

A STUDY ON DETERMINANTS OF ADOPTION OF OPEN DEFECATION FREE INNOVATIONS IN THALLI BLOCK OF KRISHNAGIRI DISTRICT

Mr. Sugata Roy, *PhD Research Scholar, School of Public Health SRM University Potheri*

Dr.B.Kalpna, *Associate Professor, School of Public Health, SRM University Potheri*

Abstract

Open defecation is largely practiced for generations and it is highly accepted traditional practice and deeply rooted in minds of population in India. Free from open defecation is not a substance of access to toilets, but it is subjected to motivational factors and mind set of people. Economic condition, values, awareness and environment are determinants of adoption of open defecation free innovations among respondents. Significant difference is prevailing in determinants of adoption of open defecation free innovations among demographics of respondents. Economic condition, awareness, environment and values are positively and significantly impacting rate of success of open defecation free innovations among respondents. Therefore, adequate credit support and incentives should be given to respondents for construction of toilets and religious, social and communal groups must educate respondents to remove their cultural fear in the use of toilets.

Key Words: Adoption, Determinants, Open Defecation Free Innovations, Rate of Success

1. INTRODUCTION

Open defecation is largely practiced for generations and it is highly accepted traditional practice and deeply rooted in minds of population in India (Anuradha et al 2017). Open defecation is an extensive practice in India and around 65,000 tons of faeces in to environment daily (Panda et al 2017). As per census of 2011, 46.90 per cent of people are having toilets and 3.20 per cent of households are using public toilets and rest of 49.80 per cent of population is continuously defecating in open spaces.

In rural areas, open defecation is everywhere across all segments of people though the bottom two quintiles of wealth practice it on the entire rural communities (Banerjee et al 2013). Open defecation in India is one of the main health hazards and it damages environment and most of rural people do not know the health problems associated with open defecation (Geeta, 2014). Open defecation is highly related with environmental pollution, leading to risk of infections and diseases, poor educational and personal development and low level of productivity of adult people (Mbuya and Humphrey, 2016).

Constructing and using toilets is the most significant health intervention to understand appropriate use and maintenance of toilets and better personal and family hygiene (Debesay et al 2013). Free from open defecation is not a substance of access to toilets, but it is subjected to motivational factors and mind set of people (Jenkins and Curtis, 2005). Further, promotion of construction and use of toilets among people are mainly depending on resources availability, affordability, subsidies and incentives (Kar and Milward, 2011). Open defecation free environment is essential for improving social, economic and health standards of people and at the same time, it is determined by numerous factors. Therefore, it is necessary to study determinants of adoption of open defecation free innovations in Thalli block of Krishnagiri district.

2. REVIEW OF LITERATURE

Jewitt (2011) found that financial support, support from local communities, communication, awareness, access to toilets and subsidies were affecting open defecation free situation in rural areas. Mukherjee et al (2012) concluded that access to water and open area, vegetation, communication, subsidies, education and behavioural changes were significantly influencing sustainable development of open defecation free communities.

Galan et al (2013) revealed that availability of sanitation facilities, access to toilets, economic condition and cultural values were preventing open defecation practices among rural people. Sara and Graham (2014) indicated that personal beliefs, awareness, socio-economic conditions and availability of toilets were facilitating open defecation free atmosphere in rural areas.

Desai et al (2015) showed that health, environment, privacy, safety and dignity of women were influencing open defecation free environment. Hathi et al (2016) found that caste, ethnic problems, cultural values and life style were affecting practice of open defecation free conditions of people in rural areas.

Odagiri et al (2017) concluded that social norms, lack of water, socio-economic conditions and level of wealth of communities were affecting open defecation free situations in rural areas. Alhassan and Anyarayor (2018) revealed that communication, health problems, security, income level, comforts, privacy and cultural beliefs were significantly influencing construction and sustainable use of toilets among respondents.

3. METHODOLOGY

The present study is carried out in Thalli block of Krishnagiri district. Respondents are selected by using simple random sampling method and data are collected from 300 respondents through questionnaire method. Percentages are calculated to know demographics of respondents. An exploratory factor analysis is done to find out determinants of adoption of open defecation free innovations among respondents. t-test and ANOVA test are used to scrutinize difference between demographics of respondents and determinants of adoption of open defecation free innovations. Multiple regression analysis is carried out to assess impact of determinants of adoption of open defecation free innovations on rate of success of open defecation free innovations.

4. RESULTS AND DISCUSSION

4.1. DEMOGRAPHICS OF RESPONDENTS

The demographics of respondents are given in Table-1. The results disclose that 64.67 per cent of respondents are females, while, 35.33 per cent of them are males and 31.67 per cent of them fall under age category of 31 – 40 years, while, 16.33 per cent of them fall under age category of below 20 years.

The results explain that 34.00 per cent of respondents are illiterates, while, 15.00 per cent of them have higher secondary education and 29.00 per cent of them earn monthly income of Rs.10,001 – Rs.15,000, while, 20.00 per cent of them earn monthly income of more than Rs.20,000.

Table-1. Demographics of Respondents

Profile	Number of Respondents	Percentage
Gender		
Male	106	35.33
Female	194	64.67
Age Category		
Below 20 years	49	16.33
21 – 30 years	84	28.00
31 – 40 years	95	31.67
Above 40 years	72	24.00
Education		
Illiterate	102	34.00
Primary	83	27.67
Secondary	70	23.33
Higher Secondary	45	15.00
Monthly Income		
Less than Rs.10,000	71	23.67
Rs.10,001 – Rs.15,000	87	29.00
Rs.15,001 – Rs.20,000	82	27.33
More than Rs.20,000	60	20.00
Marital Status		
Married	244	81.33
Unmarried	56	18.67
Type of Family		
Joint	179	59.67
Nuclear	121	40.33

The results illustrate that 81.33 per cent of respondents are married, while, 18.67 per cent of them are unmarried and 59.67 per cent of them have joint family, while, 40.33 per cent of them have nuclear family.

4.2. DETERMINANTS OF ADOPTION OF OPEN DEFECTION FREE INNOVATIONS

To find out determinants of adoption of open defecation free innovations among respondents, an exploratory factor analysis is done and the results are given in Table-2.

Table-2. Determinants of Adoption of Open Defecation Free Innovations among Respondents

Determinant	Variables	Rotated Factor Loadings	Eigen Value	% of Variation	Determinant Name
I	Type of occupation	0.66	2.48	22.98	Economic Condition
	Level of income	0.69			
	Cost of construction	0.67			
	Incentives	0.65			
	Cost of maintenance	0.63			
	Inadequate credit	0.68			
II	Prestige	0.69	2.29	19.35	Values
	Resistance	0.65			
	Cultural practices	0.63			
	Social norms	0.66			
	Religious beliefs	0.64			
III	Knowledge	0.65	1.13	16.52	Awareness
	Communication	0.68			
	Campaigns	0.64			
	Messages	0.67			
IV	Sanitation facility	0.68	1.01	13.70	Environment
	Health condition	0.63			
	Proximity to open space	0.65			
	Cumulative Variation(%)	-	-	72.52	-
	Value of Cronbach's Alpha	-	-	-	0.87

Principal Component Analysis.

Varimax Rotation.

Converged in 10th iterations.

Value of Kaiser-Meyer-Olkin (KMO) test for assessment of adequacy of sampling is 0.874 and Chi-Square value of Bartlett's test for Sphericity is 0.0036 and it is significant at one per cent level. These measures display the method of factor analysis is suitable. Four determinants obtained has 72.55 per cent variation on variables under consideration and each of them shares variation of 22.98 per cent, 19.35 per cent, 16.52 per cent and 13.70 per cent as per the order of extraction.

Determinant-I: comprises of type of occupation, level of income, cost of construction, incentives, cost of maintenance and inadequate credit. Therefore, it is called as **Economic Condition**.

Determinant-II: includes prestige, resistance, cultural practices, social norms and religious beliefs. Hence, it is described as **Values**.

Determinant-III: consists of knowledge, communication, campaigns and messages. So, it is labeled as **Awareness**.

Determinant -IV: encompasses sanitation facility, health condition and proximity to open space. Thus, it is denoted as **Environment**.

Cronbach's Alpha value of the scale is 0.87, it elucidates that each measure is at acceptable level of internal consistency. Economic condition, values, awareness and environment are determinants of adoption of open defecation free innovations among respondents.

4.3. DEMOGRAPHICS OF RESPONDENTS AND DETERMINANTS OF ADOPTION OF OPEN DEFECATION FREE INNOVATIONS

To scrutinize difference between demographics of respondents and determinants of adoption of open defecation free innovations, t-test and ANOVA (Analysis of Variance) test are used and the results are given in Table-3.

Table-3. Difference between Demographics of Respondents and Determinants of Adoption of Open Defecation Free Innovations

Particulars	t-Value / F-Value	Sig
Gender and Determinants of Adoption of Open Defecation Free Innovations	4.635** (t-value)	.000
Age Category and Determinants of Adoption of Open Defecation Free Innovations	5.740** (F-value)	.000
Education and Determinants of Adoption of Open Defecation Free Innovations	5.584** (F-value)	.000
Monthly Income and Determinants of Adoption of Open Defecation Free Innovations	5.806** (F-value)	.000
Marital Status and Determinants of Adoption of Open Defecation Free Innovations	4.378** (t-value)	.000
Type of Family and Determinants of Adoption of Open Defecation Free Innovations	4.492** (t-value)	.000

** Significant at 1 % level

The t-values and F-values are demonstrating significant difference exists in determinants of adoption of open defecation free innovations among demographics of respondents at one cent level.

4.4. IMPACT OF DETERMINANTS OF ADOPTION OF OPEN DEFECTION FREE INNOVATIONS ON RATE OF SUCCESS OF OPEN DEFECTION FREE INNOVATIONS

To assess impact of determinants of adoption of open defecation free innovations on rate of success of open defecation free innovations, multiple regression analysis is carried out and the results are given in Table-4. R^2 and adjusted R^2 are 0.59 and 0.57 respectively revealing the regression model has good fit and it is implying that 57.00 per cent of variation in dependent variable is contributed by independent variables. F-value of 21.790 is disclosing the model is significant at one per cent level of significance.

Table-4. Impact of Determinants of Adoption of Open Defecation Free Innovations on Rate of Success of Open Defecation Free Innovations

Determinants of Adoption of Open Defecation Free Innovations	Regression Coefficients	t-value	Sig
Intercept	1.017**	10.024	.000
Economic condition (X_1)	.448**	6.736	.000
Values (X_2)	.325**	5.562	.000
Awareness (X_3)	.390**	6.145	.000
Environment (X_4)	.362**	5.820	.000
R^2	0.59	-	-
Adjusted R^2	0.57	-	-
F	21.790	-	.000

** Significant at 1 % level

The results elucidate that economic condition, awareness, environment and values have positive and significant impact on rate of success of open defecation free innovations among respondents at one per cent level.

5. CONCLUSION

The above findings explicate that economic condition, values, awareness and environment are determinants of adoption of open defecation free innovations among respondents. Significant difference is prevailing in determinants of adoption of open defecation free innovations among demographics of respondents. Economic condition, awareness, environment and values are positively and significantly impacting rate of success of open defecation free innovations among respondents. Therefore, adequate credit support and incentives should be given to respondents for construction of toilets and religious, social and communal groups must educate respondents to remove their cultural fear in the use of toilets. Campaigns, advertisements and actions of community and social networks should motivate respondents to construct and use toilets regularly in order to avoid outbreak of diseases and other health related problems.

REFERENCES:

1. Amin Alhassan, & Bismark K Anyarayer.(2018). Determinants of adoption of open defecation-free (ODF) innovations: A case study of Nadowli-Kaleo district, Ghana. *Journal of Development and Communication Studies*, 5(2), 54-69.
2. Anuradha, R., Dutta, R., Raja, J.D., Lawrence, D., Timsi, J., Sivaprakasam, P.(2017). Role of community in swachh bharat mission. Their knowledge, attitude and practices of sanitary latrine usage in rural areas, Tamil Nadu. *Indian Journal of Community Medicine*, 42(2),107-112.
3. Banerjee, A.B., Pasha, M.A., Fatima, A., & Isaac, E.(2013). A study of open air defecation practice in rural nandivargam village. *International Journal of Bioassays*. 2(07), 1051-1054.
4. Debesay, N., Ingale, L., Gebresilassie, A., Assefa, H.,& Yemane, D. (2013). Latrine utilization and associated factors in the rural communities of Gulomekada District, Tigray Region, North Ethiopia: A community- based cross-sectional study. *Journal of Community Medicine & Health Education*, 5, 338-351.
5. Desai, R., McFarlane, C., & Graham, S. (2015). The politics of open defecation: informality, body, and infrastructure in Mumbai. *Antipode*, 47(1), 98-120.
6. Galan, D. I., Kim, S. S., & Graham, J. P. (2013). Exploring changes in open defecation prevalence in sub-Saharan Africa based on national level indices. *BMC Public Health*, 13(1), 527-542.
7. Geeta, J.(2014). Open defecation: Awareness and practices of rural districts of Tamil Nadu, India. *International Journal of Scientific Research*, 3(3), 1-12.
8. Hathi, P., Spears, D., & Coffey, D. (2016). Can collective action strategies motivate behaviour change to reduce open defecation in rural India?. *Waterlines*, 35(2), 118-135.
9. Jenkins, M.W., & Curtis, V.(2005). Achieving the ‘good life’: Why some people want latrines in rural Benin. *Social Science Medicine*, 61, 2446-2459.
10. Jewitt, S. (2011). Geographies of shit: Spatial and temporal variations in attitudes towards human waste. *Progress in Human Geography*, 35(5), 608-626.
11. Kar, K., & Milward, K.(2011). Digging in, spreading out and growing up: introducing CLTS in Africa. *IDS Practice Papers*, 1-16.
12. Mbuya, M.N., & Humphrey, J.H.(2016). Preventing environmental enteric dysfunction through improved water, sanitation and hygiene: An opportunity for stunting reduction in developing countries. *Maternity and Child Nutrition*, 12(1), 106-120.
13. Mitsunori Odagiri, Zainal Muhammad, Aidan A Cronin, Michael E Gnilo, Aldy K Mardikanto, Khaerul Umam, & Yameha T Asamou.(2017). Enabling factors for sustaining open defecation-free communities in rural Indonesia: A cross-sectional study. *International Journal of Environmental Research and Public Health*, 14, 1-20.
14. Mukherjee, N., Robiarto, A., Saputra, E., & Wartono, D. (2012). *Achieving and sustaining open defecation free communities: Learning from east Java*. WSP Report, Washington, DC: World Bank.
15. Prem S Panda, Aditi Chandrakar, & Gopal P Soni.(2017). Prevalence of open air defecation and awareness and practices of sanitary latrine usage in a rural village of Raipur district. *International Journal of Community Medicine and Public Health*, 4(9), 3279-3282.
16. Sara, S., & Graham, J. (2014). Ending open defecation in rural Tanzania: Which factors facilitate latrine adoption? *International Journal of Environmental Research and Public Health*, 11(9), 9854-9870.