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UNDERSTANDING TOILET USAGE, CLEANLINESS, AND HYGIENE IN RURAL INDIA

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ABSTRACT

The paper gives an interesting historical account of the notions of cleanliness and hygiene in Indian society and the role of religio-cultural norms and values in shaping the outlook of the people towards sanitary habits in general and toilet use, in particular. The author using the government data on state wise coverage in terms of households with toilets, discusses the progress in better performing as well as slow progressing states, as far as achieving Open Defecation free rural India by 2019 is concerned. Looking in to the various sanitation efforts made in the post-independent India including the ongoing Swachh Bharat Mission (SBM), the paper examines the variations across culture, gender, ethnicity and geographic locations in the notions of dirt and how our concept of cleanliness has changed over time. The paper emphasizes the need to learn from examples of other development including public health programmes and schemes for bringing behavioural change along with providing support, technological and financial, for creating all-weather toilets. This in turn is expected to ensure a sustainable practice of toilets usage by all members in each household of rural India.

Introduction

The hygienic practices prevalent in any society are closely linked with the values placed by the members of that society on cleanliness. The prevalent value systems to a large extent influence the degree in which people keep themselves and their surroundings clean. Majority of the writings on sanitation and hygiene practices in Indian society does not fail to mention the poor sanitary habits of its people and how the practice of open-defecation is a well-established traditional practice ingrained from the very childhood and across generations (Unicef India, 2017). There is a general lack of cleanliness and hygiene everywhere, be it in hotels, hospitals, households, work places, trains, airplanes or the temples (Raghavan 2012). But a reading of historical and religious texts also suggest that Indians have accorded extreme importance to sanitary habits and several references of toilets and hand washing practices can be found in those texts. The archaeological evidence of the Indus Valley Civilization shows that the quality of life was urban and the people living at Lothal, which is near to Ahmadabad, used water-based toilets and every house had a private toilet linked to the covered drains outside (Alok 2010, pg. 18). Excavations show that Indus Valley Civilization and Harappan sites had ingenious underground systems to drain wastewater, suggesting developed sanitary engineering even 5000 years ago (Alok, pg. 18).

The existence of good sanitary systems has been found later on also after the decline of the Indus Valley Civilization. The Smritis and Manu Samhita of the Vedic period also mentions the importance accorded to sanitation and hygiene during that time (Alok pg. 19). Excavations at Hampi, the famous city of Vijayanagaram Empire in South India revealed the existence of developed sanitary systems in the city (Alok pg. 18). Though not supported by any historical evidence, a correlation could be established between the practice of open defecation and pastoral economy with rural way of life. As farming and animal husbandry became the prime modes of occupation and sources of livelihood for the people, rising before dawn and tending to fields and animals became a necessity. Hence, everyday ablution activities began to be generally performed away from dwellings and the practice of open defecation became a way of life of the people.

Despite open defecation gradually becoming a part of the daily life of the people, the visions and efforts on improved sanitary practices continued across various prominent dynasties – like the Mauryas, Guptas or the southern kingdom of Vijayanagara – that ruled the subcontinent (Indian Eagle. Historical Journey of Toilets...). The record of use of toilets called Gushalkhana by the Mughal Kings has also been found in the texts and literature of the Mughal period. In 1556, Emperor Jehangir had commissioned the construction of a public toilet for 100 families, at a distance of 125 km from Delhi, however, due to poor maintenance these people continued to defecate in the open (Indian Eagle). Realizing the importance of toilets for urban sanitation, the British took initiative to build toilets and tasked the municipalities to build toilets in the slums of Calcutta. They also brought the first sanitation law into effect in India in 1878. Various social reformers in India during this period propagated the importance of sanitation and even the leaders of the freedom movement gave importance to sanitation (Indian Eagle). The Father of the Nation, Mahatma Gandhi gave utmost importance to sanitation and gave it a very high priority in his dream of a model village (Alok 2010).

Despite these historical evidences suggesting the focus of the ruling establishment on cleanliness and toilet construction, there are also innumerable instances and every day experience that suggest that the Indians understanding of cleanliness is clearly divided between public space and private space. Bindeshwar Pathak, the founder of Sulabh International, an NGO promoting sanitation across the country says, “India lacks a culture of sanitation.” He adds, “The royal rajas

might have had slaves to evacuate their thunder boxes, but much of India has had a late start to toilet training and even the rural rich did not have toilet facilities in their mansions". Studies show that the rules of purity and pollution among the 'caste & religion conscious' Hindus have widely influenced their behaviour and social interactions and they see latrines as polluting in a ritual sense, no matter how physically clean they are kept (Coffey Diane, Aashish Gupta, Payal Hathi, et al. 2015). Noticeably, the percentage of households with toilets among the Muslims and other prominent religious groups is comparatively better as compared to Hindus. According to NSS data, the figure for households without toilets is 47 percent for Hindu households as against 31 percent for Muslims and 16 percent for Christians and Sikhs (Rukmini S. 2014). The reasons for continued and persistent open defecation and non-use of toilets by a considerable segment of the population need to be sociologically understood, analyzed, and explained.

Need for Toilets

Some 8 lakh people in low and middle income countries die every year due to inadequate water, sanitation and hygiene, roughly constituting two-third of total diarrhoeal deaths and poor sanitation is believed to be the main cause in 38 percent of these deaths (WHO 2016). Open defecation perpetuates a vicious cycle of disease and poverty and the countries with high levels of open defection have the highest number of under 5 deaths as well as the highest levels of malnutrition and poverty (WHO). Further, anecdotal evidence, media analysis & reporting show that adolescent girls and young women going for open defecation have to bear extreme hardships and vulnerabilities. They are subjected to eve teasing and other forms of sexual exploitation besides having to cope with the vagaries of weather and other hazards on a daily basis. Difficulties are also faced by elderly and disabled and shrinking open spaces further ads to their woes. For decades, scientists, world over, have focused on the impact of poor sanitation practices on health and well-being. Studies show that open defecation contributes in the spread of bacterial, viral, and parasitic infections, including diarrhoea, polio, cholera, and hookworm and could lead to child stunting (Spears 2013; Chambers and Von Medeazza 2013). A new Stanford study shows that 'baby and toddler growth improves after communities reduce open defecation' (Willoughby Leslie 2015). Dean Spears, a Delhi-based economist, says that the costs of all this, in incomes and taxes, are far greater than the price of fixing it.[i] Against this background, it is not surprising that the current government under the stewardship of the Prime Minister is making an all-out effort to eliminate the bane of open defecation from the Indian society.

Sanitation Drives in Post-Independence India

Understanding the importance of toilets for sanitation, hygiene and wellbeing, the government began to give special attention to rural sanitation in the World Water Decade of 1980s and as a result the Central Rural Sanitation Programme (CRSP) was started in 1986 to provide sanitation facilities in rural areas.[ii] CRSP was a supply driven, high subsidy and infrastructure oriented programme but it failed to achieve its desired objectives and open defecation continued to be practiced by vast majority of the country's population. Based on experience of CRSP, need was felt to restructure the programme to improve the situation of sanitation in rural areas and the Total Sanitation Campaign (TSC) was started in 1999 with the strategy to make the Programme 'community led' and 'people centered'.[iii] The subsidy being given for individual household latrine (IHHL) units under CRSP was replaced by incentive to the poorest of the poor households and attention was paid to build toilets in schools as improved school sanitation was thought to have a positive impact on the rural people thus bringing about a generational shift in toilet use. Further to add vigour to the Total Sanitation Campaign, the Central Government launched an award based Incentive Scheme for fully sanitized and open defecation free Gram Panchayats, Blocks, Districts and States called "Nirmal Gram Puraskar" (NGP) in October 2003 and gave away the first awards in 2005.[iv]

In 2010, the UN General Assembly recognized access to safe and clean drinking water and sanitation as a human right, and called for international efforts to help countries to provide safe, clean, accessible, and affordable drinking water and sanitation (WHO 2016). A renewed focus was given to sanitation and the TSC programme was renamed as Nirmal Bharat Abhiyan (NBA) in 2012. The concept of sanitation was expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal, and wastewater disposal. However, the scheme failed to meet the desired success and by the end of financial year, 2013 only 42 percent rural households across the country had IHHL. In fact, a study done by CMS in 2014, before launch of SBM, among migrant families in six high in-migrant states, revealed that only 25 percent of these families were aware about TSC/NBA scheme. More importantly, even in their current destination (cities/peri-urban locations), nearly half are going for open-defecation.[v]

To hasten the goal of making the country open defecation (OD) free, the government decided to give a new thrust to the programme and the scheme was re-launched as Swachh Bharat Mission (SBM). Since, not only the rural areas but also the urban areas face the menace of open defecation and filthy surroundings, the government decided to have a similar Programme for urban areas as well. On October2, 2014, SBM (Gramin) and SBM (Urban) was launched to fight the practice of OD in a mission mode. Having seen the failure of supply and subsidy driven interventions in ensuring proper toilet construction and use, the focus of the programme shifted to 'community' and awareness generation, information sharing and behaviour change efforts gained primacy. Emphasis is also given on ensuring water supply within the toilet as non-availability of water in the toilet (or proximity) is considered to one of the factors for non-usage of toilets.

Pre SBM (Grameen) phase

Based on SBM rural data of Government of India, the State ranking of Individual Household Latrine (IHHL) coverage in the country[vi] show that while Kerala ranked on top among Indian states with 95 percent coverage in 2013-14, the bottom placed state was Odisha with a very poor coverage of only 12 percent households followed by Bihar. The country average in terms of households with toilets in 2013-14, i.e. the period prior to the launch of SBM (G), was only 42 percent. This suggests that only a little more than one-third of the households could have toilets in last six decades since independence. It is pertinent to mention that this does not reflect usage. Having a physical infrastructure alone does not induce behaviour change and toilet use. Several big and small sample studies on sanitation and open defecation showed that in rural areas, all or some members of the households were not using IHHL despite owning one and their preferred mode of relieving themselves remained the village fields, roadsides, forests, behind bushes & shrubs, open bodies of water or other open spaces and not the household toilet.

Launch of SBM (G) and Progress Made

With strong push from the central government, several states chalked out innovative strategies keeping in mind regional and socio-cultural factors to address the menace of Open Defecation in their respective states. Around 136 districts in the country out of 677 districts have already declared themselves ODF (SBM-G website last visited on May 12, 2017). A healthy completion is expected among panchayats, blocks, districts, and states to end the practice of open defecation

at the earliest much before the deadline of 2 October 2019. While many states have shown significant progress in the last three years there are some, which remains at the bottom of the success ladder as far as building toilets, are concerned. States like Bihar and Jammu Kashmir have even gone down from their 2013-14 ranking.

Table: Better Performing and Not so better Performing States in terms of HHs Having			
Top 5 States in 2016-17 vis-à-vis 2013-14			
States	**2016-17**	**2013-14**	**Change from 2013-14**
Sikkim	100.0	87.8	12.2
Himachal Pradesh	100.0	86.7	13.3
Kerala	100.0	95.4	4.6
Uttarakhand	100.0	73.0	27.0
Gujarat	95.2	56.9	40.3
Bottom 5 States in 2016-17 vis-à-vis 2013-14			
Bihar	29.1	22.2	6.9
Jammu & Kashmir	38.2	28.8	9.4
Odisha	46.2	11.9	34.3
Uttar Pradesh	47.7	38.0	9.7
Telangana	49.8	29.9	19.9
Source: Ranking derived from data available on SBM (G) website; UTs except A&N not			

The all India coverage in 2016-17 shows that 64 percent households now have IHHL, a significant jump of 22 percent in the last three years alone. Four states have already become completely ODF as compared to none in 2013-14 and another four have coverage of more than 90 percent, and are fast moving towards achieving the ODF status. The state of Odisha, which was at the bottom of the table in 2013-14 with only 12 percent coverage, has moved two places up with 46 percent. Though a two-place jump does not appear to be a notable improvement in ranking, an addition of 34 percent new households in the last three years is no mean a feat.

Reasons for Change

Since the launch of SBM (G) on 2 October 2014, some states have made considerable progress in the construction of toilets. Taking 2013-14, as the base year (prior to SBM), and comparing with 2016-17 data, it has been found that Rajasthan has shown considerable progress and moved

from 30 percent coverage to 79 percent, an addition of 49 percent coverage. As a result, while the state was at 25thposition in 2013-14, it climbed to the 17th spot in 2016-17. Of the other states showing significant progress in last three years are Arunachal Pradesh, Chhattisgarh, Gujarat, and Odisha. The progress of these states in the last three years is indeed significant.

Table: Five States/UTs showing Significant Progress in last three years			
Top 5 States			
States	**2013-14**	**2016-17**	**Change (%)**
Rajasthan	30.4	78.6	48.2
Arunachal Pradesh	50.1	93.1	43.0
Chhattisgarh	41.1	83.2	42.1
Gujarat	54.9	95.2	40.3
Odisha	11.9	46.2	34.3
Source: Ranking derived from data available on SBM (G) website; UTs except A&N not included as they are urban			

The Central Government plans to spend Rs. 1.32 lakh crore towards the construction of toilets in the country in 5 years, starting 2014-15. In comparison, the previous five-year budget as planned from 2012-17 was 37,000 crore suggesting the major focus being given to the campaign to eliminate open defecation.

On the other hand, some states showed very slow progress. It is important to explore and analyze the reasons for the failure of states/UTs such as, A&N, Puducherry, Bihar, as well as Punjab and Kerala to achieve 100 percent coverage or at least a significant increase as far as toilet construction is concerned and thereby improves their sanitation situation. It is indeed interesting to find that Kerala being bracketed with states showing slow progress although it achieved 100 percent IHHL coverage in 2016-17 but why it took around 3 years to cover less than 5 percent of the households that were without a toilet facility?

Table: States/UTs showing Slow Progress in last three years (bottom 5 states)			
States/UTs	**2013-14**	**2016-17**	**Change (%)**
A&N	53.8	51.3	1.3
Puducherry	53.8	55.8	2.0
Bihar	22.2	25.7	3.5
Punjab	75.4	79.8	4.4
Kerala*	95.4	100.0	4.6
Source: Ranking derived from data available on SBM (G) website; UTs except A&N not included as they are urban			

Among possible reasons for Kerala taking a significant time to achieve 100 percent coverage and other states showing slow progress include unwillingness of the households to construct a toilet either due to lack of space/own land, financial inability or lack of political will. Moreover, the difficulty in sensitizing and convincing 'the hard nut to crack' households about the benefits of having toilets at home slows down the progress and it takes considerable time to bring such households under coverage. Like in this case, it took nearly three years for Kerala to cover less than five percent households.

Some States Lagging Behind

The two prominent states of the Gangetic plains namely Bihar (progress since 2013- 7%) and Uttar Pradesh (progress since 2013- 10%) have not been able to match states like Rajasthan, Gujarat, Chhattisgarh, and continue to be placed at the bottom of the ladder and contribute significantly in bringing down the national average. Almost two-fifth of Indian households still does not have toilets and the poor performing states have not been able to catch up with the rest leading to poor all-India average. What is it that states such as Bihar, Odisha, J&K and Jharkhand have not managed to improve their ranking and are lying at the bottom of the list as far as households with toilets is concerned.

Questions Arise

Why is it so that the community across caste and religious groups does not view the practice of open defecation as unacceptable? To own and use a toilet is not linked to pride, status or social prestige. Why households do not consider having a toilet within a household as important as having a kitchen? Why having a toilet at home is not perceived as aspirational and still it is regarded by even the well off as the work of the government. Thus, the major challenge before those involved in the implementation of SBM in these states is to find out effective ways and methods to motivate people to build toilet and link the usage with an increase in their social standing and well-being. Surprisingly, in these states despite the people being aware of the health risks related to poor sanitation unhealthy practice of open defecation continues unabated.[vii] A recent study conducted in Bihar, Haryana, Madhya Pradesh, Rajasthan and Uttar Pradesh found that out of 3,235 rural homes, 43 percent had a working toilet. Of those, over 40 percent had at least one member of the household who nevertheless opted to defecate in the open. When asked why, almost 75 percent said they did so because it was pleasurable, comfortable, and convenient (Coffey Diane).The findings of an unpublished survey[viii] in north India (and Nepal) very well explains the poor or non-use of toilets in the studied regions. The respondents saw open defecation as wholesome, healthy, and social and latrines were seen as potentially impure, especially if near the home. For male interviewees toilets are for use only by women, the infirm, and the elderly. This indicates that making the community realize the benefits of toilet is more important than merely building infrastructure and for this inter-personal communication, focused plays and campaigns in vernaculars explaining the health and economic benefits of using toilets and of better hygiene is required.

Challenges to Overcome in Future

Despite efforts made in past, the task of making villages ODF remains daunting. However, households with toilet has significantly improved in rural India in the last two years since the launch of SBM in 2014 (in 2014-15, all India coverage was 45%; in 2016-17 it is 64%; http://sbm.gov.in/sbm/). Majority of the states have performed better, albeit there are a few exception states such as Bihar (29%), Odisha (46%), UP (48%) and J&K (38%) among others, which continue to show poor progress mainly due to the age old strong belief either steeped in cultural and religious values or the understanding that open defecation is better due to one reason

or the other. "Many people regard open defecation as part of a wholesome, healthy, virtuous life," a recent study conducted in Bihar, Haryana, Madhya Pradesh, Rajasthan and Uttar Pradesh found. Researchers at the New Delhi-based Research Institute for Compassionate Economics added that the practice is "not widely recognized among rural north Indians as a threat to health (Patel Atish 2014)."

Regarding, toilet use among households, the Ministry of Statistics and Programme Implementation (MOSPI), Government of India's Swachhata Status Report 2016, shows that among the households having toilet in rural India (approx. 48%), the usage of toilets is nearly 96 percent. Besides creating infrastructure, making toilet use sustainable and checking slip back is another challenge for the government. Experiences from states like Rajasthan and Chhattisgarh show[ix] that how community led initiatives for eliciting emotional drivers such as shame, disgust, pride and dignity have contributed in changing defecation behaviour of the targeted population.

Evidences show that dependence on traditional water sources and temporary sources that usually dry up in summer, impacts the ability to use toilets. The seasonal variations in toilet use however could be checked if water supply is ensured for each and every household. Studies on toilet use have also found that several rural households are reluctant to use toilet despite having one. Either the structure is used for some other household purpose like stacking firewood, or is used by few members of the family such as daughter in law, elderly, etc., and not all. Non-availability of water source in toilet is an important reason for non-usage but also there could be several other reasons, which needs to be sociologically understood and examined.

Many people due to lack of awareness or influenced by religious values consider using and cleaning a pit latrine ritually impure and polluting. Emptying pits manually is considered degrading. A misconception that regular use of toilet will soon fill the pit and finding a person to get the pit emptied will be both challenging and a costly affair, they feel that open defecation is the best way. Villagers 'fear' related to pit-emptying should be addressed and they should be motivated to make toilet use sustainable. Convincing people across social strata, caste, gender and age-groups to use toilet will be a challenge to overcome, particularly in the poor performing states.

As has been observed in past in India, the behavioural change with regard to various prevailing practices and habits are difficult to change in spite of continuous campaigns and advocacy. For instance, the family planning in last 47 years has not been able to convince a large section of our population to follow two-child norm or birth spacing between two children. Similarly, awareness campaigns for restricting child marriages have not convinced many neither the request as part of road safety to wear helmet or do lane driving has seen an acceptance. Littering in public places too is common in spite of awareness campaigns in place. Is illiteracy the only reason or we tend to leave everything on government agencies to ensure its adherence? In short, do we focus more on our rights as a citizen and make less effort to understand our responsibilities as a citizen of the country? To have a healthy environment around us should be our rights but NO to open defecation should be our responsibility.

Conclusion

Hence along with infrastructure (toilets with water facility), there is a need to address behaviour, cultural attitudes and social norms and specific studies should be conducted in states showing poor progress under SBM. It needs to be examined whether the caste and community based settlement pattern in villages hinders the growth of community sentiments beyond a particular social group or social clusters. This might be a contributing factor preventing the villagers from coming together and building any sustained community pressure to eradicate open defecation. Moreover, political and social polarization of villagers usually limits the reach and impact of any initiative aimed at awareness generation and toilet construction. However, no substantive conclusions can be drawn without proper research on these aspects. Also, such village set-up may have its own advantages as a 'feeling of healthy competition' could be cultivated among various social settlements so that they strive to make their cluster ODF before others do it in the village.

Unless sanitation drive becomes a mass movement and the issues of sanitation, cleanliness and hygiene becomes concern of the community not just continues to be seen and targeted at individual level as has been done in some of the successful states as discussed in the report, open defecation and filthy surrounding will continue to pose challenge to the implementing agencies. Mobilization, involvement, and participation of community should be realized through the application of diverse interventions and approaches, which are ingenious and innovative. Even

the campaigns planned through mass media should see a change of the message and messengers from time to time to prevent setting of monotony and disinterest among the people. Seeing the same people deliver a message repetitively well beyond its sell-by date fails to create any further impact and such messages do not have any far reaching consequences. While designing implementation strategies, there should always be scope for revisions and alterations based on outcomes. If an activity or approach is found not working, it should be replaced by another activity for maximum impact.

Notes

[i] See, Open defecation and disease, Indian' bane and a thorn in the road to progress (2014). http://www.comboupdates.com/2014/11/open-defecation-and-disease-indian-bane.html

[ii] Please refer to the website for more information on CRSP. http://rural.nic.in/sites/downloads/our-schemes-glance/SalientFeaturesTSC.pdf.

[iii] Ibid, pp. 1-2.

[iv] Refer to the website of the Ministry of Drinking Water and Sanitation. http://nirmalgrampuraskar.nic.in

[v] NCPCR Study by CMS,"Status Report on School Participation and Availing of Health & Nutrition Services for Children of Migrant labourers", http://ncpcr.gov.in/index1.php?lang=1&level=1&&sublinkid=294&lid=732

[vi] Please refer to the IHHL data available on the website of the Ministry of Drinking Water and Sanitation, GoI

[vii] CMS is an empanelled National Level Monitors of Ministry of Rural Development, GoI. For NLMreports, visit, http://www.ruralmonitor.in/reports

[viii] Refer to the website for further information on the study. http://www.economist.com/news/asia/21607837-fixing-dreadful-sanitation-india-requires-not-just-building-lavatories-also-changing.

[ix] See, SethuramanSoyma. (2011). Here is the Secret Behind Rajasthan's Sanitation Revolution. Retrieved from https://thewire.in/2011/heres-the-secret-behind-rajasthans-sanitation-revolution/. And Department of Panchayat and Rural Development. Retrieved from http://www.sbmgcg.in/success-story.php

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