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Open Defecation: Awareness & Practices of Rural Districts of Tamil Nadu, India

Social Science

KEYWORDS : Defecation, Awareness, Practices

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ABSTRACT

In the most developing countries the open defecation is the 'way of life'. The habit of open defecation is inseparably integrated in the day to day life of the people especially in the rural areas and urban slums of India. The practice is considered as most serious health and environmental hazard. (WHO Fact Sheet, 2014).It is harder to bend the iron mind of people with regard to open defecation, which they feel that they practice over many generations. This paper is an attempt to bring out the awareness level and practices of 1800 randomly selected households from 60 panchyaths of Namakkal, Perambalur and Pudukkottai Districts of Tamil Nadu on open defecation. The study revealed that open defecation and its attendant medical problems were rampant in the community with nobody even bothering to do anything to overcome it. While open defecation was in practice, many women specially mothers (98%) did not know how to dispose of their children's feaces safely.

INTRODUCTION

Human excreta always contain large numbers of germs, some of which may cause diarrhoea. When people defecate in the open, flies will feed on the excreta and can carry small amounts of the excreta away on their bodies and feet. When they touch food, the excreta and the germs in the excreta are passed onto the food, which may later be eaten by another person. Some germs can grow on food and in a few hours their numbers can increase very quickly. Where there are germs there is always a risk of disease. During the rainy season, excreta may be washed away by rain-water and can run into wells and streams. The germs in the excreta will then contaminate the water which may be used for drinking. Many common diseases that can give diarrhoea can spread from one person to another when people defecate in the open air. Disposing of excreta safely, isolating excreta from flies and other insects, and preventing faecal contamination of water supplies would greatly reduce the spread of diseases. In many cultures it is believed that children's faeces are harmless and do not cause disease. This is not true. A child's faeces contain as many germs as an adult's, and it is very important to collect and dispose of children's faeces quickly and safely. The disposal of excreta alone is, however, not enough to control the spread of cholera and other diarrhoea1 diseases. Personal hygiene is very important, particularly washing hands after defecation and before eating and cooking (WHO Fact Sheet, 2014).

According to World Health Organisation, open defecation is the "riskiest sanitation practice of all." Almost 2.5 billion people don't have the access to clean toilet globally. In the year 2013, the United Nation General Assembly designated 19th November as World Toilet Day, urging changes in both behaviour and policy on issues ranging from enhancing water management to ending open-air defecation (Afshan S. Khan, 2013).

By far the great majority of people practicing open defecation live in rural areas, but this number is declining. However, partly because of rapid increases in the urban population, a growing number of people in urban areas defecate in the open. The proportion of the world population that practices open defecation declined by almost one third from 25% in 1990 to 17% in 2008. A decline in open defecation rates was recorded in all regions. In Sub-Saharan Africa, open defecation rates fell by 25 per cent. In absolute numbers, the population practicing open defecation increased, however, from 188 million in 1990 to 224 million in 2008. In Southern Asia, home to 64% of the world population that defecate in the open, the practice decreased the most – from 66% in 1990 to 44% in 2008 (WHO/UNICEF JMP for Water Supply and Sanitation, 2010).

In Madagascar 53% of 20.7 million people defecate openly every day while another 33% use dilapidated, unsafe toilets. The under-5 mortality rate of is one of the highest in world, at 72 deaths per 1000 children. One- fifths of these deaths are caused by diarrhea, causing great personal anguish for families and straining health care system. The open air defecation leads to a loss of an estimated 65 million US dollars per year (Water supply & Sanitation Collaborative Council, 2013)

. The sixty per cent of the "global total", who do not have access to toilets live in India, and hence are forced to defecate in the open. In actual numbers, sixty per cent translates to 626 million. This makes India the number one country in the world where open defecation is practised. Indonesia with 63 million is a far second. At 949 million in 2010 worldwide, vast majority of people practising open defecation live in rural areas. Though the number of rural people practising open defecation has reduced by 234 million in 2010 than in 1990, "those that continue to do so tend to be concentrated in a few countries, including India," notes the 2012 update report of UNICEF and the World Health Organisation. For instance, of the 2.4 lakh gram panchayats in the country, only a mere 24,000 are completely free of open defecation. More than half of the 2.5 billion people without improved sanitation live in India or China. The high figure prevails even as four out of 10 people who have gained access to improved sanitation since 1990 live in these two countries. Awareness of the link between open defection and diseases like diarrhoea will in one way change the way people defecate. After all, almost 10 per cent of all communicable diseases are linked to unsafe water and poor sanitation (Prasad, 2012).

As per Joint Monitoring Programme (JMP), carried out by WHO and UNICEF as of 2010, India contributes to 58 per cent of the world's population defecating in the open. Ananta Prasad (2013) asserts that more than 2.5 billion people lack adequate sanitation worldwide especially in developing countries like India. Of these, 1 billion people defecate in open. In the least developed countries one in four people defecate in the open, largely as a result of poverty and inability to build separate toilets and the issues of space and land as well.

The scenario of availability of latrine facilities in India has improved in the 10 years between 2001 and 2011; but more than half of the nation's households still lack toilet facilities. From as high as 78 per cent of the households without toilet facilities in Jharkhand and Odisha to 2 per cent in Lakshadweep, a large number of people defecate in the open because they cannot afford to build a toilet from their own resources. The main reasons for large number of population in India still defecating in open are large sections of the Indian population are not convinced of the need to stop open defecation, because of lack of proper awareness about the problems associated with open defecation. (Ananta Prasad, 2013).

The proportion of the global population that resort to open

defecation declined from 24 per cent in 1990 to 15 per cent in 2011. Still, over one billion people lack sanitation facilities and continue a practice that poses serious health and environmental risks to themselves and entire communities. In almost 100 countries around the world, new approaches to sanitation have taken root and the number of declared 'open-defecation-free villages' is rising (The Millennium Development Goals Report, 2013).

Banerjee et al (2013) conducted a study to understand the household behavior and attitude towards open air defecation by the residents and motivate public toilet / private toilet among 236 households of Nandivargam village of Kurnool District. There was significant association was found between lower socioeconomic status and open air defecation practice. After defecation, all household does hand washing at least with water and 76% households do not regard open air defecation practice as a stigma. Construction of toilets does not come under top priority list, if lump sum amount is given to non-toilet resident household. Rains are an important determinant for usage and construction of toilets. Study concluded that prevalence of open air defecation is very high (74.57%).

A crosssectional study carried out in a village of district Pune among 282 subjects concludes that, in spite of presence of community latrines, 67% of the population resorted to open air defecation. Inadequate water was the major reason for under utilization (48.6%) of community latrines followed by lack of awareness about the availability of these (19.5%). Only few of them (14.5%) were not aware of any harmful effect of open air defecation and majority were aware of the importance of hand washing with regards to prevention of disease. Women found open air defecation even more embarrassing and dangerous (Bhardwaj et al, 2013).

A study analyzed the effect of open defecation practices on chemical and bacteriological quality of water in open defecation free (ODF) and open defecation not free (ODNF) village in Amravati district. The results showed that drinking water in open defecation free villages was 17% faecally contamination whereas ODNF villages 48%. All the water samples having very poor water quality index (WQI) were TTC positive and *E. coli* detected. Thus, it indicated that open defecation was one of the most important factors for polluting the ground water sources such as open well, hand pumps, and tube well in villages and better sanitation not only improves human health but also promotes economic and social development (Tambekar. and Rajgire. 2012).

SIGNIFICANCE OF THE STUDY

Improved sanitation is important not only to human health but also for social and economic development of the country. The South Asian countries in general and India in particular are facing the crisis of sanitation and water for many decades. To highlight very specifically, open defecation is the evil, which has strong impact on community health, environmental degradation, water contamination etc. The paper focuses on open defecation and its attendant medical problems as its objective and intended to bring out the awareness level and practices on open defecation of rural house hold.

MATERIALS AND METHODS

The survey was conducted in 60 panchyaths in Namakkal, Perambalur and Pudukkottai Districts in Tamil Nadu. The survey covered 1800 randomly selected households. Sixty WATSAN promoters are engaged during the survey for collecting information and consolidation.

FINDINGS

In the total population male and female members are equal and their major occupation is daily wage agriculture laborers. All most all of them (97 %) having own houses out of which 63% legally owned by the males. From the total number of households, 12 % are living in thatched houses, 36 % are in tiled houses and 42 % are in concrete houses. The concrete houses are higher in Namakkal District and tiled houses are highly seen in Perambalur District. Half of the respondents are having dry lands The six out of ten households fetching water from public tap or other sources and rest of the households are having individual tap connections.

DEFECATION PRACTICES

It is shocking to see that 90% of the respondents defecate in open places, hence water gets contaminated and incidences of water borne diseases are common. The place they choose to defecate are; 32% in the agricultural fields, 25% of them near the water sources 21% by the side of the thorny bushes and rest of them in the streets and in open drainages. It is planned to motivate the people to build individual toilets during the course of this project.

Construction and provision of community sanitary complexes in villages are a complex process; hence people have shown lot of interest in individual toilets, which is reflected in the survey findings that 92% of them used individual toilet, out of which 46% used septic tank toilet model and 37% of them used twin leach pit toilet model

The optimum usage of toilets restricted to 51% of the family members, only few (18%) members in the family use the toilets and 31% of the family members does not use the toilet at all. The reasons for not using toilet are cultural barriers (42%), incomplete knowledge (31%) and water scarcity. The most quoted (69%) reasons for not constructed toilets is non availability of funds and few (15%) have attributed to no space in their houses and rest due to cultural barriers. The survey further brought out that, 63% of them have shown interest in having a toilet of their own, and the remaining 37% of them have not shown any interest in having toilets at their home.

The disposal of children faeces is considered as very important sanitation and hygiene practice. A child's faeces contain as many germs as an adult's, and it is very important to dispose the faeces quickly and safely. The survey findings reveal that, the respondents dispose of the children's faeces in garbage pits, in the toilets, in the streets and in drainage.

The hygiene part of sanitation is keeping the toilets clean and tidy, which in turn protect the users from illness and disease. The duty of cleaning toilet always considered as women's work or any other sanitary worker. The similar finding reflected in survey that 83% of the household's wife is cleaning the toilet and rest of the household's husband's (3%), daughter's (2%) and other (11%) family members. Hand washing is tending to be the very important hygiene practice to avoid much illness. It is alarming to find out that the in study districts, 74% does not have a regular hand washing habit, 3% of the respondents have said, as during important times and only very meager of them (7%) wash hands after using the toilet and after disposing children's faeces.

CONCLUSION

The survey sums up that open defecation and its attendant medical problems were rampant in the community with nobody even bothering to do anything to overcome it. While open defecation was in practice, many women especially mothers did not know how to dispose of their children's feaces safely and most the people were defecating in roadsides, bushes, near water sources and agricultural fields. The open defecation is the "social menace", is very hard to eliminate from the larger culturally bound society. Thus the target of "health for all" is mere dream and becoming very hard goal to achieve, unless the effort taken should fetch fundamental changes in the mind of people and to bring healthy transformation in the society.

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