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In Lieu of Editorial

The Journal of Asiatic Society for Social Science Research since its beginning has been attempting to address the disruption happening in academic and research publication in the domain area of social science and humanities due to digital technology & information and communications technology and its collision with traditional ways of doing things. JASSSR in the beginning as an online research endeavour, served as an adjoining link transforming research publication from traditional way of doing things to digitization throughout its journey including pandemic period and still continuing its relentless effort in making research publication interesting, informative, well-researched with empirical findings and above all reader friendly. In its four years of incredible journey, it has kept its ongoing effort of creating a unified research and publication society enriching high quality and standard publications by researchers and authors of eminence in humanities and Social Science from across the globe covering research topics and themes on conflicting currents of social, economic, political, psychological and cultural aspects of human society. As a platform of research and publication, JASSSR has provided a beautiful future for the present so also covering generations of researchers and scholars in social science and humanities and by receiving an international recognition and acclamation. By publishing research articles of interdisciplinary nature, it endeavours to promote research in the field of history, archaeology, anthropology, communication studies, political science, economics, cultural studies, governance, public administration, psychology, jurisprudence, sociology, population studies, ethics and philosophy, gender studies and religious studies and so on.

In all of our issues, we have tried to accommodate the burgeoning demand of researchers and authors engaged in creating new knowledge and research innovations with objectivity through rigorous empirical and scientific study fostering and catering to the needs of a large number of fellow social scientists, researchers and policy makers.

This volume and issue of JASSSR is a unique and distinctive one as it is getting published simultaneously both online and offline. For accomplishment of this gigantic task, my entire editorial team deserves special thanks, who through their scrupulous and meticulous review and editorial support have made the impossible quite possible. Our entire editorial team since publication of our first issue, has been trying with commitment and dedication to radiate with optimism, confidence and ambition for a meaningful and substantial research contribution in their respective area of interest and can stand up to the best in the academic and research

world. Throughout our incredible journey of roller coaster ride from the day one of publication of JASSSR, we have never missed a single edition which well speaks our academic and research commitment and dedication even in the hours of pandemic crisis. Being excessively preoccupied with numerous academic events and other research publications this particular volume and issue has been delayed by one month for which we are apologetic before the authors so also our readers.

The current issue of JASSSR, June 2023 carries 09(nine)numbers of research articles of interdisciplinary disciplines by academics and researchers of repute who have been doing excellent work in their areas of research interests. While editing all these research articles of this issue, we have taken utmost care with objectivity without distorting the original crux and thrust of the write up of each contributor. We understand that the contributors of this issue while focusing on the conflicting currents of some issues of fundamental problems, the human society is confronting with, have objectively analyzed their research problem with dedication, convictions, commitment and academic integrity. I am sure the contributors of this volume through their concerned commitment, research and academic insight have tried to focus on the various issues, aspects and dimensions which in a great way will help by addressing many difficult research questions that are put in minds of academics, researchers and general readers. Beyond doubt, the articles published in this issue carrying both theoretical and empirical contents through in-depth research with objectivity will serve the purpose of re-orienting our faculties, re-programming our academic pursuit, re-establishing the lost belief in their research potentiality and would help in a big way re-arranging our priorities in research and publications.

The true pursuit of knowledge greatly depends on quality research and academic writings which is well carried by JASSSR that marching ahead in the direction of carving out the roadmap for researchers, academics, students, policy makers, general readers and civil society actors.



(Dr Pramod Kumar Ray)

Editor, JASSSR

Swachh Bharat Abhiyan: Myth vs Reality

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ABSTRACT

Open defecation is one of the reasons of poor sanitation and it is linked to health and human development. According to SDG India index baseline report, 2018, Odisha is the lowest performing state both in latrine coverage and open defecation. The southern districts are mostly underdeveloped compare to other part of Odisha and the districts have more than 50 percent tribal population and lastly poor are more likely to open defecation than others and the health outcomes of tribes are also not good compare to others. In this context, an ethnographic study has undertaken in southern districts of Odisha with the help of techniques like in-depth interview, focus group discussions and field observations to know the latrine practices among tribes. The result reveals that the low uptake of latrines is due to age-old practices and also availability of water and land at outside. The default in subsidy-based latrine like structural design, location and non-availability of water connection to latrines, fear of overflow of faecal sludge, non-availability of proper cleaning system of pits are the prominent reasons for low uptake of latrines. Addressing these issues are the foremost priority and proper awareness campaign with the help of local people, local language and local music is the way forward to achieve sustainable development goals.

Keywords: Open Defecation, Sanitation, Drinking Water, Hygiene, Sustainable Development, Clean India, Dengue

Introduction

Poor sanitation and hygiene is associated with morbidity, mortality and also human dignity. It accounts for about 1.9% of the global burden of the diseases according to world health organization in 2016. According to world health organization, 4 lakh 32 thousand cases of diarrhoeal deaths occurred among under-five years of children annually which is the second leading cause of death (after pneumonia) due to inadequate sanitation in 2017. The evidence show that the recurrence of diarrhoea among children below age of five can lead to permanent damage of its immune system and also lead to stunting. The three important factors responsible for poor sanitation are non-accessibility of clean toilets, non-availability of drinking water and improper hygienic practices. In-access to toilets which means open defecation is one of the reasons behind poor sanitation. There is a common consensus among scholarship that open defecation can affect everyone but children under-five years of age, adolescent girls, women, trans-genders, mentally ill persons and different abled persons are more likely experiencing multiple health vulnerabilities and have negative social impact. Inappropriate human waste disposal has negative impact on health and also significant contributor to various diseases such as infectious diseases, acute respiratory diseases, viral infections, typhoid, diarrhoea, cholera, hepatitis A, neglected tropical disease and soil transmitted helminthes such as, human hook worms, human whipworm and human round worm trachoma and schistosomiasis and lastly malnutrition, stunting and anemia among children and mothers and also even responsible for both infant and maternal mortality (Kumar & Barik, 2020). Young girls and women, trans-

genders, mentally ill persons and differently abled persons are more vulnerable to verbal, sexual, physical, psychological trauma and even face loss of educational opportunities. According to the progress report on household drinking water, sanitation and hygiene 2000-2017: special focus on inequalities, UNICEF & WHO, 2019, only 45% of world's population (3.4 billion) have accessibility of safely managed sanitation facilities, whereas 2000 million population have not even minimum sanitation provisions like latrines and 67.3 crore people are still practicing open defecation in 2017. In the same year, 3000 million population have no access to basic hand washing provisions at their household and most importantly 78.5 crore population have no access to basic drinking water facilities. The open defecation practice is more in rural areas (18%) than urban (1%) in 2017 that means nine out of 10 open defecators lived in rural areas. Safely managed sanitation facilities is an upgraded version of sanitation facilities where excreta are treated safely in pits or treated outside with proper transportation facilities whereas open defecation is the practice of defecating in open spaces like fields, water channels and ditches where no proper disposal facilities for human excreta and also behind bushes (UNICEF and WHO 2019). Inaccessibility to safe and clean drinking water and toilets, inadequate sanitation facilities and practice of open defecation clearly violet the human rights and infringement of human dignity as per United Nations. Understanding the importance of sanitation and drinking water, the United Nations has placed the basic sanitation as one of the goals of sustainable development goals (SDGs) for 2030, to achieve universal, adequate and equitable access to sanitation, safe and drinking water and hygiene and also end open defecation with an importance to girls and women and the people with vulnerable situations.

In context of India, efforts were made to improve rural sanitation coverage traced back to 1954 as rural sanitation programme was introduced in first five-year plan but its coverage is just 1%, according to 1981 census as per guidelines for swachha bharat mission (Gramin). To boost the rural sanitation with more formal way, the programme led initiative like central rural sanitation programme (CRSP) came with effective in 1986. However, the subsidy-based supply-driven approach to promote sanitation did not yield sustained impact, and CRSP was replaced and total sanitation campaign (TSC) came into existence in 1999 (Routray et al., 2015). With a new vigor, financial incentives were provided for the construction of individual household latrines (IHHL) to households of below poverty line (BPL) with a community participatory and demand driven approach by sensitizing and mobilizing through information, education and communication and followed by nirmal gram purskar (NGP) but again the programme could not achieve up to the mark. After 11 years of execution, TSC was renamed as nirmal bharat abhiyan (NBA) and started with some modification in strategy, goals and funding reallocation in 2012. Under this programme both BPL and above poverty line (APL) were included with a higher government financial subsidies to achieve 100% access to toilets with a view that no one defecates. However, the convergence of NBA with mahatma gandhi national rural employment scheme (MGNREGS) created delays in funding from different sources (implementation difficulties). So, again to accelerate sanitation coverage by improving quality of life by promoting cleanliness, hygiene and eliminating open defecation by adopting sustainable sanitation practices through social inclusion and community participation with awareness creation and health education and appropriate technologies, the government of India launched Clean India Mission or swacha bharat mission (SBM) in 2nd October, 2014 and target

to achieve clean India by the 2nd October, 2019, as a fitting tribute to the 150th birth anniversary of Mahatma Gandhi, according to guidelines for swachha bhara mission (Gramin) updated to 31st December, 2018. The mission has two components like swacha bhara mission (rural) and swacha bhara mission (urban). The SBM (Rural) is coming under ministry of drinking water and sanitation, government of India. While talking about sanitation, we can't ignore availability of water because water plays an important role in sanitation process. India is the second largest populated (16% of world's population) country in the world having just 4% of portable water resources. The per capita availability of water places India into 'high to extreme water stress' category among countries. There are three major sources of water in India i.e. rain, ground water and ice and snow in the mountain. Needless to say, erratic rainfall by climate change, surface and ground water pollution by biological, organic, inorganic, chemical and toxic pollutants coming from industrial effluents, agriculture and domestic waste and finally poor water quality due to pathogenic microorganisms add more water woes and environmental health burden (A. A. Cronin et al., 2016). Understanding the gravity of the issue, a right-based approach to water becomes prominent and India is now a signatory to the 2010 United Nations (UN) declaration of water as a right. In Indian context, planned efforts were made to supply safe water traced back to 1949 by the recommendation of environmental sanitation committee to achieve 90% population in next 40 years.

Constitution of India listed water as a state subject and state governments were assigned to take the responsibility of providing clean drinking water and improve public health standards, according to Article 47, constitution of India. The first water supply initiative was started in rural areas in 1969 with the launch of national rural drinking water supply programme (NRDWSP) with the technical support of UNICEF. The infrastructure like bore wells and piped water connections were started. To improve the pace of drinking water supply coverage, accelerated rural water supply programme (ARWSP) was launched in 1972. In 1986, national drinking water mission was started followed by national water policy in 1987. Later, it was renamed as Rajiv Gandhi National Drinking Water Mission (RGNDWM) in 1991. Again with some modification in strategy, the sector reform projects came in 1999-2000 with participation of community in planning, implementation and management of drinking water supply schemes. Later, it was renamed into swajaldhara in 2002. In 2009, national rural drinking water programme (NRDWP) was launched with a vision of safe drinking water for all, at all times, in rural areas whereas emphasize was given on sustainability of water availability in terms of adequacy, convenience, portability, affordability and equity with decentralized approach of involving panchayat raj institutions (PRIs) and community organizations (A.A. Cronin et al. 2016). The 73rd constitutional amendments in 1994 give power to panchayat raj institutions to take the responsibility of providing drinking water. Again, NRDWP was renamed as Jal Jivan Mission with some structural changes and also measures like focus on water source sustainability, water management through recharge and reuse, rain water harvesting and water conservation were initiated. The aim of JJM is to provide functional household tap connection to every rural household (known Har Ghar Jal) by 2024. The formation of drinking water supply department established in ministry of rural development in 1999 and later this department was renamed as department of drinking water and sanitation in 2010 and this department is upgraded to a separate ministry of drinking water and sanitation in 2011. Finally,

ministry of Jal Shakti was formed in 2019 merging the ministry of water resources, river development and ganga rejuvenation and ministry of drinking water and sanitation. The highest percentage of budget allocation to WATSAN was 4.6% in 10th five year plan (2002-07) followed by 4.15% in 6th five year plan (1980-85) (A.A. Cronin et al. 2016). The WASH programme introduced to school in 1994 after district primary education programme (DPEP) incorporated school sanitation and hygiene. Later, DPEP is renamed to sarva sikhya abhiyan (SSA) in 2000.

According to WHO's Dissemination Workshop Study of Health Gains from Swacha Bharat Abhiyan on 3rd August, 2018, it is estimated that more than 14 million Disability-Adjusted Life Years (DALYs) to be avoided and 3 lakh lives would have been saved due to SBM-G between 2014 and October 2019. According to UNICEF, inadequate sanitation costs India \$ 189 billion annually or 7.9% of gross domestic product (GDP) as a result of medical costs, lost tourism and productivity loses. As per national health policy 2017, one of the cross sectional goals related to health have access to safe water and sanitation to all by 2020 in India in line with SDG-6 but the safe and adequate drinking water available in rural areas is 71.8% in India whereas Odisha, an eastern state of India having 4% of land and 3% of population has 81.7% in 2018. In India 82.72 % of rural households have individual household toilets till March, 2018 whereas it is 53.58% in case of Odisha. In addition to, the districts are verified to be open defecation free is nearly 32% in India whereas it is about only 3.33% in Odisha. Lastly, the SDG Index Score, an arithmetic mean of the normalized values of all the priority indicators within the goal, for the goal of clean water and sanitation is 63 for India and 46 for Odisha out of 100. Performances are categorized into four sections like Achiever (100), front runner (65-99), performer (50-64) and Aspirant (0-49) whereas Odisha comes under in the last category i.e., Aspirant (0-49) whereas Gujarat is the only state in the category of Achiever (Niti Ayog, 2018).

This data show, Odisha is among the lowest performing state both in latrine coverage and open defecation and though little higher in availability of safe and adequate water than national still it is a matter of great concern. The dismal conditions put serious health hazards and have negative socio-economic impact on the humanity. Though the health benefits of water, sanitation and hygiene (WASH) is well understood still Odisha is far behind from its goals. From the above evidences, still a significant portion of people of Odisha are deprived of minimum basic sanitation facilities where basic sanitation is the right of every human. In this context, some important questions that seek answers; at one side, is it due to lack of political and administrative leadership or is it due to lack of involvement of academics, policy makers, development practitioners and researcher into policy decision or is sanitation a least interested topic because it is not directly related to the vote bank politics or is it due to federal structure i.e. relationship between central and state government or is it due to lack of proper awareness campaign and at other side, is it due to traditional beliefs and practices of people or lack of community participation? Though we know far too little about these questions; it may be tempting to know the answer whether those who are making strategies and implementing programme (say supply side) or people's attitude related to sanitation practices (say demand generation) or both. So to understand these questions in general, it is relevant to understand the

knowledge, attitudes, practices and actions at ground level and the concerned system related to it and if we make it more specific then study is trying to understand the factors associated with open defecation and also explore the reasons behind the low latrine uptake and its non-usage in Odisha.

Methodology

Odisha, the first state of India has created on the basis of linguistic, is full of natural resources and rich in its heritage and have a long tradition of different culture while on other side, according to SDG India index baseline report, 2018, in Odisha, 32.59% of people are still living below national poverty line and it ranks seventh position from the bottom and the SDG 1(poverty) index score is 59, coming under the category of 'performer', second from the bottom category. Besides, the overall socio-economic and demographic characteristic is less than national average, according to census 2011. Odisha occupies a unique position in country's Adivasi/tribal map having 62 different tribal communities with 13 particularly vulnerable tribal groups (PVTG) constituting 22.8% of total state population and contributes 9.17% to total India's tribal population and is the third highest tribal population among states in India. The tribal population is highest in rural area comprising 25.72 percentages. The erstwhile undivided region of koraput, comprises of four districts namely Malakangiri, Koraput, Rayagada and Nabarangapur where the proportion of scheduled tribes is more than 50% in each districts out of total 8 districts of having above 50% tribes in Odisha, is also coming under aspirational districts lists of NITI Aayog. It is based on composite indicators of health and nutrition, education, agriculture and water resources, financial inclusion and skill development and finally basic infrastructure.

The undivided region of Koraput is situated at southern part of Odisha and sharing border with Andhra Pradesh and Chhattisgarh. Besides, the districts are full of hilly area with densely forest and even inaccessible area with sparsely inhabited by indigenous tribes and also having presence of left-wing extremism. According to the report of fourth round national family health service (NFHS-4), 2016, most of the demographic and health indicators of tribes are not good compare to other communities in Odisha. The practice of open defecation is more likely among poors, according to UNICEF & WHO, 2019. Hence, low level of development indicators directly link to the open defecation. In this context, to begin to answer these questions, the qualitative study was carried out in five villages purposely selected from the districts of Koraput, Malakangiri and Rayagada to explore reasons behind the low utilisation of latrines. However, the study could not cover any village of Nabarangapur district. Tribal community like Bhumia, Kandha Gouda, Paraja are residing in these villages. The ethnography study was conducted during November and December of 2018. Besides, Data was also continuously collected through telephonic interview with various stakeholders during Covid time (2020-2022). Data collection methods like In-depth interviews (IDIs), focus group discussions (FGDs) and field observations were used to understand various reasons for low adoption of latrines and also motivation behind open defecation among various stakeholders including both supply providers, accepters of the concerned village, community members, health workers and also officials of concerned departments.

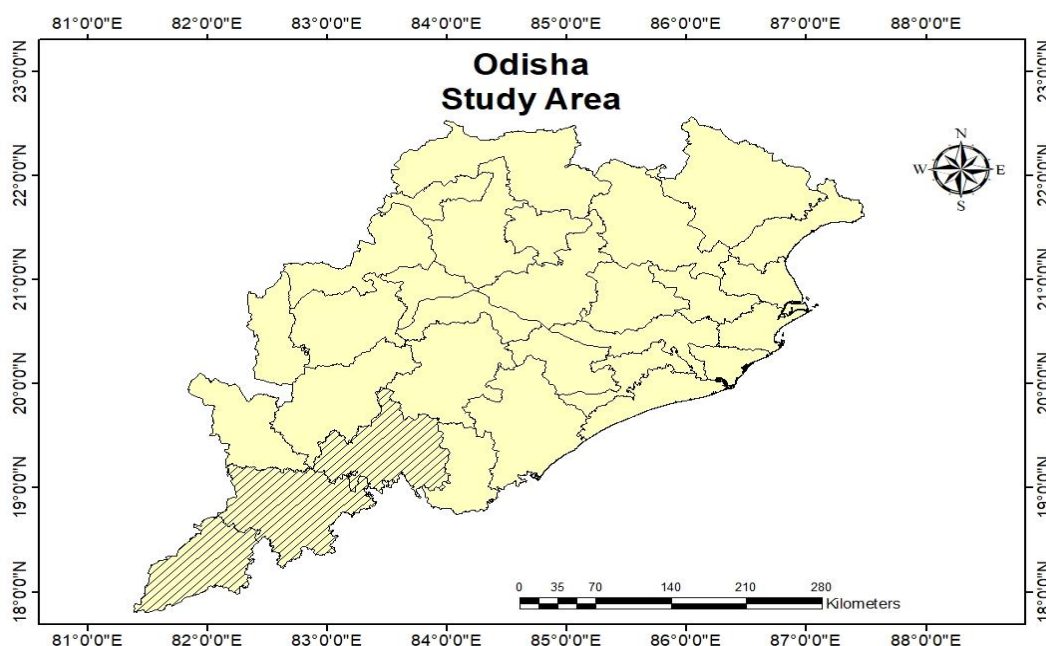


Figure 1: Study Districts of Odisha, 2013-14.
 Source: Registrar General of India, 2013.

The stakeholders are like owners of individual household latrines (IHHL) among the village, clean India motivators (swachagrahi), contractors involved in latrines construction, members of panchayati raj institutions (PRI) of the concerned panchayat, community level health workers like accredited social health activists (ASHAs), anganwadi workers (AWWs), both teachers and students of school, and members of community level organisations like non-governmental organizations (NGOs), youth clubs, biju yuba bahini and women self-help groups (WSHG), members of gaon kalyan samiti (GKS) and finally officials from panchayat to state of panchayati raj and drinking water department also rural water supply and sanitation (RWS&S) organisation which is coming under the said department. Members of PRIs like ward members and sarpanchs, the elected representatives of panchayats are also coming under panchayati raj and drinking water department and AWW is from department of women and child development whereas ASHA is coming under health and family welfare department. A total of 40 respondents were interviewed and 5 focus group discussions were also organised. To analyse qualitative data, thematic framework analytical approach and content analysis were used.

Table 1: Thematic Guide for Qualitative Study Undertaken in Odisha

Stakeholders [Nos.]	Domains of Inquiry Sub-Themes
In-depth Interviews with beneficiaries, service providers, health workers, community members and officials [40] & Focus group discussions (FGDs) with beneficiaries [five with 6-10 participants each]	<p>1. Latrine construction and the system</p> <p>What is the need of the latrine construction? Who are the beneficiaries? What are the procedures of latrine construction? How latrines are constructed? Who did construct the latrines?</p> <p>2. Sanitation and infrastructure structure</p>

	What is the structure of latrines? What are the challenges in using subsidized latrines? What are the sanitation practices of people? 3. Sanitation practices and community participation What are the personal reasons for not using toilets? What are the awareness methods? What is the role of community in creating awareness?
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Results

Latrine Construction and the System

Individual household latrine units are constructed in the sample villages after a baseline survey by the rural water supply and sanitation (RWS&S) organisation of government of Odisha. The beneficiaries are paid an amount of INR 12000 as a financial subsidy through their bank account after the construction of latrines and the funding proportion between center and state is 60:40. Initially households (both BPL and APL) are encouraged to build toilets and with the support of government incentive and their own initiative, some spacious latrines are built among the APL households but the overall demand generation for latrine construction in villages is low. Due to low level of demand generation for utilization of latrines, motivators and contractors are empowered to build latrines. It is a simple understanding between RWSS officials and these motivators and contractors, no official agreement, to build latrines. After building individual latrines in a mass level in a particular ward/village/panchayat/area, these agencies collect the signed bills from the beneficiaries and collect the subsidy amount from RWSS office. Though this practice is unacceptable still due to the fear of non-refundable of subsidy amount by beneficiaries, this practice is adopted. But many households those have already latrines are managed to receive the incentive by painting some color and writing name and address in the old latrines. The subsidy amount varies according to person's relationship with the motivators (swachagrahi) or contractors and both parties are not complaining rather happy because what they are getting is free of cost.

Another issue comes to notice that some people are giving mis-information during baseline survey regarding latrine possession and at the same time staffs and officials are not evaluate properly and it is not always easy and comfortable for staffs and officials to go every household and check whether they have latrines or not. Some PRI members have also complained against the contractors for low quality of materials used in the latrines but at the same time contractors are also questioned how we manage everything with this small amount of INR 12000? Many contractors among this region, especially tribal women, also have complained against the contractors, from Jharkhand and Bihar. Many households and even PRI members are complained about the system of latrines construction. There is a provision of extra amount per unit of IHHL construction in hard-to-reach area, but many have complained against the officials for not providing the said amount rather told that it will used for our office. There is a mutual understanding among different stakeholders from beneficiaries to implementing agency and concerned department regarding the 'percentage' (A bribe or illegal commission as percent of the total expenditure on an activity) from the incentive amount.

Sanitation and Infrastructure Structure

However, many participants, especially poor households with low demand generation for latrines have complained about the structure of the latrines. Squatting is not comfortable due to small space of latrines and small size of pan/cubicles and small size of window. The twin leach pits (each pit has 3 cement-built-rings having 1 feet heights of each ring) are also small in heights. The fear of overflow of fecal sludge and its responsibility of cleaning the twin pits compel members of household, especially older members to defecate outside. Some households have already experienced the overflow of fecal sludge within some years of latrine construction. There is also complain against the agency for not providing pipes (pvc plastic pipe of 10 fits) connect to twin pits. Many participants have brought the issue of the proximity of water with both location and design of latrines. Water plays a key role in entire sanitation process. Water is used for physical and ritual cleanliness. Physical cleanliness means post-defecation cleanliness like anal cleansing, hand-washing, foot-washing, face-washing, body-washing and cloth washing and ritual cleanliness represents the concept of purity which is attached to traditional beliefs and culture. Though water is used for the purpose of post-defecation cleanliness still maximum people have the mindset of ritual purification. However, bringing water from any public supply water points (well, bore well and tube well or any other sources like stream, pond, canal, river etc.) to household and especially latrines is not an easy task always. It is observed that the public water supply points of maximum villages are inadequate according to requirements, especially during summer which is one of the prominent reasons for open defecation to near water bodies. Some points are also defunct.

In some hard-to-reach villages water connectivity to village is managed through stream. Sometimes water is not available at the time of nature's call. This hardship makes them priorities their water use. Mostly water is used for domestic uses like drinking and cooking while sanitation gets least concern. The contaminated pond water and the presence of arsenic and iron particles in ground water pose health hazards like kidney related ailments in some places. Maximum participants have raised the issue of non-connectivity of piped water to every household. Latrines are located according to the suitability of the houses i.e. at both front and back side of houses and generally outside of the households. Sometimes, after continuous rain, rain water entre into the latrine because the basement maintains same level with road. Latrines are not properly located and even designed due to shortage of land of households. It is reported that small concrete water tubs are constructed just outside (say in-front) of the latrines to store water for the purpose of post-defecation sanitation practices but it is not always conducive to bring water from tub and use it. Some participants have complained about spread of dengue due to continuously storage of water in the cement-built-tubs particularly in rainy season. Later, all these concrete tubs are closed with sand to make an attempt to prevent dengue and other vector borne diseases. The cement-built-tubs are complete waste. Maximum people are using bucket to store water which can keep inside of the latrine instead of concrete tub. It is observed that due to water hardship and inappropriate behavior, both latrine maintenance and hand washing practice with soap is very poor. Many households are using their latrines, after covering the pan permanently or temporarily, as store room/place to keep household materials, woods and even shed room for poultry. Even the household's members having government jobs (some are retired) have more than one latrine still they are using for other purposes. Most

of the awanganwadi centres have no latrines and even children faces are openly visible in some AWCs where latrines are constructed. The major issues related to sanitation are non-connectivity of piped water to AWC and lack of official land. But, the sanitation infrastructures and practices, except some hard-to-reach villages where are no schools, are quite good in schools compare to AWCs.



Figure 2: Primary study conducted in southern districts of Odisha in 2018.

Sanitation Practices and Community Participation

It is observed that maximum household members are still defecating at outside due to their age old habit. The tribes are mostly engaged in agricultural and livestock activities and also relied on forest products. Due to this occupational work and other responsibility, some people are leaving the house from morning and do not get time to use latrine and it is convenient to complete their daily routine (like open defecating, brushing of the teeth and bathing) near open water bodies at the time of return to house. There are plenty of open spaces available for open defecation and people usually prefer to use agricultural fields, jungle area and road sides. During summer and non-harvesting period, people are more likely to use to defecate in fields than rainy season. Some participants also have reported that the feeling of relief comes from open defecation at open place with open air. Many participants have reported that open defecation is the medium to meet peer groups at the site of water bodies. It is visible across all age groups and gender. Compare to males, females prefer to go for open defecation with a group of women accompanied by children and generally at evening time and the reasons are like communication with each other and even sharing information, stress relaxation, physical exercise through walking and finally security purpose. There is sense of fear of breeding of flees, mosquitoes and other insects near latrines due to its closeness to house. It is also observed that children are also defecating at both inside and outside of the household.

The open defecation and poor sanitation practice are more among scheduled castes than scheduled tribes. One of the most important components about sanitation is to promote latrine usage through health education with by community. It is observed in most of the sample villages that latrines are constructed for the sake of fulfillment of target. Though the post construction demonstration for usage of latrines like bringing water to latrine, squatting,

wearing shoes and hand washing are showed still these activities are not turned into sustainable practice. Many household members are not available during the construction or the post construction awareness and even maximum elder members are outside during construction and demonstration. Behavioral change communication (BCC) activities are undertaken to create awareness for sustainable usage of latrines through information education and communication (IEC). To improve inter-personal communication, various community events like village level meetings, folk art methods, experience sharing by influential motivators, rallies with posters and banners with sanitation messages on different day celebrations like world toilet day, hygiene day, panchayat raj institution day, women's day etc. and essay, debate and quiz competition among students at school level are conducted to create awareness about latrine use and good sanitation practices. Wall paintings and hoardings are used for promotion of latrines use. Provision of prize is made for greater motivation among various stakeholders at block level and district level. These are some awareness strategies are adopted at village level. Besides, mass media like radios, televisions and various newspapers are used to campaign the message of sanitation through various sanitation related programme and advertisements. Another important observation comes from ground that various stakeholders of village like members of PRI members, health workers, motivators, members of village health and sanitation committee, women self-help groups, biju yuba bahini and other socio-political leaders are least concern about the behavior part of the latrine use but when asked about to work for community, they responded positively. Many motivators are complaining about meager financial incentives of INR 150. Many villages have no village water and sanitation committee (VWSC) and motivators.

Discussion

A significant portion of Adivasis are residing in rural part of Odisha and the demographic indicators of tribes are not good. Sanitation practices are directly linked to socio-economic-health condition. Sanitation is not a new concept for human civilization however, with evolution of time, human gradually understood the importance of good sanitation practices. After post-independence of India, successive central governments have made different programmes with different strategies from time to time to address sanitation with the support of state governments. To make rural sanitation a mass movement, the latest cleanliness programme (SBM-G), with adoption of both target and campaign approach, is different from previous programmes. But, after long years of efforts, rural sanitation realities speak differently. Open defecation is still a matter of concern and though personal behavior and practice of tribal population is one of the reason for low level uptake of latrines still we cannot denied other factors like improper structure/design and location of latrines and non-availability of water, inadequate awareness campaign and finally lack of involvement of community, where the first reason is from population side and other reasons are from government and community side. The matter of sanitation commonly comes under state list and states are the primary custodians of sanitation under constitution of India. It is the duty of the state government to finish the target consistently and in due time but at the initial years of the programme, the coverage of latrines was inconsistent and behind the target, however the time bound target approach of SBM try to cover the physical (latrine construction) part but many households remain to be constructed. Needless to say, the Odisha latrine construction model within a

deadline, unlike Bihar's coercive incentive model of latrine construction (Jain et al., 2020) has improved the latrine infrastructure in rural tribal villages without any financial burden on head of the households. But at the same time, without any tender process, involving the outside contractors instead of local contractors and lack of proper monitoring and survey has raised questions on the concerned administrative and political authorities from local level to state and the constructing agencies, and lastly the people those having previously latrines but taking the government subsidy.

The issue is whether the government has real time data on household's latrines or not? and if there is already data on household amenities, particularly latrines, then why did people with having latrines get financial subsidy? Why there is no mechanism made to exclude this group those have already latrines and interestingly this group are not only belongs to tribes but across the social group of villages. No doubt, most of the tribes are poor (64%) compare to other social groups (SC- 41.39%, OBC-24%, Other-14%) as per the available per capita net state domestic product (PNSDP) estimates of 2011-12 (Das and Das, 2022) but there is no sense that the non-poor tribes and other group those have already latrine should have not get the subsidy amount. That means it is more about distributing financial subsidy amount among population than converting this amount for latrine infrastructure. To finish the target, the way the system works, gives space for corruption. Finally, whose money it is? It is the tax payer's money and every single pie of money should be used for the welfare of the people i.e. the people those have no latrines. So, when implementing a programme, the government should keep in mind the objective and sustainability of the programme and most importantly maintain the accountability rather vote-centric attitude. To add, according to the public affairs index-governance in the states of India-2021, a measure of state's governance by public affairs center (PAC) has placed Odisha a second worst among 18 large states in India in governance. The ranking is based on three broad factors equity, growth and sustainability and five themes like voice and accountability, government effectiveness, rule of law, regulatory quality and control of corruption. Though mission mode approach has save both time and cost but both quality and sustainability of latrines are questionable.

Now, the question is after the completion of latrines construction initiative, why the tribes are reluctant to use latrines? and what are the issues still motivating them for open defecation? First, we will discuss the first question. It may be the general perception of programmers that providing latrines to the needy may increase latrine utilization and prevent OD but that is not the case here. Rather, the inadequate space and improper ventilation system of latrines due to structural designs, improper location of latrines due to inadequate land area of households, fear of overflow of fecal sludge and reluctance to emptying full pits are the demotivating reasons. If, the provision of subsidy amount is not diverted to the people having latrines, perhaps the space/structure of latrine and size of pits are not an issue and may resolve the issue of low uptake of latrine. The previous studies find the improper structural design of latrines, low quality of government subsidized latrines and lack of waste management system are the reasons behind of low utilization of latrines (Routray et. al., 2015; Jain et al., 2020). Besides, the most important and prominent reason is non-availability of adequate public water supply to households, especially latrines. Collection, transportation and storage of water are

the most challenging work and also take additional time and reduce the productivity. When there is no water connectivity to latrines then how does someone think about latrine usage? Thinking of sanitation, without water is really impractical. So, just constructing latrines without any connection of water is not only wastage of financial resources but also time and most importantly, sustainability of both infrastructure and its uses. It is not like binary approach rather the complementary approach i.e. both latrine and water connectivity should be made simultaneously. Now, we will discuss the second question. The most motivating factors associated with open defecation are availability of sufficient open spaces and water bodies and finally age-old practice of people. Open defecation does not mean to go outside and defecate rather it is a broader concept. It includes defecation to sanitation practices to purification to rituals like brushing, bathing and some other activities like exercising, stress busting and most importantly socializing etc. and it is a complete process comprising of different activities. We need to understand, OD is not an independent concept rather the nature of OD is composite and dependent and it evolves around the water sources. Similar studies also highlight that open defecation is practiced for relaxing stress and socializing (Routray et al., 2015; Saleem et al., 2019). Besides sanitation, water is culturally attached to purity (Routray et al., 2015; Mohanty & Dwivedi, 2019). So, the most motivating factor for OD is water bodies and availability of tap water at latrines negatively associates with OD and positively associates with latrine uses. Similar studies are also highlighted by Routray et al., 2015.

One of the interested findings from this study is spreading of dengue, the communicable disease a public health issue, due to constant storing of water in cement-built-water-tubs. Then simple question come to mind whether the programme (SBM-G) is made to keep sanitation good or bad. The answer is obviously not for bad. Then, how is it happened after building latrine infrastructure. To understand this, we need to understand that post-defecation sanitation rituals are more comfortable, with help of water bucket, in-side the latrines rather outside, for those are using latrines. Besides, privacy is more maintained in latrine but tubs are constructed at outside of the latrine and having no roof on it and also small in size which helps in store rainy water constantly at rainy season. People are least concern about the storage of water and its negative impact due to regular non-use of tubs. So location of tubs is important for the sustainable uses. If these tubs are constructed in-side of the latrine, the chance of storage of rainy water is less. No doubt inappropriate hygienic behavior of population related to water management is one of the reasons but at the same time the inappropriate location and design of concrete tubs cannot be ignored. Besides, the result highlights the use of latrine for other purposes rather what it is meant for. When people using toilets for poultry shed houses or store rooms that mean either they have no sufficient rooms to live or they are poor or they are not accustomed to latrine. The first two points has common linkage i.e. backwardness whereas the second point shows the personal behavior/practice of population. One of the interesting finding is that even non-poor are not using latrines and using for other purposes. That means backwardness is not the sole reason for low uptake of latrines and use of latrines for other purposes rather personal behavior matters. Similar study of use of toilets for other purposes in small towns of Odisha is also studied by Mohanty and Dwivedi 2019. In-addition, the sanitation practices of schools is good compared to AWCs. The basic reasons are lack of latrine infrastructures and water connectivity to AWCs and lack of own building of AWCs. Besides,

the most common difference between both students of school and AWCs is age gap. The smaller age groups students are dependent and their sanitation practice is different than school going age groups. Another important finding reveals that the sanitation practice of scheduled castes is not good compared to schedule tribes. For the sake of complete the target will not find the desired results, particularly it is seen in the case of toilet infrastructure. From the above discussion, it is evident that supply side intervention approach (say toilet infrastructure) is not able to convert into latrine usage. So where are we going wrong? Perhaps we could not understand the local setting, languages, local institutions, values, culture, social life, community behavior etc. of this population. That means we also need to understand the demand side intervention approach. Toilet usage not only need only infrastructure rather need demand side intervention approach like behavioral change programme through scientific information communication. Though there were efforts to create awareness by different celebrities across India and most importantly the prime minister of India also led the swach bharat campaign but 'One size fits all' national level campaign approach in the sanitation programme, perhaps did not work here.

Though there is mechanism to involve community for awareness through creating village water and sanitation committees (VWSCs) and swachagrahis but community level awareness is not satisfactory. The prime reason is that required numbers of VWSCs (combination of different community leaders and leaders of community based organizations) are not created in every village, unlike the structure of village health and sanitation committee (VHSC) in every revenue village of Odisha. Besides, there is no official provision of incentive for VWSC members and swachagrahis. The question is, without any formal mechanism/structure and incentive, how someone will motivate to work for the community. That means recognition is important and it gives weightage to VWSC members and most importantly it helps in creating awareness. One positive note that members of community-based organizations are eager to work for community but neither they are aware of VWSC nor any effort to involve them. Similar study also suggests that the proper structure and provision of incentive for community leaders for better motivation and result (Mohapatra, 2018). Another result is that the community leaders also prefer open defecation due to reasons like water scarcity, small size of the latrines, cultural practices and their occupational work irrespective of their socio and economic and religious background. That means they are reluctant for OD but they are compelled for OD. The question is, if community leaders will practice open defecation then what will common people do? No doubt, it is the responsibility of the state to provide good quality of sanitation facilities with provision of safe and clean water to its people and it is the right of every human being, especially the poor. When we talk about sanitation, we cannot ignore poverty because both have direct linkage. According to UNICEF & WHO, 2019, poorer people are much more likely to practice open defecation. After 75 years of independence, when India is celebrating 'Azadi Ka Amrut Mahotsav', still a significant portion of tribal population is far from the basic needs like good sanitation and safe and clean water facilities and struggling for it in day to day life. Here, the purpose is not to criticize the celebration, rather every achievements of India should be celebrated but at the same time we should not ignore the struggle and sacrifices of population for the basic minimum needs for survival after long years of independence. What is the meaning of independence for them?

Perhaps, the real meaning of independence will be achieved when these issues are permanently addressed. But at the same time, population should also take the responsibility of public goods, most importantly the conservation and management of water resource and practice of appropriate hygienic behaviors because prevention is better than cure. Both state and citizens should mutually act and know their rights and responsibilities.

Conclusions

It is clear from the study various sanitation programmes have been initiated by the central government while state government helps in implementing the programme but the latest sanitation programme for rural India, swachh bharat mission (SBM)-rural, has maintained subsidy-campaign-target approach to achieve the open defecation free status. However, after long years since independence, the coverage of basic sanitation facilities is not so good due to both low level demand generation for latrines by the tribes and at the same time supply side implementation gap though it is the constitutional duty of the state to provide the basic sanitation facilities. The most important reason for open defecation is the availability of plenty of land at outside and age-old practices. Even provision of new technology like supply of latrine cannot change their behavior and practices that means low uptake of latrines is still the reality. However, the reasons for the low utilization of latrines are not only due to age-old practices rather supply-side factors like faulty structural design and improper location of latrines, fear of overflow of fecal sludge due to small size of pits and clearing of pits and most importantly non-availability of water and non-connectivity of tap water to latrines. Besides, the spread of dengue due to both storage of water in open space cement-built-tank and lack of proper sanitation knowledge and practices are the matter of concern. Even latrines are used for other domestic purposes rather what it is meant to be and interestingly not only poor but also non-poor have low uptake of latrines.

It is clear that while providing latrines to a non-acquainted group, the system should understand their way of life, geographical settings, behavior, culture, practices etc. and at the same time latrines should be provided for sustainable uses/practices rather mere providing latrines without water connectivity will simply waste of the resources. However, sanitation practices are good in schools compare to AWCs. The most important part of the programme is that creating awareness among population to use latrines and maintaining healthy life however though initiative has been taken at central level but it will be effective if local leaders (from state to community) of different background (social, political, religious and any other) will actively participate in the awareness programme with focus on local cultures, languages, music, dances, songs and also use different folk art methods and plays, because the communication through this way will be more effective and also beneficial for both the people and local artists also. Besides, special latrines (pans) should also be provided to poor physically challenged tribes and tap water connectivity to latrine will truly help in creating open defecation free villages. The result cannot infer for larger population though the study is based on non-probability (purposeful) sampling, particularly from south Odisha but a proper survey throughout Odisha regarding the low-uptake of latrines will give more insight to the problem and help in implementing programme for sustainable use.

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