



SOCIO-CULTURAL AND BEHAVIORAL FACTORS RESPONSIBLE FOR OPEN AIR DEFECATION IN REMOTE AREAS OF RURAL UP

Lalit Kumar Singh¹, Ph. D. & Mukesh Chand², Ph. D.

¹Assistant Professor –Sociology, Government college ,Gonda,Aligarh

²Associate Professor –Sociology B.S.A. College ,Mathura

Abstract

In rural areas, almost 70% of households do not have a toilet or latrine. Open defecation in rural India is a human development emergency that is causing infant deaths, child stunting, and widespread infectious diseases. Despite concerted government efforts for the last three decades to promote sanitation, India has barely managed to achieve its Millennium Development Goal sanitation target to halve the proportion of the world's population without access to safe drinking water and basic sanitation by 2015. In 2011 sanitation coverage globally was 64 %. While open defecation is declining across the globe, 15 % (one billion) of the global population still defecate outdoors^[1] Efforts to increase rural sanitation coverage in India largely started with the Central Rural Sanitation Programme (CRSP) in 1986. This subsidy-based supply-driven approach to promote sanitation did not yield sustained impact, and the CRSP was replaced in 1999 with the Total Sanitation Campaign (TSC)^[2]. Government subsidized latrines were mostly found unfinished. Many counted as complete per government standards for disbursement of financial subsidies to contracted NGOs were not accepted by their owners and termed as 'incomplete'. These latrines lacked a roof, door, adequate walls and any provision for water supply in or near the cabin, whereas rural people had elaborate processes of cleansing with water post defecation, making presence of a nearby water source important. Habits, socializing, sanitation rituals and daily routines varying with caste, gender, marital status, age and lifestyle, also hindered the adoption of latrines. Interest in constructing latrines was observed among male heads for their female members especially a newlywed daughter-in-law, reflecting concerns for their privacy, security, and convenience. This paper elaborates on these different factors. Findings show that providing infrastructure does not ensure use when there are significant and culturally engrained behavioural barriers to using latrines. Future sanitation programmes in rural India need to focus on understanding and addressing these behavioural barriers

Keywords: Open air Defecation, Behavioral factors, Remote areas, Development Goals, Socio-Cultural behavior, TSC (Total Sanitation Campaign).



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Methodology:

The study is related to villages (rural remote areas) in Uttar Pradesh India between July 2015 and September 2017, mainly in Aligarh District, UP. 100 adult citizens (50 male and 50 female respondents) are selected randomly for the purpose.

- _ Self-financed ,constructed latrines (Permanent and temporary)
- _ Government subsidized latrines (permanent)

Hypothesis was highlighted and initially coded as a ‘motivation’, a ‘constraint’, or a ‘facilitator’ for latrine use or for open defecation and tagged, where relevant with the category of person (i.e., age category, gender, marital status, caste, type of latrine, etc.) to whom it referred.

Rationale of the study :

The purpose of the research was to identify reasons for latrine use and non-use and low uptake of latrines, explore preferences for open defecation, understand different domains of latrine use, understand attitudes and cultural practices in the context of sanitation, and understand the role of ownership, design style, proximity of water and location of latrine structures, as they related to latrine use and non-use, and to develop soliciting insights along the themes of latrine adoption and non-adoption and reasons behind it, including information needs, decision making, motivations and barriers for participation in subsidized latrine construction programs, latrine usage and usability, latrine improvements (operation, maintenance, and repairs), and reasons for preferring open defecation.

Several household visits were made to observe the functionality status, design, location and water access to subsidized latrines as well as self-financed latrines and to interact with the owners to explore satisfaction, usage, and the design and situation behind constructing their latrine. From these observations, field notes were prepared for both village and home visits. Observation of each latrine’s condition and important conversation with latrine owners about reasons (or circumstance or situations) for installing latrines were noted as bullet points during each field visit. The data from observations was used to get a comprehensive and complete picture of the issues, in particular those related to latrine design, construction, and performance, understand the social situations.

Data analysis:

The concluding observations are as follows (appended tables) -

Table(1) shows the places told by the rural respondents where they use to defecate. The main places are fields (near or farther from the villages),banks of ponds, rivers, or other water sources, irrigation canals and beside railway-lines.

Table1: Places for defecation (as told by the respondents)

S No	Place for open defecation	No of male respondents	No of male respondents	Total
1	Fields near the village	03	28	31
2	Fields away from the village	24	09	33
3	Bank of water source (pond, lake, river etc.)	14	10	24
4	Other places (irrigation canals, near wells railway lines etc.)	09	03	12
	Total	50	50	100

Table2: Awareness against ill effects and hazards of Open air Defecation

S No	Awareness level	No of male respondents	No of male respondents	Total
1	Aware	06	24	30
2	Un aware	24	08	32
3	Neutral	20	18	38
	Total	50	50	100

The awareness level among the villagers against the hazards of open air defecation, is found only 30% (very low) and rest 70% are either un-aware or neutral. Awareness level among female respondents is much more higher than male respondents.

Table3: Remarkable Arguments for open air Defecation

S No	Argument	No of male respondents	No of male respondents	Total
A	Poverty (miserable conditions)	04	03	07
B	Latrines are disgusting	26	17	43
C	Continuous practice for the centuries(mind set)	08	12	20
D	Are considered to be ominous (according to “vastu shashtra”)	12	18	30
	Total	50	50	100

By the data shown in table (3), it is observed that the latrines constructed inside the house are considered disgusting. According to the religious literature *“The Vastu Shashtra”* – **defecation inside the house is considered to be ominous. The rural people argue that open air defecation makes them fresh, while in latrine they feel bad smell inside the house, and the farms get bio-fertilizers and they have a morning walk also.**

Discussion:

In this study, we used qualitative methods to explore and develop an in-depth understanding of different factors responsible for low adoption of latrines in rural areas in Rural UP, India, notably the lower rates of use of government subsidized latrines implemented by local government, and preferences for open defecation. We found extensive evidence that even where people had an option to use a household latrine, many were reluctant to adopt latrine use habits and instead

chose to continue their traditional behaviors to defecate under the open sky. A clear preference for open defecation in rural areas, particularly by members of households with a subsidized latrine, has also been documented across five northern states of India ^[3] and confirmed separately for Puri in a study applying the Safe San Index, a new metric to measure person-level latrine use and open defecation rates ^[4]. We found different reasons for why government subsidized latrines (facilitated by NGOs under TSC) largely remaining unused and rejected.

Although lack of finance and poor quality of government's subsidised latrines are constraints for not adopting latrines, our results show that primarily old habits and strongly ingrained beliefs around impurity and pollution and the required rituals for purification and cleansing post-defecation in Indian society may play a big part in the choice to continue defecating in the open in the study area. Faeces have always been considered ritually impure as well as physically filthy and water as the necessary medium of purification and ritual cleansing in Indian society.

Bathing and clothes changing rituals are deeply ingrained practices post-defecation and after many other kinds of ritual defilement in Indian society ^[5]

Together these cultural beliefs and practices explain the strong importance households have placed on the need for water provisioning inside the latrine to accomplish required cleansing acts following defecation ^[6]. Ritual pollution may extend to simply touching or entering the latrine for some higher castes

Beliefs that faeces are impure also caused a few participants to consider the practice of containing faeces in the latrine pit in the house as a 'sin', because idols and pictures of gods that are revered are kept and worshipped in every house; having toilets within or next to the house makes the entire house impure. These kinds of strong traditional beliefs can hold back people from adopting the new practice of defecating safely inside latrines ^[7].

Conclusions:

Our findings suggest that absence of latrine infrastructure is not a primary factor for continued open defecation and that toilet building alone will not address the widespread problem of open defecation in rural India. Poor quality and an inappropriate and single latrine design made available to rural people under government sanitation schemes may be important factors but are not the sole reason for low latrine uptake and use. There are other behavioural aspects which constrain the adoption and use of latrines. These behavioural aspects vary with communities, across gender and different age groups and castes. Any future sanitation intervention, instead of achieving targets, needs to consider these aspects and approach the

issue of sanitation behaviour change holistically. **Female respondents accept insecure while walking for defecation outside. So usually they move early morning in dark for the purpose. Sometimes darkness causes snake bites, dog bites and some other accidents like stumbling and bone fractures. Whenever they became late ,they have to face social stigma. Availability of water , lack of water storage sources and opposition of elder family members ; are the main strictures to defecate in open.**

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