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Paper presentation proposal

Theme 3 “Development, consumption and well being”

Subthemes 3.1, 3.2, 3.4

**“Health narratives and the urban-rural divide: discursive practices versus contaminated realities of water and diarrhoea”**

Extended Abstract

Safe water access and sustainable hygienic sanitation systems are still lacking for major parts of the world’s population, despite the budgets spent on the development of the water supply and sanitation (WSS) sector, both from international aid and national governments. Using globally established indicators<sup>1</sup>, one every nine people worldwide doesn’t have access to improved sources of drinking water and one every three lacks improved sanitation<sup>2</sup>. The consequences of this lack of access to human health are of grave concern, with approximately 3.5 million people dying each year due to inadequate water supply, sanitation and hygiene<sup>3</sup>.

There are two core issues around WSS which are being debated in the scientific community, but which most development think tanks and organizations are struggling to address, or even confront. One is the mere point that the indicators of successful WSS are simplistic and decontextualized<sup>4</sup>. The “ladder” approach builds upon such indicators and is the base for local and global assessments in the sector<sup>5</sup>. It has been however criticized for looking at water and sanitation in a separated and fragmented manner, focusing on the household while ignoring the community level, thus not really addressing environmental concerns<sup>6</sup>. Moreover, typical “ladder” solutions are not paying enough attention to social aspects of equality, acceptability and affordability<sup>7</sup>. Connected to the normative implications of the currently used WSS indicators in many expert & policy reports, is their repeated argument that the problem is the lack of funds, resources and/or institutional capacities. This flattening

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<sup>1</sup> JMP. (2008). Progress on drinking water and sanitation Programme – special focus on sanitation. World Health Organization (WHO). Retrieved from <http://www.wssinfo.org>.

<sup>2</sup> UN-water. (2013). Water quality worldwide factsheet. Retrieved from <http://www.unwater.org>.

<sup>3</sup> Ibid. 2013.

<sup>4</sup> JMP. (2008). Progress on drinking water and sanitation Programme – special focus on sanitation. World Health Organization (WHO). Retrieved from <http://www.wssinfo.org>;

JMP. (2012). JMP Process on Global Post-2015 Monitoring. In Stockholm World Water Week - 2012. Stockholm: Joint Monitoring Program (JMP) of the WHO and UNICEF.

<sup>5</sup> WHO (2012). UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS) 2012: The challenge of extending and sustaining services. Geneva, Switzerland: WHO Press.

<sup>6</sup> Saravanan, V. S., & Gondhalekar, D. (2013). Water supply and sanitation as a “preventive medicine”: challenges in rapidly growing economies. *Water International*, 38(7), 867–874

<sup>7</sup> Flores, Ó., Giné, R., Pérez-Foguet, A., & Jiménez, A. (2013). Post - 2015 WASH targets and indicators. A review from a Human Rights Perspective (p. 42). Retrieved from [www.ongawa.org](http://www.ongawa.org)

argument serves to avoid speaking of the political processes and the persisting inequalities that define how funds are distributed among regions, social classes, ethnicities or other denominators defined by power relations. Swyngedouw<sup>8</sup> similarly notes how, in high-level reports, socio-political issues are treated only as external to the bio-chemical balances of water environments, but “precisely how they are interwoven with the hydrological cycle in the construction of distinct and uneven hydro-social configurations remains unexplored”.

The second related issue is that the links between reported “improved” WSS facilities and prevention of disease are not always straightforward or even clearly understood. There have been a large number of studies showing the how water supply expansion and better sanitation indeed brought significant health benefits to communities around the world. In the case of diarrhoea, the question of whether such positive health impacts would be of the same extent without the accompanying promotion of hygienic practices (such as hand-washing with soap, proper treatment and storage of drinking water, good kitchen hygiene etc.) remains open. Many studies have specifically emphasized that positive impacts accrue mostly when technical improvements are combined with the promotion of such practices<sup>9</sup>, highlighting the importance of community awareness for preventing water-related disease.

This paper demonstrates why expanding the use of the, already generic, term of “improved” WSS as an indicator for describing the level of waterborne disease risks, not only flaws our understanding of the public health situation but is also hijacking ideas of how human health - and the human condition in general- could be assessed and improved. Looking at the case of diarrheal disease in Vietnam, I ask why are such simplistic and decontextualized narratives of WSS development still dominating official discourse on public health. Following a grounded analysis, I examine Vietnam’s state capitalism system and ‘high modernism’ ideology<sup>10</sup> in connection with its public health policy and discourse that focuses on rural-urban dichotomies.

Vietnam reformed its economy during the late 1980s, through the *đổi mới* renovation policies, switching from a central state-run model to a more open and privatised one. From the beginning of the reforms, the core motivation of the one-party state was “to preserve its legitimacy and to put its project of national modernisation back on track”<sup>11</sup>. Since then,

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<sup>8</sup> Swyngedouw, E. (2013). UN Water Report 2012: Depoliticizing Water. *Development and Change*, 44(3), 823–835.

<sup>9</sup> Cairncross, S., Hunt, C., Boisson, S., Bostoen, K., Curtis, V., Fung, I. C. H., & Schmidt, W. P. (2010). Water, Sanitation and Hygiene for the Prevention of Diarrhoea. *International Journal of Epidemiology*, 39(suppl 1), i193–i205;

Clasen, T., Roberts, I., Rabie, T., Schmidt, W., & Cairncross, S. (2006). Interventions to Improve Water Quality for Preventing Diarrhoea. *Cochrane Database Syst Rev*, 3;

Fewtrell, L., Kaufmann, R. B., Kay, D., Enanoria, W., Haller, L., & Colford, J. M. (2005). Water, Sanitation, and Hygiene Interventions to Reduce Diarrhoea in Less Developed Countries: A Systematic Review and Meta-analysis. *The Lancet Infectious Diseases*, 5(1), 42–52;

UNICEF, & WHO. (2009). Diarrhoea: Why children are still dying and what can be done.

<sup>10</sup> Scott, J. C. (1998). *Seeing like a state: How certain schemes to improve the human condition have failed*. Yale University Press.

<sup>11</sup> Beresford, M. (1993). The Vietnamese economy 1979–93: reforming or revolutionising Asian socialism? *Asian Studies Review*, 17(2), 33–46.

modernisation has been a central theme in the government's priority setting and policy<sup>12</sup>. In the Delta, as in other parts of Vietnam, the circulation of foreign investment and aid capital has enabled a transformation of the landscape, both in the rural countryside and in the growing cities. It enabled a gradual but steadily accelerating process of increased industrial activity, development of mega-projects, agricultural transformations and fast-paced urbanization. This has translated in the development and expansion of "improved" piped water supply systems in central (urban semi-state owned companies) and local (rural water stations) level<sup>13</sup>. Improvements were soon to be noted also in the sector of sanitation, although with slower progress and mostly occurring in the urban areas. International reports showed a successful 95% coverage of improved water sources and 60% of improved sanitation for Vietnam in the year 2010<sup>14</sup>. According to more detailed reports of the same year from the Ministry of Agriculture and Rural Development of Vietnam<sup>15</sup> however, only 40% of rural residents had access to water that complies with national standards of safety<sup>16</sup> and only 43% had access to toilets that officially qualify as hygienic<sup>17</sup>.

With regard to diarrheal diseases, the WHO<sup>18</sup> reports that, even though most outbreaks are being successfully detected and controlled, it remains one of the leading causes of morbidity in the country. Cases of cholera and typhoid fever have reduced dramatically since 1997 but have re-appeared as short-term epidemics; the latest and most severe being a cholera epidemic in 2007, with almost 2.000 cases<sup>19</sup>. The narrative that the state reproduces around the presence, the causes and means of controlling diarrheal disease, focuses largely on the development of urban-type water supply and sanitation systems while stigmatizing poor (and) rural communities and blaming them for "insisting" on unhygienic behaviours. However, despite the relative decrease of diarrheal cases over the last 30 years and a parallel increase of WSS coverage particularly in the urban areas, health data gathered for 20 provinces of the Mekong Delta (for the years 2005 – 2010) do not show a clear correlation between rurality and disease: some deeply rural provinces have had significantly less cases (per 100.000 people) than urban or urbanising ones<sup>20</sup>. The same can be seen in the level of the district within the province of Can Tho<sup>21</sup>.

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<sup>12</sup> Central Committee CPV, & Communist Party of Vietnam. (2001). Strategy for Socio-Economic Development 2001-2010. Hanoi. Retrieved from <http://vietnam.unfpa.org>.

<sup>13</sup> ADB. (2007). Water Sector Review Project: Subsector Water supply and Sanitation. (X. L. Trinh, Ed.) ADB.TA.4903-VIE. Hanoi: Asian Development Bank (ADB).

<sup>14</sup> JMP Vietnam. (2012a). Estimates for the use of Improved Drinking-Water Sources. Joint Monitoring Program (JMP) of the WHO and UNICEF.

JMP Vietnam. (2012b). Estimates for the use of Improved Sanitation Facilities. Joint Monitoring Program (JMP) of the WHO and UNICEF.

<sup>15</sup> Ministry of Agriculture and Rural Development (MARD) of Vietnam. (2010). Rural Water Supply and Sanitation Strategy up to year 2020. Hanoi, Viet Nam.

<sup>16</sup> Standards of domestic and drinking water are defined in Decision 09 of the Minister of Health, "on Issuing the Sector Standards-Hygiene Standards for Clean Water" (09/2005/QĐ-BYT. Hanoi).

<sup>17</sup> According to Decision 08 of the MoH, "on the Hygiene Standards for Various Types of Latrines" (08/2005/QĐ-BYT Hanoi).

<sup>18</sup> WHO. (2012). Country Health Information Profiles: Viet Nam. Retrieved from <http://www.wpro.who.int/countries>

<sup>19</sup> MoH. (2012). National health statistics on infectious diseases (2001-2010). Hanoi.

<sup>20</sup> Institute of Health Prevention and Hygiene. (2012). Health statistics on the incidence of infectious diseases (2005-2011) for the Southern provinces of Vietnam. Ho Chi Minh City: Ministry of Health.

<sup>21</sup> PHC Can Tho City. (2011). Monthly statistical data on the number of diarrhoea cases in Can Tho City (2008 - 2011). Can Tho.

Moreover, the in-depth study of the realities, practices and perceptions related to water and diarrhoea reveals a complexity which involves the exclusion of large part of the population from resources that could enable the sustainable prevention from disease. These resources include materials and knowledge that goes beyond the recommended WSS solutions. Through a closer look on minorities and city “fringes”<sup>22</sup> the boundaries between urban and rural populations become fuzzier, particularly when speaking of infectious disease dynamics. Despite the many biophysical differences between rural and urban places, many of their inhabitants share similar microenvironments, as well as habits, needs and constraints, which can make them susceptible to the same diseases. I argue that these dynamics cannot be explained merely through listing technical shortcomings and institutional weaknesses, but need to be seen in relation to local cultural and socio-political systems.

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<sup>22</sup> Simon, D. (2008). Urban environments: issues on the peri-urban fringe. *Annual Review of Environment and Resources*, 33, 167–185.  
Harms, E. (2011). *Saigon’s Edge: On the Margins of Ho Chi Minh City*. University of Minnesota Press.