



**[Future of Latrines and the Future of Civilization:
Understanding Cultural Barriers and Opportunities in
West Timor [An anthropological Survey of Sanitation
in West Timor, Indonesia]**

Dominggus Elcid Li

Jonatan A. Lassa

John Talan

Yos Boli Sura

Randi Banunaek

Nike Frans

Indriyani Takesan

(Institute of Resource Governance and Social Change, Kupang)

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Author(s): Dominggus Elcid Li, Jonatan A. Lassa, John Talan, Yos Boli Sura, Randi Banunaek, Nike Frans, Indriyani Takesan
(Corresponding author: elcidli@irgsc.org)

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Institute of Resource Governance and Social Change
RW Monginsidi II, No 2B Kelapa Lima
Kupang, 85227, NTT, Indonesia
www.irgsc.org

Future of Latrines and the Future of Civilization: Understanding Cultural Barriers and Opportunities in West Timor [An anthropological Survey of Sanitation in West Timor, Indonesia]

Dominggus Elcid Li, Jonatan A. Lassa, John Talan, Yosef Boli Sura, Randy Banunaek,

Nike Frans dan Indriyani Takesan

Abstract. *This is a work in progress as it presents an early findings for policy communication. The study uses anthropological approach to understand culture of Atoni people in Kupang District (NTT, Indonesia), in particular the culture of sanitation, water and hygiene. It asks how the locals (atoni) in general perceive about ideal WASH practices and actual everyday in their daily life and what kinds of social-cultural/economic or environmental incentives that shape practices, beliefs and habits (PBHs)? This working paper is a shorted version from the 25 page report entitled The Anthropology of WASH in Rural West Timor: A Socio-anthropological Study submitted to ACF International and a peer review academic journal.*

Introduction

Lack of basic health care in developing world often creates routine sufferings. Therefore, the MDGs target in increasing the use of toilets and water access is difficult to be achieved. The Central Government adopts the concept "Akses Sanitasi Layak - ASL as the minimum standard of sanitation access to measure the progress of MDGs. The ASL only acknowledges latrines such as pit-latrine and latrine with goose neck closet with septic tanks and flush toilet. They have been adopted by National Developing Planning Board (Bappenas) and National Statistical Board.

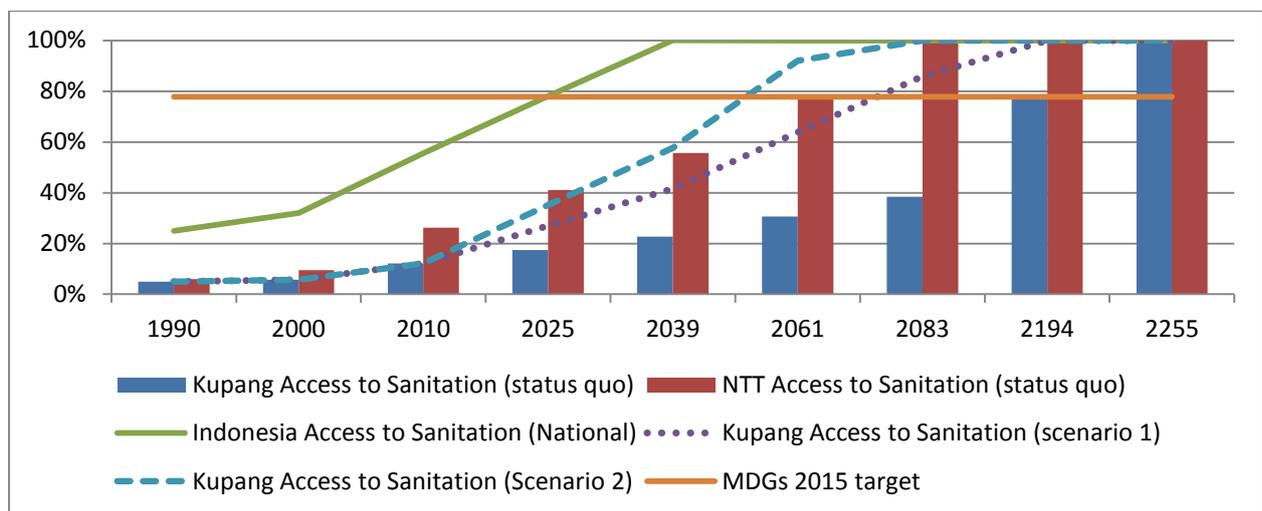
Based on the data from the recent national economic surveys (SUSSENAS 1990, 2001 and 2010), Indonesia has experienced a significant increase in of ASL from 25% to 56% over the last 20 years. It equals 1.5% year-on-year increase rate. While at the province level, NTT experiences 1% year-on-year increase rate of ASL during 1990-2010. Unfortunately, the Kabupaten Kupang experience very low rate at 0.35% annual rate of ASL over the last 20 years (See Figure 1).

Based on Business as Usual (BAU or status quo) calculation, Kupang district is like to reach MDGs target by 2194. Only by 2255 (or the net 240 years), all the district may have AKL latrines in every household. While NTT in general just about to reach the MDGs target by 2061 (or 50 years from today). We develop two simple scenarios for Kabubaten Kupang. First if there is public policy change and health policy reform where the local government is willing to increase the AKL rate to the same level of the NTT averages, Scenario 1 suggests that it will reach MDGs 2015 target in 2070 (or 120 years earlier than BAU). If the district adopts the national average rate, it will reach MDGs 2015 about 2050 or about 35 years delays from MDGs target.

Our literature reviews suggest that in the context of water, sanitation and hygiene (WASH), the dominant rational explanation often adopts economic and health science. Lack of anthropological understanding suggests that that anthropological factors underpinning the (un)change in WASH cultures is often overlooked. Based on the fact above, ACF International recently assigned a systematic study of social-cultural and anthropological dimension of WASH in Kupang, West Timor.

By utilizing mix-methods namely oral history, participatory rural appraisals, indepth-interviews, literature surveys and secondary sources we offer a systematic study of social-cultural dimension of WASH in Kupang, West Timor. The research tries to understand the local narratives surround the practices, beliefs and habits of the locals in areas namely Takari and Amabi Oefeto Timur sub-district. This includes understanding how the locals perceive about ideal WASH practices and actual everyday in their daily life and what kinds of social-cultural/economic or environmental incentives that shape practices, beliefs and habits (PBHs). The field work was conducted between the February and March 2013.

Table 1. Current Status and Future Scenarios of Sanitation Access



Literature Reviews

In general, the anthropological work on ‘toilet studies’ is still a rare study in anthropological field. For instance, the study of modern sanitation is just a recent study which is done several years ago in Indonesia. We conclude that the reason why anthropologists tend to ignore sanitation is probably that they tend to focus ‘what is there’ and ‘what is not there’. Therefore, this has been a nascent field in anthropology and sociology (take for example most of the anthropological work in West Timor and elsewhere did not cover the latrine).

Stein (2009) has revisited the history of latrine introduction to Java in 1930s. It was conducted by a philanthropic organization Rockefeller Foundation, rather than part of the Dutch colonial government. Stein (2009, p.5) explains that in the early years ‘the Public Health Service were largely unsupportive of sanitation and hygiene education for indigenous populations.’ In these early years the main focus of Rockefeller foundation is hookworm as the most common tropical disease which could be eliminated with the introduction and adoption of latrine (Stein, 2009). In the early Dutch

modernisation Stein also mentions that the sanitation and hygiene practice in Java was greatly influenced by the existence of Mantri. Mantri he defines as 'hygiene "technician"', a low-level administrative figure trained to provide rudimentary health education and sanitary inspections within the village of his own origin' (Stein, p.8, 2009).

In Kupang district, based on our interview with the former resident in rural Timor, it is said that in 1940s, the Dutch already employed the Mantri Cacar (Smallpox).¹ Based on our 'elite' interview with the former governor of East Nusa Tenggara Province, it is known that Ben Mboi's father is a Mantri kakus (latrine) in Manggarai, Flores. However, the existence of mantri kakus is unclear. The introduction of modern health practice and the explanation of sickness may find great challenge from the belief of the Timorese society about 'curse'. Middlekoop, a priest and also a social scientist find that the concept of curse is so dominant when he introduced Christianity to the Timorese, included the Atoni or the Dawanese people. Started his work in 1922 in Kapan, Mollo, Middlekoop's work represents a substantial thesis in anthropological research in particular about the notion of sickness among those who practice 'primitive religions' (Middlekoop 1960). The villagers view health as a result of a combination of factors such as one's economic status, happiness, the presence of social support and good relationships. They also associate health status with personal qualities such as having the capacity for hard work and having faith in God. In contrast, illness has multiple causes, from poverty, laziness, sadness, immorality, evil spirits and God's will.

Douglas (1966), an anthropologist, has worked on the issue of 'purity and danger' in particular about her analysis about the understanding of pollution and taboo by the 'primitive culture'. In the Atoni's culture, sickness is associated with wrong doing of someone and it is part of disorder. This notion is supported by Douglas (1966, p.3) conclusion that 'I believe that some pollutions are used as analogies for expressing a general view of the social order'. Today, as it was six decades ago since the latrine was first introduced to Dutch East Indies (Indonesia), open defecation practice is still general practice. Sickness (leu) is still associated with curse as it was found by Middlekoop more than 90 years ago. Naketi as an act of confession, which is part of healing process, is still a common practice. Naketi is a ritual which is conducted by the Atoni. According to this belief, if the ill person wants to be healed, the person needs to confess her or his wrongdoing.

This particular belief shows the difference of the modern ideas about sickness and hygiene to the idea of sickness and purity among the primitive society. In modern health the concept of sickness is more about the decrease of antibody of a person, but in the 'primitive society' who still practice the natural religion, sickness is associated with social disorder. Currently, naketi is still a common thing in Atoni Society. It is explained by the Head of Kupang District, Ayub Titueki (a PhD in Demography).² However, the existence of this belief does not ignore the fact the Atoni recognize the importance of warm water to cure the wound.

Early Findings

The adoption of good sanitation is influenced by modern institutions, which is started to be introduced to the villagers in 1940s. In general the modern health was introduced later, after the Christianity was introduced into this area. In West Timor context the early adopters of modern sanitation comes from those who have aristocrat background or known as Usif. Historically, the

¹ Interview with Peter Rohi, the son of Dutch administrator in 1940s in Kupang District.

² Interview with Ayub Titueki PhD, the Head of Kupang District, April 2013.

massive adoption of latrine in the two sub districts where the research is taken place is very much part of the consequence of the new village arrangement or modern pemukiman (settlement), known as Desa Gaya Baru, which was introduced by the Indonesian New Order regime Soeharto in 1970s. This was a general policy applied to every village in Indonesia. The main goal of the making of Desa Gaya Baru was to provide education and health facilities to the villagers. If they continue to live in nomadic style, or live in different hills as the culture of the Atoni, it is almost impossible for the government to provide health and education facilities. This is the reason why since 1970s the new settlement in rural West Timor is located near the 'arterial road'.

There have been some adoption model being used by the villagers. Externally drive change from international organizations such as Plan International and UNICEF have been notably key actors in transforming the sanitation practice from open defecation to different levels or stages of latrines' adoption at least in our interviewed villages. Plan International intervened WASH in Kupang the late 1980s, and UNICEF in late 1990s. **We also found that village leadership may play significant roles in persuading the villagers to adopt modern sanitation** as exemplified by determined leadership and a local leader with strong vision, such as Victor Tamelab the Kepala Desa (Chief of the village (1977-1996) from Kauniki Village.

Self-adoption at rural levels has been shaped by advanced adoption by urban adoption. Lukas Nuban, one of the residences in Oenaunu Village adopted a latrine was after his stays with his relatives in Kupang Town, the capital of the Dutch Timor's residence where the first modern elites emerged and today it is functioned as the capital for the East Nusa Tenggara province. Therefore, the importance of city as the hub of modern connection is also important. A resident of Oenanu Village who works as an elementary teacher said that 'I build the latrine as part of anticipation if one day orang-orang besar (respected people) come to the village, they can use the latrine'. Here, it could be said that the reason why Philipus adopts the latrine is part of the mirror effect. This is not only part of the pride but also, politeness and service to guests.

In the early period, the temporary latrine or pit latrines (Figure 2) was introduced to the villagers. For the population they distinguished two types of latrine: the healthy latrine (kakus sehat) and non healthy latrine (kakus tidak sehat). Based on the PRA in Oenaunu Village, Amabi-Oefeto Timur Sub District the healthy latrines (kakus sehat) are defined as: Close to the house and it is easy to access during the day or night; It is made with brick wall; It has closet; There is bucket of water of other water container; The soap is provided. While Un-healthy latrines are: septic tank not covered by cement; Water is not provided, so they use corn stick to clean the faeces and the platform is made of wood.

The first adopters of latrine come together with the adoption of zinc houses (rumah blek or uim blek) or rumah tembok (brick houses). It is widely adopted by the *Usifs*, or the traditional leaders in villages. For instance, in Oemofa Village, the first brick house was built by Usif Nope in 1950s, and In Kauniki Village the first brick house is built in 1950s owned by the local Usif too. The new settlement project in 1970s also brings the neighbor to close to each other near the artery road. However, the adoption of the brick houses did not include latrines.

Social Construction of Shame and shame as disincentives to open defecation (OD). The distribution of the modern hamlets and villages often follow the arterial road. The people were encouraged (sometimes pushed) to stay near the arterial road in order to be to be easily controlled administratively. The increase in population density in the new villages create social disincentive such as 'shame' which discourage the villagers from openly defecate in their the residence area they feel it is not polite, so that shame (malu) is the reason why people need to use latrine in settlement or residential areas. The need to have latrine is not only about the hygienic demand, but it is part of social problem as males don't want their wives to be seen during OD. While in the past, the Atoni's traditionally lives in scattered area, as they were unlikely to be seen by neighbors when OD was

practiced

OD can create social problem today. In Oemofa Village, PRA participants told story about a complain of a family who considered a man 'was peeping' someone's wife while she was practicing OD. Shame is considered as important element a society including Atoni. Shame could be the key words when campaigning about Latrine in Atoni's society today. The new settlement brings certain consequence, and they need to coup with this particular problem when the issue of politeness becomes a sensitive issue.

Figure 2. Variation of Latrines in Kupang District Today



Closing Remarks

While adopting latrines in household has been introduced to the Atoni people in rural for more than two to three decades, the practice of OD continues due to be associated with the livelihoods activities. Therefore, there is dual practice among Atoni while it comes to using latrine in everyday life. Introducing latrine as a compulsory part in settlement area have made some of the Atoni are familiar with it, however when they are away in kebun (farmland), OD becomes a common thing again. We found that practicing OD is not determined either by economic level or educational background, but it is part of a 'natural' process due to no (dis)incentives to have latrines in the farmland.

Dominant concept of latrine in Indonesia has been associated with 'wet latrine' as it lends from the Arabic culture of using water for cleaning and purification. While the root of the Atoni's culture which has been much closer to the European culture with the 'dry latrine'. Here the concept of 'clean' is based on the kase (foreigner such as Java, Malayan) traditions, and it neglects almost all the Atoni's tradition. Therefore, it could be said that the Atoni in modernisation project, included the introduction to modern health project, is always placed in inferior position or part of the recipients. However, it is acknowledged that some of the people of Kupang today accept 'wet latrine' as given.

In term of spatial division, the latrine is always outside the house. Usually the latrine is located in the

back left or back right of the house. In addition to pit-latrines, there have been increasing use of closet latrines with septic tanks (a.k.a. goose neck model). Temporary latrines are built without roof and often lasted for a few years, before it is covered with mud again. Thus, there is period when one does not have a latrine during the interregnum. What we mean by interregnum is the period when the old latrine could not be used, but the new ones haven't existed yet. During this period, it is common that the population return to the open defecation practice as also shown by Stein (2009, p.10) based on the early context of Javanese society when the first latrine was introduced in 1930s. He notes that only the rich could afford the latrines. The adoption of permanent latrine is the indicator of economic capability of villagers. Those who considered as rich persons are associated with the adoption of permanent latrine. Those who are considered as low income are indicated with the temporary latrine.

One aspect which may improve the level of total sanitation in village is the presence of progressive local leadership (Chambers and Kar 2008). Based on the research in two sub districts, it is known that in Kauniki Village, Takari Sub District, there used to be a progressive leader whose leadership inspires the villagers, by promoting the latrine in each household during 1977-1996. The village head was supported by the traditional authority - a local king who was also part of his team in LKMD (Lembaga Keamanan Masyarakat Desa) which once functioned as the village planner. However when the strong leader retired the local community also lose a role model for sustaining adoption of latrines. Still today, only 1.76% of the locals own latrines with septic tanks 63% use pit latrines while the rest 33% have no latrines and still practice OD. This exemplifies the fact that progressive leadership such as in Kauniki village could not push all the households to build latrines.

World Bank recently initiated a rural sanitation project known as Total Sanitation and Sanitation Marketing (TSSM). It aims to improve sanitation practices in rural communities of East Java by generating sanitation demand at scale and increasing the supply of sanitation products and services. Like many NGOs' approach, the project's also sent facilitators to villages to initiate 'participatory analysis of existing sanitation practices and the consequences and implications of such practices. The difference with NGOs is that TSSM generates demand for better sanitation services that the market can respond to. Three components being used namely community-led total sanitation (CLTS), Social Marketing of Sanitation and Strengthening enabling environment targeting policy and institutional practices that facilitate scaling up. Recent findings from the TSSM in East Java by Cameron et. al. (2013) suggested that TSSM contributes to sanitation improvements by 3% (based on the difference between treatment communities and control communities) and reduction of OD by 4.4 (treatment versus control communities).

Cameron et. al. paid attention to economic dimension. Improved sanitation has been associated with improved knowledge and household income levels. Their findings suggests that changing sanitation behavior is a challenge as the 3% difference (treatment versus control) should be considered as high for two-three year intervention. While level of income also determined the adoption of latrines in Kupang villages, our findings suggest that overall, the BAU scenario is 0.36% annual rate for Kupang in general. We argue that without understanding the cultural dimension of the problem in one hand and without proper institutional arrangement in the other hand, it is hard to cultivate change towards better sanitation. In the end, the local communities may have to wait hundreds of years towards better sanitation.

At the policy levels, we also recommend the need for improving effectiveness of the roles of sanitation officers in order to have deeper roles in promoting sanitation. While on paper, the recruitments of sanitation officers and facilitators may help increase the level of adoption in order to reduce the delays of the region in reaching MDGs 2015 target, one should also acknowledge the role of poverty reduction and other economic interventions.

However, without understanding the context of rural governance in today's context of village level liberal democracy and the culture and institutions of Atoni, there is little room to change the present

status quo in local adoption of sanitation. We believe that understanding local culture of WASH practice in rural West Timor, in particular in Kupang District may help boosting the effectiveness of future WASH intervention.

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