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OPEN DEFECATION AS A CHALLENGE TO PUBLIC HEALTH IN GIWA LOCAL GOVERNMENT AREA, KADUNA STATE, NIGERIA

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ABSTRACT

Open defecation is a threat to public and environmental health, it affects the occurrence and spread of mainly communicable diseases. This study examines the compliance of people to Community Led Total Sanitation (CLTS) and challenges of the program to reduce the existence of open defecation in Giwa Local Government Area (LGA). The study employed the use of questionnaire and structured interview as a source of data. Descriptive statistics and thematic framework were used for the analysis while charts and themes were used to present the findings. Results revealed that majority (56%) of the respondents were satisfied with the level of how community complied with the program. The findings also revealed that majority (31.30%) of the respondent's considered poverty as the greatest challenge to the success of the program. Some of the key informants were also of the view that CLTS is highly applicable towards reduction in the rate of open defecation in the area. Therefore, the study recommends the provision of incentive to the people that will reduce the rate of poverty for the successful implementation of the program.

Keywords: Defecation, Challenge, Public, Health

INTRODUCTION

Environmental sanitation consists of control of human excreta, pest and vector control, as well as management of air, solid and liquid waste such as, sullage, and rain or snow. The practice of open defecation is a global problem and health related issues facing developing nations. It is an ancient practice where people excrete in bushes, rivers, lakes, streams, and other open spaces outside the designated toilets. This can occur deliberately due to unwholesome cultural practices, superstitions, and personal unhygienic behaviors. It could also be as a result of unavailable or lack of access to modern toilet facilities (Lugaka, 2012). According to a report by WHO (2022), about 2.4 billion people over the universe do not have access to basic sanitation facilities. And almost 946 million of them still defecate openly in streets gutters, behind bushes or into open bodies of water. This unsanitary practice has led to the upsurge in the transmission of communicable diseases such as Cholera, diarrhea, dysentery, hepatitis A, typhoid fever and polio. It also provides a fertile ground for several neglected tropical disease-like intestinal worms, Schistosomiasis and trachoma. It was reported by WASHplus (2014a) in Kenya, that over 5.8 million people defecate in the open space which increases their risk of diarrhea. When community open defecate many factors such as temperature and rainfall might increase its risk to the outbreak of disease. Abdullahi et al. (2023) reported that temperature and rainfall influence the outbreak of cholera in Kano State. This might be links with the rate of open defecation in the area, through run off and wind blowing.

Nigeria is one of the developing countries that practice open defecation to the core and hence facing health challenges due to that. It was reported by Punch (3 October 2023) that in October 2019, Nigeria was counted as number one open defecation nation globally, passing India. It is estimated that about 50million people in the country or 10 million households defecated in the open. Most of this act took place among rural communities, where there is high rate of low-income earners and cannot afford modern toilet facilities. The act is also rampant among students in public tertiary institution, in business, and residential area of most low-income earners in the cities. In view of the mention problems, the president of Nigeria in 2019 signed an executive order 009 to tackle the problem associated with defecation in the open spaces by year 2025. Nigeria's Ministry of Water Resources in collaboration with UNICEF and some other key agencies has also in the same year lunched the initiative tagged 'Nigeria Open Defecation Free by 2025; a National Roadmap'. The Road map provide guidelines that will take the country into free open defecation society through implementation of several approaches, among which Community –Led Total Sanitation (CLTS) is given much priority.

> Community –Led Total Sanitation is an approach which helps people to understand and realize the consequences of inadequate sanitation and empower them to collectively find solutions to that. CLTS focused on encouraging a change sanitation behavior rather than constructing toilets. This is done by a process of social awakening, that is stimulated by facilitators from within or outside the community (Sanan and Moulik, 2007). Ending open defecation is the first significant step of CLTS when tackling issues of sanitation. This was done by enabling people to conduct their sanitation profile through appraisal observation and analyzing their practices and the consequences of the practices. Lugaka (2012) reported that poor sanitation which include inadequate proper hygiene is associated with millions of deaths each year. This shows that, defecation in open space has become an unpleasant scene; and, its true harm is when the environment was not properly managed.

Many Studies have attempted to address the achievement of this program globally such as the work of Karanja (2018); Sawyerr and Adepoju (2019); Charles et al (2020); and Jibril (2021). However, at local level such as the rural communities of Giwa Local Government Area, researchers paid less concern. Hence, this study examines the compliance of people to Community Led Total Sanitation) and challenges in taking up program in the study area.

MATERIALS AND METHODS

Study Area

Giwa Local Government Area (LGA) is located between Latitudes $11^{0}20$ and $10^{0}50^{'}$ N and Longitude $7^{0}40^{'}$ and $7^{0}10^{'}$ E. The LGA is in northern part of Kaduna State bordering Igabi to the south, Sabon Gari, Zaria and Kudan to the east, Birnin Gwari to the west and to the north is Funtua in Katsina State (Figure 1). Ochiche et al. (2013) reported the LGA total area as about 2,066km^2.

Data Collection

Quantitative data for this research was collected using semi-structured questionnaires. The questionnaires were administered on house-to-house basis with the help of trained research assistants, who also guided the respondents on how to fill in their responses. The assistants were monitored, guided and supervised by the researchers. All collected questionnaires were kept in locked cabinets throughout the study period and accessed by the researcher only to ensure confidentiality and avoid data loss.

Qualitative data through key informant interviews were also conducted to the health management team members, WASH programme officers and community strategy members responsible for implementation of CLTS.

Data Analysis

Responses obtained through questionnaire administration were entered into Microsoft excel software in the appropriate rows and columns of tables and analysis using descriptive statistics (percentage). Result was finally presented using charts, such as bar and pie charts.

Qualitative data obtained through interview with health personals and community strategy members was analysed using thematic framework due to the accessibility and flexibility of the methods. This was done through data familiarization, coding, development of themes and finally results were presented inform of themes.

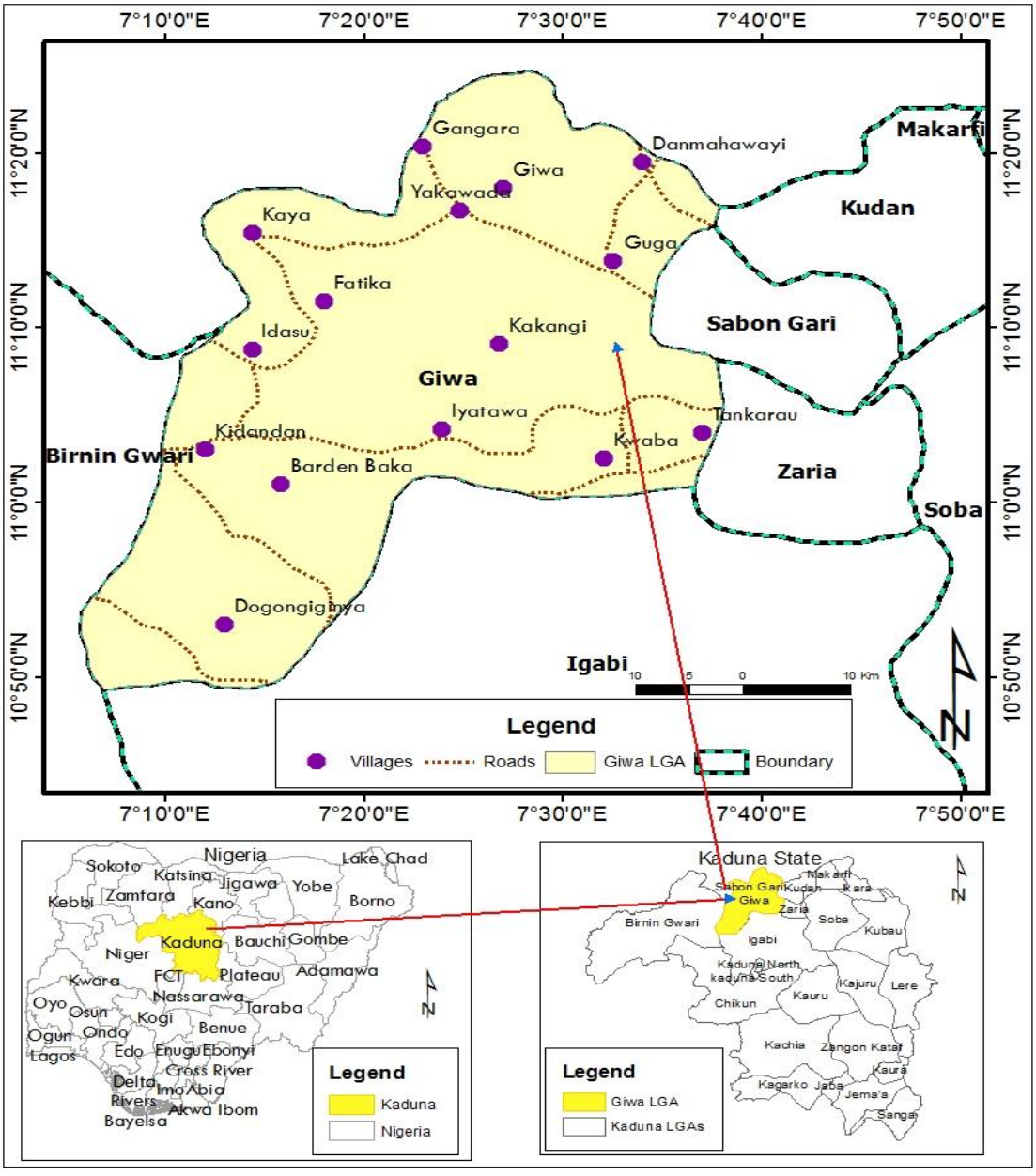

Figure 1: Study Area Map
Source: Modified from the Administrative Map of Kaduna State

RESULTS AND DISCUSSION

Level of Compliance of Community Led Total Sanitation in the Study Area.

The level through which community are comply with the community led total sanitation program is presented in Figure 2. The Figure 2 showed that majority (56%) of the respondents are satisfied with how people are complying with the program against least (18%) that were unsatisfied. This implies that CLTS program has been functioning in the area and community appreciate it. Moreover, in line with this the researchers during questionnaire administration observe that, places that use to be open defecation sites previously, were no longer in use, which might be links with how people in the area accepted the program. This finding conforms with that of Thys et al. (2015) in the rural area of in Eastern Zambia who reported that, previously many people in the area do not use latrines instead they open defecate but with the introduction of CLTS the environment is now secure.

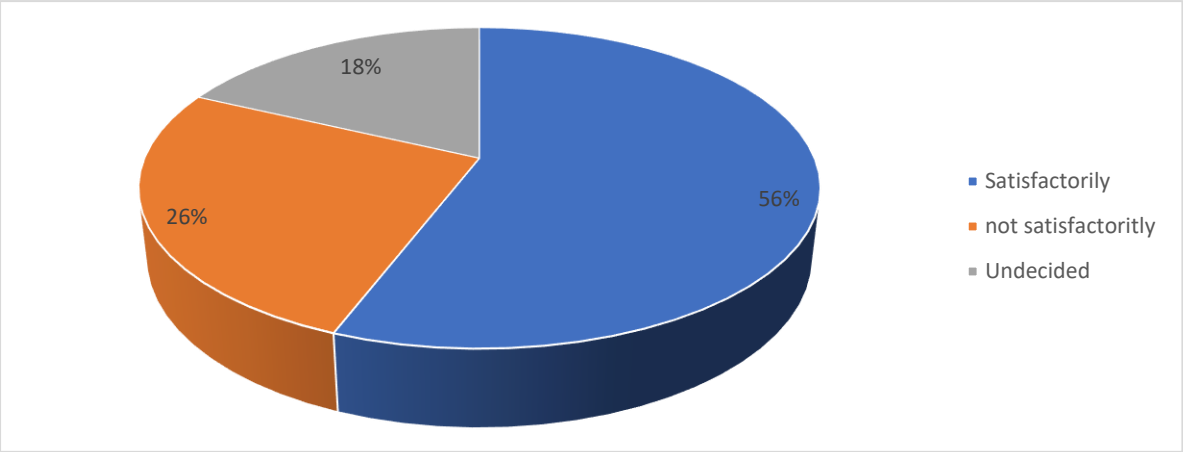

Figure 2: Level of Compliance by Community Led Total Sanitation (CLTS)

The result also supports WASHplus (2014a) which shows that CLTS program made significant progress towards declaring some community in Kenya free from open-defecation. The result further, indicated that over 75% of people in the area where the study conducted appreciate the program. Findings of this study also supports WASHplus (2014b) which shows that CLTS program brings about development and changes to community, this is more especially in the public health sector. Key Informant officer in charge of environment from Giwa LGA had an opinion concerning community Total Led Sanitation (CLTS) programmed, thus,

> Health is said to be wealth. If this is the case, then who want to fall ill because of dirty environment? No body, that was why we follow any environment instruction from our LGA just like this one that has to do with sanitation of toilets. We have adopted CLTS but not everyone as some peoples are lazy or need to be educated more.

Community leader on the other hand says in a Key Informant Interview session reported;

> …when you ask these residents whether they like the idea of using the pit-latrines, many of them say the like but in reality, they don't use or own their pit-latrines at home.Even some of them who have the pit-latrines you get they don't always use them. Sometimes they use the bushes which end up causing diarrheal diseases in the sub county. In fact, few months ago we had cholera outbreak here and one of the causeswas poor waste disposal. I agree a lot need to be done in terms of sensitizing the people on taking up community Led Total Sanitation and also educating them on how to control diarrheal diseases by disposing well the wastes. We have done a lot through the community led total sanitation through the branch of the Ministry of Environment in Giwa LGA and we would not relent.

Challenges Faced by Communities in taking up of (CLTS) Programme

The challenges faced by communities in taking up CLTS programme is presented in Figure 3

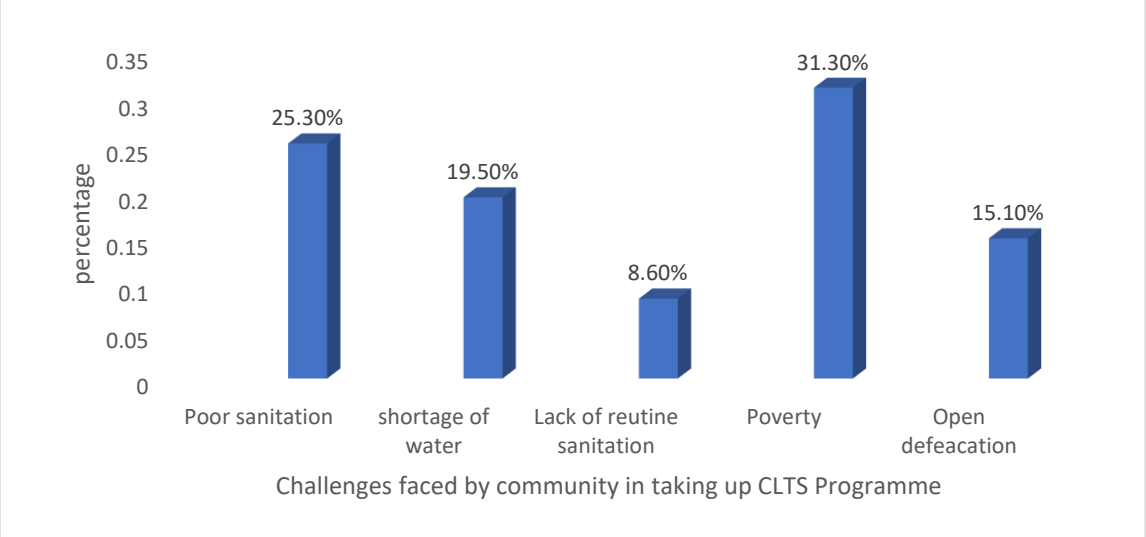

Figure 3: Challenges Faced by Community in taking up CLTS Programmed

Figure 3 revealed that majority 31.30% of the respondent's considered poverty is a great challenge and among all the respondents for this study, the fewest, 8.60% were for lack of routine sanitation. Another challenge that seemed to be disturbing with regards to the programme is poor sanitation accounting for 25.30%. poor sanitation could hinder effective CLTS Programme. It therefore means adequate sanitation would help in meeting the community led total sanitation. This support Charles (2020) in Pallisa district in Uganda who stated that unhygienic and poor sanitation standards lead to poor health outcomes, particularly for children

High (19.50%) number of respondents were of the view that shortage of water triggers the achievementt of community let total sanitation. This implies that for any community to be free from open defecation water must be available. This is in line with Sanan and Moulik (2007) in the Karnali region, Nepal who stated that, water is necessary for attained total sanitation, CLTS alone cannot make environment free from open defecation unless water has been provided.

Poverty as a factor that affected the success of CLTS in Giwa LGA, might be links with inability of some people to construct toilets in their house, some people even slept in markets, along the street or uncompleted building due to poverty, hence, they practice open defecation which consequently affected their health. This conform with Musyoki (2016) that poverty has been associated with the continued use of open defecation.

Interview with officer in charge of environment from Giwa LGA spoke, saying thus;

> In every government or non-governmental organization initiative the greatest thing is the people involve usually have challenges towards the programme. Sanitation issue is just one among many. Anyway, communities may lay down most of their challenges. Some would say they lack money, others would they have other activities drawing their attention an what have you. The bottom line is no matter the challenge, to some extent, sanitation in areas of Giwa LGA is commendable despite the challenges.

Another community leader made a contribution that;

> …Since sanitation is important in our lives, the community, through cooperative societies have been able to raise some money to construct and put the existing toilets in households to a better condition. Sometimes pit latrine break and the whole compound is littered with bad order. In the case of poor sanitation, we encourage people to engage in sanitation even if it is once a week. This is really helping the community from living in dirty environment that is prone to different diseases.

CONCLUSION

The study highlighted the linkages between open defecation and public health. That is how open defecation affected people health through occurrence of diseases. The study concluded that CLTS is highly appreciated by the community of the study area despite the challenges. Among others the study identifies, poverty, shortage of water and non-frequent sanitation activities as some of the challenges that affected CLTS program in the area. The study therefore recommended helping entice people to avoid open defecation through offering pit-latrine papers, household pit-latrines, and other sanitary inputs to help create demand for such services.

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