The Menace Of Open Defecation Practice Among Communities In Nigeria: A Call For Public Health Education

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Abstract:
Background: Open defecation practice among some rural communities in Nigeria has become a thing of serious concern to many concerned citizens and public health practitioners. The practice poses a serious threat to the health and wellbeing of people living in rural as well as urban cities. Open defecation is a state of passing the indigestible food from the gastrointestinal tract to the open space. This is a practice where people defecate in bushes, rivers and open spaces outside designated toilets. To make it worse is the attitude of rural dwellers in Nigeria who in most cases defecate in rivers and lakes which serves as sources of drinking water in those communities without recourse to the environmental and health consequences of their actions. The practice is common in rural communities due to inadequate information and health environmental consequences of this practice. Regrettably, most people especially in rural settings do not have good toilet attached to their homes. They however resort to defecate in open spaces, gutters, bushes, rivers, streams and lakes. More worrisome is the fact that these communities also drink from this untreated water. As such, they expose themselves to terrible air and water pollutions as well as infectious diseases such as cholera, polio, typhoid, diarrhea, intestinal infections, which may as a result claim the lives of several promising Nigerian children. However, in some rural communities, this practice is deeply tied to their culture and tradition, hence making it a big challenge to overcome. In the year 2010, the United Nations declared access to safe drinking-water and sanitation a human right, but Nigerian government has not fully enforced the declaration. Recommendations includes that governments at all levels, non-governmental organizations, and international agencies should provide modern facilities, enforce laws, policies and engage the masses on public health education campaigns that can help curb this menace among rural dwellers.

Objective: To review the concepts, causes, prevalence and complications of open defecation practice among rural communities in Nigeria.

Methods and Materials: Studies on open defecation practice were searched on the internet. Information was obtained on Pubmed (medline), WHO website, Bioline International, African Journal online, Google scholar, Yahoo, Medscape, and e Medicine.

Results: In many areas of the world, including Nigeria, open defecation remains a predominant norm and poses one of the biggest threats to the health of the people in rural communities. It is estimated that 24.4% out of over 180 million of the Nigerian population practice open defecation. In Kogi state 53.9% out of 16 million population engage in the practice of open defecation while the prevalent rate accounts for 78.8%. North-West geopolitical zone comprising of Zamfara, Sokoto, Kaduna Kebi, Katsina, Kano and Jigawa accounts for 10.3% of those that practice open defecation, while South – East geopolitical zone (Enugu, Imo, Ebonyi and Anambra States) records 22.4% of those involved in this menace.

Conclusion: Open defecation is voluntarily practiced by some people owing to cultural norms and traditions or by compulsion due to lack of toilet facilities and ignorance. This choice is closely linked with personal preferences, cultural and traditional norms with special concerns for privacy for women and girls in different communities as well as ignorance and neglect to the provision of sanitary facilities by government. There should be adequate behavioral change communication and public health awareness campaigns by government, to promote latrine construction and its use.

Keywords: Open defecation, Practice, communities, Public health, Education, Nigeria.

Abbreviations: ODP- Open defecation Practice, ODF- Open defecation Free. WTD-World Toilet Day.

I. INTRODUCTION

Open defecation is the practice of passing human feces or excreta in the fields, bushes, and bodies of water or other open spaces. Human feces is the solid or semisolid remains of food that could not be digested or absorbed in the small intestine of humans but has been further broken down by bacteria in the large intestine. It also contains bacteria and a relatively small amount of metabolic waste products such as bacterially altered bilirubin and the dead epithelial cells from the lining of the
gut. It is discharged through the anus during a process called defecation. An area is generally open defecation free when there is the absence of the practice of open defecation in such a location. This implies that all members of that community have access to and are using a latrine. According to the 2015 Sanitation update report by World Health Organization (WHO), close to 1.3 billion people are practicing open defecation, whereas another 2.6 billion people lack access to improved sanitation, almost all in developing countries and predominantly in rural environments. Sub-Saharan Africa accounts for more than 40% of the global population without access to improved drinking water. 1.1 billion people (15 per cent of the global population) practice open defecation. 949 million open defecators live in rural areas. Open defecation is a public menace capable of resulting in the outbreak of serious health complications and communicable diseases like cholera, typhoid, diarrhea, intestinal infections, respiratory diseases and tuberculosis. It is also responsible for the increased air and water pollution. Especially during the raining seasons, human faces are washed away to lakes and rivers. This situation if not abated poses a serious threat to safe drinking water. This is because bacteria and germs from the human feces consequently contaminate water people use for drinking. (PM NEWS, 2017).

Diseases do not respect boundaries. The information necessary for promoting healthy living also cut across national boundaries. Nigeria accounts for over 34 million people who practice open defecation. Over the years the World health organization and other United Nation agencies have developed strategies with member states to ensure that people get the right information for positive health action. World Toilet Day celebrates toilets and raises awareness of the 4.2 billion people living without access to safely managed sanitation. It is about taking action to tackle the global sanitation crisis and achieve sustainable development goal 6, water and sanitation for all by 2030. Sustainable sanitation begins with a toilet that effectively captures human waste in a safe, accessible, and dignified setting. Toilets can help us to fight some infectious diseases such as diarrhea. Worldwide, more than 673 people still practice open defecation. Despite having a private latrine at home or access to a public latrine, people are compelled to practice open defecation due to constraints of norms restricting latrine use and hygiene issues in general. Initiatives to improve sanitation situation has proved fruitful in certain regions of the world. For instance, in Zimbabwe, a simple comparison of two communities, one with 67% latrine coverage and the other with no latrines, found that the community with latrines had a 68% lower diarrheal prevalence. For some women from South - East and South- South of Nigeria the issues with privacy and requesting women to use the same latrine as men compels some women to look for open defecation places. Prevalence of open defecation remains a major public health concern Sahoel et al 2015, Spears et al, 2013.

II. MATERIALS AND METHODS

The author reviewed all accessible relevant published studies on open defecation practice among communities in Nigeria and excluded papers that did not address the issues examined in this review. Studies on open defecation was searched on the internet. Information was obtained on PubMed (Medline), WHO website, Bio line international, African journal online, Google scholar, Yahoo, Medscape and e medicine etc. There was no relevant information on the database of the Cochrane library web site. In addition, information from textbooks were also used. The profile analyzed included regional/geopolitical assessment, prevalence, etiological factors, and complications.

The limitation of the study is that most of the reviewed studies were not health facility based. Some victims of ODF are afraid of being noticed and stigmatized.

III. RESULTS

The United Nations Children's Fund (UNICEF) has revealed that Kogi State occupies the first position in the practice of open defecation in Nigeria. This puts the North-Central zone as the leader in the menace among the six geopolitical zones with a percentage of 53.9 per cent and a population of 16 million people involved. South-East comes second with a distant 22.4 per cent, it is followed by the North-east with 21.8 per cent. The lowest is the North west with 10.3 per cent followed by the South-west and South-south with 20.4 per cent and 17.9 per cent respectively. Out of Nigeria's 774 local government areas, only 13 are certified open defecation-free (ODF). Conversely, 13 local government areas which are in four states namely Cross River, Benue, Jigawa, and Bauchi have six, two, four, and one local government respectively. In Benue, only one community has been certified ODF. It has been observed that 47 million Nigerians representing 24.4 percent of the population still practice open defecation while 32 million people in the country still make use of unimproved latrine.

The extent of open defecation varies from as low as 1.2% of households in Abia to as high as 65.8% in Kogi. Other States that show higher than the national average (37%) with regard to open defecation practices are Ekiti (60.8%), Plateau (56.2%), Oyo (54.0%), Cross River (53.6), Benue (52.9%), Taraba (52.5%), Nasarawa (50.8%), Kwara (50.5%), Enugu (48.6%), Jigawa (48.1%), Ondo (47.6%), Niger (47 .5%), Ebonyi (45.5%), Osun (39.2%) and Kebi (37.6%) . In urban areas the most popular toilets used are flush to septic tank or to a pit. In rural areas pit latrines without slab or open pit are more in use. It appears that use of improved latrine facilities is related to the economic status of a household. While 95% of the rich households use improved latrines the same is only 12% among the poorest ones. More so, the use of improved latrines seems to move with the educational level of the head of a household. Also, the use of flush latrine connected to a septic tank is only 3% among those with no education, the same is over 27% where the head of the household had studied up to secondary education or higher. 89.1% of the study participants were above 30 years of age. Gender wise males (84.5%) outnumbered females. Level of illiteracy was (39.4%). Twenty one percent completed their education up to primary level, while 4.5% had completed their graduation or post-graduate studies. Most of OD participants were laborers.
(43%) followed by farmers (31.2%), business/service (15.5%). Another 10.3% subjects were involved in household works. Annual income of most OD practitioners was less than ₹50,000.00. The prevalence of open defecation is very high in the affected states 78.8%. This finding is similar to the national figure in rural India (76%) and also to a study conducted in Maharashtra, India where prevalence of open defecation was 81.9%. The findings also indicated that sex, education and occupation of head of family is significantly associated with the practice of open defecation in some communities. More so, 35.2% knew that various diseases can spread due to act of open defecation.

IV. CONCLUSION

The prevalence of open defecation practice among some communities in Nigeria is a serious concern and a call for public health education and sanitation intervention. Despite United Nations and other international agencies effort to eradicate this bad practice in order to ensure global hygiene and unlimited access to clean and safe drinking water, little effort have been made by Nigerian government to address this issue in the rural communities. However, previous interventions by some international agencies and non-governmental organization were not sustained due to the discouraging reports that most community members had refused to use the modern toilet facilities provided by these agencies, making their efforts a total futility because program planners failed to incorporate effective communication or could not take the aspect of social and behavior change communication seriously. More so, open defecation practice is either voluntarily motivated by choice or a compulsive action. This choice is closely linked with personal preferences, cultural and traditional norms with special concerns for privacy for women and girls in different communities as well as unavailability of modern sanitary latrines. Since the practice of open defecation had eaten deeply into the society, to the extent of becoming a norm and part of culture in some communities, appropriate communication efforts is required to sensitize and address the unwallowsome behaviors, attitudes and superstitions beliefs militating against the full adoption of modern practice of feces disposal. This paper therefore advocates that program planners should consult, integrate and mobilize people through the use of social and behavior change communication strategies, advocacy programs, print and electronic media, use of village town criers etc. to make the rural dwellers consider open defecation as a habit that is detrimental to the health and social wellbeing of community members and the public.

V. RECOMMENDATIONS

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

- Social and behavior change communication strategies should be adequately utilized to address the cultural norms, superstitions, behavioral and attitudinal challenges associated with the practice in order to have a free and safe environment for both humans and livestock habitation. This study highlights the need for implementation well planned behavior change communication strategy to stop the menace of open defecation.

- There should be public health awareness campaigns to promote latrine construction and its use both in rural and Urban areas by individuals, non-governmental organizations and concerned citizens.

- To eliminate open defecation by 2030, there is need to see increase in the number of households that have latrines and increase the number of household members using latrines.

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REFERENCES


