TEXILA INTERNATIONAL JOURNAL
New Frontiers in Research

TEXILA AMERICAN UNIVERSITY



TEXILA INTERNATIONAL JOURNAL OF ACADEMIC RESEARCH

ISSN : 2520-3088

Volume 8, issue 1

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Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art001

Factors Influencing Marital Satisfaction Among Couples in Lartebiokoshie, Accra, Ghana

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Abstract

The study examined the interaction of three variables, intimacy, self-esteem, and locus of control, and their effect on marital satisfaction in Lartebiokoshie a suburb under the Ablekuma South Constituency in the Greater Accra Region, Ghana. Across sectional survey method was adopted to study the variables of interest. Standardized questionnaires were used to assess all variables of interest. Enrich Marital Satisfaction Scale (EMS), Rosenberg Self-Esteem Scale (RSE) and Locus of Control of Behavior scale (LCB) were utilized. Data entry, validation and analysis was done using the Statistical package for Social Science software (SPSS version 25). A total of 720 purposively selected participants took part in the research. The sample was predominantly female, 430 (60%) and Christian, 675 (94%). The modal age group for respondents and spouses was 31-45 years 387(54%) and 400 (56%) respectively. Study participants who were married by ordinance comprised 400 (56%). One hundred and fifty study participants (21%) had the same ethnicity with their spouses and the mean years of marriage was 13.15• 10.70. The result of the study revealed a significant positive correlation between intimacy and marital satisfaction [$r_{(718)} = .460$, $p < .000$], a no significant correlation between locus of control and marital satisfaction [$r_{(718)} = .041$, $p > .05$], a negative correlation between self-esteem and marital satisfaction variables [$r_{(718)} = -.027$, $p > .05$]. Partner intimacy for to-be-wed couples should be promoted within appropriate and approved settings due to the significant influence demonstrated in this research.

Keywords*: Marital satisfaction, intimacy, self-esteem, locus of control.*

Introduction

The main objective of the study was to explore the effect of three variables, Intimacy, locus of control, and self-esteem on marital satisfaction among married couples in Lartebiokoshie, Accra, Ghana. The institution of marriage is an important aspect of the life of an individual, since everybody comes from a family, established through marriage or some other union between a man and a woman, irrespective of the type of marriage, and the likelihood that most people at one point in his or her life time may marry once [1]. For this reason, humanity seems to quickly rise up to find a solution against any situation that threatens the well-being of a union and the family at large which can be seen through the amount of relevant research globally [2] [3] [4]. No marriage is free of problems, and many variables interact differently in different situations to threaten the life of the marriage which may ultimately lead to the undesirable point of divorce or separation [5].

Many factors account for marital dissatisfaction in marriages, and the problem that leads to marital dissatisfaction in one marriage may not necessarily lead to the same outcome in another [6] [7]. In a study by [6], results indicated that participants alleged infertility as the chief source of marital dissatisfaction. This was followed by other sources such as lack of love, inexperience, poverty, differences in religion, joblessness, and more. Marital dissatisfaction is no respecter of persons, age, religious affiliation, culture,

economic status or even spirituality [8]. Most of the research that has been carried out on marital satisfaction has originated from Europe, Asia and the Americas [9], [10], [11], [12], with few originating from Africa including Ghana [13], [14].

In the U.S., trends in marital dissatisfaction rates showed that in the 1990s, approximately 206,007 people aged 50 years and older got divorced, whereas in 2010 about 643,152 of the same group got divorced [15]. In 2010, around 529,842 persons aged 50–64 years got divorced against approximately 113,310 persons aged 65 years and older, if the rate of divorce remains the same based on this trend, the rate of divorce among people 50 years and above by 2030 should rise by one third to approximately 828,380 [16]. Between the middle aged, the rate of divorce inched up from 6.9 to 13.1 divorced persons for every 1,000 married individuals from 1990 to 2010. Likewise, the divorce rate ascended from 1.8 to 4.8 between older adults. The change in extent of the divorce rates between the two sets of age groups leads indicates that the total number of persons divorcing is much higher among people of middle ages than older adults [15].

Elsewhere in the world, marriages are breaking up due to a combination of many other factors, and divorce which generations ago was a holdout in some parts of the world has now received legal backing in those countries [8]. The literature further indicates that the rate of divorce is not only rising, but has actually slowed down in countries like Japan, Korea and Taiwan. The Sahel Region of Africa and the Indian sub-continent also have a very low rate of divorce rate partly due to low cultural acceptability [8]. Divorce is one of the main initiating factors of family unsteadiness in sub-Saharan Africa and is common in most countries although there is sparse evidence to show it is on the increase [17]. In Ghana, marital unions have had their own turbulences as far as dissolutions are concerned, and several factors have been identified as causes [18].

In Ghana, the effort put into studying these variables is inadequate. There is a gap especially between the studies conducted on the variables of interest in this study (Intimacy, locus of control, and self-esteem and their impact on marital satisfaction between Ghana and the rest of the world. In connection with this, the current study seeks to investigate the interplay of three variables: intimacy, locus of control, and self-esteem on marital satisfaction.

The attention of this work however was given to the relationship between marital satisfaction and self-esteem, locus of control (internal and external), and Intimacy with recognition to the existing literature on these factors [13], [19], [20], [21], [22].

Intimacy and marital satisfaction

One of the factors affecting marital satisfaction is intimacy [20]. Therefore, partner responsiveness in the intimacy process for married persons is very significant for the upkeep of a healthy union [13]. The role of intimacy in marriage has been given attention in different marriages which also gives a lead as to its significance [4], [22]. Intimacy is the capability to communicate with others while you maintain your individuality; this implies that as a person one must reach a point of individual growth where one can establish communication with others [22]. Intimacy has been linked with variances in marital satisfaction owing to the fact that, it is the start point in initiating almost any process in the marital relationship [22]. Intimacy is conceptualized as one's closeness level to spouse, engaging in joint activities with them, sharing common values and ideas, engaging in sexual relations and other emotional activities such as fondling [22]. According to [3], marital intimacy is said to occur when couples in a relationship are able to freely express their views, ideas, emotions and demands together.

Intimacy has been investigated among other variables like conflict and forgiveness, and their role in marital satisfaction [23]. Similarly, daily levels of intimacy were responsible for variances in global marital satisfaction [25], [3]. posit that when spouses share each other's fears, secrets, sex, dreams, religion and daily experiences together, they inch closer to attaining satisfaction in their marital relation which ultimately, results in a successful marriage. [3] assert that intimacy encompasses interrelated dimensions of emotional, intellectual, sexual, spiritual, social, recreational and aesthetic.

To throw more light on this, [3] set out to investigate intimacy among infertile women in Iran, it was evident that intimacy is a real need among infertile women since they consider

infertility as stressful [3]. According to the work of [24], intimacy is different according to the kind of relationship, thus intimacy in a marriage is different from that of a non-marital romantic relationship. Appropriate physical and emotional intimate responses from male partners have been responsible for sexual satisfaction and eventually higher levels of marital satisfaction among women having provoked vestibulodynia (PVD) experience [26]. Intimacy is necessary in marriage as it solidifies the couple's commitment to live together and is positively correlated with satisfaction in marriage [27]. On the other hand, the lack of intimacy in marital relations contributes to marital conflicts and distress and said to be one of the causes of divorce [3].

Self-esteem and marital satisfaction

One of the important psychological factors that promote harmony in a marriage is the self-esteem of the partners involved which brings improvement in the social life [28]. In the domains of psychology, self-esteem is an individual's rating of his or her worth in life [29]. The marital union is governed by both social and psychological factors, and self-esteem is one of many psychological factors that have been investigated in association with marital satisfaction by several studies [30], [35], [19], [13], [36]. Self-esteem has gained attention because of its profound influence on marital satisfaction, with higher self-esteem having a positive correlation [19].

According to [29], self-esteem significantly influences marital satisfaction and married persons with known self-esteem difficulties are advised to seek psychological help so as to save their marriages. A study [13] is in agreement with the positive correlation between self-esteem and marital satisfaction, and recommended that psychologist, family therapist, marriage counselors, behavioral scientist and policy makers are to get insights from this in improving marital satisfaction among couples. Consistent with these results is the study by [19], that found a positive relationship between self–esteem and marital satisfaction within Japanese married persons. Again, a study by [37] with four hundred and seven (407) married individuals from Emirate confirmed a positive relation between self-esteem and marital satisfaction. This implied that respondents who scored high in the self-esteem scales also had high scores in marital satisfaction. The discussion above suggests that the relationship between self-esteem and marital satisfaction is positive [30].

Locus of control and marital satisfaction

Contemporary studies of the locus of control literature showed an increasing number of studies on the relationship between the type of control (internal and external) marriage [31], [32]. According to [33], locus of control as assessed in middle adulthood predicted marital satisfaction assessed contemporaneously. However, before this, [34] asserted in his work that external locus of control was linked with higher marital change compared to the people with internal locus of control. The work of [31] revealed a similar pattern of results indicating that there is a substantial interrelationship between internal locus of control and marital satisfaction.

A study among elderly women solidified the claim of a positive association between locus of control and marital satisfaction [20]. Again, [38], found significant evidence to suggest that internal locus of control was responsible for notable variations in marital satisfaction among post-traumatic stress disorder patients.

Limitations of the Study

The study adopted a cross-sectional survey design which precludes no conclusions regarding causality. The use of a non-probability-based sampling within the constraints of the COVID-19 pandemic limits generalization of the study beyond the sample. However, the study used an adequate sample size for the analysis proposed and findings can inform conceptualization of future research.

Materials and Methods

Study Design: The study employed a cross-sectional survey design with a quantitative approach to test the research hypotheses. A survey method was adopted to study the variables of interest (intimacy, locus of control, self-esteem and pre-marital counseling) in relation to marital satisfaction. A survey is able to study both large and small populations by selecting the study samples chosen from the populations in order to discover the interrelations of sociological and psychological

variables [40]. This allows for inference as to what people may think or feel is responsible for a certain behavior.

Study area

The study was undertaken in Laterbiokoshie, a suburb under the Ablekuma South Constituency in the Greater Accra Region, Ghana. The population of this area was not particularly dominated by any group of people and can be described as cosmopolitan. The area was therefore suitable for the study. The choice of the area was influenced by proximity, and the mixed nature of the people in terms of different cultural and socio-economic background.

Study population

All married persons in the study area, married by any of the three main types of marriage recognized by the law in Ghana were invited to participate in the study. The three main types of marriage were Traditional/Customary, Marriage under Ordinance and Islamic/Mohammedan Marriage. Participants were required to still be in the union and not separated at the time of data collection and they should have been married for six months or more which should afford enough time for a fair assessment of marital satisfaction. A participant who has been married for less than six months may still be reminiscing honeymoon moments. Separated and divorced persons may have answers that are skewed from the hurt they have felt and other issues that brought about the separation and divorce.

Persons aged 18 years or older were selected as this is the acceptable age of marriage. The study population also included individuals across different levels of education. Eligible persons who provided written and/or consent were included in the study. Participants who were unable to communicate in English, Ga or Twi, a commonly spoken dialect in the suburb were excluded, due to the language barrier which may affect the correct interpretation of constructs.

Sample size/Technique

An estimated sample size of 633 married persons was calculated for this study. The sample size was estimated using the Cochrane's formula:

$$n = \frac{z^2 X p X (1 - p)}{e}$$

, assuming 95% confidence level and assuming the prevalence of marital satisfaction to be 50% yielded a minimum sample size of 384. A non-response rate of 10% and design effect of 1.5 was allowed for resulting in a final sample size of 633. Purposive sampling technique was used to select the sample, however selecting the sample required that the geographical area should be divided into clusters to afford the researcher the opportunity to select equally from each cluster to avoid a skew. Purposive sampling is an attempt to select people who meet a certain pre-determined criterion [40].

Study instruments

Standardized questionnaires were used to assess all variables of interest. Marital satisfaction was measured using the Enrich Marital Satisfaction Scale (EMS), while the Rosenberg Self-Esteem Scale (RSE) was used to measure self-esteem. The Locus of control of behavior scale (LCB) was utilized on to measure locus of control, and intimacy was measured using the Intimacy Scale by [41].

Data collection

On the days of data collection, questionnaires were distributed to participants in their homes. Study participants were approached in their homes due to the ban on public gathering including churches, mosque and clubs by the Government of Ghana following the COVID-19 pandemic. Eligible persons responded to the questionnaire in a neutral area of their house that offered privacy to encourage honest responses. Social distancing was strictly observed. Research assistants were trained in the basic ethical and hygiene measures to minimize the risk of spread of COVID-19. Personal protective equipment such as face masks, sanitizers, disposable gloves and household wipe for surfaces were provided for all the research assistants and provision were made for research participants who did not have access to face masks during the study period. The research participants were requested to wash their hands and use sanitizer before and after the data collection process.

When consent was obtained from willing participants, questionnaires were administered. All questionnaires were collated daily by the

researcher, scoring completed for each relevant section and coded for entry in an electronic database. The data were password protected with the password known only to the researcher.

Study variables

Outcome variable

The outcome variable was marital satisfaction, which was measured using the ENRICH Marital Satisfaction (EMS) Scale. This scale consists of 15 items. Each item is scored using a five-point Likert-scale of 1-5, 1 being 'Strongly disagree' to 5 being 'Strongly agree.' Items scored in a negative direction were reverse-scored (i.e., if it is marked 5, it would be scored 1: if it is marked 4, it would be scored 2: a 3 remains unchanged). Items 1, 4, 6, 9, and 13 constitute the Idealistic Distortion scale. The remaining items are in the Marital Satisfaction scale.

Predictor variables

The variables investigated in this study were Locus of Control, Self-Esteem, and Intimacy. Locus of control was measured using the Locus of control behavior scale (LCB**).** The 17-item test is scored in the same direction that is, high scores indicate externality. This indicates that the higher the score, the more the individual inclined towards external locus of control and the reverse is true, the lower the score, the more inclined towards internal locus of control. Thus, the 10 items which relate to externality are tallied from the left-hand column of response boxes and the scores for the seven items relating to internality (items 1, 5, 7, 8, 13 and 16) are transposed so that 5 is scored as 0 (strongly disagree), 4 (generally agree) becomes 1 (generally disagree), etc., in the right-hand column of response boxes. After transposing the seven items the test is scored by summing the scores for all 17 items.

Self-esteem was measured with the Rosenberg self-esteem scale (RSE). This involves a method of combined ratings. Low self-esteem responses are 'Disagreeing' or 'Strongly disagree' on items 1, 3, 4, 7, 10, and 'Strongly agree' or 'Agree' on items 2, 5, 6, 8, 9. Two or three out of three correct responses to items 3, 7, and 9 are scored as one item. One or two out of two correct responses for items 4 and 5 are considered as a single item; items 1,8, and 10 are scored as individual items; and combined correct responses (one or two out of two) to items 2 and 6 are considered to be a single item.

The scale can also be scored by adding the individual 4-point items after reverse-scoring the negatively worded items.

Intimacy was measured with the Intimacy Scale (IS; Walker & Thompson, 1983) which is a 7-point Likert scale ranging from 1= never to 7=always, with '1" being the least score and "7" being the highest score. A total of the scores gives one the level of intimacy that exists in the relationship.

Statistical analysis

Data entry, validation and analysis was done using the Statistical product and services solution software (SPSS version 25). Three main analyses were conducted. Descriptive statistics were generated for sociodemographic characteristics of the study participants and presented in frequency distribution tables with corresponding percentages. Preliminary analysis was done to ensure that study variables were accurate in terms of reliability estimates, normality and homogeneity, prior to inferential analysis and partial correlation matrices were generated. Statistical significance was set at $p<0.05$ for all analyses.

Results

The results presented in this chapter summarize the demographic characteristics of the study participants, provide a preliminary analysis of study variables to ensure accuracy for inferential analysis and present the output of multivariable regression analysis for hypothesis testing and discussion of findings.

Demographic characteristics of study participants

Table 1.1 summarizes the demographic characteristics of study participants. A total of 720 questionnaires were administered with a response rate of 100%. The sample was predominantly female, 430 (60%) and Christian, 675 (94%). The modal age group for respondents and spouses was 31-45 years 387(54%) and 400 (56%) respectively (Table 1.1). Study participants who were married by ordinance comprised 400 (56%). One hundred and fifty study participants (21%) had the same ethnicity with their spouses. The mean years of marriage was 13.15±10.70 and the mean number

of children from the marriage was two children= 2.42±1.44). One hundred and ninety-one (27%) study participants owned their personal house, while the rest were mostly renters (Table 1.1).

Among the study participants, 285 (40%) were employed, 66 (9%) were unemployed and 369(51%) were self-employed. Those who earned more than one thousand Ghana Cedis (GHC1000; USD 173 @GHC5.78 to USD1.00 on September 2, 2020 at 10.00am) were 330 (47%) were the majority, followed by those who earned between five hundred and one Ghana Cedis to one thousand Ghana Cedis (GHC501 – GHC1000; USD 87 – USD173), 210(30%) (Table 4.1). The mean monthly earnings were five hundred and sixty-four Ghana cedis, forty-seven pesewas (GHC 564.47±4.87; USD97.66±0.84).

Table 1.1: Distribution of Demographic Information on Participants

Variables	Statistics	
	Frequency	**Percent**
Gender		
Male	290	40
Female	430	60
Religion		
Christianity	675	94
Islam	44	6
African Traditional Religion	1	0
Age (years)		
30 or less	90	13
31 – 45	387	54
46 – 60	184	25
61 +	59	8
Mean (s.d.) 39.43±3.89		
Age of Spouse (years)		
30 or less	63	8
31 – 45	400	56
46 – 60	193	27
61 +	64	9
Mean (s.d.) 39.79 ±3.18		
Type of Marriage		
Ordinance	400	56
Islamic	45	6
Customary	275	38

Preliminary Analysis

In order to assess for the accuracy of the data in terms of normal distribution, reliability estimates, normality and homogeneity were run for key study variables. Based on the results of the preliminary analysis, the data met the underlying assumptions for inferential statistical analysis to be conducted. Descriptive statistics including means, standard deviations were computed to support the data fittingness.

Mean, Standard Deviation, Skewness and Kurtosis of Major Study Variables

Mean scores for the study variables were as follows: Intimacy (99.40± 21.73), Self-esteem (23.03± 2.66), Locus of Control (43.90±9.09), Marital Satisfaction (50.10± 7.02). (Table 1.2).

Intimacy and Self-esteem were negatively skewed while Locus of Control and Marital Satisfaction were positively skewed. All the four scales recorded acceptable Kurtosis figures well within the ±2 range [42]. As a result, the data for the study variables were analyzed without any transformation. Parametric tests used to test hypotheses were robust to minimize violations of any assumptions on data normality (Hayes, 2013).

Table 1.2. Mean, Standard Deviation, Skewness and Kurtosis of Major Study Variables

Variables	Data Normality Statistics			
	Mean	**Std. Dev.**	**Skewness**	**Kurtosis**
Intimacy (I)	99.40	21.73	-1.60	2.02
Self-esteem (ES)	23.03	2.66	-.281	1.37
Locus of Control (LoC)	43.90	9.09	1.27	2.15
Marital Satisfaction (MS)	50.10	7.02	1.03	1.78

Marital Satisfaction Category based on Standard Norms

Majority of the participants reported being satisfied with their marriage. Fifty-four per cent recorded a marital satisfaction score that fell within 50th to 99th percentiles. Those who were scored below the 50th percentile was deemed dissatisfied with their marriages (46%).

Correlation Matrix of the Key Study Variables

The major study variables were further subjected to partial correlation and the correlation matrix as depicted in Table1.3. Multicollinearity (interrelationships) existed between the key study variables. Intimacy correlated positively with Self-esteem, though this was not significant [$r_{(718)}$ = .004, p>.05]. Intimacy positively and significantly predicted Marital Satisfaction [$r_{(718)}$ = .460, p<.01] and negatively predicted Locus of Control [$r_{(718)}$ = .116, p<.01]. Self-esteem negatively and significantly predicted Locus of Control [$r_{(718)}$ = -.176, p<.01], but the correlation with Marital Satisfaction did not attain statistical significance [$r_{(718)}$ = -.027, p>.05] and Locus of control did not demonstrate a significant correlation with Marital Satisfaction [$r_{(718)}$ = .041, p>.05].

Table 1.3. Correlation Matrix of Key Study Variables

Variables	Key Study Variables			
	1	2	3	4
Intimacy (I)	-	.004 ^{ns}	-.116**	.460**
Self-esteem (SE)	-	-	-.176**	-.027 ^{ns}
Locus of Control (LoC)	-	-	-	.041 ^{ns}
Marital Satisfaction (MS)	-	-	-	-

** = <.01, * = p<.05, ns = not significant, 1 = I, 2 = SE, 3 = LoC, 4 = MS

Testing Hypotheses

Hypothesis 1 – Intimacy and Marital Satisfaction

The null and alternate hypotheses are stated below:

Ho: There is no relationship between Intimacy and Marital Satisfaction.

H_A: There is a relationship between Intimacy and Marital Satisfaction.

The mean score for Intimacy was 99.40 ±21.73, while the corresponding score for Marital Satisfaction was 50.10±7.02. These means were subjected to bivariate analysis using partial correlation to control for demographic variables such as sex, gender, years of marriage and number of children. Results revealed a significant positive correlation between the two variables [$r_{(718)}$ = .460, p< .000] (Table 1.4). Regarding the first hypothesis, the null hypothesis was rejected and the alternative hypothesis accepted. The alternate hypothesis states that there is a significant relationship between intimacy and marital satisfaction.

Table 1.4. Partial Correlation between Intimacy and Marital Satisfaction

Predictor Variable	Marital Satisfaction Variable		
	df	*r*	*Sig*
Intimacy	718	.460**	.000

** = <.01

Hypothesis 2–Locus of Control and Marital Satisfaction

The null and alternate hypotheses are stated below:

Ho: There is no relationship between Locus of Control (internal/external) and Marital Satisfaction.

H_A: There is a relationship between Locus of Control (internal/external) and Marital Satisfaction.

The mean score for Locus of Control score was 43.90 ±9.09 and the corresponding score for marital satisfaction was 50.10 ± 7.02. The mean scores were subjected to bivariate analysis using partial correlation to control for demographic variables. There was no significant correlation between the two variables [$r_{(718)} = .041$, $p>.05$] (Table 4.5). Therefore, the null hypothesis could not be rejected.

Table 1.5. Partial Correlation between locus of Locus of Control and Marital Satisfaction

Predictor Variable	**Marital Satisfaction Variable**		
	df	*r*	*Sig*
Locus of Control	718	$.041^{ns}$	.270

ns – not significant

Hypothesis 3 –Self-Esteem and Marital Satisfaction

The null and alternate hypotheses are stated below:

Ho: There is no relationship between Self-Esteem and Marital Satisfaction.

H_A: There is a relationship between Self-Esteem and Marital Satisfaction.

The mean self-esteem score was 23.03 ± 2.66 and the corresponding score for marital satisfaction was 50.10 ± 7.02 were subjected to bivariate analysis using partial correlation. This yielded a negative correlation between the two variables [$r_{(718)} = -.027$, $p> .05$] (Table 1.6). This implied that there was no significant relationship between Self-Esteem and Marital Satisfaction; therefore, the null hypothesis could not be rejected.

Table 1.6. Partial Correlation between Self-esteem and Marital Satisfaction

Predictor Variable	**Marital Satisfaction Variable**		
	df	**r**	**Sig**
Self-esteem	718	-.027	.471

ns – not significant

Discussion

This study investigated the influence of intimacy, self-esteem, and locus of control on marital satisfaction of married couples. This section discusses the key findings in the research.

Intimacy and marital satisfaction

This study revealed a significant positive correlation between intimacy and marital satisfaction. This finding supports the findings of [22] who found that intimacy has been linked with variances in marital satisfaction owing to the fact that, it is the start point in initiating almost any process in the marital relationship. This finding is also consistent with the findings of [25] who found that daily levels of intimacy were responsible for variances in global marital satisfaction. Several reasons could account for this finding. Intimacy is conceptualized as an individuals' closeness level to his or her partner, engaging in combine endeavors, interdependent on each other as a result of common goals, values and ideas, engaging in sexual relations and other emotional activities such as fondling [22]. [3] also posit that marital intimacy is said to occur when couples in a relationship are able to freely express their views, ideas, emotions and demands together.

The above views on intimacy indicates one can argue intimacy is more or less the expression of love and since marriage is about love it leaves no one in doubt that intimacy correlates with marital satisfaction. For instance, intimacy may include an emotional, bodily (sensual), social and/or emotional nearness. Intimate relations include physical, expressive,

social, logical, spiritual and entertaining extents [43]. Intimacy includes the awareness and recognition of one's private moods and actions, sharing it honestly with another and accepting the good within others, including unpleasant characteristics, both conscious and unconscious [44]. The views of Bochner and Kanwal & Akhtar, buttress the point that intimacy is a concept that fuels happiness and joy and the more couples get intimate the more satisfied they would be as the findings of this study showed.

In addition to the above reason, intimacy facilitates attachment and bonding between couples and this is a possible reason intimacy correlates positively with marital satisfaction. Well attached and bonded couples are likely to be satisfied couples. Attachment and bonding have significant influence over the development of trust, emotion regulation, social skills, positive identity and quality of relationships throughout the lifespan [45][46]. It is clear from the above explanation of attachment that couples without intimacy may find it difficult to attach and bond. Thus, attachment and bonding thrive on intimacy which consequently leads to satisfaction as stated by [47] that marriage can be of worth and satisfying when it is characterized by contentment, desire, love, closeness, sensitivity, solid communication, and obligation (which are all components of intimacy). When spouses share each other's fears, secrets, sex, dreams, religion and daily experiences together, they get closer to attaining satisfaction in their marital relation.

Locus of control (internal/external) and Marital satisfaction

This study revealed that there was no significant correlation between locus of control and marital satisfaction. This finding supported the findings of [48] in the study which examined the relationship between locus of control with marital satisfaction and marital stability. The study reported a negative no significant relationship between external locus of control and marital satisfaction and no significant relationship between internal locus of control and marital satisfaction as well as no significant relationship between both locus of control and marital stability.

This observation could be accounted for by a number of reasons. In the first place, the theory of locus of control proposes that some people are more inclined to attribute control to either internal or external factors regardless of the context [49]. Further, by adulthood locus of control is thought to be relatively fixed [50]. Since locus of control is learned as a result of life experiences over time, it is influenced by various factors, an example being attachment styles and emotional intelligence, which are among the most important factors affecting interpersonal interactions such as marriage [51]. The theoretical explanation of locus of control implies that socialization and culture play a significant role in an individuals' locus of control. We are in a culture (Ghanaian Culture) where most people believe happenings in life are controlled by higher sacred beings such as God and lesser gods and familial spirits [52]. This makes most belief systems of majority of Ghanaians external in terms of locus of control. This could have resulted in the non-significant relationship observed between locus of control and marital satisfaction.

Also, the lack of a significant correlation between locus of control and marital satisfaction could be explained based on the reward and reinforcement principle. When a reward does act as a reinforcer for learning and behavior frequency it is perceived to be contingent on the person's preceding behavior. In such cases, a person is deemed to have an internal locus of control. This was not the case with the majority of Ghanaian participants most of whom recorded on external locus of control. Due to this the success and satisfaction with one's marriage was seen not as a result of an individual effort let alone draw any link between that and locus of control.

Further an individual with external locus of control as most of the current participants were due to cultural believes, is not in a position to accept and realize the fact that the success and happiness in their marriage is under their control. As a result, the externality of participants in the correlation between locus of control and marital satisfaction was weakened. However, the current finding contradicts the findings of Self-esteem and Marital satisfaction**:** This study revealed that there was no relationship between Self-Esteem and Marital Satisfaction. The findings of the current study contradict the findings of earlier researchers many of whom found a significant correlation

between the two variables. Researchers argue how self-esteem is positively correlated to relationship satisfaction; it is not surprising that literature points to the fact that the progress of self-esteem is also affected by experiences in relationships [35][53]. So, as an individual becomes satisfied in a relationship with all the positive affirmations, the self-esteem increases as asserted by [54].

The argument by [35] that positive affirmative words from satisfied individuals increase the self-esteem implies couples who are satisfied are likely to have their self-esteem increased. The lack of relationship found by the current study could possibly imply marital satisfaction level of the participants in this study may not have the positive affirmative words due to culture and as a result the self-esteem has not increased to result in such a positive relationship. Future studies are required to examine in detail the relationship between self-esteem and marital satisfaction.

Conclusion

The satisfaction of marriage is an individual assessment of the marriage and intensely connected to the psychological and physical well-being and happiness of the people involved. Several research findings showed inconsistent relationship between various variables playing a role in marital satisfaction. From many studies, marital satisfaction has been affected by factors such as gender, social support, personality, infidelity, children, partner violence, religion and spirituality and sexual satisfaction.

The current study investigated the influence of intimacy, self-esteem, and locus of control on marital satisfaction of married couples. The research findings confirmed that there is a significant positive correlation between intimacy and marital satisfaction [$r_{(718)} = .460$, $p < .000$] suggesting that spouses working toward attainment of marital satisfaction should share each other's fears, secrets, sex, dreams, religion and daily experiences together.

On the other hand, the research findings also revealed that there is no significant correlation between the Locus of control and marital satisfaction [$r_{(718)} = .041$, $p > .05$] as well as self-esteem and marital satisfaction [$r_{(718)} = -.027$, $p > .05$.

Recommendations

Partner intimacy for to-be-wed couples should be promoted within appropriate and approved settings due to the significant influence demonstrated in this research. The impact of self-esteem on marital satisfaction can be investigated further as the present study did not confirm a significant association. Most of the earlier studies reviewed found a significant relationship which the current study contradicts. Independently, Locus of control had a negative correlation with Marital satisfaction contrary to earlier studies. This finding also calls for further research. The present study recruited participants from one specific community in Ghana (Lartebiokoshie). Future research may consider different settings in terms of culture and geo-spatial distribution.

References

[1]. Arif, N., & Fatima, I. (2015). Marital Satisfaction in different types of Marriage. Pakistan Journal of Social and Clinical Psychology, 13(1), 36–40.

[2]. DeLongis, A., & Zwicker, A. (2017). Marital satisfaction and divorce in couples in stepfamilies. Current Opinion in Psychology, 13, 158-161.

[3]. Pasha, H., Basirat Z., Esmailzadeh, S., Faramarzi, M., &Adibrad, H. (2017). Marital Intimacy and Predictive Factors Among Infertile Women in Iran. Journal of Clinical and Diagnostic Research, 11(5), 13–17.

[4]. St. Vil, N. M. (2015). A culture of mutual support: The impact of giving and receiving of practical and emotional support on African American marital satisfaction. Journal of family social work, 18(2), 78-89.

[5]. Sorokowski, P., Randall, A. K., Groyecka, A., Frackowiak, T., Cantarero, K., Hilpert, P., ... Dronova, D. (2017). Corrigendum: Marital Satisfaction, Sex, Age, Marriage Duration, Religion, Number of Children, Economic Status, Education, and Collectivistic Values: Data from 33 Countries. Frontiers in psychology, 8, 1728.

[6]. Olaniyi, A. A. (2015). Analytical study of the causal factors of divorce in African Homes. Research in Humanities and Social Sciences, 5(14), 18-20.

[7]. Wang, C.-T. L., & Schofer, E. (2018). Coming Out of the Penumbras: World Culture and Cross-National Variation in Divorce Rates. Social Forces, 97(2), 675–704.

[8]. Cherlin, A. J. (2017). Introduction to the Special Collection on Separation, Divorce, Repartnering, and Remarriage around the World. Journal of Population Sciences, 37(October), 1–24.
[9]. Grosjean, P., & Brooks, R. C. (2017). Persistent effect of sex ratios on relationship quality and life satisfaction. Philosophical Transactions of the Royal Society B: Biological Sciences, 372(1729), 20160315.
[10]. Banaei, M., Aliakbari, S. A., Ghalandari, S., & Eslami, K. (2016). Assess the comparison of marital satisfaction between the abused and non- abused women. International Journal of Medical Research & Health Sciences, Vol. 5, 617–624.
[11]. Rauer, A., & Volling, B. (2015). The role of relational spirituality in happily married couples observed problem-solving. Psychology of Religion and Spirituality, 7(3), 239.
[12]. Rostami, A. (2013). Marital satisfaction in relation to social support, coping, and quality of life in medical staff in Tehran, Iran.
[13]. Ogbonnia Eze Mba Esther, E. (2018). Emotional Intelligence and Self-Esteem as Predictors of Marital Satisfaction among Married Couples in Nigeria, 7(3), 4–13.
[14]. Ansah –Hughes, W., Oteng Akyina, K., & Oduro-Okyireh, G. (2015). The Perception of Married People about Pre-marital Counseling. A Survey in the Techiman Municipality of Ghana. Research on Humanities and Social Sciences, 5(14), 2225–2484.
[15]. Brown, S. L., & Lin, I. (2012). The Gray Divorce Revolution: Rising Divorce Among Middle Aged and Older Adults, 1990–2010, 67, 731–741.
[16]. U.S. Census Bureau. (2004). U.S. interim projections by age, sex, race, and Hispanic origin: 2000–2050.
[17]. Clark, S., & Sarah, B.-O. (2015). Divorce in sub-Saharan Africa: Are Unions Becoming Less Stable? Population and Development Review, 41(4), 583–605.
[18]. Akuamoah, V. I. D. A. (2013). Determinants of divorce in Ghana, 2008 (Doctoral dissertation, University of Ghana).
[19]. Kito, M., & Sato, K. (2017). The influence of self-esteem on marital relationship satisfaction-A study by APIM using marital data. The Japanese Journal of Experimental Social Psychology, 56(2), 187–194.
[20]. Ashoori, J. (2014). The relationship between personality traits, religiosity orientation and locus of control and marital satisfaction of elder women. Journal of Geriatric Nursing, 1(3), 21-33.
[21]. Kepler, A. (2015). Marital Satisfaction: The Impact of Pre-marital and Couples Counseling. Master of Social Work Clinical Research Papers. St. Catherine University and the University of St. Thomas St. Paul, Minnesota.
[22]. Rafsanjani, M. (2016). The relationship of intimacy and trust with marital satisfaction among nurses of Shahid Bahonar Hospital. International Business Management, 10(19), 4506–4510.
[23]. Emerman, C. (2017). The Relationship Among Spousal Interactions, Forgiveness, Conflict, and Marital satisfaction. Hofstra University.
[24]. Ito, Y. (2015). A Review of Research on Characteristics of Intimacy in Marital Relationships. The Japanese Journal of Developmental Psychology, Vol.26(No.4), 279–287.
[25]. Laurenceau, J., Barrett, L. F., & Rovine, M. J. (2005). The Interpersonal Process Model of Intimacy in Marriage: A Daily-Diary and Multilevel Modeling Approach. Journal of Family Psychology, 19(2), 314–323.
[26]. Rosen, N. O., Muise, A., Bergeron, S., Delisle, I., & Baxter, M. L. (2015). Daily associations between partner responses and sexual and relationship satisfaction in couples coping with provoked vestibulodynia. Journal of Sexual Medicine, 12(4), 1028–1039.
[27]. Rakwena K. H. (2010). Marital Satisfaction and Intimacy: Gender Role attitudes and Spousal Support in Botswana. Loma Linda University Electronic Theses, Dissertations & Projects.9.
[28]. Yadalijamaloye, Z. (2013). Relationships between Self-Esteem and Marital Satisfaction among Women. Psychology and Behavioral Sciences, 2(3), 124.
[29]. Uwaoma, N. C., Unamba, U., Ebeh, E., & Chine, C. (2016). Influence of Self-Esteem and Gender on Marital Satisfaction among Igbo Married Couples in Owerri-Urban Area. International Journal in Management & Social Science, 4(11), 19-29.
[30]. Taghizadeh, M. E., & Kalhori, E. (2015). Relation between self-esteem with marital satisfaction of employed women in ayam-e-Noor university. Mediterranean Journal of Social Sciences, 6(6 S6), 41-41.
[31]. Asgharianji, A., Vardanyan, K., & Navabinejad, S. (2015). The Interrelationship among Locus of Control, Sexual Satisfaction and Marital Satisfaction. Journal of Asian Scientific Research, 5(2), 60–72.
[32]. Angelova, N. V. (2016). Locus of control and its relationship with some social-demographic factors. Psychological Thought, 9(2), 248-258.

[33]. Kahler, M. E. (2017). The Association Between Locus of Control and Marital Satisfaction Throughout Adulthood.
[34]. Sheth, J. (2015). The Effect of Marital Locus of Control on Marital Adjustment of Couples. The International Journal of Indian Psychology, 2(2), 26–31.
[35]. Mund, M., Finn, C., Hagemeyer, B., Zimmermann, J., & Neyer, F. J. (2015). The Dynamics of Self-Esteem in Partner Relationships. European Journal of Personality, 29(2), 235–249.
[36]. Pradhan, P. M., Ojha, S. P., Rana, M., & Regmi, M. P. (2018). Self-esteem and Marital Adjustment among clients maintained on Methadone Maintenance Treatment Program (MMTP). Journal of Institute of Medicine, 42(1).
[37]. Al-Damarmaki, F. R., Hassane, S. H., Ahammed, S., Abdullah, S. A., Yaaqeib, S. I., Dodeen, H. (2014). Marital Satisfaction in the United Arab Emirates: Development and Validation of a Culturally Relevant Scale. Journal of Family Issues, 1 – 27. Doi: 10.1177//0192513X14547418.
[38]. Botello (2015), Ashoori, (2015) and Asgharianji *et al*. (2016) who found that locus of control significantly predicted marital satisfaction.
[39]. Botello, J. J. (2015). Combat-related posttraumatic stress disorder: Locus of control and marital satisfaction. Dissertation Abstracts International: Section B: The Sciences and Engineering, 76(5–B(E)), No-Specified.
[40]. Wilson, S., & MacLean, R. (2011). Research methods and data analysis for psychology. McGraw-Hill Higher Education.
[41]. Walker, A. J., & Thompson, L. (1983). Intimacy and intergenerational aid and contact among mothers and daughters. Journal of Marriage and the Family, 841-849.
[42]. Tabachnick, B.G & Fidell, L.S. (2007). Using Multivariate Statistics (6th edition). Washington: America Psychological Association.
[43]. Bochner, A. P. (2017). Heart of the matter: A mini-manifesto for autoethnography. International Review of Qualitative Research, 10(1), 67-80.
[44]. Kanwal, G., & Akhtar, S. (2019). Intimacy: Clinical, Cultural, Digital and Developmental Perspectives.
[45]. Marvin, R. S., Britner, P. A., & Russell, B. S. (2016). Normative development: The ontogeny of attachment in childhood. Handbook of attachment: Theory, research, and clinical applications, 3, 273-290.
[46]. Shaver, P. R., Mikulincer, M., Gross, J. T., Stern, J. A., & Cassidy, J. A. (2016). A lifespan perspective on attachment and care for others: Empathy, altruism, and prosocial behavior. Cassidy, J.; Shaver, PR (ed.), Handbook of attachment: Theory, research, and clinical applications (3rd ed.), 878-916.
[47]. Owiredu, W. K. B. A., Owusu, A. O., Amidu, N., Quaye, L., Gyasi-Sarpong, C. K., Dapare, P. P. M., & Alidu, H. (2015). Sexual dysfunction and sexual quality of life among the physically challenged in the Kumasi metropolis, Ghana, 1–8.
[48]. Sawai, J. P., Juhari, R., Kahar, R., Ismail, Z., & Sawai, R. P. (2018) Locus of Control, Marital Satisfaction and Marital Stability among Newlyweds. Southeast Asia Psychology Journal Vol.6, 16-25.
[49]. Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological monographs: General and applied, 80(1), 1.
[50]. Doherty, W. J. (1983). Locus of control and marital interaction. In Developments and Social Problems (pp. 155-183). Academic Press.
[51]. Hejazi, M., & Kia, E. (2015). The Relationship between Attachment Styles and Emotional Intelligence and Locus of Control in Couples Applied for Divorce Compared with That of Nondivorcing Couples. International Journal of Academic Research in Business and Social Sciences, 5(7), 156-70.
[52]. Nukunya, S. A. (2003). Tradition and change in Ghana: Introduction to sociology. Accra: University of Ghana press.
[53]. Kuster, F., Orth, U., & Meier, L. L. (2013). High self-esteem prospectively predicts better work conditions and outcomes. Social Psychological and Personality Science, 4(6), 668-675.
[54]. Denissen, J. J., Penke, L., Schmitt, D. P., & Van Aken, M. A. (2008). Self-esteem reactions to social interactions: evidence for sociometer mechanisms across days, people, and nations. Journal of personality and social psychology, 95(1), 181.

Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art002

The Impact of Funding on Quality of Early Childhood Education Service Provision in Zambia from 2015-2018.

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Abstract

High-quality Early Childhood and Education (ECE) is critical to positive child development and generates high economic returns. On the contrary, Access to quality ECE in Zambia remains low particularly for the vulnerable. The situations are compounded by inadequate funding to the ECE subsector. This study evaluated the effect of funding on the quality of ECE in Zambia for the period 2015 to 2018. It assessed the effect of funding on the provision of ECE services by analysing the funding patterns to the Ministry of General Education through to Directorate of Early Childhood Education (DECE), Provincial Education Office (PEO), District Education Board Office (DEBO) and finally the 10 identified schools /ECE centres. To assess effect on quality, the study analysed the effect of funding on the eight identified early learning quality elements as espoused by the Ministry of General Education. These are, Infrastructure, Water and sanitation, Playgrounds, Furniture, Equipment and materials, Staffing, Support Staff and Enrolment. The methodology employed in this study included desk review of the funding reports at the identified fund management levels as well as Key Informant Interviews (KII) at each identified level. The results from the desk review and KII indicated that, funding to ECE for the period 2015 to 2018 was inadequate. At school level, much of the funding went toward equipment and materials while Water and Sanitation Infrastructure, Playgrounds, Furniture Equipment and materials were inadequately funded. This negatively affected the quality of ECE services provided in Zambia between 2015 to 2018.

Keywords: *Early Childhood Education, Ministry of General Education, Quality, Funding.*

Introduction

Background

Funding to Education is critical to the realisation of positive education outcomes at all levels. Despite various calls to increase funding, educational financing globally has not received the deserving attention. Compared to developed countries, funding to education for developing countries remains a challenge with African countries spending less than 2 Percent of their overall national budgets on Education. World Bank,[1]. This situation gets worse at Early Childhood Education sub sector level where less than 0.2 Percent of the educational budgets are allocated.[2]. Quality Early Childhood and Education (ECE) is critical to positive child development and has the potential to generate high economic returns (Matafwali, & Kabali, 2017). On the contrary, access to ECE is very low in Zambia, especially among vulnerable groups. For instance, only 17.3% of children who enrolled in primary education in 2017, had ECE experience [4]. The current financing structure in Zambia contributes to inadequate access to high-quality services and does little to strengthen the quality of available ECE services.

The aim of this study is to evaluate the effect of funding on the quality of Early Childhood Education service provision in Zambia from 2015 to 2018.

The methodology included a desk review of literature on effect of funding on the quality of ECE services for the period 2015 to 2018. Primary data was collected using semi structured questionnaires that had both qualitative and quantitative questions. Seeing that the sample size was small, qualitative data was analysed using excel according to the eight identified themes on quality. These are; Infrastructure, Water and sanitation, Playgrounds, Furniture,

Equipment and materials, Staffing, Support Staff and Enrolment.

Funding has a direct effect on the quality-of-service provision. For ECE, the situation is critical as effects of investments are seen years after and has a potential of adversely affecting the economic growth of a country. For developing countries like Zambia, funding to ECE is critical. This is because it has a direct effect on the realization of positive learner outcomes.

There is need for adequate funding to the ECE sub-sector to enhance the quality of services provided. Consultative planning, monitoring and evaluation of ECE services should be well managed. This should be supported by strengthening accountability at budgeting, fund allocation, disbursement and utilisations in order for investments at ECE to be sustained.

Introduction

The responsibility to provide educational services in Zambia rests heavily with government. The government owns, manages and finances the provision of services from Early Childhood Education to Higher Education. Compared to other subsectors such as Primary Education and Higher Education, funding to Early Childhood.

Education from the central government remains comparatively low at less than one Percent of the total Education Budget. [5]. This forces the larger part of ECE budgets to be financed by non-government organisations and parents through fees and other contributions at local school level, adversely affecting the affordability and availability of ECE services. [6].

The study recognises that the larger part of funding to ECE is borne by non-governmental organisations, however, due to inadequate data on this, the study will focus on government funding to ECE, therefore, figures presented represent the lower value as there could be more from other sources whose data was not available at the time of this research. According to [7]. Early childhood Development has a direct influence on the economy, health and social outcomes for individuals and society in that it increases school and career achievement as well as reduced costs in remedial education, health and criminal justice system expenditures, translating to 7 to 10 percent per year return on investment. Adverse creates deficits in skills and abilities that drive down productivity and increase social costs thereby adding to public.

Finance deficits. Despite this, various benefits of investing in ECE, African countries faces deep inadequacies in ensuring that opportunities are availed to all children to achieve full potential. [8].

For Zambia, investing in ECE has long lasting benefits such as enhancing school readiness, functional literacy, and social skills among other skills. Additionally, it enhances other skills necessary for, reducing dropout rates at primary school and enhances progression to higher grades.[3]. However, failure to invest adequately in the sub sector could have far reaching consequences.

Aim of the Study

The study aims at evaluating the effect of funding on the quality of ECE services provision through evaluation of the ECE services in the 10 selected centres in Lusaka districts. The 10 centres are allocated in different parts of Lusaka. Areas included Chainama, Chawama, Chibolya, Chilenje, Kamwala and Woodlands.

The study was guided by four specific objectives:

a) To analyse the funding patterns to the Ministry of General Education: Directorate of ECE for the period 2015 to 2018.
b) To stablish the funding allocation to ECE centres (Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment.
c) To analyse the utilisation of fund received on Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment in the 10 identified ECE centres in Lusaka.
d) To examine the effect of funding on quality of Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment against funding disbursements.

The study was guided by the following research questions.

a) What have been the funding patterns to the Ministry of General Education subsector:

Directorate of early childhood for the period 2015 to 2018?

b) What is the funding allocation to Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment?

3 What is the funding utilisation on Infrastructure, Water and sanitation,

Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and

c) Enrolment in the 10 identified ECE centres in What is the effect of funding on Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff on teaching and learning in the 10 identified ECE centres in Lusaka.

Rationale of the study

The study assesses the effect of funding on the provision of quality ECE services. It recognises the need for provision of quality ECE services equitably as a critical component for child survival, growth, development and learning. ECE also supports the cognitive, social and physical development as well as health, nutrition and hygiene. [9].

In addition, it recognises that the provision of quality services using holistic approaches calls for timely and adequate funding to the ECE subsector failure to which children will be denied access to quality early learning and lifelong education. Statistics could strengthen your rationale.

Literature Review

Concept of Quality

Quality in Early Childhood Education (ECE).

Quality Education refers to factors that guarantees success of a learning institution. It refers to the acquisition of knowledge, skills and values that society deems valuable as articulated in the curriculum. [10].

Indicators of quality in Education include and not limited to: outstanding teachers, high moral values, excellent examination results, the support of parents and the local community, adequate resources and the application of the latest technology.

Assessing quality in ECE services requires a rigorous contextual analysis for more reliable results. It requires assessing the performance of the ECE policies, guidelines and investment patterns put in place to realise the national and international expectations on quality ECE provision. [11].

In Africa, contextual and culture analysis a are critical to analysing quality of ECE services. [12]. For Zambia, the emphasis on quality ECE provision is enshrined in the Education Policy developed in 1996.The policy identifies quality as instruction that incorporates play and a familiar language, provision of emotional support to learners by teachers and active parental involvement). [13]. Additionally, for an inclusive approach, adequate legislation and policies, positive attitudes, adequate services, and accessible environments are critical for children with disabilities and their families. [14].

[3]. recognises the need for local actor capacity strengthening and utilisation of effective low-cost models to enhance access for the most vulnerable.

Relevance of quality ECE

Quality ECE programmes improve learning and active stakeholders' involvement. It improves progression and better performance of children in higher grades.[15]. Additionally, early learning promotes social welfare and social order, and develops a world-class workforce.

However, for Africa, fees charged for services and centre management capacity predicts the quality of the ECE services. [16]. For Zambia, the quality of ECE can be seen on the 68% of children who remain without access.

Components of quality ECE programmes

The Nurturing Care Framework (NCF) identifies five critical elements requiring adequate and timely investment to support children, reach their full potential. The five elements are, health and nutrition, safety and security, responsive caregiving, and opportunities for inclusive early learning.17]. In order to respond to the needs of the NCF, the Zambia Ministry of Education identified eight context specific elements of quality. A study by [18] identifies the quality standards as Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment

Solution to poor quality of early ECE

Professional and stable teacher workforce, Effective leadership Age-appropriate curriculum and a well-resourced classroom have been identified as critical factors in providing quality ECE. In order to achieve and maintain quality, relevant policies and adequate funding should be in place to support implementation. [19].

[20], identifies four critical aspects of total quality management in education at all levels. These include, Moral imperative that focuses on the idea that learners and their teachers deserve the best quality of education services. The second one is the Professional imperative that requires that teachers exhibit the highest professional conduct, the third one is the Competitive imperative that focuses on educational institutions meeting the quality challenges posed by the competition offered by the environment in which they operate and the last and fourth one, is the accountability imperative which is focused on all stakeholders at the educational institutions being accountable to upholding quality standards. Based on his analysis, [20], acknowledges that financing remains the major influencer of all the four identified imperatives of quality in education. It supports a conducive environment in which all four can operate and flourish. He observes that, the relationship between institutional budgetary management and quality is the most underrated issue in the total quality management. He adds that, financial management plays a critical role in institutional decision-making processes and so should not be ignored.

Effect of funding patterns on quality of ECE

The cost of providing accessible, affordable high quality ECE rests heavily on funding patterns that are consistent, adequate and relevant to the ECE needs and demands. For Zambia, this can partly be achieved through sound fiscal policies that are aimed at reducing inequality across sectors. However, low levels of directly targeted expenditure on education, Energy subsidies which do not benefit the poor and burden-some tax instruments continue to affect the funding patterns to Education and ECE in particular [21]. Given the benefits of Early learning, a well-structured funding patterns is required.

[22], postulates that, a sound and cohesive ECE requires mechanisms that incentivise high quality ECE options. Failure to do so, leads to inaccessibility and huge administrative costs and does not reward professionalism in the delivery of ECE services.

Therefore, the need for financing systems that are flexibility and support agile and efficient coordination of income streams, ideals, and requirements from disparate sources cannot be over-emphasised.

[23], suggests that. funding patterns to schools should follow a set of guiding principles with well-designed funding formulas that support the realisation of equity objectives.

Planning of education budgets should also be flexible enough to respond to emerging priorities and support risk management as well as provide incentives for efficiency. However, there is need for these to be informed by well researched information to guide and sustain the processes.

Effect of funding allocation on ECE quality

While the overall level and pattern of education funding for quality enhancement is cardinal, strategies implored to allocate it are important.

Resource allocation can be adequately done by directing it to the avenues where improvements in teaching and learning outcomes can best be achieved.

Equitable fund distribution requires countries to take into account equity in the distribution of funds. By this, allocation should also consider demands of special Education service provision. To this effect, [23], indicates that it is imperative to recognise that efficiency and equity by supporting leaners with different needs and from different backgrounds with high quality education,

Despite different and varying resource needs, the allocation strategies should be subjected to scheduled reviews based on open, researched and reliable data.

Effect of fund utilisation on quality of education

While the Central government in Zambia continue to provide the majority of the financial resources for education, the responsibility to utilise the fund rest with the implementing authorities and schools. The process of utilising the fund is supported with adequate institutional mechanisms. However, there is need to ensure that the roles and responsibilities of all

stakeholders are in line with the prescribed budget management controls at all levels and regulatory frameworks are well strengthened and responsive to the demands of the utilisation processes.

Materials and Methods

The study used the qualitative design in producing relevant information for the study. The study was conducted in Lusaka district in Lusaka Province in Zambia. Due to COVID-19 health restrictions, the study was carried out in 10 out of 20 ECE centers within Lusaka. The sample included 27 respondents who were purposively sampled based on their knowledge and experience in the provision of ECE services. Out of this number,20 were school teachers either managing a school or teaching ECE class. They were enganed based on their role in implementing ECE programmes at school level. Thus, actively involved in fund utilization at school level while 7 were Education Officers who were involved in the study based on their involvement in policy formulation, implementation as well as strategic plan development and administrative issues at various levels of budgeting, Planning and implementation of ECE. Out of seven involved in the study, three (3) are based at Ministry of Education Headquarters and are involved in budget development and allocation to the ECE sub sector, two (2) are based at the Provincial Education Office and are involved in budget planning and disbursement to the District Education office while two (2) are based at District Education Office and are involved in Budget planning and fund disbursement to the 10 identified schools that participated in the study. A questionnaire was a major tool for data collection. It used a five-point Likert Scale (Excellent, very good, good, fair poor) tables and percentages were used for analysis and in order to provide a more reliable data analysis, responses were grouped according to themes, thereafter; interpretation was done using excel. Specifically, the study focused on budgetary analysis for the period 2015 to 2018 and analyzed budget allocation and utilization by implementers in the 10 identified centres/schools and further analysed how this affected the quality ECE services with a view of influencing budgetary allocation, disbursements and accountability for increased access to equitable and quality services

Results

Table 1: Demographics: Gender, Age, Education, Years in Service, Years in Current Position.

Table 1. Respondent Demographics

Characteristics		**MOGE**	**PEO**	**DEBS**	**Schools**
Gender	Females	1	1	1	16
	Males	2	1	1	4
Mean Age	Females	38	39	38	33
	Males	41	42	35	42
Education Attainment	Diploma	1			15
	Degree		2	2	5
	Masters	2			
Mean years in service	Female	13	10	14	7
	male	15	5	4	13
Mean years in current position	Female	1	4	8	5
	male	3	3	4	3

Research Questions One

What have been the funding patterns to the Ministry of General Education subsector: Directorate of early childhood for the period 2015 to 2018**?**

The focus of the question was to understand the amounts that were budgeted, disbursed and utilized at different levels of the education system. The results are represented in the Figure 1.

While the Ministry of Education Office at Headquarters indicated that ECE was adequately funded during the three-year period under investigation, the respondents at Ministry of Education Headquarters indicated that, out of total allocation of K 6,740,418.00 received from the Ministry of Finance K 561,701.50 was allocated to ECE and out of this amount K 533,614.42 was utilized on ECE in 2015. In 2016, out of the total amount of K 9,409,081.00 received by the Ministry of Education Headquarters, K 784,090.08 was allocated to ECE and out of this amount K 406,718.83 was utilized on ECE. In 2017, out of K 23,130,023.00 received, K1,927,501.92 was allocated to the general Education budget, and out of the allocation, K 783,834 was allocated to ECE. In 2017 out of the total K23,030,023 allocated to General Education, K1,919,168 was allocated to ECE and K 92,746.17 was utilized on ECE. In 2018 out of K 11,771,442.00 received K 980,953.50 was allocated to ECE and out of this amount, K 814,862.00 was utilized on ECE.

Respondent 1 at MoGE Headquarters. "Personally, I do not know much about early childhood Education and what they do. It would be helpful if we are given a chance to monitor the schools offering ECE so that it can help our planning process."

"Budget and funding allocation to ECE centers should greatly improve in order to achieve the set objectives." (Respondent 3 at MoGE Headquarters.)

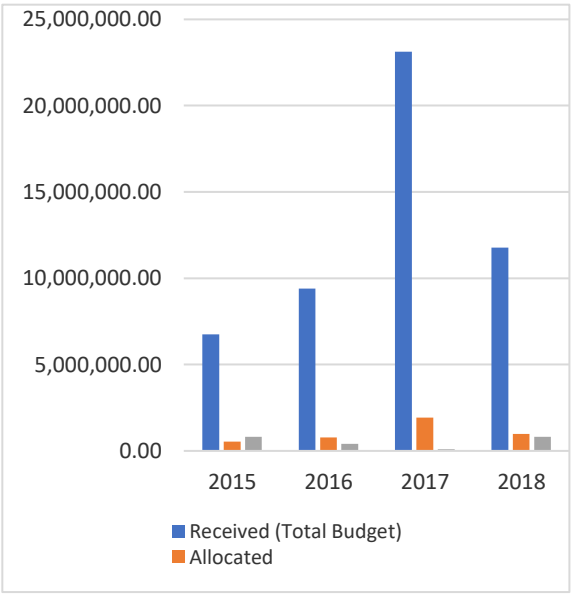

Figure 1. Funding trends at Ministry of Education Headquarters 2015 to 2018 for Early Childhood Education

The Provincial office indicated that though funds for ECE were consistently received from the MOGE Headquarters from 2015 to 2018 at K 1,018,614.99 as indicated in graph below, the amount was not adequate to meet the needs of ECE at district level.

"We understand the need to fund ECE in our Province more than any other sub-sector but the money should be in line with the needs. However, that is not the case." Respondent 1 at the Provincial Education Office.

"I have risen through the ranks from being a Primary school teacher to my current position at this office. And it breaks my heart that despite the varying challenges faced by ECE teachers, there is inadequate money from the Ministry to support their work." Respondent 2 Provincial.

Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art002

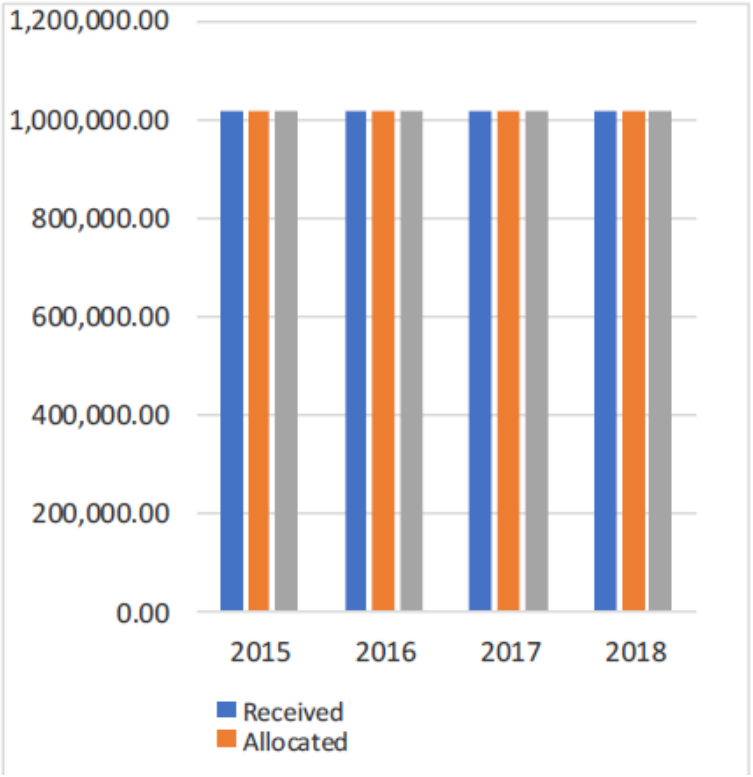

Figure 2. Funding trends across Departments 2015 to 2018.

The DEBS Office specified that, they did not receive funds specific for ECE from 2015 to 2017.The first fund for ECE was received in 2018 and so the first disbursement was done to the schools that year. See graph below.

At school level the amounts for ECE from the DEBS office ranged between K 300 to K 1,600. The schools also indicated that the fund received twice a year on average and that no guidelines on fund utilisation are provided.

ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art002

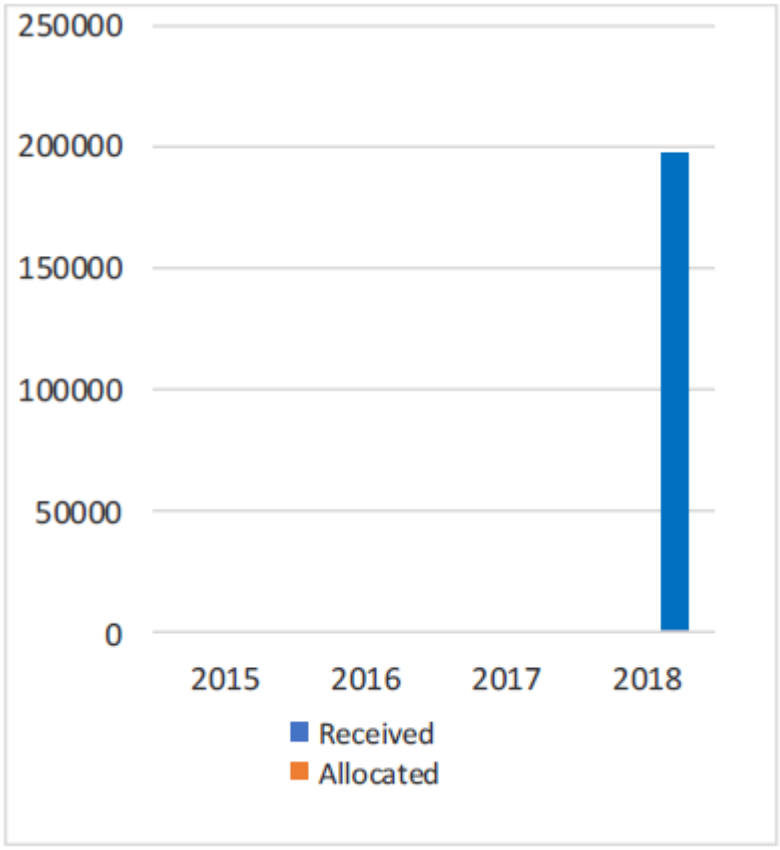

Figure 3. Mean funding levels at DEBS level 2015 to 2018

Research Question Two

What is the funding allocation to Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment? The question aimed at understanding the amount that was specifically allocated to the identified quality elements. This was done to understand the relationship between the allocated fund and effect on the performance of the identified quality elements. Responses at MOGE Headquarters, PEOS and DEBS indicated that, they do not have guidelines that specify how the funds should be used on each of the identified elements at school level. When asked how the ECE funds received are managed at school level, the respondents indicated that, planning for the total amount of the fund received was left to the school administrators who after consultations with the ECE teachers, came up with a spending plan. However, when asked how the teachers were involved in the planning process, 20% of the 20 respondents indicated that they were not consulted and only received materials or equipment from the school administration. 30%.

Research Question Three

What is the funding utilisation on Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and Enrolment in the 10 identified ECE centres in Lusaka? The question was aimed at understanding that despite the schools receiving block funds, how much of the received funds were spent on each of the identified quality elements.

Out of the 10 schools that participated in the research, 20% indicated that they used the funds to procure paints for enhancing the outlook of their ECE classrooms. 10% used the fund for enhancing playground by putting up a wire fence around the play park, swings and slides, 65% Bought Equipment& Materials (Crayons, pay things, toys, building blocks and books TV and a radio, plates, cups, and spoons) 4% used the fund on furniture tables, chairs, curtains, mattresses and 1% bought soap and buckets for hand washing.

Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art002

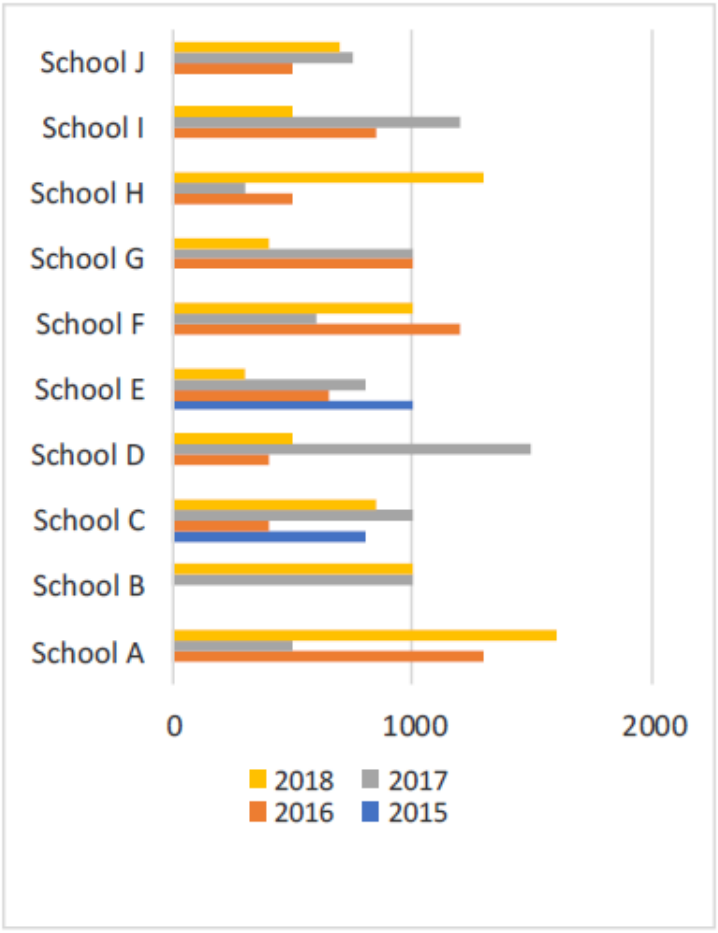

Figure 4. Mean funding levels to school 2015 to 2018 for ECE

Research Question Four

What is the effect of funding on Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, Staffing, Support Staff and How does these affect the quality of teaching and learning in the 10 identified ECE centres in Lusaka.

The responds were asked to rate the effect of the funding received by the schools on the seven identified elements of the nurturing care framework from 2015 to 2018 using a Ricket scale: A. Excellent B. Very good. C. Good E. Fair F. Poor.

The results are represented in table 3.

Infrastructure

The respondents indicated that the Infrastructure in terms of classrooms and other support facilities was poor. The classrooms used were not age appropriate, not secure and not adequate when enrolment numbers are high. Additionally, the infrastructure does not facilitate inclusive education. It does not have ramps, hand "grab" rails.

Although 90% of the respondents indicated using primary school classrooms for ECE, they felt that there was need for age appropriate and secure classrooms with adequate space for group work and establishment of the different learning areas. The overall score on this element was fair.

Water and Sanitation (WASH) The responds shared that; WASH facilities were not inadequate not age appropriate and 80% indicated inadequate water supply. The schools had inadequate hand washing facilities to support the teacher promote good hygiene.

In terms of WASH the responds indicated that it was poor. Reasons for the score included inadequate wash facilities which are not age appropriate, inadequate water supply, inadequate hand washing facilities to support the teacher promote good hygiene behaviours among the learners.

Playgrounds

Respondents indicated that the provided play areas were a bare space without play facilities and equipment to stimulate the young minds and support the strengthening of gross motor and fine motor skills.80% of the respondents indicated that the school play grounds were poor.

30% of the respondents indicated that the furniture: used by the learners is not age appropriate and those that had age appropriate specified that it was not adequate.70% indicated that furniture used were desks which were not age appropriate.

Equipment and Materials. Furniture

In terms on furniture, 50% responses indicated that it was fair. This is because the furniture used by the learners is not age appropriate and schools that had age-appropriate furniture indicated that it was not adequate.

The score for equipment and materials was good. The respondents indicated that, the funds received for ECE by the schools were spent on procuring materials such as stationary, toys, building blocks, crayons, paint etc. to support the learning teaching and processes. 90% of the respondents indicated that due to inadequate funding, equipment and materials were not readily available.

Staff Support

On Staff support. The respondents gave 50% score of good and indicated that they were well remunerated.

Enrolment

On enrolment, 50% of the respondents scored good. They indicated that schools were provided with stationery and printing services for enrolment forms and acceptance.

In order to analyse the effect of funds on the quality of the identified quality elements, the study used a Likert scale as follows: A. Excellent B. Very good. C. Good E. Fair F. Poor.

Based on this rating the result obtained are shown in the table below.

Table 3. Results of the effects of funds on the quality of the identified quality elements

Quality Elements	Infrastructure	WASH	Play Ground	Furniture	Equipment and materials	Staff Support	Enrolment
Year	Comment						
2015	B	C	C	B	C	C	B
2016	B	C	C	B	B	C	B
2017	B	C	C	B	A	C	B
2018	B	C	C	B	A	B	B

Discussion

The study demonstrates a correlation between funding and quality of services. For this particular research, funding to ECE has a direct effect in the delivery of ECE services as demonstrated by the results obtained from the 10 ECE centers and various engagement with decision and policy makers at various levels within the Ministry of Education.

For the 3-year period, funding to ECE has been consistently low and disbursed twice a year to the schools as shown by the responds at school level. These amounts are quite low considering the needs at school level. The needs range from inadequate furniture, unavailability of age-appropriate water and sanitation facilities, play grounds that are not equipped with age appropriate, disability friendly and relevant play equipment and materials.

Much of the allocated amount is spent on equipment and materials. These mostly include stationery and toys with a little surplus spent on procurement of tables and chairs. In the period under review, the Ministry did not allocate any fund toward Infrastructure, Water and sanitation, Playgrounds, Furniture Equipment and materials, and Enrolment. Failure to adequately fund all

components of ECE has a negative effect on the attainment of the Sustainable development goals on ECE. [24]. This situation is compounded by the inconsistence in disbursement of the funds that kept reducing from the Ministry of Education Headquarters to the Provincial Education Office, then District Education Office and finally to the school.

For instance, despite the Ministry of Education allocating K 980,953.50 to ECE in 2018 only K 814,862.00 was utilized on ECE. Out of K 814,862.00, K 1,018,614.99 was utilized at the Lusaka Provincial Education Office, out of this amount, the Lusaka District Education Office received K 1,013,291.21 out of this amount K 197,151.29 was utilized on ECE and a total of K 8,150 was allocated and utilized by 10 ECE centers in Lusaka. Further inquiries on the huge differences of fund flow at different levels revealed that much of the fund went toward administration and emoluments. [25].

The data analysis recognizes the need to appreciate the importance of ECE if funding levels to ECE are to improve beyond what has been demonstrated in this study. The funding levels to ECE for the periods 2015 to 2018 have not only been inadequate but inconsistence. This challenge is compounded by inadequate information on the importance of the sub-sector to the attainment of positive education outcomes. of importance to note, is the inadequate information that officers at the Ministry of Education headquarters have on ECE and potential of this in effecting the quality of ECE services in schools. Having relevant and adequate information for officers at this level is relevant to influencing policy, implementation and performance monitoring for inclusive funding frameworks that support accelerated provision of quality and inclusive ECE services. In order to achieve and maintain quality, relevant policies and adequate funding should be in place to support implementation. [19].

Notwithstanding the sensitivity of collecting data on funding especially to the least funded sub sector of the Ministry of General Education, there is need for proper record keeping to ensure that sensitive financial data is up to date. There is also need to engage the Directorate of ECE for a well-rounded understanding of the issues regarding financing. Unfortunately for this study, Officers from the directorate were not available to participate in the study.

Inadequate exposure of the officers involved in budgeting and fund transfers to the effects of funding on the quality of ECE services provided in schools will rob Zambia of an opportunity to adequately fund the sub-sector. There is also need to ensure that planning, execution and performance evaluation at all levels should be consultative to ensure that the appropriate and adequate investments are made.

Conclusion

Funding has a direct effect on the quality-of-service provision. For education and ECE in particular, the situation is critical as effects of investments are seen years after and has a potential of affecting the economic growth of countries. For developing countries like Zambia, funding to ECE cannot be emphasized as it has a direct effect on the realization of learner outcomes.

Salient recommendations on the problems studied

Although the period under investigation was from 2015 to 2018, there is need for a more elaborate research on the current funding patterns and effect on the effect of quality-of-service provision.

There is need for more funding to the ECE sub-sector and the funding process should include a consultative planning process where stakeholders at all levels are involved.

There is need to provide platforms for information sharing on all the processes involved in budgeting, allocation, fund utilization.

There is need to encourage stakeholder to monitor delivery of services at school level for a well-rounded appreciation of the effect of funding on the quality of services provided.

References

[1] World Bank, (Preamble), Date of Access:11/08/2020 https://www.worldbank.org/en/topic/earlychildhooddevelopment.

[2] Motala, S., & Carel, D. (2019). Educational funding and equity in South African schools. *In South African Schooling: The Enigma of Inequality*. (New York: Springer, Cham.), pp. 67-85.

[3] Matafwali, B. & Chansa-Kabali, T, 2017 Towards Sustainable Access to Early Childhood Development in Zambia: *Re-Envisioning the Role of Community*

Based Early Childhood Programs in Promoting School Readiness. 8, 901-911.

[4] VVOB Zambia Date of access 9/08/2020, https://www.vvob.org/en/news/ece%20extremely-important-harmonious-development-children%20.

[5] Zambia National Education Coalition, 2017, National Budget-Education and Skills Sector Budget Analysis. Report of the Annual Budget Analysis, Lusaka, Zambia. October, pp, 9-11.

[6] Zubairi, A. and Rose, P, 2017, Bright and Early: *How financing pre-primary education gives every child a fair start in life*. (Cambridgeshire, UK: University of Cambridge.)

[7] Heckman, four big benefits of investing in early childhood development. Date of access 02/09/2020. 4 Big Benefits of Investing in Early Childhood Development - The Heckman Equation.

[8] Neuman, M.J. and Devercelli, A.E., 2013. What matters most for early childhood development: a framework paper.

[9] Sims, M., & Waniganayake, M. 2015, The role of staff in quality improvement in Early childhood. *Journal of Education and Training Studies*, 3(5), 187-194.

[10] Spaull, N., 2015. Schooling in South Africa: How low-quality education becomes a poverty trap. *South African child gauge*, 12, pp.34-41.

[11] Penn, H., 2011, Quality in early childhood services-An international perspective: An international perspective. (London, UK McGraw-Hill Education).

[12] Bakken, L., Brown, N., & Downing, B, 2017, Early childhood education: The long-term benefits. *Journal of research in Childhood Education*, 31(2), 255-269.

[13] Walubita, G. Munsaka, E., & Kalinde, B. ,2019, Laying the foundation for optimal outcomes in Early Childhood, African Journal of Teacher Education, 8, 254-260.

[14] Ndhlovu, D., Mtonga, T., Serenje-Chipindi, J., & Muzata, K., 2016, Early childhood education in Zambia: inclusion of children with disabilities. *International Journal of Multidisciplinary Research and Development*, 3 (8), 126, 132.

[15] Wechsler, M., Melnick, H., Maier, A. and Bishop, J, 2016, The building blocks of high-quality early childhood education programs. Date of access 9/08/2020, https://learningpolicyinstitute.org/sites/default/files/product-files/Building_Blocks_Early_Childhood_Education_04202016.pdf.

[16] Biersteker, L., Dawes, A., Hendricks, L., & Tredoux, C, 2016, Center-based early childhood care and education program quality: A South African study. *Early Childhood Research Quarterly*, 36, 334-344.

[17] Black, M. M., & Trude, A. C, 2019, Conceptualizations of Child Development Benefit from Inclusion of the Nurturing Care Framework. *The Journal of nutrition*, 149(8), 1307-1308.

[18] Chileshe, 2013, Standards and Evaluation Guidelines, Report, The Ministry of Education, Science, Vocational Training and Early Education. Lusaka, Zambia.

[19] Stoney Louise, 2015, "*Financing High-Quality Centre-Based Infant-Toddler Care: Options and Opportunities*" (Fairfax, VA: ICF International), accessed on 9/08/2020. https://earlyeducatorcentral.acf.hhs.gov/sites/default/files/public/resources/Financing%Percent20High%Percent20Quality%Percent20Center%Percent20Based%Percent20Infant%Percent20Toddler%Percent20Care%Percent20Options%Percent20and%Percent20Opportunities.pdf.

[20] Sallis, E, 2014, *Total quality management in education*, (London, U.K: Routledge.).

[21] De La Fuente, A., Rosales, M., & Jellema, J, 2017, The impact of fiscal policy on inequality and poverty in Zambia: Policy Research Working paper, The World Bank Group.

[22] National Academies of Sciences, Engineering, and Medicine, 2018, Transforming the Financing of Early Care and Education. (Washington, DC: The National Academies Press.) https://doi.org/10.17226/24984.

[23] Moss, P. and Urban, M, 2017, The organization for economic co-operation and development's international early learning study: What happened next. *Contemporary Issues in Early Childhood*, 18(2), pp.250-258.

[24] Gustafsson-Wright, E., Gardiner, S. and Smith, K., 2016. Ensuring effective outcome-based financing in early childhood development. The International Commission on Financing Global Education Opportunity. Accessed on 3/09/2020. https://www.brookings.edu/wp-content/uploads/2017/01/global_20170118_outcome_financing.pdf.

[25] Zambia National Education Coalition ,2018, National Budget: Education and Skills Sector Budget Analysis: ZANEC Perspective. Lusaka, Zambia. October. pp 10-11.

Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art003

Open Defecation Free Zone and Practice in Jorayal Gaunpalika

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Abstract

The study is based on Open Defecation Free Zone and Their Practice in Jorayal Gaunpalika -4, Doti District. The main objective of the study is to analyze the practice of open defecation free zone. Out of 310 total households, only 150 households were selected for the study. The cluster sampling method was applied to collect necessary information. The study area was divided into 6 clusters and from each cluster 25 households were selected randomly.

According to the study, hand wash practice is very high that is 85.3 percent wash their hands with soap and water and 14.7 percent use soil and water. The high majority of the respondents (88.7 percent) said that they maintained the garden and the toilet, 7.3 percent said that they kept the courtyard of the house plain. Most of the respondents (82.7 percent) cleaned the toilet every day. Most of the respondents (70.7) expressed that they defecated in the field, and 28.7 percent respondents said that they defecated along the riverside and remaining others used the road.

In this study, the researcher gives suggestions to the concerned department and to possible future researchers. The government and non-government sectors should support such open defecation free zone area ensuring adequate environmental sanitation. The municipality should be made aware of the importance of a good environmental hygiene. Furthermore, such studies should be conducted at the national level.

Keywords: *ODF, Defecation, Free Zone, SLTS, CLTS, sanitation.*

Introduction

Despite the gradual achievements in sanitation, still 57 percent of the country's population lacks access to toilet. A gap of 37 percent between people's access to water supply (80.4%) and sanitation (43.04%) facilities stands as a big challenge in achieving the perceived health benefits from water supply and sanitation services. The poor and disadvantaged communities are the most affected, with children and women fairing worst. Solid waste and wastewater problems are growing rapidly in urban areas. [1].

The population comprises over 100 ethnic groups, who speak 92 languages of which the majority have no script. About 80 percent of the populations are Hindus and other 20 percent are Buddhists, Muslims, Christians, Bahais etc. In Nepal, water supply coverage is 85 percent, Sanitation coverage is 62 percent. There are more than 32,000 schools in Nepal. School sanitation coverage is about 60 percent but less than 40 percent has child, gender and differently abled WASH facilities. In Nepal, diarrhoea is one of the top 2 killers of children under 5 years old after the ARI. [2].

After the UN declaration on WASH (1980), UNICEF initiated sanitation and hygiene program in Nepal in a small scale to reduce the spread of faecal-oral diseases and specifically impacts on diarrheal morbidity and mortality. In 2006, School Led Total Sanitation (SLTS) was initiated in Nepal with the support of UNICEF/Government. Now the Sanitation Social Movement for Open Defecation Free (ODF) is scaled up throughout the country to meet the National Goal by 2017, based on the National Sanitation and Hygiene Master Plan (NSHMP) and Millennium Development Goal (MDG) Acceleration Framework for Sanitation.

Globally, 2.5 billion people – including 840 million children – do not use improved sanitation; 1.2 billion, almost a fifth of the world's population, practice open defecation. In rural areas, this is the case for nearly 1 in 3 people's share of open defecators by country, in

millions 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 school hours, and poverty.

Attaining 53 percent sanitation coverage with access to safe and hygienic latrines by 2015 and moreover 100 percent coverage of sanitation and water by 2017, if not impossible, has been a daunting and herculean task with more than 30 percent gap in between from 46 and 76 percent at this point of time. [3].

The world remains off track to meet the MDG sanitation target of 75 percent and if current trends continue, it is set to miss the target by more than half a billion people. By the end of 2011, there were 2.5 billion people who still did not use an improved sanitation facility. The number of people practicing open defecation decreased to a little over 1 billion, but this still represents 15 percent of the global population [4]. Nepal has to achieve at least 53 percent toilet coverage by 2015 to meet the sanitation Millennium Development Goal (MDG). The trend of toilet coverage indicates that Nepal will attain the MDG but it needs pragmatic vision, operational strategies, strengthened institutional arrangements, adequate resources and stakeholders' collaborative efforts to achieve the national goal of universal toilet coverage by 2017. Through all South Asian Conferences on Sanitation, Nepal has made firm commitments to develop the Sanitation and Hygiene Master Plan. This commitment was also reinforced through the Nepal Country Plan for the International Year of Sanitation-2008. Considering the existing challenges and barriers to overcome and the commitment needed to meet National and MDG targets, having the Master Plan in place is essential to mainstream efforts of concerned stakeholders at various levels. Hence, the Steering Committee for National Sanitation Action has formulated this Master Plan to expedite the pace of sanitation promotion and demonstrate Nepal's commitment in its sanitation endeavors [1].

Nationally, 41 percent of the population uses an improved type of sanitation facility (improved or shared) while 50 percent defecate in the open. This leaves some 9.1 million children under 18 years old without improved sanitation; of these children, the majority practice open defecation. This has severe impacts on the overall health of the country's children, who experience high morbidity and under nutrition, and one of the world's highest rates of stunting, at 43 per cent among children under five. Diarrhoea and acute respiratory infections are the leading causes of under-five mortality, with 10 million cases of diarrhoea occurring annually. Likewise, the socio-economic effects of poor sanitation are significant. The Nepal State of Sanitation Report 2004 reveals that the country continues to bear a loss of some 10 billion rupees (US$1.33 million) each year due to loss of productive labour resulting from inadequate hygiene and sanitation. [5].

Nepal adopted the approach of School Led Total Sanitation in 2006 and for the first time introduced the concept of "Open Defecation Free" communities and villages. The approach was successful in triggering the school children and school community to adopt healthy habits by ensuring that each child and school community build and use toilets and adopt healthy sanitation practices. It entailed changing social norms around sanitation by facilitating community to analyze their sanitation profile and act to address the issues identified. The program was limited in the sense that it could not be widely scaled up across a wide geographical area and was more a project than a "movement". The programme evolved as a "movement" in 2009 when the Mid and Far Western part of the country was hit by a massive cholera outbreak that affected more than 70,000 people across 25 districts and around 400 people lost their lives which were mostly children [4].

However, the bitter truth still remains that almost ten million people in Nepal defecate in open spaces every day and this is a major threat to public health. The practice is more widespread in the Southern part of Nepal where the coverage is less than 19 percent. However, it is prevalent among all socio-economic groups though the bottom two wealth quintiles bear the heaviest burden.

Despite rapid economic growth, inadequate sanitation and hygiene remain significant problems in the East Asia and Pacific (EAP) region with many countries off-track to reach their Millennium Development Goal (MDG) sanitation target by 2015. Around 100 million people in the region continue to practice open defecation, with three EAP countries – Indonesia, China and Cambodia – among the 12

countries in the world that have the largest populations practicing open defecation. [6].

In August 2013, a UNC researcher collected data for the CLTS Learning Series in Nepal with support from Plan International Nepal. This report describes Plan International Nepal's CLTS implementation approach, focusing on the roles and perspectives of local actors at each phase of CLTS. The most commonly cited enabling and constraining factors for successful implementation are also discussed, along with implications for Plan International Nepal's CLTS approach. This report does not capture CLTS activities funded by other organizations, nor does it comprehensively cover the Government of Nepal's sanitation strategy. It is intended to serve as a case study describing the roles of local actors in Plan International Nepal's CLTS program areas.

Progress in Nepal's sanitation coverage has been very impressive during the past one decade which has riseh from 6 percent in 1990 to 62 percent in 2011. As of May 2013, over 1,300 VDCs, along with 13 municipalities and 13 districts have now been declared as Open Defecation Free (ODF). However, there is still much to do to achieve the national target of 100 percent sanitation coverage by 2017, particularly in some low coverage areas such as the 8 districts of central and eastern Terai (Parsa, Bara, Rautahat, Sarlahi, Mahottari, Dhanusha, Siraha and Saptari), where only 19 percent of households have toilets. Furthermore, some of the households that have reported to have ordinary toilets or have not stated the type of toilet, may have unimproved or temporary toilets, which need to be improved. The Census data indicates that only 41 percent of the households nationwide and only 13 percent of the households in the 8 Terai districts have flush toilets connected to septic tanks or sewage system. In this context, there is an urgent need to address the issues in Terai flat lands.

Nepal's sanitation policy is guided by the Sanitation and Hygiene Master Plan, developed in 2011. The Master Plan established a decentralized system for sanitation programming, recognizing the "leadership of the local government bodies," setting the VDC and municipalities as the basic planning unit for sanitation [1]. The VDC is an administrative unit typically consisting of nine wards, each of which comprise many villages, also known in Nepal as clusters or toles. The Department of Water Supply and Sewerage (DWSS) in the Ministry of Urban Development (MoUD) is primarily responsible for sanitation. MoUD works closely with other ministries, the primary partner being the Ministry of Local Development (MoLD), which houses the Department of Local Infrastructure Development and Agricultural Roads (DoLIDAR). Two formalized mechanisms exist for coordinating sanitation planning at the national level: National Sanitation and Hygiene Steering Committee (NSHSC): coordinates with relevant ministries; reviews policies, plans, and budgets. National Sanitation and Hygiene Coordination Committee (NSHCC): is responsible for national planning of sanitation activities; implements decisions of NSHSC; supports regional and district coordination committees; monitors ODF performance; organizes ODF campaigns. Similar WASH coordination committees (WASHCCs) exist at the regional, district, VDC levels. ODF status is the primary outcome for sanitation in the Master Plan. ODF is defined as the absence of open defecation and 100 percent access to improved sanitation for households and public institutions. An improved toilet is defined as one that has a "permanent structure up to the plinth/floor level from the point of view of durability and sustainability of structures" [1].

For detailed information on CLTS, refer to the Handbook on community led total sanitation. MOUD was renamed as the Ministry of Federal Affairs and Local Development in 2015. Its emphasis on improved sanitation—while designed to safeguard sustainability—poses a challenge for CLTS practitioners, who encourage people to build toilets with whatever resources are available to them. The government promotes a variety of behavior change approaches to achieve ODF status, including CLTS and School led Total Sanitation (SLTS). According to the Master Plan, "any other innovative approach/campaign will be tied up with the joint plan of action of the respective VDC, municipality and district," so long as the approach does not focus on hardware subsidies (Steering Committee 2011). This strategy theoretically prevents the overlap of different implementation approaches in the same program areas, as all approaches have to be in line with the local government's action plan. The WHO/UNICEF Joint Monitoring Programme

(JMP), which estimates water and sanitation coverage using various national data sources, estimated Nepal's coverage of improved sanitation in 2015 at 56 percent. According to the JMP, rural coverage was 44 percent with 38 percent practicing open defecation. The national census estimates that between 2000 and 2011, sanitation coverage doubled from 30 percent to 62 percent (Government of Nepal 2013). National targets aim for 80 percent toilet coverage by 2015 and universal toilet coverage by 2017 (Steering Committee, 2011). The October 2013 ODF Status Update from GON listed 10 ODF districts, 12 ODF municipalities, and 1042 ODF VDCs. By 2015, 22 districts, 63 municipalities, and 1564 VDCs were reportedly listed as ODF.

Plan International Nepal was one of the first organizations to pilot CLTS in 2004, along with Water Aid Nepal and Nepal Water for Health. CLTS was initially integrated into communities in which Plan International Nepal already had drinking water schemes. Small communities, called clusters or toles, within wards were triggered, and water and sanitation users' committees mobilized communities toward ODF status. An evaluation of their WASH program in 2007, which at the time included hardware subsidies and CLTS, found that CLTS had been more effective at reducing open defecation (Plan Nepal 2007). Therefore, Plan International Nepal changed their sanitation strategy entirely to the CLTS model. In 2011, the VDC became the basic unit of ODF declaration as per the government's Master Plan. As Plan International Nepal was focusing on the cluster and ward level at the time, they had to scaledup their approach to comply with government guidelines. One Plan International Nepal staff member recalled that this transition was challenging because there was no clear strategy in place, and different organizations practiced different approaches within VDCs. As district level planning improved, there was clearer delineation of responsibilities. Plan International Nepal is now responsible for 105 VDCs out of 3972 VDCs in the country. They work in six of Nepal's 77districts. At the time of this study, all their CLTS activities were funded through their child sponsorship budget and thus were not bound by project timelines. Institutional arrangements for sanitation, as detailed in the Master Plan, are complex and decentralized. The sanitation activities in Plan International Nepal program areas, as they are implemented within the government's sanitation and ODF campaign. At the national level, Plan International Nepal is an important non-governmental stakeholder in sanitation programming. They coordinate activities with ministries and other NGOs through the NSHCC. At the district level, the District WASH Coordination Committee (DWASHCC) is the primary mechanism for coordinating and implementing sanitation activities. Plan International Nepal is a member of the DWASHCC, as are district government offices and other NGOs. The DWASHCC is chaired by the head of the District Development Committee (DDC), which is a central coordinating body for district government departments. The DWASHCC assigns VDCs to different district government departments and NGOs—both international and local—including Plan International Nepal. They also determine funding allocations to VDCs using a combination of funds from the government and from NGOs. In this manner, the district government attempts to lead and coordinate sanitation activities in an inclusive manner.

There are many similarities and differences on custom, cultural and social norms in Nepal due to diversities in castes and geographical regions. Almost 38 percent of the population in Nepal practice open defecation. But in the flat land areas where population density is very high, more than 70 percent consider it as normal and is established as an accepted behaviour and part of custom. Open defection is thought to be the most convenient and cheap practice. There are some empirical expectations or social norms on use of toilets. Major factual beliefs regarding the open defecation are children stool is not harmful, open defecation is socially accepted and a harmless practice, open defecation in agricultural land increases fertility of the land, going away from the home contributes to clean domestic environment.

In absence of good social norm, people prefer to follow the open defecation practice irrespective of what other people do. Moreover, there are many challenges especially on universal coverage and sustainability such as case and context-dependent, lack of secure sustained funding for social norms- based strategies and broader normative frameworks.

ODF is a bottom line of all sanitation intervention, concerning this thing so many programs were implemented about open defecation free. Jorayal Gaunpalika is one of the Gaunpalika of Doti district of Seti Zone and provinence number 7. Where there are 3808 household and the total population is 20,824 where the number of males is 10,156 and the female are 10,668. The Jorayal Gaunpalika is became a free from the problem of open defecation.

Objectives

The main objectives of this study are to analyze the practice of open defecation free zone and to detect the personal hygiene practice among the respondents.

Research question

- What is the practice of ODF in the study area?
- What is the personal hygieneic practice among the respondents in the study area?

Significance

It will be helpful for the local level governmental and non- governmental organization to plan about health services programme.

Research methodology

The present study was based on descriptive type of research design and involved quantitative information This study was conducted in Jorayal Gaunpalika of Doti district. In this Gaunpalika woda number 1 the total household was 507. Out of them 150 households were taken as the population of the study. This Gaunpalika has become free from the problem of open defecation.

Among 507 households in Jorayal Gaunpalika, Doti, out of total households, 150 households were selected for the sample. The study follows cluster sampling technique under probability sampling method. The study area was divided into 6 clusters and from each cluster 25 households were selected randomly. After rapport building and creating favourable environment, the researcher administered questions one by one on selected study cluster. He also collected the necessary information through internal discussion.

The collected data and information were analyzed and interpreted with quantitative method with the help of simple statistical method i.e., tabulation, percentage etc. According to the nature of data different types of table, figures and diagrams were used to analyze and interpret the information. Further, it is noted that no any inferential statistical method has been in the present study.

Result and Discussion

Practice on place of open-defecation

Practice refers to an appropriate application of concepts, principles and actual action of ODF. The defecation practice of respondents in the study area is given below.

Table 1. Distribution of Respondents by Defecation Practices

Description	No.	Percent
Field (Open ground)	106	70.7
Riverside	43	28.7
Road	1	0.7
Total	150	100

Source: Field Survey, 2075

The above table indicates that more than 70.7 percent respondents express their defecation practice in the field and 28.7 percent respondents' opinion is riverside and remaining others use the road. People still prefer open ground due to their unawareness regarding the bad effects of open-defecation.

Texila International Journal of Academic Research
ISSN: 2520-3088
DOI: 10.21522/TIJAR.2014.08.01.Art003

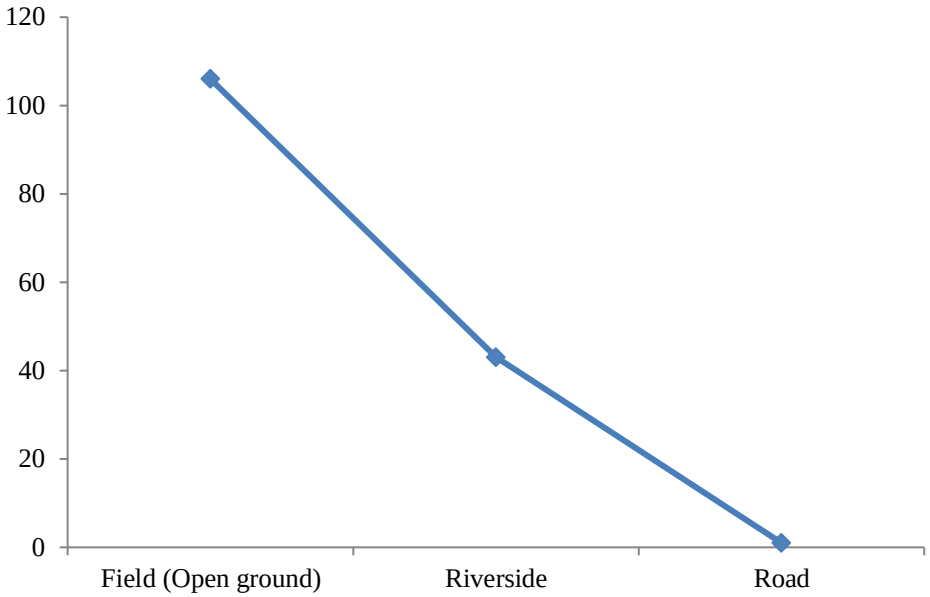

Figure 1. Distribution of Respondents by Defecation Practices

The ODF refers to when no faeces are openly exposed to the environment. Achieving ODF might involve the use of any form of latrines that prevent exposure of faeces to the environment with provision for moving up the sanitation ladder. The place of ODF at night is given in table 2.

Table-2. Distribution Respondent by Defecation Practices at Night

Description	No.	Percent
At the family garden	132	88.0
Open ground	9	6.0
Road	5	3.3
River bank	4	2.7
Total	150	100

Source: Field Survey, 2075

The above table indicates that 88 percent of respondents defecate at night in their family garden, 6 percent in open ground, 3.3 percent in the road and remaining others defecate on the river bank. They go to their own garden at night because they feel comfortable and safe.

Practices on Personal Hygiene and Sanitation

Personal hygiene is the standards someone has of looking after parts of their body such as hair, skin, teeth and breath, hands and nails, and keeping them clean and the sanitation is the practice of being hygienic, especially referring to public hygiene.

Hand Washing Practice after Defecation

Globally hand wash is a very important aspect of a healthy person. To maintain hygiene, it is necessary to wash hands thoroughly with soap, water every time after going to the toilet. The respondents used different practices while washing their hand after defication as shown in the table 3.

Table 3. Distribution of Hand Wash Practice after Defecation

Description	No.	Percent
Soap and water	128	85.3
Soil and water	22	14.7
Total	150	100.0

Source: Field Survey, 2075

The above table shows that among the total respondents, 85.3 percent used soap and water while washing their hands after going to the toilet, followed by 14.7 percent washed their hands with soil and water. Most of people wash their hands with soap and water after going to toilet but some use soil and water.

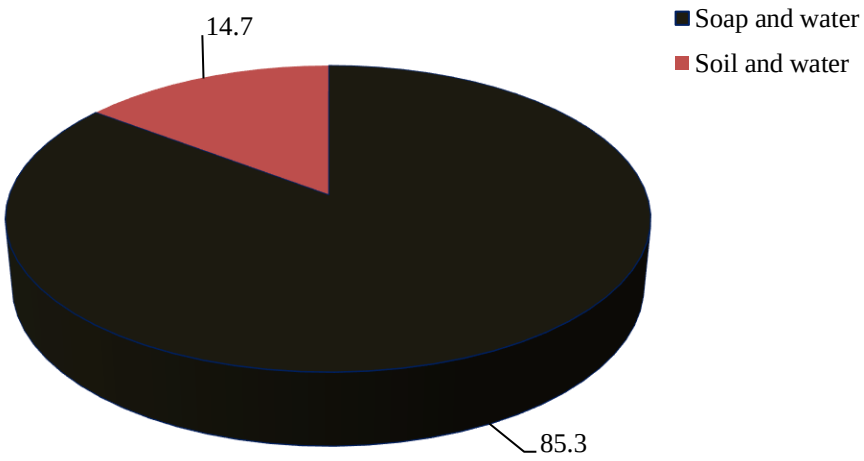

Figure 2. Distribution of Hand Wash Practice after Defecation

Practice on cleaning environment

Clean environment **is** free from dirt, waste products or unwanted substances, the conditions and influences under which an organism lives.

Table 3. Distribution of Respondents by Cleaning Environment Around the Home

Description	No.	Percent
Keep the courtyard of the house plain	11	7.3
Manage drinking water	4	2.7
Maintain the garden and the toilet	133	88.7
Look after flowers	2	1.3
Total	150	100.0

Source: Field Survey, 2075

As shown in the above table, 7.3 percent said that they kept the courtyard of the house plain, 2.7 percent indicate that managed drinking water, the higher proportion of respondent 88.7 percent were in favour of maintaining the garden and the toilet. Likewise, lower proportion of the population,1.3 percent, said that they looked after flowers. Most of the users-maintained cleanliness.

Practice on Frequency of Cleaning Toilet

Cleaning the toilet keeps it free from dirt, waste products or unwanted substances and reduces bad smell.

Table 4. Distribution of Frequency to Cleaning Toilet

Description	No.	Percent
Every day	124	82.7
Once a week	12	8.0
Seldom	12	8.0
Once a fortnight	2	1.4
Total	150	100

Source: Field Survey, 2075

The above table indicates that a large number of respondents, 82.7 percent, clean the toilet every day, 8 percent respondents clean the toilet once a week. Similarly, 8.0 seldom and 1.4

percent clean the toilet once a fortnight. It can be that majority of said respondents clean their toilet every day. People are found conscious regarding the everyday clean of toilet.

Conclusion

Health is essential for the signification of human need to improve quality of life. In fact, it is very difficult to carry out a study to analyze the practice of open defecation free zone. This Gaunpalika is one of the fastest growing Gaunpalika and the issue of the ODF management is a very serious problem in the Gaunpalika. However, this study is confined in certain limited area. In this Gaunpalika, the technical and untrained human resources are for lacking achieving the effective management of ODF. The role of the people's participation is seen unsatisfactory. The overall study concluded that significance of ODF programme is not seriously taken in the study area.

Reference

[1] Steering Committee for National Sanitation (2011). *Sanitation and Hygiene Master Plan-Nepal*, Government Nepal.

[2] Shrestha, N. L. (2013). *A Collaborative Effort through Children as Change Agents.* Kathmandu: UNICEF.

[3] As Ecosan Resource Centre. (2009). *A Concept Paper on Darechowk VDC*: Kathmandu.

[4] Gautam, A. Paudyal. (2014). *Learning Program on Advances in Social Norms and Social Change*. Kathmandu: UNICEF.

[5] UNICEF (2009). *Community Approaches to Total Sanitation,* New York**.**

[6] UNICEF (2013). *Community-led Total Sanitation.* East Asia and Pacific Regional Office.

[7] Illian, M., & Cikhartova, M. (2012). *Returning to Open Defecation*: Nature Healing Nature

[8] Kar, K. & Chambers, R. (2008). *Handbook on Community-led Total Sanitation. UK:* Plan International.

[9] Mukherjee, N., Robiarto, A., Eentrif, S. & Wartono, Djoko. (2012). *Achieving and Sustaining Open Defecation Free Communities*: Learning from East Java, Africa

[10] Singh, Ms. Roy. (2014). *Annual Report,* ENPHO. Nepal.

[11] Wiener, Macro. (2014). *Water, Sanitation and Hygine in Jitpur Phedi*, Final report-orientation internship, Netherlands: Nepal.

[12] CBS (2013). *Environment Statistics of Nepal*. Kathmandu.

[13] WSP (2004). *The Case for marketing Sanitation*, Field note, Africa.

[14] WSP (2007). *Community-led Total sanitation in Rural Areas.* An Approach that Works, Nepal.

[15] SACOSAN-V (2013). *Nepal Country Paper on Sanitation*. Nepal

[16] Social Sector Service Delivery (2015), *Good Practices Resource Book.* India: Jharkhand.



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