

Sustaining Behavioural Change

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Swachh Bharat Mission focuses on collective behaviour change of the entire community. Construction of toilets by itself does not ensure that the rural population will use toilets on a regular basis. There are significant cultural and behavioural factors that act as barriers to the use of toilets. In most behaviour change programmes, it is observed that the adoptees, after a time interval, lapse back to their earlier habits defeating the very purpose of the programme.

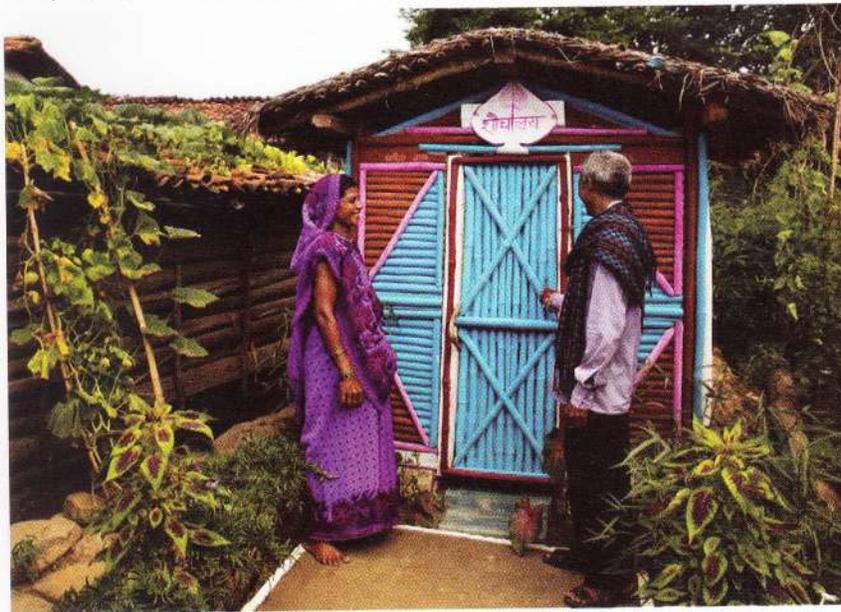
With Swachh Bharat Mission (SBM), the country witnessed a silent revolution in the construction of toilets. The movement which was launched on 2 October, 2014 succeeded in construction of over 10 crore toilets by 2 October, 2019. Because of these enormous efforts, about 6 lakh villages in approximately 700 districts in the country were declared open defecation free.¹ A major differentiating feature of SBM from all other earlier programmes has been its demand-driven nature where the primary objective is to bring about behaviour change leading to the generation of demand for construction of toilets as well as to increase the use of toilets.

In most behaviour change programmes, it is observed that the adoptees, after a time interval, lapse back to their earlier habits defeating the very purpose of the programme. This study was partly intended to find out the use patterns of toilets once they are constructed and reasons for lapsing back or non-use of constructed toilets. Thus, construction of toilets by itself does not ensure that the rural

population will use toilets on a regular basis. There are significant cultural and behavioural factors that act as barriers to the use of toilets. Open defecation for many is a part of the early morning routine walk, checking on the crops, and socialising. (Neal, Vujcic, Burns, Wood, and Devine 2015:10). For women, who go out to the fields in the dusk for open defecation, it may be the only opportunity in the day to freely socialise with other women

without being supervised by elders in the family, particularly husband and in-laws.

Apart from the behavioural factors, it is found that the design of the toilet, availability of sanitation materials, access to water, and political or social leadership account for a higher demand for construction and use of toilets (O'Reilly, and Louis 2014). SBM focuses on collective behaviour change



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of the entire community. However, many villages are not homogenous and are fragmented along the caste and religious lines ... Collective behaviour change in a village is easier when the whole village is homogeneous but difficult when there are more conflicts (Gupta, Coffey, and Spears, 2016). Furthermore, caste-based notion of purity and pollution makes it difficult to construct pit latrine which requires emptying it in future. Thus, adoption of toilets is not always linked to the presence or absence of water or toilets but to 'social determinants' and social convention reinforced by traditional beliefs.

The challenge of behaviour change is often compounded by the diversity in Indian society, and therefore, would require more contextual understanding. As a matter of fact, without having local knowledge into the fold, the sanitation campaign will lead to fruitless activities. With this background, we tried to identify and analyse the principal drivers (social, physical, and behavioural) that motivate people to stop defecation in the open, the effective elements of Information, Education, Communication (IEC) for toilet construction and behaviour change, how socio-political fragmentation and political brokerage impact toilet construction and behaviour change. Additionally, we tried to identify the major supply-side bottlenecks and understand the role of access to water and changes in land use in affecting the willingness to construct toilets.

Background

We tried to capture the socio-cultural diversity across the country in our sample. Therefore, we selected three States (viz.; Bihar, Telangana, and Gujarat). These three States represent three different socio-cultural, linguistic, and economic backgrounds, which matched our criteria of diversity. Access to toilets was highest in Gujarat (85%),



followed by Telangana (61%) and Bihar (30%).² From each State, we selected two districts (best performing and worst performing); from each district, we took two Blocks (best performing and worst performing); and from each block, we selected two Gram Panchayats (best performing and worst performing). From each Gram Panchayat, one village was selected. The sample size was 1252 [Bihar (n=441), Gujarat (n=409), and Telangana (n=402)].

Behavioural Patterns

There is a strong relationship between having a separate kitchen and having a toilet. Hygienic kitchen as a separate place within the house is as important as having a toilet (Ravindra, and Smith, 2018). The majority of our sampled households in the three States did not have a separate kitchen (64.3%); whereas, access to toilets was a whopping 72%. Despite having access, in about 8% of the households all or some members were not using toilets. The predominant reason for toilet construction in the household is privacy and convenience followed by peer pressure, prestige in society, spouse pressure, and persuasion of Panchayat leaders, political leaders, health and social workers.

Our analysis of data suggested that access to the toilet has strong correspondence with the principal

source of drinking water. Villages having piped source of drinking water were more likely to have both access to toilet and use of toilets. Furthermore, the gender of the household head also impacts access to the toilet. A female-headed household is more likely to use toilets than male-headed household. Self-employed non-agricultural household is less likely to continue open defecation.

The quality of life of a household is an important factor concerning access to the toilet. Access to other basic services increases the chances of having access to the toilet. An exclusive toilet is more likely to be used if the household has access to a dedicated water facility. The chances of open defecation increase if the distance of drinking water source is more than 400 meters from the premises instead of having a drinking water source within the dwelling. Similarly, chances of having a toilet for exclusive use reduce by 10 per cent if the drinking water source is outside the dwelling but within premises instead of having a drinking water source within the dwelling. Bathroom facility plays an important role in access to the toilet. The chances of open defecation increase substantially if the households have no access to the bathroom. An attached bathroom increases the chances of toilet use by all members of the households. Insufficient availability of water at various times of the year has a negative implication on the usage of the toilet. Housing condition, which is an indicator of standard of living, has implications for toilet usage as well.

The economic condition of the households, captured by total expenses, has a positive impact on access and use of toilets. The chances of open defecation reduce substantially when the monthly household expenses cross Rs. 1000. Furthermore, one per cent increase in expenses on durable goods increases chances of using toilets by about 48 per cent. This implies that with the

better economic condition and better living standards chances of building and using toilet increase.

Access to information regarding Government schemes and financial assistance for toilet construction are also contributing factors for construction and use of toilet, respectively. Awareness about Swachh Bharat Mission reduces the chances of open defecation by 10 per cent. Toilets constructed under the influence of the respondent (mainly head of the household) or the spouse are more likely to be used by all members of the households. The health and hygiene condition of the surroundings also impacts the construction and use of the toilet.

Apart from socio-economic, infrastructural, and environmental effects, the state-specific effects on access and use of toilets came out as significant. The chances of open defecation are higher by 13 per cent and having toilet for exclusive use is lower by 37 per cent in Gujarat as compared to Bihar. The chances of using the toilet are around 20 per cent lower for male and female above 15 years and older people in Gujarat as compared to Bihar. Chances of open defecation have been found to be higher by 30 per cent in Telangana as compared to Bihar.

The qualitative study with the help of Focus Group Discussions (FGDs), Participatory rural appraisal

(PRA), brainstorming with the help of sanitation-related photographs and un-structured interview brought some interesting findings. The households, despite being conscious of personal and social wellbeing, do not consider open defecation as a threat to their wellbeing. Demand for own house, religious places, fair or social gathering as a source of entertainment were high as compared to the construction of toilet. Non-acceptance of the toilet by few households in the village results in negative reactions by others; so those who are using also stop using it under some pretext or other. Different self-help group members reported that the toilet structure is not friendly for physically challenged. In large households, elderly persons were not comfortable in using toilets. PRA and FGD together revealed that the use of IEC was very low in the whole process of implementation of SBM (G). Different initiatives such as morning vigilance, whistle blowing, meetings, training, etc. have been taken to create awareness against open defecation. The communities have not been educated about the importance of proper sanitation system, need of toilets, proper disposal of faeces, and menstrual hygiene.

Socio-cultural norms about purity and pollution prevented people from having the toilet at home. Similarly, for many priorities are different. For example, in a village in Medak District in Telangana, the community

members contributed money for the construction of a religious place but do not want to spend money on construction of the toilet.

Recommendations

The present programme, while widely appreciated leaves a scope of the new adoptees to get back to their original behaviour. To prevent this, the programme may include the provision of more than one toilet for larger households. More emphasis may be given for information dissemination at the ground level. Health and social workers can play a larger role in influencing people.

Improvement of sanitation is linked with other indicators of living conditions. Hence, it is important to have a better infrastructure at the household level as well as public service. Better water supply service, housing, construction of the bathroom influence the access and use of the toilet. At the same time, higher income of households with higher purchasing power for durable goods would lead to better living standards of living and thus sanitation practice. Also, emphasis on female literacy is imperative for better sanitation coverage. □

Endnotes

1. <http://sbm.gov.in/> (ATHARVA) retrieved on 1st October 2019.
2. Report of "Household survey for Assessment of Toilet Coverage under Swachh Bharat Mission-Gramin" 2017. Website: https://mdws.gov.in/sites/default/files/Final_QCI_report_2017.pdf

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2. O'Reilly, K., & Louis, E. (2014). The toilet tripod: Understanding successful sanitation in rural India. *Health & place*, 29, 43-51.
3. Gupta, A., Coffey, D., & Spears, D. (2016). Purity, pollution, and untouchability: Challenges affecting the adoption, use, and sustainability of sanitation programmes in rural India. In *Sustainable Sanitation for All: Experiences, challenges, and innovations* Edited by Petra Bongartz, Naomi Vernon and John Fox, Practical Action Publishing: Warwickshire (UK). ■

