

## Anthropological Perspectives on WASH Intervention in Nepal

Kamal Adhikari

### Abstract:

*(This paper sheds light on community people's access to Water, Sanitation, and Hygiene (WASH) facilities in some semi-urban areas of Nepal and analyzes WASH vis-à-vis gender, poverty, and accessibility perspective. This also entails disaster-induced psycho-social trauma among poor and socially disadvantaged communities. The paper has adopted an ethnographic method for data collection and interpreted the data on WASH, Open Defecation Free (ODF) intervention, and disaster accordingly. The study shows that people are aware of the ODF intervention, elimination of Open Defecation (OD) practices from communities, use of safe water, and adoption of proper hand washing with soap. Social sanctions and the local government's administrative measures were enforced against the traditionally held practice of OD and there was coercion on people to build a toilet in their houses. Landless, poor, socially disadvantaged, and disaster-prone people accessed the WASH facilities amid psycho-social difficulties, trauma, and uneven power dynamics resulting from the disaster and such a coercive measure. The field evidence shows that community people did not fully own WASH intervention and complied with the maintenance of the ODF situation in lack of their individual and collective ownership, partnership, and leadership as well as the embodiment of self-realization of the proper WASH behaviors.)*

**Key Words:** Ethnography, Gender, Landless, Ownership, Trauma, WASH

### Background:

This case-based paper sheds light on people's access to WASH facilities and their related behaviors in the Kutaal community of Kavre, Aadarsha Nagar of Morang, and Chauki Tole of Makawanpur districts. This paper interpreted the state of WASH by applying an anthropological perspective and review of ethnographies and grey literature on WASH, ODF intervention, and disaster keeping in view the globally recognized principle of "Leave No-one Behind". The Constitution of Nepal, the Periodic Development Plans, and the Policies of the WASH sector have recognized the spirit of these aspects as highlighted in the framework of the Sustainable Development Goals (SDGs). Studies have shown that there are gaps in different dimensions of the WASH sector activities. For example, there is a lack of the mechanism of Gender Equality and Social Inclusion (GESI) budgeting targeted to women (ADB, DFID, and WB, 2011). As the witness of the Koshi Flood of 2008, the cholera outbreak of 2009 in Jajarkot and adjoining districts, the earthquake of 2015, and the COVID-19 epidemic, I considered psycho-social trauma as another important dimension of the inquiry.

## 2.0 Study Method:

Field studies in those communities in May and August 2022 in connection with my study for M. Phil-PhD in Anthropology by myself. I adopted an ethnographic approach and a storytelling method and considered literature on anthropology, disaster, and WASH. I employed household surveys, informal discussions, and observation techniques for soliciting data from the study sites. This paper has analytically presented the ethnographic data. Before discussing with the community people, I received informed consent for collecting their views and taking photographs

### Case-1: Kutaal in Kavre District:



I studied the Kutaal community in Kavre, where I applied Ignition Participatory Rural Appraisal (PRA) tools in 2005 to trigger people to the promotion of toilet use in the community. At that time, a few households had installed and used the toilets. 'Mandala Devi' primary school also lacked a toilet. So, it was in horrr sanitation and hygiene conditions. The teachers, students, and community people defecated indiscriminately. This Tamang community has about 50 households and all households including the school possess toilets at present. In the middle of the community,

I observed an unused toilet located across the main road. Cows and goats were tamed around it. The earthquake of 2015 damaged the house of this toilet owner. So, the owner abandoned it and built their new house and toilet some 50 meter away from this location. Now they are using the new toilet and drinking water supply facilities. The toilet owner furiously said that she had faced extreme difficulties to construct the toilet because she lacked the money to pay for labor costs and purchase toilet construction materials.

Local people comprising two women of more than 60, two women below 30, and a man with a plus two degree in public health shared the tale of the toilet and sanitation situation in their locality. I made a transect walk across farmland, a foot trail, and the main road. I did not notice human faeces in open places though a person shared that a few people defecated in open places though they possessed a toilet. In the past, people did not bother about a toilet as they defecated in the bushes, open fields, and woods around. They installed toilets using locally available bamboo, flakes, and stones. Toilets were often confined to educated people and economically well-off (*hunekhane*) persons. The staff of development agencies visited the community several times to provide materials, install toilets, and raise awareness of WASH. But the toilet construction materials thus distributed were not radially available to all households in the locality.

They shared that the person possessing the brain (*buddhihunemanche*) builds and uses the toilet and those use a toilet once its importance is felt deeply

(*ghaintobhariyapachhi*). A woman ironically opined that some people in their village are stupid (*bhendo*) because even toilet owners prefer to defecate in open places since they argue that their toilet will be filled soon with their excreta if they continuously use it. However, an old woman who is separated from her son and lacks a water supply facility and toilet in her house now regularly uses the school toilet. But she never defecates in open fields around.

This discussion revealed that a development agency from Kathmandu distributed toilet pans in this community free of cost but some people willfully kept the pan on the roof of their houses while they continued the practice of OD without any remorse. This shows a paradox from the perspective of inclusion and self-realization of proper WASH behavior. People remained hesitant to install toilets showing their financial inability as a hindrance while they remained indifferent to installing it even if they receive pans, bricks, and other toilet construction materials

### **Case-2: Aadarsha Nagar in Morang District:**

Aadarsha Nagar is located close to Biratnagar city of Morang District. I thoroughly discussed with members of households in four different locations. A man aged 58 shared that his house was the first one to possess a toilet in his locality some 35 years ago. He had installed a temporary toilet using bamboo wood which he upgraded while building a permanent house. He faced difficulties in managing safe drinking water and temporary toilets as these were often immersed in monsoon season. He added that the government provided material support and also enforced coercive administrative measures to install household toilets, end OD and achieve the ODF situation.

He shared that their village was declared as an ODF zone while one can easily observe OD in communities. He ironically stated, "How can we claim our village as an ODF zone in such a dismal situation as still, some people are not hesitant to keep ducks and chickens in their toilets". I found that landless people (*sukumbasi*) were forced to build toilets using torn clothes, sacks, and plastics due to the fear of fellow neighbors and the local government. People viewed that the toilets thus constructed were not for them rather it was for the government (*aafnolaaginabhaisarkarkolaagi*). They installed toilets but it was without their internal motivation.

In the next community, I discussed with a widow aged 45. She is an ulcer patient and living in a poorly constructed house with her 18 years son. He has been managing their livelihood. She has a mere 8 *dhur* of land. She viewed the cleanliness of the house and toilet and the proper use of sanitizers as the basis of sanitation. She could build the toilet in her house only after receiving construction materials from the government though she was fully aware of its importance for her safety, comfort, and dignity. I



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**Corresponding author: Kamal Adhikari**

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discussed sanitation conditions with a Musahar woman aged 40. She had a temporary house on the bank of an irrigation canal. It frequently troubled them during monsoon season. She shared that they spent the whole night and day standing on the nearby road till the flood subsides. I did not observe faeces in foot trails and yards around the houses but she shared that her family members and other landless neighbors defecate in open fields beyond the canal. I found local people's reluctance to install and use hand pumps and toilets in their households because the government compels them to leave their houses at any time as they are living in a land without their legal ownership. Further, the flood easily wash away their temporary toilet if they built it nearby a canal. Despite their unsafe defecation practice, houses were free from dirt and garbage, the kitchenware was clean, and there were no traces of faeces around the house. While discussing with a woman of 35 in another place, I noticed that, unlike other people in the village, they didn't raise the issue of shame while defecating in open places. Without any reluctance, she expressed that feelings of shame do not prevail at all for those persons who continue to live in an abject condition amid unimaginable poverty (*lachar lai kekolaaj*) and high disaster-prone zone. The people opined that the management of meals becomes a people's issue while defecation in a toilet appears as the government's agenda (*khanuparne aafnolagi and charpimahagnu parnesarkar kolaagi*). During discussion, a government official and my interlocutor, told a story about her unique sanitation behavior that occurred about two decades ago (Box-1).

#### **Box-1: Embodiment and Reversal of Sanitation Behavior**

In 2060/061 B.S., she was deputed to undertake the Arsenic test in local communities in eastern Terai districts. She stayed in the village with her friends. Almost all households lacked toilets there because people did not realize their needs. Every day she got up before the dawn to defecate in the nearby open fields. This practice continued for six months. She took it normally as she did not have any other options for safe defecation. However, she felt quite difficult to use the toilet when she returned to her residence after completing this field mission. She used a toilet since her early childhood and served her office as a sanitation motivator. Her major responsibility was to persuade community people to drink safe water, construct and use the toilet, and stop open defecation practices. But she became the captive of open defecation behavior deeply cultivated during her stay in the community. She interestingly and without any hesitation shared that although she was fully aware of her unhygienic behavior of defecation in open places, she felt it quite comfortable to defecate in the fields under the open sky whereas she felt uncomfortable defecating in a closed room of a toilet that she used continuously for more than thirty years in the past. In the earlier days, she kept the door of the toilet open and requested one of her woman friends to prevent the entry of other toilet users till she stays in it and fulfilled the call of nature. It happened for some ten days after she returned from the field. Since then, she has been using the toilet without any difficulty. I found it a distinctive example of embodiment-reversal-embodiment of sanitation behavior.

### Case-3: Chauki Tole in Makawanpur:

Chauki Tole is located in Ward No 5 of Indra sarovar Rural Municipality. I performed a transect walk and studied the Tole. Across the road, I observed some non-functional water taps. I did not find human faeces across the main roads, foot trails, and yards. All the households had maintained the cleanliness of their yards. During the discussion. A respondent said that they managed solid waste properly and strictly (*ramrarirakadaikasaath*) in the past in their community but it is without control (*chhada*) now. Then, I visited a house where I found a man and a woman around 65. They said, "It is essential to maintain the cleanliness of a toilet because it should not be like the stained and dirty teeth of humans".



The participants of a group discussion shared their opinion, stories, and situation of sanitation of their Tole. The Tole comprises 20 households of Karki, 8 of Sunar, and 1 of Brahman. Each household possesses a permanent toilet now. If people failed to construct and use a toilet, it was notified to the police station. In such a case, they had to pay a penalty and they were banned from receiving public services like death and birth registration. About six years ago, Plan Nepal facilitated a sanitation project to promote the community as an ODF zone. It implemented the projects in those areas, which had easy access to water. The project provided 3 pieces of corrugated sheets, a toilet pan, and a nominal labor cost to the household. But it did not cover the whole cost of the toilet. Those in power and with political affiliation received this support first. The legal measures of the local government, social code of conduct, and locally held sanctions forced the poor people to build and use toilets in their households even in their extreme difficulty (*charambijogkoawasthamaapani*). All households possessed a toilet in the Chauki Tole. The enforcement of the Sanitation and Hygiene Master Plan (SHMP) 2011 triggered the expansion of the permanent toilets in this Tole.



In the past, however, people had used temporary latrines covered by dry straw (*dhod*). They have permanent toilets now. The cost of a toilet ranged from Rs. 20,000 to 30,000. The majority of the households used their resource to build it. The household owners did not comment on the cost they invested in. I observed that toilets in all the households were properly used, cleaned, and maintained. The majority of the respondents mentioned that the toilet is essential to get rid of the shameful practice of OD, maintain cleanliness, and safeguard human dignity. The toilet was attributed to individual identity more than its public health implications.

The earthquake of 2015 damaged some houses and toilets made of mud and stones. So, people constructed houses using corrugated sheets. But toilets made of bricks survived. The rich households had strong toilets but the poor people's toilets were weak. Local people are not satisfied with the government's efforts for drinking water and sanitation in their community. Though this Tole has easy access to adequate drinking water

supply, water source protection, and water treatment are a must.

People's participation in the decision-making of the development projects was less encouraging there. For example, people were called at any time if a project needed their labor contribution (*janasramdaan*). But they were rarely informed, invited, and engaged in development avenues and processes including WASH intervention. The rich had easy access to the toilet but the poor did not. The Toles where the high caste and rich people lived accessed the development project first while the Dalit and poor communities at the end. One of the respondents said, "Dalit communities are empowered socially and politically but their sanitation behavior is still in dismal condition". From the inclusion and behavioral perspectives, this shows poor WASH intervention.

### **Conclusion;**

The policy documents of the WASH sector in Nepal have institutionalized inclusive and accessible services and facilities by adopting WASH to all people and places irrespective of differences in their socio-cultural and geographical contexts. This policy provision parallels the notion that development and governance interventions should be mindful of leaving no people and place behind. The WASH sector of the country has experienced historically held uneven access to WASH facilities and services across different castes, classes, ethnicity, gender, and persons with disability caused by sociocultural and structural factors. For this reason, SHMP 2011 aimed to achieve ODF Nepal by 2017 and adopted inclusive and decentralized governance mechanisms in its overall sanitation and hygiene interventions (GoN, 2011).

Nepal was declared an ODF nation in 2019 through the government's claimed access of all people to toilets (NSHCC Nepal, 2020). People in the ethnographic sites were aware of the state-led ODF intervention, elimination of OD practices, and maintenance of environmental cleanliness along with the use of safe water and hand washing with soap in critical times. However, landless, poor, and disaster-prone households accessed the WASH facilities amid uneven power dynamics and psychosocial difficulties, and trauma caused by the disaster and the local government's punitive administrative measures. Community people did not fully own the WASH intervention, especially the maintenance of the ODF situation at any point in time, in lack of their ownership, partnership, leadership, and embodiment of self-realization of the proper WASH behaviors. It shows the visible gap between policy commitments and ground reality.

In this ethnography, I referred to a paper on the earthquake in Guatemala in 1976 to symbolize differential access to WASH in the communities under this ethnography. The paper stated earthquakes in the form of a "class quake" since they resulted in inequitable social impacts (Wisner. et.al. 2004). For example, the ethnographic data from the Chauki Tole and the Aadarsha Nagar shows that both natural and man-made disasters caused unfair impacts and trauma on the life of poor and landless people. However, a case study of sanitation in Nepal shows the

paradoxical situation: Reach people lacked toilets in their households since they were traditionally habituated to defecating in open places but people in earthquake-affected districts like Sindhupalchowk repair the demolished toilets with a higher priority (Adhikari and Adhikari, 2021). Exploration of the factors behind such uneven behaviors demands further anthropological discourse and research.

People often equated disaster with earthquakes, floods, and landslides. Nevertheless, the ethnography of the three communities shows that people's poor WASH behaviors such as defecating in open spaces, taking unsafe water, taking food without washing hands with soap, and exposure of foods to flies, fowls, and dogs are indeed more disastrous than what people often understood about the disaster. Can we forget the tragic episode of the cholera outbreak in Jajarkot? We had heard from mass media about the terrible and pathetic situation in Jajarkot that even one member of the family could not participate in the funeral rite of her/his other member or kin. Universal access to the WASH facilities is not enough to achieve the globally envisaged equitable socio-economic and public health outcomes from the WASH intervention until and unless the WASH sector governance and intervention duly acknowledge people's behavioral aspects in their socio-cultural contexts and people themselves realize their proper hygiene behaviors.

I have found Foucault's theoretical concept of govern mentality and Bourdieu's concept of habitus equally applicable to interpreting the field data. The concept of govern mentality denotes the "institutional and procedural exercise of power and disciplinary action over population" (Foucault & Rabinow, 1984). Habitus signifies "the system of durable and transposable dispositions through which we perceive, judge and act in the world" (Wacquant, 1998). For example, the field data show that there is a visible impact of the coercion of the local government to build and use toilets in their households. And people's age-long habit of OD is deeply entrenched even in the mind of those who vividly know the adverse impacts of human excreta disposed of indiscriminately.

Speaking from the level of theoretical and conceptual abstraction, it could be argued that experts and planners keep the safe management of human excreta in a toilet as the core business of sanitation in the center of the theoretical and conceptual space and other cleanliness activities in its periphery whereas community people under this ethnography remained its reverse. In this sense, the space of sanitation created by the people differed from that of public health experts, planners and professionals. The field data show that people's day-to-day experience, discomfort faced while defecating in open spaces, feelings of dignity and identity, personal jealousy/ego, peer and social pressure, government's punitive measures, material support for toilet construction, social exposure, an educational campaign, and terrible episodes of diarrhea, dysentery, and cholera triggered people towards ODF environment.

## Way Forward :


The technical regime has dominated the WASH sector governance in Nepal. Both the government and development agency-driven WASH projects follow the ready-made approach to the development of the facilities and services. For example, the ODF campaign followed the guiding principles of the SHMP 2011 across the country. It maintained the uniformity and standard of the ODF mission but undermined the socio-cultural specificity, diversity, and complexity of the communities.

This ethnography has revealed that inclusive and accessible WASH to all including people with disabilities is possible only when WASH intervention is understood as a socio-culturally embedded complex phenomenon largely conditioned by human self-realization, behavior, and all forms of socio-political and natural disasters. To ensure inclusive WASH as enshrined by the Constitution of Nepal and recognized by the SDGs, the global level funding agencies, national government, and local authorities need to take into account the integral components of the WASH sector interventions--hardware (physical aspects), software (education and mass awareness), mindware (people's self-realization) and orgware (institution and organization)--with proper coordination and harmony among them.

It is high time for policymakers, planners, professionals, and academicians to look at the issues of development governance and intervention critically and holistically for inclusive and accessible WASH. This requires sincere adoption of the globally recognized principle of "Leave No One Behind". For the comprehensive, inclusive, equitable, and sustainable WASH sector outcomes, the state's awareness and realization seem instrumental. It requires a desegregated database and local-level indigenous knowledge, place and people-specific policies and plans, adequate resources leverage through a public-private-community-partnership approach, adoption of disaster-resilient, environmentally sensitive, and user-friendly technologies

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**Corresponding author: Kamal Adhikari**

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