

Enough of shit, please!

Most of us have at least “seen” it, if not “been party to it” ever! The practice of open defecation - shitting in the open, especially in the rural areas and urban slums - being accepted as ‘part of our culture, never really seemed to bother us until recently. With increasing urbanisation, many of us moved to cities where the practice, except for the slums, was waning. However, with the contraction of ‘open’ spaces in the rural areas and increasing density of cities, “shit” is now refusing to get ‘out of sight-out of mind’. In the early mornings, it welcomes you on both sides of the cemented road when you visit your village, greets you during your morning walk and embarrasses you when you look out of the train window. Is it only the unsightly nature of the practice, which is a matter of concern or is there something more to it? What is the scale of the problem? Why should we, even if we are not unfortunate to practice it, be concerned? Let’s have a reality check and look at the factual situation, derived from various data available in the public domain.

Official figures quote toilet coverage i.e. access to toilet facility in rural India at 72%; despite this, 69% Indians continue to defecate in the open, indicating that there is no correlation between access to and usage of toilets. Indians comprise 58 percent of all people worldwide who defecate in the open. Sanitation is proven to be closely linked with poor health, low education status, malnutrition and poverty. About 1000 children die every day in India from diarrhoea, which is closely linked to open defecation (this is equivalent to five plane loads of passengers crashing every day!). The total economic impact of inadequate sanitation in India has been estimated in 2006 by a researcher at Rs. 2.44 trillion, equivalent of 6.4% of India’s GDP. The economic benefits of investing in sanitation are far greater than the cost of investing elsewhere on any other social welfare program. According to one research, the economic return for every 1\$ spent each on infrastructure, health, education and sanitation is \$3, \$5, \$7 and \$9 respectively.

Why does this practice continue? Is it because it is a ‘social custom’ giving women the necessary place to socialise with each other? Is it because people are ‘ignorant’ and do not realise the inconvenience of going out to defaecate in the open? Is it because they are ‘poor’ and can’t afford to construct a toilet? Is it because they ‘do not know how to construct a toilet’? Or does the reason lie elsewhere?

Let us realise that the women in rural India are NOT happy about this 'social custom'. Once triggered and facilitated to speak their minds, they will grab your hand in helplessness with tears in their eyes and tell you how their neighbours are shitting right in front of their houses. They *know* that the water gets 'yellowish'/nauseous during the rains. They *know* the *tatti* (faecal matter) seeps into their drinking water well. The young girls are not deaf to the lewd comments passed at them during the act. The plight of pregnant women is theirs alone. For old people, it is a curse. The rains bring no merriment- it only makes it difficult to find a clean two-foot space in a sea of filth or an unoccupied bush. And yet, we go out to educate *them* that open defecation is bad!



Toilet is a tool of women empowerment

The 'poverty' cause-theory is also incorrect. While the 'poor', once triggered into action, readily adopt the practice of safe sanitation, the 'rich' usually debate and wait for 'subsidy'. The poverty theory not only 'incapacitates' the poor further by making them dependent on outside support, it also complicates the problem as the focus then shifts on 'toilets constructed

vs. money spent' as opposed to achievement of 'clean villages'. It is also beyond reason to imagine that a rural person does not know, or cannot know (if he wants to), how the faecal matter can be safely disposed of.



She sold her mangal sutra to construct toilet! The issue is 'mindset', not 'money'

The real cause of continuation of this practice is behavioural. Human behaviour, being complex as it is, defies easy skills to influence it. I may 'know' that something is bad, but still may not change it, because I've not 'realised' that it is 'bad for me'. Sanitation has a further peculiar characteristic that must be understood. It is a *collective* public good. The person who does not construct a toilet is a fool, because he is eating his own shit. The person, who has constructed a toilet, while others in his village have not, may however, be a *bigger fool*, because he is eating *theirs*. Thus, while for protecting the dignity of my family members, it may be enough that I construct my own toilet and begin to use it, for the health benefits to accrue, it is important that my entire village/community also stops open defecation, because even a single person's shit can pollute the entire common drinking water source. We sail or sink together. I have to therefore, 'realise' that it is 'bad for us' to swing into action (shed the *chalta hai* attitude). This is good news, because 'collective' behavioural change can be triggered more easily than individual behavioural change. Thus, if a village/community *somehow realises* that it is *collectively* foolish for them to continue shitting in the open, they will change this practice in no time. What is being done to address the issue and how successful have we been? Since 1951, Government of India has spent close to Rs.157000 crore on Water and Sanitation in rural India through various programmes. The Total Sanitation Campaign (currently rechristened as Nirmal Bharat Abhiyaan), a Union Government programme, claims to have constructed 87 million toilets across Indian villages over the past decade. The 2011 census results, however, found that the total number of toilets was 52 million (including toilets constructed much earlier), indicating that, at the very least, 35 million toilets have gone missing! India has twice revised her goal to achieve open defecation-free (ODF) status - from 2012 to 2015 initially and now to 2022. In contrast, her smaller, relatively less developed neighbours – Bangladesh, Nepal and Sri Lanka aim to achieve ODF status by 2015, 2017 and 2020 respectively.

What is not working? Two things seem to have outlived their value. One, the typical IEC (information, education and communication); and two, individual household subsidy. Both are based on the premise that *we* know more than *them* and *we* need to offer solutions to *their* problems. Both denigrate the fact that people are *capable* of solving their own problems. The typical IEC informs people what they are already aware of or what does not matter to them. More importantly, it fails to convert awareness into action and information into actual behaviour change. The individual subsidy *kills* initiatives of collective change. It *divides* people. Research shows that when one thing occupies the brain primarily, the second cannot occupy it as much. If

individual money is the carrot, how would then the more purist and *sustainable* 'collective self-emancipation through facilitation' theory catch the imagination and unleash a positive potential?

What needs to be done? What are the lessons from other successful endeavours? There is one view that India will automatically grow out of such social ills, once she is sufficiently economically empowered. There is however, another view that social changes have to be brought in proactively through dedicated efforts. States like Himachal Pradesh have achieved substantial improvement in sanitation within a short span of time.

Let us see, what are some of the key components of a desirable approach.

Three requirements

1. Focus on open defecation free communities rather than individual toilets

We need to keep our focus clear – clean, open defecation free *communities*. Let the unit not get smaller than a community. This community may be a village/habitation in a rural area, or a well-defined locality in an urban area. Let us admit that a community with 90% toilets is as much at health risk as one with none. Let us stop counting individual house-hold toilets as a physical progress target and focus exclusively on collective approach for achievement of open defecation free communities.

2. Promote participative techniques such as CLTS

Secondly, let us promote participative and facilitative techniques rather than the traditional IEC. One participative technique/approach is Community Led Total Sanitation (CLTS). CLTS has evolved some tools that help to 'trigger' a community into collective action by facilitating a self-analysis of the situation by the people of that community. The word 'trigger' indicates that the 'realisation' that something wrong is being done comes 'instantly'. The tools invoke 'disgust' and 'shame' through processes such as 'walk of shame'. The facilitator takes the villagers tactfully to the very place of open defecation and holds discussions *there*, in the midst of shit (with many men/women covering their noses). S/He uses the colloquial term for shit unashamedly to address the issue frontally. Nothing is swept under the carpet. S/He starts with questions such as 'whose shit is it'; goes on to facilitate 'calculation of total weight the village shits collectively'; and eventually asks people 'where does the shit disappear'. Through this process, the community is able to internalise

how their 'shit' is coming back to them. S/He also makes an economic analysis asking people how much they spend on the local doctor. The process, which starts as a *tamasha*, eventually ends up making the people conclude that *they are eating their own shit and that this must change*. Not only this, they also conclude that *they must change this situation themselves*. *Incurring a one-time expense on constructing a toilet appears wiser to them than continuing to spend on doctors*. *They also feel a sense of urgency about changing the situation*. Invariably, during such discussions, 'natural leaders' emerge within the community, who then lead the process from within. These are the people, who not only take the first steps by constructing their own toilets, but also lead their community and continuously follow up with everyone to achieve 100% sanitation.

Typically a community passes through a nine-month gestation period before it is an evolved clean community. The pre-triggering (initial rapport-building with the community), triggering for behavioural change (the actual event involving 'walk of shame' and other trigger tools) and the follow-up action by the natural leaders (during which time the community starts practising safe disposal of human excreta) takes about three months. The real challenge however is not construction of toilet, but its sustained usage. As the construction in this approach is a motivated self-action, and not an externally-forced event (through a carrot of 'subsidy'), the community is more likely to use the toilets. However, to ensure sustainability and avoid the risk of 'slipping', it is essential that the community is followed-up and observed for a further period of six months. If they sustain for next six months after attaining ODF status, their chances of slipping back are remote.

Like any other skill, the skill of facilitation can be learnt with exposure and practice. Woefully, there is a dearth of organisations possessing this skill. There are a few organizations in India that provide capacity building and handholding support in this approach; the challenge and opportunity however, lies in having many more such organisations by creating massive training programmes for master trainers/trainers, so that there are trained people available in each district of the country. The young IAS officers who are in charge of the district and urban development affairs such as Collectors, ADMs (Development), CEOs of Zilla Parishads and Municipal Commissioners as well as the people's representatives in the local bodies need to be exposed to this wonderful approach. There are a number of CLTS champions in various States such as Haryana, Assam, Bihar, Madhya Pradesh, Karnataka, Himachal Pradesh and Maharashtra who can assist in this process. Once 'triggered', the district officials/non-officials can partner with organisations

trained in the proper skills and steer the entire process in their respective areas.



Walk of shame...triggering of behavioural change

3. Replace individual household subsidy with community incentive

Thirdly, let us replace individual household subsidy with a collective incentive to communities, once they achieve the open defecation status. The approach discussed above believes that the behaviour change can be triggered without an individual household subsidy. Now once the collective conscious of the people has been kindled, their potential is unimaginable. Once they taste success in this collective endeavour, they will yearn for greater collective reform in their village/community and need support from government. It is at this stage that the savings from individual household subsidies can be given to the community in a dignified and flexible way. Let

them spend it on any community infrastructure/initiative they want to. Left to themselves, they will do a better job than an imposed top-down work. This is what South Korea did during the great Village Regeneration- Samuel Undong - Movement. They adopted a policy of supporting positive initiatives from the villages.

It may also be mentioned here that all the three measures mentioned above have to be undertaken together. CLTS only works when the enabling environment is right. Experience has shown that triggering in a subsidy-linked environment may not lead to sustainable change.

There is thus, a need for all concerned organisations to unite their efforts. As behavioural change is such a difficult and dynamic issue to address, it augurs well for proponents of all theories to try it out in the field. Whatever sticks will stick. There is no time for debate. Nor is there time to wait for a wonderful technological innovation that will somehow address this problem like a magic wand.

The issues in cities may be slightly different - in the sense that they are more intricately involved with hardware, there is a space constraint, cleanliness involves issues of solid waste besides open defecation etc. - but the basic approach of community involvement as has been tried out in Kalyani (West Bengal) and Nanded (Maharashtra) remains the same.



The passion for sanitation

The City Sanitation Plans must converge 'software' activities with 'hardware activities'. Further, they should be immediately implementable with the resources available. The hardware improvement is a continuous process, but it cannot be an impediment to achieving substantially clean cities.

At the macro level, the issue has to get priority in the development agenda. It should be as glamorous to talk about, discuss and work on 'Shit' as on 'Growth' and 'Infrastructure'. Once sanitation is understood as a priority and begins to get mentioned in every important political speech/high level review, the message will trickle down. In the individual communities, the 'natural leaders' who emerge during the process will be the real heroes, bringing together everyone and taking up social issues or matters concerning them in their own hands. The second war of independence, against shit, will be fought collectively for its success on ground through participatory approach.

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