

Cleanliness and Sanitation

Underlying Constraints in India

Poorva Awasthi, Shashank Khare and V. Santhakumar

Azim Premji University, Bangalore

Open defecation and improper garbage disposal are a reality of public spaces in India, not just due to poverty or a lack of initiative on the government, but social acceptance of attitudes which disregard the necessity of public cleanliness. This spills over into lower levels of educational achievements, which in turn slows down demographic transition and the persistence of not-so-desirable health indicators responsible for significant negative externalities (which may include the lack of cleanliness in public spaces), and ultimately leads to a cycle of under-development. A combination of government policies and technology based solutions must be put in place to inculcate the need for hygienic and sanitary habits in every section of Indian society.

The 'Swachh Bharat Campaign' initiated by the Prime Minister Narendra Modi has made cleanliness and sanitation an important agenda for public action in India. The campaign (including advertisements in media) has attracted societal attention to this issue. This is a progressive development. However we need to understand the underlying factors which keep most parts of India unclean and untidy, if we want to ensure a visible change in the situation within a reasonable period of time.

As noted in the 2011 Census, individuals from nearly two-thirds of households in rural India and 13 per cent in urban areas defecate in the open. Forty four per cent of mothers dispose their children's faeces in the open in the country¹. Most of the people in the world who defecate in the open live in India, and about 60 per cent of world's open defecation is in the country (Coffey et al, 2014). Considering the relatively higher population density in rural and urban India, open defecation is a major source of health and environmental hazard. The health impacts are well known: in addition to the increased frequency of diarrhoea and respiratory infections, it could hamper the physical and cognitive development of surviving children, and affect negatively their educational attainment (Coffey et al, 2014). Open defecation affects all people in a locality irrespective of whether they use latrines or not.

Open defecation is the primary source of uncleanliness in India. Though we may consider this an issue of poverty, recent studies paint a different picture. Many people who defecate in the open in India do not consider it a bad practice (Coffey et al, 2014). This is corroborated by micro-studies carried out in states like Uttar Pradesh (Awasthi and Khare, 2015). Open defecation and the unwillingness to invest in and maintain toilets are visible even among the rural middle-class who spend substantial sums to construct houses and buy motor vehicles, televisions and so on. In fact, inadequate maintenance and investment for toilets or lack of initiative by local governments to enhance the effectiveness of the toilet construction programs may be due to the attitude-driven lack of demand for toilets. If people were indeed in need of toilets they would have been willing to use simpler and cheaper (but effective) ones; and in the absence of such demand, they are looking for costly models (an issue noted in Coffey et al, 2014 and Awasthi and Khare, 2015) and continue to practice open defecation. Hence open defecation is not merely due to poverty, a lack of adequate investments by the

¹ <http://www.unicef.org/india/wes.html>

government or of enough schemes to construct toilets. Individual and social attitudes that do not condone open defecation are equally, if not more, important for the continuation of this practice.

Open defecation and the attitude towards it can be extended to the dumping of other types of wastes in public spaces. The way people dispose waste water and solid waste from their homes (in urban and semi-urban areas) is an extension of the attitude towards open defecation (even though inadequate public investments are also a major constraint in this regard). When people dispose their waste openly, and they do not see it as a practice to be condemned and avoided, these will make public spaces unclean. Moreover the efforts to clean these spaces will not lead to sustainable improvements and could become costlier, if the underlying factors sustaining the sources of pollution are left unaddressed. The investments for cleanliness and sanitation in public spaces (including rivers like the Ganga) may fail if India cannot make the majority of its citizens see the need for and hence commit to safe waste disposal including the use of hygienic toilets.

Let us try to understand the microeconomics of this issue. Given the preference for (or lack of aversion to) open defecation, people may not be willing to invest adequate effort and money to construct and maintain a toilet. This would mean that we cannot expect the willingness to pay for this purpose to increase as incomes of individuals grow. This leads to the disposal of waste in open spaces and secondary pollution of other spaces (like rivers) through unregulated drainage. Moreover, given the public good (non-excludable) nature of public spaces, making them cleaner requires society's willingness to pay, or to take the effort to keep such spaces clean. The lower willingness to avoid open defecation would also mean a lower willingness to keep public spaces clean. In addition to the free-riding problem associated with public goods, this makes it much more difficult to keep public spaces cleaner in India. Hence the cleanliness of public spaces in the country may not improve corresponding to income/economic growth if the issue of demand is not addressed.

A similar picture arises with regard to the schooling status in India. The cleanliness and sanitation scenario may have implications for the continuing problems in Indian school education. Though there is no evidence that literacy alone would encourage people to avoid open defecation, more educated people are more likely to use latrines than less educated people within India². However, even today nearly 45 per cent of children within the age group of 6-16 years do not complete schooling in India. There are indications that this schooling failure is not merely due to income-poverty or lack of enough investments in schooling (APF, 2014). A number of social factors (the education status and occupation of parents, caste identity, and attitude towards the importance of schooling, gender norms that work against the schooling of girls, etc.,) continue to determine the education status of children (through retention, regular attendance and learning achievements), even after controlling economic or income indicators in parts of India. The lower levels of education, in turn, slows down demographic transition and the persistence of not-so-desirable health indicators (including the non-use of toilets) among sections of society. Their behaviour may

2

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Coffey_Kolkata_Group_note.pdf.

have significant negative externalities (which may include the lack of cleanliness in public spaces).

This argument can be extended to the persisting underdevelopment in parts of India or among sections of its society. Persistence of the differences in terms of development outcomes are found to be not much between countries or regions but between groups of people (Spolaore and Wacziarg, 2013). It is not surprising to see the persistence of low human development despite a moderate improvement in economic status, when people driven by social factors do not invest enough in education. This is similar to and linked with the persistence of open defecation despite modest improvements in household incomes. Hence issues of cleanliness and sanitation are related to the persistence of under-development in India despite its record of increased economic growth during the last two decades. It is difficult to keep public spaces clean even in cities like Bangalore, which witnesses substantial improvement in the economic and income status of sections of society, when there are zones of 'underdevelopment' within the city and its hinterland.

The current situation warrants shorter-term plans (as in the case of allocations in Budget 2015-16) but also medium-term strategies. There should be adequate emphasis on social and public campaigns which could provoke and instil a sense of shame in the practice of open defecation. The spread of television and mobile telephony even in the remote parts of India indicates that such campaigns can reach a substantial section of Indian society. There is evidence that the adult population is gradually shifting away from open defecation whereas it continues among children and aged population (Awasthi and Khare, 2015). There is a need to inculcate the practice of toilet-use among children. There may be a need for additional programs in this regard as part of Integrated Child Development Schemes (ICDS). Social campaigns against not sending girls to school or withdrawing them must be initiated in a sustained manner. Despite the institutionalisation of the Right to Education, there is no viable enforcement mechanism if the parents do not send the child to school (APF, 2014). There can also be positive campaigns providing information on the benefits of education.

However the medium-term strategy should be to facilitate social change and modernisation to see that all social groups acquire habits and practices such as the use of toilets and the use of schooling for all their children. There are states and regions within India which have been able to do this. There are indications that the attitudes favouring open defecation are also driven by the persistence of social fragmentation along caste lines³. The under-use of schooling by certain social groups in India can also be linked to persisting social fragmentations in Indian society and the lack of attempts to address the issue (Weiner, 1991; APF, 2014). Hence working towards social change to shape the attitudes of all social groups in tune with the needs of higher levels of human development, continue to be an important but unfinished agenda in parts of India.

Unfortunately, such push for social change has become unfashionable in the current context in the academic circles when a substantial section of social scientists are concerned about post-modern challenges. The rise of social conservative forces within India which provide the ideological base of the new central government may also work against such a push for

3

http://www.communityledtotalsanitation.org/sites/communityledtotalsanitation.org/files/Coffey_Kolkata_Group_note.pdf

development-oriented social change. Though there are anti-elite political movements covering most parts of India today, their mobilisation along social identity may make them less enthusiastic to work towards such modernisation (Santhakumar, 2014). Shedding these inhibitions and working towards social change and modernisation should be the way ahead if India wants to have cleaner public spaces.

References:

- Azim Premji Foundation. 2015. `Schooling for All: Persistent Need to Create Demand for Schooling, Azim Premji University Bangalore.
- Awasthi, P and S. Khare. 2015. Attitudinal and Logistical Barriers to use of toilets, Unpublished Report of Study in UP, Azim Premji University, Bangalore.
- Coffey, D., A. Gupta, P. Hathi, N. Khurana, N. Srivastav, S. Vyas and D. Spears. 2014. Open Defecation: Evidence from a New Survey in Rural North India, *Economic and Political Weekly*, Vol. XLIX, Issue 38, pp. 43-55.
- Santhakumar, V. 2014. The Roots of Ill Governance and Corruption, Sage Publishers, New Delhi.
- Spolaore, E. and R. Wacziarg. 2013. How Deep Are the Roots of Development?, *Journal of Economic Literature*, Vol. 51, Issue 2, pp. 325-69.
- Weiner, M. 1991. *The child and the state in India: child labor and education policy in comparative perspective*. Princeton, N.J: Princeton University Press.