



## Social and Cultural Factors Influencing Promotion of Latrine Utilization in Laisamis Sub-County, Marsabit, Kenya

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**ABSTRACT:** The issue of sanitation has long existed and drawn criticism from figures like Mahatma Gandhi, who stated that sanitation in a community is more important than independence. Latrine utilization is among ways of ensuring that communities are safe and are not interacting with disease causing pathogens. However, the presence of latrines has not completely been a guarantee for their utilization especially among the pastoral communities. The objectives of this study was to examine the social and cultural factors influencing promotion of latrine utilization Laisamis Sub-County, Marsabit County, Kenya. A cross-sectional descriptive study was conducted in two selected Wards in Laisamis Sub-County using both qualitative and quantitative approaches. Quantitative data was collected from 177 households using questionnaires and analysed in descriptive and inferential statistics. Qualitative data was gathered from selected members from a focus group discussion. The data was analysed thematically and presented in narratives. The social factors that showed a significant influence on latrine utilization included: perceived health benefits ( $p=0.000<0.05$ ), accessibility of latrines ( $p=0.000<0.05$ ), respect associated with latrines ownership ( $p=0.05$ ) and social norms ( $p=0.000<0.05$ ). Cultural beliefs relating to defecation in enclosed places such as toilets seemed to encourage open defecation despite latrine presence. Taboos surrounding sharing of latrines for men and women and among in-laws was reported to attract latrine avoidance especially when the available toilets were not separated. It was established that cultural practices for some groups such as morans discouraged toilets utilization. The influence of cultural taboos, barriers and beliefs on latrine utilization was significant ( $p<0.05$ ). The study concluded that owning a latrine in Laisamis Sub-County did not guarantee use because of the influence of social and cultural issues. The study recommended community engagement and robust education campaigns using local leaders and influencers to dispel taboos and beliefs against latrine use. Context-specific behaviour change strategies could encourage positive habits and increase utilization of latrines in the sub-county.

**KEY WORDS:** Cultural factors, Latrine Utilization, Social factors.

### INTRODUCTION

The rural sanitation crisis globally is like a neglected orphan child that no one seems ready to adopt merely because the world is seeking to urbanize cities. As a result, small rural towns increasingly bear the weight of poor sanitation (World Bank, 2022), making the rural sanitation crisis an alarming off-truck situation that requires sustainable solutions (USAID, 2021). The benefits of addressing sanitation challenges, especially in rural areas, include a reduction in disease burden, improved nutrition, and improved quality of life (Cha *et al.*, 2020). The United Nations (2015) recognizes sanitation as a human right and calls for international efforts to help countries provide, maintain, and improve sanitation facilities which can only be achieved when countries embrace excellent sanitation and hygiene practices. However, achieving open defecation free status by 2030 as envisioned in the United Nations Sustainable Development Agenda demands great exertion and efforts, including focusing on and identifying barriers to adoption and use to improve sanitation facilities (Bagaja *et al.*, 2024).

There has been remarkable progress in sanitation coverage globally where 68% of the world population access improved sanitation facilities, with high-income countries reporting 99% to 100% access to improving sanitation facilities, while only 27% of middle-income countries have access to improving sanitation (World Bank, 2022). Many developing countries are trailing behind in sanitation coverage which results in high mortality and morbidity rates (Trivedy & Khatun, 2023). While other countries like China have demonstrated significant improvement in latrine coverage (Li *et al.*, 2023), sub-Saharan African Counties have maintained high prevalence of open defecation (of more than 50%) (WHO/UNICEF, 2023). Efforts towards attainment of safe sanitation need to be extra, for such countries to be counted among achievers of safe sanitation and open defecation free status, as expected, by 2030 (WHO/UNICEF, 2023). Although countries have struggled to attain the status through awareness creation and community



support systems for latrines construction, outcomes have not been those that are expected as the presence of latrines has not been a sure solution to open defecation avoidance especially in Pastoral communities (USAID, 2021)

Different factors have been associated with low sanitation coverage. A study by Victor which investigated the influence of cultural factors in promoting latrine utilization in rural Ghana described how deeply rooted taboos and culture could influence the adoption and acceptance of latrines. Cultures which discouraged use of common toilets for household members and associated such with bad luck discouraged latrine utilization. Similarly, in Uganda, a study by Adjibolosoo *et al.* (2020) indicated that pregnant women were reluctant to use toilets due to beliefs that it would affect unborn babies which affected their willingness to use latrines (Adjibolosoo *et al.*, 2020). Reluctance to use the provided toilets could attract tendencies of leaving faecal matter in the open which contaminates water, causing water-borne diarrheal diseases. Different people hold different cultures which require excellent comprehension for sanitation efforts to show positive results which was the aim of this study.

Other factors such as social pressure, peer influence, and community acceptance of latrine use have also been associated with households' sanitation practices. For instance, in Uganda, Kouassi *et al.*, (2023) found out that community perception towards latrine construction and use was dependent on ancestral practices, where communities whose forefathers had no latrine did not also have one. Construction of unusable low standard toilets due to low preference for good toilets has also received attention in research (Busienei *et al.*, 2019). Low-standard toilets are hard to maintain, lack privacy and attract nuisances which could be avoided for open defecation. Such factors are context-specific and require to be determined, for improved sanitation standards in the study area. With only less than five years remaining to 2030, a lot of effort is needed to achieve safe sanitation and open-defecation free status for all. However, with the current rate of progress in sanitation coverage in Kenyan pastoral communities, which are currently hotspots for poor faecal disposal practices such as open defecation (KNBS, 2019), access to safe sanitation for all will not be a reality. Marsabit County is largely occupied by pastoral communities with mobile lifestyles and their settlements are mostly semi-permanent. Researchers like Kirujah *et al.* (2023) indicated that factors promoting latrine construction and use could be hindered by the transient nature of communities. The primary goal of this study was to assess the influence of social and cultural factors in promoting latrine utilization in such areas using a case of Laisamis Sub-County, Marsabit County, Kenya. Information from this study could be useful in formulation of strategies to increase latrine utilization and the overall health situation in Laisamis sub-County.

## Problem statement

Presence of latrines in households and their active utilization is key to prevention of open defecation and occurrence of diarrheal diseases (Maramraj *et al.*, 2020) which consequently reduce communities' productivity due to frequent sickness and the need to invest in the treatment (Abebe & Tucho, 2020). However, despite community awareness campaigns on the essence of safe sanitation practices as well as support for the construction of toilets, Laisamis sub-County's sanitation coverage is way far from the national target of 76% as its current sanitation coverage is only 32.8 (survey, 2023). The practice of open defecation is thus high in the area and poses high risk of sanitation-related diseases to the communities and most importantly the vulnerable groups like children under-five years, the elderly and pregnant mothers as such diseases could further compromise their weak immunities.

Open defecation has since 2021 resulted in a high health risk in the sub-County with reported sporadic cases of cholera and other diarrheal diseases in different areas (Walter, 2020). Safe sanitation is crucial for human survival and is significant for individuals' wellbeing, personal dignity as well as reducing time of care for sick household members (WHO, 2020) and the need to accelerate improved sanitation for all cannot be ignored. The factors that influence poor community practices of avoiding available latrines require in depth comprehension to promote utilization of the available latrines for reduced open defecation cases in the area which was the focus of this study.

## Objective

To examine the social and cultural factors influencing promotion of latrine utilization in Laisamis sub-County, Marsabit County, Kenya.

## METHODOLOGY

The study used both qualitative and quantitative approaches of data collection in Laisamis sub-County, Marsabit County, Kenya using a convergent design. The area was selected due to its low sanitation coverage and lack of success in Community-Led Total



Sanitation (CLTS) implementation as expected (MOH, 2023). The study focused on Household heads age 18yrs and above for quantitative data from households and a focus group discussion which targeted key water and sanitation officers, community and local leaders.

### Sample size determination and sampling techniques

A sample size of 177 participants calculated using Yamane's (1967) formula at a margin of error of 7.5% was used. Twelve participants were purposively selected for the focus group discussion and they included: Sub-County Water, Sanitation and Hygiene (WASH) coordinator, a sub-County and two ward Public Health Officers, two NGO representatives, Community Health Promotion officers and community leaders (two natural leaders, two local authorities and a youth and women representative). Cluster sampling was used to cluster the study area into five clusters based on its administrative wards, two out of five wards, which had met successful implementation of CLTS and 76% standards in latrine coverage, were purposively selected. Random sampling technique, proportionate to size was used in selecting households which met the outlined criteria aided by the Community Health Promoters' (CHPs') household register (MOH 513) tool.

### Data collection and analysis

Quantitative data was collected from household surveys while qualitative data was gathered from the twelve focus group discussion participants. The survey data was analyzed using the Statistical Package for Social Science (SPSS) version 26. Descriptive statistics and inferential statistics to test the relationship between variables were generated. Qualitative data was analysed thematically and findings presented in form of narratives to give meaning to the quantitative data gathered. Permission to conduct the study was sought from the National Commission for Science Technology and Innovation (NACOSTI). The real names of participants were not used to maintain high level of confidentiality. The data obtained was not to be shared to any third party and was to be kept private to prevent access by a third party and respondents were engaged in the study based on voluntary will.

## RESULTS AND DISCUSSION

### Demographic information

Age for many (56.5%) respondents was within the age bracket 24-59 years while 32.2% were between 18-24 years and only 11.3% had 60 years and above. The high participation of age group 24-49 years was likely due to their active involvement in household management. More females (67.8) compared to males (32.2%) took part in the study which could be attributed to gender roles, for instance of males being away for job and other engagement during day time and women left home for households' chores such cooking, and taking care of children. The higher participation of females in this study was consistent with findings from previous research Oduor et al. (2017). A high proportion of 68.8% of the population had completed at least primary education, an indication of high likelihood of better access to information and resources related to sanitation and health practices, expected to have positively influenced their involvement in latrine utilization. However significant 32.2% of participants had no formal education, thus possibility of challenges in understanding and implementing effective sanitation practices. Findings concurred with results by Abraham (2021) in Ethiopia where increased knowledge of and education of mothers impacted latrine utilization. About 40.1% of the surveyed population were unemployed, 10.7% were employed, 21.5% indicated that the household heads were herders and the rest indicated engagement in business activities. Researchers like Gorham et al. (2017) have associated occupation with promotion of latrines avoidance.

### Latrine ownership and Utilization

Majority (95.5%) of the respondents owned a latrine (Table 1) which could be explained by community initiatives including Community Led Total Sanitation (CLTs) approaches, which had encouraged the population to construct latrines as indicated in the focus group discussion as follows:

*“Community health promoters, Non-Governmental Organizations (NGOs) and public health officers have hugely promote construction of pit latrine in this area (study area), due to CLTS initiatives that promote access through triggering by shame and use of available resources”*



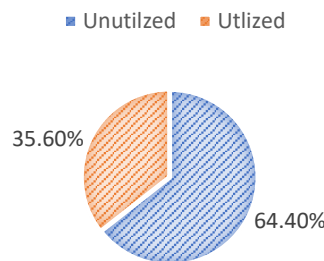
**Table 1: Latrine ownership**

Variable	Frequency(N=177)	Percent (100%)
No	8	4.5
Yes	169	95.5

Despite owning latrines, 64.4% of the population indicated that household members did not mostly make use of the availed toilets as shown in Figure 1. As noted from the focus group discussion, some residents practiced open defecation due to nomadic way of life, of moving away from their households and going to other places without latrines.

A participant in the focus group alluded that:

*“Some households in my village prefer to use bushes due lifestyle (pastoralist) and culture. They move with cattle and when they are away, they cannot find toilets for use. They have to do it where they find.”*



**Figure 1: Latrine utilization**

**Social factors and latrine utilization**

The study investigated the users’ preferences on quality aspects of latrines, using a five-point Likert scale as summarized in Table 2. At a mean of 1.71(Standard deviation, SD =1.15) indicated a general disagreement that level of cleanliness of toilet was a predictor for latrines utilization. Based on findings from the statement on user-friendliness, a general mean of 4.20 (SD=1.179) demonstrated that majority of the participants deemed the available toilets at the households user friendly. Researchers like Busienei et al. (2016) associate the hygiene status of latrines with reluctance or willingness to use the latrines. Latrines could be avoided when dirty as they could have a negative implication on the health of users. As well, latrines which address the needs for all users could likely be preferred to those that are not friendly.

**Table 2: Quality aspects of latrines**

Variables	Frequency(N=177)	Percentage (!00%)	Mean (SD)
<b>High cleanliness</b>			<b>1.71 (1.150)</b>
Strongly agree	113	63.8	
Agree	29	16.4	
Neutral	20	11.3	
Disagree	4	2.3	
Strongly disagree	11	6.2	
<b>User-friendly</b>			<b>4.20 (1.179)</b>
Strongly agree	7	4.0	
Agree	16	9.0	
Neutral	18	10.2	
Disagree	29	16.4	
Strongly disagree	107	60.5	



**Accessibility and distance of latrines from households**

As shown in Table 3, although 76.3% which represented majority of the toilets were accessible, 23.7% of the residents indicated poor accessibility. More than half (54.8%) of the respondents reported situation of their toilets 10-20m, 28.2% indicated more than 20m and a mere 16.9% of participants reported less than 10m from households.

**Table 3: Latrine Accessibility and distance from households**

Variables	Frequency(N=177)	Percent (100%)
<b>Accessibility</b>		
No	42	23.7
Yes	135	76.3
<b>Latrine proximity in meters(m)</b>		
less than 10 meters	30	16.9
10-20 meters	97	54.8
more than 20 meters	50	28.2

The finding could be attributed to community planning and inclusive design practices as was noted in the focus group discussion. A participant noted that:

*“Community members are educated and trained on need to construct toilet facilities that are inclusive promote, safety and dignity. Since the area is characterized by bushes, we encourage them to construct toilets not farther than 20 meters from households to avoid relapse of open defecations”*

Location of toilets far from households could facilitate fear for users like women at night as was noted by Eliud et al. (2023) in Kenya.

**Social network, social norms and latrine utilization**

The study examined influence of societal network on the latrine utilizations, and results were presented in Table 4.

**Table 4: Influence of societal network and social norms on latrine utilization**

Societal network	Frequency(N=177)	Percent (100%)
No	8	4.5
Yes	169	95.5
<b>Received Community support</b>		
No	4	2.3
Yes	173	97.7

Variables	Frequency(N=177)	Percentage	Mean (SD)
<b>Latrine as sign of respect</b>			
Strongly agree	120	67.8	
Agree	42	23.7	
Neutral	13	7.3	
Disagree	1	.6	
Strongly disagree	1	.6	
<b>Perceived health benefit</b>			
Strongly agree	125	70.6	
Agree	34	19.2	
Neutral	7	4.0	
Disagree	5	2.8	
Strongly disagree	6	3.4	





The findings in Table 4 showed that majority 95.5% of the participants were positive that societal network of friends or neighbors influenced latrine ownership and utilization. The study also found that 97.7% of respondents had received support or advice about using latrines from community leaders, the community or health care workers. Researchers like Mbemba (2022) and Chambers et al. (2021) in Ethiopia pointed out the influence of social networks and knowledge sharing on adoption of desirable sanitation behaviours. In Ghana, a study by Nunbogu *et al.* (2019) submitted that households living far from their neighbors were less likely to own latrines because of less social network. Thus, communities are likely to own good toilet and to use toilets if the people surrounding them also own good toilets or practice toilet utilization.

The study further showed that most respondents agreed that having latrines was a sign of respect (Mean=3.42, SD=0.7). The findings align with conclusions made by Tamene and Afework (2021), that in some communities owning latrine is perceived as symbol of civilization and put individual in social class. The study found that majority 70.6% of the respondents strongly agreed that most people in their community were using latrines because of perceived benefits like health improvement which implied that the community were aware of the benefits and consequences associated with safe or poor sanitation respectively. This awareness was enhanced through health promotion at the community level as indicated by a focus group discussion member who said:

*“Following multiple seminars, I discovered that diarrhea is a treatable illness that can be prevented with basic measures like building and maintaining a toilet and practicing good hand hygiene”*

The study findings, concurred with results by Libby *et al.* (2020) and Mamo *et al.* (2023) who also established that people who acknowledge health benefits of latrines were more likely to construct and use them.

**Test of associations of social factors and Latrine utilization**

Pearson chi-square test of association of social factors and latrine utilization was conducted at 95% Confidence Interval (CI), and findings were as shown in Table 5.

**Table 5: Influence of social factors on latrine utilization**

Social factors	Categories	Latrine utilizations		Statistical significance (95% CI)
		Unutilized (N=114) (64.4%)	Utilized (N=63) (35.6%)	
<b>Societal network</b>	No	6(3.4%)	2(1.1%)	$X^2= 0.410$ df= 1 p=0.552
	Yes	108(61.0%)	61(34.5%)	
<b>Social norms</b> Latrines as sign of respect	Strongly agree	97(54.8%)	23(13%)	$X^2= 48.404$ df= 4 p=0.000**
	Agree	11(6.2%)	31(17.5%)	
	Neutral	4(2.3%)	9(5.1%)	
	Disagree	1(0.6%)	0	
	Strongly disagree	1(0.6%)	0	
Accessibility	Strongly agree	91(51.4%)	30(16.9%)	$X^2= 20.678$ df= 3 p=0.000**
	Agree	8(4.5%)	14(7.9%)	
	Neutral	8(4.5%)	13(7.3%)	
	Disagree	7(4%)	6(3.4%)	
Perceived health benefit	Strongly agree	97(54.8%)	28(15.8%)	$X^2= 43.382$ df= 4 p=0.000**
	Agree	6(3.4%)	28(15.8%)	
	Neutral	5(2.8%)	2(1.1%)	
	Disagree	2(1.8%)	3(1.7%)	
	Strongly disagree	4(2.3%)	2(1.1%)	



<b>Received support</b>	<b>Community</b>	No	3(1.7%)	1(0.6%)	$X^2= 0.200$ df= 1 p=0.654
		Yes	111(62.7%)	62(35%)	

\*-p-value<0.05, \*\*-p-value<0.001

The findings showed no significant association between societal network and latrine utilization ( $\chi^2 (1) = 0.410, p = 0.552 > 0.05$ ). Social norms, specifically the perception of latrines as a sign of respect, showed a strongly significant association with latrine utilization ( $\chi^2 (4) = 48.404, p < 0.001$ ). The perceived health benefits of using latrines are other crucial factors, which showed a strong significant association with latrine utilization ( $\chi^2 (4) = 43.382, p < 0.001$ ). Household Heads who agreed on health benefits of using latrines were more likely to use them. The relationship between accessibility of latrines and utilization was significant ( $p < 0.05$ ) implying that latrine utilization increased by accessibility of the latrines. The study found that community support did not have a significant impact on latrine utilization ( $\chi^2 (1) = 0.200, p = 0.654$ ), suggesting that community support alone may not be a strong predictor of usage.

**Cultural factors influencing latrine utilization**

This section shows findings on the influence of cultural factors on promotion of latrine utilization.

**Cultural taboos and barriers**

**Table 6: Influence of cultural taboos on latrine utilizations**

Cultural taboos	Frequency (N=177)	Percentage (%)
No	63	35.6
Yes	114	64.4
Cultural barriers	Frequency(N=177)	Percentage (%)
No	141	79.7
Yes	36	20.3

Majority (64.4%) of the respondents as shown in Table 6 indicated that there were cultural taboos or customs which influenced latrine utilization showing concerns about addressing these specific taboos in improving and promoting sanitation practices. A similar study in Ghana by Adjibolosoo *et al.* (2020) also found out that cultural taboos were propelled poor sanitation behaviors like open defecation. Although majority, 79.7%, of the participants indicated that there existed no cultural barriers that hindered latrine utilization, 20.3% indicated their presence. Such barriers included reluctance of some members to use toilets as indicated by a focus group discussion participant that:

“... this is especially true for the Moran, whose community feels that they are unable to relieve themselves. It is a waste of time for them to leave their engagements to go and use toilets.”

Other barriers included reluctance of latrine sharing among in-laws as reported in the focus group discussion:

“.. some community members believed that sharing toilets for in-laws is a curse, and may affect reproduction.”

**Cultural beliefs**

The participants were required to rate the level of agreement on statements related to cultural beliefs using five-point Likert Scale; 5-strongly agree and 1- strongly disagree, regarding sanitation practices and findings were tabulated in Table 7.

**Table 7: Influence of cultural beliefs on latrine utilizations**

Cultural beliefs	Frequency (N=177)	Percentage	Mean (SD)
<b>Open Defecation is acceptable</b>			<b>2.67(SD=1.321)</b>
Strongly disagree	24	13.6	
Disagree	92	52.0	
Neutral	9	5.1	



Agree	23	13.0	
Strongly agree	29	16.4	
<b>Woman and men feces should not mix</b>			<b>1.77(SD=1.268)</b>
Strongly disagree	121	68.4	
Disagree	15	8.5	
Neutral	6	3.4	
Agree	30	16.9	
Strongly agree	5	2.8	
<b>Child feces harmless</b>			<b>1.99(SD=1.350)</b>
Strongly disagree	99	55.9	
Disagree	25	14.1	
Neutral	25	14.1	
Agree	11	6.2	
Strongly agree	17	9.6	

At a mean of 2.67 (SD=1.321), majority of the participants generally disagreed with fact that open defecation was culturally acceptable. However, the mean was near neutral which implied that to some people, the practice was culturally acceptable. In Indonesia, a study by Elhanur (2022) found out that defecation in the open was a norm which called for strategies to prevent the habits including community encouragement by leaders to adopt and utilize latrines. The general mean of 1.77(SD=1.268) implied that for majority, mixing of faecal matter for men and women was prohibited which could have promoted avoidance of shared toilets by gender. The findings were supported in the focus group discussion that:

*“Some of the barriers around revolve around reluctance to share latrines. Some may not be comfortable with using unseparated toilets for males and females.”*

Failure to provide separated toilets by gender would therefore affect latrine utilization for some members. Similar findings have been reported by Wasonga *et al.* (2022) in Kenya, they found out that latrines were set apart for men and women and that each household was required to have a separate toilet for in-laws. Mixing of faeces for in-laws in a single toilet was a taboo.

Regarding children’s faeces, a mean of 1.99 (SD=1.350) suggested that respondents acknowledged the dangers that children faeces could have, just like adults’. However, some respondents (more than 10%) agreed that children faeces were harmless which could make the community keep on entertaining open defecation by children thus environmental contamination and their exposure to sanitation-related diseases.

#### Test of association of Cultural factors and latrine utilization

The study found a significant relationship between cultural taboos ( $\chi^2(1) = 45.516, p < 0.001$ ) and latrine utilization (Table 8). Cultural barriers also exhibited a significant association with latrine utilization ( $\chi^2(1) = 5.821, p = 0.016$ ). The belief that open defecation was acceptable significantly influenced latrine utilization ( $\chi^2(4) = 32.887, p < 0.01$ ). The belief that women's and men's feces should not mix showed a significant relationship with latrine utilization ( $\chi^2(4) = 16.125, p = 0.003$ ) and the belief that children’s faeces were harmless also significantly impacted latrine utilization ( $\chi^2(4) = 42.296, p < 0.001$ ). Other beliefs regarding sharing of latrines had a significant influence on latrine use ( $\chi^2(4) = 21.994, p < 0.001$ ).

**Table 8: Influence of Cultural factors on latrine utilization**

Cultural factors	Categories	Latrine utilizations		Statistical significance (95% CI)
		Unutilized (N=114) (64.4%)	Utilized (N=63) (35.6%)	
Cultural taboos	No	20(11.3)	43(24.3%)	X <sup>2</sup> = 45.516 df = 1 p=0.000
	Yes	94(53.1%)	20(11.3%)	
Cultural barriers	No	97(54.8%)	44(24.9)	X <sup>2</sup> = 5.821





	Yes	17(9.6%)	19(10.7)	df = 1 p=0.016
<b>Cultural beliefs</b>				
Open Defecation is acceptable	Strongly Disagree	7(4%)	17(9.6%)	X <sup>2</sup> = 32.887 df = 4 p=0.000
	Disagree	74(41.8%)	18(10.2%)	
	Neutral	7(4%)	2(1.1%)	
	Agree	8(4.5%)	15(18.5%)	
	Strongly Agree	18(10.2%)	11(6.2%)	
Woman and men feces should not mix	Strongly Disagree	87(49.2%)	34(19.2%)	X <sup>2</sup> = 16.125 df = 4 p=0.003
	Disagree	6(3.4%)	9(5.1%)	
	Neutral	5(2.8%)	1(0.6%)	
	Agree	12(6.8%)	18(10.2%)	
	Strongly Agree	4(2.3%)	1(0.6%)	
Child feces harmless	Strongly Disagree	83(46.9%)	16(9%)	X <sup>2</sup> = 42.296 df = 4 p=0.000
	Disagree	8(4.5%)	17(9.6%)	
	Neutral	13(7.3%)	12(6.8%)	
	Agree	6(3.4%)	5(2.8%)	
	Strongly Agree	4(2.3%)	13(7.3%)	
Not acceptable to share latrine	Strongly Disagree	88(49.7%)	27(15.3%)	X <sup>2</sup> = 21.994 df = 4 p=0.000
	Disagree	7(4.0%)	12(6.8%)	
	Neutral	5(2.8%)	5(2.8%)	
	Agree	8(4.5%)	13(7.3%)	
	Strongly Agree	6(3.4%)	6(3.4%)	

## CONCLUSIONS

Based findings established by the study, it was concluded that social, cultural, and economic factors play crucial roles in promoting latrine utilization in Laisamis sub-county, Marsabit County, Kenya. The study highlights the significant role that societal networks and social norms play in influencing latrine utilization within the community. The findings noted that social dynamics, including the perception of latrine use as a sign of cleanliness and respect, are key drivers of latrine adoption. Additionally, the study emphasizes the importance of addressing social stigma associated with non-use to encourage broader acceptance and use of latrines. The study pointed out the influence of cultural beliefs and taboos on latrine utilization within the community. It was found that cultural factors play a significant role in shaping sanitation practices. Despite the existence of cultural taboos that impact latrine use, the general disagreement among participants regarding the cultural acceptability of open defecation and the belief that child feces are harmless indicates a shift towards recognizing the importance of proper sanitation. The findings highlighted that successful sanitation interventions must go beyond financial incentives, integrating cultural understanding and lifestyle considerations to foster sustainable improvements in latrine use.

## RECOMMENDATIONS

To enhance latrine utilization in Laisamis sub-county, Marsabit County, there is need for community engagement and education campaigns that raise awareness about the health benefits of proper sanitation. Utilizing local leaders and influencers to advocate for latrine use can change social norms and reduce stigma associated with open defecation. Women's groups and youth clubs can play a significant role in disseminating information and promoting latrine construction and use. Providing community training on how to build and maintain latrines ensures that residents have the knowledge and skills needed, fostering a sense of ownership and responsibility.

Cultural factors must be respected and incorporated into any initiative to ensure its success. Understanding local customs and preferences around privacy, hygiene, and faecal disposal could help tailor latrine designs to meet community needs. Collaborating



with cultural leaders and involving them in the design and implementation process can ensure that the solutions are context-specific and sustainable. Promoting the benefits of latrine use in ways that resonate with local values, such as emphasizing dignity, safety, and community pride, can further encourage widespread adoption and consistent use of latrines in Laisamis sub-county.

**CONFLICT OF INTEREST:** The researchers declare no conflict of interest

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