Has the Flag Ship Programme of India Met Its Vision in Reality? : AQualitative Study on Open Air Defecation among womenin Rural India*

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Abstract: India is a country where people living in the luxurious atomic age co-exist with people living like those of ancient Stone Age While we have made phenomenal progress in technology and infrastructure, still poor sanitation practice and unhealthy environment is proven to be continuing. The year when Swachh Bharat Mission, the flagship programme was launched, Kancheepuram district in Tamilnadu had scanty sanitation coverage of 55.96 %. Over the years, the district officials working under this mission have constructed over 1, 81,166 toilets and have declared the district "Open Defecation Free (ODF)" on February 27, 2018. While the ODF status was announced, the challenge of sustaining the status yet remained and on the contrary, other parallel surveys kept discrediting this status. This study focused on eliciting the determinants of Open Air Defecation (OAD) and if still persistent, it's perceived health effects and to draw suggestions for halting the practice by women respondents. A qualitative study was carried out in September 2019 in Asoor, a rural village in the district of Kancheepuram, after a multistage sampling. The guide comprised questions about Open Air Defecation (OAD), determinants, sanitation practice, perceived health, non- health, environmental and social effects. The guide also comprised questions to obtain personal recommendations by respondents on combating the practice (if existent). Focus group discussion (FGD) and 6 in-depth interviews (IDIs) were conducted among students, leaders, adults and elderly women till data saturation was acquired. Regardless of the challenges, under the aid of UNICEF, UNDP, the central and state government, etc. the village made remarkable progress over the last few years in sanitation and reduction in number of open air defecators. However, following the study, multitude of favoring reasons for continuation of OAD were identified: lack/incomplete toilet structure, habitual, poor attitude towards latrine usage, comfort, occasion to be combined with walking/jogging, poor awareness about the ill effects of OAD and low economic status to maintain if owned/used toilet. Space constraint, incomplete structure and unsuitability for elderly/under five age group population were mentioned in particular, for the households who had subsidized toilets. Almost all the participants of the survey perceived contamination of water and soil apart from the transmission of illness like fever and common cold due to the practice. Through the survey we concluded with a concrete statement that a lot more is needed for adaptation of a proper sanitation practice than toilet construction and follow up. In order to achieve/sustain an ODF status and to attain the Sustainable Development Goals interventions should be clearly multidimensional. Community Led Total Sanitation (CLTS), efficient fund flow system, penalties for trespassers, converting OAD spots into recreational or agricultural fields, proper engineering, etc. were few of the recommendations drawn from the field study.

Keywords: *Swachh Bharat, open-air defecation, women, determinants, rural, sanitation practices*

List of Acronyms/Abbreviations

AWW -	Anganwadi worker
CCTV -	Closed Circuit Television
CLTS -	Community –Led Total Sanitation
DBT -	Direct Beneficiary Transfer
FGD -	Focus group discussion
IDI -	In-depth interview
GoI -	Government of India
IEC -	Information, Education and Communication
MNREGA-	Mahatma Gandhi National Rural Employment Guarantee Act
NBA -	Nirmal Bharat Abhiyan
NEFT -	National Electronic Funds Transfer
NSO -	National Statistical Office
OAD -	Open Air Defecation
OD -	Open Defecation
ODF -	Open Defecation Free
SBA -	Swachh Bharat Abhiyan
SBM -	Swachh Bharat Mission
SC -	Scheduled Class
SDGs -	Sustainable development goals
SHG -	Self Help Group
TSC -	Total Sanitation Campaign
UNICEF-	United Nations International Children's Emergency Fund
UNDP -	United Nations Development Programme
WHO -	World Health Organization

***(Research project funded by**Major project, IMPRESS, Indian Council of Social Science Research (ICSSR), Delhi, India)

Introduction

Open air defecation refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using the toilet to defecate (World Health Organization: 2018)

Dreamt by the father of the nation Mahatma Gandhi to visualize an Open Defecation Free (ODF) motherland, various schemes and programmes were brought into force to try and use. Inspite of these rigorous and significant ventures taken by the Government of India, the unhygienic and filthy practice has managed to survive for centuries **(**Coffey, D and D Spears: 2017**).** Although many

studies were undertaken, the core reason for the continuation of the practice was left unknown and disturbing. Thus, allowing its manifestations to be difficult to remove. While two-thirds of open air defecators live in South Asia.India as a country holds the shameful highest position of harboring the largest number of open air defecators (UNICEF: 2018; WHO:2017).

It is never unknown what Open Air Defecation (OAD) results among humans, vast majority being the vulnerable group, animals and the environment on the whole. Commencing with grave health repercussions like fatal diarrheal diseases, acute respiratory infections, anemia, fever, UTI, viral infections, trachoma, snail fever, some water borne diseases and stunting among children, etc.(Emerson PM: 2001;UNICEF: 2018; WHO: 2017) to the psychological aspects like shame, faced with personal dignity and embarrassment along with the physical attacks and bites of insects etc. The list of vicious consequences seems unending and quite perceptible. Along with this, poor sanitation has wider and long term effects like loss of productivity, reduced life spans, economical burdens and even affecting generations to come (Pearson J: 2008).

Sanitation schemes

On 2nd October 2014 Government of India launched Swachh Bharat Mission (SBM) with the help of partners like United Nations International Children Emergency Fund (UNICEF) to have a very crucial eagle eye view on OAD. The prime target of this 'sacred mission' was to make India an 'Open Defecation Free country' by 2019 that would coincide with the 150th anniversary of Mahatma Gandhi's birth. Considering the nation's poor sanitation coverage of 42% in 2014 (Census: 2011; National Institute of Urban Affairs: 2002),this mission started with a bold aim and implemented its plans with enthusiasm and determination. Though it wasn't a pioneer sanitation programme with latrine building as its prime mission, the scheme's budget was different for the better. The subsidy here for individual household latrine construction was more i.e., Rs 12,000/-, compared to Nirmal Bharat Abhiyan's (NBA) endeavour during the years 2012-2014, which sanctioned Rs 10,000/-.Total Sanitation Campaigns (TSC) during the years 2001-2011 was sanctioned Rs 4,500/-.Under the launch of the programme in 2017,the national sanitation coverage rose to 65% and later a large decline in rural household's OAD practice was recorded during 2019 (Gupta: 2019; Hueso, A, and B Bell: 2013). On October 2nd 2019, the centre declared 95% of the households in the country having access to toilets and declared it as ODF. However, The India Forum in2019 contradicted the ODF status as an inflated claim and stated that undoubtedly it required considerably many more years to be a reality and not just in papers (The India Forum, 2019). Likewise, this ODF status was contradicted by many forums and surveys (National Statistical Organization: 2019; The Hindu: 2019)

Sanitation in Kancheepuram

The district of Kancheepuram had poor sanitation coverage of 55.96% in the year SBM was launched (Water supply and sanitation: 2014). Over the span of 4 years, an astonishing number of 1.8 lakh toilets were built by the officials to make it ODF. Further, on understanding the crucial need to endure this status, it implemented a 3 tier monitoring system and uses of sanitation cards to have a close monitor on the regular usage of toilets. During the process, the identified dysfunctional toilets were also encouraged to be repaired and made functional (Karanvirsingh: 2018). This

qualitative study addresses women in age group of 13 years and above since they share almost the same household chores, reproductive characteristics and are subject to parallel health and social challenges. Also, women encounter violence and manifold health vulnerabilities as compared to men (Mahrukh, S: 2019). Asoor, a rural village in the district of Kancheepuram, Tamil Nadu which was declared ODF on the 6th of March, 2018 was under scrutiny in this paper.

Further, parallel to these claims and declarations, the National Statistical Organization (NSO) carried out a survey at the same time frame as when Government of India declared the district's ODF status. Government of India claimed more than double the percentage (95%) of sanitation coverage at present than when SBA was launched. However, NSO disclaimed this assertion with a much below coverage of only 71% of the rural households in India having access to toilets. Tamilnadu, one of the states, which declared itself ODF beforehand (NSO: 2019), showed a gap of 37%, Thus, even though the ODF status is claimed, it remains uncertain and questionable, which in turn instigated a strong need for this study.

Objectives

Primary objectives:

- To understand the socio- cultural and economic determinants of practicing Open Air Defecation.
- To access the pattern of sanitary latrine usage.
- To determine the perceived ill health effects of Open Air Defecation.

Secondary objectives:

- To assess the factors contributing to non usage of latrines.
- To elicit the non- health effects due to Open Air Defecation.
- To develop feasible recommendations gathered from the respondents,necessary to sustain ODF statusor end OAD.

Methodology

With multitude of studies carried year in and year out on this immoral practice, this study was directed towards securing details on determinants and underlying factors for the continuation of the OAD by eliciting facts from women inhabitants in a rural village by inculcating In-Depth Interviews (IDIs) and Focus Group Discussion (FGD). Asoor, the selected study area in the district of Kancheepuram, Tamil Nadu, comprised of individuals of different age groups, gender, occupation and religion. According to census 2011, Asoor has 1,234 people out of which the female population was 625. Tamil is the native language and the female literacy rate was 29.6% (Census: 2011). The village falls in the border of Kancheepuram and Tiruvannamalai district. A maximum variation sampling method was incorporated after multistage sampling technique to yield maximum variations in perspectives and practices. In the month of September 2019, an initial questionnaire guide was prepared by rapport developing session and brainstorming. This was further under

scrutiny and a well formulated, yet flexible guide was developed bearing in mind the cultural differences and the objectives of the study. The guide focused on eliciting the sanitary practices, socio- cultural and economic determinants, perception of the health and non health effects due to OAD; knowledge and attitude towards safe sanitation and OAD; and personal recommendations to sustain ODF status or to halt the practice if still in existence. The guide was translated into the local language- Tamil and retranslated to English. The team collected data until saturation was achieved or till we reached a point where the participant response did not yield any new information.

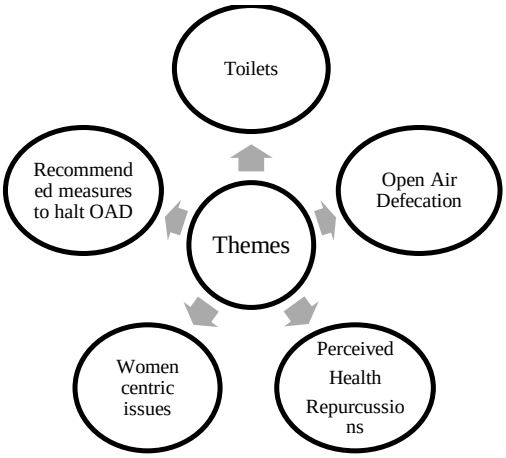
Focused Group Discussion was conducted among 8 women belonging relatively in the same age group and similar educational status. This was to maintain homogeneity and thereby to provide a non-threatening, non judgmental and dispute-free setting for open discussion. The In Depth Interview was carried out among groups of school students, college students, panchayat leaders, Anganwadi workers (AWW), and middle aged women both literate and illiterate. This was done with an intention to secure a wide range of responses. Both the focus group discussion and in depth interviews were carried out at convenient spots within the village. Time was previously set for the convenience of the selected voluntary participants. Oral consent was taken from each participant after explaining the significance of the survey. The group discussions and interviews were lead by a moderator and were recorded in a recorder by the second field investigator who also jotted down the emotional status and behavior of the participants during each question. This was executed for better understanding of the content and thereby to aid in theme development during analysis. Each IDI and FGD lasted for 20-35 minutes on an average. The data were later transcribed, coded and grouped into following subthemes and themes based on 'grounded theory'.

RESULTS

General demographics

As per the inclusion criteria, girls/women above the age of 13 years were included in the study. The age group ranged from 13 years being the lowest to 53 years being the highest. All the respondents belonged to Scheduled Class (SC). All the participants were Hindu's, which is also the dominant religion of the selected village. The educational status of the participants was intentionally chosen to be ranging from both the sides of the scale, illiterate to post graduate. The panchayat leader as well as a college student was chosen to bring out the maximum of opinions and sanitation preferences from both the ends of hierarchy and level of influence among the community. Similarly, marital status and food habits among the participants fell under different preferences. Acculturation in choice of occupation was perceptibly noticed since many preferred working in local companies for a monthly salary than as labour on daily wages or farming. Source of drinking water was river, lake and wells nearby.

Codes and sub- themes emerged from data analysis. These were further categorized into following five overarching themes:



THEMES

Toilets

Availability of toilets: Half of the respondents stated that they have toilets. The other half stated that they did not have toilet at home or the toilets were not functional. They were either structurally incomplete or there was no water supply. There were a few who built toilets on a priority basis without any financial aid from external sources. Majority of the respondents depended on aids from government, NGO's or political leaders. All the respondents would like to possess a toilet and use it.

A nursing student, while feeling helpless about the poor sanitation scenario in her village, mentioned, "Yes, It is an absolute necessity to build toilets at home. If we face any urgency at nights, it is not convenient to defecate in the fields" Similarly, a 14 year old school going girl strongly emphasized the necessity of owning a toilet. She said 'Yes, it is good to use toilet. When we build a toilet, my family and I will use it. Most of the houses here are huts, so it is not possible to build toilet" This refers to low economic status and lack of space. He also said that "In my street, only 2 houses have a completed and usable toilet". Similarly, a 34 year old educated woman grieved the absence of toilet saying, "using a toilet is a priority for me, but I am living here as a tenant and I am facing this issue of not having a toilet. I am left with no other option than to defecate in the field". This showed that education does not play a first-hand role in determining defecation practices.

A middle aged illiterate respondent seemed habituated in defecating in the open while she still believed toilet ownership is a basic necessity. She stated, "Some houses do and a few houses do not have toilets. We have a toilet in our house but we still cannot afford to build the septic tank and outlet system. For this reason we defecate in open". This showed the dysfunctional state of toilets. Correspondingly, an Angan Wadi Worker stated, "Toilet is available in my place but still we did

not build a septic tank. So we are not using it. Only half of the households here do have a toilet. Many do not use the toilet even if available."

Availing government aid: While owning a toilet seemed most desirable to all, poor financial status proves to be a hindrance for building toilets on a priority basis. Most of the respondents stated they are habituated in open air defecation are found to be comfortable with this unhygienic defecation practice.

A middle aged illiterate respondent revealed, "Villagers do not have a strong reason to build a toilet. People expect the government to sanction sufficient subsidy, if they want us to build a toilet". On the contrary, a 14 year old school student stated "Due to poverty we cannot afford to build a toilet. I don't know the reasons why others are not building but I earnestly desire to have one". People seem helpless but eager to have a proper sanitation system while they wait for government aid.

Though the scenario appears to have been better after the Sachh Bharat Abhiyan (SBA) mission, incomplete structure and a narrow space seems to be a block in its usage. The panchayat leader stated "Some houses have toilet. Some houses don't. But now many families have started to build toilets after government intervention. People will expect the government to build toilet for free due to their poverty." The Anganwadi Worker stated, "People may not have the money to build a toilet and people expect the panchayat to help. The subsidy given by government (Rs12,000/-) does not suffice the cost and we have to put our own money to build a complete structure". This revealed insufficient financial aid.

Perceived benefits: Almost all the respondents predominantly realized the benefits of owning and using toilets for defecation any time and in any season. Further, they also appreciated that in this way they could avoid insect bites, social discomfort like embarrassment/ shyness, which comes as a related consequences of OAD; controls the spread of diseases and maintains of the cleanliness of environment. Privacy and comfort were also widely stated as benefits.

A college going respondent stated, "If we have urgency at night, it is not possible to walk to the OAD sites. If we owned a toilet, we can use it at any time; we can avoid the bites of insects and snakes. We can even utilize it any time of the day". She went ahead and further stated that even the elders who generally do not prefer using the built toilet but they use the toilets during the rainy season.

The Anganwadi Worker (AWW), who also practices OAD because toilet at her home is not completed, said "Diseases can be prevented by using toilets. This is the main benefit".

An 18 year old respondent said "We can relieve ourselves whenever we have to. We can close the door and lock it from inside. We are afraid of men passing by the OAD sites."

While the benefits are realized by almost all the participants, on the contrary, a participant stated that there are no benefits of owning toilets. "I don't think there are any advantages of using toilets. Nothing else other than we do not have to walk to the OAD sites, which save time," stated the middle aged illiterate respondent.

Perceived detriment: Main detriments stated for inability to defecate in the toilet were stench, discomfort and maintenance expenses. Other detriments stated for inability to use government subsidized toilets were space constraints and lack of water facility.

A middle aged illiterate respondent stated, "It feels suffocating inside a narrow space in the toilet but OAD has good ventilation. I don't feel the urge to defecate when I decide to utilize the toilet", who later stated that she would avoid using toilets even when the toilet in her house is completed.

A college going respondent stated, "Actually we, the youngsters, are using toilets but our grandparents say it's uncomfortable for them as they are unable to sit on it". This reveals a different type of difficulty among a different age groups.

A middle aged lady said, "If we don't maintain the toilet it stinks and becomes breeding ground for mosquitoes. This is unhygienic for the members of the household."

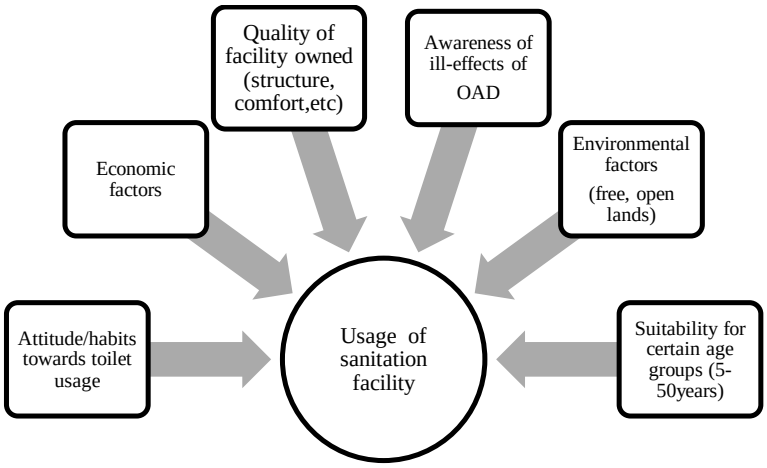
OPEN AIR DEFECATION (OAD)

Reasons for OAD: The lack of toilets at home was a major determinant, since these respondents actually had a seasonal preference for using toilets at least during rainy seasons and at night times. The respondents who defecated in the open and are without a toilet at home revealed that it is a strong and ingrained habit which they do not intend to give up.

The middle aged illiterate respondent said, "I shall use toilet for urgencies at nights" Who stated that the government should build a complete structure for toilet. Her daughters always prefer to use the toilet.

The panchayat leader expressed that finance was a major negative determinant for lack of toilets. "Everybody has the intention of building toilets. But they wonder where to get the money from! Even if they succeed, how will they repay the money? Some of the villagers are working for a monthly salary, while others are working as mere daily laborers; so I don't know how they will manage to build a toilet."

Reasons for OAD inspite owning toilets: Mainstream participants stated the following as the reason for OAD inspite of owning a toilet. Foremost, they are habituated to it. Other reasons are poor attitude towards toilet usage, in combination with relaxation, with walking/jogging, poor awareness about the ill effects of OAD and low economic status to maintain a built toilet. Attitude mentioned, towards the subsidized toilets, are space constraint, incomplete structure and unsuitability for elderly and younger children. These are the reasons for preference of OAD. A 34 year old woman respondent expressed that she would not change her practice of open air defecating even if the toilet is completely built by the government because she did not feel comfortable and did not see any benefit of using the toilet. This woman stated, "When I visit my mother's house, I use the toilet but here I don't like to use it" Her mother's place is in Chennai and she ends up by being forced to defecate in the toilet because there are no OAD sites in Chennai but she would not use toilet at her own place.



DETERMINANTS OF USING SANITATION FACILITIES

A college going respondent who owns and utilizes the toilet expressed "They (villagers) don't seem to understand the importance of having a toilet because they prefer OAD only. They don't mind defecating in the open and find that building a toilet is not necessary". This points to the lack of awareness about the benefits of toilets and shows resistance to change in behavior among the older generations in particular.

Another respondent said she would finish her household chores in advance so that she can walk to the OAD fields with her women friends or neighbors to socialize.

A 14 year old respondent said that they go for OAD for the sake of fun. They wake up at 6:00AM and feel the need for a walk and that is why they defecate in the open since the site takes 10 minutes to reach. The vital reason was to follow routine/habit.

On the other hand, women who hailed from a low economic household preferred using the toilet only in rainy season. This was perceived as a reason by a respondent who went on to say "They think of using it only during the rainy days since they feel if used every day it would lead to filling up of the septic tank and thus necessitated cleaning. On other days they defecated in the open. An elderly respondent said, "For my husband who is much elder than me, we made a chair and placed a paper beneath. After defecation, I clean it. This is the problem with elderly people. We don't find it comfortable and supportive in toilets."

Perceived benefits: A bulk of the respondents stated OAD to be a time for socializing, having physical exercise like walking, to relax and for proper ventilation.

This was quoted by AWW, "People go to open defecation in a group of two or three, talking together and walk to a spot which is within 500 to 1000mtrs from home. Thus they have ample time to meet and socialize with others. They enjoy that because they consider it as walking and as an exercise."

Perceived detriment: Roughly all the participants understood about the contamination of water and soil, apart from transmission of diseases, as the biggest detriments of OAD. A respondent also stated cutting trees down, deforestation, with the intention of providing more space for OAD as another detriment of OAD. They complained about the unpleasant odour and fly menace in and around the sites. They also felt distressed while mentioning the spread of diseases in case if the villagers tread on the feces unknowingly and reach home with it.

The AWW stated, "If we defecate in the farming lands, we may pollute it. Other than this, air pollution may also be caused". The 14 year old student said "Plants and soil get contaminated, because of OAD. Many trees were cut down just for the sake of OAD. People cut down and destroy good plants."

But, on the other end, a respondent was completely unaware of the possible damages. She stated "There are no potential glitches for the environment due to the practice of OAD."

Preferences

1. Sites- The preferred places for OAD were fields, river and lake sides, bushy areas, any deserted and secluded land.

Laughingly the Panchayat leader stated, "*(thoppu* or *kollamaedu*- in Tamil- defecation sites). They defecate near open grounds that are covered with trees.I think few people defecate nearthe lake also. Wherever the people find place to hide, they go and defecate."This was further confirmed by the middle aged illiterate respondent who said, "I defecate near the lake and on the open palm tree lands. But any open space can be utilized."

Further, the 14 year old student went on to say "Behind the temple there is an open ground (*maithanam*- in Tamil- open ground) on this side of the village, they defecate near the pond."

1. **Time-** The women generally preferred to wake up early (before 6:00AM) to defecate without the worry of being confronted by male members. They also mentioned their preference to defecate late after sunset for the same reason. Privacy and a relaxed state of mind while defecating were the two reasons behind this.

Perceived Health Repercussions

Common illness/diseases: A major proportion of the participants mentioned fever, vomiting, body pain and stomach ache as common health issues in their village. They informed of the incidents when which took place a few months back when a small group of villagers suffered from same health concerns, which was attributed to the rainy season, which lead to the stagnation of water which they consumed later. But, one of the sites mentioned as preferred for OAD were pond/lake side's which is also the source of drinking water and cannot be overlooked.

While many respondents did not agree to this possibility, a 14 year old respondent said, "Due to OAD during rainy season, lake water gets contaminated and that water comes to us for drinking. When I tried to tell this to others, no one listened because of my young age".

Effects due to OAD: Equal numbers of participants were both aware and unaware of the ill health effects of OAD. Those who were aware referred generally to the indirect means of transmission.

The 14 year old respondent expressed, "No health problems arise because of OAD directly. Only those who stepped on the stool may contract certain diseases." Panchayat leader further stated "If they trample stool by foot, fever and any other illness can be contacted." The AWW perceived "While walking without slippers, we may stamp the stool or urine because of OAD. The elderly people who might have wounds in their leg are liable to contract diseases easily. Likewise, children below 5 years will get affected easily than the elders."

Water borne illnesses were also considered by the panchayat leader who said "Many people fall ill because of rain or by consuming dirty water. Certain people even mentioned that people are vomiting and suffer from diarrhea".

On the other end, confidently disagreeing, the middle aged illiterate woman said, "OAD has nothing to do with ill effects on health."

Treatment seeking behavior: All the participants sought medical care when ill. Home remedies were used to treat minor health issues like flu and fever but such treatments are deteriorating in practice. Villagers had to travel 4 kms to Avalur, to avail of government health care service. Ambulance services were available at a call.

Panchayat leader said "After crossing the nearby village, Varadharajapuram, a government hospitalis present at Avalur. We follow home based treatment with products like Tulasi, karpooravalli, ginger, pepper, etc. for common cold alone. If it is not cured at home we seek care at the hospital. For such cases home remedies are followed only by few."

This was further confirmed by the middle aged lady who said "We don't try home remedies nowadays. We seek treatment at Avalur hospital"

Women Centric Issues:

Intimidation to privacy and dignity: All the respondents stated that they felt a substantial threat on their privacy and dignity. They expressed indignity in the search for a secluded space and withdrawal from the act, in case they find a man or vehicle approaching. They also expressed a subtle yet dreaded mind of being watched or encroached by the opposite sex during the act. Many respondents who defecated in the open said that in order to be free from worry, they have to find someone to accompany them to avoid the possible abuse or embarrassment.

The middle aged respondent said, "We feel like we are disturbing others and we also feel shy". Further, another middle aged educated respondent said "People walk around so it is disturbing both for us and for them. If anyone comes there we do feel afraid and ashamed."

The middle aged illiterate respondent disagreed to the claims of majority by saying "It has become a daily routine and we don't have any issues like shyness or fear."

Emotional and psychological stressors: The respondents mainly emphasized on the time taken to walk and search for a secluded space; risk for insect or other bites; supernatural encounters; sexual variables and facing unclean site. They also exemplified their preference to travel in groups or escorted by a relative as an extenuating approach because of the fear of being verbally, physically or sexually abused.

An elderly respondent said "I feel distressed and tired that I have to walk a long distance. It takes 15 minutes. If menstruating girls have to use the fields to OAD at night, they would be afraid of ghosts"

The AWW perceived "Since they used to defecate near the bushes, insect bites and mosquito bites are very common. They must be stressed for this."

Poor menstrual and excretion habits: For women in precise, in addition to the other health issues, poor menstrual and excretion habits take pace due to open defecation. Few of the respondents stated that during menstrual days toilets of other relations are used by them.

Panchayat leader said, "I heard when men pass through the site, women return to their house without defecating". This showed the withdrawal from the act abruptly and carrying out poor excretion habits.

AWW disclosed the inconvenience during menstrual days in her statement, "It is difficult but we can't help it (Laughing). We have to go for defecation in the open only. My sister's house is here and she has her own toilet. I will use that and so do my girl children during the menstrual days. We walk back home to wash ourselves. Previously we even used to throw the sanitary napkins in the OAD site."

The middle aged illiterate woman said, "During menstruation we prefer to defecate in dark hours". Daylight creates additional stress for defecation during menstrual days in particular.

Incidents: The ft and physical abuse are the two incidents reported by two different participants. The rest of the participants stated that there are less or no chances of such cases because male members defecate at a different spot. It was also recorded that OAD is seen as a normal and casual act which does not invite unprecedented incidents. Sexual violence was experienced by unmarried women.

The 14 year old school student said confidently, "One girl with retarded brain capacity was raped while defecating in the open. Many boys and men under the influence of alcohol abused her. It happened only once. Likewise, theft also has happened here. The neighbor of the village leader was searching for her lost cow. At that time, she was robbed of her chain. Complaint was lodged with the police station. So sometimes we do feel afraid"

Recommended Measures for Halting Oad

Individual/community measures: Participants stated that education and constant motivation has to be combined with self realization by individual's in order to end OAD. The

individuals with a positive attitude and awareness are expected to spread the knowledge to those within their household, peers and neighbors and by acting as an example.

A well-educated middle aged woman said, "We all should spread the benefits of using toilets to others whom we know. Government is doing what is possible from their part but people should realize and start using it"

The 14 year old said, "We all got to start a strike and protest against this practice."

Awareness programmes: Creating awareness and spreading good knowledge by executing periodical government initiated programmes were recommended.

But the AWW said, "When awareness programs are conducted, the people are only laughing and they forget the usefulness of using toilets by the end of the programme. Even then, we continue to educate them and now people started building toilets. We spread awareness by visiting every single house here. People have to change by themselves. Self discipline and hygiene should be a priority for every individual". Thereby individual measures and self realization should be insisted as paramount and grave issue along with awareness programmes.

Government/legislative measures: Respondents have recognized the sufficient measures undertaken by the government to directly or indirectly combat and end this practice. Apart from the officials appointed under SBA mission, Anganwadi centres have been reported as locations for discussion on the ill effects of OAD for individuals and others for all the mothers who visit the centre.

On the other end, almost all the participants insisted on adequate toilets to be constructed with the proper layout, with space and completed structure which includes septic tank, door and water supply. They stated allowances to be increased accordingly and sanctioned in advance as the poor financial situation is the chief determinant of unavailability of toilets at households.The policy can be directed towards negative tactics like offering job opportunity, only if toilets are constructed and used.

The panchayat leader said, "Due to lack of money toilet construction is stopped halfway in many houses"

The college student said, "Some don't own a toilet. They find it difficult to spend the initial cost of building on their own and they expect it to be done absolutely free of cost by the government without any initial down payment and extra cost during the process of construction. Government has built toilets only for few houses here. In my lane it is built for three houses. My household still doesn't use it since its incomplete"

The 14 year old perceived "Previously they stated that 100days job (Mahatma Gandhi National Rural Employment Guarantee Act- MNREGA) could not be availed, unless they built a toilet. So the same measure can be stated to make them use the toilets too."

The AWW stated "In panchayat, firm rules should be implemented against the practice of OAD. Penalties can be imposed for trespassers."

The middle aged lady said "In future if every open place where we generally defecate is changed into buildings or plots, then we have to use toilet only."

Discussion and conclusion

Mushahidullah Khan**,** Pakistan's Minister for Climate Change said, "Overcoming sanitation and hygiene crises is the most vital developmental challenge in South Asia. Tackling it will reduce unnecessary deaths, facilitate people to live a more dignified life, improve gender equality, help reduce poverty and protect the environment."

Good sanitation is a proven aspect and underlying determinant for achieving various health indicators like reduced mortality, morbidity, better child growth and overall development (WHO:2019).Sustainable Development Goals (SDGs) were laid down side by side with 17 goals at its pivot to guarantee peace and prosperity for mankind with a sustainable environmental wellbeing and poverty eradicated by 2030. Poor sanitation results in deteriorating and annihilating all positive health outcomes along with psychological and significant social issues (UNDP: 2015). Open defecation is a major contributor to this. A nation falls well short from being called 'developed' unless and until access to good sanitation methods and environmental sanitation are available with ease (Cairncross S: 2010).

Regardless of the challenges, India and other South Asian countries have made remarkable progress over the last decade in sanitation and reduction in number of open air defecators under the aid of UNICEF, United Nations Development Programme (UNDP), the central and state government etc., However, in our survey, multitude of reasons favoring for OAD were identified; such as, strong individual and cultural preferences, lack of toilets or incomplete infrastructure and poor socio economic status for construction or/ and maintenance (Bhatt N: 2019: Britto R:2018; Saleem M 2019;SwarnapriyaVasudevan: 2020).It was openly proclaimed to be still practiced with majority of them striving for a better scenario and certain of them proving to be unapologetic and comfortable with the practice, taking our hopes down the drain (Aashish G:2019).Thus, this study discredits the ODF status in this district as the NSO survey did. In our study, the economic factor stands as half of the main reasons for the continuation of the practice, such as, to build, maintain and to repair the toilets. The other half of the reason is the residents' comfort, easy access to OAD sites, way of socializing and a deep rooted habit. Households are expected to raise the initial funds needed to build the toilet and are later reimbursed within six months being the least time frame. Furthermore, those who owned toilets subsidized by the Government of India, gave reason for not using toilets as, lack of ventilation, narrow space, poor lightings, incomplete structure, unfinished door, roof and outlet system and being unsuitable for elderly and children.

Only a negligible number of respondents were aware of some of the possible ill health outcomes, namely, fever, chances of trampling of the feces and spreading infection, increased risk for the vulnerable population and respiratory issues. Even, a strong debate was made by a respondent who denied any possible ill health effect and stated it is completely safe to defecate in the open. Unlike the physical ill health effects, all the respondents were aware of the psychological, social and environmental effects due to OAD. The women centric issues stated were poor menstrual hygiene and excretion habits (Britto R: 2018).

Thus, through the survey we conclude with a concrete statement that a lot more than toilet construction and follow up is needed for adaptation of a proper sanitation practice(Vyas S: 2019).Even though acculturation and modernization were seen in food, clothing and employment choices, sanitation habits have not changed in many residents of the village.

Suggestions drawn from the site

Any measure taken towards prevention of OAD should be focused on common factors, like culture and individual behaviors because changing a deep routed practice can be difficult. Some approaches are suggested below.

1. Community-Led Total Sanitation (CLTS) Approach: Health education on benefits of toilet usage, remove the myths linked with toilet usage, long term repercussions, where to approach for paper work in SBA, etc. These arenecessary for communication to the SHG members, political leaders and influential local elders. On-field training should be implemented and strengthened for the ground level monitors and supervisors, who hail from the particular village or sector. The selected individuals can purposefully be women since time and again they have proved to be the motivators for better sanitation practices in households (GWPP: 2018).The budget allocated for Information, Education and Communication (IEC) under SBA can be raised up to 15%. Alongside with that, yet another secret supervisor for the ground level staffs is vital. This will act as a stringently implemented managerial aspect.

2. Efficient fund flow System: Reimbursement should reach the beneficiary at the earliest in both the installments. Direct Beneficiary Transfer (DBT) as adopted in Agra, India, may be taken as an example for a smooth and hitchless money transfer. In that case the beneficiary details are submitted to the bank and fund transfer takes place via National Electronic Fund Transfer (NEFT). Further, for a better and more prompt toilet construction, the first installment can be released before the initial construction begins as it would not only act as a catalyst in the process but also develop a mutual trust with the civilians and the government. With such an implementation, the local officials could be appointed for proper follow up on the usage of the cash by hiring the right constructors and collecting the receipts. On the other hand, the allowance can also be increased so as to completely cover the expenses of a bigger and spacious toilet.

3. Penalties: Since, in many cases toilets are available but not used, penalties can be enforced where individuals, if found defecating in the open, will be held at a risk of cancelling the BPL cards or penalized Rs.500/- by the local officials or by staffs selected within the village to monitor and overlook at the common OAD sites. The villagers should be notified 2 to 4 weeks prior to introduction of this force. Which may also motivate them to use the time span and build/complete a toilet.

4. Converting the OAD spots into recreational or agricultural fields: As stated by a respondent, OAD continues since there is an ever present opportunity like open fields and deserted sites. Recreational spots like parks, museum, playing grounds, etc. can be constructed in OAD sites. OAD sites can also be converted into agricultural fields and promote a comeback of

traditional occupations and a way of livelihood. Water bodies can be barricaded or installed with Closed Circuit Television (CCTV camera) to act as a constant monitor.

5. Employment opportunities reserved to owners and users of toilets: MNREGA job opportunities are of high demand post pandemic and will ultimately stay on a rise. This can be utilized towards the advantage of our motive and demand toilet construction, and usage as criteria to avail the job. Furthermore, those employees can also be used in the construction and completion of the toilets. The labour cost for construction of toilets as part of the SBA mission can be diverted towards them. Thus this would act as a way of employment and also as an indirect incentive for using toilets.

6. Suitable construction of structure of toilets/ proper engineering: Another major part of the reason for continuation of OAD is their inability to squat and inconvenience of the structure. As age is accompanied with illnesses and pains, the elderly find it inconvenient. Improper support within the small confinement is yet another reason which inculcates fear of fall within the toilet. The same reasons stand true for children. Hence, a larger structure with a more convenient or added commodity, such as, mobile commode, can be additional in households with elderly or children. Doors with working latches and closed roofs are also vital.

7. Building community toilets: Community toilets can be deemed as a solution in areas where houses are single roomed and clearly lack space within or outside for building a toilet. This can also be considered further more when the house is rented and the tenant's desireof building toilet solely lies with the owner of the house. A suitable site within the village, with proper maintenance plan and water facility should be ensured.

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Photos



Photo 1- Site used for Open Air Defecation



Photo 2- Site used for Open Air Defecation by women



Photo 3- Unused and incomplete subsidized toilet



Photo 4- Unused subsidized toilet used as a store room



Photo 5- Completed and maintained subsidized toilet

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