

THE PRACTICE OF OPEN DEFECATION IN RURAL COMMUNITIES IN NIGERIA: A CALL FOR SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION INTERVENTION

Ukam Ivi NGWU¹

¹Department of Mass Communication Cross River University of Technology, Calabar, Cross River State, Nigeria
Corresponding author: Ukam Ivi Ngwu; e-mail: ukamngwu@gmail.com

Abstract

The prevalent practice of open defecation in third world countries is a thing of worry to both development and health communication scholars worldwide. This is an awful practice where people defecate in bushes, rivers and open spaces outside designated toilets. Worst still is the attitude of rural dwellers in Nigeria who in most cases defecate in rivers and lakes which serves as sources of drinking water in those communities without recourse to the environmental and health consequences of their actions. In most rural communities, this practise is deeply tied to their culture and tradition, hence making it a big challenge to overcome. The United Nations had in 2010 declared access to safe drinking-water and sanitation a human right but this is not yet in force in Nigeria. This paper adopted the Diffusion of Innovation theory which emphasises the adoption of modern practices as obtainable in developed societies. The paper highlights the roles Social and Behaviour Change Communication (SBCC) can play in addressing the behavioural and attitudinal challenges affecting the eradication of open defecation in Nigeria. It is recommended that governments at all levels, NGOs, and international agencies should provide modern facilities, enforcing laws, and policies that can help curb this practice among rural dwellers.

Keywords: *Open defecation, sanitation, cultural practices, SBCC, rural communities, Nigeria.*

1. INTRODUCTION

The practice of open defecation is a global developmental and health issue facing developing nations. This is an ancient practice where people excrete in bushes, rivers, lakes, streams and other open spaces outside the designated toilets. This can occur deliberately due to unwholesome cultural practices, superstitions, and personal unhygienic behaviours. It could also be as a result of unavailable or lack of access to modern toilet facilities (PM NEWS, 2017).

According to a report by WHO (2016), about 2.4 billion people all over the world do not have access to basic sanitation facilities such as toilets or latrines. About 946 million of them still defecate openly in street gutters, behind bushes or into open bodies of water. This unsanitary practice has led to the upsurge in the transmission of communicable diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. It also provides a fertile ground for several neglected tropical diseases like intestinal worms, schistosomiasis, and trachoma. This has also adversely contributed to increased cases of malnutrition in developing nations.

In an attempt to address this prevailing global challenge, United Nations (UN) General Assembly on the 28 July 2010, through Resolution 64/292 declared clean and safe water, and sanitation a fundamental human right that are basically essential to the realisation and attainment of all human rights. As such, the Assembly called upon the various nation states and international organisations to provide the needed financial resources, help capacity-building and technology transfer as well as support to help developing countries improve and provide safe, clean, accessible and affordable drinking water and sanitation for all and sundry (UNITED NATIONS, 2014).

Despite commendable improvements brought about as a result of the UN Resolution and Millennium Development Goal 2015 to address sanitation challenges, WHO (2016) observed a continuous existence of inequalities between and within countries and regions. At

present, approximately 13% of global population are still practising open defecation. It is also observed that 9 out of 10 people who do this live in rural areas. Also, this unsanitary practice has gradually penetrated and is increasing in the urban areas due to growing population in these areas without accompanied adequate provision of sanitation facilities.

A study by Coffey *et al* (2014) lamented the high rate in the practice of open defecation in rural communities which remains stubbornly widespread with several dire consequences affecting the human health and environment alike. This barbaric practice kills babies, and impedes the physical and cognitive development of surviving children. It also has significant negative externalities and releases germs into the environment which pose serious harm to both the rich and the poor in the society.

The practice of open defecation is made worst in rural communities in Nigeria where it is tied to the culture, values, tradition and mores of the people. In some rural communities in Nigeria, people find delight in defecating openly in rivers and lakes where they have the source for drinking water, hence denying self of safe and clean water as well as sanitary environment. Most rural communities use woods and bamboos to construct open toilets for both men and women. These locally constructed toilets are often done without proper drainage system, as such, at a slightest rainfall, these faeces flow to the rivers and the living surrounding and thus exposing the inhabitants of those communities to grave dangers. This has continued unabated without recourse to the environmental and health hazards that will likely ensure as a result of this practice (ID21 Highlights. Sanitation, 2008).

In some situations, the effort of the government, NGOs and international agencies in providing toilet facilities may amount to futility. This is because providing infrastructure does not ensure its usage especially when there are culturally engrained behavioural barriers, attitudes and practices as well as inadequate sensitisation towards these modern facilities (ROUTRAY *et al*, 2015).

Communication has crucial role to play in creating awareness, promoting and proffering solutions to developmental and health issues

confronting the world today. This goes beyond the traditional function of transmitting relevant information to engaging the people in order to address the behavioural and attitudinal issues that interact in-between. As observed by Rimal & Lapinski (2009), most intervention efforts to achieve effective change in behaviours are usually communicative acts.

Public health intervention in developing countries often requires both demand and supply. Apart from building public health infrastructures and providing services, there is need to involve communication efforts in changing individual and social behaviour that may prevent the effective utilisation of these infrastructures in order to ensure that there is demand for public health services. This emphasises the important roles social and behaviour change communications play to address these demand-side barriers to public health (TARRAF, 2016).

Social and behaviour change communication (SBCC) is a modern communication initiative used to proffer solutions to the myriads of development and health issues facing the world, especially issues with behavioural and attitudinal underpinnings. While some rural communities in some developing countries have declared an open defecation free environment through government efforts and Community-Led Total Sanitation (CLTS) - a community based innovative approach for mobilising members to build their own toilets and stop open defecation. This was pioneered in Bangladesh in the year 2000 and later spread across Asia, Africa, Latin America and the Middle East (C-CHANGE, 2012; Community-Led Total Sanitation, 2011). This is what the communities do by engaging in appraisal and analysis of open defecation (OD) issue and taking their necessary action to address it (National Development Institute 2011; Id12. Org, 2008). This paper supports the argument of Tarraf (2016) that communication can support the global efforts to eradicate open defecation practice by changing the social norms in practice in communities and also advocate for modern toilet facilities. The major social norms around open defecation are: the erroneous belief that this practice is the acceptable and sometimes even healthier than using modern toilet facilities.

Therefore, the use of social and behaviour change communication approaches here will help raise the present low awareness of the health problems associated with this practice and to use communication to create a new social norm that open defecation is dirty, disgusting and injurious to the health of children and adult.

2. THEORETICAL FRAMEWORK

This paper adopted the Diffusion of Innovation theory propounded by Everett Rogers in 1962. This theory is concerned with how an innovation- new idea, practice, or object which is new to an individual or members of the society is being communicated through certain communication channels to achieve the desired change over time among members of a social system (ROGERS, 2003).

According to Communication theory (2017) the Diffusion of Innovation Theory proposes a Mechanism for the adoption of an innovation through the following five stages:

1. **Knowledge:** Here an individual or members of the society are being exposed to a new innovation (like good toilet) but they may refuse to use them or adopt the innovation due to inadequate information or knowledge about the innovation.
2. **Persuasion:** In this stage the media and other interpersonal communication strategies have come in to make an Individual to begin to show more interest in the new innovation with the quest to get details or information about the innovation
3. **Decision:** At this stage adequate communication is needed to help an individual evaluate the positive and negative aspect of the innovation so as to decide whether to accept / reject the innovation.
4. **Implementation:** Here communication helps an individual to identify the gains of the innovation with more information about the usefulness of the innovation and the future could be with the new innovation.
5. **Confirmation:** This is the final stage of the process where an individual or members of the community finalise their decision to adopt

the innovation and continue to use the innovation with full potential.

3. THE CONCEPT AND CAUSES OF OPEN DEFECATION PRACTICE IN NIGERIA

The concept of Open defecation “refers to the practice whereby people go out in fields, bushes, forests, open bodies of water, or other open spaces rather than using the toilet to defecate” (UNICEF, n.d.).

There are several reasons why the practice of open defecation has continued unabated in developing countries especially at the rural areas; it can be voluntary or semi-voluntary, but in most cases it is due to the lack or limited access to alternatives (i.e., modern toilets) and unavailability of a clean, safe, and attractive toilet at the very time of performing the act due to filthy, dark or foul-smelling toilets, personal safety of the user (e.g., criminals are known to gather in wait for possible victims in some toilet), some toilets are located in some distance away and may be dangerous to get there at night, where the available toilet is dilapidated and the user may fear a collapse or danger for children and where the toilet enclosure does not provide enough privacy for the user (Akinson, 2016).

4. HEALTH AND OTHER CONSEQUENCES OF OPEN DEFECATION

Open defecation is a public menace capable of resulting in the outbreak of serious health complications and communicable diseases like cholera, typhoid, diarrhoea, intestinal infections, respiratory diseases and tuberculosis. It is also responsible for the increased air and water pollution. Especially during the raining seasons, human faeces are washed away to lakes and rivers, hence posing a very serious threat to clean as well as safe drinking water. This is because bacteria and germs from the human faeces consequently contaminate water people use for drinking (PM NEWS, 2017).

Akinson (2016) observed that those countries where open defecation is commonly practiced are mostly uninhabitable for children. As a result

they often record the highest number of deaths of little children under the age of five due to outbreak of some communicable and water borne diseases (like hepatitis, polio, cholera, typhoid, diarrhoea, etc.). There are also high levels of undernourishment in these countries (leading to stunted growth in children).

The practice of open defecation can also have some dangerous implications. Women are mostly at risk as this practice affects their dignity and places their safety at risk. Most women as a result of going to the bush, dark or hidden places to defecate are often vulnerable to rape and sexual assault. This practice can also affect women's genito-urinary tract which can cause miscarriage and stillbirth (TARRAF, 2016).

Also, open defecation can mar economic and social development of the society. The number of deaths of children and the contamination of agricultural produce caused by the practice open defecation can cause severe economic losses to a people. As these affects both human and material resources needed for a viable economy (TARRAF, 2016).

5. SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION APPROACH AS PANACEA TO OPEN DEFECATION

Social and behaviour change communication (SBCC) has to do with the application of a variety of communication strategies to influence individual and collective behaviours that affect public health. SBCC systematically applies interactive, theory-based and research-driven communication processes and strategies to address change at the individual, community, and society levels (USAID, 2013).

SBCC strategies have been found effective in several climes in addressing perceived social norms and undesirable human behaviours that affect public health and safety as well as sustainable societal development. This is why this paper argues that SBCC strategies if appropriately put to use could help address and eradicate the practice of open defecation in Nigeria. These strategies are discussed below:

6. ADVOCACY

Advocacy is one of the three major SBCC strategies used to raise resources as well as political and social leadership commitment to development actions and goals. It involves the deployment of the mass media and other communication channels to influence policy and structural issues (USAID, 2013).

Advocacy is very important in the introduction of new innovation in the society. Apart from creating adequate awareness of the development or health issues through multi-media channels of communication, it also used to attract sponsorship and donation from well-to-do individuals and government to the programme.

Advocacy strategy can be used in the campaign against open defecation in rural-Nigeria through available mass media channels (indigenous or modern mass media) to canvass support from the government, policy makers, international and local non-governmental organisations (NGOs) as well as other philanthropists for the procurement of needed modern toilet facilities and creating enabling laws -proscribing open defecation in Nigeria. This can be done through media advocacy, courtesy calls, public enlightenment programmes, sponsorship and lobby for the enactment of laws that can help ensure compliance of members of the public to adapt to the modern way of disposing their faeces.

7. BEHAVIOUR CHANGE COMMUNICATION (BCC) STRATEGY

Behaviour Change Communication (BCC) is another SBCC strategy used to move the people from awareness to action. It is the process of working with individuals, families and communities through different communication channels to promote positive health behaviours and support an environment that enables the community to maintain positive behaviours taken on (USAID, 2010). It uses mass and social media, community-based media, and interpersonal communication channel to increase individual knowledge, encourage changes in

attitudes, and practices among specific audiences (USAID, 2013).

BCC strategy will help to address the negative behaviour and attitude associated with the practice of open defecation in rural part of Nigeria. Particularly, BCC is necessary at the individual level of the change process through the application of relevant change theories (like stages of change theory, diffusion of innovation, etc) to motivate the individual to change from defecating openly and encourage the use of modern alternatives.

8. SOCIAL MOBILISATION STRATEGY

Social mobilisation strategy is used to mobilise members of the community to see reasons to adopt and accept desired behaviour changes. As defined by Anaeto & Solo-Anaeto (2010) "social mobilisation involves the planned actions and processes to reach, influence, and involve all relevant segments of the society, across all sectors from the national to the community level, in order to create an enabling environment and effect positive behaviour and social change".

One of the biggest problems leading to the non-utilisation and acceptance of development programme is lack of consultation and involvement of the target social system in the planning and implementation stages of the programme. This is necessary to give members of a community the sense of belonging and ownership of the programme.

Mobilising community members on the need to adopt modern methods of faeces disposal will encourage the community to devise means with the available resources to address the problem. Once a community is aware of the benefits of adopting new practices to their health and well-being through effective sensitisation and mobilisation, there is likelihood that some communities may not need to wait for the government before they can collectively solve their problem.

9. CONCLUSIONS

Surprisingly in this 21st century, the practice of open defecation has continued unabated in

Nigeria. This is even worst in rural communities due to inadequate information and awareness on health and environmental consequences of this practice. Pitiably, most people especially in rural settings do not have good toilet attached to their homes. They hitherto defecate in open spaces, gutters, bushes, rivers, streams and lakes. More worriyng is the fact that these communities also drink from this untreated water. As such, they often expose themselves to terrible air and water pollutions as well as all kinds of health complications and hazards like: cholera, polio, typhoid, diarrhoea, intestinal infections, respiratory diseases and tuberculosis which have as a result claimed the lives of several promising Nigerian children.

Despite UN and other international agencies effort to eradicate this inimical practice in order to ensure global hygiene and unlimited access to clean as well as safe drinking water, very little or no efforts have been made by succeeding Nigerian government to address this vital issue in the rural areas. The government is yet to take the issue of sanitation seriously as most Nigerians do not have access to modern toilets.

However, previous interventions by some international agencies and non-governmental organisation were not sustained due to the discouraging reports that most community members had refused to use the modern toilet facilities provided by these agencies, making their efforts a total futility because programme planners failed to incorporate communication or could not take the aspect of social and behaviour change communication (SBCC) seriously.

Since the practice of open defecation had eaten deeply into the people, to the extent of becoming a norm and part of their culture, huge communication efforts are often required to sensitise and address the unwholesome behaviours, attitudes and superstitious beliefs militating against the full adoption of modern practice of faeces disposal. This paper therefore advocates that programme planners subsequently consult, integrate and mobilise through the use of social and behaviour change communication strategies to make the rural people consider open defecation as being responsible for some of the deaths and illnesses

affecting children and adult in their community and as such, encourage them to take serious by the campaign for the eradication of open defecation through community efforts.

Recommendation

Government at all levels, Programme planners, NGOs and international agencies should intensify efforts towards the eradication of open defecation practice in Nigeria. This can be done through the acquisition of modern toilets facilities to both rural communities, creating enabling laws to encourage modern toilet usage and proscribe non-compliance, establishment of a commission or agency to oversee the implementation of modern toilets in all nooks and crannies of the country.

Social and behaviour change communication strategies should be adequately utilised to address the cultural norms, superstitions, behavioural and attitudinal challenges associated with practice in order to have a free and safe environment for both humans and livestock habitation.

References

- AKINSON, B. (2016) Open defecation and public health. Available from: <https://urbanpaparazzionline.com/2016/11/22/open-defecation-and-public-health/> [15 June 2017].
- ANAETO, S.G. & SOLO-ANAETO, M. (2010) Development communication: principle and practice. Stirling-Horden Publishers Ltd, Ibadan.
- C-CHANGE (2012) Social and behaviour change communication capacity assessment tool (SBCC-CAT) - for use with individuals. C-Change/FHI 360, Washington, DC.
- COFFEY, D., GUPTA, A., HATHI, P., KHURANA, N., SPEARS, D., SRIVASTAV, N. & VYAS, S. (2014) Revealed Preference for Open Defecation: Evidence from a New Survey in Rural North India. *Economic & Political Weekly EPW*, 49(38), pp. 43-55.
- Communication theory (2017) Grounded Theory. Available from: <http://communicationtheory.org/grounded-theory/> [15 June 2017].
- ID21 Highlights. Sanitation (2008) An end to open defecation? Available from: https://assets.publishing.service.gov.uk/media/57a08b98ed915d3cfd000e04/id21_special_sanitation.pdf [6 June 2017].
- Community-Led Total Sanitation (2011) The CLTS approach. Available from: <http://www.communityledtotalsanitation.org/page/clts-approach> [15 June 2017].
- PM NEWS (2017) What are the risks of open defecation? Available from: <https://www.pmnewsnigeria.com/2017/04/14/risks-open-defecation/> [15 June 2017].
- RIMAL, R.N. & LAPINSKI, M.K. (2009) Why health communication is important in public health. *Bulletin of the World Health Organization*. 87(4), pp. 247-247a.
- ROUTRAY, P., SCHMIDT, W., BOISSON, S., CLASEN, T. & JENKINS, M.W. (2015) Socio-cultural and behavioural factors constraining latrine adoption in rural coastal Odisha: an exploratory qualitative study. *BMC Public Health*. 15, p. 880.
- ROGER, E. M. (2003). *Diffusion of Innovations* (5th Edition). Free Press, New York.
- TARRAF, A. (2016) *Social & Behaviour Change Communication Insights and Strategy Case Study: Open Defecation in India*, K. Rajan, L. Citron (editors), J Walter Thompson, India.
- UNICEF, (n.d.) Eliminate Open Defecation: UNICEF India. Available from: <http://unicef.in/Whatwedo/11/Eliminate-Open-Defecation> [15 June 2017].
- United Nations (2014) *The human right to water and sanitation*. Available from: http://www.un.org/waterforlifedecade/human_right_to_water.shtml [6 June 2017].
- USAID (2010) Behaviour change communication (bcc) learning resource package facilitator's guide. Available from: http://moph.gov.af/Content/Media/Documents/01_BCC_LRP-Facilitator'sManual-English17122011113814663553325325.pdf [15 June 2017].
- USAID (2013) *Social and Behaviour Change Communication (SBCC): Training for Information, Education, and Communication (IEC) Officers*. USAID & FHI 360, Washington, DC
- WHO (2016) *Sanitation*. Available from: <http://www.who.int/mediacentre/factsheets/fs392/en/> [6 June 2017].