SHIT TALK: CULTURE, OPEN DEFECATION, & DEVELOPMENT IN RURAL INDIA

by

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A thesis submitted in partial fulfillment of the requirements for the degree of

Bachelor of Arts in Political Science

Haverford College

2015
I would like to thank my advisor, Craig Borowiak, for his guidance, insights, and feedback; my writing tutor Raquel Joyce for her mentorship, constant support, and encouragement; my brother Ikram for always engaging in endless debates and patiently listening to me grumble and complain. I am also grateful to the Center for Peace and Global Citizenship (CPGC) for sponsoring my winter research, and the staff at Arghyam and Center of Gravity for making my first research experience thoroughly exciting and enjoyable. A big thank you to all my friends who helped me proof-read, gave me feedback, and brought smiles and laughter throughout this writing process. Finally, I offer my eternal appreciation to my ailing computer for staying strong and not breaking apart until I completed this thesis.
ABSTRACT

Thesis and Major Advisor: Professor Craig Borowiak
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Despite decades of state intervention, open defecation (OD)—the disposal of human feces in open spaces and open bodies of water—is more prevalent in India than many of the poorest countries in the world. In order to understand this puzzle, this thesis examines how cultural norms shape the practice of OD in rural India and uses this case study to understand how development initiatives can engage with culture in an empowering manner for the poor. I use literature on culture and development politics, empirical studies on OD, governmental sources, and my own primary research conducted in my hometown Bangalore, India, to highlight the importance, challenges, and benefits of engaging culture in anti-OD policies.

Culture influences gender norms, social relations, and ideas of purity, dignity and cleanliness, which in turn determine sanitation norms. Thus, I conclude that 1) culture is one of the critical variables that explains the persistence of OD in rural India, 2) anti-OD programs that address culture will achieve better results, and 3) culture should be the core component of anti-OD programs because it influences both toilet construction and usage. The case study also highlights the tensions among culture, development, and top down and bottom up approaches, all of which contribute to the continued disempowerment of already vulnerable groups and the poorest of the poor. In such situations, development practitioners and community members must choose which ideas of dignity and empowerment they are willing to keep and which to compromise. Additionally, this thesis argues that both OD and development are multidimensional issues that should be studied from multiple lenses, including a cultural approach.
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## Abbreviations

<table>
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<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>APL</td>
<td>Above Poverty Line</td>
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<tr>
<td>ASHA</td>
<td>Accredited Social Health Activist</td>
</tr>
<tr>
<td>BCC</td>
<td>Behaviour Change Campaign</td>
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<td>BJP</td>
<td>Bharatiya Janata Party</td>
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<tr>
<td>BPL</td>
<td>Below Poverty Line</td>
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<td>CoG</td>
<td>Center of Gravity</td>
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<td>CLTS</td>
<td>Community Led Total Sanitation</td>
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<td>CRSP</td>
<td>Central Rural Sanitation Program</td>
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<td>EFMS</td>
<td>Electronic Fund Management System</td>
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<tr>
<td>GP</td>
<td>Gram Panchayat “Village Assembly”</td>
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<tr>
<td>IEC</td>
<td>Information, Education, Communication</td>
</tr>
<tr>
<td>INC</td>
<td>Indian National Congress</td>
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<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
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<tr>
<td>MGNREGs</td>
<td>Mahatma Gandhi National Rural Employment Guarantee Scheme</td>
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<td>NBA</td>
<td>Nirmal Bharat Abhiyan means “Clean Indian Mission”</td>
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<td>NDA</td>
<td>National Democratic Alliance</td>
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<tr>
<td>NDFB</td>
<td>National Democratic Front of Bodoland</td>
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<tr>
<td>NG</td>
<td>Nirmal Gram “Clean Village”</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organization</td>
</tr>
<tr>
<td>NGP</td>
<td>Nirmal Gram Puruskar “Clean Village Award”</td>
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<tr>
<td>OD</td>
<td>Open defecation</td>
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<td>ODF</td>
<td>Open defecation free</td>
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<tr>
<td>PRI</td>
<td>Panchayati Raj Institution</td>
</tr>
<tr>
<td>SBM</td>
<td>Swachh Bharat Mission means “Clean India Mission” I use this to refer specifically to the Swachh Bharat Mission (Gramin). “Gramin” means rural.</td>
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<tr>
<td>SC/STs</td>
<td>Scheduled Castes and Scheduled Tribes</td>
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<tr>
<td>r.i.c.e</td>
<td>research institute for compassionate economics</td>
</tr>
<tr>
<td>TSC</td>
<td>Total Sanitation Campaign</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children's Fund</td>
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<td>UPA</td>
<td>United Progressive Alliance</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Chapter 1
INTRODUCTION

Around 2.5 billion people in the world lack access to improved sanitation facilities, which is an integral aspect of human well-being. Yet, talking about sanitation is taboo in many parts of the world. A rudimentary sanitation practice, open defecation (OD), according to UNICEF and the World Health Organization (WHO), is “when human feces are disposed of in the fields, forests, bushes, open bodies of water, beaches, and other open spaces.” More broadly OD is “any form of defecation that does not ensure the separation of excreta from human contact; that does not prevent reentry into the household environment and that is not safe.” OD, when practiced consistently and in densely populated communities, is extremely harmful and a huge global problem because of the negative health, environmental, and social costs associated with it. In recognition of the importance of sanitation for the well-being of communities around the world, the United Nations (UN) General Assembly adopted, through resolution 64/292, access to water and sanitation as a basic human right in July 2010. The UN also seeks to eliminate open defecation globally by 2025 as a means to access better sanitation.

India is a developing country that comprises a vast rural landscape that is still largely poor and underdeveloped compared to the urban areas, where OD is the predominant sanitation practice. Currently, around fifty-nine percent of the 1.1 billion people in the world who practice OD reside in India. Nearly half of the country’s population—a staggering 594 million people—does not use toilets, and seventy percent of this number reside in rural India. Surprisingly, OD is more common in India than many of the poorest countries in the world like Burundi, Malawi, Rwanda, and the Democratic Republic of Congo. Countries like Bangladesh and Kenya, which
are economically better off than others but still poorer than India, report a lower occurrence of outdoor defecation. Although OD is generally associated with poverty, these comparisons suggest that poverty alone cannot explain the high prevalence of OD in India, and that perhaps India has some distinct factors associated with OD.

![Maps showing proportion (%) of people defecating in the open in 2001 and 2011.](image)

**Figure 1:** The maps show the proportion (%) of people defecating in the open in 2001 and 2011. There are ten color accents, each representing an increase of ten percentage of the population defecating outdoors. The lightest shade is zero-ten percent, whereas the darkest accent represents ninety-one to hundred percent of the population defecating outdoors.

Long-term government efforts to end OD in the country have resulted in increased access to toilets in rural areas, yet their usage remains low. Even completed toilets are not being used because they lack good construction, lack water supply, or people prefer to defecate outdoors. Comparison of the two maps above clearly indicates that open defecation is still highly concentrated in several regions of India. Places that have lower defecation percentages—Kerala, some parts of Jammu and Kashmir, east India, and Punjab—already had low numbers in 2001. The bigger challenge is eliminating open defecation in areas that are stubbornly colored in
shades of orange to carmine. In order to tackle this, creating a desire for toilets and addressing slippages in toilet use need to be prioritized first rather than simply focusing on toilet construction. Slippages are the inclination to revert back to OD. This can result due to several factors such as a lack of desire to use toilets, finding toilets impractical and unnecessary, poor toilet construction, lack of complementary water supply, difficulties in maintaining toilets and cleaning pits, etc. While there is much news and literature available on latrine construction and inadequate water supply, it is important to explore how culture, as a variable, can help prevent a key slippage—the preference to defecate outdoors—in order to strengthen the country’s anti-OD programs. Since poverty does not fully explain this disparity between access and use, perhaps culture can help answer why people in rural India who have toilets nonetheless prefer to defecate outdoors.

*Heterogeneity and a Multi-Scalar Challenge*

Another element that complicates the case study of OD in India is the cultural, economic, and geographic heterogeneity of the country. Some states are much more developed and wealthier than others. For instance, Goa, Kerala, Tamil Nadu, Punjab, Maharashtra, Uttarakhand, and Haryana are seven of the most developed states in the country. They are geographically spread out and belong to north, south and west India. Some of the poorest states are Odisha, Bihar, Madhya Pradesh, and Uttar Pradesh located in the center; Chhattisgarh and Jharkhand in the north; Arunachal Pradesh, Meghalaya, and Assam in the east. The economic and socio-cultural landscapes of these states are also quite distinct. For instance, Kerala has a matriarchal society, Haryana has a skewed male-to-female population ratio, and Assam is witness to much socio-political violence from groups such as Naxalites, Maoist guerilla groups that seek to violently overthrow the state of India, and the National Democratic Front of Bodoland (NDFB),
a secessionist group that seeks a separate state—Bodoland—for the ethnically distinct Bodo people in Assam. These states also differ in size and population. These geographic and cultural distinctions suggest that large-scale development interventions have to account for the multifaceted nature of India as no state can be singled out as a representative sample for the entire country.

Socio-economic Growth in Rural India

The problem of OD is further complicated by the gradually changing landscape of rural India due to economic growth. The countryside is getting improved services, more industries, and increased access to urban areas. Consequently, this is leading to a decrease in open spaces in and around villages, which means there is less green coverage for those preferring to defecate outdoors. Vijay Krishna, Director of Sanitation Programmes at Arghyam, a grant-making organization based in Bangalore, argues that the perception of people not desiring toilets is not entirely true. He noticed that people are actually demanding toilets in some rural areas in South India, a region that has witnessed more economic growth compared to the north. This is because the lack of open space creates a demand for privacy, and therefore, toilets. Interestingly enough, this concern for privacy is largely voiced by females whereas the male members of the household are not deterred from defecating outdoors. While the problem with OD is often perceived as people not wanting toilets, which may have been true at one point and maybe true in several parts of India even today, economic growth complicates this issue as some communities are demanding and realizing the need for toilets. But, there is yet another conundrum: even in villages where demand exists, toilet coverage and usage is not always significant and usage is not equal among males and females. Open defecation in India, then, should be studied as a multidimensional problem that exists in a highly heterogeneous landscape.
Poverty

Poverty, demand for toilets, and access to toilets cannot fully explain the persistence of OD in rural India. For this reason, in order to further explore this intriguing and dynamic puzzle about the high prevalence of OD, this thesis examines how cultural norms shape the practice of OD in rural India. It also uses this as a case study to raise larger issues pertaining to the intersection of culture and development. In regards to the case study of India, the thesis primarily explores culture as a critical variable that explains a) the persistence of OD and b) the limited success of the state’s anti-OD programs. As I explain more fully in the literature review, I focus specifically on culture because it has a strong influence on our habits, preferences, and aspirations. My research demonstrates that OD is not merely about toilets or poverty, but also about behavioral attitudes and norms about cleanliness that are determined by cultural values of a community. Additional variables such as the influence of political will, poor infrastructure, and ecological constraints will also be addressed briefly in the following chapters.

Why Open Defecation Matters

Put simply, defecation and toilet use are considered lowly and undignified topics that are not well-documented in the field of public health. Charles Richet, winner of the Nobel Prize for Medicine in 1913, said that the cultural taboos around defecation may result from a disgust of the noxiousness and lack of usefulness of human waste. Moreover, the debilitating health and social consequences associated with open defecation delay the achievement of several of the millennium development goals (MDGs). These include the eradication of extreme poverty,
achievement of universal primary education, promotion of gender equality, reduction in child mortality, and improvements in maternal health.

A Public Concern

Open defecation is important because it is a critical public health issue. It is a public concern, especially in a country like India, because high population density environments cause easier transmission of germs and are thus likely to increase the human and health costs of open defecation. OD may have particularly negative effects in rural India because this region has a high population density, and because rural households predominantly do not use toilets.11 OD is a public concern also because some aspects of good sanitation and its related health issues depend on the sanitation habits of the entire community. For instance, feces-related diseases and infections can nonetheless affect households with good hygiene if the neighborhood predominantly practices OD.12 In many villages, people may drink or wash with water that has been contaminated with human excreta. Sinnatamby explains that the inability to quantify the benefits of sanitation interventions is one reason why this issue has not received the importance it deserves.13 Indeed, despite being crucial in itself, sanitation is often treated as an outcome of other development initiatives. For instance, sanitation does not have a spot of its own among most development agendas; instead it is seen as an indirect result of improved health practices or better education, and so on. This in turn diminishes the importance of sanitation and places it low on the list of public health concerns.14

A Female Good

Open defecation particularly affects the well-being of females, who are an already vulnerable demographic group in India. Open defecation not only increases the risks to women’s health but may also cause feelings of shame, humiliation, and indignity. Controlling urination
and defecation, natural bodily functions, can also cause bladder and urinary tract infections. Menstruation is another reason why women require more privacy, time, and access to clean sanitation facilities. This is important because adolescent girls also tend to drop out of school earlier because of lack of access to gender-segregated toilets and clean sanitation facilities at schools. Open defecation is also associated with increased risk of sexual assault and violence, as women often defecate at night or in the dark in order to avoid the male gaze. This is sadly ironical because in order to feel safer, women defecate outdoors at night, which consequently exposes them to further harm both physical and towards their health. For these reasons, as Yaniv Stopnitzky explains, latrines can be understood "as a type of private female good," because of the gender specific values associated with it.

**Child Health**

Child health in India is also dangerously affected by OD. A UNICEF report published in 2012 linked the cause of child malnutrition to lack of food. Paradoxically, however, even though food security programs in India have increased and parents have more money to feed their children, malnutrition stubbornly persists in the country. *The New York Times* reports that 65 million children under the age of five experience stunted growth in India. Surprisingly, a third of this number includes children from the country's richest families. This paradox perplexed researchers and economists who also found that more children in India are malnourished than their counter-parts in sub-Saharan Africa, one of the poorest regions of the world. Thus wealth, poverty, and lack of food do not explain the outrageous prevalence of child malnutrition in India. In fact, this disconnect between wealth and malnutrition suggests that economic growth does little to reduce malnutrition.
New research shows that malnutrition and stunting may have more to do with poor sanitation than food. Dean Spears, an economist at the Delhi School of Economics, says that

The difference in average height between Indian and African children can be explained entirely by differing concentrations of open defecation. There are far more people defecating outside in India more closely to one another’s children and homes than there are in Africa or anywhere else in the world.22

Recent evidence also suggests an association between chronic infection of the gut, also known as environmental enteropathy, and stunted growth in children.23 Infections in the gut infection can reduce the intestine’s ability to digest and absorb food, thereby causing under nutrition. Sue Coates of the Water, Sanitation, and Hygiene Program and Caroline Den Dulk of UNICEF India say that, “Quite simply, for more children to thrive, open defecation must stop.”24

Since India has the highest number and concentration of open defecators, the risk of exposure to human waste is also higher in the country. Improper disposal of human excreta can also cause microbial contamination. Around forty-four percent of mothers around the world dispose their children’s excreta in the open, which increases the risk of microbial contamination of bacteria, viruses, or amoeba. This could lead to diarrhea in children.25 Thus, open defecation and other unsanitary practices make children susceptible to bacterial infections in early stages of childhood. Jean Humphrey from the Johns Hopkins Bloomberg School of Public Health explains that “these children’s bodies divert energy and nutrients away from growth and brain development to prioritize infection-fighting survival.”26 Disturbingly, this loss in height and intelligence are permanent damages to the body. These children are also at increased risk for adult illnesses like heart attacks, strokes, and diabetes.27 This new research on sanitation and its links to child health is striking because it can lead to significant shifts in development interventions focused on child health and nutrition. Instead of spending billions of dollars on food security, evidence suggests that there is increased need to concentrate efforts on improving
sanitation, including eliminating open defecation, in order to secure the health of millions of kids in India and around the world.

So far India's programs fail to adequately address the enormity and dynamic nature of this public health problem. Programs focus primarily on building more toilets and providing each household access to one. But the striking disjuncture between access and use further contributes to the persistence of OD as latrine usage is not being effectively addressed.

**Tackling Open Defecation in India**

There is not much documented information or evidence on the history of toilet use and open defecation in India. However, it can be safely estimated that open defecation has been a common practice of many generations in the country, going back earlier than the 19th century. While conducting archeological excavations it was found that inhabitants of the Harappan civilization in the Indus Valley Basin, around 2500 BC, had designed a sophisticated sanitation system: people had “water-borne toilets in each house linked by drains covered with burnt clay bricks.” They also had man-hole covers and chambers for maintenance. The use of toilets seemed to disappear with the decline of the Harappan civilization, leaving huge gaps in knowledge about toilet use in India since that period. Apparently, Mughal emperor Jahangir built a public toilet for the residents of Alwar, a town near Delhi. But yet again, not much is known about the usage, conditions, and quality of these toilets. Pathak notes that the first bill on sanitation in India was introduced by the British in 1878. Construction of toilets was made compulsory, even in the huts of Calcutta, which was the capital of India at that time. More laws on sanitation have been created since, the Sanitation Act of 1993 being an important one as it
made manual scavenging and the construction of dry latrines illegal. Despite this Act, open defecation and manual scavenging continue to be a challenge even today.

The first central government policy to tackle open defecation was implemented in 1986. Programs since 1986 have largely focused on building and providing access to toilets. However, as evidenced in the WHO and UN statistics, if nearly fifty percent of the population still defecates in the open, data strongly indicates that government efforts have resulted in minimal change in defecation behaviors in rural India. Even the most recent program—Swacch Bharat Mission” (SBM) or the Clean India Mission—which seeks to clean India by the 150th birth anniversary of Mahatma Gandhi, similarly promises to build more toilets despite evidence that there has been relatively little increase in the use of these sanitation facilities. Therefore, government programs need to prioritize usage as well because if they do not, then the disparity between access and use of toilets will continue to grow while money spent on toilet construction will be largely wasted.

The current Bharatiya Janata Party (BJP) government led by Prime Minister Narendra Modi promises to eliminate OD by 2019 under the SBM. It has also made anti-OD an agenda of national importance and sparked a lot of media attention on the issue. Jairam Ramesh, former Minister of Sanitation under the United Progressive Alliance government led by Congress, remarked that the campaign is a positive step in eliminating open defecation. But he also added that so far it has mostly been about “slogans and photo-ops.” At this particular moment in time, India is seeing an important shift in government efforts to tackle open defecation. This robust emphasis on sanitation in India should be viewed together with the increased international media

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* The launch of SBM on Gandhi’s birthday, October 2, and the target to eliminate open defecation by Gandhi’s 150th birthday acts as a rhetorical tool for social mobilization as Gandhi is a highly revered figure in the country whom most children and adults have heard of, including in rural households.
attention on open defecation garnered due to the emerging research on child malnutrition and sanitation, and UN and WHO statistics on sanitation and OD.

There is a long struggle ahead in order to reach the 2019 goal of open-defecation free India. Nonetheless, the current media and government attention to this problem points toward the increase in political will to resolve this issue. Governmental pressure, however, is again resulting in a target-driven approach where local officials feel the need to fulfill the targeted quota numbers for toilet construction. But the state is also trying to adapt itself by realizing this problem is beyond its sole capacity to resolve. Thus, it is seeking the help of and collaborating with researchers, corporations, and non-governmental organizations (NGOs) to design better anti-OD programs. A more effective approach would also comprise the engagement of cultural beliefs and local attitudes that encourage and/or sustain open defecation, while supplementing this cultural change with infrastructural support to prevent any slippages.

Roadmap

This section outlines the arguments, hypotheses, and structure of the thesis. To restate, this thesis seeks to explore a) how culture is associated with the persistence of open defecation in rural India and explains the failure of anti-OD programs, and b) how development programs can address culture in an empowering manner.

The thesis is broken down into thematic chapters. This chapter is an introduction to the topic of open defecation and why it matters. It established that elimination of open defecation is a multi-faceted challenge that requires a complex understanding of culture, ecology, and the role of the state. The thesis, however, focuses primarily on culture as I find it to be the most
intriguing and less-explored among the other variables. Chapter Two is a literature review on culture and development. It explores how culture is important for development interventions that are aimed toward pro-poor growth and empowerment. Chapter Three provides an overview of anti-OD measures in India implemented by the state and civil society. For the latter, I solely focus on the Community Led Total Sanitation program. This chapter will provide a deeper understanding of anti-OD programs and an analysis of how they engage with culture in order to help identify the underlying tensions between development programs and the social structures that they operate under. Chapter Four explains my fieldwork in Bangalore, India. Chapter Five explores how culture can explain the persistence of open defecation: analyzing different socio-cultural norms including gender, religion, and perceptions of cleanliness. Chapter Six, is a conclusion that brings the reader back to the larger concerns pertaining to open defecation.

The thesis is divided into two arguments. The first is a normative claim about the necessity of attending to culture in an empowering manner, which is most strongly addressed in the literature review. The second argument constitutes the majority of the thesis. I claim that OD persists because of the state’s negligence towards cultural dimensions of the practice, and its target-driven approach that has prevented it from adapting effective programs that can address the dynamic nature of OD in rural India. The second argument comprises three hypotheses. First, cultural beliefs about the benefits of open defecation results in people’s adherence to this practice. Second, recognizing the importance of gender norms can be useful in eliminating open defecation. Third, reversion to open defecation is not merely resistance, but occurs because for many it is a defining local practice and condition of rural existence. I rely on empirical evidence in order to sketch out the second argument and provide support for these hypotheses. I collect data from governmental sources (census, national surveys, and official sanitation program...
guidelines) and complement it with empirical studies that analyze the success of state programs and their effectiveness in addressing culture. In addition, I qualify the failure to address culture in the long term as neglect by the government. Last, I also use surveys and observations by researchers, including my own, to understand the behavioral practices of rural communities that pertain to sanitation norms.

The research methodology for this thesis comprises primary and secondary sources. The latter involved an investigation of literature—both theoretical and empirical—on open defecation in India and the relationship of culture to development politics. While I could make a comparative analysis on open defecation in developing countries, I focus primarily on India because it helps limit the scope of the project and allows me to conduct a more intensive investigation into India’s politics of sanitation. Authors discussed in the following chapter (i.e., literature review) like Amartya Sen, Timur Kuran, Arjun Appadurai, and Vijayendra Rao have most influenced my own understanding of culture and development politics. The remaining sections of the thesis analyze OD in rural India using both primary and secondary sources. The analysis is interwoven with ideas of the aforementioned authors in order to connect the practical realities of sanitation programs with the theoretical debates surrounding development politics and culture.
Chapter 2
LITERATURE REVIEW

The topic of development—economic, political, and social—encompasses a wealth of scholarship from prominent historical thinkers like Adam Smith, Karl Polyani, and Karl Marx, to modern-day scholars such as Amartya Sen and Vijayendra Rao. Scholars ranging from anthropologists and political scientists to economists largely agree that culture is a vital component of human development, and that culture deserves critical attention at the local, state, and international levels of development policy engagement and practices. This scholarship on culture and development could be applied in context to specific cases ranging anywhere from sociocultural development to the issues presented in this thesis: public health concerns regarding sanitation and open defecation.

This literature review is about the interaction among culture, poverty, and development politics, and it seeks to explore how development interventions can address harmful aspects of culture in an empowering manner for the poor. The larger aim of this thesis is to understand how development politics can engage with culture in a just manner, and since development projects like anti-OD programs are often targeted toward the poor, it is essential to talk about poverty in the literature review. Amartya Sen writes that “the ultimate test is the freedom of the citizens to exercise their free agency and choose in an informed and participatory way” (Sen, 2008).

Thus, the discussion of the three elements is also necessary because development interventions that address culture go beyond poverty reduction to include improvements in people’s freedoms and capabilities.
This chapter is divided into three sections. Each section is organized thematically on issues within the discourse of development and culture, rather than according to schools of thought. Section One explores the different meanings of culture, the spectrum of normative arguments surrounding it, and explores the analytical components within culture such as voice and cultural agency. Section Two engages the dialectic between a top-down versus a bottom-up approach to development. In the third and final section, I address how arguments presented in the literature review will be addressed in the following chapters.

History of Culture in Development Politics

Literature on the history of culture in development politics is mostly documented in years following World War II, indicating the nascent role of culture within discourses on development. The United Nations has been a key international body that brought culture to prominent attention through the inclusion of culture in its universal rights and principles. It also established a separate agency that dealt mainly with cultural heritage and artifacts, the United Nations Educational, Scientific and Cultural Organization (UNESCO). This created a binary between development and culture, as culture was primarily associated with heritage, and development with economics. Governments first engaged with the disjuncture between culture and development at the World Conference on Cultural Policies held in 1982, where a broader definition of culture was incorporated.

At the same time as intellectuals in developing countries used culture as a tool to explore endogenous models of development in response to the failure of foreign-assisted programs, international institutions saw the emergence of social and cultural factors in
development planning. By the mid-1990s the World Bank began to incorporate community participation as a strategy in its programs, and the concept began to filter into other organizational avenues of development practice. The emphasis on local participation in World Bank programs was an important development because the Bank comprises leading economists and researchers who are at the forefront of development projects in various sectors around the world. Thus the Bank has enormous influence over national and local development programs, which gives it power to influence global discourses on development and poverty. Lourdes Arizpe claims that the twenty-first century is now undergoing a cultural transition, wherein people are rethinking their assumptions about other cultures. The shift in development theory and practice, along with disillusionment over the failures of development policies, is causing an increasing global awareness about the inequality and unfairness often embedded in development rhetoric that aims to eradicate local, national, and global poverty.

Understanding Culture

The discrepancy between access and use of toilets, and the unsuccessful nature of India’s anti-open defecation efforts can be explained through the failure to address culture. In this section, I discuss the various dimensions within culture, demonstrate the malleability of this concept, and explain why it matters for development politics.

Definitions

Because culture is such a fluid concept, it is hard to constrain it within the boundaries of a definition. The concept appears ambiguous and hard to operationalize.
Nonetheless, culture is cloaked with several meanings that often overlap and relate to each other. For instance, World Bank economists and researchers Michael Walton and Vijayendra Rao offer an open-ended definition: culture is about the relationality “among individuals within groups, among groups, and between ideas and perspectives.” Culture is also related to identity, ethnicity, rituals and norms, aspirations, and symbolic exchange. Culture is about how we engage with each other and simultaneously develop and act on social norms that are created collectively. Anthropologist Lourdes Arizpe defines culture as a system of values, norms, and practices that serve the wellbeing and functionality of societies. She writes that “cultures are philosophies of life that hold together all the social practices that build and maintain a capable, creative human being.” Furthering this definition, economist Timur Kuran explains that culture serves the aesthetic, social, and psychological needs of a people, and influences economic activity. In his essay on “The Cultural Obstacles to Development,” Kuran defines culture as the “beliefs, preferences, and behaviors of its members, along with mechanisms that link these traits to one another.” Arjun Appadurai, however, contests that “by not elaborating the implications of norms for futurity as a cultural capacity,” definitions of culture tend to limit the concept as something of the past, as having no implications and role in the future development of society. These related yet distinct notions of culture demonstrate the malleability of the concept and the broad range of elements that it comprises such as social wellbeing and organization, collective interactions, modes of expression, and human values.

Drawing from these various definition and ideas, for the purposes of this thesis, I define culture as the local beliefs and practices of the community: beliefs about prestige,
dignity, cleanliness, and religious beliefs regarding purity. Social norms and relationships are determined by culture and in turn also influence it. Drawing from Arjun Appadurai, I also consider culture as a capacity—the capacity to aspire, the capacity to exit, and the capacity to voice opinions, demands and concerns. Incorporating Appadurai’s assessment on the importance of culture for ideas about future and development is critical because such an understanding can help us engage with development in a more holistic manner, by realizing that norms and beliefs are not simply affected by development but in fact, shape the processes and outcomes of development.

Dimensions of Culture

Certain keywords have evolved in recent scholarship on culture such as “voice,” “terms of recognition,” “capabilities,” “preference falsification,” and “cultural capacity.” I delve briefly into these various facets of culture in order to better understand what makes culture political and such a contested concept in development discourses.

Relationality, Dissensus, Boundaries

Appadurai, one of the key authors for my thesis, emphasizes three main dimensions of culture that have emerged from recent debates: relationality, dissensus, and weak boundaries. Relationality shows the association between different norms, beliefs and values. Dissensus is about contestations and disagreements even within shared cultures. It is important because it shows that cultural beliefs are not set in stone: ideologies and norms can be contested within a culture. Since cultural practices like rituals and festivals produce consensus within groups, they can be harnessed for creating cultural change that is conducive to positive socioeconomic development. Weak boundaries show the linkages among culture and different modes of globalization such as
migration, trade, and warfare. These are important for a future-oriented understanding of culture, which can be viewed as a porous process, with in-flows and out-flows of beliefs and values. These dimensions suggest that culture is permeable and in constant interaction with different aspects of the economy, social and political life. Moreover, it suggests that culture is complex and multilayered—it comprises both traditions and aspirations, and the negotiation between the two creates tensions but also leads to consensus production and affirmation of values.

Voice

Another important aspect of culture is “voice.” Albert Hirschman used the ideas of “voice,” “loyalty,” and “exit,” to explain the relations that individuals have to organizations and states. Building on this, Appadurai asks if the voices of the poor can be cultivated and strengthened “since exit is not a desirable solution for the world’s poor and loyalty is clearly no longer generally clear-cut?” Cultivating voice would allow the poor to contest, demand, and increase their social and political participation. For it to be strong, voice needs to evolve from within local cultural frameworks, through collective social participation, performance, and organization. Kuran also argues for the strengthening of voice because often times, in what he calls “preference falsification,” the desires of the poor are misrepresented by the elites. Private interests can be advanced in opposition to the interests of the groups that they claim to represent. Kuran argues, “seldom do the pertinent public communications expose us to an opinion column by a Pakistani bank clerk, or a documentary conceived by a Mexican laborer, or the monograph of a Senegalese grocer.” This shows two things: one that voices of the poor are often suppressed under the cacophony of information that is disseminated by elites
(journalists, filmmakers, academicians, politicians et al); two, that the poor often don’t have means to express their concerns on their own terms, be it through photography, an opinion piece, documentary, monograph, etc. Because such modes of communication are expensive, they can be exclusionary forms of participation in which predominantly elites engage and use as their platform to represent the poor. For these reasons, voice needs to be cultivated in an effective manner and one of the ways to do this would be through empowering cultural agency and fostering local mobilization for equitable democratic participation. However, despite the need for cultivating voice, as Chapter Three and Five will further outline, community participation is not a panacea and has its own limitations as well.

_Cultural Capacity_

Culture can be measured in terms of capacity, as Appadurai terms the “cultural capacity to aspire.” This is the aspirational quality of culture; the ability to navigate through life, which is usually much weaker and restrained for the poor because they have less access to resources and choices. To bring back the concept of relationality, goals and desires are part of a system of larger ideas on happiness, well-being, property, possession, human values, etc. These can be distilled into hyper local ideas about work, marriage, health, virtues, and so on. To distill it further would be to view these aspirations as individual choices devoid of the social and cultural context they were shaped within. The isolation of culture and aspirations is evident in the predominant economic theory about the rational, self-interested human being. Along with other social scientists, Sabina Alkire challenges this theory as she argues that the poor have a broad and complex notion of wellbeing and that poverty constitutes more than just material
scarcity. Alkire draws this argument from the World Bank’s *Voices of the Poor* series which revealed that the notion of well-being for the poor includes both the tangible (health, housing) and intangible qualities such as self-respect, happiness, and security. Thus, in order to move beyond material poverty reduction, culture as the capacity to aspire needs to be strengthened for the poor by recognizing and engaging with their local beliefs, norms, and values that contribute to local ideas of well-being and development.

Much of this new thought regarding cultural capacity is built on the work of Amartya Sen, who argued that development projects should aspire to eradicate material poverty and *also* create improvements in the freedoms and capabilities of people. The highest objective for Sen is to promote capabilities and freedoms since this allows people to choose and participate in informed ways and in a democratic manner. Cultural capacity builds on the capability approach and demonstrates that culture is an integral component of development that shapes our present and future actions and our notions of well-being, growth, and freedom.

*Politics of Recognition*

Along with cultivating voice, it is important to change the terms of recognition of the poor. Cultural dimensions of relationality and weak boundaries partially developed from Charles Taylor’s concept of the “politics of recognition:” an ethical obligation to extend recognition to persons whose worldviews may differ from our own. Inspired by Taylor’s work, Appadurai speaks about “terms of recognition,” which are the ways the poor negotiate norms that frame their lives, often with extremely weak resources. On the other hand it also refers to the way poverty and the poor are recognized in abstract and impersonal terms by society.
Changing the terms of recognition can shift the way state and civil society programs engage with the poor. Franceys and Gerlach talk about providing services to consumers rather than citizens. Though being a consumer means having certain rights, viewing the poor as merely consumers is limiting. For instance, the provision of public goods such as toilets is not solely a public effort but is performed by private households as well. Scholar Asef Bayat points out that the urban poor in Iran ‘illegally’ procure services like electricity, which Bayat calls the “quiet encroachment of the ordinary.” Bayat is pointing out the poor are resourceful, and do not wait passively for the provision of services by state authorities. Even in conditions of extreme poverty, they use their limited agency to procure resources and create a better life, a process that is either deemed illegal or is often simply invisible to the rest of society. Using housing and sanitation rights as an example, the challenge is to recognize the terms of recognition among the poor themselves and between the poor and society, and to identify how cultural norms relate to the material poverty of groups. Because, as Appadurai explains, “the issue is whether cultural recognition can be extended so as to enhance redistribution.” Can we redesign development in ways such that informal sectors and ‘illegal’ squatters are not merely seen as consumers but as citizens with equal human rights, and as people and groups with vibrant culture, social networks, and agency? Such forms of development interventions can be more empowering as they address the material, social, and political realities of the poor.
How and Why Culture Matters

Culture is perceived in a number of positive and negative ways. It is viewed as a negative asset, as something "toxic," but conversely, also as a future-oriented positive component of development. Appadurai notes that culture is often associated with habit, custom, heritage, and tradition—terms that connote backwardness and rigidity. On the other hand, keywords pertaining to development are future-oriented—plans, hopes, target and goals. Moreover, economics has always been at the forefront of development, and leading international organizations such as the World Bank have advocated primarily for economic growth often at the expense of socio-cultural capital.

On one end of the spectrum lie cultural critics of development such as Arturo Escobar, who argue that development is part of a cultural system in which certain dominant ideologies exacerbate inequalities between the North and South, between the Western-dominated developed world and Third World. Escobar argues that international institutions such as the IMF and the World Bank circulate these ideologies. Samuel Huntington, author of the highly contested "clash of civilizations" theory, presents a contrasting argument: culture is the problem because it generates conflict; culture can inhibit growth and poverty alleviation, and hamper modernization. He argues that culture would thus need to be reformed through other growth-oriented strategies such as education, which in a way undermines the cultural determinism theory as it insists that there are aspects beyond culture that shape our identity. Sen argues that this sort of cultural determinism is crippling because it relegates certain societies as doomed for failure because of their perceived backward cultures that are hostile toward
Along the same vein, Kuran argues that “cultural lock-in” is one reason for persistent underdevelopment. This is because certain cultures are viewed as static and/or certain cultural characteristics are seen as directly opposed to development. He also cautions against offering blanket protections to multiculturalism, as this ideology can often mask preference falsification of groups that are being spoken for. Based on these various arguments, it would be wise to adopt a cautious and questioning approach towards the celebration or remonstration of cultures in development discourses because culture, as explained previously, is multilayered and presents a dialectic between traditions and the future.

Cultural Obstacles to Development

Although cultural agency is an important tool for social and political participation, scholars such as Appadurai, Walton and Rao, Kuran, and Sen recognize that genuine cultural obstacles to development can exist. To emphasize once again, development does not just mean economic growth but also promoting the happiness, health, comfort, and security of a people. While on the one hand people do acknowledge the presence of negative cultural practices, Walton and Rao add that hindrance to development stems from external factors rather than an internal cultural logic. Appadurai notes that the poor live within an ambivalent web of dominant norms in society. They respond to these norms either with hostility and cynicism as a way of maintaining their dignity, or through compliance. The latter is especially harmful because it constitutes a “fairly deep moral attachment to norms and beliefs that directly support their own degradation.” A singular example to illustrate this point is the caste system in India, which assigns individuals to social hierarchies at birth and determines their economic and social position in society.
Dalits, who belong to the lowest caste, were historically called and treated as “untouchables.” Even today, Dalits are one of the poorest and weakest social groups in India. For another example of degrading cultural practices, consider Berlach and George who make note of various sanitation norms that contribute to the behavior of open defecation among different societies in Latin America and India. Thus, a central challenge for development policy-makers and interventionists lies in dealing with such cultural norms, which tend to structure unequal relationships within society.

Sen, Kuran, and Alkire suggest ways in which development interventions can engage with negative cultural practices. Sen and Alkire offer a democratic approach to addressing culture. Alkire explains that development initiatives can result in a trade-off between economic and sociocultural capital. She stresses that authority to determine the importance of one capital over the other resides not with the external agent but with communities that are directly influenced by the policy intervention. She draws this idea from Sen, who proposed that such decisions on the trade-off between culture and growth require public debate and engagement. The decision is ultimately a value judgment rather than a definitive answer that one kind of capital is more important than the other. Such participatory decision-making requires the cultivation of “voice,” as noted earlier. It is through this kind of engagement that the state, development practitioners, and the poor can jointly examine aspirations for the future.

In contrast to Sen and Alkire, Kuran offers a more individualistic explanation, arguing that cultural obstacles to growth are often exaggerated. He contends that the erosion of sociocultural capital results in only a short-term loss in personal satisfaction, which adapts itself to the new environment generated by economic growth.
emphasis here lies in the malleability of culture, and its ability to continually readjust in
response to other social and economic influences that shape our lives.

*Resistance*

Development interventions often meet with resistance, and this is especially
evident in public health interventions such as vaccination campaigns or anti-open
defecation efforts. Walton and Rao note that many times resistance itself is a cultural
process—a demonstration by the subaltern that they do not passively accept or resign
themselves to an imposed fate. Fiza Salim, in her research on vaccinations campaigns in
India, notes that the “perceptions of the body go beyond physical and functional terms;
the body is viewed as an entity that can be used and manipulated to further foreign policy
agendas and threaten national security, or any form of group identity, be it social or
religious.” The body then becomes a political space for resistance and performance, a
locale for the assertion of identity and preferences that are being threatened. To recall, the
reasons for resistance will be tied to a broader network of ideas within a “cultural map of
aspirations,” which is essentially embedded in local norms and beliefs about what it
means to have a good life.

A distinct voice from the other authors presented here, Laurent Berlant offers a
provocative but compelling explanation for the persistence of negative practices. Her
research on obesity in inner city United States finds that the maintenance of harmful
practices such as eating fatty foods is not an act of resistance but a display of experiences
that “[are] simultaneously at an extreme and in a zone of ordinariness.” Harmful
practices become a routine part of life and provide a form of relief or “self-suspension”
from the physical and material exhaustion of life. In contrast to Appadurai’s argument
about a culture lens that is forward-oriented, Berlant contests that such harmful practices are neither rooted in ideas of the good life or of the future, but are only a momentary source of well-being. Berlant does not offer a theory of social organization but showcases spaces where instead of resistance one finds the phenomenon of slow death: the physical wearing out of a population that is a “defining condition of its experience and historical existence.” Cultural theories on resistance and collective action would need to consider Berlant's argument as it offers a contrasting view to the “militaristic” agency of resistance.

Contestation between Development Approaches

The two predominant development approaches: top-down and bottom-up are often pitted against each other. In many developing countries the state has failed to provide essential services to the poor. Reasons for this include internal government dysfunctions or the crippling effect of Structural Adjustment Programs imposed upon indebted countries by the IMF. Developing states also often reflect an “urban bias” approach to industrialization wherein development was predominantly skewed towards urban areas in the country. This left the majority of the population, which resides in rural areas in agrarian countries like India, isolated from the mainstream channels of development. This is turn led to huge disparities in wealth and distribution of public services. States and large institutions have also been criticized of ignoring *metis*, which are factors understood as common sense by the public but that are dismissed as either irrational, exotic, or irrelevant. James Scott contested that by ignoring these common sense notions and values, “policy makers impose a structured and formulaic set of interventions on societies that ill serve the purpose of improving well-being.” The
failure of state-led growth and development has led to a deep skepticism of such an approach to development, and has perhaps engendered an implicit assumption that cultural approaches are bottom up, by virtue of them being more democratic and people-centered, whereas non-cultural approaches are generally top-down and heavy-handed.

In response to the failure of a top-down policy structure, the 1990s saw the incorporation of a more community-led approach that built on the notions of participation. Grassroots participation has come to be viewed as the ideal approach to development, one that truly “empowers” the poor. Mansuri and Rao, however, argue that community based development efforts have limited impact on poverty reduction. This is because development programs often lead to elite capture of resources by wealthier and more literate communities, cause inequitable distribution, and excluded the poor. Moreover, community development does not foster sustainable and long-term cross-group social cohesion. Abraham and Platteau also contest that circumventing the state is a self-defeating task and that participatory development is not always the answer to development. Thus, scholars suggest the need for stable institutions at the center to ensure the inclusion of disadvantaged groups, the need for development designs to be context specific, and assert that community led programs need to be more flexible and long-term oriented in their development planning.

Conclusion

My own definition of culture, specific to the context of India, will be incorporated into the case study of open defecation in rural India, in order to understand the extent to
which sanitation norms of the rural poor are formed by norms and aspirations shaped by
culture. In doing so, I hope to demonstrate that anti-open defecation efforts were
unsuccessful in India largely due to the neglect of culture. The next chapter shows that
although the Indian government has claimed to address culture in three of its anti-open
defecation programs, open defecation continues to persist at a high rate in the country. I
qualify the insensitivity by the state toward cultural practices in the long term as neglect.

Of the above-discussed scholars, one of the key authors for my research is Arjun
Appadurai. I find Appadurai’s argument on the cultural capacity to aspire especially
compelling. Although his essay is primarily normative, he does provide two examples of
housing and toilet initiatives in slum communities in Mumbai, India.62 Using the
examples of urban slum politics, Appadurai advocates for the development of the cultural
agency of the underclass as this can lead to a politics of resistance and activism that is
pro-poor and focused on cultivating “voice” and the poor’s capacity to aspire. Here I
diverge slightly away from Appadurai. This is because I find that his normative
arguments regarding culture do not fully extend to the rural context of open defecation in
India. Appadurai affirms and celebrates cultural agency, but in rural areas some cultural
practices encourage open defecation. These sanitation norms, which have their basis in
culture, need to be challenged because of the enormity of the public health burden of
open defecation.

Even though I find Appadurai’s argument falling short of the scope of my
research, I use him as an anchor for my thesis because his normative arguments about the
ways in which we can engage with and strengthen culture for development are still
pertinent. For instance, drawing from his “culture as a capacity” argument, I demonstrate
in Chapter Five how sanitation norms in rural India are shaped to a large extent by culture, and thereby argue that addressing culture is necessary for tactics that focus on toilet-building and toilet usage. Furthermore, I am persuaded by Appadurai’s arguments that local beliefs, norms, and practices mold the ideas and desires of society, and that they can be used to create consensus and change. This is a useful analysis for my thesis on many levels, including exploring how local village communities can be mobilized in efforts to eliminate open defecation. Lastly, I rely on Appadurai to help explain how we can engage with culture in a manner that respects it while also trying to change it.

I deconstruct the polarization between top-down and bottom-up approaches throughout the following chapters of the thesis. Like Sabina Alkire, Michael Walton and Rao, and Amartya Sen, I find the dialectic between the two approaches to be problematic. There are innumerable cases of government failures that pertain to the development agenda. One may find several such examples within India itself. However, I find that the state’s presence is nonetheless a vital component for the working of development programs, especially regarding public health issues like OD in rural India.

In the next chapter, by putting the top-down and bottom-up approaches in dialogue with each other, I demonstrate that a strong state does not have to impose itself upon the people. Ultimately, it is not a matter of public health trumping cultural concerns because such an approach erodes the sociocultural capacities of societies. Instead public health should take culture seriously into account. The state should engage with culture in manner that is not imperialistic but respectful and concerned with the values of democracy.
Notes:


4. Arizpe, "The Intellectual History of Culture and Development Institutions."

5. Ibid., 171, 174.


15. Quoted in Ibid., 63.


17. "Cultural Obstacles to Economic Development: Often Overstated, Usually Transitory."

18. Quoted in Ibid., 115.

19. Appadurai, "The Capacity to Aspire: Culture and Terms of Recognition."

20. Ibid.


23. Ibid., 191.


29. Ibid.
32. Ibid, 10.
Sen, “How Does Culture Matter?”
Sen, “How Does Culture Matter?”
34. Ibid, 10.
Sen, “How Does Culture Matter?”
37. Ibid., 38.
38. Appadurai, “The Capacity to Aspire: Culture and Terms of Recognition.”
39. Ibid.
Sen, “How Does Culture Matter?”
Kuran, “Cultural Obstacles to Economic Development: Often Overstated, Usually Transitory.”
41. George, “Open Defecation-Free India.”
42. George, “Going to the Sulabh.”
43. Alkire, “Culture, Poverty, and External Intervention.”
45. George, “Open Defecation-Free India,” 175
50. Quoted in Ibid., 95.
51. Quoted in Ibid., 97.
53. Ibid.
55. Quoted in Ibid., 9.
56. Ibid.
58. Mansuri and Rao, “Can Participation Be Induced? Some Evidence from Developing Countries.”
60. “Participatory Development: Where Culture Creeps In.” 229-230
61. Ibid.
Sen, “How Does Culture Matter?”
Mansuri and Rao, “Can Participation Be Induced? Some Evidence from Developing Countries.”
63. Alkire, “Culture, Poverty, and External Intervention.”
64. Sen, “How Does Culture Matter?”
Chapter 3

OVERVIEW OF ANTI-OPEN DEFECATION PROGRAMS

"No matter how many temples we go to, we are not going to get salvation. We need to give priority to toilets and cleanliness".
- Former Rural Development Minister Jairam Ramesh.

"I am known to be a Hindutva leader. My image does not permit to say so, but I dare to say. My real thought is 'Pehle shauchalaya, phir devalaya' (toilet first, temple later)."
- Prime Minister Narendra Modi

The discussion of literature in the previous chapter established that culture should be an integral component in discourses of development politics. Amartya Sen made the argument that culture should be engaged not in an imperialistic way but in a respectful manner that adheres to the spirit of democracy: communities should retain the ultimate decision on whether they want to observe, discard, or change certain values and practices that are being called into question. The decision-making power should essentially belong to the people. Although this is a noble aspiration, it is not clear what “respectfully engaging with culture” could mean in practice. Does it mean submitting to the will of the communities where programs are being implemented, despite the potential for negative effects?

In dire public health scenarios like open-defecation, or even other socio-cultural issues like child marriage, female feticide, or female genital mutilation, external intervention is necessary to eliminate practices that are considered by international institutions, civil society, and policymakers as an obstacle for the development of society. In such situations, the narrative of respectfully engaging with culture clashes with the objectives of well-intentioned development programs—producing tensions between the means and ends of interventions. For instance, where does one draw the line between external engagement and personal choice?
Where does the line between personal values and civic duty merge or conflict? When should external programs shift from being recommended to mandatory? Who decides their level of intervention? Is a participatory approach more empowering than a top-down intervention? None of these questions has a single, simple answer. Therefore, I will not attempt to provide one. Instead, by analyzing the nature of anti-OD programs in India and their engagement with culture, this chapter seeks to understand why OD persists in India and identify key challenges faced by both bottom up and top-down development approaches that seek to empower and develop communities.

This chapter first provides an overview of India’s anti-OD programs, and situates the role of culture in each. Second, I discuss variables apart from culture that contribute to the practice of OD. Third, I contrast the discussion of state programs, an inherently top-down approach, with a more participatory model, Community-Led Total Sanitation, which is adopted by civil society groups, and also by some states in India.

Programs

Background of Rural Sanitation Programs

Improved sanitation has been a concern for India throughout the twentieth century. Soon after independence a rural sanitation program was introduced in 1954 as part of the first five year plan of the Congress government. However, the real focus on sanitation and open defecation began with the Central Rural Sanitation Program (CRSP), a national program initiated in 1986 that aimed to improve the quality of life of rural India. CRSP was born partly as a result of the 1981 census findings that showed that only one percent of rural India had sanitation coverage.
This abysmal finding overlapped with the International Decade for Drinking Water and Sanitation from 1981-1990 that emphasized the need for improvements in rural sanitation. A decade later, sanitation was included in the eleventh schedule of the 73rd Amendment Act of the Constitution in 1992. This Act led to the creation of Panchayati Raj Institutions (PRIs), a system of decentralized governance. The eleventh schedule made rural sanitation a duty and responsibility of the PRIs, which operates at three administrative levels: the village, block, and district. The gram panchayat (GP) is the lowest tier at the village level, panchayati samiti is at the block level, and the zilla parishad is at the district level. Each unit looks after its own affairs and its duties are prescribed in the Act. ‘Panchayat’ means an assembly and refers here to an elected village assembly or council, and Raj means governance, such as the period of ‘British Raj’ or British governance. The system of Panchayati Raj or decentralized governance was envisioned by Mahatma Gandhi and is born out of his widely popular concept of ‘Swaraj’ or democratic self-governance for independent India. Because of this Act, the responsibility to improve sanitation was more widely distributed and shared among these primary actors—center, the states, and also PRIs, the decentralized administrative units of power.

As outlined in Table One on the next page, three more anti-OD programs followed the CRSP. Through a recurring change in nomenclature, the program known as CRSP in 1986 became the Total Sanitation Campaign (TSC) from 1999, Nirmal Bharat Abhiyan (NBA) from 2012, and is Swachh Bharat Mission (SBM) from 2014 to present. Key characteristics of programs since 1999 include identifying behavior change as a key component for eliminating OD, adopting a demand-driven approach, and providing subsidy as a key tool for incentivizing toilet construction to achieve total rural sanitation coverage. Nonetheless, though behavior
change has long been listed as a key component of anti-OD programs, this has consistently been overshadowed by the larger focus on toilet construction in program activities.

<table>
<thead>
<tr>
<th>Program</th>
<th>CRSP</th>
<th>TSC</th>
<th>NBA</th>
<th>SBM</th>
</tr>
</thead>
<tbody>
<tr>
<td>OD Target</td>
<td>-</td>
<td>2012; later 2017</td>
<td>2022</td>
<td>2019</td>
</tr>
<tr>
<td>Number of Changes in Government</td>
<td>6</td>
<td>2</td>
<td>None</td>
<td>None</td>
</tr>
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<table>
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<tr>
<th>Features</th>
<th>Hundred percent subsidies provided.</th>
<th>Focus on community-led and people centered initiatives. Adoption of a “demand-driven” approach.</th>
<th>Intensive IEC campaigning is cornerstone of program.</th>
<th>Twenty-two billion dollar budget to build 110 million toilets.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Generate awareness, promote health education, and induce citizen participation.</td>
<td>Fifteen percent of total budget for IEC.</td>
<td>Capacity-building of stakeholders like PRIs and Village Water and Sanitation Committees.</td>
<td>IEC funding reduced to eight percent from fifteen.</td>
</tr>
<tr>
<td></td>
<td>Eradicate manual scavenging.</td>
<td>NGOs, co-operatives, women’s groups, self-help groups and PRIs involved.</td>
<td>GPs identified as Nirmal Gram prioritized to receive water supply.</td>
<td>Emphasis on IEC, Behavior Change Communication (BCC), triggering activities, inter-personal communication, and monitoring activities.</td>
</tr>
<tr>
<td></td>
<td>Involve voluntary social, political, and religious organizations, and PRIs.</td>
<td>Develop solid and liquid waste management systems.</td>
<td>Convergence with MNREGA to facilitate availability of funds for toilet subsidy.</td>
<td>Prioritize activities in areas close to major river basins of India to ensure pollution free rivers in addition to ODF communities.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The NGP offers a cash prize to motivate GPs to achieve total sanitation.</td>
<td></td>
<td></td>
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</table>
The history of rural sanitation programs in India is essentially the history of one single program—the CRSP—that has been rechristened and restructured, appearing as a completely new program at three different points since its inception in 1986. Table One highlights some of the key features of CRSP such as the initial provision of hundred percent subsidy and the promise to eradicate manual scavenging. The predominant criticism of CRSP was that it was supply driven and entirely focused on toilet construction. Successive anti-OD programs have tried to change this approach by highlighting the importance of behavior change and demand generation for toilets. However, another important factor that may have contributed to the failure of CRSP is the political instability in India from the mid-80s until mid-90s. There were six different parties in power from 1986 until the end of the CRSP, and this instability could have negatively affected the political will invested into the sanitation program. CRSP claims to have built more than nine million sanitation facilities in roughly ten years. Although more than Rs. 660 crore ($6 billion) was invested during the course of the program, rural sanitation grew at just one percent annually throughout the 1990s. The 2001 census survey reported that only twenty-two percent of rural households had access to toilets. This does not take into account the usage rates, which recent surveys reveal that not all individuals who have toilets actually use them. India’s very first national sanitation program performed poorly and did little to end open defecation in rural areas.

Total Sanitation Campaign (TSC)

In response to its apparent failure, CRSP policy was then revised as the “Total Sanitation Campaign (TSC)” in 1999, focused on motivating demand for toilets and sanitation services rather than solely supplying them. TSC, implemented by the Ministry of Rural Development,
lasted for thirteen years, and contained important revisions to the rural sanitation program. For instance, as indicated in the table, it adopted a ‘community-led,’ ‘people-centered’ and ‘demand-driven’ approach, emphasized the importance of Information, Education, and Communication (IEC) as a demand-generating strategy, and introduced cash prizes for clean villages. The budget expenditures for the different components of TSC were shared between the Union and State governments and to an extent with the beneficiaries.

The main goals of the TSC included eliminating open defecation, providing everyone access to toilets by 2012 (including at schools and *anganwadis*), improving the quality of life in rural India, and developing community based environmentally friendly sanitation systems focused on solid and liquid waste management. *Anganwadis* are a pre-school unit or a child development center created for maternal care and care of children under six years. *Anganwadi* centers are operated at the village level. Beginning in 2003, the TSC also awarded Nirmal Gram Puruskars (NGPs), or “clean village awards,” to gram panchayats that had achieved full sanitation coverage and were identified as being open defecation free (ODF). The award was highly popularized and created a desire among the villages to attain a Nirmal or “clean” status. The objective of the NGP was to promote safe sanitation and a clean environment and pave the way for villages to become open defecation free.

The components of TSC included IEC, provision of rural sanitary marts that provided construction materials for sanitation facilities, start-up activities including base-line survey and project implementation plans, provision of community sanitary complexes, construction of toilets in schools and *anganwadis*, and provision of solid and liquid waste management systems. IEC was a crucial component of the program because this touches upon culture and specifically addresses behavior, attitudes, and sanitation norms. However, only fifteen percent of the budget
was allocated for IEC activities, which included use of folk media such as songs, skits, and films, visual media like paintings and wall hoardings, and inter-personal communication with the help of anganwadi and staff workers from the zilla parishad and gram panchayat. The Tamil Nadu government notes that a neglect of IEC activities during 2006-2011 was harmful because it eroded the positive efforts in sanitation efforts achieved during the earlier years. This highlights the challenge of sustainably promoting IEC as a long-term tactic. It has to be long-term because it deals with culture, and cultural change is indeed a long-standing, time-consuming, and human-capital intensive process.

The focus on toilet construction during TSC (continued under NBA and SBM) was also not a sustainable strategy even though it shifted from being a supply to a demand-driven approach. Despite identifying behavior change as a key factor, government efforts under TSC and its successors centered on toilet construction while issues of use and slippage were neglected. For a long time, from 1999-2007, the unit cost of constructing a toilet was very inexpensive, which meant that the materials used for construction were cheap and not very durable. Gunny sacks and palm leaves were used to construct the superstructures, and as the Tamil Nadu government notes, "at that point of time [the concern] was only privacy and not sustainability in construction and usage of toilets, and hence the assets created were predominantly adhoc in nature." These toilets soon fell apart or became unusable, creating a nation-wide problem of dysfunctional toilets. The number of these dysfunctional structures has not been tallied either. Moreover, this leads to a negative pattern because residents with an unusable toilet are currently ineligible to receive a second toilet subsidy. If construction continues to be a problem, as it has been, then the nation will continue to see more unusable toilets. This is not only a significant waste of funds, but may also signal a return to open
defecation. Therefore, toilet construction needs to be made sustainable while simultaneously emphasizing the need for toilet usage so that residents are willing to spend money and to repair toilets, either individual or public, rather than resorting to open defecation.

*Nirmal Bharat Abhiyan (NBA)*

TSC was later renamed Nirmal Bharat Abhiyan on April 2, 2012. It was a short-lived program that was implemented during the decline of the Congress-led UPA government. NBA continued with the practices of TSC with a few minor changes. The target to eliminate open defecation under TSC was prolonged from 2012 to 2017, and NBA further extended it to 2022. One of the objectives was shifted from “[sanitation] access to all” to “attaining Nirmal status.” NBA guidelines acknowledged that water availability is a critical factor for sustaining good sanitation. This is an important addition because insufficient access and supply of water is a major obstacle for good sanitation. NBA also converged with the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA) to provide increased toilet subsidy amounts to eligible citizens. NBA awarded Rs. 4,600 and an additional Rs. 4,500 was given through the MNREGA. Certain Above Poverty Line (APL) households were also eligible to receive the subsidies, and this parameter is continued in the SBM as well, resulting in a huge portion of the rural population being eligible for toilet subsidies. The IEC budget remained the same but capacity building was added on as an additional component that seeks to strengthen the PRIs and raise awareness of good sanitation practices in villages.

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a APL households are limited to those which include SC/STs, small and marginal farmers, landless laborers with homesteads, physically handicapped and women headed households (Shome 2012).
b Capacity building includes training of Village Water and Sanitation Committees, PRI members, grassroots staff like *anganwadi* workers, teachers, health care professionals, and training of self-help groups in trades such as plumbing, toilet-pan making, masonry work, etc. NGOs and community-based organization can also be enlisted for help in capacity building (Shome 2012).
Tamil Nadu government notes that "the revised NBA guidelines in terms of unit cost and convergence with MGNREGS will be meaningful only if the issue of dysfunctional toilets is resolved." Part of the story on dysfunctional toilets also includes the interesting case of "missing toilets" in the country. The government claims to have built 97.3 million toilets since 1999, but a survey conducted by the Ministry of Drinking Water and Sanitation indicates that around 27.64 million toilets are unaccounted for, and an additional 14.15 million of them are defunct.19 There were even discrepancies between the 2011 Census findings and the 2013 baseline survey conducted by the National Sample Survey Organisation. The 2011 census claims that around 32.7 percent of rural India has access to toilets whereas the baseline survey, said to be more accurate, estimates that number to be around 40.6 percent.20 Despite spending billions of dollars on sanitation programs, these numbers indicate only a marginal increase of around 18.7 percent access to toilets since the 2001 census which found only 21.9 percent of rural India had access to toilets.21 Nonetheless, funding for toilet construction once again increased with the NBA along with money being spent through the MNREGA. Curiously enough, even though the budget for IEC remained the same at 15 percent, these funds have been underutilized for IEC activities, raising the question of why this is the case despite repeated government emphasis on changing behaviors and attitudes regarding open defecation, as stressed throughout TSC and NBA.

Swacch Bharat Mission (SBM)

Swachh Bharat is a more ambitious program than its predecessors. The UPA government set 2022 as the target year to eliminate open defecation under NBA, which the BJP government accelerated to 2019 under SBM.22 The SBM is split into two branches: the urban and the rural ("gramin"). As pointed out in Table One, SBM not only aims to eliminate open defecation but also provide solid and liquid waste disposal systems and safe drinking water supply to all rural
households in five years. Around a crore, i.e. ten million toilets were built each year under the TSC from 2007-2011. However, only around forty-five lakh (forty-five hundred thousand) toilets were built each year under joint efforts by NBA and MNREGA. Consequently, in a move away from the last program, SBM has delinked from MNREGA as this convergence was hindering the construction of toilets due to delayed subsidy payments.

With a larger budget than NBA, SBM plans to spend approximately 1.34 lakh crore rupees ($22 billion) for the construction of about 11 crore 11 lakh (110 million) toilets in the country. Around two crore of these households are not eligible for subsidies, in which case they will be encouraged to build toilets through community peer pressure and triggering methods planned under the IEC. This means, in a continued target-driven trajectory, SBM plans to build around 48,000 toilets daily. Based on an extensive survey conducted in five North Indian states that showed that people preferred to defecate in the open despite having a functioning toilet, researchers from the research institute for compassionate economics (r.i.c.e) explain that having a toilet is not sufficient to make people use them; they also question whether building a toilet should necessarily be the first step of the rural sanitation program:

"[Building new toilets] may seem like a good idea to those who argue that having a latrine is a prerequisite to using one but we [r.i.c.e.] would argue that there’s something that needs to happen even before that…To reach these people, we need to create a desire in them to actually have and use a toilet, even before they physically get or make one. Access to toilets alone will not solve problem of open defecation when many people simply prefer to defecate in the open."

This current sanitation program yet again highlights behavior change and the mindset of people as a key challenge to achieving good rural sanitation. Nonetheless SBM continues to implement its program based on the assumption that access to toilets is the first and most fundamental step in creating an open-defecation free nation. For instance, in unsurprising irony, instead of increasing the IEC budget the government has slashed it down to eight percent from fifteen.
Even though the SBM budget itself is larger, the decrease in IEC funding concretely indicates the low importance given to this component and to the idea of a ‘people-centered’ approach, which should in fact form the core of government efforts in order to address the key challenge of behavior change. Similar to TSC and NBA, the quantity of toilets built presides over the quality and motivation for building a toilet under the SBM.

**Subsidies**

While subsidies are provided to encourage toilet construction the effectiveness of this financial incentive is unclear. There is no evidence to indicate which demographic groups, apart from the extremely poor, find finance to be a barrier for toilet construction, nor in what ways poverty is associated with open defecation. r.i.c.e. argues that money is not really an obstacle and that “most Indians could already afford to build a sanitary latrine if they wanted to.” They compare India to Nepal, which has a GDP per capita much lower than India’s. Nevertheless, the poor in Nepal have more sanitation facilities compared to the poor in India, and this is not a result of Nepalese government building toilets for people. In fact, the Nepalese government does not even subsidize toilet construction except for the extremely poor. Sangita Vyas, a researcher at r.i.c.e., explains that, “The incredible progress that the country has made suggests that household financial resources are not part of the problem, even in such a poor country like Nepal.” Certainly, the poorest of the poor would benefit from toilet subsidies, but if most Indians can already afford to build toilets, national programs need to question the benefits of providing subsidies to all BPL households. This presents the puzzle of OD from another angle: if not finance, what prevents people from building and using a toilet? World Bank’s Voices of the Poor reveals that poverty is more than just material well-being. What, then, constitutes good sanitation for the poor and how is it determined if not by finance?
Vijay Krishna, director of sanitation programs at Arghyam, argues that subsidies are an important component of rural sanitation schemes, and that the culture of subsidies is necessary in India because it allows the poor to be able to afford services and materials that they otherwise could not. Blanket subsidies, he agrees, are a problem that could lead to resource capture. For instance, water subsidies in urban areas results in resource capture by the middle class who are already able to afford water. Thus, instead of benefitting the poor, water subsidies result in increased marginalization of the poor and unintended benefits for the wealthier classes of society.30

Another argument for subsidies is that these financial incentives “may be necessary to bring aboard non-adopters and contribute to the equitable distribution of public resources.”31 Basavarajappa, Head of the District Support Unit of Zilla Panchayat, said that subsidies work but the beneficiary is not always able to reap the benefits due to misinformation or duplication of applications, which creates a delay in payment delivery. The local residents of Donnehalli village in Davangere, however, were vocal about the corruption and prolonged delay in receiving subsidy payments in the village. Local residents vociferously argued with the gram panchayat officials on the streets, accusing the GP of not providing timely and correct information about the NBA program and its subsidy. Despite its proponents, lack of awareness and mismanagement of funds seems to be a prevalent issue with the subsidy scheme. In contrast, the CLTS approach strongly believes that toilet construction can happen without subsidies, and this model has been adopted in more than twenty countries across Asia and Africa. Limited data, however, is available on toilet usage in CLTS areas.32 Thus, the status of no-subsidy toilets is also unclear: are they being used, missing, or defunct? Since subsidy is a huge financial expenditure,
understanding its effectiveness could help streamline the SBM and save finances that could be transferred for IEC activities or be equitably used for other development initiatives.

**Other Variables**

The discussion of CRSP, TSC, NBA, and SBM make it evident that culture is only marginally addressed by anti-OD efforts. However, neglect of culture alone cannot account for the weakness of these programs. Therefore, I discuss below other potential variables like poor infrastructure, water supply and ecology, and political will that contribute to the persistence of open defecation in India.

*Poor Infrastructure*

The problem of missing and broken toilets is a major challenge for sanitation programs. It indicates that money for toilet construction is being misused and that people are resorting back to open defecation. Government finances are wasted, all the while more money is being pumped for toilet construction. This could result in a never-ending cycle of increased toilet expenditure, poor or no toilet construction, continued open defecation, and newer sanitation programs. When I visited Davangere along with other Arghyam staff, a zilla parishad officer informed us that people would try and scam the government by taking out more than one subsidy per family. This creates the problem of resource capture as money could be unevenly distributed among village households. Government has now come up with an online system for monitoring the issue of subsidies. Additionally, there is a three-step process for receiving the subsidy, which is provided only after the toilet construction is complete. One of the steps involves the Gram Panchayat official physically visiting the site of the toilet to make sure it is constructed according to given
standards. The government has only recently begun monitoring subsidies, but stronger efforts need to be made to ensure that subsidies are being used appropriately and especially that the toilets themselves are being used. A broken or defunct toilet would result in household members resorting to OD regardless of their gender, which brings the problem of OD back to square one. Moreover, those with broken toilets are not eligible for a second subsidy. If finance is truly a constraint for families with broken toilets, then they are left with few options but borrowing money from other villagers, taking out a loan, or continuing to defecate outdoors. State programs do not address the problem of broken toilets, and continuing to ignore this issue will present setbacks to achieving the goal of eliminating OD.

Another big challenge for state programs is the poor construction and aesthetics of the toilets themselves. Ram Prasad of the Final Mile consulting firm identifies design and motivation issues as the two primary challenges for non-usage behavior. He writes that, “A large majority of
the people using toilets for the first time found their first experience to be pathetic. The toilets are dark and stinky with no air circulation." Improved designs should include good lighting, ventilation, and water access. But the constrained and unfriendly atmosphere dissuades people from using toilets, especially when outdoor defecation, with fresh air and verdant greenery, is comparatively more pleasing. Thus, the need for aesthetics cannot be undermined. The issue of toilet maintenance is also something that residents are intimidated by or lack awareness of. Since maintenance is linked to good construction and infrastructure, both these are important factors for addressing access and usage issues. Aesthetics is especially important because in rural areas sanitation norms are less associated with public health concerns than visible aspects of cleanliness. For instance, Ban et al. find that the Gram Panchayat’s head village is likely to be cleaner and have better sanitation infrastructure. Yet, drains in this village would be just as clogged as village’s elsewhere within the GP. This suggests that “sanitary infrastructure and road-sweeping is appreciated more for aesthetic reasons than because of awareness of their public health benefits." It would be ideal if people better understood the health benefits of good sanitation, which public health authorities have been struggling to improve in developing countries. Yet, for current purposes regarding OD, if better aesthetics would encourage people to use toilets then toilet design should be user-friendly and pleasant to the user.
Final Mile also found that personalization and ownership of toilets could also encourage usage. Prasad observes that “while all the houses in the village looked different and individualistic, the toilets looked the same. It almost seemed like they were not “owned” by the people but just put there by someone else.” While it is true that personalized things are more cherished than a standard, default item, this does not necessitate outrageous expenses for the household. For instance, individuals could paint their toilets differently, or purchase simple items like a mirror, name tags, etc. to make toilets a more personalized and appealing space.
my trip to Davangere, further detailed in the next chapter, I noticed that toilets were usually small but painted in an array of vibrant colours: blue, pink, vertical stripes of yellow and orange as show in the pictures above. Although personalization of toilets is important, I find it is a secondary issue because people must first feel the need and desire for toilets. Personalization could be addressed in IEC activities, but it should not overshadow the more pressing issue of enabling behavior change and designing better toilet infrastructure.

Water and Ecology

Anti-OD programs state the need for providing water supply to all households, but this is far from achieved in totality. Along with eliminating open defecation, SBM also promises to provide all rural households with water connection by 2015. It is beyond the scope of this thesis to analyze in-depth the water issues, as that may require an entire section or paper on its own. Nonetheless, it is important to note that the discrepancy between toilet usage and construction cannot be resolved without addressing issues of water supply. Water is needed for bathing, hand washing, and cleaning and maintaining toilets. Manohar Rao from Arghyam explained that lack of water availability prevents households from constructing and using toilets. O’Reilly and Louis find that the changing use of water bodies in the state of West Bengal led to construction of toilets. People did not want to defecate near the canals in the Sundarbans as these water bodies provided livelihood from fishing, and water for irrigation during the monsoon. The Panchayat prohibited OD near canals and much of the toilet drives in West Bengal focused on the pollution of public bodies. Population pressure also forced people to stop defecating near the canals as it afforded no privacy. These examples suggest that water supply and the role of public water bodies are important to monitor and can enable changes in open defecation behaviors.

\footnote{Sundarbans is one of the largest mangrove forests in the world, and lies between India and Bangladesh.}
Ecological concerns are of crucial importance for sanitation but are hardly addressed in the anti-OD programs. Mala Subramaniam, CEO or Arghyam, explains that there are already 250 million toilets pits in India that need to be dealt with, notwithstanding ones that will be constructed in the coming years. This is a serious issue because the management of fecal matter, which can gradually pollute groundwater, is not robustly administered. More than ninety percent of groundwater is contaminated in the state of Kerala, which has one of the lowest levels of OD in India, because of poor fecal sludge management. Thus, Arghyam believes it is necessary to include fecal sludge management in the country’s sanitation program to prevent more groundwater from being contaminated. This highlights the complexity of the sanitation problem in India, implicated as it is with public health and environment sustainability.

Appropriate land and soil availability is required for constructing toilet pits. In the state of Himachal Pradesh, O’Reilly and Louis found that soil porosity and ecology have a positive effect on toilet use and maintenance. Residents reported few problems with emptying the pits as the soil was stony and absorbent, and the pits could be dug deep into the ground. The lack of suitable ecology could also reveal socio-economic class issues. For instance, in one of the Davangere villages that I visited, a stretch of land was occupied by Dalits, who were some of the poorest people in the village and lowest in the caste hierarchy. Even though they wanted toilets they were unable to construct them because the water table was so high that even the dirt floor of their houses was partially damp. The Gram Panchayat officer who was present shrugged her head, saying she did not know how to support these people or resolve this land issue. This ecological challenge highlights one of the key challenges of development interventions: how to reach the poorest of the poor, the most marginalized socio-economic groups of society and involve them in development processes?
Political Will

Political will is another crucial variable for the success of anti-OD programs. O’Reilly and Louis identify political will, along with political ecology and social relations as the three legs of the “toilet tripod.” Each leg is essential for eliminating open defecation, and the importance or weight given to each leg can differ according to local needs of the village or region. According to O’Reilly and Louis, political will is the “will to govern,” and it is multi-scalar in nature. This is influenced by international measures such as the Millennium Development Goals; attention to sanitation by multilateral institutions such as UNICEF, WB, and WHO; national rural sanitation programs; funding for programs at the regional and local level, and political awards like Open Defecation Free or the Nirmal Gram Puruskar. India is a key player in the UN’s goal to provide improved sanitation because a mammoth number of open defecators in the world reside in India. Thus, lack of sanitation improvements in India will hinder global targets for sanitation, and conversely, the international pressure will affect national policies as well. Former rural development minister Jairam Ramesh made open defecation in India a priority during his term in office. The Modi government has followed up on that agenda.

The national and international pressure on sanitation makes anti-OD programs very target driven at the local level. O’Reilly and Louis explain that, “meeting targets and winning the award was an issue of local pride, but also of pressure at other scales.” They also add that the efforts of local administrators would be less effective without the “economic resources, pressure in the form of awards and deadlines, and the involvement of local and national NGOs.” These initiatives are positive incentives for local governments but, at the same time, they foster a blind-sided target driven approach that is focused on construction at the detriment of usage concerns.
The key is to balance efforts that strengthen political will without undermining the larger objective of eliminating OD that sanitation programs are striving for.

In my interactions with zilla parishad officers I realized, as O'Reilly and Louis argue, that political will was indeed a critical element of anti-OD programs. The anti-OD agenda was prioritized in each of the four villages I visited in Davangere. Zilla parishad officers were aware of the subsidy schemes and program mechanisms of NBA and SBM. Using the help of Accredited Social Health Activist (ASHA) workers, who are trained female community health activists in villages across India, and Swachhhta Doots (“Sanitation Messengers”), administrative officials were actively campaigning to generate awareness about open defecation and encourage toilet construction. In Guttur village, the local administration adopted an online computerized work order system to keep track of subsidies. Further technological innovations like an Electronic Fund Management System (EFMS) and GPS recording for each household are also under progress. These developments indicate that eliminating open defecation is an important agenda for local officials. The local officer of Guttur also confessed that she did not want the help of outsiders like NGOs to help her in the anti-OD campaign. She felt her staff, along with the local ASHA workers were sufficient to make the village OD free. Their efforts are helping create awareness about toilets, risks of OD for women, and the health impacts of OD. The collective efforts of local officials and volunteers is promising because the local administration has an important role to play in generating awareness about OD, managing IEC activities, and helping facilitate much-needed change in local sanitation norms.

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4 The head of the zilla parishad is also known as the Chief Executive officers (CEO), who is generally selected from the Indian Administrative Service or State Civil Service cadres.

5 ASHA workers act as links between the community and the public health system. This is part of India’s National Rural Health Mission.
While issues of water supply and tools that strengthen political will are addressed by sanitation programs, which have seen significant improvements in political will and continue to adhere to a target driven approach, culture still remains a neglected component of this development agenda. However, it would be neglect on my part to simply assign all responsibility—both success and failures—to the state, as other actors such as NGOs and corporations have also joined efforts to eliminate OD.

**Adopting a Participatory Approach**

*Involving Other Actors*

Rural sanitation programs although primarily funded by the governments have relied on the help of NGOs, self-help groups, community based organizations and more recently on the corporate sector in order to share responsibility and draw on additional capital. The SBM has replaced the Nirmal Gram awards with Swacch Bharat awards that are not just restricted to villages but can be given to any administrate unit of the PRI, to institutions, officials, NGOs etc. The Gram Panchayats work closely with NGOs, which are roped in especially to help undertake IEC activities, mobilize people, generate awareness campaigns, operate and maintain common sanitation facilities, and run the rural sanitary marts. NGOs can operate the rural markets on condition that they will solely supply sanitation materials and nothing related to other sectors like health or education etc. The SBM guidelines state that

Thus a mix of Individual and Community led approaches is envisaged to achieve the desired outcomes. The participation of local community oriented organizations has to be obtained to garner belief in the community and develop their confidence in the programme.
The civil society members work closely with staff at the district and village level and are able to bring in their own expertise to the program. SBM also emphasizes the role of corporations as part of their corporate social responsibility. Even prior to these guidelines however, top Indian companies like Tata Consultancy Services and Bharti have each committed Rs. 100 crore to build toilets in schools for girls. Coca-Cola also pledged to extend its sanitation program and build toilets in schools. The assistance of civil society organizations and corporations can help accelerate the success of anti-open defecation programs because it provides a much-needed support system and additional human capital needed to encourage toilet usage among rural communities. It also helps spread awareness of the campaign among the general population which can in the long term positively help shift public opinion regarding toilet use.

*Community-Led Total Sanitation*

In widening efforts to tackle OD, external actors are using participatory, bottom-up models for achieving development. One such model is Community Led Total Sanitation (CLTS), a widely used approach for rural and peri-urban sanitation adopted by members of civil society including NGOs and international multilateral organizations. It was started in Bangladesh in 1999 by Kamal Kar, who was then working with local and international non-governmental organizations. CLTS is meant to be a participatory sanitation model that uses peer pressure and community mobilization to create the desire to use toilets. It rejects the use of subsidies and does not prescribe latrine models. It claims to be a “participatory, bottom-up approach that prompts self-realization among community members that open defecation is the primary cause of many diseases and health hazards.” It does this in two stages. First, the community is led through a transect walk that is essentially a ‘walk of shame’ to raise consciousness about the extent of fecal matter in the village and its effect on their food and water sources. The community then
participates in a mapping exercise, locating points in the village where OD occurs. The shaming process is meant to raise the collective consciousness about the impacts of open defecation. The next stage involves latrine construction sans financial assistance from the state.45

CLTS in India is implemented with collaboration of local officials and state governments. It is currently a part of national sanitation strategies in twenty-two countries across Asia and Africa and is also implemented in sixty countries across the world. The widespread adoption of CLTS is largely due to the support of major donor organizations like the World Bank, which has made CLTS a key asset of the World Bank led-Water and Sanitation Programme that is operated in twenty-five countries including India.46 Other major donors that support CLTS include UNICEF, WaterAid, Tearfund, and Plan International.47 CLTS in India is used within the government’s framework. It was adopted as a sanitization strategy from the time of the TSC and is currently implemented in 16 states. This means that the states use CLTS principles to a varying degree. For example, Himachal Pradesh and Haryana use CLTS in all their districts. While Haryana underplayed the role of subsidies, Himachal is the only state where CLTS principles of no subsidy and community ownership of sanitation agenda were implemented in the sanitation strategy of 2005.48 According to the 2012 baseline survey sixty-one percent of rural India does not have toilets, in Haryana this is around thirty percent and in Himachal around fourteen percent. But there is insufficient evidence to attribute these relatively low percentages to the success of CLTS.

Researchers who have seen the practical application of CLTS contest that the shaming technique involves methods of social sanctions such as taunting and fines to punish those who defecate in the open.49 Liz Chatterjee, who visited rural Karnataka to compile a report for UNICEF on best practices for eliminating open defecation, found that villages that had attained
ODF status in a short time were using questionable practices. Although every resident used a toilet, many were compelled to because of social coercion.

At its mildest, [persuasion] meant squads of teachers and youths, who patrolled the fields and blew whistles when they spotted people defecating. Schoolchildren whose families did not have toilets were humiliated in the classroom. Men followed women - and vice versa - all day, denying people the opportunity even to urinate. These strategies are the norm, not the exception, and have also been deployed in Nepal and Bangladesh.50

Moreover, she reports incidences of stone throwing at violaters of OD, pictures being taken of women defecating and displayed publicly in the village, and Gram Panchayat officers threatening to cut off water and electricity supply until households agreed to build a toilet.

Material and social sanctions are often used in varying degrees by CLTS interventions, with some projects more aggressive than others.

Despite its many proponents, CLTS is criticized for using an approach that could be considered inhuman and cruel. The cultural aspect of this is further explained in Chapter Five. Engel and Susilo who studied the CLTS program in Indonesia write that, “we were quite surprised by the CLTS approach and its inclusion under the umbrella of participatory development and even more surprised to find that there have, as yet, been few studies critical of the approach.”51 O’ Reilly and Loius also reported the adoption of CLTS principles in villages in West Bengal. Local officials and resident used “shock and shame” methods to coerce residents to cease OD. Pictures of people defecating outdoors were used to shame and threaten people to build toilets. Material sanctions like withholding of subsidized food and agricultural assistance were also employed by local administrators to disincentivize OD. Yellow cards, used to access entitlements like subsidized grain, kerosene, oil, caste and death certificates, and school admissions for children were also withheld in one of the villages.52 These type of sanctions were “an important aspect of political will because local governmnet supported their deployment and
withstood pressure against them." Manohar Rao, project manager at Aghryam, said that the social sanctions used by the CLTS approach are “inhumane and unethical where it is aggressively practiced.” Similarly, Priya Desai, another project manager who works on a behaviour change project to address open defecation in rural Karanata, refuses to advocate for the CLTS approach because, in her opinion, it is not empathetic.

One reason why CLTS continues to be practiced despite criticisms of its approach is that social pressure and coercion seem to be generating the desired results. O’ Reilly and Louis support methods of shaming, sanctions and fines as they found it successful in toilet building and usage. However, the problem with this strategy, as they also recognize, is that its social and material sanctions seem to target the poorest people, those who were already on the margins of society. CLTS methods also seem acceptable because the shame and social coercion is generated from within the community rather than through external intervention and pressure. Once again, it raises the question of whether development interventions are willing to accept the means, even ones that are harmful, if the outcome is desirable. What values and principles are development practitioners willing to compromise or disregard in order to eliminate open defecation? How can development initiatives ensure that marginalized groups are not being further pushed away or ostracized but instead being positively impacted by development programs? The least that should be done, as Chatterjee points out, is that “we need to stop pretending that decentralised development is necessarily the ultra-democratic panacea it’s often made out to be... If we think the ends justify the means, we ought to be honest about it.”

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5 This is often the case with sanitation programs in which the poorest sections of society are unable to reap the full benefits of development interventions. For instance, consider the case of BCC in Davangere. Despite effective government and NGO campaigning, Dalit households in one of the BCC villages were unable to construct toilets because of land and soil problems.
Conclusion

The overview of anti-OD programs shows the complexity of tackling a public health issue, the enormous capital needed for such a large-scale intervention, and the challenges of scaling-up programs. The state’s rural sanitation programs have been redesigned several times, yet the focus and engagement with culture is minimal despite what is claimed in the program guidelines.

Due to a target-driven approach, the underutilization of IEC funds suggests the need for creativity and a more robust understanding of culture. This may not be entirely possible to fulfill solely by the state, because in reality, rural sanitation is just one aspect of the development agenda. The state also needs to focus on other public health and socio-cultural issues like housing, unemployment, and education. Civil society institutions need to fill this void and creatively help the state boost IEC activities and increase its engagement with culture. Merely including the objectives of behavior change will not make a program successful unless it addresses these concepts on ground.

One reason for the lack of cultural engagement is the difficulty in dealing with the concept of culture as it touches upon many aspects of our life—ideas about marriage, education, happiness, health, and so on. People constantly engage with these ideas through social interactions and engagement with literature and media like movies, songs, newspapers and so on. As Appadurai explains, aspirations to the good life are “formed in the thick of social life.”

Aspirations to the good life are part of some system of ideas which locates them in a larger map of local ideas and beliefs about life...At the same time, aspirations to the good life tend to quickly dissolve into more densely local ideas about marriage, work, leisure, convenience... More narrow still, these intermediate norms often stay beneath the surface, and emerge only as specific wants and choices.
Culture influences our lives in a number of ways. Most obviously, it is reflected in our personal wants and choices such as a desire to wear certain types of clothing, preferences in marriage, decision to live with family etc. These choices are determined by local values and ideas about life. For instance, in the U.S. and many European countries it is acceptable and even encouraged for children to live separately from their family after reaching adulthood. In India, however, and in many Asian countries, it is normal to find intergenerational families living under one roof. At a macro level, societies are based upon larger ideas about family, personal independence, and community. This complex mapping of aspirations—from the personal, local, to the social—shows how culture is interwoven throughout our individual and social existence. Therefore, it would be difficult to target culture without narrowing down specific ideas and belief systems that need to be addressed, and then investigating how these larger values are understood in local terms and reflected in personal choices. What beliefs about health and sanitation exist? How are these practiced and reinforced? How are these defined by social interactions? Health awareness campaigns that are overly scientific and information heavy may not have the same appeal as directly addressing people’s belief systems and values. If IEC activities can relentlessly address such questions and beliefs, anti-OD programs will be more likely to see positive changes in personal and social preferences regarding health and sanitation.

On the one hand, the state is not doing enough to engage with culture or what it terms as “behavior change”, while on the other hand CLTS, in some areas, employs coercive and extreme methods to foster community participation and induce social change regarding OD. As Liz Chatterjee, and Mansuri and Rao rightfully point out, community led participation is not always the best approach for development. Community mobilization can be misused to produce positive results. The trade-off occurs between negative triggering and positive results.
Consequences of such trade-offs are the continued marginalization of poor households. Although I find O'Reilly and Louis’s “toilet tripod” model useful for analyzing the success of OD in India, I disagree with them in regards to the CLTS approach. Development that relies on the logic of social and material threats creates further imbalances of power and harms the most socio-economically deprived households in the village. Programs should not celebrate their successes without also accounting for the negative outcomes of their interventions. It would be useful to understand the scope of the negative outcomes: How destructive are they? Does short-term social pressure have far-reaching consequences? Does coercively changing the sanitation habits of poor rural households disempower them in other ways? O'Reilly and Louis accept potential negative side-effects of anti-OD programs because their priority is improving public health. However, I find it problematic that certain privileged groups—development programs, researchers, and policymakers—hold the power to prioritize empowerment goals. Instead, citizens should rightfully have a say and choice in accepting and participating in intervention programs.

Empowerment, in the form of CLTS, is forcefed, and perhaps effective to a certain extent but not always humane. In the case of anti-OD programs, I disagree that the elimination of this harmful practice justifies the use of distasteful tools. Practices that lack shaming and coercion should be designed to meet sanitation goals. It requires time and effort to recognize the unique aspects of the community and weigh the legs of their context-specific toilet tripod, but I believe this would be a more humane, and thus a better way to empower communities than using social and material sanctions.
Notes:

2. Sen, “How Does Culture Matter?”
4. Ibid.
8. WSP, “A Decade of the Total Sanitation Campaign: Rapid Assessment of Processes and Outcomes.”
10. Ibid.
11. Ibid.
13. Quoted in Ibid.
15. Ibid.
28. Quoted in Ibid.
www.wsp.org/content/2013-cartoon-calendar.
35. Ban, Gupta, and Rao, “The Political Economy of Village Sanitation in South India: Capture or Poor Information?”
36. Ibid., 697.
40. Ibid.
41. Ibid.
42. Quoted in Ibid., 46.
43. CBGA and UNICEF India, “Total Sanitation Campaign: Budgeting for Change Series.”
44. Ministry of Drinking Water and Sanitation, “Guidelines for Swachh Bharat Mission (Gramin).”
46. Ibid., 158.
www.communityledtotalsanitation.org.
48. Ibid.
53. Ibid., 47.
56. Chatterjee, “Time to acknowledge the dirty truth behind community-led sanitation.”
58. Ibid., 67.
59. Chatterjee, “Time to acknowledge the dirty truth behind community-led sanitation.”
Mansuri and Rao, “Can Participation Be Induced? Some Evidence from Developing Countries.”
Chapter 4

PRIMARY RESEARCH

This chapter delves into my primary research as mentioned in the abstract and introduction. My fieldwork involved a three-week research internship with Arghyam, a grant-making organization that works on a range of groundwater and sanitation projects in India. I was based at Arghyam's office in Bangalore, India, for three weeks from the end of December 2014 until mid-January 2015 where I interacted with the Arghyam staff and its partners on the Behaviour Change Campaign (BCC). My internship also included a two-day field visit to Davangere district in rural Karnataka.

I visited India to understand the perspectives of policy makers and development practitioners regarding their perceptions on culture and open defecation—whether culture matters for development issues, including OD, and how they planned to address it in their development programs. I also wanted to understand the on-ground situation of rural sanitation in India: witnessing current programs being implemented by the state and gauging their effectiveness through additional interviews with village residents. I hoped the fieldwork would help me to further understand the connection between theoretical debates on development and their relevance for the practicalities of development interventions.

The research internship, especially the two-day field visit, was essential to understanding and illustrating the dynamics of collaborative anti-OD programs: who are the actors involved, what is their responsibility, and who has ownership of these programs. Furthermore, it helped me understand the challenges faced by policymakers and civil society in undertaking such a complex public health issue: the challenge of awareness-creation, financial constraints, improvisation of
communication strategies, addressing poor infrastructure issues, etc. This spectrum of challenges faced by public health programs are not always holistically addressed in my secondary sources. Moreover, the nuances of local cultural and social norms of rural life in India are also not well documented in the sanitation literature. For these reasons, I found it necessary to perform field work and conduct semi-structured interviews with staff at Arghyam and its partner institutions.

Arghyam is a small organization, with a staff of around 20-25 members that work on a range of development projects across the country. Arghyam grants funds for development initiatives, research, and program monitoring and implementation. It works with groups ranging from NGOs and governmental bodies to technical, corporate, and educational institutions. On any given project it brings together organizations from various fields in order to scale up projects, implement pilot programs, and create information databases on groundwater and sanitation. My interviews with staff workers focused on the role of culture in the state’s national rural sanitation programs and in Arghyam’s own work. For instance, I asked questions such as ‘What is your understanding of culture?’ ‘Is addressing culture necessary in order to eliminate open defecation?’ ‘How can one address culture?’ and so on. I also asked questions pertaining to the failure of the state in eliminating open defecation despite two decades of campaigning and state-led programs. Towards the end of my internship I conducted a two day field visit in Davangere district, Karnataka, the site of Arghyam’s Behavior Change Campaign that began in 2013-2014 under the Nirmal Bharat Abhiyan, a rural sanitation program. The project was focused on generating demand for toilets. Arghyam states that “the obvious first step in eliminating open defecation is the construction of toilets.” Thus, the focus of the campaign was toilet construction and not usage. This field visit informed a large part of my learning and findings from the research.
I focused my internship on Arghyam’s pilot project—BCC, also called the *Jaldi* campaign. “*Jaldi*” means quick or soon. The campaign promised to deliver subsidies within twenty days of latrine construction, thereby making a promise of *jaldi* subsidy payment. This project had four partners: the state and district government; Center of Gravity (CoG), a communications firm; Final Mile, a consulting firm based on principles of cognitive neuroscience and behavioral economics; and Public Affairs Foundation, which is responsible for monitoring and evaluating the program. Final Mile and CoG conducted ethnographic research in villages and co-created the campaign strategy and design.

In order to better understand the BCC project, I, along with colleagues from Arghyam and CoG, visited Davangere for two days. We visited *jaldi* and *non-jaldi* villages from Jagalur and Harihar taluks to compare the effectiveness of the campaign. Taluks are administrative subdivisions of a district. The four villages we visited were Muttur (*jaldi*) and Donnehalli (*non-jaldi*) in Jagalur; Rajanahalli (*jaldi*) and Guttur (*non-jaldi*) in Harihar. We first met with Basavarajappa, the Head and Coordinator of the District Support Unit of Zilla Panchayat, at his office in Davangere town prior to visiting the villages. Two local officials from the zilla panchayat office also assisted us during the field work.

The BCC project was created to address the underutilization of IEC funds by the local government. Out of the designated fifteen percent for IEC, only 5.5 percent of the budget was used by local governments in the year 2012-2013. For this reason, Arghyam conceived a project that addressed this gap in fund utilization and created a pilot program that was implemented in Davangere district. A market-oriented strategy was adopted to create demand for toilets, employing communication strategies used to create demand for consumer products such as toothpaste or soaps. BCC also targeted emotional motivators as opposed to the rational because,
"knowledge doesn’t necessarily translate into behavior. Behavioral changes are often caused by emotional reasons. Not surprisingly, no one [in their research] cited health reasons for constructing a toilet at home." In order to identify the emotional motivators and understand the reality of village life, the program carried out ethnographic research, village group discussions, and household surveys.

The campaign uncovered some key findings. Center of Gravity identified a number of motivating factors for the construction of latrines such as the desire to imitate what is ‘urban,’ provide comfort to the elderly and ailing, and the most cited factor—the lack of open space in villages. The latter is especially inconvenient for women because they have to walk further distances from the village and often in the dark, which could create a fear of the unknown and the unfamiliarity of leaving the village behind. It could also lead to feelings of shame as there are greater chances of being spotted and teased by men due to a lack of green cover. Sometimes women are also humiliated when they are caught using another villager’s farm for OD. Also interesting is the finding that many people in Davangere district were in fact demanding toilets, which is in contrast to the general perception that rural India does not want to use toilets. For instance, the SQUAT survey conducted by the research institute for compassionate economics, (r.i.c.e), found that people actually preferred open defecation to using toilets in rural North India. This differing data from r.i.c.e and Arghyam indicates the complexity of the need for demand generation for toilets in rural India. There are areas where demand already exists and also areas where demands need to be created. Thus, the two situations require different strategies and modes of state and civil society intervention, which further complicates the implementation of the national sanitation program and poses an additional challenge for the state.

* The ethnographic research was carried out in less than a week. Center of Gravity acknowledged that the limited time was insufficient for in-depth research.
Although the women wanted toilets, this did not necessarily translate into physical construction of latrines. This was because men are the primary actors involved in construction of any household or agricultural structures. As the picture above indicates, males coordinate with the gram panchayat officials, and arrange for construction materials and subsidy payments. Additionally, as heads of the family, they are enablers of any big financial decision and toilet construction is one such activity as it costs around Rs. 10,000. It was based on these gender norms that CoG designed an IEC campaign based on the notion of a “responsible father” who would be motivated to build toilets in order to protect his daughters from the shame and indignity of open defecation.
The images above are screenshots from the “responsible father” video created by Center of Gravity:

A young boy, born to a poor family, is raised by his mother in a village. But being the oldest male in the house, he carries a huge responsibility of being the breadwinner and taking care of his family. Undeterred by this burden, he sacrifices his desires and his education to take care of his younger sibling and mother. With sweat dripping down his forehead, he labors relentlessly under the glaring sun. Older, wiser, and mature, he soon marries a lovely woman from the village. They give birth to a beautiful daughter.

He sings to her when she cries, wipes away her tears, lifts her high up in the air; he sends her to school and watches her study, wishing to give her everything he never had as a child. They have a special bond, one that only fathers and daughters can share. The little one sees the world anew, as she is lifted high onto her father’s shoulders and carried to the village fair. She feels like a princess, her father’s little princess.

She is a little older now. One day, early in the morning, she goes out to relieve herself and hides behind bushes in the neighbor’s farm. Hearing a “hiss,” she turns around and screams when she finds a snake watching her through its slit eyes.Alerted by the noise, she is found and scolded by her neighbor. Red-faced and crying, she runs back to her house into the arms of her father.

With an aching heart, he hears her story. He hears the troubles plaguing the two women whom he loves the most. In order to protect them, and their honor and safety, he determines to build a toilet. Feeling relieved, the young girl is joyful again. The mother watches lovingly, while the husband twirls their daughter in the air.
This vignette of the video highlights a few important cultural themes: the notion of male responsibility to provide a livelihood, be a caretaker, and protect the honor and dignity of his family. It also evokes familial love between a father and daughter. This is interesting because the role of the woman, as a wife and mother, are overshadowed by the relationship of the two other protagonists in the video. CoG and Arghyam gave two reasons for choosing to present the relationships in this manner. First, it is not socially acceptable for a man in India, especially in rural areas, to openly display affection and adoration for his partner. Hence, the idea of a “responsible father” would have more resonance and be more socially acceptable for the village audience. Understanding this from a cultural lens, it is evident that CoG created this video based on the local aspirations of men—how to be a dutiful father and a good husband. Second, CoG restricted itself to highlighting the father-daughter relationship because bringing in additional themes, such as emphasizing the role of the mother, would distract from the campaign’s key message that men should be motivated to build toilets for their womenfolk. Additionally, Arghyam explains that “responsibility is a very universal and deep biological quality. Women also seek this quality among men. It was brought alive in the campaign through different media.” Arghyam point outs that the notion of responsibility is not just a deeply masculine aspiration, but also a quality that women seek in their partner.

This video, part of the intense IEC campaigning done through testimonial films, live skits, songs, pamphlets and literature designed by CoG, reinforces Appadurai’s argument that individual aspirations are deeply rooted in culture. Aspirations reflect who we want to be and reflect what we desire. They form an essential part of the future, and thereby of development. It then becomes imperative to understand local cultural norms in order to grasp the reasoning and justification behind aspirations. There are multiple layers of aspirations built into the video. First,
the fact that the father wants to build a toilet is motivated by emotional reasoning—compassion and familial love—emotions that are valued in cultures across the world and are also resonant among village residents. The aspirations of responsibility and fatherhood itself are formed in deeply cultural and communal spaces, in “the thick of social life,” as Appadurai points out.  

Third, the act of building a toilet becomes part of creating a better future, which reveals the merger between development and culture. As Arghyam intended it, toilets also become an aspirational object. Moreover, films are a medium of expressing our aspirations. Through the mere presence of being a viewer and participating in this village film screening, audience members receive culturally coded information about aspirations amidst a very communal setting. This movie screening showcases a powerful intersection of culture, community, aspirations, and development. Such films, role plays, and literature, which capitalize on cultural norms to advocate a message, can become sites of consensus production and influence the reshaping of sanitation norms based on local cultural values.

Interventions have to be careful, however, in addressing culture because it can be a double-edged tool. As the video about points out, cultural norms that celebrate masculine ideas of responsibility also conversely reinforce negative norms such as patriarchy. From a tactical perspective, CoG, which is foremost a communications firm, had to design an effective message using one particular theme to encourage toilet construction. They relied on the trope of the responsible father mostly because males are the ones who interact with GP officials, and arrange for toilet construction and subsidy payments. However, by reinforcing the notion of male responsibility and overshadowing the role of the wife/mother, the video subtly reinforces dangerous stereotypes about women. In the top right screenshot of the video, the wife/mother is clapping her hands in the background while the father and daughter play with each other.
Throughout the video the woman is often in the background watching the interaction between the father and daughter. Her lack of action—almost a certain kind of passivity—reinforces locally held stereotypes of women that often women themselves subscribe to. Even though the video or its creators may not hold this belief, the video nevertheless shows that females are incapable of taking on traditionally male responsibilities. One could perceive this video as saying that it is unnecessary for a woman to act as a provider, a protector, or as a political citizen when a man is readily present to fill these roles for her. Because of such underlying subtleties in dealing with culture, it is necessary for development interventions to carefully evaluate the kind of norms and messages they are advocating because cultural values can vary from being praiseworthy to being harmful.

Even though BCC is geared toward encouraging toilet construction, which consequently safeguards women from the social dangers of open defecation, the campaign did harm women’s rights insofar as that it was reinforcing patriarchy with its message of a responsible father. However, CoG’s response was that the campaign was not reinforcing patriarchy but only reflecting upon the realities of village life and working within existing gender norms in order to design an effective message that could resonate with the social reality of village residents.

Another intriguing point raised during post-campaign discussions was that despite targeting these campaigns towards the males, the men continued to defecate in the open despite building a toilet in the house. This indicates the need to further understand and address culturally determined gender norms and practices so that both women and men cultivate the need to use toilets.

CoG identified certain other barriers for toilet construction and addressed them in the campaign. These include lack of knowledge and awareness about the sanitation schemes and their eligibility requirements, and the problem of delayed subsidy payments that discouraged
potential beneficiaries from participating. CoG addressed these by posting a list of names of eligible households on a wall, and sending Swachata Doots or sanitation messengers to explain the scheme in a clear and step-by-step manner. Swachata Doots are village level motivators who are awarded a minimal compensation for their voluntary participation in the rural sanitation program. Their role is included in the sanitation program guidelines. CoG also distributed literature that explained the scheme and toilet construction process in a simple way, and critical to their program, made a *jaldi* promise of subsidy payment within 20 days of construction. However, the promise, which was made by the District office, was not always kept.

After four months of campaigning in 119 villages in twenty-five gram panchayats, the Public Affairs Foundation reported that the campaign reach was ninety-three percent, and that 31.5 percent toilets were completed in the intervention villages compared to 9.5 percent in the control villages. They also found that 37.6 percent of individuals took direct action such as approaching the gram panchayats or filling out an application form. CoG and Argyam also found that social contagion was helpful in creating a need for toilets but that the failed *jaldi* promise discouraged other residents from applying for toilet construction. This was just the first phase of the project and the BCC team hopes to follow up with a second and third round after redesigning the campaign though incorporating feedback, criticisms, and addressing failures learnt from their first on-ground experience. Although Arghyam acknowledged that “such a research-led communication would be invaluable for achieving the Swach Bharat Mission objectives,” CoG rightfully pointed out that scaling-up such a program is quite challenging as it is time-consuming, context specific, and financial and human capital intensive; it could not be done by the state alone and would require the input and resources of civil society organizations dedicated to improving rural sanitation.
Conclusion

It is important to keep in mind that Arghyam's Behaviour Change Campaign was very context-specific: it was implemented in Davangere district, which is not a representative sample of India. In fact, there probably is no state, district, city, or village in India that could be considered a representative sample of the entire country as each region has its own distinct socio-economic performance levels, cultural norms, political history, etc. Thus, this indicates the larger problem with anti-OD programs—they need to be context specific because, for instance, something that works in Davangere might not necessarily work in rural Bihar, which is one of the poorest states in India located in the north. In fact, there is contrasting evidence presented by r.i.c.e and Arghyam: the former claims that people do not want toilets and prefer to defecate in the open. Arghyam agrees with the research conducted by r.i.c.e. Yet Arghyam found that evidence from r.i.c.e.'s rural household survey does not fully apply to South India, and specifically to Davangere district where village residents are demanding toilets. For these reasons, my research in Bangalore also needs to be understood under this narrow lens, and the scope of its findings should be limited to rural Karnataka. Though narrow in its scope, my field research, along with the work of Arghyam and r.i.c.e. highlights the limitations of implementing a national sanitation program and suggests the need for a more location centric intervention program. There is a need for a context-specific "basket of solutions" that involves a multiplicity of actors in order to improve rural sanitation.

There were many important observations I gathered from my field-work. The basic findings reveal that the central focus of anti-OD programs is still toilet construction and not usage. This approach neglects the slippages that may occur in usage and cause reversion to open defecation, thus contributing to the persistence of OD. This is a weakness of the anti-OD
programs that results from a neglect or underestimation of the importance of culture. Another
key finding from my internship was importance of gender politics and gender norms in
eliminating OD, a factor that was underrepresented in the literature on sanitation. Last, I also
found that the political will to eliminate OD has definitely increased in the last few years, but
that the propensity to be target-driven remains nonetheless. These findings will be further
explained and interweaved throughout the following chapters of the thesis to further illuminate
the extent of cultural engagement by the state and civil society in their efforts to eliminate open
defecation.

Interestingly, when Arghyam, CoG, or state officials spoke about behavior change, they
did not usually relate it to the idea of culture; it seemed like behavior change was separate from
culture. Behavior change was associated with the mindset of people, while culture was spoken in
terms of traditions and values. The two were never explicitly linked. This is important because it
shows the kind of understanding policymakers have of culture, which can determine the extent to
which development interventions engage with it. Even though neither Arghyam nor CoG saw
their campaign as built on the intersection of culture and development, it is evident from the
themes in the video that cultural variables play a fundamental role in changing perceptions about
toilet use and are also relevant to toilet construction. Accordingly, if it is vital to address culture
during the construction phase and the usage phase, then simply put, it is necessary to address
culture throughout all phases of the anti-OD project.
Notes:

2. Quoted in Ibid.
3. Quoted in Ibid.
6. Ibid.
Chapter 5
CULTURE AND SANITATION NORMS

Recall that in Chapter Two, I defined culture as beliefs regarding purity, cleanliness, dignity, and religion, and a set of norms that influence social relations. For example, gender norms influence boundaries of social engagement—that which is considered acceptable social interaction and behavior. Culture is also highly interlinked with other aspects that form our identity; it influences our choices and ideas about life, not just in the present but also for the future.

Appadurai, Sen, Kuran, and other authors in the literature review argued that an understanding of culture as static traditions and rituals is problematic because there is in fact a complex interaction between culture and development. The previous two chapters presented some of the challenges that arise for development interventions with regards to cultural negotiation. For instance, I examined the trade-offs between achieving better sanitation at the cost of reinforcing patriarchy and disempowering the poor in other unintended ways. While the Chapter Three and Four focused on the development side of the sanitation problem, i.e. programs and approaches adopted to eliminate open defecation, this chapter seeks to address the cultural side of sanitation in rural India by demonstrating how culture influences sanitation norms.

Belcher defines sanitation norms as “shared standards of behavior in a society that affect the transmission of infectious and communicable disease.” Based on Appadurai’s argument on why culture matters for development, I analyze culture as a capacity to aspire—how cultural norms determine the navigational capacity to access and use modes of sanitation in rural India. I identify a map of aspirations that pertains to sanitation, which will help me, and more generally
sanitation interventions understand the norms and narratives that people live by. The chapter is divided into two main sections. The first explores how social relations such as social activities, ideas of dignity, gender norms, and marriage determine sanitation norms. The second explores how religious norms and ideas of purity also affect sanitation habits and outcomes in rural India.

Revisiting Cultural Capacity

Rejecting the simplistic association between market-economics and individual desires, Appadurai argues that aspirations are formed in the midst of social life and should be strengthened as a capacity—the capacity to aspire. Appadurai argues that “aspirations connect to much of the rest of what we may regard as beneficial about culture, including the lifestyle, values, morals, habits, and material life of any community. And this brings us back to culture more generally…” Everyone, including the poor, have the capacity to aspire, which is the ability to want, wish, need, and plan. However, the capacity to aspire is weaker for the poor because of social and material constraints, lack of voice that would enable less privileged groups to engage in public policy and civic matters, and social structures and norms that serve to further marginalize the poor and deepen the inequality to which they are subjected. In contrast, the privileged have more experiences, broader networks of relationships and power, and more access to goods and services, which allows them to justify their aspirations within a larger network of ideas, norms, and beliefs. Essentially, the wealthier classes have a greater capacity to navigate between norms, desires, and the future. In real-world situations, this translates into the ability to voice concerns and opinions, demand rights, avail resources to try new experiences, share knowledge, and so on. Thus, capacity to aspire, when linked with pro-poor development, reveals more than just the material inequality between the rich and the poor: it reveals the uneven distribution of the ability to realize and justify aspirations.
Similar to aspirations, capacities are also informed by culture; they are “always part of a local design of means and ends, values and strategies, experiences and tested insights.”

Appadurai outlines a few general principles that can strengthen capacity building: identify rituals of consensus production among the poor, between the poor, and between unequal groups of power as this can help change terms of recognition; encourage local learning so that people are able to more explicitly understand the links between specific wants the broader contexts within the community from which they emerge; help strengthen the voice of the poor, especially their ability to contest, demand, and debate any project or policy; and last, prepare a set of tools to identify the local cultural map of aspirations that pertains to the specific intervention being envisioned. This can help interventions identify the narratives and norms that they are dealing with. Engaging with a cultural map of aspirations fosters a “more productive relationship between anthropology and economics, between culture and development, in the battle against poverty.” Identifying these aspirations reveals how people navigate their social spaces and formulate their vision for the future. Development is about creating a better future, a future that is in essence informed by aspirations and hence, culture. Thus, a cultural approach is essential for development.

Social Relations and Norms

Social relations and interactions influence people’s preferences and habits. As social beings, we tend to naturally form groups and perform activities together. Social norms also help to establish acceptable behavior and practices that create a local system of ideas in the community. In this section I specifically analyze how social relations and ideas of dignity affect sanitation norms.
Sanitation as a Social Activity

Though some may find it odd, open defecation is an acceptable practice and a social activity in some communities. Literature on rural sanitation shows that open defecation, widely practiced in rural communities, has not always been associated with humiliation and indignity; local norms make outdoor defecation acceptable. Segregated by gender, bathing and defecation were social activities until the late 1940s in rural India, after which people began to build individual toilets at home. Although assumed by many to be a highly private act, people were able to socialize while bathing and defecating as they “made a separation between the corporeal self and the social self, [thus] while the physical body engaged in evacuation or purification, the social self-continued interaction unabated.”

Arghyam’s research confirms that OD is still a social activity for village residents in Davangere. Priya Ramani of Arghyam writes, “How do you convince him (and his friends) that their children will be healthier if they sacrifice the macho camaraderie of “going” in a group and take their business indoors?” While this makes OD seem like a macho, manly activity, this sort of socializing is true for women as well. Ram Prasad from Final Mile wrote that “some women confessed to looking forward to “go out” once in a while with friends.” This “going out” to defecate with friends might seem like strange behavior for urban residents. Yet, is an acceptable form of interaction in rural communities. Prasad explains, “[shame] is not realized among in-group members, who “go out” together as a practice. Hence, when the external agent leaves, so does the emotion of shame.” Hence, the assumption that open defecation is a shameful activity is questionable because it is an acceptable social practice in some communities.
Perceptions of Dignity

Ideas of dignity are socially constructed and not everyone perceives OD as a demeaning practice. To clarify, I do not mean to disregard the fact that OD can be a humiliating experience for many women, who risk sexual and verbal harassment, but at the same time, this is not the only reality of women and other residents in rural India. Drawing from Bhaskar Mukhopadhyay, Desai et al. explain that “there is a need to examine attitudes that shape sanitation norms, more so because the rendering of certain defecation practices as unacceptable and humiliating can foreclose options.”8 This is important to understand, because as outlined in Chapter Three, some CLTS approaches that use aggressive means of community policing and sanctions end up marginalizing the poorest households in the village. Moreover, ideas of dignity can also emerge under these high-pressure and unequal political scenarios.

Even though having a toilet is seen as a sign of honor and prestige, being forced to build toilets in such a coercive manner conversely challenges the dignity and sovereignty of the individual. In this case, development interventions must choose which ideas of dignity they are willing to promote and which to compromise. Additionally, with the case of badly constructed toilets, Desai et al. argue that, “indeed, being forced to use a disgustingly dirty toilet can also be a challenge to one’s dignity and one might prefer open defecation on these grounds as well.”9 Thus, reversion to OD cannot be simplistically assumed as lack of knowledge or resistance on the part of the violator. Instead, there is a need to better understand the link between prestige, dignity, and OD with regards to “visibility, privacy, safety, disgust, and infrastructures, and how do they vary across age and gender.”
Social Relations and Contagion

The inverse of OD is building and using toilets, which can be accelerated through social pressure and contagion. By social contagion, I mean the replication of activities resulting from exposure and the influence of peers. A few households might start building toilets in the village, which might influence neighbors and others in the village to also consider building toilets. This is because people’s habits and preferences rub off on those we interact and live with. Social contagion can also occur through peer pressure and be linked to ideas of prestige and social standing. If building toilets is the norm in the village, one might not want to be an outlier especially if OD comes to be perceived as a shameful and unsafe practice.¹⁰ In their field work, O’Reilly and Louis found many residents built a toilet because it was the current trend in the village. A village resident from their research responds that “Toilets are a necessity. There was a wave when everybody was getting a toilet built, so I also built it.”¹¹ Conversely, in some jaldi villages, Arghyam realized that many people were discouraged from building a toilet because of the slow subsidy payments. News of delayed subsidy deliveries quickly spread throughout the village due to the community’s closely linked social networks. The hesitancy on the part of many local residents to build toilets despite exposure to toilets and social pressure to stop OD suggests that social pressure alone cannot influence changes in sanitation, which is also determined by the availability of material and financial resources, economic growth, political will, and land and water ecology.

What O’Reilly and Louis found—social pressure driven by economic change to build toilets—in the northern states of Himachal Pradesh and West Bengal, is similar to Vijay Krishna’s observations about demand for toilets in South India, a region that is experiencing greater economic growth compared to the north.¹² Guttur, a non-jaldi village that I visited in
Davangere had good toilet coverage. Most people were not too poor and earned their livelihood from working in the brick factories. The village was also close to a town. The comparatively good toilet coverage rate was, as one GP official deduced, because of Guttur’s close proximity to Davangere town. Village residents who were more exposed to an urban lifestyle were likelier to build toilets because of social exposure or due to notions of prestige. O’ Reilly and Louis also make similar observations in the north. They found that people built toilets because they had been exposed to it when they or their relatives migrated to urban areas. One resident says that “When we went to Shimla or Rampur, we saw toilets. This influenced people to build toilets.” The reasons for building toilets may vary—concerns for the womenfolk, issues of prestige, health reasons—but nonetheless, changing social relations driven by economic change are also a contributing factor that generate demand for toilets across the country.

Gender Norms and Generational Gaps

Toilet construction and usage is a gendered and also a generational issue. My primary research and the previous chapter delved into some of the gender issues associated with OD. UN and WHO highlight the dangers of OD for women—sexual harassment and assault, health problems, and psychological issues of shame and humiliation. Yet, not all women want toilets. During my visit to Davangere, when Uzra, a member of Arghyam, and I spoke to women in Kannada, we found that shame was undoubtedly an issue for many young women, but those of the older generation were accustomed to OD and not too inclined to use toilets. Older women did not always associate OD with shame. However, walking for OD was problematic for the elderly, especially if they were not physically able to undertake the activity. As Arghyam found, one of the reasons people built toilets was for the old and ailing. While convenience is an important factor for building toilets the generational differences among women, driven by socio-economic
growth, indicates a gradual shift in sanitation norms determined by gender and generation in current rural India.

**Marriage**

The drive for toilets is also evident in rituals of marriage in rural India. Marriage is an auspicious and important tradition in the country. Weddings are a defining ceremony for parents and daughters. The latter are “given away” by their parents and become the responsibility and honor of the groom’s family. Several material and financial negotiations also occur between the two families, including, apparently, toilets. Research by Yaniv Stopnitzky found that “females with strong sanitation preferences drive male investment in toilets,” and that latrine ownership increased only due to the marriage market.\(^\text{13}\) Stopnitzky writes about this phenomenon in his article titled “The Bargaining Power of Missing Women,” which is specific to the state of rural Haryana.\(^\text{a}\) He argues that men can increase their desirability on the marriage market by making investments in sanitation because of the relative scarcity of women (of marriageable age) in Haryana. This toilet-marriage association was initiated in 2005 by the Haryana local government’s “No Toilet, no Bride” campaign, which was inspired by the work of a local NGO. Stopnitzky argues that “the policy has indeed caused an increase in toilet ownership, that this effect is mediated by the marriage market, and that sex ratios appear to be driving the program effect.”\(^\text{14}\) These findings are specific to Haryana as they are determined by distinct conditions and gender relations. Nonetheless, the demand for toilets by women—for safety and privacy—are reasons similarly found in the rest of India. Likewise, while toilets are a “type of private female good,” male preferences toward sanitation remain unchanged despite the program.\(^\text{15}\)

\(^\text{a}\) “Missing women” alludes to the skewed male-to-female ratio in the state due to high incidence of female infanticide and discrimination against women.
Marriage markets, while restating the need for toilets by women, highlight the distinct gender preferences for toilets that are negotiated through very local and cultural means.

Other research corroborates this demand for toilets by women in the context of marriage. In O’Reilly and Louis’s research, one male from a West Bengal village answered: “Will our daughter in law use a khata paikhana [dry pit latrine]? We people are of a different generation...would it be possible for the younger generation to do so?” This response not only reiterates that gender norms vary across generations, but also the cultural notion that the female body represents the honor of the household. Amidst a deeply patriarchal society in India, women are assigned a very special status. Both discriminated against and worshipped, it is the vulnerability and honor that they embody as a woman that drives men, as protectors and providers of the family, to build toilets for their womenfolk. Indeed, this demand for toilets is driven by cultural notions of honor, responsibility, and dignity, which are determined by local social norms and relationships. While it is honorable for women to have privacy, it is the man’s responsibility to provide that space for privacy and the protection from sexual harassment that can mar the honor of the woman, and hence, of the entire household.

These gendered differences in toilet usage also point towards issues of agency and entitlement. In the skewed marriage market of Haryana, women have greater agency to demand their rights and express their desires. At the same time, their agency is restricted because, just like the woman in BCC’s “responsible father” video, females have to largely rely on men to acquire access to toilets. On the other hand, men not only have more freedom and agency to access material goods and services, but they also have greater entitlement over public spaces. This is true in villages and urban areas. Men relieve themselves outdoors in urban slums because they may not have access to toilets. But one can also find men from higher socio-economic
backgrounds spitting and urinating in public spaces, pavements, and on walls. It is an ongoing joke in my family that the land belongs to men in India. They do not have to worry about censure or shame while relieving themselves in public or in public spaces. While OD may be a social activity in some village communities, and a necessity in urban slums, the claim over open spaces by males also points to the entitlements they inherently purchase because of their particular gender identity in a deeply patriarchal society.

Religion

There are several religions in India, each with distinct beliefs and practices. They influence local norms in terms of social relationships, gender norms, and ideas of dignity, honor, and purity. By analyzing ideas of purity and cleanliness, and the Hindi-Muslim paradox, this section explores the ways in which religion influences sanitation norms and the practice of open defecation.

The Muslim Paradox

New research has shown that Muslim households in India have lower child mortality rates than their Hindu counterparts despite the former being more economically disadvantaged, less educated, and having less access to piped water at home. Data from the 2005 National Health and Family Survey of India shows that sixty-seven percent of Hindu households defecate outdoors compared to forty-two percent of Muslim households.\textsuperscript{17} Research on this issue by Geruso and Spears has produced two findings. First, associating religion with latrine use answers the Muslim mortality puzzle. Controlling for variables (including hand washing), they find that Muslims tend to use toilets more compared to Hindus, and that latrine use is the key variable that
explains the difference in child mortality rates. Second, latrine use is an externality rather than a private gain. It is not enough that one practices good sanitation because public health benefits are associated with the overall latrine use of the locality. They hypothesize that "if open defecation is the explanation, then it is not only being Muslim which promotes survival, but also living near Muslims, and even then only because of the association between neighbor's religion and neighbor's sanitation." This suggests a clear association between religion and latrine practices. While Spears and Geruso provide some speculation as to how religion determines sanitation practices, their primary focus nonetheless remains on the externalities of poor sanitation, and the importance of sanitation as an undersupplied public good.

Aesthetics

Chapter Three analyzed the importance of aesthetics for toilet-building programs, which I argue is tied to cultural norms. Economist Timur Kuran explains that culture affects economic activity and also serves the aesthetic needs of a people. In some Indian communities, aesthetics is formally linked with principles of the Vastu Sāstra, an ancient science of architecture dating back to at least 3000 B.C. Vastu means place of dwelling in Sanskrit, and Sāstra is principles or guidelines. It is used to build various structures including, houses, offices, as well as Hindu temples. It is a secular science in that many communities, regardless of religion, utilize concepts of Vastu Sāstra to build structures. At the same time, it can be explicitly linked to ancient theistic religions as some households or temples that use Vastu Sāstra base its principles on an understanding of the sacred Cosmic Being, spirituality, astrology, and science. A GP official of Rajanahalli village in Harihar taluk informed Arghyam colleagues and me that some households had demolished toilets because of problems with Vastu. It was unclear whether the households were going to rebuild it. The association of toilets with spirituality, science, and the sacred is
interesting to note because it shows the direct association between sanitation norms and local culture.

_Purity_

Observations by Spears and Geruso, George, and Fraser suggest that religious notions of purity influence sanitation practices. It could be that secular differences in sanitation habits became historically codified by religious norms. Whatever the case, many Hindus view excreta as something to be kept away from the home, according to laws prescribed in some Hindu texts. For instance, verse 151 from chapter fourteen of The Laws of Manu, a sacred text, says that “far from his dwelling let him remove urine and excreta.”22 Other Hindu texts like the Vishnu Purana and the Narada Samhita also talk about sanitation and purity.23b The notion of purity and disgust are closely related. According to anthropologist Mary Douglas, something is dirty if it is out of place. Rose George explains that “disgust becomes a way of ordering society, of creating a hierarchy of what is safe and what is acceptable.”24 While rural households do not necessarily associate open defecation with disgust, many households do associate urinating and defecating within the house as impure. If one wonders why health awareness campaigns do not succeed, it could be because pervasive notions of pollution and purity are also rational justifications for not using toilets. Hindu and Muslim respondents from Spears and Geruso’s fieldwork reported that religious leaders had told them explicitly where to defecate. It would be interesting to further explore how religious institutions play a role in creating narratives of purity, and also compare the Muslim paradox with other religions to identify the extent to which religion informs sanitation norms in India.

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2 Not only Hinduism, but other religious texts ranging from Buddhism to Judaism also prescribe guidelines for sanitation. (George, Going to the Sulabh, 2008)
Manual Scavenging

Hindu ideas of purity are ascribed to socio-economic groups such as *safai karamcharis*, also known as manual scavengers, who perform the menial task of cleaning up feces from dry pit latrines and sewers. The caste system is quite complex in India. Even though Islam itself does not advocate caste or social hierarchy, Indian Muslims do have a distinct caste system as well which could be influenced by cultural and religious syncretism. Manual scavengers are mostly Valmikis (Hindus) or Haila (Muslims). The former belong to the Scheduled Castes whereas Haila Muslims, also known as Dalit Muslims, belong to the “Other Backward Classes” category in the constitution. Dalits, previously known as Untouchables—belong to the lowest Varna or social hierarchy in the Hindu caste system. They are considered to be polluted or impure beings and hence were called untouchables. Historically, each Hindu sub caste was prescribed a set of caste based, hereditary professions. Being the lowest ranking caste, Dalits were assigned to be manual scavengers. Although this dehumanizing practice was banned by The Employment of Manual Scavengers and Construction of Dry Latrines (Prohibition) Act of 1993, as many as 1.3 million people are still employed as manual scavengers today. The presence of Hindu and Muslim Dalits, and the fact that most manual scavengers are women, is not fully addressed in the law. George reports that “Most manual scavenging is done by women, who marry into it, and have no choice.” In fact, only Dalits who belong to scheduled castes are offered rehabilitation. In a way, the state continues to be the biggest violator of this practice as the Indian Railways continues to employ large numbers of manual scavengers across the country.

Norms of purity serve to further disempower already marginalized groups. Scavengers are paid the bare minimum and ostracized even within their own community. A female manual scavenger, interviewed by Rose George, reported that she was considered an untouchable even
her own community. These ideals of religious and cultural purity are so corrosive that scavengers themselves subscribe to such norms and have very low self-worth. One says, “We carry excreta on our heads. Of course we are unclean.” Another adds that “Our caste is written on our forehead. Ours is low and yours is high. That’s the way it is.” As Appadurai notes,

The other side [of hostility] is compliance, not mere surface compliance but deep moral attachment to norms and beliefs that directly support their own degradation. Thus, many untouchable in India comply with the degrading exclusionary rules and practices of caste because they subscribe in some way to the larger order of norms and metaphysical propositions which dictate their compliance. It is not just Dalits but also upper-caste Hindus who prescribe to these norms. As Geruso and Spears note, “this link between human waste and “polluted” castes reinforces the norms in which sanitation problems are ignored by even upper-caste Hindus.” But at the same time there is activism within the Dalit community to eradicate this practice. In Appadurai’s language, these activists are changing their terms of recognition within society and strengthening their voice to be able to participate in civic actions and policy matters. In fact, another bill, “The Prohibition of Employment as Manual Scavengers and their Rehabilitation” was passed by the Indian parliament in 2013. While much work is yet to be done in terms of changing norms about purity, one can hope that the growing activism within the Dalit community conjoined with the Swacch Bharat Mission will bring a change in India in terms of increased toilet usage and with it the eradication of manual scavenging.

**Conclusion**

The phenomenon of manual scavenging and gender determined toilet preferences exemplify the claim that “culture is a dialogue between aspirations and sedimeted traditions.” Culture is a malleable concept because our norms and beliefs are frequently changing and affect
our identity, social structures, and future aspirations. The literature review argued that a future-oriented understanding of culture is vital for development and this view is emphasized by the concerns laid out in this chapter. Cultural norms are simultaneously holding back and fostering anti-OD progress. For instance, men—as fathers, husbands, or father-in-laws—believe it is their responsibility to provide a toilet (safe environment and privacy) in order to protect the honor of their womenfolk and hence of the family. But at the same time, the toilets are not being used by everyone, especially by those who built them—the men. Additionally, these gender relations further codify the norm that women have to essentially rely on men to secure their needs. Therefore, there is a constant tension between these cultural values and sanitation preferences, which goes unheard and unseen amidst the focus on toilet construction.

As evidenced in rural India, the different aspects of culture—social relationships, gender norms, religion, ideas of dignity and purity—closely influence our sanitation preferences. Beyond sanitation, these elements determine people’s aspirations about what it means to have a good life. Influenced by culture, the map of aspirations is different for people based on a combination of factors like gender, age, social pressure, and values about purity and dignity. For example, most manual scavengers work in rural areas and a large proportion of them are women. Scavengers are discriminated against both culturally and economically because of their status as impure beings. The manual work of cleaning excreta further deepens the inequality and reproduces unequal relations of power. A manual scavenger has a distinct map of aspirations determined by her gender, profession, and socio-cultural status in society. State anti-OD programs do not really address the rehabilitation needs of manual scavengers and the 1993 Act and the 2013 Bill to eradicate manual scavenging also do not work together with anti-OD programs. This suggests a clear disjuncture between sanitation development and culture.
However, culture clearly matters, and though it is a more time-consuming, human capital intensive, and gradual process, a cultural approach is essential to effectively eliminate OD and address issues of slippage and toilet use.

These different links between culture and OD show the importance of understanding local norms and the need for addressing them in anti-OD programs. There is so much complexity within cultural understandings of sanitation, and so many unexplored differences in sanitation preferences across different regions in India that the state cannot hope to eliminate OD alone. Health awareness campaigns are not enough; rather, more ethnographic research is needed along with micro-engagement with rural communities. Unlike the elements in Chapter Four that dealt with infrastructural issues—water, land, toilet construction material—cultural change requires much patience and perseverance. Thomas J. Fraser, who went to Barpali village in Odisha (then called Orissa), India as part of an American Friends Service Committee program in the 60s observed some of the same cultural issues hindering toilet adoption that are mentioned here.\textsuperscript{34} Fraser’s project was during the ’60s, which means that the country is still facing similar challenges against OD fifty years later. Deadlines like the one to eliminate OD by 2019 are useful for political purposes—for garnering political will and having an action plan. Yet realistically, unless cultural aspects are more robustly addressed in the SBM and by other civil society programs, OD will continue to persist in rural India.
Notes:

6. Quoted in Prasad, “Build social norms about sanitation.”
7. Quoted in Ibid.
9. Quoted in Ibid., 111.

12. Ibid.
Krishna, *Arghyam Staff Interviews*.
14. Quoted in Ibid., 15.
15. Ibid., 15.

18. Quoted in Ibid., 17.

21. Ibid.
23. Quoted in George, “Going to the Sulabh,” 94.
25. George, “Going to the Sulabh.”


27. Ibid.
29. Quoted in Ibid., 93-94.

32. Rashtriya Garima Abhiya, National Campaign on Dalit Human Rights, and International Dalit Solidarity Network, “Violations of the right to water and sanitation.”
33. Quoted in Appadurai, “The Capacity to Aspire: Culture and Terms of Recognition,” 84.
34. Fraser Jr., *Culture & Change in India: The Barpali Experiment*. 94.
Chapter 6
CONCLUSION

Before sunrise, donning the veil of darkness
Amidst the path of thorns and stones
With her feet watching
The woman walks

Wearing a veil of bashfulness
A little further away, she finds cover behind trees
Exhausted from the wait, and in agony
The woman walks, silently she walks.

Here and there people chat
A child cries, a faraway sound
Her heart aching
The woman walks
Wishing for better days, she walks.

Inside the courtyard, the space you think is saved
Keep your hundred reasons aside
[She says] "Build a toilet"
A challenging walk, she walks.

A husband's responsibility; a life partner
He will build a toilet
Ending all hardships
With firm footsteps, she walks.

-From the Kannada song Nadethalo
"She Walks," by Center of Gravity.

Apart from realizing the several cultural, political, ecological, health, economic, and geographic dimensions of open defecation, one of the most important lessons I learned from my research with Arghyam is the human dimension of OD. It is often easy to forget that living, breathing, working, bustling people and communities lie at the core of development issues like water, sanitation, education, and so on. The human dimension gets lost amidst numbers, statistics, objectives, graphs, and data. In a way, this makes the research more sanitized and orderly, whereas bringing back the humanity complicates the development issue at hand. The above extract, from a poignant song written by CoG, is a perceptive example of the underlying human-ness of the issue. OD is not just about shit, but it is fundamentally about people—children, men, women, the old and the ailing. It is about creating a safer and healthier environment for babies, for adolescent children, females, and more broadly the entire
community. OD is a communal problem, which needs to be addressed both at the individual and group level.

This thesis attempted to show that culture explains the persistence of open defecation in rural India and use this as a case study to raise concerns about the overlap of culture and development interventions. Initially, for me, this topic was limited to just answering the first question. I held a binary viewpoint—the contention between a top down and bottom up approach—viewing them as two polarized models of development interventions. With nearly half the population and seventy percent of rural households still practicing open defecation, I believed the persistence of open defecation in India was due to the failure of the state’s anti-OD programs. However, my linear understanding of this issue—open defecation, culture, and the state’s failure—changed after my winter research with Arghyam. My interactions with Arghyam, local administrators for whom becoming anti-OD was an important goal, and village residents reshaped my assessment about the persistence of open defecation in rural areas. Rather than separating the bottom up and top down approaches, there needs to be a dialectical relationship between the two. The previous chapter sought to present this dialect and tensions which arise from the two models engaging with each other and with the local community where development projects are being implemented. The chapters have also demonstrated that open defecation in rural India is a multi-faceted, large-scale challenge that requires more than government efforts alone, and that culture should play a vital role in both construction and usage of toilets.

Appadurai demonstrates the way culture affects our past, present, and future. Past understandings of norms and social structures affect the way we interact in the present. To reiterate, not all norms, principles, and values should be celebrated as some aspects of culture may undermine people’s capacity to aspire. This leads to tensions as both communities,
development interventions, and the state have to negotiate between values that should be conserved or changed. This results in a trade-off between social values and desirable development outcomes. Because this negotiation does not always involve collaboration, especially by the poor, it is necessary to help build their capacity to participate in development projects in a democratic and just manner. Appadurai identifies sites of consensus building and development projects being led by the poor. He argues that these movements must be strengthened. However, this is not always the case since internally derived movements are not always present, especially with OD in rural areas where external intervention seems imperative for development. It is in such cases that interventions function within a gray area, dealing with empowerment, imperialistic methods, and well-intentioned goals.

While a top-down approach is often rightly criticized for being bureaucratic, heavy-handed, and authoritarian, it cannot be simply dismissed as unworthy in the case of OD in India. One could argue that a disciplinary approach is not ideal, but perhaps necessary for the sake of public health. In contrast, the glorification often showered upon a community led, bottom-up approach is also not enough to eliminate OD on its own. Moreover, community led participation has its own pitfalls such as community aggression, coercion, and imposition of social and material sanctions. The previous chapters have shown that ideally top-down and bottom-up approaches should complement each other. Community involvement is a critical factor in creating the positive effects of social contagion of using toilets, the supply of human capital, and spread of safe sanitation awareness. The state is also equally important because it supplies financial and human capital, helps scale-up programs, and monitors and provides national data on sanitation. Each approach has its limitations, critiques, and also benefits. A combination of
approaches, or a “basket of solutions” would be useful because the problem of OD in India is highly multi-scalar.

One of the major drawbacks of the national anti-OD programs is that they are inconsistent in their theory and application. CRSP was a completely supply-driven model focused on construction, but the succeeding rural sanitation programs—TSC, NBA, and SBM—also focused their efforts on toilet construction despite claiming to be demand driven and focused on changing people’s mindset. Awareness activities had increased but IEC nonetheless remained a minor component. In contrast, IEC should be the core of the programs as it can effectively address cultural practices of different communities. Anti-OD programs have adopted a default tactic for the entire nation—provide subsidies and build toilets. However, just because one has a toilet does not mean that the person will use it unless she/he has a desire or need for it. Thus, in order to eliminate OD, the desire to use toilets should be created first. Usage is key because it involves changing the social mindset regarding open defecation, creating a desire for toilets, and addressing concerns of slippage or reversion to OD. While the state recognizes the importance of these issues, it nonetheless continues to prioritize construction, which is one of the reasons why these programs have been struggling to eliminate OD. Another important point which the state fails to recognize is that culture is not just important for changing people’s mindset regarding open defecation, but that culture also plays a vital role in the construction of toilets.

Challenges of dealing with culture are not unique to the state but present itself to grassroots organizations too. It is challenging to translate research, however in depth and thorough it may be, into effective policies as on-ground variables such as people’s participation, reception, implementation of the program itself can bring forth challenges that were initially unexpected. For instance, the refusal of men to use toilets even after building one in the house
are problems which indicate that programs have to be long-term oriented as they are dealing with long-held habits, values, and assumptions. Anti-OD tactics should be flexible enough to be redesigned according to evolving challenges on ground, which is not something the national policies are capable of. Bottom-up models, however, are smaller in scale and easier to reform. Programs need to follow-up consistently on issues of slippage and make sure that people are starting to feel the need for toilets and are also not reverting back to open defecation.

The fact that culture has been largely ignored by the state lead me to think that community-led or civil society programs could be more effective than the state in eliminating OD. Community-led programs by virtue of their democratic and people-centered nature seemed a more empathetic alternative compared to a top-down approach. There was also an implicit assumption that culture would be addressed as the project would be created together with the input of the local community. However, as seen in the examples of CLTS, a community-led participatory approach is not always perfect. Even Arghyam’s more thoughtful approach was not fool-proof.

Some of the risks with bottom-up programs are community policing, reinforcement of certain unfavorable norms, and the exclusion of the extreme poor. These tend to further disempower people who are already the most vulnerable members of a society. Vijay Krishna presents a counter argument used by advocates of community policing:

If we agree that OD affects people who don’t do OD either, it affects the whole community. Then it is debatable if the community saying ‘don’t do OD’ is considered a violation of human rights. We get born into laws.¹

This is a valid point, but at the same time policing does not fulfill its purpose if it does not provide a form of rehabilitation or alternative to OD that is humane. Threats and sanctions
may deliver results quickly, but may also reinforce unequal social relationships of power which is perhaps not wholly empowering. Arghyam did not see its message of a “responsible father” as harming women’s traditional gender roles. In fact, Krishna said that “Building a toilet is fundamentally a feminist act.”\textsuperscript{2} This suggests that first, tactics which may be negative in the immediate moment could result in positive outcomes on a larger scale. Second, development itself is a multidimensional idea and can occur in several different ways. Development interventions and community members have to consciously be aware of the compromises they make and also realize the opportunity cost of such trade-offs.

Arghyam was a combination of both grassroots and a top-down approach. It relied on other civil society firms, and the state government officials to implement its campaign in Davangere. The collaboration brought together a range of perspectives and skills—CoG was able to provide marketing techniques, Arghyam gave funding for research and program design, Final Mile identified behavior motivators, Public Affairs Foundation monitored the success of the program, and the government officials held local knowledge of Davangere. This collaboration was an excellent example of the kind of partnerships that could work well together for eliminating OD. A multiplicity of actors, different skill sets, and greater resources should be brought together for more creative solutions.

Despite the prolonged struggled against OD since 1986, the current public health, media, and government attention showered towards eliminating OD is encouraging news for India. Smaller states like Sikkim, Haryana, Himachal Pradesh, and Kerala have low levels of OD, and some of them are even OD free. Southern states are becoming more receptive to the idea of toilets. Along with socio-economic growth in rural areas, the emphasis placed on the importance of toilets for everyone (and especially women), safe sanitation campaigns across schools, and a
cultural shift to view OD as shameful, it is not too wild to predict that there will be wide-spread adoption of toilets by the younger generation of rural Indians in the near future. With the cultural map of aspirations regarding the good-life, sanitation, and well-being changing due to evolving social relations driven by economic growth, toilets could be a reality of every household in rural India in the next fifteen years or even a decade.
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