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ASIA REGIONAL SANITATION AND HYGIENE
PRACTITIONERS WORKSHOP

**Formative Research on Sanitation and Hygiene Behaviours
Current Status, Knowledge, Attitudes, Barriers and Enablers:
Primary Research Findings**

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Hygiene behaviours in WASH need to be studied from a local context. There is no shortcut to working on behaviour change, without going directly to listen to and observe the reasons for prevailing hygiene practices in the contexts in which these are practised. There is dearth of formative research on hygiene behaviours. This Research was conducted in Vaishali district of Bihar in mid 2011. It looks at prevailing status, knowledge, attitudes, barriers and enablers for key hygiene behaviours. The research identified reasons behind technology failure in toilet construction (that was identified as the single biggest factor for non-use of toilets in India) as arising from the contracted out toilet construction process and not as technology failure per se. The research explored toilet use, hand washing and safe disposal of child faeces from a disaggregated perspective of gender and social stratification, in the mixed caste rural context of Bihar. Given the population and social complexity of a single district in India and the fact that a district is a comprehensive administrative unit for all development and administrative programmes in India, the research findings provide inputs to prioritising behaviour change communication strategies to address key hygiene behaviours, that may be applied to the particular district or used for developing a state strategy.

1. Background

Vaishali district, a popular tourist place in Bihar, is also known as Hajipur. It is spread over an area of 2,036 square kms and has a population of 2,718,421. It is a part of Tirhut division with its district headquarters at Hajipur town. Geographically, the district is bounded by Muzaffarpur district in the north; Samastipur in the east, river Ganga in the south and river Gandak in the west. The district has a total of 412,669 households with an average size of each household being seven (members).

The Total Sanitation Campaign (TSC) was officially sanctioned in the district in November 1999. TSC is the flagship national sanitation programme of India that has components for individual toilet construction subsidy and for behaviour change campaigns. The subsidies were targeted for the poor (Below Poverty Line). Bihar is the only state in India that has higher subsidy provision for the poor (BPL), and also subsidy for the non-poor (Above Poverty Line). The TSC programme is sub-contracted to NGOs for implementation, at a very low commission charge per constructed toilet.

The table below shows the achievements of the TSC in the district over the past 11½ years:

Table 1: Toilet coverage

Sanction Date	Reported Month	Project objectives			Project Performance			Coverage
	/Year	IHHL BPL	IHHL APL	IHHL TOTAL	IHHL BPL	IHHL APL	IHHL TOTAL	
25-11-1999	Jun-11	190598	195325	385923	148207	84769	232976	60%

Source: Online Monitoring System, Department of Drinking Water and Sanitation

Note: BPL= below poverty line; APL = above poverty line; IHHL= Individual Household Latrines

This Formative Research was sponsored by the UNICEF Patna office and was conducted by New Concept Information Systems. The Research covered 4 districts of Bihar using 128 individual household interviews in all. We covered 8 villages per district. In each village we interviewed four households(2 women and 2 men). We also interviewed service providers – Teachers, Doctors, NGOs and Coordinators of the TSC programme. Focus Group Discussions were conducted separately with men, women and children. The research was conducted in the pre monsoon summer months of May-June 2011.

Categories of villages for the Formative Research identified by UNICEF were those villages with:

- More than 90% of the households having toilets
- Self Help Groups(SHG)sthat were promoting hygiene behaviours
- Predominantly mahadalit¹ population villages(socially excluded communities)
- Mixed caste villages where sanitation programmes were not implemented

The research team consisted of local field researchers. Individual questionnaires were combined with FGDs and direct observation. An extensive training of field researchers was provided before data collection in understanding the purpose of the research, the pitfalls of direct questioning and reducing bias, use of charts as instruments to facilitate objective responses on current behaviour practices of toilet usage and hand washing. People were forthcoming in openly sharing their hygiene behaviours, admitting that they did not use toilets or practise hand washing. We did not face contradictions between individual responses and observations of hygiene behaviour.

Four district reports were prepared as part of this research.

Districts	Mothers/ Caregiver/ Decision Makers	Teacher	Doctor	ASHA/ AWW ²	NGO	FGD Men/ Women/ Children
Viashali	32	5	4	5	2	3
Sitamarhi	32	4	4	4	2	3
Madhepura	32	5	5	5	2	4
Gaya	32	4	4	4	2	3
Total	128	18	17	18	8	13

The research focus was on the following behaviours:

- Demand for and use of toilets leading to open defecation free (ODF) environment
- Personal hygiene and hand washing with soap or ash at critical times

¹Mahadalit category consists of 16 Hindu castes that have been identified by the Bihar government as the most backward amongst all castes. A “Mahadalit Mission” has been set up by Bihar govt. to provide special assistance to this category of households.

²ASHA/AWW are local women employed under Health and Nutrition Programmes of Central Govt. of India schemes.

- Safe disposal of child excreta and other solid wastes

2. Demand for and Use of Toilets

Most of the villages visited, had household toilets built under the TSC between 2007-2010. The Mahadalit villages had a high coverage of toilets and in nearly all villages, toilet construction had been sub-contracted to a mason. Most of the toilets were single offset pit toilets and a few were direct pit toilets which did not have walls and were built in the open.

Demand for toilet construction: Privacy, lack of open space for defecation and abuse suffered by *mahadalit* women and the motivational work done by the NGOs, were cited as the major demand generation factors for household toilet construction. Usage of toilets was witnessed for some women and old members of the households. Men and children preferred to defecate in the open. Low usage of toilets was observed in *Mahadalit* tolas/villages as compared to other communities. This was both an observation as well as a result of the questionnaire responses.

Reasons for not building and using toilets: Primary reason given by both men and women for not building and using toilets was the bad smell that emanated from the toilets as compared to defecating in the open. Additionally, the toilets constructed under the TSC campaign do not have a roof against rain; the superstructure does not provide sufficient privacy for women; and, some families lacked sufficient land to construct the toilets in a convenient place.

Patterns of toilet use: Usage of constructed toilets was highest where a local NGO was engaged in TSC (SHG villages). Non usage was a major concern for all other villages. The study team observed certain dichotomies, such as five toilets per family in some places and in others the presence of old unused toilets built by some donors.

Patterns of toilet use amongst Women: Older women used toilets only for urination and younger women preferred using toilets during the day since going to defecate in the open during the day could cause them embarrassment and shame. Hence the issue of dignity and privacy for women became restricted to toilet usage during day time only, even though they reported fears of going out at night to defecate in the open. Women in the *mahadalit* communities reported lack of open space to defecate, and abuse from upper caste men when they went out - as a motivator for building and using their own latrine. **Patterns of toilet use amongst Men:** Men gave many reasons for defecating in the open, with “aadat nahin hai” (we do not have the habit of using toilets) being the most common. Perceptions that the toilet would get filled up if used by all members of the family and lack of water for cleaning them were other reasons for not constructing toilets.

Patterns of use amongst Mahadalits: These respondents felt that all family members liked to go out for defecation. An increasing number of women wanted to use toilets for defecation and urination. Also some said that in the absence of toilets at home, they had no option but to defecate outside.

Usage Pattern

Table2: Current toilet usage

Current Toilet Usage	
Men	Very low
Women	Increasing trend
Children	Very low
Older members	Increasing trend

Decision making process: Mostly men take the decision to construct toilets. When interviewed, women responded that men are the deciding authority for toilet construction. However, in SHG villages some old parents took this decision while women were usually the trigger behind this decision. Motivation for old parents was inability to go out for defecation due to old age.

Non usage of toilets: Feedbacks

“Jab se nayi bahu aayi hai vo sirf toilet ka istemaal karti hai”(Ever since the new daughter-in-law had come, she only uses the toilet)

- Goroul Bhagwanpur, Paharpur Bishunpur

“Buzurg bahar kheti karne jaate hain to subah aur sham bahar hi toilet karte hain”(Old people go out to fields, so they defecate outside, in morning and evening)

- Sultanpur, Mohanpur, Pirapur

“Subah purushon ko thandi hawa khane ki aadat hai”(Men are used to walking in fresh air in the morning)

- Paharpur Bishunpur, Sultanpur, Raghwapur Bhagwatpur

“Subah logon se milna bhi ho jaata hai aur group me toilet bhi kar lene ki aadat ke karan” (Defecating in the open has the dual purpose of meeting people in the morning and relieving oneself)

-Mohanpur, Sultanpur, Bhagwatpur

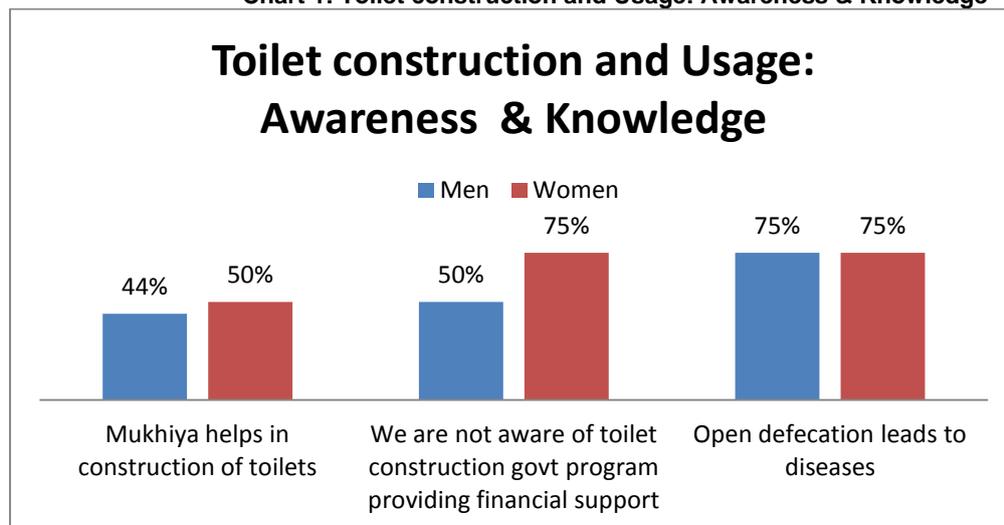
Toilet cleaning: In all villages, women kept the toilets clean by washing them with water. In some villages (Mohanpur and Pirapur) women reported that they cleaned the toilets with phenyl (anti septic cleanser).

Knowledge and Perceptions

Knowledge

Amongst women, 75% reported that they were not aware of any government scheme(TSC) on toilet construction. In villages where a local NGO had helped in the TSC implementation, people were able to recall the name of the NGO. Where no local NGO had facilitated toilet construction, few people were aware that TSC subsidy could be leveraged with support from the village leader (*Mukhiya*).

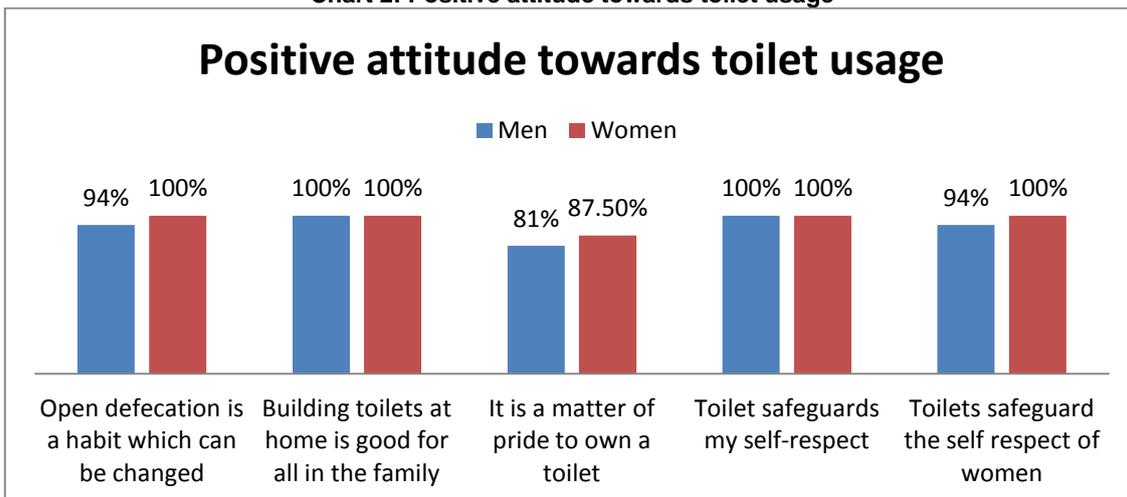
Chart 1: Toilet construction and Usage: Awareness & Knowledge



Attitude towards toilet usage

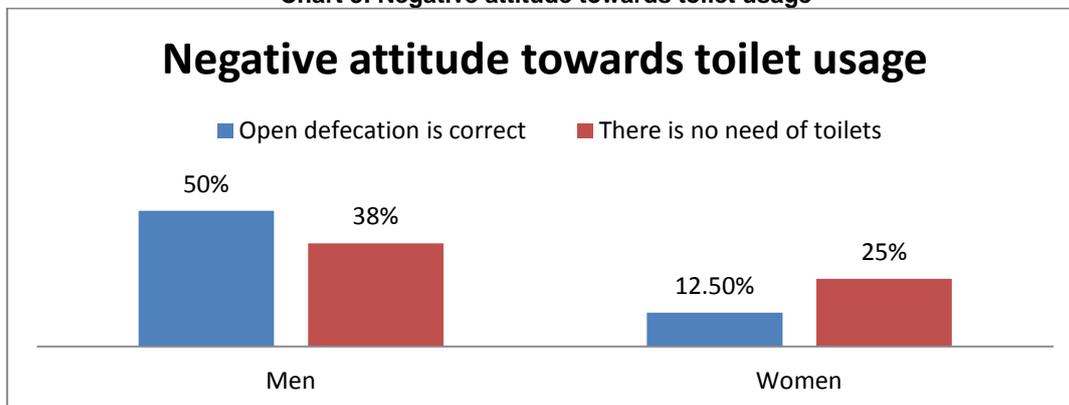
An overwhelming majority of men and women agreed that open defecation was a bad habit which could be changed. Building toilets was good for the family and a matter of family pride.

Chart 2: Positive attitude towards toilet usage



Surprisingly, almost 50 percent men agreed that open defecation was a correct practice and nearly 38 percent said there was no need for a toilet at home. This percentage was significantly low amongst women.

Chart 3: Negative attitude towards toilet usage



Barriers and Enablers for toilet use

Land availability issue and location of toilets: Unavailability of land, especially in case of *mahadalit tolas*, was seen as a major barrier in the construction of toilets. Locational bottlenecks were seen as: roadside toilets, in front of the kitchen or front door, toilets constructed on other’s land, toilets constructed far from the house, toilets constructed over bunds with problems of sinking, or constructed near the river, so the toilet pit gets filled up.

“Mere Ghar mein kitchen ke samne hi toilet bana diya hai...to hum badbu ke karan use nahi karte hain” (Toilet has been constructed in front of the kitchen in my house, so we don’t use it, for fear of it stinking)-Daya Devi, Paharpur, Bishnpur

“Toilet road ki side pe bana diya hai, isiliye humko jaane mein sharam aati hai” (Toilet has been constructed on the side of the road, so we feel shame in going to it)- Raghwapur

“Mera toilet mere bhai ki zameen pe bana hai, jiske liye vo mujhe use nhi karne deta hai” (My toilet was constructed on my brother’s land, so he doesn’t allow me to use it)- Sultampur

“Apni zameen na hone ke karan mai toilet nahi bana sakta” (I can’t construct a toilet due to unavailability of my personal land)- Sultanpur

“Neher ke paas toilet bana hai jiske karan paani aane se gaddhe se kachra bahar aata hai” (Toilet has been constructed near the river, so the wastage comes out from the pit when water overflows from the river) - Pirapur

“Pokhar k paas toilet hone se vo dhas jaata hai aur toilet toot jaata hai” (Being close to the pond, the toilet slides down and gets broken) - Goroul Bhagwanpur

2. Subsidy-motivated toilet construction in mahadalit tolas:

In some instances it was observed that new toilets had been constructed where old ones existed and were not in use. The focus here was more on construction and hence the emphasis on contractors to build toilets, without assessing demand and usage issues.

3. Poor construction quality

4. **Lack of availability of water** during summer and fear of pits getting filled up during monsoons

5. Habit of open defecation, especially amongst men

6. **Shared latrines within large families:** The concept of sharing toilets had still not gained acceptance. A gender divide was seen in this aspect, with **both men and women** desiring separate defecation spaces for themselves

7. Fear that offset **toilet pits will get filled up fast.**

8. **Bad smell** and

9. **Fear of Rodents** damaging the toilets

Social Issues

“Ghar me toilet na hone ke karan bete ki shaadi 3 baar toot gyi par toilet banane ke baad shaadi ho gayi” (Son’s marriage got broken 3 times due to unavailability of toilet at home, now it has been constructed and he got married), Bhagwatpur

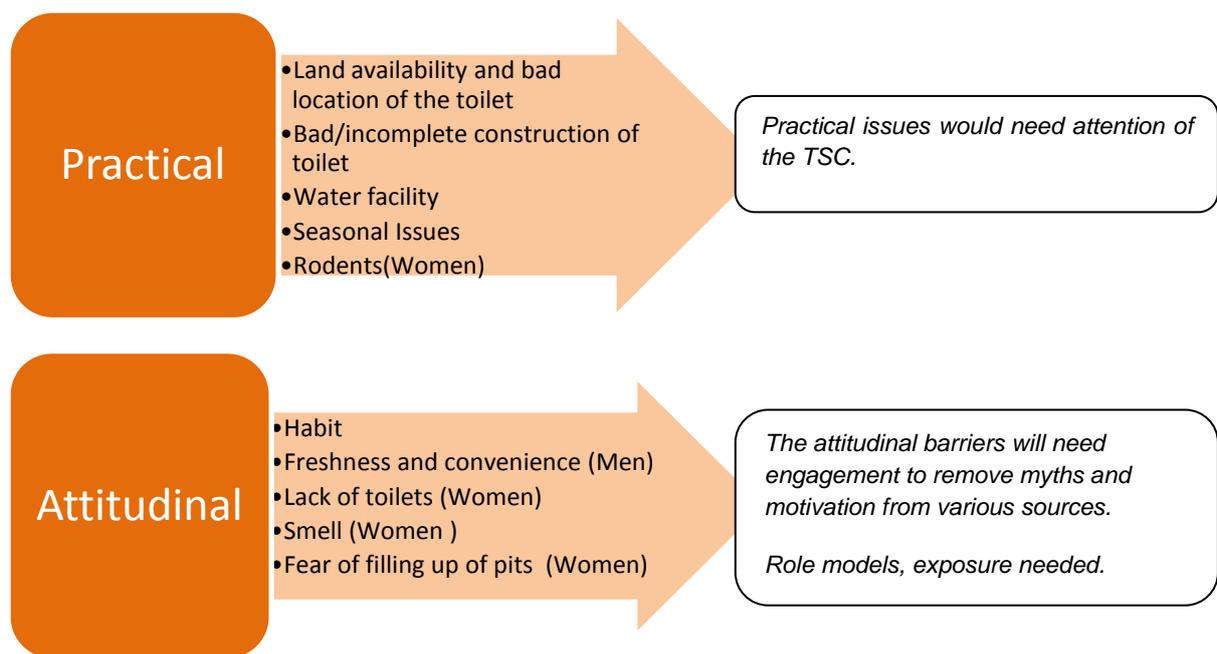
“Govt. toilets sirf neechli jaati ke liye banwati hai isiliye istemaal nahi hota, agar sabke liye banvaaye to istemaal hoga” (Govt Toilets are built only for the lower caste that’s why it doesn’t get used, if it is made for every one it will be used), Teacher- Suman Singh, Agrail Khurd

“Jahan bahu betiyan istemaal krte hain vahan par purush jaana pasand nhi karte jaise nahane vaali jagah aur toilet” (men do not like to go to the places which are used by daughters-in-law, such as bathroom and toilet), Bhagwatpur, Mohanpur, Pirapur

The *Mahadalit* community identified the following barriers:

Lack of proper water facilities, Poor construction, and Fear of pit filling up with continuous use

Overall, the barriers operating against use of toilets can be summarized as:



Enabling Factors for the Use of Toilets

Convenience and privacy: For women, older people and the disabled, this was the most important enabler for improved hygiene behaviour (construction and usage of toilets).

Fear: Some women refrained from using the toilets at night because they feared snake and mosquito bites. Fears also abounded with regard to the presence of eerie supernatural powers/ghosts/spirits at night, which kept them away from using toilets once the sun went down. Personal security issues also crept into thoughts of defecating in the open at night.

Shame: One household said that there was a school in front of the house due to which they were unable to go out and defecate in the open. Also, they did not like carrying a pot for open defecation in front of men and because of this shame, they used the toilet. Women were embarrassed by the fact that people could see them when they went out for defecation.

Social issues: In one household, the senior gentleman was honest enough to admit that his son's marriage was broken thrice due to unavailability of a toilet in the household. Some people said that toilets were constructed only for lower caste people.

Construction: Poor construction of TSC toilets, in terms of lack of roof and door for privacy, inadequate space for people to squat comfortably, perception of safety in terms of quality of construction, especially walls and small size of the pit, were highlighted as the key reasons for non usage of toilets.

Health issues: Protection from water borne diseases and the need for sanitation, emerged as the last reason on the list of priorities for the respondents. Disabilities and bad health had forced several people to use the toilets.

Recommendations to improve use of toilets

Promote toilet use across target groups: The low level of toilet use in the district is a matter of concern for all habitations, including *mahadalits*. There have been problems with construction of toilets, issues related to lack of suitable land for toilet construction and a tendency to build toilets with subsidy without first raising awareness and demand for toilets.

Find ways of motivating women to use toilets more frequently: Women were motivated to use toilets more for convenience, and out of a sense of dignity that came from not being seen going out to defecate during the day, and not as an outcome of improved behaviour change or recognition of any significant health impacts.

Redefine construction priorities: Usage of toilets already constructed, repaired and renovated should be a priority for the district, given the low use of toilets. New toilet construction should not be done simply to provide subsidy, without first establishing why existing toilets were not being used (especially in *mahadalit tolas*).

Build on positive achievements: Where NGOs (Mahila Samakhya) helped increase awareness regarding benefits of toilet usage, this could be further strengthened by following up and ensuring that construction related issues were addressed as a priority. NGOs engagement in TSC is limited to meagre incentives linked to toilets constructed. It becomes a sub contracting exercise that leads to poor construction and corruption. Mahila Samakhya is another programme of Bihar government, UNICEF tied up sanitation behaviour change awareness raising work with this initiative successfully in raising demand for hygiene.

Have a new set of behaviour change messages: Communication for generating demand for toilets should be a priority. The perception that open defecation was an acceptable social or cultural habit for the individual and family. Generating demand for household toilets therefore needs to be targeted in communication messages that challenge this knowledge and awareness. Messages should focus on keeping toilets clean, repairing them and using them. Direct communication, face-to-face engagement and encouraging a culture of resisting open defecation by using community pressure with Community-led Total Sanitation (CLTS) instruments of naming and shaming should be incorporated into the interventions. Behaviour change messages should help people

overcomemyths and fears regarding toilet use; they should challenge negative social norms (promote sharing a toilet amongst male and femalefamily members)and dispel fears of toilet pits getting filled up

Communication materials should not be developed as an external intervention: Engagement of communities is needed in communication material development, in first evaluating the reasons for low demand and usage of toilets, and then in developing plans and actions for addressing the problems. Strategies for addressing women’s labour, associated with increased work load for keeping toilets clean, fetching water and ensuring that children use toilets – need to be addressed at the community and not household level under a BCC intervention.

3. Personal Hygiene and Hand Washing with Soap or Ash at Critical Times

Current Practice

Hand washing at critical times (before eating and after defecation) with water only and not with soap and water, was also common place. After practicing open defecation, using left over water from the *lotta*/bottle to wash hands with available mud was the done thing in most households for most people including children.

Another significant finding was that **smell, look and feel** were the principle drivers of personal hygiene. Smell was the most important driver that motivated people to use mud to rid themselves of the bad odour, **after defecation**. It also explained why hand washing with mud, ash or soap before eating meals, was not a standard practice.Soap, however, was used by people only to take bath and for washing clothes. Women also used it when their hands become very dirty.

Very few women however, reported using soap for hand washing though they used ash for hand washing after defecation. Awareness about hand washing with a safe medium was a trend that was fast catching on, especially amongst women.

Ash was not a preferred medium for hand washing after defecation or before eating, rather was used more frequently for cleaning utensils.

Awareness and need for improved personal hygiene had a distinct class and caste association. Improved personal hygiene of using soap for hand washing, taking regular bath and washing clothes was seen as a prerogative of those who were economically better off; who do not do a lot of manual labour; and who are not *dalits* (*people traditionally regarded as untouchables in the caste system*).

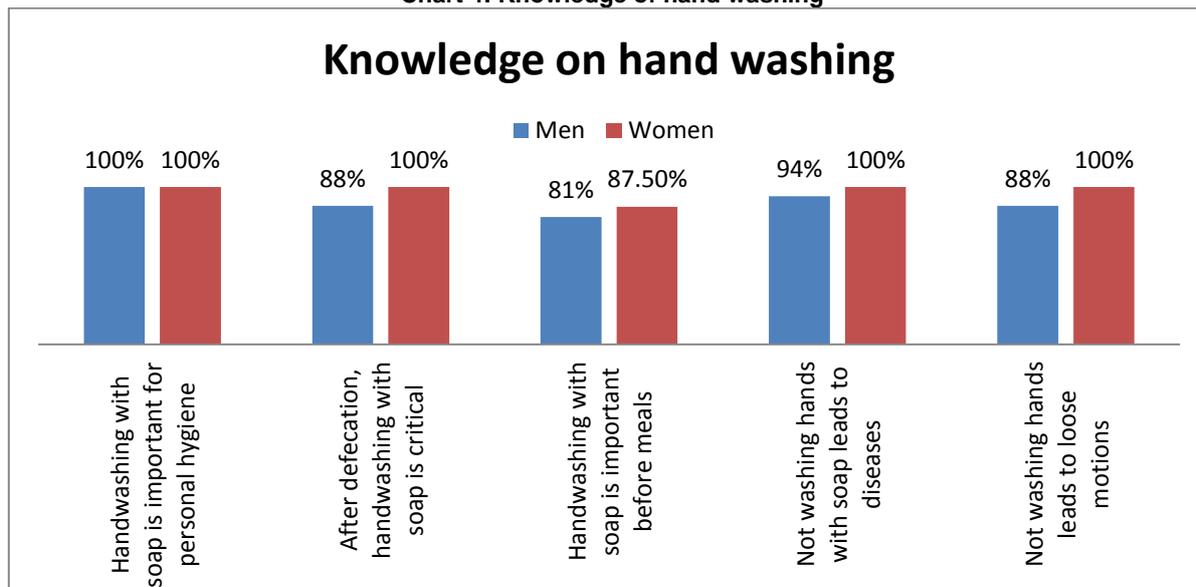
Table 2: Hand washing practices

Hand washing practices		
	Before Meals	After Defecation
Men	Water only	Only with mud
Women	Water only	Few with soap or ash.
Children	Water but not always	Only with Mud

Knowledge and Attitudes

Knowledge on hand washing with soap at critical times, as an improved hygiene behaviour, was well understood by both men and women. All of them seemed to know the importance of hand washing at critical times and with soap, however the practice remained more as an exception than the norm, owing to the many barriers that existed (mentioned in the next section).

Chart 4: Knowledge of hand washing



Most of the respondents agreed that soaps/washing powder should be present at the place of hand washing but because soaps and surf were expensive, they were not able to use it.

Attitude

People working in the fields in rural areas and the poorest among the poor, have a low economic level that prevented them from washing their clothes and/or spending money on soap.

“Agar har samay saaf rahenge to kaam kaise karenge?”(If we keep our hands clean at all times, how will do our work?) was a common reaction.

Hand washing with water and mud after defecation and with only water before meals was considered sufficient in terms of hygiene standards and safety. “*Khana khane se pehle sirf paani se hi haath dhote hain, kam samay lagta hai*”(We wash hands only with water before meals as it takes less time) said Raghwapur, of Sultanpur.

It is also a self perception of mahadalit and lower caste people, their well being in terms of appearance, hand washing and personal hygiene, has never been socially appreciated. Hence it does not matter if they are dirty.

People were also satisfied with the look and feel that they experienced once they got cleaned up after washing their hands with water at critical times. This, according to them was sufficient to ensure hygiene.

Barriers and Enablers

Barriers to Key Hygienic Practices

Most of the people in the villages did not practice key hygienic behaviours. They stated various reasons for not washing their hands:

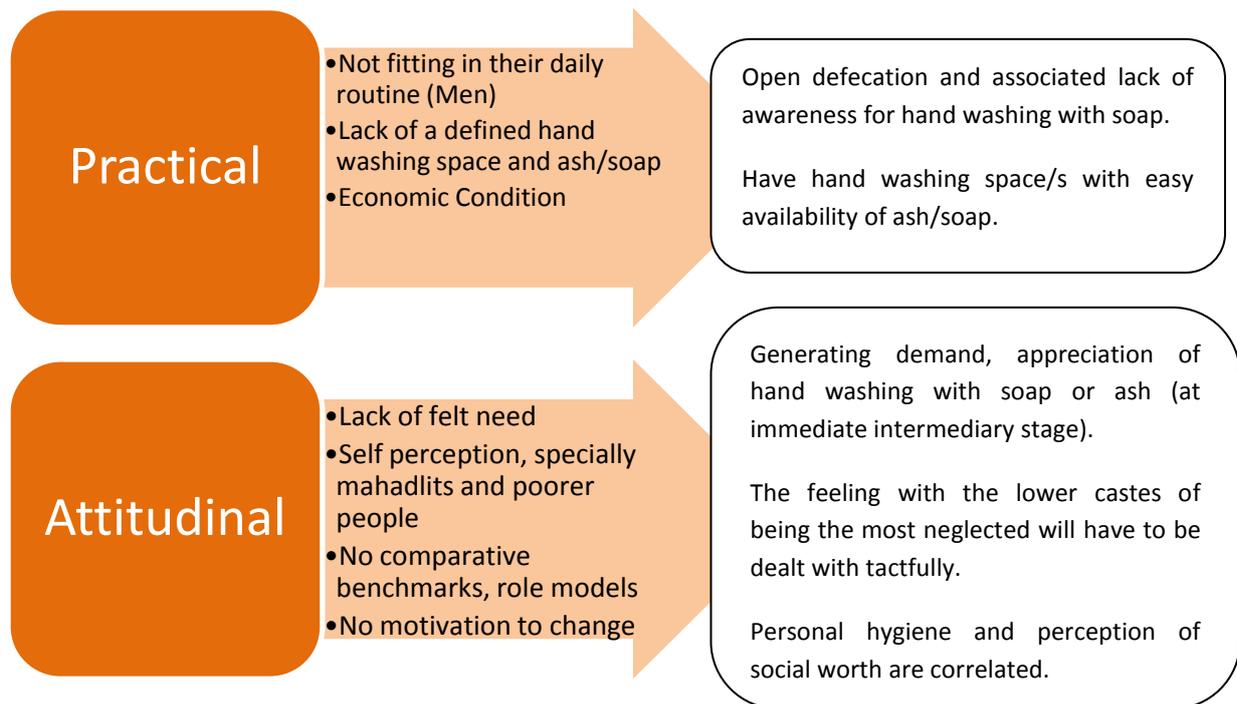
Hand washing with soap not a priority

Non-availability of soap and practice, no motivation for children: Children in the villages were not in the habit of washing their hands with soap.

Perception issues (look and feel): People did not feel the necessity of washing their hands till such time that they wanted/desired their hands to “look” good. If there was a bad odour or smell coming from their hand/s, only then there was a felt need to wash hands. Mud was also used commonly, to avoid the smell.

Economic condition: Some people (mostly women), reported not using soaps because they could simply not afford to buy it.

Social issues: Mahadalit communities believed that they were way below the rest and therefore, adopting hygienic practices was immaterial and something that would still not make them better than other communities. “*Mere badal jaane se kisiko koi farak nahi padega*”(No one will be bothered to see me change my behaviour)



Enabling Factors to Key Hygienic Practices

Getting rid of bad smell or rather the perception of dirtying their hands after defecation:

Polio: Since the child had polio in one of the households, the family members were using the soap to wash hands, which was also their doctor's advice. *"Doctor ke kehne pe sabun se haath dhoti hai"* (We wash hands on the instruction of the doctor), said a mother in Raghwapur.

Recommendations related to handwashing practice

Getting men to understand the importance of hand washing: Using soaps to wash hands after all critical times remains a major issue. Men, more than women, do not wash hands with soap after defecation. This habit was also being transmitted to the children.

Focused behaviour change messages needed: BCC messages are needed to focus on all aspects associated with open defecation, which include a casual attitude towards washing hands after defecation. Hand washing with soap after defecation could be prioritised with its associated personal and social stigmas and implications. **Also, BCC messages must focus on clear individual and social incentives and disincentives, for** inculcating improved hand washing practice among rural communities. Men and children should be the primary focus of BCC campaigns

Make soap easily available: Availability of soap or ash, at a defined place that is convenient and accessible to all including children must be part of a family's hygiene promotion/adoption plan

Find different ways of overcoming barriers related to smell: Health as a key message, for hand washing practice, may not change old habits. However, the perception of getting rid of bad smell and cleaning hands after a dirty act of defecation, can be built upon to focus on how unsafe the current medium (mud) is. To improve satisfaction level of smell and feel soap or ash should be the preferred medium.

More time and priority for hand washing in schools: This should be done, especially during short lunch break and by promoting hygiene messages during mid day meal distribution

4. Safe Disposal of Child Faeces

Current Status and Practices

Child faeces handling practice: The study found that it was usually the mother who took care of the child and disposed off the excreta. When she was not there, it was the grandparents or the elder sister who did so.

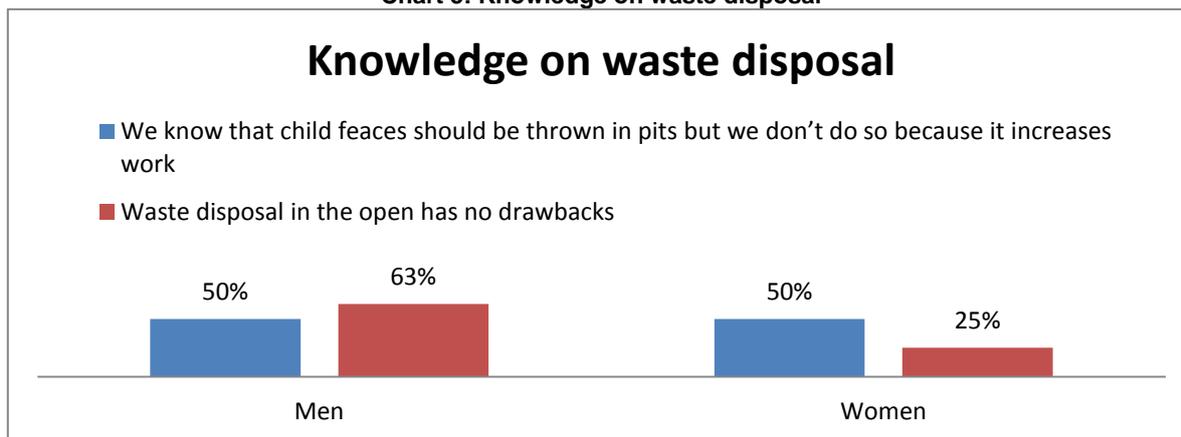
Common places for disposal: Everyone in the village threw the excreta out in the open, wherever they felt it was convenient to do so. It was observed that usually child excreta was thrown behind the house, but in the Mahadalit villages, it was thrown in front of the house. Women in mixed villages preferred to throw the child's excreta at the same place where the animal's excreta was thrown. Some reported that sometimes the child's excreta got consumed by animals (dogs and pigs) who lived in those areas.

Knowledge and Attitudes

Knowledge Levels

The levels of knowledge with regard to disposal of child waste/excreta seemed low in the district. Almost half the men and women did not know that it should be thrown in pits. Amongst women, 25 percent agreed they did not know about the drawbacks of waste disposal in the open.

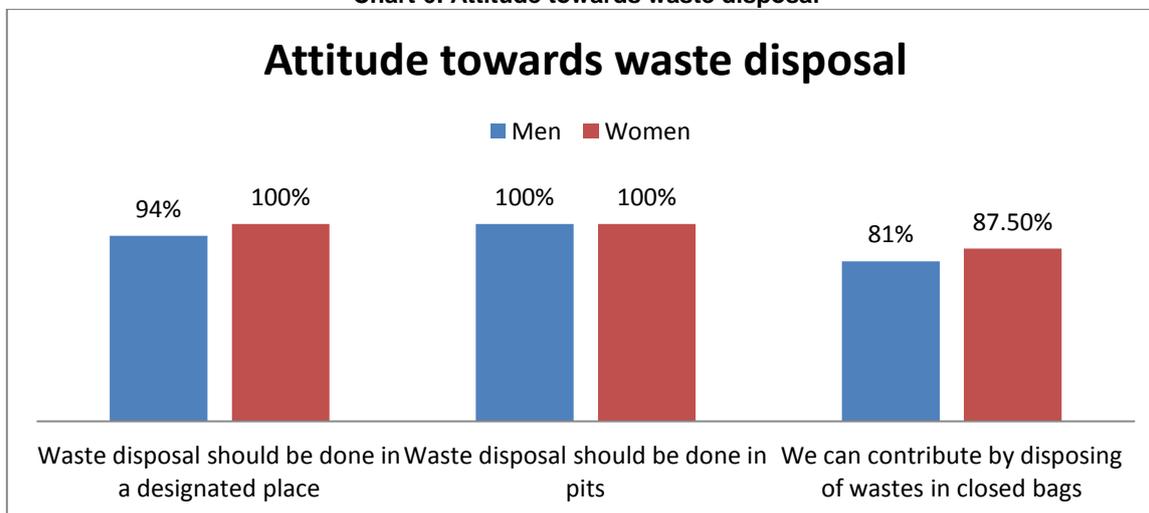
Chart 5: Knowledge on waste disposal



Attitudes

Both men and women had a positive view towards waste disposal. (As seen in the graph below)

Chart 6: Attitude towards waste disposal



Barriers and Enablers

Issues and Barriers to Safe Disposal of Child's Excreta

Almost everyone in the village was seen disposing the child's excreta through unsafe mechanisms. They refrained from throwing it into pits or toilets. A number of reasons existed for their not doing so. People shared the emotional and physical barriers they faced when it came to methods of safe disposal; defecating in the open; not using toilets for disposal; and the difficulty they faced while taking care of the child.

Do Not Use Toilets Because

Hard work: Women in villages felt that digging pits and then dumping child excreta into it created more physical work for them. To avoid this, they preferred throwing the waste in the open.

Time consuming: People felt that disposing the excreta in the toilets was a time consuming process. Also if disposed in the toilet, it needed washing with water, which wasted a lot of their time. Time was always a premium for them since they had so much work to do.

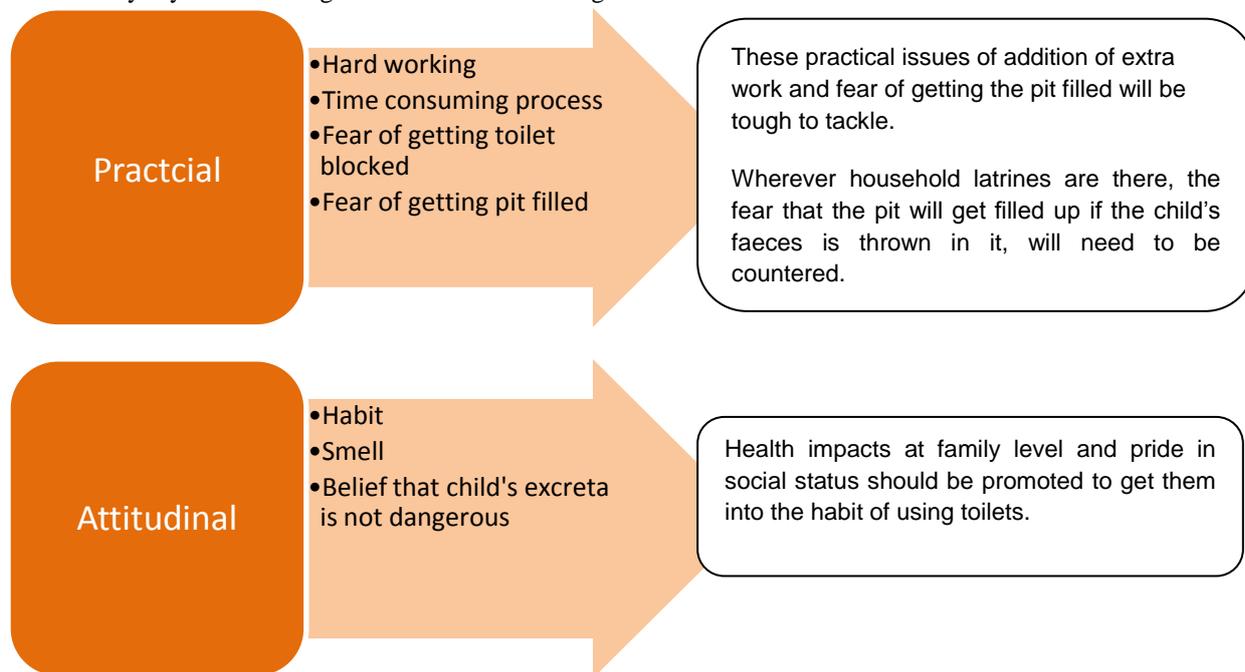
Sheer habit: Throwing the excreta in the open had become a habit with them and also watching others doing it all the time, provided them little reason to do it differently.

Fear of toilet getting blocked: People in the community felt that by throwing the excreta of the child wrapped in a cloth and polythene would lead to blockage in their toilet making it redundant to all.

Fear of toilet getting dirty: Feedback from people in the community suggested that the excreta thrown along with the mud or ash made the toilets dirty.

Fear of pit getting filled: Women expressed fear that their pits would get filled up if they used the toilets for disposing off the faeces.

Smell – they say that throwing excreta in the toilets might cause smell in the toilet.



Recommendations related to disposal of the young child's faeces

Safe disposal of child faeces needs to be promoted as a key health message. Currently there is a perception that child faeces is not dangerous to human health, as child faeces is considered not to be like adult faeces. Safe disposal of child faeces is one of the last priorities of personal hygiene amongst communities

There is need to separately promote safe disposal of child faeces on priority; BCC strategy should link this to messages of hand washing with soap and/or ash

Keeping children and their surroundings clean, should be a specific hygiene message that is promoted by all government departments dealing with children and women, health and habitat

Dispel fears: TSC will have to focus on changing behaviours for encouraging safe disposal of child faeces in toilets, by dispelling the fears that the toilet pan or the pit will get clogged if this is done.

Institute awards: Including safe disposal of child faeces can be made a part of the criteria for NGP awards.

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Keywords : TSC, Mahadalits, Hand washing, Toilet Use, Child Excreta, Hygiene Behaviour Change, Attitudes, Barriers, Women, Communication, SHGs, Social Exclusion

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