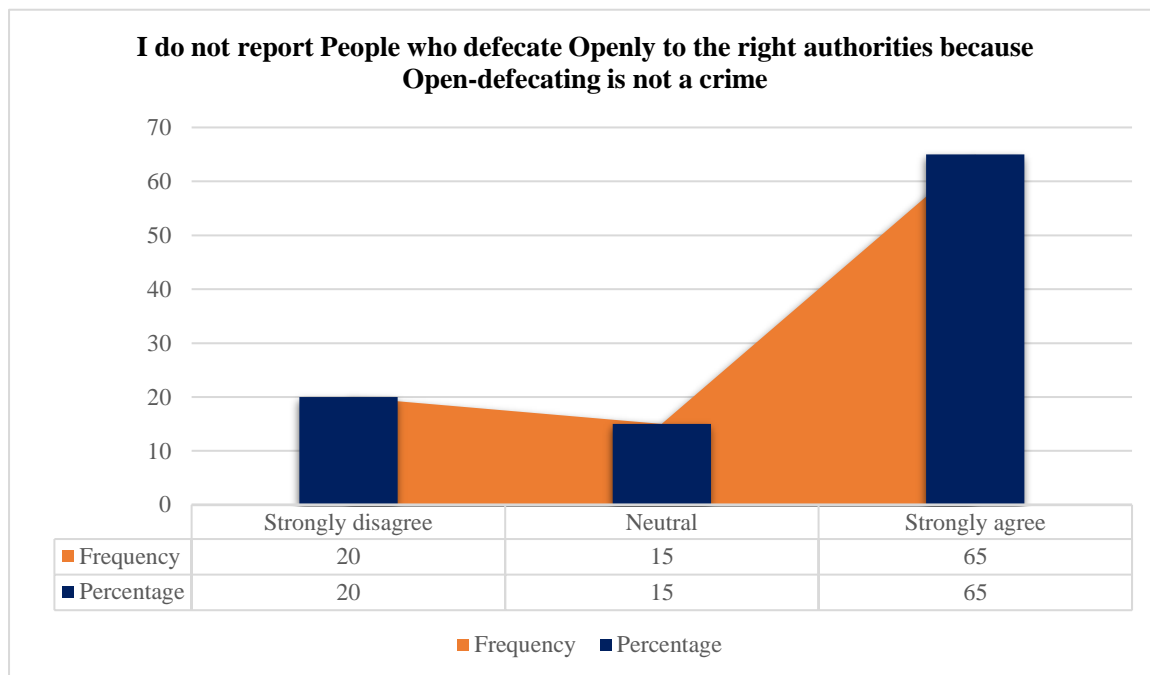
Figure 4.4



Field data, 2019

One of the key variables that was used in measuring respondents' behavioral change was their inclination to report individuals they saw practicing open-defecation. To this end, respondents were asked to indicate whether they strongly agreed or disagreed with the aforementioned assertion that people who defecate openly continue to do so because other members of the society do not report them to the right authorities when they are caught. The results obtained also showed a negative change in behaviour towards the reporting of people who practiced open defecation as majority of the respondents out of the 100 sampled, 65 (65 percent) indicated that they did not report people who defecate openly to the right authorities because they were convinced that open-defecation was not a crime. Figure 4.5 below gives a graphical representation of the aforementioned conclusion.

Figure 4.5



Field data, 2019

4.5 Impact of Social Media Campaign in Minimizing Open-defecation

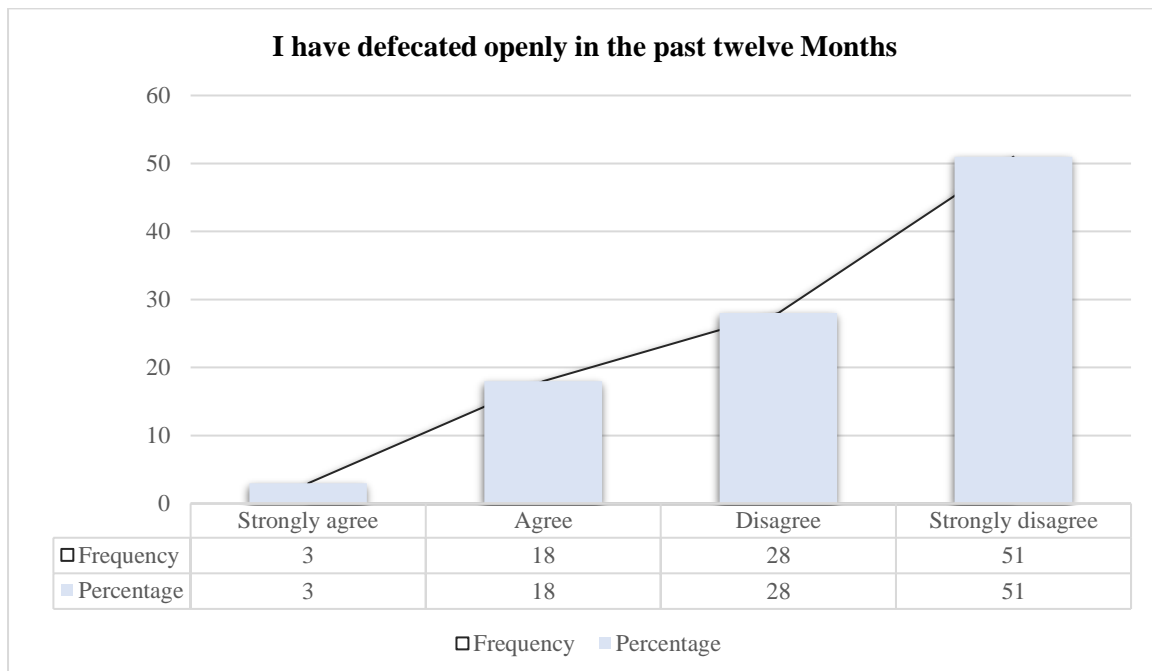
Table 4.11

I have defecated openly in the past twelve Months		
	Frequency	Percent
Strongly agree	3	3.0
Agree	18	18.0
Disagree	28	28.0
Strongly disagree	51	51.0
Decision to stop or not to Engage in open-defecation was motivated by Social Media		
Yes	28	28.0
No	72	72.0
Total	100	100

Field data, 2019

This study also sought to assess the impact of social media campaigns in the minimization of open-defecation in James Town. To this end, respondents were asked to indicate on a continuum of 1 to 5 (where 1 represented ‘strongly agree’ and 5 signified ‘strongly disagree’) if they had defecated openly in the past twelve months. Looking at Table 4.10 above it was seen that social media campaigns against open-defecation had really had little or no impact on the behavior of the respondents of this study, 31 (31 percent) who practiced open-defecation in James Town. This was apparent in majority of them, 21 (68 percent) out of the total number of 31 respondents indicating that they had actually defecated openly in the past twelve months. The foregone conclusion was further corroborated by the fact that majority of the total respondents sampled in this study, 72 (72 percent) indicated that their decision to stop or not to engage in open-defecation was not motivated by any of the campaigns circulated on social media platforms against open-defecation. Figure 4.6 below demonstrates this aptly.

Figure 4.6



Field data, 2019

4.6 Interview Results

Results from the interview that was carried out was used to substantiate or refute major findings obtained from the quantitative phase of this study. Interviewees that were sampled for this study were two elders from the community. For the purpose of anonymity, pseudonyms (Resp 1 and 2 respectively) were used to represent the actual names of the interviewees.

Interviewees were first asked about their perception of open-defecation. While one believed that the practice of open-defecation has had a negative effect on the community, the other was convinced that there was nothing wrong with it. One of the interviewees indicated that diseases like diarrhoea that plagued the community some time ago was as a result of open-defecation being on the rise. The other however, was quick to dismiss such assertions, insisting that those were mere lies spread about to only cause fear and panic amongst the inhabitants of the community. He indicated that even the fishes in the sea feed off the faeces that are washed into the sea and that helps them to grow big. The following excerpts demonstrates this aptly:

***Resp 1** “Oh yes, I don’t see anything wrong with it. My only problem is that they should at least cover it once they are done. I think it’s a natural phenomenon. I mean no one can tell you not to defecate, right? This thing has been going for a while now, even before I was born am told, and it has not affected us in any way. Even the fishes feed on the faeces and that helps them to grow. They say all sorts of things to put fear in people that when they drink from the sea or use water from the sea, they will get infected which is false. We all use water from the sea for so many things and no one has ever fallen sick.*

***Resp 2** “It’s a bad practice and we have to take the necessary steps to put a stop to it. It’s been going on for a very very long time and it’s become a norm. It brings about lots of diseases like diarrhoea in the community and yet no one wants to do anything about it.”*

The interviewees were also asked if every household in the community possessed a private latrine. They both said no and indicated that actually only a fraction of majority of the households in the community possessed a private latrine. When asked why this was so, they both revealed that it had to do with the architectural plan of most of the houses in the

community and that the reason why most households in the community did not have latrines was because they were not factored into the architectural plan right from the beginning. One of the interviewees moreover pointed out that, this issues persisted because people were willing to settle in houses that had no private latrines. These are excerpts of the interview that substantiates the aforementioned:

Resp 1 *“oh no. Most of the houses in this community don’t. These landlords are not really interested in stuff like that which if you ask me is very bad. Well, because majority of us here use the public toilets or even the bush/ sea side if you like, so they don’t really see it as top priority when putting up a structure. And to some extent I blame the people themselves. The reason why I say this is because, when you go to rent an apartment and you realize that there is no latrine in the house, what do you do? Of course you have to look for an alternative right? But most people won’t and that is the problem. Even when they don’t take the room, another person will come in no time and will willingly agree to live in it. So this has been the major challenge for us here. That is why this open-defecation thing cannot stop oo.*

Resp 2 *“A lot of the households don’t have private latrines and that’s the reason why people defecate openly. Most homes don’t have it because when they built the houses it wasn’t planned.”*

Another question that was asked by the researcher was the main reason why people defecated in the open. Each of the interviewees believed that the main reason why people defecated in the open was because they did not have private latrines in their homes. One of the interviewees further revealed that people in the community sometimes struggle to afford three square meals in a day, thus making it difficult to even pay for public latrines:

Resp 1 *“Due to the unavailability of toilet facilities in their homes, it’s a natural order for you to defecate openly because everyone does it. It is expensive too for some of them to use the public latrines because people don’t have no aid to even buy food etc so how can they go and pay for toilet usage.”*

Resp 2 *“A lot of the households don’t have private latrines and that’s the reason why people defecate openly. Most homes don’t have it because when they built the houses it wasn’t planned.”*

When asked if they had been exposed to any kind of campaign to conscientize them about the effects of open defecation, each of the interviewees said yes. They indicated that they usually

get talks on such topics during special events or political campaigns, however, after such events, promises made to help solve the issue were usually not fulfilled. The following excerpts aptly corroborates the aforementioned:

Resp 1 *“It’s only done during political campaigns, however right after we never see or hear of them. They make empty promises and keep us in the loop always.”*

Resp 2 *“We always here people talk about it especially during special events where you have the chiefs and other prominent people converging for an event. However they haven’t done it well. It’s only done during events and right after that, everyone goes back to their daily activities and forget everything that was said during the `.”*

CHAPTER 5

DISCUSSION OF FINDINGS, CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter is concerned with the major findings revealed during the analytical stage of the study. It encompasses all the findings obtained from both the quantitative and qualitative phase of the study. The conclusion, limitations and recommendations of the study follows chronologically as the sub-headings of this chapter.

5.1 Discussion of the Findings

One of the main objectives of this study was to assess respondents' behaviour towards open-defecation. The aim was to establish if there had been a positive change in the behaviour of the group of respondents who had once or still practiced open-defecation as a result of the numerous campaigns against open-defecation on social media. Results obtained from the survey revealed a negative change in behaviour towards open-defecation amongst majority of the respondents who indicated that they had at a point defecated or still continued to defecate openly. It was observed that the absence of private latrines and the deplorable state of most of the public toilets in the community was the main reason why people still engaged in the practice of open-defecation. The results from the survey was substantiated by the two interviewees sampled in this study who revealed that, the practice of open-defecation was still very much prevalent in Jamestown. One of the key variables that was used in measuring respondents' behavioral change was their inclination to report individuals they saw practicing open-defecation. To this end, respondents were asked to indicate whether they strongly agreed or disagreed with the assertion that people who defecate openly continued to do so because other members of the society failed to report them to the right authorities when they are caught. The results obtained also showed a negative change in the behaviour of majority of the respondents

as they indicated that they did not report people who defecate openly to the right authorities because they were convinced that open-defecation was not a crime. Even though the foregone was refuted by one of the interviewees, the other concurred as he exclaimed that he saw nothing wrong with the practice of open-defecation.

Another objective of this study was to assess the impact of social media campaigns in the minimization of open-defecation at James Town. To this end, respondents were asked to indicate on a continuum of 1 to 5 (where 1 represented 'strongly agree' and 5 signified 'strongly disagree') if they had defecated openly in the past twelve months. The result showed that social media campaigns against open-defecation had little or no impact on the behavior of the respondents of this study, who practiced open-defecation at James Town.

This study also sought to assess the motivating factors behind respondents' open-defecation practices. One of the key measurement factors the study employed was to assess respondents' knowledge on some of the possible diseases they could contract as a result of practicing open-defecation. To this end, respondents were asked to identify a list of diseases that have been proven as possible repercussions for engaging in open-defecation. Results obtained from survey showed that respondents' indeed possessed knowledge on some of the diseases that were consequential to the practice of open-defecation.

One thing that was also revealed from the analysis was that, majority of the respondents, knew a lot about open-defecation leading to diarrhoea as against the other diseases that open-defecation brought about. This finding was substantiated by one of the interviewees during the qualitative phase of the study who indicated that open-defecation was a bad practice that brought about a lot of diseases like diarrhoea in the community.

When asked to indicate the factors responsible for open-defecation in the community, respondents revealed that the main factors responsible for the practice of open-defecation was the lack of private latrines in homes and public latrines not being neat and usually full. The

incidence of family members, peers and others defecating in the open coupled with the convenience of practicing open-defecation was also revealed by majority of the respondents as some of the factors responsible for open-defecation. It is important to note moreover that majority of the respondents, 70 (70 percent) out of the 100 respondents sampled felt that the main reason for the continuous practice of open-defecation had nothing to do with the lack of proper education. The foregone was corroborated by claims from the interviewees during the qualitative phase of the study as they revealed that the main reason why people defecated openly was because they lacked access to private latrines in their homes. Apparently, most of the houses built in the community did not have private latrines incorporated in the architectural plan which clearly shows that this problem has been in existence for long.

5.2 Conclusion

This study reveals that generally open-defecation is still prevalent at some parts of Jamestown if not the entire community. One thing that was quite clear was the fact that social media campaigns has had little or no effect on the behaviour and thought process of the majority of the respondents who practiced open-defecation. There are still homes with no private latrines and public toilets are often kept untidy and unclean. If open-defecation is to be a thing of the past, then more work evidently still needs to be done to ensure that at least, each household in Jamestown has a private latrine or a well-functioning public toilet.

5.3 Limitations of the Study

1 The sample size of the study was very small and hence the results could not be generalized over the population. That is, the result is not representative of the views and opinions of all the inhabitants at James Town.

2 The purposive sampling method employed in the data collection stage of the study also made it difficult to generalize the findings of this study over the entire population. A purposive sample is chosen with the knowledge that it is not representative of the general population.

Thus, the sampling method we chose also made it difficult to generalize the results over the entire population.

3 In the interview stage only two elders were interviewed, however, it is possible that engaging the youth in a focus group discussion may bring out different views and insights on the topic leading to a clearer picture of the phenomenon under study.

4 The time spent in the entire data collection process was not adequate for a proper measurement of the impact of social media on the behaviour of the youth towards open-defecation.

5.4 Recommendations of the Study

Future studies should consider using a much larger sample size to ensure that findings can be generalized over the entire population.

Due to the sensitive nature of the topic, a qualitative research approach that employs focus group discussion as the method for data collection will be ideal for a more elaborative information on the reasons why people still engage in open-defecation.

Future studies should consider doing a longitudinal study that will allow the researcher to properly gauge behavioral change and adequately measure social media impact towards open-defecation.

Policy recommendation

More attention should be given to policies that will ensure that well-functioning public latrines are provided in communities like Jamestown.

Strict rules should be instituted by the local government on open-defecation against detractors of the law to deter others from following the same path.

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APPENDICES

APPENDIX I

CONSENT FORM

Project Title: THE INFLUENCE OF SOCIAL MEDIA AS A CAMPAIGN TOOL TO CURB OPEN-DEFECATION AT JAMES TOWN.

Email: adankwa@gmail.com

I confirm that I was given an opportunity to ask questions about this study before taking part in it, and all the questions asked was answered correctly. I confirm that I was not coerced into giving my consent, and the consent that I gave was given freely and voluntarily.

Signature of participant _____ **Date**
_____ Day/month/year

Signature of Researcher /person taking the consent _____ **Date**
_____ Day/month/year

SECTION II: MOTIVATING FACTORS RESPONSIBLE FOR OPEN-DEFECATION

17. Which of the following diseases is a consequence of open air defecation?

- a) Diarrhoea []
- b) Dysentery []
- c) Typhoid []
- d) None []

18. Do you agree that people may fall sick from contaminated water and food as a result of open-defecation?

- a) Yes []
- b) No []

19. To what extent do you agree with the following statements? Please indicate on a continuum from 1 to 5 where 1 reflects strongly disagree and 5 for strongly agree

Statement	1	2	3	4	5
I sometimes defecate openly because.....					
I have not been properly educated against defecating openly					
I do not have access to latrines in their homes					
Some of the public latrines are not neat (i.e. usually full, overflowing, or infested with maggots)					
My family members, peers, and others in the community defecate in the open					
I perceive the construction of private latrines as very expensive					
It is my habit and I simply cannot stop					
It is convenient and free of charge					
I want to protect my body from bad odour or smell from the latrine					

SECTION III: BEHAVIOURAL CHANGE TOWARDS OPEN-DEFECATION

20. To what extent do you agree with the following statements? Please indicate on a continuum from 1 to 5 where 1 reflects strongly disagree and 5 for strongly agree

Statement	1	2	3	4	5
I still defecate openly because there is no latrine in my house					
I still defecate openly because everyone else in the community is doing same					
I still defecate openly because there are no functioning public latrines					
I still defecate into plastic bags when I feel the need to attend natures call					
I still defecate openly because it helps fertilize the soil which is very beneficial					
I do not report people who defecate openly to the right authorities because open defecating is not a crime					
I still prefer to defecate openly because the public latrines are not neat (i.e. usually full, overflowing, or infested with maggots)					
I still defecate openly because it is convenient and free of charge					

SECTION IV: IMPACT OF SOCIAL MEDIA CAMPAIGN IN MINIMIZING OPEN-DEFECATION

21. In the past twelve (12) months I have defecated openly in the bush, by the seashore or in an uncompleted building.

- a) Strongly agree [] b) Agree []
c) Disagree [] d) Strongly disagree []

22. Did your decision to stop or not to engage in open-defecation had anything to do with the campaign you saw on social media?

- a) Yes [] b) No []

Thank you for your time

APPENDIX II

INTERVIEW GUIDE

Interview Questions

1. What is your take on open defecation?

NB: ask about how long this has been going on. Ask if this has been a problem or a nuisance to the community. Ask about what has been done to curb it.

2. In your opinion what do you think is good or bad about open defecation?
3. Does every household possess a private latrine?

NB: ask the reasons why some households do not possess latrine.

4. In your opinion, what do you think is the main reason why people defecate openly?

NB: pay attention to important points to probe further

5. Have you been exposed to any kind of campaign to conscientize you on the effects of open defecation?