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ANALYSIS OF VARIOUS
BARRIERS REGARDING
CONSTRUCTION AND USE OF
TOILET



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REPORT

ON

ANALYSIS OF VARIOUS BARRIERS REGARDING CONSTRUCTION AND USE OF TOILETS: WITH SPECIAL REFERENCE TO JEHANABAD DISTRICT OF BIHAR

Under

BIHAR RURAL LIVELIHOOD PROMOTION SOCIETY, PATNA

For the Summer Internship Program

Of Post-Graduate Diploma in Rural Management

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FOREWORD

Use of Toilet is an important aspect of personal hygiene and sanitation as it impacts the overall health and well-being of an individual. The practice of open defecation affects the health status of a human being. Moreover, it affects the dignity and privacy of women.

It is evident from the previous research that very less number of Indian households has access to household latrines. Also, there are many barriers which prevent individuals from use of toilet in spite of having toilet.

The practice of open-defecation is widespread in India. It poses a critical health hazard to millions of people. The Mission to make India Open defecation free has been enshrined in the Government's "Swacchh Bharat Mission". Indian government strives to make India open defecation free by 2nd October, 2019 on the 150th birth anniversary of father of nation, Mahatma Gandhi.

BRLPS works towards social and economic empowerment of poor by providing sustainable livelihood opportunities through self-managed community based institutions. Good health ensures better work productivity thus improving economic conditions of rural poor. Proper sanitation facilities are important component for better health. Considering the fact that better sanitation facilities improve economic status, BRLPS plans to construct toilets in the rural households to increase the access of rural people to toilets. Moreover, it will implement the strategies for behavioral change related to various myths and beliefs regarding use of toilet.

I expect that this report on "various barriers regarding construction and use of toilet" would be helpful to BRLPS in effective implementation of the strategies to make the rural villages of Bihar Open Defecation Free (ODF).

RAJA KUMAR SAHU

Acknowledgement

It is a matter of Great Pleasure for me in submitting the project report on “**VARIOUS BARRIERS REGARDING CONSTRUCTION AND USE OF TOILET**” for the fulfilment of the requirement of my course from **Xavier Institute of Social Service (XISS), Ranchi**.

I am thankful and owe a deep gratitude to all those who have helped me in preparing this report. Words seem to be inadequate to express my sincere thanks to **MR.APOLENARIUS PURTY**(SPM,HEALTH AND NUTRITION), **MR. BAIJNATH PASWAN** (YP,HEALTH AND NUTRITION),**MR. MANISH KUMAR**(D.P.M,JEHANABAD) and **MR.RAKESH ROSHAN** (B.P.M,HULASGANJ) for his valuable guidance, constructive criticism, untiring efforts and immense encouragement during the entire course of the study due to which my efforts have been rewarded.

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I am highly obliged to those who had helped me to procure primary data to complete my project. Also not to be forgotten **Mr. Sant K. Prasad** (SIP Coordinator) and **Mr. SANJAY Kr. VERMA** (Faculty, XISS) who contributed their ideas and suggestions.

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I want to thank all who have supported me and gave their timely guidance. Last but not least I am very grateful to all those who helped me in one-way or the other way at every Stage of my work.

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ABBREVIATIONS

TSC- TOTAL SANITATION CAMPAIGN

ODF-OPEN DEFECATION FREE

BCC-BEHAVIORAL CHANGE COMMUNICATION

SBM-SWACCH BHARAT MISSION

CLTS-COMMUNITY LED TOTAL SANITATION

CBO-COMMUNITY BASED ORGANIZATION

SHG-SELF HELP GROUP

VO-VILLAGE ORGANIZATION

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ABSTRACT

Despite strong emphasis of government to make India open Defecation free by 2019, open defecation is widespread in India. It is equally widespread in the state of Bihar. It is known that good health has strong impact on the overall productivity of an individual. It is also known that good sanitation and hygiene conditions are prerequisites for good health. People are not changing their habits and behaviors for healthy sanitation practices.

Despite repeated efforts of government to change the behaviors of people regarding construction and use of toilet, people are not changing their habits. I present evidence from the survey data collected from the rural households of Hulasganj Block from Jehanabad district of Bihar. More than 70% of people interview told that they do not have enough money for constructing toilet because more than 75% of the peoples think that constructing a toilet require anything between 20, 000-40,000 rupees. They do not have the idea about the low cost toilets, which they could have easily afforded and used. Also there is wide belief among people that low cost twin pits toilet constructed by government are of inferior quality.

Families having working toilet inside home also had at least a member who defecates in the open. There are many false beliefs among peoples for defecating in the open. They consider that open defecation improves their health as they get fresh air. Female believe that using household toilet causes headache and sickness.

Many believed that that household toilet require more water, therefore it's better to defecate in the open. Male member consider household toilet are for females only.

These findings suggest that stakeholders need to intensify the Behavior change communication strategies to nullify the widespread false beliefs among people regarding toilet use.

1.INTRODUCTION

1.1 Concept:

Health, sanitation and hygiene are important factors for socio-economic development of a community. Good health and sanitation practices reduces the risk of acquiring diseases, thus saves individuals from monetary expenditures. Good health also ensures better work productivity which in turn improves household's economy. Poor sanitation and unhygienic conditions are the key causes of poor health, diseases and mortality, especially among children. The effects of poor sanitation permeate into every aspect of life; economic, health, education, nutrition, dignity and empowerment, stemming into an unending cycle of poverty and deprivation.

The four critical sanitation and hygiene behaviors include: Construction and use of toilets; safe disposal of child feces; hand washing with soap and after handling child feces; safe storage and handling of drinking water. These factors become much more critical in context with the developing countries where child mortality, premature death, malnutrition, underweight and stunted growth of child are area of serious concern. In India, the figures related to all these factors of human development are daunting.

Use of toilet is one very important aspect related to good health. But in-house use of toilet is very low in India. Most of people and particularly in rural India go out in the open for defecation. This causes a lot of serious health hazards. On a daily basis women risk shame, diseases and threats of social violence. More than half of the 1.2 billion populations in India live without toilets. A report titled 'It's No Joke – State of the World's Toilets' by Water Aid states that "If all 774 million people in India waiting for household toilets were made to stand in a line, the queue would stretch from Earth to the moon and beyond." According to the study released on the occasion of World Toilet Day, the world's second most populous nation has 60.4 per cent of its people without access to safe and private toilets. Diarrhea which is one of the most common diseases related to poor sanitation practices kills more than 140,000 children in India under age five.

Sanitation programs in India have historically focused on toilet construction instead of creating demand among the communities for improving sanitation and hygiene practices. The Total sanitation campaign strongly advocated community-based, demand-led approaches. However, the progress measurement relied on

counting households toilets constructed. Most Indian states, including Bihar therefore never strengthened their capacities for demand creation. As a result, a substantial proportion of toilets constructed under the TSC remained unused. According to Census 2011, more than 81% rural households practice open defecation 1% uses public toilets while only 18% has toilets inside households.

There are many social, economic, cultural as well as psychological barriers which keeps community members far from the use of household toilets. There are many gaps in the strategies adopted by Government and other stakeholders to create awareness among community members regarding construction and use of toilets. Behavioral change is one of the important aspects which can affect the state of use of toilets.

Most of the previous programs related to make communities open defecation free failed because government focused more on the developing the infrastructure i.e construction of community and individual community toilets without creating a demand for toilets. Since there was no intact policy for Behavioral change among the community members, they preferred going out in the open for defecation in spite of having access to toilets inside home. Therefore developing behavioral change communication strategy is much needed for creating demand of toilets and related desirable change in the community people regarding various health and sanitation practices.

Behavioral change communication involves awareness building, dissemination of knowledge regarding various practices of sanitation at individual and community level. Change in behavior is a critical issue to overcome. Peer pressure of the fellow community members can help in changing the rigid social norms prevalent in the community. For this Interpersonal communication and use different mass media tools would be helpful to generate awareness.

BCC is the comprehensive process in which one passes through the stages:

Unaware > Aware > Concerned > Knowledgeable > Motivated to change > Practicing trial behavior change > Sustained behavior change

It involves the following steps:

1. State program goals
2. Involve stakeholders
3. Identify target populations
4. Conduct formative BCC assessments
5. Segment target populations
6. Define behavior change objectives
7. Define BCC strategy & monitoring and evaluation plan
8. Develop communication products
9. Pretest
10. Implement and monitor
11. Evaluate
12. Analyze feedback and revise

The required behavioral change for making a community open defecation free involves these four critical issues:

1. Ending open defecation
2. Building and use of toilets including cleaning (pan and floor area)
3. The safe disposal of child feces
4. Hand washing with soap and water after defecation, before preparation of food and after handling child feces.

1.2 Statement of the problem

Healthy sanitation and hygiene practices are very much related to the overall well-being of an individual. Use of toilets is an important component of personal as well as community health. Various social, economic, cultural and psychological barriers prevents individual from using toilets. The research identifies these various barriers and come out with information's which would be helpful in designing various tools to increase the demand generation regarding

construction, use and maintenance of toilets (pit cleaning and composting of human waste) .

1.3 Objective of Study:

- ✓ To study and examine the existing state of sanitation particularly use of toilets.
- ✓ To analyze the behaviors of individuals, community pertaining constructions and use of toilets.
- ✓ To understand the opinions and views of community members about various difficulties regarding access and use of toilets.
- ✓ Suggest various strategies for demand creation of construction and use of toilets.

1.4 Purpose and significance of the Research

The research analyses the various factors which prevent rural households from construction and use of toilets. The research finds the various social norms attached to use of toilet. The findings would be helpful in designing the various behavioral change communications strategies in order to push the demand generation regarding construction and use of toilets. This would also help in improving various health indicators of the rural poor in Bihar.

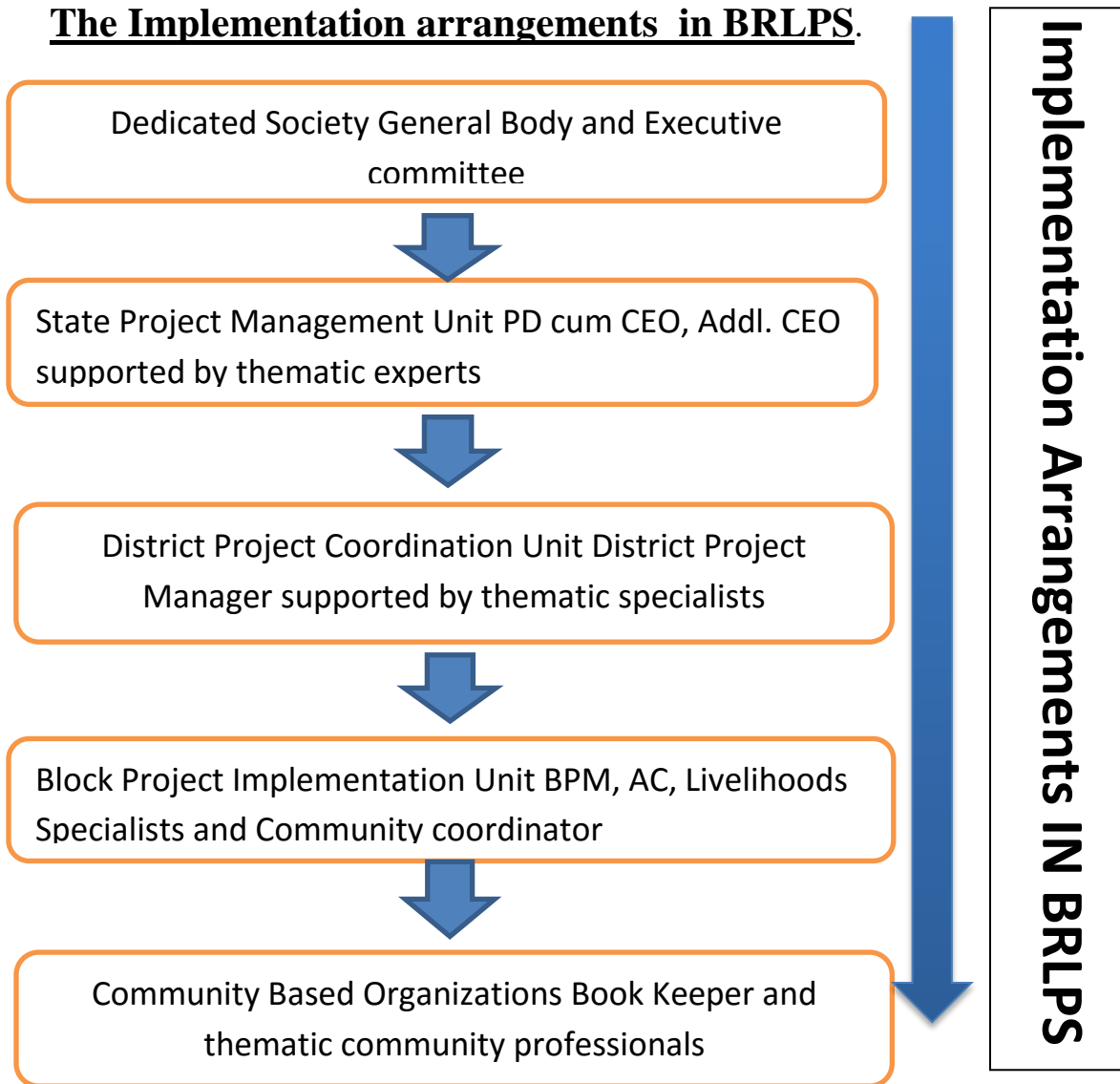
1.5 About the Organization

Bihar Rural Livelihood Promotion Society, BRLPS was established in the year 2005 by Government of Bihar. It is popularly known as JEEViKA with aim to enhance rural poverty. JEEVIKA works as the implementation agency for State Rural Livelihood Promotion (SRLM). JEEViKA promotes rural livelihoods and enhances social and economic empowerment of the poor, particularly women. The project has been making significant strides in supporting and nurturing institutions of the poor, its federations and their livelihoods. In April 2011, JEEViKA was designated by Government of Bihar as State Rural

Livelihoods Mission to roll out National Rural Livelihoods Mission in entire state. JEEViKA has up scaled its interventions in 533 blocks across 38 districts in February, 2014. The organization aims to mobilize 1.5 crore rural poor households into 11 lakh SHGs, 65000 village organizations (VOs) and 1600 cluster level federations (CLFs).

Through SHGs, JEEVika not only mobilizes women for becoming financially independent, but also disseminates various healthy practices regarding health, sanitation and nutrition. Behavior change communication is one important step towards this intervention. Change of behavior is one important issue which needs attention for overall improvement in the health indicator.

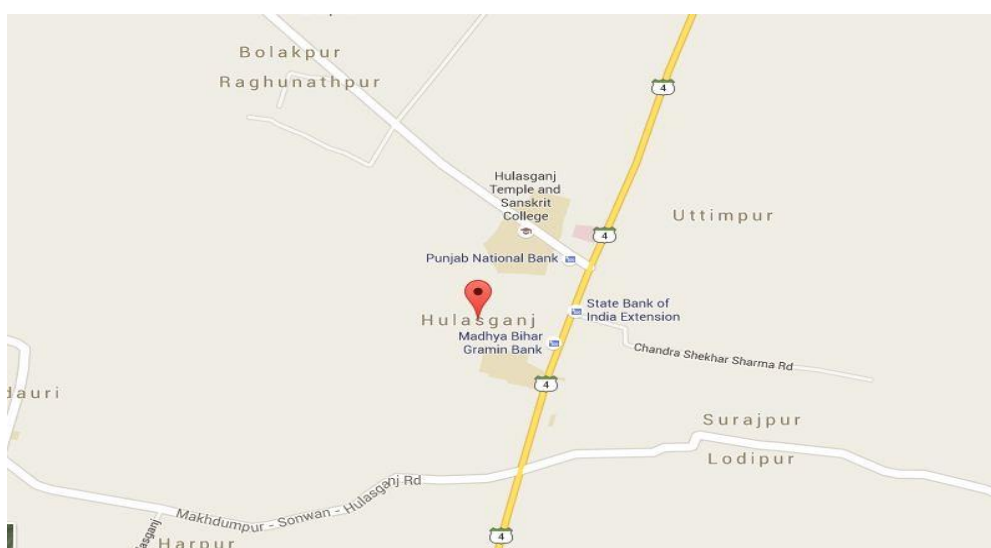
The Implementation arrangements in BRLPS.



2. Area of Study and Methodology

2.1 Geographical location of the Region

Hulasganj is one of the seven blocks in Jehanabad district of Bihar state, India. The block is situated 20 km east from the district Jehanabad. The place is well connected with Gaya and Patna through road network. This place is famous for its Sanskrit School all over India. Students from all over India come here to get Sanskrit education. There are nine panchayats under Hulasganj block. These are Bauri, Chiri, Dawthoo, Keur, Khudawari, Kokarsha, Murgaon, Surajpur and Tirra.



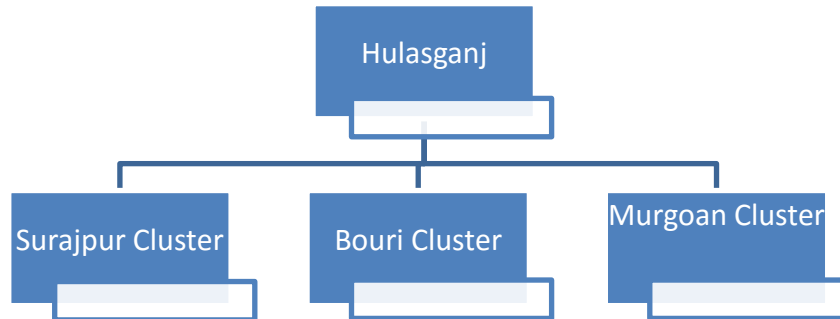
2.2 Demographic profile of the region

According to 2011 Census Data, Hulasganj Block has a total population of 94777. Out of which 49611 are male and 45166 are female.

2.3 Selection of the Study Area

Hulasganj block of Jehanabad district is the area of intervention of BRLPS to make Open Defecation Free (ODF). BRLPS selected few blocks of Jehanabad district for making them Open defecation free (ODF). Hulasganj was the block where maximum number of toilet was constructed and hence it is the selected for the study area. BRLPS constructed total 180 household toilets in various villages of Hulasganj block. After construction of toilets, organization found that people are

not using these toilets because of various reasons. Hulasganj block was selected as a study area in order to find the barriers which prevent individuals from using toilets. For ease of work and administration, Hulasganj is divided into three clusters, namely Surajpur Cluster, Bouri cluster and Murgaoan cluster. Almost all the toilets constructed were in villages of surajpur cluster.



Clusters under Hulasganj Block.

2.4 Research Design

The research is based upon the study of various behaviors and compulsions which restrict rural household from construction and use of toilets, the research is exploratory research. It is also a non-experimental research as it tries to find out the causes which hinder rural community from usage of toilets. Also the research is meant for academic purpose, it is a Cross-Sectional research.

2.5 Sampling:

The universe of the study is the total households of the Hulasganj Block. Being one of the most populous states in India, it was nearly impossible to survey every household. Therefore, stratified random sampling is used to interview the respondents. The different group of community based on gender, age and economic group was studied. Since BRLPS constructed 180 toilets approximately 8 months prior to this research and deployed Community Resource Person(CRPs) who work towards changing of behaviors regarding use of toilet. Therefore it was nearly impossible to take interview and find out the reasons from the respondents as why they are not using the toilet. Community members feared that action would be taken against them if they will reveal that they are not using the toilet. Therefore

case study method is used to find the various reasons of not using toilet. Around 60 respondents were interviewed both formally and informally.

2.6 Sources of Data:

Members of different households were the source of primary data. The study used both primary and secondary sources of data. Primary data was collected through the use of in-depth interview. That is both Semi-structured and personal interviews will be employed. The interview schedule constituted the primary source. Relevant books, journals, news items, newspaper articles and information from the internet served as the secondary data. The primary data collected using questionnaire will be tabulated.

The data obtained were first sorted and edited. The data was described and analyzed according to the responses from the various categories of the respondents. A simple describe statistical measures such as frequencies was employed. In addition graphs and tables were used for the description of the responses. Office orders and policies of BRLPS regarding Health and Sanitation are secondary data for this research.

2.7 Methods of data collection:

In order to know the present behavior related to use of toilets in different households, onsite Inference was used to analyze the behavior. As the respondents for the primary data were mostly illiterate, so interview was used to get their views. Focused Group discussion was conducted among the SHGs to know their views regarding the issue. Case Study was recorded manually from different age groups to find the various reasons of not using toilet in spite of having access to toilet.

2.8 Tools of Data Collection:

For Inference pen and notepad was used to note down the important facts. Interview schedule was used to get data from various community members regarding their socio-economic conditions and various issues regarding

construction and use of toilets. Checklist was prepared in order to conduct Focused group discussion (FGD). Case study was noted down after talking to respondent.

2.9 Data analysis and Interpretation:

The study used both primary and secondary sources of data. Primary data was collected through the use of in-depth interview. That is both Semi-structured and personal interviews was employed. The interview schedule constituted the primary source. Relevant books, journals, news items, newspaper articles and information from the internet served as the secondary data .The primary data collected using questionnaire is tabulated.

The data obtained were first sorted and edited. The data was described and analyses according to the responses from the various categories of the respondents. A simple describe statistical measures such as frequencies was employed. In addition graphs and tables were used for the description of the responses.

For analysis of Data various tables are used. Graphs and diagrams would be used to represent the various outcomes.

2.10 Encounters and Experience in the field

Use of toilet is a matter of personal as well as community hygiene. Although people with whom I interacted to get the data were aware that open defecation is a reason for many diseases, many were not ready to talk on the issue, especially women and adolescent girls. There is social barrier in Bihar that women cannot talk to strangers. It was difficult to get data from the women respondents.

Self-help groups promoted by JEEViKA for empowerment of rural women has given a confidence to them to voice their thought and come out from the social barriers for their betterment. These SHGs were much of help as views regarding

use of toilet was drawn during their meetings with the help of Focused Group Discussions.

Some of respondents were so adamant that they were not ready to accept the fact that Open defecation causes diseases. They were endlessly arguing in support of open defecation. It was difficult to get the views on why people are defecating outside in spite of having working toilet inside home. No one was ready to agree that they were going outside because they knew it shameful act but at the same time they were stupidity going for open defecation, while they could have easily used the household toilet.

3.Situation analysis: Barriers regarding construction of toilet

According to Census 2011, 81 % percent of the rural households practice open defecation. As per SBM progress report 42.77 % of the households have been provided with house latrines. There are many constraints which restricts people from construction of toilet. These constraints are non-availability of sufficient money and land, whereas a good number of people considered construction of toilet as government's responsibility.

Reason for not having toilet at their home.

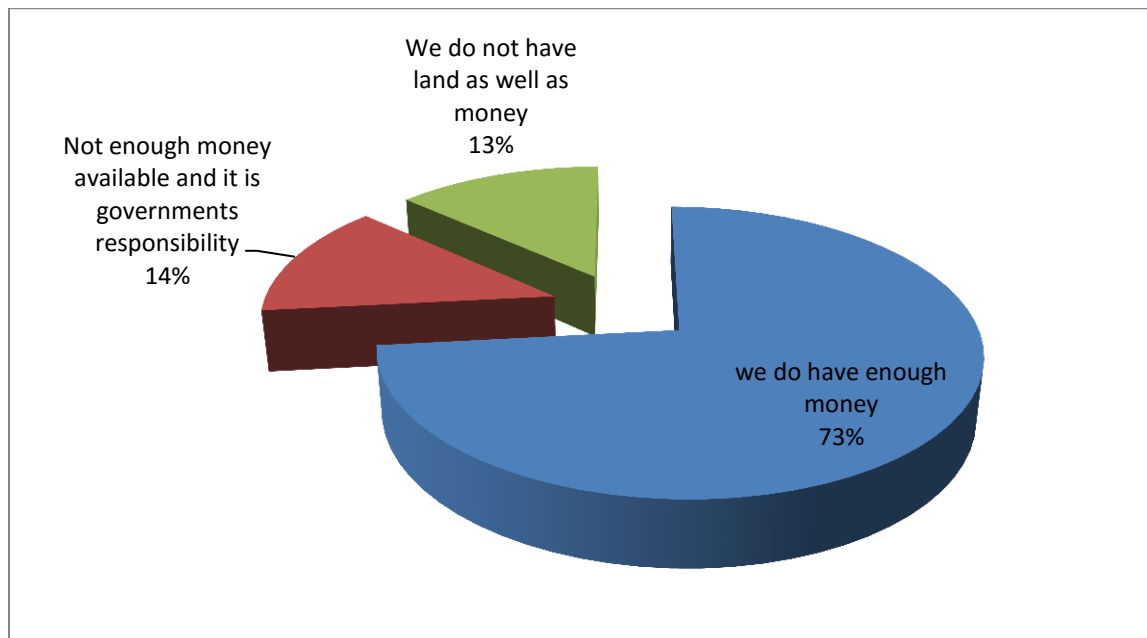


Figure-1

Inference:

From the above chart, it is clear that out of the total number of peoples interviewed, most number of peoples didn't have enough money for constructing their toilet while only 13 percent of people don't have land as well as fund to construct toilet. 14 percent of people consider that it is government's responsibility to construct toilet for them as they do not have money.

From the above Percentage pie-chart it is obvious that availability of land for toilet construction is not a big issue in rural area. But most of the people do not have enough money for toilet, it may be concluded that toilet is not in their priority list

of things which they wish to have. Also, few peoples consider construction of toilet is government's obligation.

Water availability for household use.

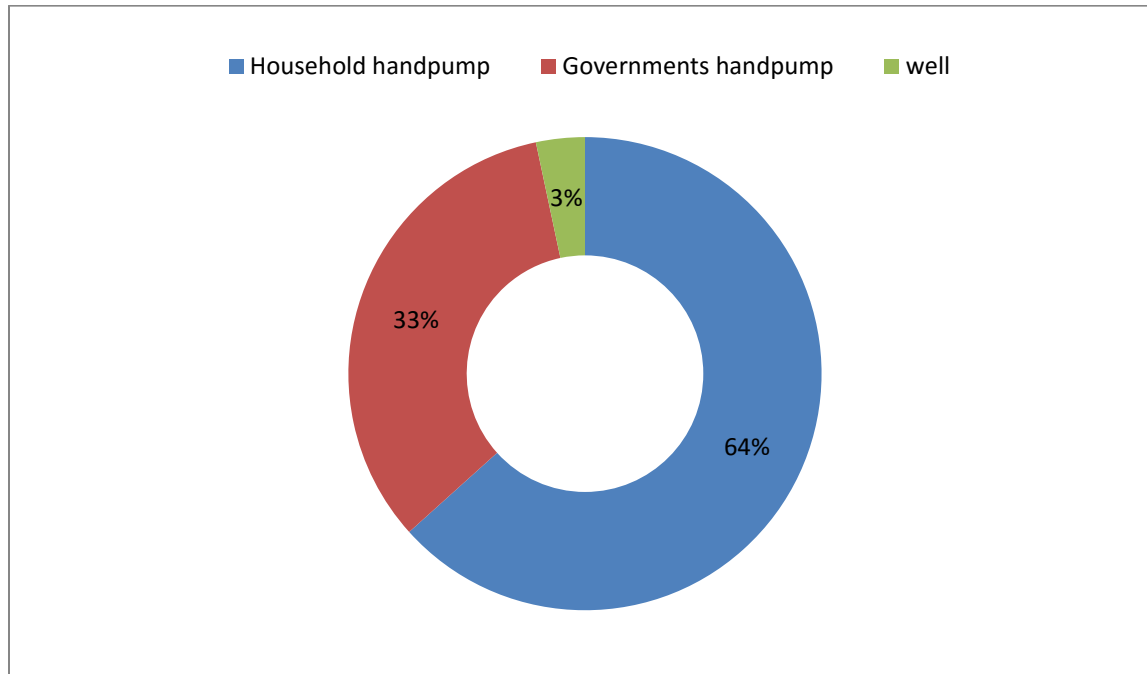


Figure-2

Inference:

The diagram clearly shows that people do not have put much effort to get water for household use. 64% of household have hand pumps, if not there were government hand pumps for water need of 33% people. Only 3% of the people have to put little effort to fetch water from their well.

It is clear that availability of water is not a hindrance towards less number toilets Present in rural households. But distance of the government's hand pumps from a given household could be a reason for not constructing toilet.

None of the individual interviewed has to walk long distance to ponds or lakes to fetch water.

Cost for toilet construction according to respondents view:

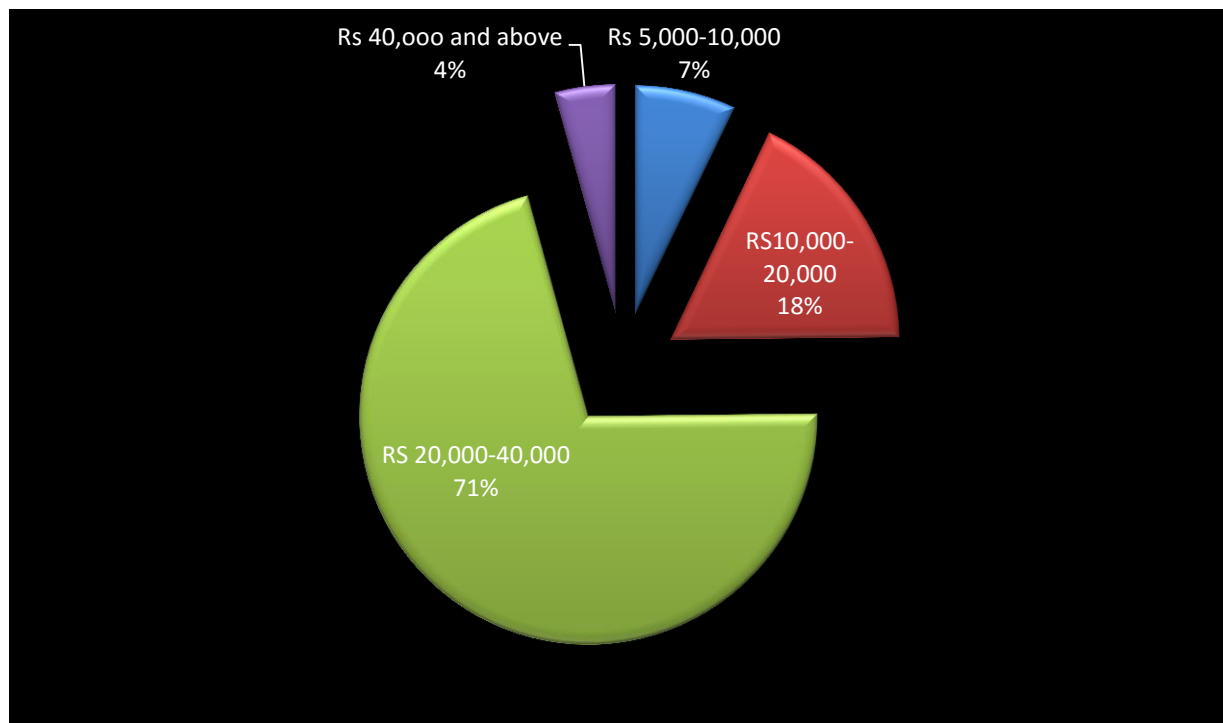


Figure-3

Inference:

From the above Pie-chart it is clear that majority of the people think and consider toilet construction a costly affair. Almost 70 percent of the people told that, a toilet would cost anything between Rs. 20,000 to Rs 40,000 .

It may be inferred that the rural poor of Bihar do not have idea about the low cost toilets, therefore a good number of people who could have afforded constructing low cost toilets said that they do not have enough money to construct toilet.

Also, when suggested to build twin-pits toilet which would cost less, they told that they are of inferior quality and would not last long.

Yearly household expenditure (priority wise)

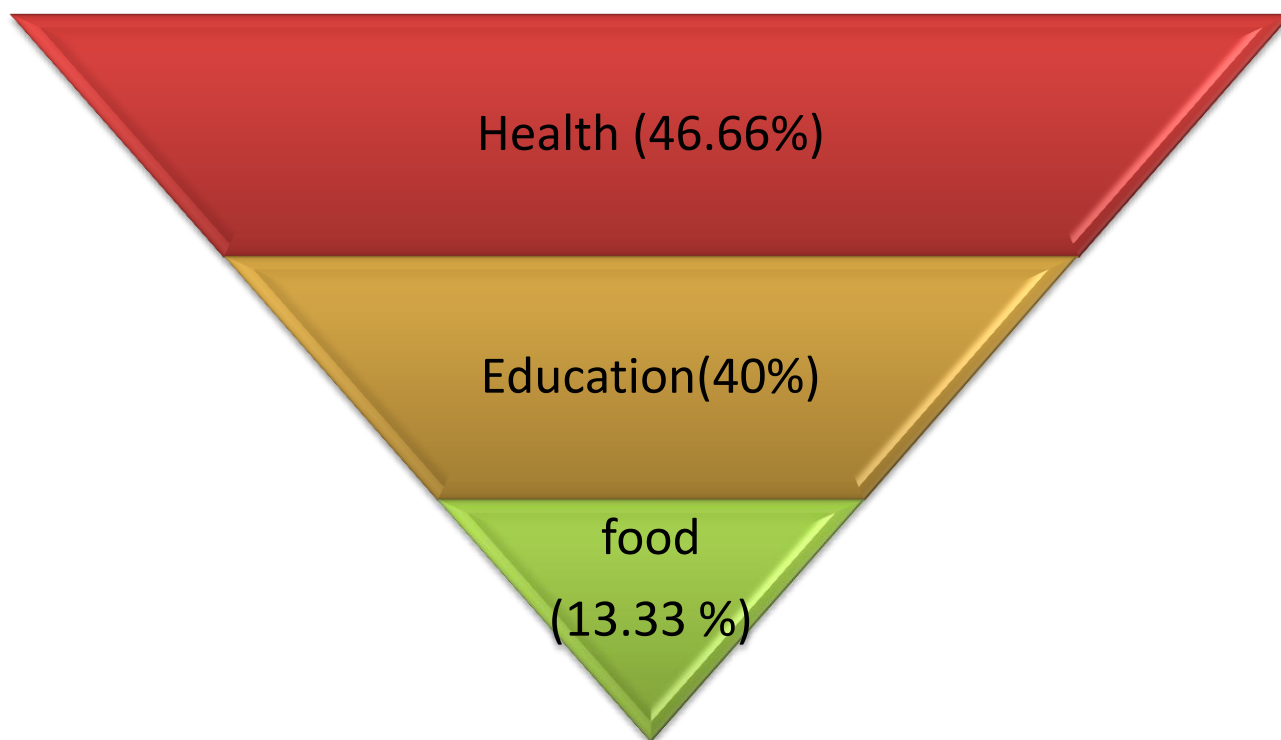


Figure-4

Inference: Health tops the list with 46.66 percent of people told their highest yearly expense incurs on medicines and treatments of diseases. High rate of diseases are because of poor hygiene and sanitation conditions. Very less of people had the idea that poor sanitation conditions are cause for many diseases. Child marriage, giving birth at low age, more number of children at less Gap of time leaves both mother and child weak and hence attacks of diseases.

One good thing to note from the above diagram, that people have realized the importance of education and are expending lot on educating their children. A good number of people were sending their children to private English medium schools.

The expense on food was very as the area where the study was conducted has good irrigation system hence people harvested at least three crops in a year. Those without agricultural land would find work as agricultural labor in other's field and got share in the crops as wages.

Reach of Mass Media as communication tool

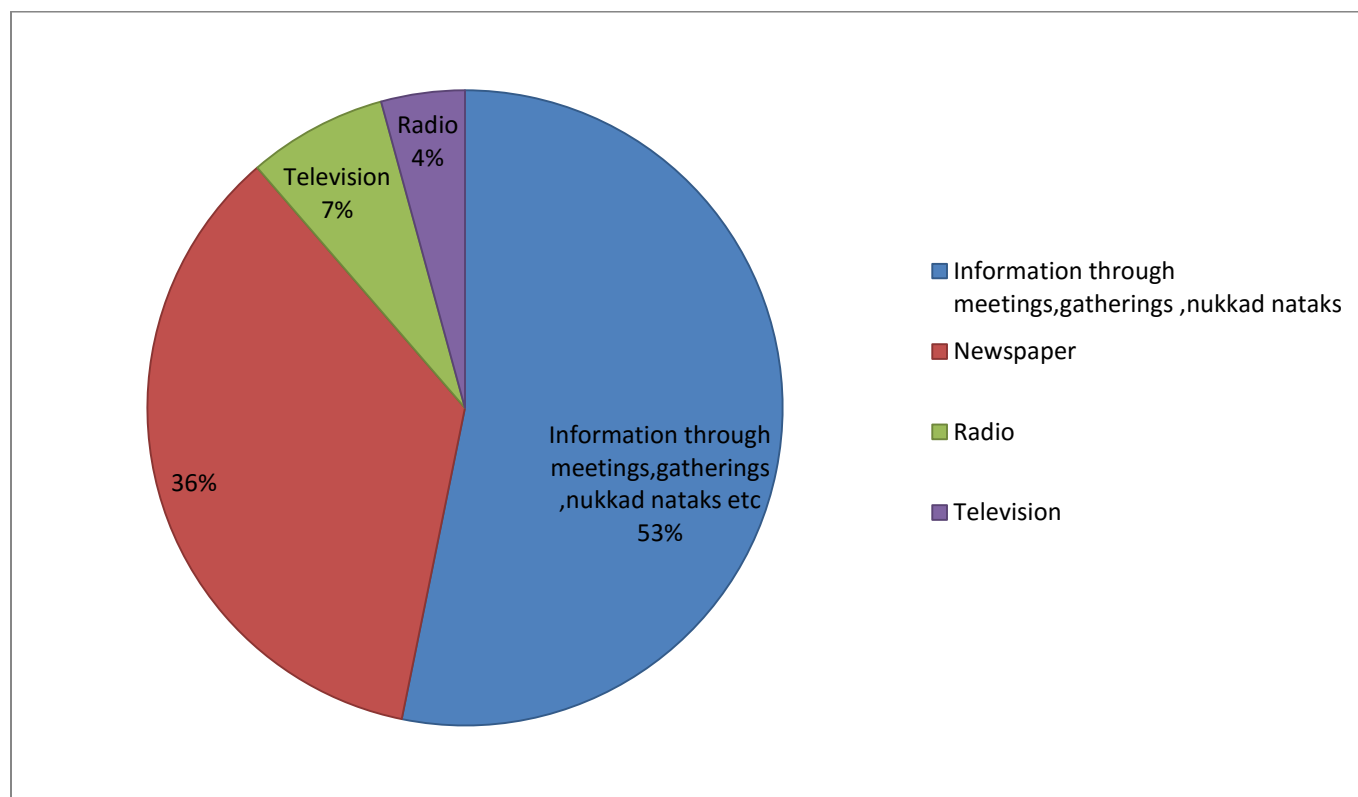


Figure-5

Inference:

More than half of people interviewed told that they get hygiene and sanitation related information from the meetings or gatherings by Community based Organizations like SHGs or VOs. PRIs members and Aaganwadi workers also spread the knowledge of healthy living practices.

36% percent of people told that they got health information from reading newspaper while 7% of people got the information form Television. It was surprising to find that rural population has stopped listening to radio. Out of the people telling that they got information's listening to radio, all were old-aged people. With the advent of cheap mobile phones, people are using mobile not just to communicate but also for entertainment.

Distribution of problems faced by females practicing open-defecation

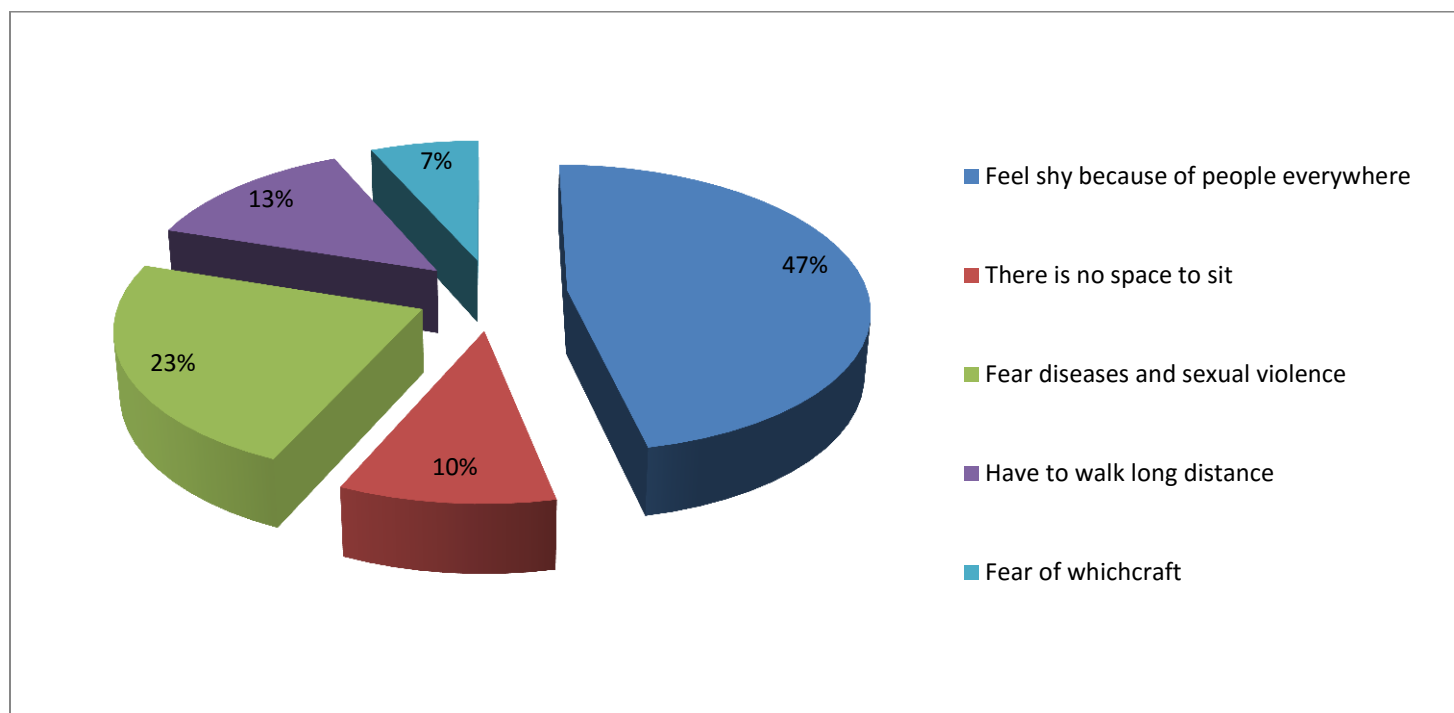


Figure-6

Inference:

When asked to female members what problem do they face when they go out for open defecation. Maximum (47%) number of females told that they risk their dignity every time they go out for defecation. Interestingly, only 23% of female members had the idea that open defecation is a cause for many diseases.

It was surprising to know that there is superstition prevalent that there is high risk of witchcraft while going out for open defecation.

4.Situation analysis: Case studies-Barriers regarding use of toilet

4.1 Case study method was adopted to analyze the mindsets, behaviors and stigmas related to use of toilet. People were interviewed informally and their views were noted afterwards. Around 20 case studies were taken consisting people from all age group and sex. Some of the case studies are given below. All 20 case studies attached in the annexure.

Case 1:

Premjit kumar,24 Completed his higher secondary education from science stream. He now runs a transport business. He has tractors and a truck which he gives on rent for various purposes. He has his mother and two brothers at home. One of the brother works as a clerk in government offices. He belongs to the kurmi caste which comes under Backward class .He has Pakka house and has electricity connection too. He has hand pump and water pump at home and **does not have any problem of water**. He regularly reads newspaper and watches Television. **He remembers that his grandfather constructed toilet inside the home 20 years back**. Premjit kumar, tells that he does not remember the day when he had last used the toilet inside his home. He adds that **he feels suffocating sitting inside the toilet**. Hence almost **every day he goes out in the open field for defecation**.

Case 2:

Chalitar Pandit ,60 lives in Uttimpur village of Dawthu panchayat under Hulasganj Block. He is a potter and sells earthen pots in the local bazaar. He also works as agricultural labour during harvesting season. He has 7 daughters and no son. So one of his daughter's son lives with Chalitar pandit . He has kutcha house, but has taken the electricity connection. He **has a hand pump inside his home**. He does not read newspaper but listens to Radio. He **tells that he gets a lot of useful information from Radio**. He got his **toilet constructed 8 months back through JEEVika(BRLPS)**.But **toilet is 200 meters away from home**. So **no family member is using it**. He tells that **who will carry 2-3 buckets of water for Latrine. He has locked his toilet. He thinks that using toilet requires more water than open defecation**. His grand son **Subodh kumar who is 20 years old also goes out in the open**. Hesitatingly he says that **he feels embarrassed when people see him carrying bucket of water to latrine**. He adds that while he goes out for open defecation, no one see him as it is dark in early morning.

Case 3 :

_Radha Devi, 23 lives in Uttimpur village of dawthoo panchayat. She can write her name. Her husband attended primary school. He works as agricultural labour in others field. They have a kutcha house and have not taken the electricity connection while almost all other household in the village have electricity connection. They ***do not have handpump in their home***. They have to fetch water from nearby hand pump for household use. They got ***their household toilet constructed 8 months by JEEVika. But Radha devi tells that she goes out in the open as the toilet smells too much and she feels sick when she uses toilet.***

Case 4:

Tetri kumara,30 lives in 2-room house of her in Horrilibigha village of Dawthoo panchayat. Her husband works in a factory in Hyderabad. ***There is no problem of water .She got the toilet constructed inside her home*** 8 months back by JEEVika. She tells ***she start vomiting whenever she uses the household toilet. Therefore, she goes out for defecation***. When advised to use the toilet, ***she stubbornly says that she will never use the toilet as she feels sick after using toilet.***

Findings:

From the 20 case studies, these below given points are drawn:

- Adult male population says that they have to go early in the morning for working in their field. Therefore, they do their morning job (defecation) in the field only.
- Few male members argue in support of open defecation citing the reason the going out early in the morning improve their health as they get fresh air.
- Old aged people told that they cannot change their habit and there is no harm in open defecation.
- Few male members consider household toilet is only for female members and they use it only during emergency.
- Female members complained that household latrines smell too much and they get headache and feel sick.
- Few adolescent girls told that it is pleasurable to go out as it gives them chance to mingle with their friends.
- Few old-aged female members feel that household toilet is for young girls as their dignity and privacy is more important.

- Few peoples had the belief that household latrines require more water than open defecation, therefore they prefer going out.
- Few thought that regular use of household toilet will fill the storage tank fast, therefore they go out.

4.2 Summary and Conclusion:

There were many false beliefs prevalent in the community regarding use of toilet.

People believed that open defecation improves health as they get fresh air while using household toilet, they get headache and feel nausea.

Also many peoples had false notions regarding low cost twin-pits toilet. They said that for how long this toilet would last as the pits are shallow. They believed that the pits would fill soon; therefore they do not regularly use these toilets.

5. Recommendations:

- I. Most people told that, they didn't have enough money for constructing toilet because they considered toilet a thing of luxury and very costly, they didn't have the idea about low cost toilet. Therefore, communication tools should be designed so that people get to know about these low cost toilets.
- II. There is strong belief among people that low-cost twin pits and soak-pit toilets are of inferior quality therefore they do not consider this toilet for their household.
- III. There must be effective media-mix designed to advocate the benefits of low-cost twin-pits toilet so that poor who otherwise think toilet to be costly thing would construct these low cost toilets.
- IV. More and more emphasis should be laid on interpersonal communication tools to educate people about the harmful effects of open-defecation.
- V. Very less number of people had reach to television and radios, so posters and wall paintings should find prominent place in the media mix.
- VI. The triggering process under CLTS program giving the idea that open defecation causes many diseases should be kept little short so that people does not lose interest in process of triggering.
- VII. Above all, there must be provision for some kind of punishment for the people who have toilet at home and found defecating in the open. These simple punishments can be imposed by Community Bases organizations like SHGs, VOs etc.

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Annexure:

Case Studies

Case :1

Premjit kumar,24 Completed his higher secondary education from science stream. He now runs a transport business. He has tractors and a truck which he gives on rent for various purposes. He has his mother and two brothers at home. One of the brother works as a clerk in government offices. He belongs to the kurmi caste which comes under Backward class .He has Pakka house and has electricity connection too. He has hand pump and water pump at home and **does not have any problem of water.** He regularly reads newspaper and watches Television. **He remembers that his grandfather constructed toilet inside the home 20 years back.** Premjit kumar, tells that he does not remember the day when he had last used the toilet inside his home. He adds that **he feels suffocating sitting inside the toilet.** Hence almost **every day he goes out in the open field for defecation.**

Case: 2

Chalitar Pandit ,60 lives in Uttimpur village of Dawthu panchayat under Hulasganj Block. He is a potter and sells earthen pots in the local bazaar. He also works as agricultural labour during harvesting season. He has 7 daughters and no son. So one of his daughter's son lives with Chalitar pandit . He has kutcha house, but has taken the electricity connection. He **has a hand pump inside his home.** He does not read newspaper but listens to Radio. He **tells that he gets a lot of useful information from Radio.** He got his **toilet constructed 8 months back through JEEVika(BRLPS).** But toilet is 200 meters away from home. So **no family member is using it.** He tells that **who will carry 2-3 buckets of water for Latrine. He has locked his toilet. He thinks that using toilet requires more water than open defecation.** His grand son **Subodh kumar who is 20 years old also goes out in the open.** Hesitatingly he says that **he feels embarrassed when people see him carrying bucket of water to latrine.** He adds that while he goes out for open defecation, no one see him as it is dark in early morning.

Case: 3

Arjun Paswan,52 is a farmer and own 50 kattha of agricultural land . He tells that he has completed his matriculation when there was only one High School in the entire Block. He has 2 sons and 2 daughters. His son works in cloth making factory in Ludhiana. He has pakka house and hand pump inside his home. **He feel elated to tell that 5 months back he constructed Sceptic Tank(Toilet) inside his home which costed him around 25,000 rupees.** When asked why didn't he constructed twin-pit toilet which cost less and also gives fertilizer which can be used in the field. **He tells that he has no idea about Twin-Pit**

toilets. He tells that *he never goes inside his latrine for defecation.* He has to leave his home early in the morning for working in his fields. So *he defecates in the field, adding that why would he return to his home for defecation as his home is far from the field.*

Case: 4

Sunita Devi, 45 has completed her matriculation. Her husband, Anandi Prasad is also a High School Pass-Out. Anandi Prasad has 3 brothers living in the same ancestral land .Sunita Devi, tells that *they have toilet inside their home but after partition between three brothers, toilet went in elder brother's share* of property. Sunita tells *earlier she used the toilet but soon his elder brother in law indirectly hinted them not to use toilet* as toilet was his property now. After this *all members of the family goes out in the open for defecation.* She has 2 daughters and a son in her family. She adds that *although she could have used the toilet but she doesn't want to let herself and her dignity down in the eyes of her elder brother in law. She will use the toilet only when she will construct her own.*

Case: 5

Ganesh Prasad, 55 has a pakka house and has taken the electricity connection. He got the Soak-pit toilet constructed inside his home 3 years back. He is a farmer and works in his field. He has to go out early in the morning to watch his field. He tells that *on his way to field, he does his morning job(open Defecation).* His 2 sons work in a cloth factory in Surat. Both of them are married. Once in a year or during festivals they come home. When they come home, there is kind of crowd inside home. Ganesh Prasad daughter in law's use the household-toilet when they come home. Ganesh Prasad *tells that household toilet is meant for use in emergency.*

Case: 6

Girija Devi,56 is a resident of lodhipur village of Surajpur panchayat under Hulasganj Block. Girija devi tells that she never attended school, but she can write her name. Her husband Raju Mahato, has studied till std-8. They have 20 kattha agriculture land and depend upon the produce from their land for the living. They have 7 daughters and a son. They have pakka house and electricity at their home. Girija Devi tells that *she constructed toilet inside her home one year back thinking about dignity and prestige of their daughters.* She tells that she got Rs.4,000 form government for constructing toilet. She tells that she is not well and doctor has advised her to take walk in the morning for better health. Therefore, *when she goes out for morning walk, she completes her morning job in the field.*

Case: 7

Naresh Prasad,68 looks after a poultry farm for which he gets Rs.3,000 per month salary. He lives beside the poultry farm so that he can have a close watch over the chicken. He also owns 7 khatta of land. He has a son. He neither watches Television nor listens to radio. *He constructed toilet inside his home when he had his son's wedding.* He thought that *why his daughter in law would go out.* But his *son along with his wife went to Ludhiana to work* in a private factory. And *Naresh Prasad's wife died* due to illness. So *he himself left the home to work in the poultry farm and lives beside the poultry farm*

.Now *he goes out in the field for defecation in spite of having toilet inside home though not in a very good condition.*

Case: 8

Malti Devi,55 can write her name. She has 8 bighas of land. She has two sons and a daughter. One of them is a doctor and other is a compounder. Both of them are married and live in Patna. She *got her Soak-Pit toilet constructed 10 years back.* Once in a month, *when her son's family comes home, it gets crowded in the morning so she herself goes out in the field for defecating.*

Case: 9

Sony kumari,18 has completed first year of Graduation and belongs to the Bumihaar caste of Hindu Religion. *She belongs to the Upper class* of Hindu caste system. Her *father is farmer and her brother works as a medical representative (MR)* in a city. She also has a younger brother who is in higher secondary class. She tells that *she regularly reads newspaper and follows most of the recent programs launched by Prime Minister Narendra Modi.* Two years back they shifted to kandaoul village of Surajpur Panchayat under Hulasganj block. They have a *pakka house and have taken electricity connection.* They *have a household toilet.* But she tells that *only female members use the household toilet.* The *male members go out in the open for defecation.* Male members tell that *they will use the household toilet only when they will construct a new one exclusively for male members.*

Case: 10

Ravindra Yadav,44 owns 10 kattha of agriculture land and depend on the produce of his land for his livelihood. He lives in the Horrilibigha village of dawthoo panchayat. He belongs to the Gwala caste also known as Yadav .The caste belongs to the backward caste. *Ravindra Yadav is one of the four brothers in the family.* All brothers are married and have children too. They *got 4 toilets constructed by JEEViKa.* Ravindra yadav's *daughter Sangita kumari(16) goes out in the open instead of using the toilet.* she *cites the reason that household toilet increases the risk of diseases,* therefore *she prefers to go out for defecation with her friends.*

Case: 11

Munni kumari,13 lives in Uttimpur Village of Dawthoo Panchayat. She studies in std.8 in government school. She lives with her old father and mother. They have a kutchha house but have electricity connection. Her brother has separated from the family. They got *the toilet constructed 8 months back by Jeevika.* But *she never uses the toilet as she thinks that the toilet's Pit will get filled soon .Also the toilet constructed is of inferior quality. So she prefers to go out in the open field.*

Case: 12

Radha Devi, 23 lives in Uttimpur village of dawthoo panchayat. She can write her name. Her husband attended primary school. He works as agricultural labour in others field. They have a kutcha house and have not taken the electricity connection while almost all other household in the village have electricity connection. They **do not have handpump in their home**. They have to fetch water from nearby hand pump for household use. They got **their household toilet constructed 8 months by JEEVika. But Radha devi tells that she goes out in the open as the toilet smells too much and she feels sick when she uses toilet.**

Case: 13

Sanju Devi,40 helps her husband in cultivating their field. They have 10 kattha of land. She lives in pathakchak village of dawthoo panchayat. She lives in pakka house and has electricity connection. She has **well inside her house which has gone dry. She fetches water from a government hand pump which in front of her house.** She got the **toilet constructed 4 months inside her house 4 months back by JEEVika** . She says that **she goes out for defecation as she feels that the pits of toilet is very shallow and would get filled up soon.**

Case: 14

Upendra Kumar,55 is a science graduate. He lives in Gangapur Village of Dawthoo Panchayat under Hulasganj Block. He has 2 acres of agricultural land depend on upon the produce for his living. He has a pakka house and has electricity connection. He **has hand pump in his house and there is no problem of water.** He got the **sceptic tank toilet constructed 1 year back.** He proudly says that he has television in his home and **follows Baba Ramdev as he is very much health conscious.** He daily goes out for morning walk **but he says sometimes during his morning walk, he defecates in the open**

Case: 15

Sanju Devi, 40 is a housewife but looks after the cow which she bought a year back. She lives in the bijulpar tola of Gangapur village under Dawthoo panchayat. Her husband Munna Thakur works in and has taken electricity connection. There is **no problem of water as they have hand pump inside their home. She has toilet inside her home.** She says that **she and her mother in law go out for defecation. She says "household toilet is for young girls as their dignity and respect is more important."**

Case: 16

Tetri kumara,30 lives in 2-room house of her in Horrillbigha village of Dawthoo panchayat. Her husband works in a factory in Hyderabad. **There is no problem of water .She got the toilet constructed inside her home** 8 months back by JEEVika. She tells **she start vomiting whenever she uses the household toilet. Therefore, she goes out for defecation.** When advised to use the toilet, **she stubbornly says that she will never use the toilet as she feels sick after using toilet.**

Case: 17

Sanjay pandey,45 lives in musouli village of Dawthoo panchayat. He is a priest. He earns by rendering his service of performing rites and rituals in other houses. He has a pakka house and has taken electricity

connection. *He has hand pump in his house, but the water layer has gone down. So he has to bring water from community hand pump for household use.* He got the *toilet constructed inside his home 15 years back. He says that he goes out in the open for defecation as he gets fresh air and it keeps him healthy.*

Case: 18

Sanju Devi,32 lives in kanhaiganj tola of uttimpur village. Her husband works as a agricultural labour. She has pakka house and has electricity connection.. She is mother of a daughter and a son. She has *hand pump inside her home and there is no problem of water.* She got the *toilet constructed by JEEVika 8 months back.* But she says *she goes out for defecation as it is pleasurable to her.* She fights with the other member of her Self Help Group(SHG) when they insist her to use the household toilet.

Case: 19

Brijnanandan singh,80 has retired from work .He has a son and three grandsons at home. He tells that *he has hand pump in his house.* But the *groundwater layer has gone down.* So they *have to fetch water from the community hand pump.* He excitedly says that he listens to the programs on “Swacch Bharat Abhiyan”. He says, *although he has a toilet inside his home, he goes out in the open for defecation because he considers that household toilet requires more water.*

Case: 20

Bacchan Paswan, 65 is a mason. He is illiterate. He belongs to dhobi community which comes under Schedule caste. He tells that *2 years back he constructed the toilet inside his house* which costed him around 20,000 rupees. Considering the dignity of his daughter-in-law’s he thought for constructing the toilet. But now *since her daughter-in-law does not respect and take care of him,* he has *locked the toilet. Only he and his wife use the toilet, and rest of the family members has to go out for defecation.*

Interview Schedule

**Department of Rural Management
Xavier Institute of Social Service, Ranchi, Jharkhand
&
BIHAR RURAL LIVELIHOODS PROMOTION SOCIETY
PATNA
(Interview Schedule for Respondent)**

Village		Name of Respondent	
Panchayat		Age	
Block		Sex	
District		Occupation:	

Religion: Hindu() Muslim () Sikh () Christian () other ()

Caste: General () backward caste () Schedule caste () Schedule Tribe ()

Contact/Mobile no:

Which Telecom operators SIM do you use ?

Is it a multimedia Mobile: Yes () No ()

Do any of your family members use internet on mobile?

Yes () Age, Sex..... No ()

If Yes, for what you use the internet?.....

Occupation

Name of person	Primary			Secondary			Total annual income
	Type	No of Months engaged	Annual income	Type	No of months engaged	Annual income	

Code - Agriculture -1; Private service-2; Contract job-3; Trading4;

Contractor-5; Shop-6; Agriculture labour-7; Non-agr. Labour8; Fishing-9; selling firewood-10; Black smithy-11; Carpentry-12; Grinding flour-13; Washing cloths-

14; Cutting liair-15; Priests-16; Mason-17; Bamboo work-18; Pressing 19, Sweeping and scavenging20; Goldsmith-21; plucking coconuts-22; Making-puffed rice-23; Potter-24; weavers-25; Green gracer-26; tea and snacks shops-27; Betal shop.28; Tailonng-29; Public Sector service- 30; Govt Service- 31;

Others.....

What is the annual income of your family?

Below Rs. 10,000 Between Rs. 10,000 – 27,000
 Between Rs. 27, 000 -60,000 Above Rs. 60,000 and above

Do you Adhar Card? Yes () No ()

Do you have bank account? Yes () No ()

If Yes, In which Bank.....

Have you linked your Adhar card to your Bank account? Yes () No ()

Do you have savings? Yes/No

If Yes, how much?

Expenditure: (Priority basic)

Food Festivals Clothes
 Education Health Any other

C. Socio-economic Data:

Which of the following does your household own?

Housing condition					Ration card
No. of rooms	Separate kitchen (01=yes;02=No)	Electricity (01=yes;02=No)	Nature of house(use code)	House construction (01= Own constructed;02=Indra awas Yojana)	(01=APL;02=BPL)

Electronic gadgets(use code)	Conveyance facility(use code)	Landholdings(use code) In kattha or bigha.		Cattle(use code)		Any govt. schemes you are beneficiary?
		Patta	Own		How many?	

Nature of house		Cattle		Electronic gadgets		Conveyance facility		Landholdings		Is the household a member of an SHG? (01 = No; 02 = Yes) Name of the SHG:
Kutchha	01	Cow	01	Mobile	01	Bicycle	01	1-5 khatta	01	
Pucca	02	Buffalo	02	TV	02	Motorbike	02	5-10 khatta	02	
Semi-pucca	03	Ox	03	Radio	03	Car	03	10-20 khatta	03	
		Pig	04	Refrigerator	04	Tractor	04	Above 20 khatta	04	
		Others	05	Electric pump for irrigation	05	Ox-cart	05	Landless	05	
				Others	06	Others	06	Do not know	06	

What is your monthly savings after joining SHGs?

Have you taken a microfinance loan? (01 = No; 02 = Yes)

Would you construct a latrine by taking a microfinance loan: (01 = No; 02 = Yes)

Do you read newspaper regularly?

Yes ()

No ()

If yes, Specify

Did you read any advertisement related to sanitation in this newspaper?

Yes ()

No ()

Do you listen to programs on radio?

Yes ()

No ()

Have you listened to any program on sanitation?

Yes ()

No ()

Have you watched any television program on sanitation?

Yes ()

No ()

Have you seen any wall painting, posters, Nukkad natak or attended ant gathering related to construction and Use of toilet?

Yes ()

No ()

Do your Community mobilizer (CM) or Community coordinator told something about health ?

Yes ()

No ()

Which of the medium for advertisement you find most interesting and motivating and Why?.....

Which of the medium you consider least interesting and Why?

Language not understood ()

Do not get the idea of the content ()

Don't have time for all this ()

From where do you get information about sanitation activities?

1. Radio ()

2. Block office ()

3. Hospitals ()

4. Jeevika SHG/VO ()

Which medium has influenced the most to construct toilet?

Newspaper () Radio () Television () JEEVIKA () Any other ()

FROM WHERE YOU GET YOUR WATER FOR HOUSEHOLD USE?

HOUSEHOLD HAND PUMP () HOUSEHOLD WELL () COMMUNITY

HAND PUMP () COMMUNITY WELL () POND

() ANY OTHER ()

Do you think that a household hand pump or well is a prerequisite for having toilet inside home? Yes ()

NO ().....

Do you have toilet inside your household?

Yes () No ()

Household Member Name (Total No. of members in the family)	gender (01=F; 02=M)	age	Total working members in family		Education (use code)	Marital Status (use code)	Primary Occupation	Toilet status			If preference is 1, then		
			M	F				If YES who use it?	If NO, Preference (1=Open Defecation; 2=Latrine)	How far from the house do you go for defecation? (in km)	How far from the house do you go for urination? (in km)	Do you dug a hole for defecation or put mud on faeces?	

If preference is 2, then	Disability Physical Impairment	Use Of toilet	If sometimes and Never, What are the reasons?
	(01=Disable;02=no disability)	A=Regular B=Sometimes C=Never	

Do you use public toilets?	Do you use toilets in neighborhood?			

Codes:

Education Code		Marital Status		For sometimes and Never	
No Education	00	Married	01		
Primary Education (upto Grade 6)	01	Single	02		
Lower Secondary (grades 7, 8 and 9)	02	Divorced	03		
Upper Secondary (grades 10, 11, and 12)	03	Widow	04		
Higher (degree and above)	04	Other(separated, cohabitation)	05		
Vocational or skill based training ,if any		Do not know	98		
Stiching and matrix	05				
Electrician	06				
Masson	07				
Agarbatti making	08				
Poultry farming	09				
Goatry farming	10				
Computer application	11				
Others	12				

Sanitation facilities:

Do you have a Latrine?	No (01)	Yes (02)
If yes, reasons for building a toilet	<input type="checkbox"/> 01. Program subsidy available	<input type="checkbox"/> 07. Convenience
	<input type="checkbox"/> 02. Had enough money to construct one	<input type="checkbox"/> 08. Fear of diseases and sexual

Please check all the appropriate boxes	<input type="checkbox"/> 03. Privacy is important	violence
	<input type="checkbox"/> 04. For elderly people	<input type="checkbox"/> 09. Community Pressure
	<input type="checkbox"/> 06. Neighbor got one	
If no, reasons for not building a toilet: Please check the appropriate boxes	<input type="checkbox"/> 01. Not enough personal funds available	<input type="checkbox"/> 05. Requires too much maintenance
	<input type="checkbox"/> 02. It is government's responsibility.	<input type="checkbox"/> 06. Pit cleaning is a problem
	<input type="checkbox"/> 03. Construction of toilet is very costly.	<input type="checkbox"/> 07. Do not have enough water to use the toilet
	<input type="checkbox"/> 04. Not hygienic to have toilets inside the premises	<input type="checkbox"/> 08. Not enough land available for constructing the toilet
	<input type="checkbox"/> 09. Others: Please specify other reasons here	<input type="checkbox"/> 10. Program subsidy not available
	<input type="checkbox"/> 11. Hygienic but Do not like to have a toilet inside the premises	

For households without toilet :

Where do you go for toilet?

Community toilet ()

Open field ()

What are the problems you face? (for female members)

We feel shy because there are male members sitting everywhere ()

There is no space to sit as there are structures coming up ()

There is a constant risk of sexual offence and diseases ()

We have to wait until it gets dark ()

There is a constant fear of snake bites etc ()

We have to walk very far for defecation ()

There is a fear of witchcraft ()

Difficulties faced during the seasons and steps taken to decrease the difficulty		
Summer	Rainy Season	Winter
<input type="checkbox"/> 01. Alter the habit and timing accordingly	<input type="checkbox"/> 01. Wait till the rain stops	<input type="checkbox"/> 01. Alter the habit and timing accordingly
<input type="checkbox"/> 02. Carry an	<input type="checkbox"/> 02. Carry an umbrella	

umbrella		
[____] 03: Look for a place in and around the premises for urination	[____] 03: Look for a place in and around the premises and bury the faeces	[____] 02: Look for a place in and around the premises and bury the faeces

How far is the water body from the place where you defecate? (Woman head of the household)	(meters)
--	----------

Have you thought for construction of toilet ?

Yes ()

NO ()

What type of toilet have you thought of constructing ?

Sceptic tank ()

twin pits toilet ()

Any Other ()

What according to you is the cost of constructing a toilet ?

Rs.5,000- 10,000 ()

Rs.10,000-20,000 ()

Rs.20,000- 40,000 ()

Rs.40,000 and above ()

For Households With working toilet :

What are the advantages of owning your own latrine? Please check all that apply

- | | |
|--|------------------------------|
| 1. Improve hygiene/ cleanness () | 4. Build status/prestige () |
| 2. Improve safety () | 5. More privacy () |
| 3. Improve health and reduces diseases () | 6. More comfortable () |
| 7. Convenience/save time () | 8. Do not know () |
| 9.Others, specify () | |

For male members who go out in the open in spite of having toilets inside home:

Why do you go out for open defecation?

We feel fresh only when go out in the open ()

We cannot change our habit ()

Toilets inside home are for female members ()

- On the way to open defecation, we keep a vigil on our field ()
- It feels uncomfortable inside the enclosure of toilet inside home ()
- It is very difficult to sit in the toilets inside home ()
- Using toilet will fill the tank fastly ()

For female members, why do they go out ?

- We get headache to sit inside the toilet ()
- Going out for defecating is the only way by which we get chance to mingle ()
- We feel uncomfortable because male members gather on the way to toilet ()

For Children, why they do not use the toilet ?

- He/she cries when we tell them to sit in the toilet ()
- Toilet is not according to child's need ()
- We do not teach them earlier to use the toilet ()

For older and disabled people, why they do not use the toilet?

- We fear, we might fall get our self-injured ()
- It is painful to sit as our knees pains ()
- Toilet is not well designed for us ()
- We feel fresh only when we go out to defecate ()

Common social, cultural problems and infrastructural problem of not using the household toilet:

- Regular use will fill the tank ()
- It is impure to clean the tank our self ()
- It is costly to get labor to clean tanks ()
- We do not have water availability near our home ()
- It is very crowded in the community hand pump ()
- We have a big family, there is crowd in the morning for using toilet ()
- Toilet is very far from the house ()
- Using latrines inside home requires more water ()