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Community Medicine

A STUDY ON THE PRACTICES OF OPEN DEFECATION IN RURAL AREAS OF JAWAN ,ALIGARH

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ABSTRACT

Introduction: According to WHO, Sanitation refers to public health conditions related to clean drinking water and adequate treatment and disposal of human excreta and sewage. Sanitation system aim to protect human health by providing a clean environment that will stop the transmission of disease, especially through the fecal –oral route.This study was conducted with an objective to find sanitary latrine usage, prevalence of open air defecation and practices related to open air defecation in the rural areas of Aligarh.

Material and methods: This study was conducted in rural areas of Jawan block , Aligarh,from Jan to May, 2019.Researcher surveyed over 300 households randomly in rural areas of Jawan block, while conducting survey we came to know about defecation related behavior of 300 persons.

Conclusion: Despite having toilets at home many people in rural areas of Jawan block choose to defecate in open. Programmes launched to promote use of toilets have failed to influence sanitation behavior of many people living in rural areas.The reasons of open defecaetion also includes remoteness and lack of water

KEYWORDS : Open Defecation, Practices, Usage

INTRODUCTION:

According to WHO, Sanitation *refers* to public health conditions related to clean drinking water and adequate treatment and disposal of human excreta and sewage. Sanitation system aim to protect human health by providing a clean environment that will stop the transmission of disease, especially through the fecal –oral route.

Sanitation literally means measures necessary for improving and protecting health and well being of the people.Sanitation is any system that promote proper disposal of human and animal wastes , proper use of toilet and avoiding open space defecation(3).

India accounts for 90%of the people in South Asia and 59%of the 1.1 billion people in the world who practice open defecation.

People choose fields, bushes, forests, streets, canals or other open space for defecation. They do because they do not have toilets or due to traditional cultural practices(1).

High levels of open defecation is linked to child mortality ,poor nutrition, poverty(2).

According to WHO ,open defecation is the ,"riskiest sanitation practice of all".Almost 2.5 billion people dont have the access to clean toilet globally. In the year 2013,the United Nation General Assembly designated 19th Nov as World Toilet Day, urging changes in both behavior and policy on issues ranging from increasing water management to ending open air defecation.

The government of India launched the Swachch Bharat Mission in 2nd October 2014. It promises 110 million toilets built in the next 5 years in an effort to make India an open defecation free country(4).

The adverse health effects of OD are many: acute effects include infectious intestinal diseases, including diarrheal diseases which are exacerbated by poor water supplies, sanitation and hygiene; adverse pregnancy outcomes; and life-threatening violence against women and girls. Chronic effects include soil-transmitted helminthiases, increased anaemia, giardiasis, environmental enteropathy and small-intestine bacterial overgrowth, and stunting and long-term impaired cognition(8).

A quarter of Nigerians (25.1%) or 46 million people practicing OD in 2015, Nigeria ranks third in the world in OD prevalence after India and China(9).

This study was conducted with an objective to find sanitary latrine usage, prevalence of open air defecation and practices related to open air defecation in the rural areas of Aligarh.

In India crores of rupees have gone into building toilets but they remain unused, villages that were declared open defecation free (ODF) are unable to sustain that, and sewage treatment continues to be a big challenge(7).

MATERIAL AND METHODS

This study was conducted in rural areas of Jawan block , Aligarh,from Jan to May, 2019.Researcher surveyed over 300 households randomly in rural areas of Jawan block, while conducting survey we came to know about defecation related behavior of 300 persons. Only those individuals were included ,who gave consent.

RESULTS AND DISCUSSION

Under this survey we interviewed 300 people from jawan block ,258 persons said they have a toilet of any type(shared+ own flush + Government subsidy toilet).Out of 258, 23 persons have shared toilet,61 own a toilet whereas 174 avail the facility of government subsidy toilet. 42 persons out of 300 , said they don`t have toilet facility of any kind.

Table 1

N=300

Total households=300	
Have toilet	258(86%)
Don't have toilet	42(14%)

The increase in ownership seems to have been drive by SBM.As in 2018, 71% of the rural population in these states owned a toilet compared with 37% in 2014.

TOILET IN USE in JAWAN HOUSEHOLDS



Table 2

N=258

TOILETS PRESENT IN HOUSEHOLDS=258	
MAKE USE OF TOILET	**82**
REGULAR	21
IRREGULAR	61
DO NOT USE	**176**

From 258 persons ,82(31.7%) persons make use of a toilet ,among

these 21 persons regularly use and 61 persons said sometimes or occasionally use toilet.

176 (68.2%) persons have toilet but due to some reasons they don't make use of it, some said it is too small , suffocated , less airy , stinging smell comes out of it , seat is too small, poor quality construction, and mainly the soak tank is very small need to clean frequently others quoted that the presence of a toilet means "our house got polluted" all the worships performed are worthless and no God will accept it . One respondent replied " ghar me gandagi aagaye hai", while other people use them as stores.

When the toilets are not in use than people go for open defecation ,study shows that out of 258 people ,176 go for open defecation ,it shows construction of toilet in every house ,is not merely a sufficient motivating cause to use it. The power of "self assembly" a critical boon in behavioral change for toilet use: Published by Kurian Baby on 4-9-2017.

"No Power if you go in open", sub divisional officer tells villagers in Bhilwara district Rajasthan ,India(The Hindu,21Aug 2017)"Sell your wife if you don't have money to built a toilet ,"a District Magistrate tells villagers in Bihar ,India(India Today,13 july 2017).

Problems faced by open defecation:
Out of 258 people ,176(68.2%) go for open defecation.Out of 176,108 people don't come across any problem, 68 people faced problem while going to open defecation, as they stated that "majboori hai , bura lagta hai, females face these problems and said that "sab deekhte hai aur raat me jate bahut dar lagta hai.

A study conducted by Apporva Jadhav from the University of Michigan in a research paper published in latest issue of Bio-Med Central Journal. "said "Women who use open defecation sites like open fields or the side of railway track are twice as likely to get raped when compared with women using a home toilet." According to her study ,at least 50percent of structures built for sanitation purpose in India unused or used for other purposes.

Motivating factors of open defecation:
Mostly people told us that open defecation "Boost up their metabolism", and some said "Morning freshness comes" "Natural environment seems friendly," others said they "Follow their elders" and "We are use to it", and some other stated that "We left impurities outside our houses"

Table 3

N=300

Practices of hand washing after defecation

Washing hands with soap and water and give 2 to 3 mints for washing and give 3 to 6 steps of hand washing	70
Washing hands with soap and water and few secondsfor washing	210
Washing hands with mud and rakh	20

Hand washing after defecation :
Around 300 people surveyed in rural areas of Jawan block ,hand washing practiced by all 300 persons, whereas 70 people wash hand with soap and water and give 2 to 3 minutes and perform 3 to 6 steps of hand washing , 210 persons wash their hands with soap and water without giving attention on it and perform in few seconds.

20 people wash their hands with mud , rakh (ash) etc after defecation.

CLEANING MATERIAL USED WHILE PERFORMING Open defecation or Toilet :
All from 300 respondents, 297 use water which was kept in around 1litre to half litre dibbas or bottles , usually empty engine oil bottles and other dibbas made of plastic for cleaning purpose in fields or toilets ,taking water for long distance also decrease its quantity, some people use water from the ponds in nearby fields .2 persons said they use paper from the fields, and 1 clean himself with mud while working early morning in the fields, later on takes bath when reaches home.

USE OF SLIPPERS WHILE PERFORMING Open Defecation or Toilet:
Among 300 people , 292 wear slippers, whereas 8 persons don't wear slippers at the time of going to open defecation or toilet.

Disposal of Domestic Garbage:
All 300 people dispose their domestic garbage outside the house, not in any pothole made for decomposition.

PHYSICAL AILMENTS RELATED TO OPEN DEFECATION:
Table 3

N=300

Fever	32(10.6%)
Loose stools	72(24%)
Pain in abdomen	39(13%)
Itching	38(12.66%)
Worms in stool	18(6%)

Out of 300,199 people suffer from ailments.

A study conducted in Nellore revealed that majority of adults were had inadequate knowledge on problems and effects of open field defecation. Simply building more toilets will not do the job. Some steps to educate people about the dangers of open defecation and reward those who use latrines(5).

Another study concluded that the level of knowledge on problems of open field defecation among adults 48(48%) had Poor Knowledge, 35 (35%) had adequate knowledge and 17 (17%) had good knowledge(6). Another study reported that poverty was a major factor that contributed to OD practice in quantitative studies. Most of the respondents from the quantitative study revealed that culture was the most dominant factor why populations practiced OD. The practice of OD has been inherited through generations who were known to practice(10).

CONCLUSION
Despite having toilets at home many people in rural areas of Jawan block choose to defecate in open. Programmes launched to promote use of toilets have failed to influence sanitation behavior of many people living in rural areas.The reasons of open defecaetion also includes remoteness and lack of water.Like in a study(12) the reported comments were

"Yes, we go (for OD) because there is no water in the latrine. We have to bring water from far to use the latrine. There's water problem. I have made a latrine, and at night or during emergency, it can be used."

"When I go out for work, I can't come back to the house to defecate…I may go to chappar. I have cows, goats, buffaloes, and mules. I may take them to the jungle to graze."

RECOMMENDATIONS
BCC must be implemented first in the community a collective action strategy required , before the formation of such structures. Interactive process of any intervention with individuals, communities and /or societies to develop communication strategies to promote positive behaviors which are appropriate to their setting and there by solve world's most pressing health problems. This will provide a supportive environment which will enable people to initiate , sustain and maintain positive and desirable behavior. Social and behaviour change communication strategies should be adequately utilised to address the cultural norms, superstitions, behavioural and attitudinal challenges associated with practice in order to have a free and safe environment for both humans and livestock habitation(11).

Social behavior change communication is the strategic use of communication to promote positive health outcomes .SBCC employs a systematic process beginning with formative research and behavior analysis ,followed by communication , planning ,implementation, and monitoring & evaluation.

According to Behaviour change at many levels needed to make India Open Defecation –free, by Subhojit Goswami in October 2016,he said we need to look beyond toilets and establish a connection between sanitation and health in order to trigger a mindset change in rural India. Effective political commitment and administrative support will be the key points of success of the Swachcha Bharat Abhiyaan Programme.

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