

CHAPTER I

INTRODUCTION

A convenient supply of safe water and the sanitary disposal of human wastes are essential ingredients of a healthy, productive life. Over fifty infections can be transferred from a diseased person to a healthy one by various direct or indirect routes involving excreta. Coupled with malnutrition, these excreta-related diseases take a dreadful toll in developing countries, particularly on the poor who suffer the most from absence of access to safe water and sanitation.

WHO statistics indicate that, in 1996, approximately 2 billion peoples were still without access to Proper Excreta Disposal facilities worldwide (WHO, 1997). One of the fundamental problems in improving the situation in developing countries is the high cost of conventional sanitation services. To solve the problems we have to consider not only technical but also environmental and human factors. There is no “best” technical solution for all situations all over the world. Technical solutions should be adapted to the local environment, the financial resources, the skills and the traditional behaviors of the local people. People need to choose the facility that is best for their area and for their traditional culture.

The primary objective of sanitation programs in developing countries must be the improvement of public health. This primary health objective can often be fully achieved by on-site sanitation technologies, which are much simpler and cheaper than conventional sewerage. A WHO Expert Committee on the Prevention and Control of Parasitic Infections (WHO, 1987) stressed that “ the provision of sanitary facilities for excreta disposal and their proper use are necessary components of any program aimed at controlling intestinal parasites. In many areas, sanitation is the most urgent health need and those concerned with the control of intestinal parasitic infections are urged to promote intersectoral collaboration between health care authorities and those responsible for the provision of sanitation facilities and water supply at the community level”. Hence, in this thesis titled “ A strategy for Improving Sanitation in Sub-District Namson, Socson in Northern Vietnam” the investigator plans to design an approach to solve the problem of Poor sanitation Practices at households in rural Vietnam using the Guide to the Development of Sanitation Program from WHO (R. Franceys, J. Pickford & R.Reed .1992.).

This thesis contains 6 chapters; chapter I is the Introduction; chapter II is the Essay; chapter III is the Proposal; chapter IV is the Data exercise; chapter V is the Presentation and chapter VI is the Annotated bibliography.

In chapter II, the Essay on poor sanitation of households at rural areas in Northern Vietnam, I present a brief overview of diseases such as worm infection, diarrhea and malnutrition in children under 5 years of age due to poor sanitation

practices at households in rural Vietnam. The most serious problem in rural Vietnam and the causes of the problem are also mentioned in this chapter. In this chapter I also present about the main factors that affect to sanitation program and briefly introduce about the proposed project that we will plan to conduct in the future.

Chapter III is the Proposal to implement an intervention that aims to solve the problem of poor sanitation practices in Sub-District Namson, Socson in Northern Vietnam. Based on the guideline of Development of Sanitation Program (R. Franceys, J.Picford.1992) and lessons learned from the previous sanitation program have been conducted in rural Vietnam, this chapter describes all the majors phases in implementation of an intervention. The general objective of this intervention is to improve sanitation practices at household's level and then improve the Health of households' members.

Chapter IV, the Data Exercise, consists of objectives, methodology, findings, summary of findings and lesson learned of the cross-sectional descriptive study on factors affect to sanitation program that have been conducted in Dong Ha village Namson Sub-District Northern Vietnam during March 2002. The main objective of the Data Exercise is to develop data collection and analysis skills to enable the researcher to participate in real research activity in the near future. The lessons learned from the data collection process may become useful for people who are in the starting stage of research work.

Chapter V is the information on the presentation that would be used in the final examination. It includes three parts of Essay, the Proposal and the Data Exercise with major findings.

Chapter VI is the Annotated bibliography, summary some of the literature that were consulted frequently during thesis writing.

With this paper, it is hopeful that can contribute one more effective way to improve sanitation practices at households in rural areas of Vietnam in the coming years.

REFERENCES

R. Franceys, J. Pickford & R.Reed .1992. *A guide to the development of on-site sanitation*. WHO.Geneva

WHO.1987. *Prevention and control of intestinal parasitic infections: report of a WHO Expert Committee*. Geneva, World health organization (WHO Technical Report Series, No749)

WHO.1997. *Environmental matters-Strategy on Sanitation for high-risk communities*. Report by the Director General to the Executive Board. , Geneva, World Health Organization. (EB101/19)