

The Puzzle Of Open Defecation In India: A Different Perspective

Sunil Sarbhanga¹, Dolagobinda Kumbhar²

¹Lecturer in Economics, Boudh Panchayat College (HOD) & Research Scholar, Department of Economics, Sambalpur University, Jyoti Vihar, Odisha, India.

² Research Scholar, Department of Economics, Sambalpur University, Jyoti Vihar, Odisha, India.

Abstract: This article discuss the Open defecation is one of the main reasons, why the infant of rural India are more likely to die and stunted. It is not only adversely affect the children health but also going to affect the human capital in recent future in terms of low productivity, and which lead to 'vicious circle of poverty' through market failure. It is again a prestige issue for more particularly women. Most of the times during going to relax in the morning or evening, women are more likely to be sexually assaulted as compared to their counterpart male. Thus more precisely open defecation is adversely affecting the Health, Wealth and Dignity of the nation. Hence, it is demonstrated that the high open defecation is not the by-product of the high poverty rate, lack of education, lack of water, lack of access to toilet and poor governance; rather it is a direct consequence of the social exclusion on the line of caste. Therefore for the solution of the open defecation, the researchers and policymaker should focus more on caste puzzle than other factors

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I. INTRODUCTION:

Open Defecation is the human practise of defecating outside in the open like the field, bushes, forest, orchard, roadside, riverbank to squat down (Coffey et.al. 2017). According to the joint report of World Health Organisation (WHO) and United Nation Children's Fund (UNICEF) 2015, around 13 per cent of the world's population defecate in open and the rest 87 per cent use some sort of latrine or toilet, for instance, it may be a simple hole in the ground that is covered-up and re-dug every few weeks or a flush toilet connected to a sewer system or a septic tank (Coffey et.al. 2014). Many developing countries are still practising open defecation and India plays dominant roles in this field. The national measurement of open defecation in India, 2011 proved that 53 per cent of the Indian household had no toilet or latrine facilities and did not use the public toilet. The figure was much higher for the rural households than urban households i.e. 70 per cent and 13 per cent respectively lack the latrine or toilet facilities. When we talk about the open defecation then the data says that it is around 89 per cent in the village(Ghosh 2017).

Open defecation in India is high as compared to other developing countries of the world. Indeed the persistence of high open defecation in India along with high economic development is a surprising thing. According to Coffey and Spears (2017),

"World Bank estimates that the gross national income per capita of India was growing at an average of 8 per cent per year in the last decade. The income growth in India over the same period was 46 per cent faster than Sub-Saharan Africa and 53 per cent faster than the rest of the World. However, during this period the fraction of the population using toilet or latrine in India fell further behind the rest of the developing countries. Many people in Sub-Saharan Africa and another part of Asia who are far poorer than the average rural Indian nevertheless use a toilet or latrine. According to the 2012 UNICEF and WHO, Joint Monitoring Report only a quarter of households in sub-Saharan Africa defecates in the open. Even in some very poor African countries such as Uganda and the Democratic Republic of Congo, open defecation rates are less than 10 per cent. In South Asian country countries other than India, only 12 per cent of households defecate in open. In contrast to India, China has all but eliminated open defecation. India's share of the World's remaining open defecation is growing each year. In 1990 about half of the people in the world who defecate in open live in India. By 2012 India accounted for 60 per cent of open defecation"(Coffey & Spears, 2017 p.10).

The rate of decline in open defecation in India during the last decade (i.e. 2001 to 2011) had been very slow, only 1 percentage point per year both urban and rural India (Coffey and Spears 2016).

II. CAUSES OF OPEN DEFECTION:

The great challenges of Open defecation are too high in rural India? many researchers and policymakers have found great problems with open defecation which is highly polluted our environment. There are many factors which are highly responsible for open defecation in rural India such as high poverty, lack of education (Illiteracy), lack of water facilities, lack of access to a latrine and poor governance of the state. Lets analysis each point separately for better understanding.

1. **Poverty and Open defecation:** It is a general assumption that the high open defecation in rural India is due to poverty because people are very poor to afford a latrine. However, of the 55 countries of the world with less GDP per capita than India, 46 countries (around 84 per cent of the countries) have a smaller fraction of the population who defecate in open than that of India. But it is believed that the GDP per capita is not a good measurement of a poor family in an extremely in-equal county like India. therefore instead of GDP per capita, we can use the World Bank poverty line, then we can find 21 countries have a higher fraction of the population who are poor than India, 19 of these 21 countries (almost 90 per cent of the countries) have a smaller fraction of the population who defecate in open as compared to India. If we look upon the poorest people in India and Bangladesh for a simple comparison, then in 2006, 52 per cent of Bangladeshi households had a dirt floor and no electricity whereas in 2005 (one year before) India had only 21 per cent of households in the same condition. Yet with such condition, Bangladesh had only 28% of open defecation but in India, 84% of those households defecate in open (Coffey & Spears, 2017). If poorer people of Bangladesh and other developing countries can afford latrine, then the people of India can also afford, but the reality is different.

2. **Lack of Education or Illiteracy:** It is also believed that lack of education is another factor which leads to high open defecation in India. But as per the international data 28 countries have the lowest adult literacy rate than India, 23 countries out of them have lowest open defecation rate than India. In another word, 82 per cent of the countries with worse literacy rate than in India have batter open defecation outcome. As per the Human Development survey, 2012 data, the open defecation among the people who have a bachelor degree or more was 32 per cent and 51 per cent of rural households defecates in open where the highest educated adult completed at least secondary school. Whereas in Bangladesh only 4 per cent of rural household whose adult education is a secondary school and one per cent with beyond secondary school defecate in open (Coffey & Spears, 2017). Thus the lack of education is not the proper explanation of high open defecation in India.

3. **Lack of water facilities:** We must often come across the argument of the shortage of water in rural India. It is found that improving the access to water and sanitation for all sections of society has been a developmental strategy in recent decades in India and the same has been juxtaposed with advocacy for water and sanitation to be recognised as the legal human rights (Shreyaskar 2016). Some argued that rural people would have to use latrine if they have a sufficient amount of water to flush latrine and clean them. But I do not think water is the sole culprit. If this is so then the problem perhaps much easier to solve. According to WHO and UNICEF (2015), joint monitoring project on water and sanitation reveals that 90 per cent of rural Indians have access to an improved water source in the form of pipe water, public tank, hand-pump, tube-well and dug-well. As compared to Sub-Saharan Africa 49 per cent (less than half) of people have access to an improved source of water and only 35 per cent of people defecate in open. Thus the lack of water is indeed a fake argument because water is simply less scarce in India than another country with better sanitation (Coffey & Spears, 2017).

4. **Lack of Access to latrine:** Some people claim that due to the lack of access to latrine rural Indian defecates in open. If they have latrine they must use it. Here having a latrine is undoubtedly owning a latrine. The number of households lacking toilet facility increased from 122 million households in 2001 to 131 million, For the rural sector, it increased from 108 million in 2001 to 116 million in 2011 (Shukla 2016). But as per my understanding compared to Bangladesh, Pakistan and African country India's per capita GDP is quite high and hence almost all the household in India could choose to buy or make a latrine like most of the poorest people in Bangladesh and Africa use or they can choose something batter also (Coffey & Spears, 2017). Thus access or owning it not the solution and we still remain unexplained of our problem of open defecation

5. **Poor governance of the State:** Often people say that high open defecation is due to the poor governance of the state. I am completely not in support of their statement; yes it is believed that governance in India is not good but is it worse than the governance of Afghanistan, the Demographic Republic of Congo, Haiti, Liberia, Myanmar, Pakistan and Sierra Leone? Each of these countries has a smaller fraction of open defecation. Let me drag you to the internal governance of India, the good governance states like Gujarat and Tamil Nadu has rural open defecation rate according to 2011 census of 67 per cent and 78.8 per cent respectively, which is not far from the poor governance states like Uttar Pradesh and Bihar i.e. 78.2 per cent and 82.4 per cent respectively (Coffey & Spears 2017). Thus poor governance is not the solution and we are still left without explanation.

Here the primary question we are trying to answer is why open defecation so much high in rural India as compared to other developing countries. We have seen that the above explanation fails to solve the puzzle of

open defecation in India. Therefore let me bring you to the other explanation which might be a solution to this puzzle i.e. caste system.

6. **Caste System:** Caste is indeed a complicated topic, and which will not discuss in details, rather it will be used to explain open defecation in India. The caste system is based on the concept of pollution and purity. It has the three stages, such as pure, partial pure and impure (we can say it in a reverse manner, like not polluted, partially polluted and fully polluted). Caste divides the people and ranks them according to their respective position in the social hierarchy of caste. This division is believed to be the social rank of their respective work. This paper would like to sketch the shadow of such a picture to explain open defecation. Like the division of work, every single thing also divided by the Indian people according to the idea of pollution and purity. This stereotype idea can create three social chains, which are as follow

- a. The first social chain is that pure work (worship and ruling and trading), pure people (Brahmin, Kshatriya and Baisya) and pure place (Temple, Kingdom and Business houses).
- b. The second social chain is less pure work (like farming, the work of Dhobi, Barber etc). Less pure people (Farmer, Dhobi, Barber etc.) and less pure places (other places expect the places mentioned in the first chain and third chain)
- c. The third or the last but not the least social chain, impure work (scavenging, manual cleaning of manholes etc), impure people (Broadly speaking the depressed class of the Indian society), impure places (their residence).

Now having the idea of above three social chains, we can divide people into three broad groups like touchable, semi touchable and untouchable. But to understand the open defecation we can simply divide these into two categories like touchable and untouchables (semi-touchable can simply be ignored). The untouchable can do the menial work and their work is impure so they also become impure. Basically, the untouchables are (more specifically one sub-caste among the untouchables) are dealing with human waste. Though the human waste is physically and ritually impure most of the Indian is not interested to store that in the pit or septic tank of the latrine, which is built in the home. How can they do so, as they worship God and goddess in the home? Again if they are motivated to have a toilet they do not use it, having a stereotype believe that if they use it will be filled up and to clean that pit they need the help of untouchables. Therefore they simply tried to avoid the risk of being contaminated with untouchables.

Thus none of the above points explains open defecation except for the caste system. Due to the idea of pollution and purity, the rural Indian prefers to go to the field to relax without knowing the consequences of it. In the next section, I will be dealing with the consequences of open defecation.

III. CONSEQUENCES OF OPEN DEFECATION:

As per the open defecation is concerned, it has broadly affected the three sectors like health (stunting and starvation of the rural children), wealth (income of the labour forces) and dignity (safety and dignity of the rural women) of the Indian people.

1. **Health and open defecation:** It is very easy to relate open defecation with health. Everybody believes that the open defecation causes some sort of health problem but they do not exactly predict the health problem. Let me precise the health problem for better understanding. Health means here infant mortality and growth of the child (average height as compared to age). Infant mortality refers to the death of the children, specifically those less than one year of age. It is measured by the Infant Mortality Rate (IMR), which is the numbers of children dying under one year of age per 1000 live birth. The under-five mortality is also an important indicator, which takes into account the death of the children per 1000 live birth under the age of five years. Indeed it is very difficult to relate the infant mortality with open defecation. Open defecation is particularly harmful where population density is high (Chambers & Chambers, 2013). India's widespread open defecation and high population density constitute a double threat, and for which I would like to use the work of Mike and Dean which is quoted in Coffey and Spear (2017), they have said that open defecation is more deadly where population density is very high and estimate with certainty that over 2 lacks children under five die each year only due to open defecation, which is really a bigger number than the numbers of American of all age. More than five million children may die before open defecation is eliminated from India if the decline continues at the present rate (Coffey & Spears 2017).

In the introduction it is already mentioned that the children in India are stunted, their heights are shorter as compare to the age. But the question arises why? To answer this question we might often skip our responsibility by saying that, height is a genetic factor. Stunting is associated with the high rate of open defecation, Coffey and Spears (2017) have proved that most of the rural Indian children are stunted due to open defecation by taking the help of "germs theory of disease". The most saviour consequence is diarrhoea. In fact, it is a short-term disease mainly spread by faecal germs.88% of diarrhoeal disease is attributed to unsafe water supply, inadequate sanitation and hygiene (WHO 2004). Every day about 2000 children aged less than five succumbs to diarrhoea and every 40 seconds a life is lost (Ambesh and Ambesh 2016). When a person or more

particularly a child is affected repeatedly by diarrhoea, his/her body does not absorb the nutrition from the food for the growth of the body and that child become weak and stunted. Though the height of the children is a genetic problem, we cannot ignore the germs theory of disease in the case of India where open defecation so high.

2. Degradation of human capital: In the contemporary world, economics cannot limit its scope to the study of only price and money. It has sharply spread its wings to the non-monetary sectors like health and education. Health and education are two variables which have much more to do with “human capital”. It is directly related to the economic growth of the nation through an increase in productivity (Fraumeni 2012). Indeed the human capital means the labour forces and the quality or productivity of the labour forces fully depend on the two factors i.e. health and education. This paper can focus more on the health issues and assumed the education to be constant for the development of the human capital. In fact, sound health creates labour mentally and physically strong and ultimately productivity may get enhanced. On the contrary weak labours produce less and get low wage also. It has two consequences from the economic point of view. The first one is low productivity in an economy can produce less and ultimately supply get reduced in the market, on the other hand, the second point is that if the labour is getting low wages, that means income in the economy reduces and ultimately low income leads to low demand. Thus it is clear that open defecation creates health problem and that problem trapped the economy into the vicious circle of poverty (both from the supply and demand side). And the economic growth of the nation may become paralysed in this due process.

3. Safety and Dignity of the Women: while talking about the safety and dignity of the women, suddenly I recall the movie “Toilet- Ek Prem Katha” produced by Arun Bhatia and his co-producers. That movie successfully presents the dignity of the women with related to the open defecation but did not talk about the safety of the women. I am not criticising the movie here rather trying to make our argument strong with reference to that movie. Women appear to swallow the impact as they are mostly molested and sexually assaulted when they step out of their homes early in the morning to relieve themselves (Sharma 2016). As per the UNICEF report cited by Sharma (2016), 50% of the rape cases which take place when women defecate in the open. Many other studies have shown that women who do not have access to proper toilets at home are more vulnerable to the sexual victim at a time when they are travelling to and from public washrooms and open fields. Thus due to open defecation women are suffering more than their counterpart male.

IV. REMEDIES OF OPEN DEFECATION (POLICY IMPLICATION):

Having the idea of all aforesaid consequences, we must step out to solve the open defecation problem. The policymaker and the bureaucrats are always trying to root out this problem through implementing the various programme, such as the Central Rural Sanitation Program (CRSP) was launched in 1986, “primarily to improve the quality of life of the rural people and also to provide privacy and dignity to women.” In 1999, the central government restructured and rebranded CRSP as the Total Sanitation Campaign (TSC). The TSC intended to place greater emphasis on changing behaviour and generating demand for toilets. In 2012, the TSC was replaced by the Nirmal Bharat Abhiyan (NBA) with the new goal of providing access to improved sanitation facilities for all rural households by 2022 and enabling all villages to reach ODF (Open Defecation Free) status. In October 2014 the TSC renamed with Swachh Bharat Abhiyan (SBA) or “Clean India Mission.” SBA spans a range of actors and government levels and is comprised of two sub-missions geared towards rural (SBA Gramin or SBAG) and urban (SBAU) efforts (Alexander et al. 2016). Presently Swachh Bharat Abhiyan is working to tackle with open defecation. Despite having all the above-mentioned programme to reduce the number of households without having toilet facilities surprisingly, its number is getting increases subsequently.

V. CONCLUSION AND POLICY RECOMMENDATION:

It is found that none of the above programmes did mention the real problem of the open defecation and hence, India is yet to achieve the open defecation free status. Thus it is concluded that open defecation is the by-product of the caste system (the idea of pollution and purity). Therefore, it can be suggested that to solve the open defecation puzzle, first, we need to understand the real problem (the idea of pollution and purity) of the open defecation and then we can root-out that. If it is root-out, then our children may not be stunted and malnourished, having sound health and mind, in future, they will be entered into the labour market with high productivity and efficiency. Thus, both the supply and demand in the market increases. Slowly, but definitely, the Indian economy may retrieve from the ‘vicious circle of poverty’ and hence, can achieve high economic development. And last but not the least, safety and dignity of the women may be restored.

Therefore the following points are recommendations for the policy modification or for the new policy to fight against open defecation.

- The government should adopt stringent measure against open defecation., like the carrot and stick policy for performance evaluation (reward and punishment) should be used by the government effectively

- There should be an open discussion about the caste, culture and choice so that people will be motivated to understand their stereotype idea of pollution and purity.
- Present strategy to tackle with open defecation should be modified or the new strategy should be implemented by putting special focus on the “Caste”.
- The separate public toilet should be provided to the people of different caste (as we can find residential segregation on the line of caste in India) so that they can be responsible for that one.

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