

Open Defecation and Poor Sanitation Condition a Serious Menace to Human Health and Dignity: A Micro Level Analysis of Indian Villages

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ABSTRACT

Open defecation is the practice of people defecating outside and not into a designated toilet. In rural India the open defecation practices is the way of life. According to 2011 Census of India, 53.12 Per cent of the rural household did not use any kind of toilet. Human excreta are the principal source of over 50 types of infections and causes almost 80 per cent of human diseases. The main objectives of this research paper is to know the health related problems of open defecators people and what are the major causes to such practices. Malda district of West Bengal has been selected as a study area, which is the gateway of North Bengal. The study is based on primary and secondary sources of data. The study reveals that the practice of open defecation poses serious health risk to the rural peoples of Malda district of West Bengal. It is evident from the study that Diarrhea (Dysentery) is the highest prone disease (36.67 per cent) and Cholera is the lowest diseases (1.00) per cent among the peoples caused by open defecation especially (0-5 years children). The study also provoked that, the major causes of open defecation in the study area are- unwillingness to discontinue the personal habits of open defecation that is 41.67 per cent and attitude of the people like construct a toilet in home brings impurity and unhygienic etc. The Central and state government has enforced many schemes like Swachh Bharat Abhiyan, Nirmal Bangla Abhiyan, Clean India Mission for Open Defecation Free (ODF) but these schemes are fruitful in the study area.

KEYWORDS: Open Defecation, Unhygienic, Human health, Human dignity, Diarrhea, Open Defecation Free (ODF)

INTRODUCTION

Globally, 2.5 billion people do not have access to basic sanitation of which, 1.1 billion still practices open defecation. In our country it is a great challenges how to get 560 million peoples of India to stop the open defecation practices. According to UNICEF, Open defecation refers to the practices whereby go out in fields, bushes, forests, open water bodies or other open spaces rather than using the toilet for defecate. The countries where open defecation are most widely practices are highest numbers of under five child deaths, high level of under nutrition and poverty. The Union Government Socio-Economic Census (2011) reveals that only 30.07 per cent rural household has latrine facilities as against 81.04 per cent urban household. The government launched the Swachh Bharat Mission in the year 2014, which promises 110 Million toilets built in the next five years is an effort to make India as 'Open defecation free country'. The World Health Organization (WHO) declared the year of sanitation. It was here that the term Open defecation was widely populated. The Community Led Total Sanitation (CLTS) progress help spread to all around the globe. In the CLTS concept, a village can be declared Open Defecation Free, if all its villagers use toilets regularly. Most of the illiterate farmers believe that walking up early and defecating in the field, not only adds natural's fertilizers to the soil, but also

rejuvenates the Bowell and mind. As a result of practices open defecation in Badaun district, where two teenagers sister who ventured outside to defecate due to lack of private toilet, were raped and murder, stimulated the masses into anger and dissent. According to National Crime Records Bureau (NCRB) 90 per cent of all rapes in India occur when girls to go outside alone in secluded places to urinate or defecate. **Vachaspati Sukla (2015)** studied that the Census 2011 based information on basic amenities offers an opportunity to assess India's progress towards access to toilet facility. The researchers argued that increase in the number of household without toilet facility decreased along with an increase in number. **Dhanju, K., O, Reilly (2016)** insisted that the numbers of open defecators in India dwarfs that of other states, and most of the peoples were belongings to rural areas. Open defecation is often approached as a problem scaled at this site of the individual, who makes a choice not to build or use a toilet. The authors are suggested that to end open defecation in rural India, to change the individual behavior. **Ashish Gupta, N. Srivastav, etc. (2017)** pointed out that India has far higher open rates other developing regions where people are porter, literacy rates are lower, water is relatively more scarce. The study also reveals that widespread open defecation in rural India is

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an account of beliefs, values and norms about purity, pollution, caste and untouchability that cause people to reject affordable latrines. A recent UNICEF report (2015) says 54 per cent people defecate in the open in India as against just 7 per cent each in Brazil and Bangladesh. Only 6 per cent rural children below five years in India use toilets about 50 per cent of all Indians regularly wash their hands with the soap after contact with excreta. Malda district is one of the backward district and lowest rank in HDI () in West Bengal. According to 2011 census, 86.14 per cent peoples are still lives in rural areas. The practice of open defecation poses serious health risk to the rural peoples of Malda district of West Bengal and this practice is also infringes on human safety and dignity. The villagers are practices open defecation in the fields, gardens, bushes, forest, dry wet land, open bodies water and other open spaces. This activity starts early morning at around 4:30 am when rural peoples leave their house to defecate in open areas and it goes up to 8:00 am with carrying a bottle or Lotta. Open defecation poses a serious threat to the health of children (0-5 years) in the study area. The children go to this practice in barefoot. Even the young teenagers' girls and Women's are feel fear in dark side due to snake bites, wild animals attack and also sexual harassment cases.

Bijoyini and Mohanty (2005), in their paper examine the status and situation of water supply and sanitation in rural and urban areas of Orissa as these two issues are in the domain of the state government. In overall, rural sanitation and drinking water are serious and almost difficult problems in both urban as well as rural areas. Providing access to both these vital utilities for all the people is a real task to both state as well as central governments. To provide sustainable standard of living and decent quality of life for all people in urban as well as rural areas, it is essential to deliver adequate quantity and quality of safe drinking water and extend safe sanitation services. The district wise data on population, water sources, toilet use and shares of funding of receivers in respect of both state and central governments was collected from state statistical abstracts and district reports. **Sekher T.V and Nazrul Islam Md (2006)**, in a pioneering paper on sanitation in India, attempted to explore the importance of sanitation and it's linkage with health status, availability and utilization of sanitation facilities in India, Programmes to improve its coverage and experiences in this direction and highlighting the challenges ahead for India by mainly utilizing all the available secondary data on sanitation. The authors observed a strong inverse correlation between access to urban water and sewerage connection on the one hand, and child mortality, on the other. Thus, increase in the amount of water used and wide coverage of sewerage connection contribute to better hygiene and in the elimination of bacteriological contamination. Diarrhea is significantly less common among children living in households that boil water or use a filter for purification of drinking water than among other children without these facilities. **Nayeem Showkat (2016)** identified in his Article 'Coverage of sanitation issues in India' that Media play very important role in providing information in the society. In his Article he analyse the role of print Media in creating awareness among the India public regarding paramount sanitation issues. The study will use data produced by the different newspapers pertaining to such issues. It is a well-established fact that a good percentage of people in India still have no adequate means of disposing

their waste. Poorly controlled waste also means daily exposure to an unpleasant environment. Despite the presence of grand public sanitation schemes, waste management remains to be one of the major problems faced by the people. Content analysis is proved to be instrumental in analyzing the content of the major Indian English dailies. This study used content analysis to unveil how much importance newspapers have been giving to sanitation problems and hygiene related issues. The findings reveal that newspapers have given an utmost importance to the sanitation policies in India. **Minakshi P. Hazarika (2015)** identified that in Assam there are more than 12 Lakh households do not have access to toilets. Human sewage creates the biggest threat to our rivers, lakes, ponds and the ground water table. It is seen that 80% pollution in Indian rivers is due to excreta and the impact of this on public health is catastrophic. Poor quality drinking water and sanitation is the second largest killer in India, malnutrition being the first. In this paper, an attempt is being made to assess the status of sanitation and its impact on the health of the people in Jorhat. From this study it is revealed that, although much has been achieved a lot still needs to be done to improve the sanitation situation. Moreover, it's the women folk who fetch water for the household and looks after the hygiene and cleanliness of the house. So their education and awareness regarding safe drinking water and clean toilets is very important. Equally important is the awareness regarding the benefits of good health. **Moazzem Hossain and Paul Howard (2014)** have observed that India still faces major encounters to implementing sanitation coverage programme throughout the country. As it is illustrated by both the qualitative and quantitative analyses presented in this paper, the Indian sanitation picture is complex. The regression analysis suggests the following outcome the estimate confirms that population growth has a strong negative impact on sanitation coverage, which is consistent with the generic view. The impact of the income on sanitation was found to be positive and high and it is consistent with the generic view as well. The major aim of this paper is to investigate the achievements and then on-achievements in meeting this important sanitation target of the MDGs in India since 2000 and future prospects to 2015, the terminal year for achieving the MDGs for policy purposes. The investigation of this study supports the view that India as a whole and particularly within certain regions has much to do to provide its people with universal access to sanitation.

Statement of Problems:

Sanitation and Health have been a matter of universal concern in all times of history and have attracted to the attention of the academicians, planners, policy makers and researchers. Sanitation condition directly or indirectly effects upon the quality of life, standard of living and better social well being. The future of the nation lies with its healthy population and the sick population is liability. A healthy and nutritionally well fed population is indispensable for the economic growth and development of nation. The condition of sanitation with regard to open defecation and health status among the rural peoples of Malda District is also very disheartening. According to 2011 census, 86.14 per cent people are still living in rural areas. The peoples are not aware about their proper health consciousness due to illiteracy, poverty unemployment and less per capita income and so on. So the researcher are very much keen interested

to taken up this particular study. The outcomes from this study are very much fruitful to the Policy makers and Ministry of Drinking water and Sanitation, Government of India as well as Government of West Bengal.

Objectives of the Study:

Keeping in the view of aspects of Sanitation conditions and Health status West Bengal in general and Mau district in Particular, following objectives have been taken into consideration:

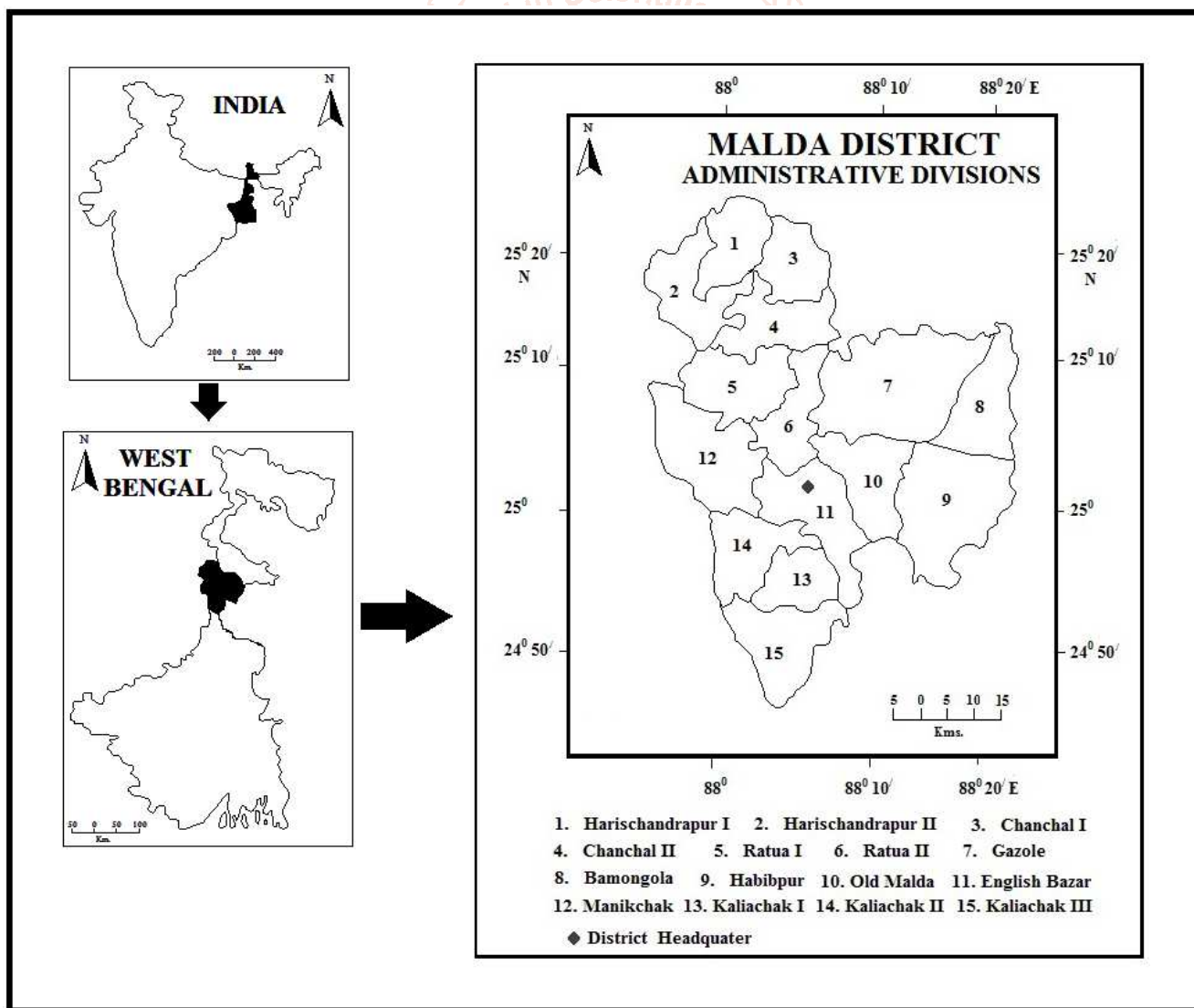
1. To know the major causes of Open defecation in the study area.
2. To know the major diseases of open defecators people in the Study area.
3. To give some valuable suggestion to end such shameless practices in the Study area.

A Geographical Outlook of the Study Area:

Malda is one of the most important districts in West Bengal with regard to pomamculture (Mango cultivation). It lies in North Bengal on lower Indo-Gangetic plain. The latitudinal range of Malda lies between 24°40'20" North and 25°32'08" North, and the longitudinal range is 87°45'50" East and 88°28'10" East. The district covers an area of 3,733.66 square kilometers (1,441.6 sq. miles). To the north it is

surrounded by Uttar Dinajpur district, to the south by Murshidabad district, to the east side it is an international border of Bangladesh and to the west side is the states of Bihar and Jharkhand. The total population of Malda is 3,997,970 (2011 census). The literacy rate is 61 per cent (66 per cent for males and 57 per cent for females). About 86.4 per cent peoples still live in rural area. For administrative purposes Malda district is divided into 15 development blocks. The district headquarter is English Bazar, also known as Malda, which was once the capital of Bengal. Gour, Pandua are most famous historical place in West Bengal. **Rice, Mango, Jute, Oilseeds and silk are the most notable products of the district.** The special variety of mango is produced in this region. The main rivers of the district are- Ganga, Mahananda.

Kaliachak-I community development block is located at 24°48'11"North and 88°01'44 East. Kaliachak-I block has an area of 106.60 sq.km. In Kaliachak-I block there are 15 Gram Panchyat which were comprise of 49 villages. As per 2011 census of India, Kaliachak-I block had a total population of 392,517 of which 269,058 were rural and 123,459 were urban. There were 200,451 males and 192,066 female. The National Highway (N.H.-34) is going through the heart of Kaliachak-I which connect the Kolkata to Siliguri.



Dataset and Research Methodology:

The present work is based on both **primary and secondary** sources of data. Primary data have been collected through

intensive field survey based on well structured questionnaire with regard to objective in mind. For conducting field survey Kaliachak-I block has been selected

and from the Kaliachak-I block 6 Villages (Baliadanga, Mozumpur, Bamongram, ModhuGhat, Khaltipur, Jalalpur) has been selected based on random and stratified sampling techniques. A total 300 Household has been selected. The sample villages has been selected on the basis of certain criteria as given below-

- A. Three villages have been selected near the main road.
- B. Three villages has selected far away from the road.
- C. The villages which having more than 50 per cent of peoples is belonging to Below Poverty Line (BPL).

Table1: Selection of Villages and Respondents Sampling

SI No.	Name of the Villages	Respondents Sampling
1.	Baliadanga	50
2.	Mozumpur	50
3.	Bamongram	50
4.	Modhughat	50
5.	Khaltipur	50
6.	Jalalpur	50
Total Respondents		300

Source: Based on Field Survey, 2018

The Secondary sources of data has been collected from various District Statistical Handbook 2011, Census of India 2011, National Family and Health Survey Report, Various Government offices, Various Government Reports, Magazine, Journal, Articles, Research Papers, News paper etc.

After obtaining the data, for showing the results simple percentage method has been used to show the different aspects of Socio-economic condition especially sanitation and health status, so the study could vividly explain. The map of the study areas has been prepared through Arc GIS 10.1 Software.

Result and Discussion:

Table 2: Numbers of Household having Toilet/ Latrine facility among the sampled respondents

Poses Toilet Facility	Number of Respondents	Percentage
Yes	145	48.33
No	155	51.67
Total	300	100.00

Source: Based on Field Survey, 2018

Table 1 shows that 48.33 per cent of the respondents have toilet facility in their homes, 51.67 per cent of the respondents does not have any kind of toilet facility in their homes they defecate outside which is very much serious threat to their health and social well-being.

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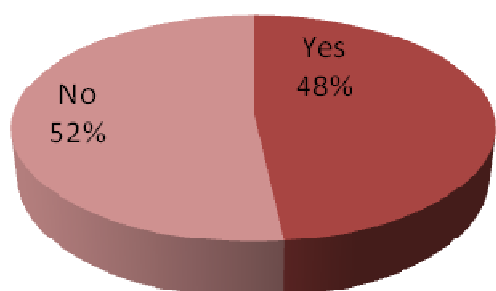


Table 3: Religion wise population among the sampled Respondents

Religion	Number of Respondents	Percentage
Muslim	185	61.67
Hindu	115	28.33
Total Respondents	300	100.00

Source: Based on Field Survey, 2018

Table 3 shows that 61.67 percent of the respondents are Muslim and only 28.33 per cent of the respondents is Hindu.

Religion-wise Respondents

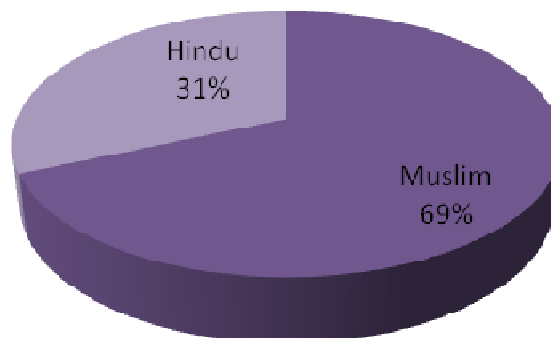


Table 4: Major reason for Open defecation among the sampled respondents

Reasons	Number of Respondents	Percentage
Unwillingness to discontinue the personal habits	125	41.67
Unable to construct toilet due to Poverty	85	28.33
Defecation in open is more natural and healthy	60	20.00
Construct a toilet in home brings impurity and unhygienic	30	10.00
Total	300	100.00

Source: Based on Field Survey, 2018

Table 4 shows that 41.67 per cent of the respondents said that the major reason of such practices in the study area is unwillingness to discontinue the personal habits, 28.53 per cent said that unable to construct toilet due to insufficient money, 20.00 per cent of the respondents perceived that detection in open area is more natural and healthy, rest of them only 10.00 per cent respondents perceived that construct a toilet in home brings impurity and unhygienic in home.

Table 5: Health Status of sampled Respondents

Name of Diseases	Number of Respondents	Percentage
Diarrhea (Dysentery)	110	36.67
Cholera	3	1.00
Typhoid Fever	56	18.66
Hepatitis	25	8.33
Pneumonia	29	9.67
Intestinal worm infection	65	21.67
Encephalitis	12	4.00
Total	300	100.00

Source: Based on Field Survey, 2018

Table 5 shows that 36.76 per cent of the respondents are suffered from diarrhea (dysentary) diseases which is the most fatal deadly diseases and highest percentage, Only 1.00 per cent of the people are suffered Cholera diseases which is water-borne, 18.66 per cent of the people are suffered Typhoid fever which bacteria or parasitic, 8.33 per cent of the of the respondents are suffered pneumonia diseases, 21.67 per cent are suffered from Intestinal worm infection, and rest of 4.00 per cent are suffered from Encephalitis disease.

Major Findings of the Study:

These are-

1. The children's (0-5 years) are mostly affected in the fatal diseases (Diarrhea and intestinal worm infection) due to them practices open defecation in barefoot. The parents of children or neighborhood should stop this unhealthy practice. There is an urgent need to organize a health awareness programme in Kaliachak-I block of Malda district in West Bengal.
2. In Malda district 86.14 per cent peoples are still lives in rural area. According to 2011 Census, the literacy rate (61.73 per cent) is also lowest. The villagers are poses various superstition and traditional practices such as construct a toilet in home brings impurity and unhygienic, most of the peoples are belonging to pure Hindu caste.
3. The State Government enforced Nirmal Bangla Abhiyan (to construct a toilet at subsidies rate) with regard to end open defecation free in the district. But due to unawareness and malpractices among the different government segments and delays of the scheme works, this scheme is not fruitful in the study area.
4. The major causes of open defecation in the study area is unwillingness to discontinue the personal habits of this practices. This clearly suggests that eliminating open defecation is not possible without the change in individual behavior and mindsets.

Suggestion and Policy Implication:

1. The central Government and State Government, District Rural Development Agency should promote the Nirmal Bharat Abhiyan and Balmiki Ambedkar Awas Yojna (to making toilet facility) in the rural areas of Malda district.
2. The state Government should be appoint a brand Ambassador to disclose the open defecation practices to the rural areas of West Bengal.
3. There should be extension services from the health sector to awareness about that open defecation poses serious health risks, which haves a cascading effect on economic well-being of a family in the rural area of Malda district in West Bengal.
4. The Self-Help Group and Accredited Social Health Activist (ASHA) workers should take the responsibility and promote clean India Mission in rural areas to better develop and maintenance.

Conclusion:

Besides Poverty, Hunger and starvation, Open defecation practices are like a curse of New India. There are many campaign and slogan are rises to stop such the shameless practices like in Haryana state the slogan rises '**No Toilet-No Bride**' which urged that women to only marry the men whose home had a toilet facility and drone will be used to

monitor people going out for defecate . Meanwhile in Madhya Pradesh, a law was passed in which anyone who not having a flush toilet facility in their home cannot contest in Panchyat elections. In the Contemporary, Chhattisgarh state announced that those peoples have not toilet facility in their home will be exclude from the government Public Distribution System (PDS) to get the essential food items. In rural India one of the major cause of girls dropout due to lack of separated girls toilet facility in the school. The second time NDA Government Prime Minister Shri Narendra Modi, launched the nationwide Clean India Mission. The Government promises to the 121.01 crore peoples that, **Toilet first-Temples later**. The Ministry of drinking water and Sanitation, Government of India should adopt both short term plan and long term plan for achieving the Open Defecation Free (ODF) country. According to the United Nation Report, (2015) India reduces open defecation by 31 percent. Let us accept it and prepare ourselves to meet the future challenges.

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