

THE PROBLEM OF OPEN DEFECATION: INDIA'S FIGHT FOR ODF

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Introduction: Open defecation is the practice of defecating in the open, mostly in fields, bushes, forests, ditches, streets, etc. The practice of open defecation pollutes the environment and causes health-related problems. Studies found that open defecation has caused high child mortality, resulted in poor nutrition, and increased medical expenses. In 2014, as per a UNICEF report, 2.5 billion individuals were without proper sanitation facilities (UNICEF, June, 2014, p. 1). In 2015, as per a UNICEF report, 2.3 billion people lack a basic sanitation service. Among them, 892 million people practiced open defecation (UNICEF). It is more than 12.21% of the total population. In 2010, the UN General Assembly and the Human Rights Council recognized that safe sanitation is an essential Human Rights (Kara, 2015). However, a large percentage of the world's population did not have safe sanitation. In India also, poor sanitation was a major problem. As per 2015 data, almost 53% of the total population of India defecates in the open (Kara, 2015). Therefore, not availability of safe sanitation and the practice of open defecation was serious problem before the government. This paper examines the problem of open defecation in India and also highlights the initiatives taken by the government to fight against the problem.

The Problem of Open Defecation:

Open defecation (OD) is the act of relieving oneself in the open. It is the act of inappropriately disposing of excreta (Alexander, et al., 2016). The practice of open defecation is associated with water, sanitation, and hygiene. It is considered unimproved sanitation practice of people. People defecate their feces in open fields, forests, bushes, and water bodies. It is "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" (UNICEF). Another word related to Open defecation is ODF or Open Defecation Free. This phrase was first used in community-led total sanitation programmes with an objective to make the locality free from open defecation. ODF indicates that all community members are using safe sanitation facilities instead of going to the open areas for defecation. In 2015, the Ministry of Drinking Water and Sanitation, Government of India, in its Swachh Bharat Mission guideline, stated that "ODF is the termination of feco-oral transmission, defined by a) no visible feces found in the environment/village; and b) every household as well as public/community institutions using safe technology option for disposal of feces" (Government of India). The Government of India wanted to achieve ODF i.e. to make India free from open defecation by 2019.

Open Defecation: Why it is a problem:

The issue of Open Defecation is a matter of great concern for both the World Health Organization and UNICEF. Improper sanitation practices and the prevalence of Open Defecation have numerous detrimental effects on human beings. Countries with high rates of Open Defecation have experienced alarming numbers of deaths, particularly among children under the age of five. Additionally, these countries often exhibit high levels of undernourishment, widespread poverty, and significant disparities between the rich and poor (Rafiq, 2016, p. 29).

Open Defecation has far-reaching consequences in several areas, namely Health, Gender, Poverty, and Economy. One of the most significant risks associated with Open Defecation is its impact on public health, especially among children. It has been a leading cause of diarrheal diseases and various infections. Moreover, Open Defecation serves as a pathway for the transmission of diseases such as polio, cholera, and Hepatitis A. Tragically, it is the main reason behind the deaths of young children under the age of five due to diarrheal illnesses (Tarraf, NA, p. 6).

The practice of Open Defecation also carries severe implications for the dignity and safety of women. Women who engage in Open Defecation are at a higher risk of sexual assault and rape. Marginalized women, in particular, face assault as they must travel long distances to defecate in secluded areas like forests. Furthermore, the lack of proper sanitation facilities has led to a significant dropout rate among girls in schools (Tarraf, NA, p. 7). This gender disparity highlights the vulnerability of women to violence and acts as a barrier to girls' education.

Open Defecation is indirectly linked to poverty as well. The contamination of water sources, soil, and land due to Open Defecation exacerbates poverty levels. Infected individuals suffer from the burden of disease, which negatively impacts children's education and reduces their ability to work. Consequently, this results in a loss of livelihood. As stated by Arvizo Cambria, "illness within the community's senior population represents a significant drain on family budgets and healthcare resources. These factors only perpetuate the poverty cycle" (Cambria, 2014).

Lastly, Open Defecation has a profound impact on the economy and the GDP of a country. The high rates of illness resulting from Open Defecation lead to decreased productivity. Moreover, governments have to allocate substantial resources to healthcare facilities to treat illnesses caused by Open Defecation. Amina Tarraf reports that poor sanitation practices have detrimental effects on the economy and national development by hampering workers' productivity, longevity, and their ability to invest and save (Tarraf, NA, p. 7).

Open Defecation in India: A Challenging Scenario:

The findings of the 2011 Census of India reveal a concerning reality: 70% of rural households in India lack access to toilets or latrines (Government of India (b), 2012). More than 600 million people in India practice open defecation, accounting for approximately 53% of the country's population (Kara, 2015). In comparison, only 35% of people in rural sub-Saharan Africa, 5% in rural Bangladesh, and 2% in rural China engage in open defecation (Coffey, Gupta, Hathi, Spears, Srivastav, & Vyas, 2017, p. 59). Shockingly, it has been reported that each day, approximately 65 million kilograms of feces are openly defecated in India, often on streets, railway tracks, and open fields (Tarraf, NA, p. 5). According to a Joint Monitoring Report by the World Health Organization and UNICEF in 2012, out of the global population of 1.1 billion people practicing open defecation, 59% are from India. These statistics paint a vivid picture of the gravity of the situation.

Table 1: Number of people practicing Open Defecation

Sl.No	Country	Open defecation	Sl. No.	Country	Open defecation
1	India	626 million	7	Nepal	15 million
2	Indonesia	63 million	8	China	14 million
3	Pakistan	40 million	9	Niger	12 million
4	Ethiopia	38 million	10	Burkina Faso	9.7 million
5	Nigeria	34 million	11	Mozambique	9.5 million
6	Sudan	19 million	12	Cambodia	8.6 million

Source: WHO website accessed on 30th November, 2017.

URL http://www.who.int/water_sanitation_health/monitoring/jmp2012/fast_facts/en/

The table provides data on the number of people practicing open defecation in various countries. Here is a breakdown and analysis of the information presented:

- a. India: The table shows that India has the highest number of people practicing open defecation, with a staggering 626 million individuals. This highlights the significant challenge the country faces in terms of improving sanitation practices.
- b. Indonesia: The second-highest number of people practicing open defecation is found in Indonesia, with 63 million individuals. This indicates a substantial proportion of the population still lacks access to proper sanitation facilities.
- c. Pakistan: Pakistan follows closely behind Indonesia, with 40 million individuals engaging in open defecation. This underscores the need for efforts to improve sanitation infrastructure and promote proper hygiene practices in the country.

- d. Ethiopia: The table reveals that Ethiopia has 38 million people practicing open defecation. This indicates a considerable challenge in terms of providing adequate sanitation facilities and promoting behavioral change.
- e. Nigeria: Nigeria ranks fifth in terms of the number of individuals practicing open defecation, with 34 million people. This highlights the need for targeted interventions to address the issue and improve sanitation practices in the country.
- f. Other countries: The table also includes data for several other countries, such as Sudan, Cambodia, China, and Nepal, among others. While the numbers for these countries are comparatively lower, they still represent significant populations lacking access to proper sanitation facilities.

Overall, the data in the table emphasizes the urgent need for comprehensive efforts to address open defecation in these countries. Improving sanitation infrastructure, promoting behavioral change, and increasing access to proper facilities are vital steps in ensuring better hygiene and health outcomes for these populations.

The table highlights the significant proportion of the Indian population that practices open defecation. In 2015, among eight South Asian countries, India had the highest number of individuals engaging in this practice. In terms of utilizing unimproved sanitation facilities, India ranked 130th out of a list of countries (Vivek, 2017). Furthermore, within the urban population, India had the highest number of residents without access to safe and private toilets (NA, 2016). Additionally, when considering improved sanitation facilities as a percentage of the population with access, India is positioned at the 154th spot among 188 countries (source: table below). These statistics underscore the pressing need to address the open defecation issue and improve sanitation conditions in India.

Rank	Country	Rank	Country	Rank	Country
1	Palau	18	Spain	109	Myanmar
1	Japan	18	Switzerland	128	Pakistan
1	United State	23	Italy	133	Bangladesh
1	Singapore	27	United Kingdom	145	Nepal
1	Andorra	39	Norway	154	India
1	Isreal	62	Sri Lanka	159	Afghanistan
1	Soaudi Arabia	66	Egypt	183	Ghana

Source: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
 URL: <https://www.indexmundi.com/facts/indicators/SH.STA.ACSN/rankings>

Reasons for Open Defecation in India: Understanding Different Categories:

In India, where over 600 million people still practice open defecation, it is essential to examine the reasons behind this persistent problem. To gain a comprehensive understanding, it is important to acknowledge that there are three distinct categories of individuals practicing open defecation in the country:

- a) People practicing open defecation who desire access to toilets and are willing to construct them.
- b) Individuals who lack access to toilets and are unwilling to construct them.
- c) People who have access to toilets but continue to practice open defecation.

The reasons for open defecation vary among these three categories. Those in the first category are willing to use sanitary toilets and latrines but lack the necessary access. On the other hand, individuals in the second and third categories are not motivated to utilize sanitary facilities. This section aims to identify the different reasons for opting for open defecation within these groups in India.

Firstly, there are people in India who are motivated to practice sanitary defecation but face obstacles due to poverty. In 2011-12, 21.9% of the total population in India were classified as poor (Bhaskaran, Resmi P. (An ACCESS Publication), 2013, p. 3). Additionally, in rural areas, 25.7% of the population, which amounts to 21.67 crore individuals, were classified as poor in 2014 (Government of India, 2014, p. 18). The persisting issue of poverty has a direct impact on open defecation, as individuals with low incomes struggle to afford the construction of sanitary toilets or latrines.

Secondly, the low priority given by the government to sanitation infrastructure exacerbates the problem. Given the financial constraints faced by the poor, it becomes imperative for the government to take proactive measures in constructing toilets and latrines. Government initiatives and funding, as well as the involvement of local bodies, can play a crucial role in improving sanitation facilities. While the Indian government has implemented various sanitation improvement programs, their impact has not been sufficient. The table below illustrates the trend of toilet construction in India.

Sl	Year	Household Latrines Constructed
1	2008-09	11,265,882
2	2009-10	12,407,778
3	2010-11	12,243,731
4	2011-12	8,798,864
5	2012-13	4,559,162
6	2013-14	4,976,294
7	2014-15	5,855,666

Source: <https://www.thequint.com/news/india/swachh-bharat-who-built-more-toilets-upa-did-better-than-nda>
Accessed on 13/12/2017

Thirdly, corruption plays a significant role in hindering the availability of toilets and latrines. The issue of corruption in South Asian water and sanitation programs, including toilet and latrine construction, is widely acknowledged (Hueso& Bell, 2013). Government officials and Panchayats engaging in corrupt practices have misused funds allocated for toilet construction, contributing to the persistence of open defecation in India.

Fourthly, the scarcity of space is another reason why toilets are not being constructed. In densely populated areas, individuals often lack sufficient space to build toilets. Although funds may have been allocated by the government for toilet construction, households may struggle to provide the necessary space for these facilities.

Fifthly, the lack of required documentation is another reason for not having a government-funded toilet: For those living below the poverty line in India, constructing a toilet with their own resources is often financially unfeasible. Therefore, they rely on government schemes. However, many of these individuals fail to benefit from such schemes due to a lack of proper documentation.

Sixthly, certain segments of the population in India are resistant to constructing and using toilets due to various reasons:

Traditional Practices: Open defecation is deeply rooted in age-old traditions, making some people resistant to change.

Water Scarcity Concerns: There is a perception among people living in drought-prone areas that sanitary latrines and toilets require excessive water consumption, which they consider a wasteful use of water.

Lack of Health Awareness: Insufficient awareness about the health impacts of open defecation leads to a reluctance to construct and use toilets.

Lack of Awareness about Toilet Benefits: Many individuals are unaware of the benefits of toilets and their positive impact on hygiene and well-being.

Cultural and Religious Beliefs: Cultural and religious beliefs also demotivate individuals from constructing sanitary toilets and latrines within their households.

Additionally, Incomplete construction, poor-quality construction, lack of awareness about latrine maintenance, and cultural factors all contribute to the underutilization of latrines and toilets. These factors, combined with sociocultural influences, contribute to the persistently high prevalence of open defecation in India.

In summary, the reasons for the high rates of open defecation in India extend beyond the simple lack of access to latrines. Socio-cultural factors, corruption, space constraints, lack of documentation, resistance to change, and inadequate awareness about hygiene and health all contribute to this practice.

India's Efforts Towards Becoming Open Defecation Free State:

Sanitation is a responsibility of the state governments in India, and they are tasked with implementing programs and policies to achieve total sanitation and eliminate open defecation. Both the state and union governments have taken various initiatives towards making the country Open Defecation Free.

In 1948, the Government of India established the Environmental Hygiene Committee, which recommended that sanitation facilities should cover 90% of the population within forty years. Subsequently, a sanitation program was introduced in 1954 as part of the National Water Supply and Sanitation Programme under the first Five-Year Plan (Madhuri & Sikligar, 2008). However, comprehensive strategies were not implemented during the early years of independence.

The importance of total sanitation gained recognition in the 1980s, coinciding with the International Water Supply and Sanitation Decade from 1980 to 1990. During this period, the Central Rural Sanitation Programme was launched in India as part of the Seventh Five-Year Plan (1985-1990). In 1987-88, this program was included under the Minimum Needs Programme, and its objective was to provide an 80% subsidy for constructing latrines for below-poverty-line households (Bhaumik & Kumar, 2014).

Following the Central Rural Sanitation Programme, several other sanitation programs were launched, building upon its foundation. In 1991 and 1993, the criteria and norms of the program were revised to make it more holistic, with a focus on information, education, and communication activities. In 1999, the program underwent further restructuring, leading to its renaming as the Total Sanitation Campaign. This revision saw a decrease in subsidy percentage and a shift from a supply-driven to a demand-driven approach, emphasizing public participation (Bhaumik & Kumar, 2014).

Under the Total Sanitation Campaign, the Nirmal Gram Puraskar was introduced in October 2003 to recognize the achievements and efforts of individuals and Gram Panchayats in achieving full sanitation coverage. In 2007, the Nirmal Bharat Abhiyan was launched and later linked with the Mahatma Gandhi National Rural Employment Guarantee Scheme. The objective of the Nirmal Bharat Abhiyan was to facilitate the construction of individual household toilets for below poverty line and identified above poverty line households, as well as providing school and community-level sanitation (Bhaumik & Kumar, 2014). In 2008, the National Urban Sanitation Policy (NUSP) was launched, focusing on urban sanitation (Singh K., 2016).

Various other central schemes, such as JNNURM, UIDSSMT, and Rajiv AwasYojna, have also supported the mission of achieving sanitation for all at the city level (Bhaumik & Kumar, 2014).

The current government has continued the efforts towards achieving total sanitation and an open defecation free country. They have restructured the Nirmal Bharat Abhiyan and launched the Swachh Bharat Mission on October 2, 2014, with the goal of making India clean and open defecation free (Press Information Bureau, 2014).

India has implemented various programs and policies over the years to address open defecation and achieve total sanitation. These initiatives have evolved and been restructured with a focus on public participation, education, and subsidy schemes. The present government's Swachh Bharat Mission aims to further the objective of a clean and Open Defecation Free India.

How to end Open Defecation:

Open defecation has been a persistent problem in India for many years, despite the efforts of both state and central governments to address it. While poverty is often cited as a major factor, it is not the sole cause of open defecation. The government of India has set a target to eliminate open defecation by 2019, but achieving this goal requires a multi-faceted approach involving the government, public, and civil society organizations.

Addressing poverty is crucial in overcoming the hurdles towards achieving the goal. The government should focus on poverty alleviation measures to uplift the socio-economic conditions of the population. Additionally, tackling corruption is essential, as it has adversely affected the construction of government-funded toilets. A corruption-free environment is necessary for government schemes to effectively contribute to the goal of ending open defecation.

Changing deep-rooted traditions and customs related to open defecation requires a shift in mindset. It is vital to bring about a psychological change in people's attitudes towards sanitation practices. Merely implementing initiatives and schemes will be ineffective without the motivation and

willingness of individuals to use sanitary latrines and toilets. Therefore, the government and civil society organizations should organize motivational sessions and awareness programs to educate and inspire those who are unaware or resistant to adopting hygienic practices.

Ending open defecation in India necessitates addressing poverty, combating corruption, and fostering a psychological shift towards embracing sanitary practices. Collaborative efforts between the government, public, and civil society organizations are crucial to achieving the target and creating a clean and hygienic environment for all

Conclusion:

Despite ongoing efforts by the government, open defecation remains a significant challenge in India, with 626 million people still practicing it. This not only poses health and hygiene risks but also brings global embarrassment. The current NDA government has prioritized cleanliness and sanitation, generating awareness and enthusiasm. However, it is concerning that the number of household latrines constructed in 2014 was lower compared to previous years, raising doubts about the government's commitment.

To achieve the goal of becoming an open defecation free country, both the government and the people must demonstrate a serious commitment to tackling this issue. Collaboration between public and private entities is essential to drive progress effectively. Above all, it is crucial to engage with individuals who practice open defecation and win their trust in order to change their long-standing unhygienic habits. By motivating and empowering them, they will be more inclined to construct and use latrines, contributing to the overall objective of ending open defecation.

References:

1. Alexander, K., Allton, C., Felsman, C., Hahn, M., Okegbe, T., Palmer, D., et al. (2016). *Ending Open Defecation in India: Insights on Implementation and Behavior Change for Swachh Bharat Abhiyan*. New Jersey, US: Princeton University.
2. Bhaskaran, Resmi P. (An ACCESS Publication). (2013). *State of India's Livelihoods Report 2013*. New Delhi: SAGE.
3. Bhaumik, S., & Kumar, A. Y. (2014, 8. 16). *India's sanitation story*. Retrieved 12 16, 2017, from Pragati: The Indian National Interest Review: <http://pragati.nationalinterest.in/2014/08/indias-sanitation-story/>
4. Bora, P., Bora, B. (2018). Open Defecation in India: How an End is Possible. In Bora, P. Democracy and Politics in India: Issues of Rights, Security and Development (pp. 114-127). New Delhi: BlueRose.
5. Cambria, A. (2014, May 23). Open Defecation: India's Health Hazard of the Poor. *Borgen Magazine*, p. Global Health.
6. Coffey, D., Gupta, A., Hathi, P., Spears, D., Srivastav, N., & Vyas, S. (2017). Understanding Open Defecation in Rural India: Untouchability, Pollution, and Latrine Pits. *Economic and Political Weekly*, LII (1), 59-66.
7. *Ending Open Defecation in India: Insights on Implementation and Behavior Change for Swachh Bharat Abhiyan*.
8. Government of India. (n.d.). "Guidelines for ODF Verification". Retrieved October 29, 2017, from [www.mdws.gov.in: http://www.mdws.gov.in/sites/default/files/R_274_1441280478318.pdf](http://www.mdws.gov.in/sites/default/files/R_274_1441280478318.pdf)
9. Government of India (b). (2012). *Houses, Household Amenities and Assets, Census 2011*. India: Ministry of Home Affairs.
10. Government of India. (2014). *Report of The Expert Group To Review The Methodology For Measurement Of Poverty*. Planning Commission.
11. Hueso, A., & Bell, B. (2013). An untold story of policy failure: the total sanitation campaign in India. *Water Policy*, 1-18.
12. Islam, B. (2017). Right To Health: A Constitutional Mandate In India. *International Journal of Advance Research and Innovative Ideas in Education*, 3 (3), 2627-2638.
13. Kara, N. (2015, April 29). Curbing Open Defecation in India for Positive Health and Human Rights. *India*, p. Health.

14. Kuslhrestha, S., Babu, S., & Malangi, S. (2016). Complementarities of Destination Competitiveness and Cleanliness. In M. Sinha, & R. K. Sinha, *Swachh Bharat* (pp. 36-55). Delhi: Prabhat Prakashan.
15. Madhuri, N. V., & Sikligar, P. C. (2008). Rural Sanitation: Policies and Strategies. In S. B. Verma, S. G. Aingh, & S. K. Singh, *Rural Infrastructure: Sanitation, Housing, Health Care* (pp. 9-19). New Delhi: Sarup & Sons.
16. Minhas, B. S. (1974). *Planning and the Poor*. S. Chand.
17. NA. (2016, November 18). Pakistan among 10 worst countries for access to toilets. *Dawn*, Pakistan.
18. Press Information Bureau. (2014, September 24). Restructuring of the Nirmal Bharat Abhiyan into Swachh Bharat Mission. Government of India.
19. Rafiq, R. (2016). The Toilet Taboo: The Effectiveness of Sanitation Projects in India. *The Undercurrent Journal*, 12 (1), 27-35.
20. Sachchidananda, P. (1999). *Social Dimensions of Water Supply and Sanitation in Rural Areas: A Case Study of Bihar*. New Delhi: Concept.
21. Singh, K. (2016). Drinking Water and Sanitation Infrastructure. In M. Sinha, & R. K. Sinha, *Swachh Bharat* (pp. 97-116). New Delhi: Prabhat Prakashan.
22. Singh, S. R. (2005). *Poverty Alleviation in the Third World*. New Delhi: APH Publishing Corporation.
23. Tarraf, A. (NA). *Social & Behaviour Change Communication; Insights and Strategy Case Study: Open Defecation in India*. OUP.
24. UNICEF. (n.d.). *Eliminate Open Defecation*. Retrieved October 29, 2017, from <http://unicef.in>: <http://unicef.in/Whatwedo/11/Eliminate-Open-Defecation>
25. UNICEF. (n.d.). *In 2015 two out of five people used safely managed sanitation services*. Retrieved 10 27, 2017, from [unicef.org: https://data.unicef.org/topic/water-and-sanitation/sanitation/](https://data.unicef.org/topic/water-and-sanitation/sanitation/)
26. UNICEF. (June, 2014). *The Rights to Safe Water And to Sanitation*. UNICEF.
27. Vivek, V. (2017, August 7). In S Asia – comprising Maldives, Bhutan, Bangladesh, Sri Lanka, Pakistan, Nepal, India and Afghanistan – India was the worst among the eight nations in 201. *India Spend*.