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EXPECTATION OR REALITY: A PERFORMANCE HISTORY OF SANITATION IN PURULIA DISTRICT, WEST BENGAL

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ABSTRACT:

Background: Achieving safe sanitation under Sustainable Development Goals (target 6.2) by 2030 continues to be a challenge as the complexities faced by an individual to achieve safe sanitation remains unexplored. Although West Bengal has not come under high policy care of Swachha Bharat Mission (SBM) than Bihar, Jharkhand, Madhya Pradesh, Uttar Pradesh, and Orissa but Purulia is a district of WB (Highest Open Defecation) practice is of national level importance because of its high defecation rate.

Objectives: The main purpose of the study is to highlight the actual scenario of sanitation across the district and compare the performance of sanitation mainly OD, Open Defecation Free (ODF) among block & district with the help of census, baseline data of Nirmal Bharat Abhiyan (NBA) and field survey.

Material and methods: This particular study was conducted in 175 villages of three sub - divisions in Purulia district using of stratified random sampling, semi structure questionnaire and in-depth interviews. After surveying a total 1240 families, a master table has been created with SPSS software to illustrate the current sanitation situation. From census and SBM data, various thematic maps have been made on OD through ArcGIS, at the end, the current condition of government toilets has been highlighted by DSLR & mobile cameras.

Results: It has been found that about 86% of families in Purulia regularly still use the open defecation outside of their room. There are complaints from many families about Government toilet; many are using it for other ancillary purposes.

Conclusion: Here, awareness about sanitation is not seen in different villages. So for ODF of the whole India i.e. Purulia district, if some of the policies of SBM are slightly changed according to place wise, the tendency of people to use toilet can be increased.

1. INTRODUCTION:

The three prime requirements of a human being are food, sartorial, and accommodations. In today's world, there are must need of suitable sanitation facility, proper water quality and good hygienic behaviours (Wijk and Murre, 2011). Maintaining hygiene, appropriate disposing of human waste (faces & human waste) is the most basic requirement for good human health (WHO, 2018 Khanna and Das, 2016). Out of the 17 targeted goals, the sixth goal spoke of **"Clean Water and Sanitation",** under which in sub-point 6.2 (Garriga et al., 2016) - the attainment of an Open- Defecation Free (ODF) in the World by 2030. However, in a world of 7.5 billion people, there are still more than 673 million people (WHO, 2017) who practice Open Defecation (OD), a vicious cycle may be imagined that keeps on increasing the poor health and poverty of a region, along with persuading high child mortality and underfeeding (Sanyaolu et al., 2018) and making these communities defenceless to several diseases such as diarrhea, typhoid, jaundice (Clasen et al., 2014 Saba et al., 2014 Alebel et al., 2018), child stunting (Rouhani et al,. 2020) and even death. Lacks of safe HHs toilet facilities damagingly affect different women such as teen-age girls, newly wedded women and expectant women (Khanna and Das 2016). The main regions where sustained OD practices are still observed, lie in Sub- Saharan Africa and in South and South-Eastern Asia (UNICEF/WHO, 2015). India is the largest contributor to worldwide OD numbers (626 million), As per the 2011 census data, nearly 50% of the total households in India practiced OD, with it being more common in rural India (67.3%) than in urban areas (12.6%). There are regional inequalities in OD rates diagonally all states and union territories in India. In India, despite of many Governmental efforts, including the widely indorsed – Swachh Bharat Mission (2014 to 2019), to shorten the OD practice, the slow progress made is a concern to policy makers (Coffey et. al., 2017).

Although in most of the districts of West Bengal the OD rate decreases speedily, but it will take a long time to make some districts (such as Purulia) an entirely ODF zone. In this context, Diane and Jeffrey (2014) have emphasized eleven 'interrelated and overlapping' issues that function OD in India such as class, caste, sociability, urban life, rural life, diversity, topography, technology, gender, education and crisis. It is well recognized that in the low-income countries, poverty and economic backwardness are constraints to toilet adoption (Okurut & Charles, 2014; Jenkins & Curtis, 2005; Sara & Graham, 2014; Abubakar, 2018). Similarly, in rural India, toilets are perceived as indulgence goods and 'apparitional amenities' by the mostly poorer sections (Kirigia and Kainyu, 2000; Abubakar, 2018). Although West Bengal doesn't come under high policy states, but the district of Purulia (highest open defecation practicing district)has a importance of national level because of its stationary open defecation rate. The rate of OD in Purulia was about 8722% (Census, 2011) which was logged as 86.26 (IHDS, 2015). Purulia district of West Bengal is the most lagging behind in the Swachha Bharat Mission (SBM) in 23 districts. According to 2011 census of India in 20 blocks of Purulia, more than 80 percent of people still practice OD every day.1991 to 2011, the development of sanitation facility of the study area had been very slow in these 20 years. This paper mainly deals with sanitation system & present OD practice rate in Purulia district of West Bengal. On the other hand, the current status of various toilet provided by Nirmal Bharat Abhiyan (NBA) and Swachha Bharat Mission (SBM) as well as the awareness of people about toilet is also conversed in this paper. From the census data of 1991, 2001 and 2011, various thematic maps were created by using ArcGIS 10.1, SPSS 25, and Excel software. Along with this, the current scenario of toilets received by NBA and SBM in different villages of study area has been shown by various photo images using DSLR and Mobile cameras. Long term sustainability of ODF of rural area in India depends on political commitment as well as central and state Government basically support of local Governments (Dahal et. Al., 2014). Here, awareness about sanitation is not seen in different villages. So for ODF of the whole Purulia district, if some of the policies of SBM are slightly changed according to place wise, the tendency of people to use toilet can be increased.

2. OBJECTIVES OF THE STUDY:

1. To address the present sanitation system and its coverage of the study area.
2. To know the actual situation of latrine through field photos & observations and problem faced by women.

3. STUDY AREA:

Purulia district is one of the backward districts of West Bengal where more than 87% of the households use open defecation. It is located between 22°70´29´´N-23°71´33´´N latitudes and 85°82´E-86°87´50´´E longitudes and covering 6,259 sq.km. There are 20 blocks and 170 GPs & it has three sub divisions such as East, West and Raghunathpur. The district has a total of 2468 villages with 2,930,115 residents, population density is 468 persons/sq.km, literacy rate is only 64.48% and male & female literacy rates are 77.86% & 50.52% respectively (District Census Handbook Purulia, 2013). Nearly 40% of the total populations were Scheduled Castes and Schedule Tribes. In 2004, the district ranked 16th and 17th in terms of its Human Development Index (HDI) and Income Index, correspondingly, among the 18 districts of West Bengal, while 43.65% of its households were in the Below Poverty Level (BPL) group (Development and Planning Department, Government of West Bengal, 2002).

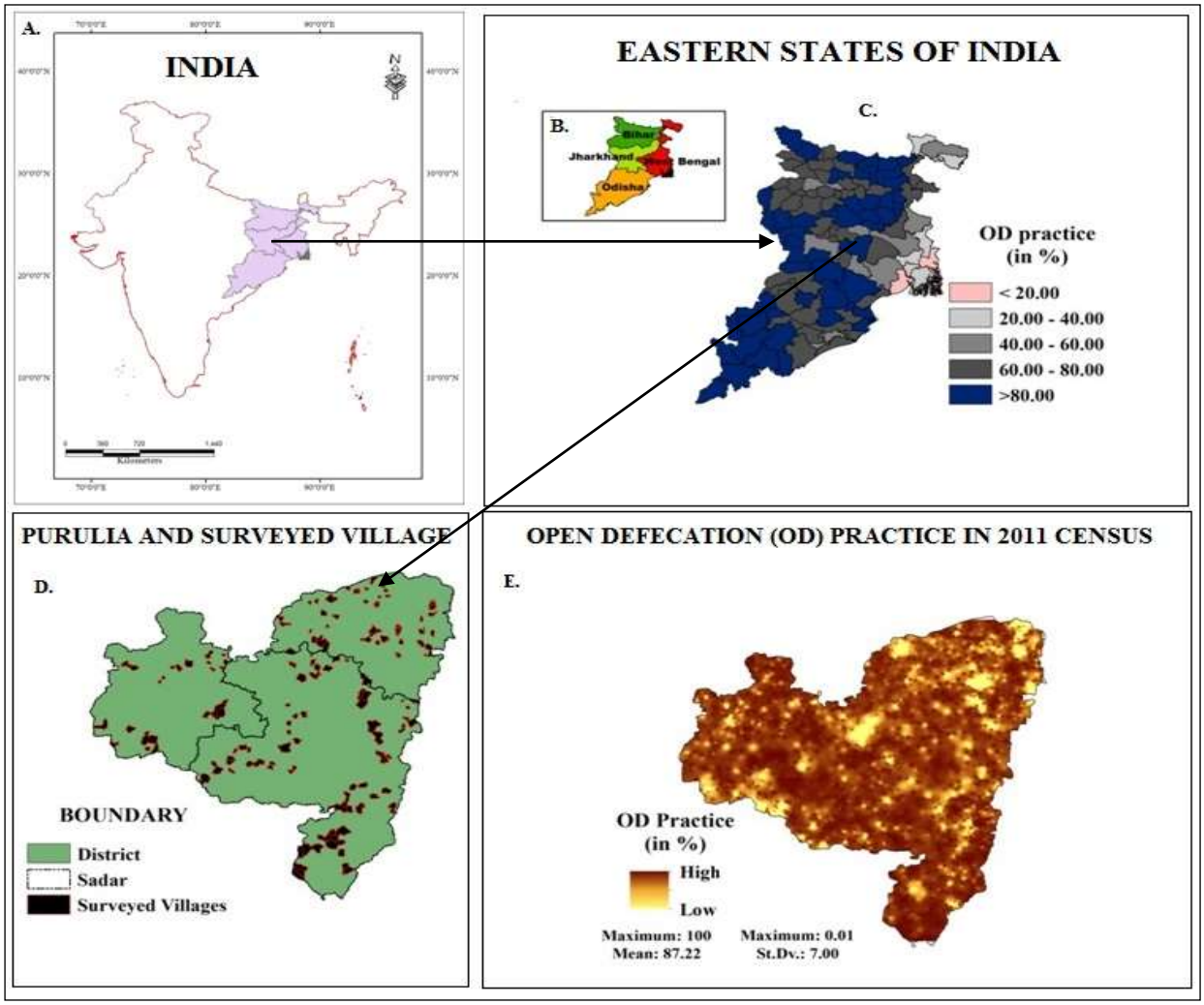

Figure 1: A. India and Eastern region. B. States in the Eastern Indian region C. Extend of OD (% HHs, 2011) in Eastern India D. Spatial distribution of OD practice in villages of Purulia district, West Bengal E. Surveyed villages in Purulia.

4. DATA AND METHODS:

A total of 1240 families from Purulia district were surveyed from three sub-divisions namely East, West and Ragunathpur. Before the survey, 56 backward and 12 forwards GPs were selected based on 35 components (according to NBA baseline data in 2012). Looking at the literacy and work participation rate of all the villages in these forward and backward GPs, 175 villages have been surveyed. Here stratified random sample and simple random sample have been used to choose the entire village of the study area. During the survey, by focus group discussion in different villages and surveying the individual families in different ways focusing transit point such as type of toilet, their awareness level about toilet, realize how many people have toilet and how many are using them & catch on the reasons for not using the toilet, physical problem faced by women for OD outside of the home etc. have been tinted. Here the data has been composed using the semi structure questionnaire. Apart from conducting house to house survey, data has been collected by interrogating people separately from village heads, Panchayat members, toilet tenders and masons. Then formed a master table using SPSS 25 and Excel 2007 software with 1240 questionnaires schedules and then the current sanitation condition of Purulia and the unconsciousness of the people have been decorated with different bar diagram and thematic maps using ArGis 10.1 & SPSS software. In this paper, various issues such as the current sanitation condition of Purulia district, the state of Government latrine, people ignorance about the use of latrines etc. have been conversed by survey results and field photographs of 2015 - 2018. The 1991, 2001 and 2011 census data have been adorned by SPSS software by drawing several bar graphs to know what the sanitation system was of the study area. Again, in 2001 & 2011, different thematic maps were drawn using the following formula to display how many people go out to the OD sites per sq km. The formula was –

$$\text{Open defecation density} = \frac{\text{Number of open defecators}}{\text{Number of people}} * \frac{\text{Number of People}}{\text{Area}} = fd = X$$

Where, **x** is open defecation density, **f** is the fraction of population that defecates in the open and d is the population density per square Km.

Percentage of Open Defecation position of 2468 villages and 100% OD village in Purulia have been exposed by GIS software by generating different types of choropleth maps. Using the 2012 base line data of NBA, BPL & APL families have some toilets that were in respectable condition and also find out how many families are currently using toilet every day by various maps.

5. OVERALL SANITATION ACROSS THE STUDY AREA:

Purulia district lags behind others districts of West Bengal in all facets like education, economic rank (Dasgupta and Chattopadhyay, 2008) , basic cleanliness, consciousness (Mukherjee, 2019) etc. According to the primary survey, 88 percent people in 1240 households use open defecation in unplanted lands, cultivable lands, forests, ponds, around large reservoirs **(Figure 2 D)**. The **(figure 2)** below shows a realistic field photographs of the current sanitation system across the study area through a small printing. According to primary survey (2016 to 2019), about 30% out of 1240 households have toilet, 13% of which use the toilet every day. Only 10 percent of HHs use Government toilets regularly and 91% of HHs use their own toilets regularly **(Figure 3 A)**. Some of these families, such as "Pano Maji, a 32-year-old, villager from Bansdi village in Bagmundi block, got a Government toilet at home in 2016, but it was not used by the people at that time as there was no water supply in the house. But latter in 2019, they managed to get water by digging

a deep well next to the house with great difficulty with three lakh rupees saved. As a result, there is no shortage of drinking water and water for other purposes at any time of the year. Everyone in the house has given up the habit of going to the open field for OD since 2019". Out of a total 1240 advanced and backward GP households, 68% have access to Government toilets, of which 74 % do not use latrines properly **(Figure 2 B)**. About 25% of HHs use toilets to store various fuels such as straw, dung stalk, coal and HHs items. HHs leaves their toilet (74%) unattended, resulting in many toilets becoming unusable for long periods of time. Bharat Mahata, a villager from Sunidh village in Balarampur block, said "we have toilet provided by SBM in our house but we don't use it any of them in our family because there is a lot of water problem in the village. He added that there is only one hand pump for forty families in the village, which is mainly used for drinking water. Ponds and wells are far away from the house, so it is not possible to fetch water from outside and then use the toilet; it is much more comfortable to use the open toilet outside". Some families use Government toilets during emergencies such as late at night, when the stomach is very bad, & during heavy rains with thunderstorms **(Figure 3 C)**. Just marrieds in the household, some elder people, who usually can't go to the open field, also infrequently use Government latrines. However, when the family member uses the toilets in emergencies, they do not clean them regularly hygienically. In many villages, people are abolishing latrines by accumulating feces in the slabs of the toilets due to not washing them with enough water after using the toilet in the emergency. Many toilets have turned into enormously foul dustbins. As a result, members of the HHs will no longer be able to use them in emergencies in the future. About 88% of the 1240 HHs still defecates open-air **(Figure 3 D)**. There are 372 HHs latrines, of which, 206 households' habit open latrines deprived of using latrines at their house. Frequently, children under the age of five habit the toilet on either side of the family, in a dry pool in front of the house, without using the Government toilets in the house. Majority of people usually defecate in the bushes around the large pond away from home and in the rippling space so that they can use water from the pond ahead. Ganash Pramanik, a villager from kana village in Balarampur block, said "two pits of 3.5 foot each are provided, associated to one pipe system, but the lids of the pits are of poor eminence. As a result, Rats can basically come in into the pits. During monsoon, walls of the toilet can downfall at any time such is the level of its quality, hence, no one can use it. That's why sons and daughter-in-laws go to field in spite of having toilet at home.

Figure 2: Proposed framework on overall sanitation condition of the study area

6. RESULT AND DISCUSSION:

In maximum villages in West Bengal, villagers leave their body waste in their own latrine and public latrine. But more than 80% of the villagers in Purulia still indicate the outer space to leave the excreta **(Figure 3)**. Only eight villages out of 2483, the rate of OD was less than 1%. On the 653 villages, one and all goes outside at mean the rate of Open Defecation of these villages were 100%. There are 41 villages, where less than 50% of family members use OD in the open places. About 1524 villages of the study area, where 80 to 99.9% of households have consistent latrines in undulating open field, on dry pools, in bushes around large tanks and some on both sides of railway & cemented roads. At different times from 2016 to 2019, we surveyed different villages of Purulia district. About 493 families were collected from East Sadar, 316 from West Sadar and 431 families from Raghunathpur. It has been found that at present about 94% of the families in the East Sadar is still OD outside **(Figure 3 C)**. In West & Raghunathpur Sadar, on the other hand, about 85% & 82% of households select outdoor open space for latrine. According to a report by the Purulia District Magistrate in 2017, it is found that four blocks (Kashipur, Neturia, Raghunathpur I and Raghunathpur II) of Purulia make available Government toilets in more than 60% of homes. On the other hand, Purulia II & Bundwan blocks have acknowledged less than 20% toilet. 1991 to 2011, the development of sanitation facility of the study area has been very slow in these 20 years. In 1991 the OD rate was 92 percent, it diminished to 90 percent in 2001 and the current census has abridged to 87 percent. As India continues to grow, people thoughtful is getting modern, India's technology is refining; people are becoming more conscious, despite the fact that 93 % of the rural population in the 2011 census of Purulia is leaving excreta in the open field.

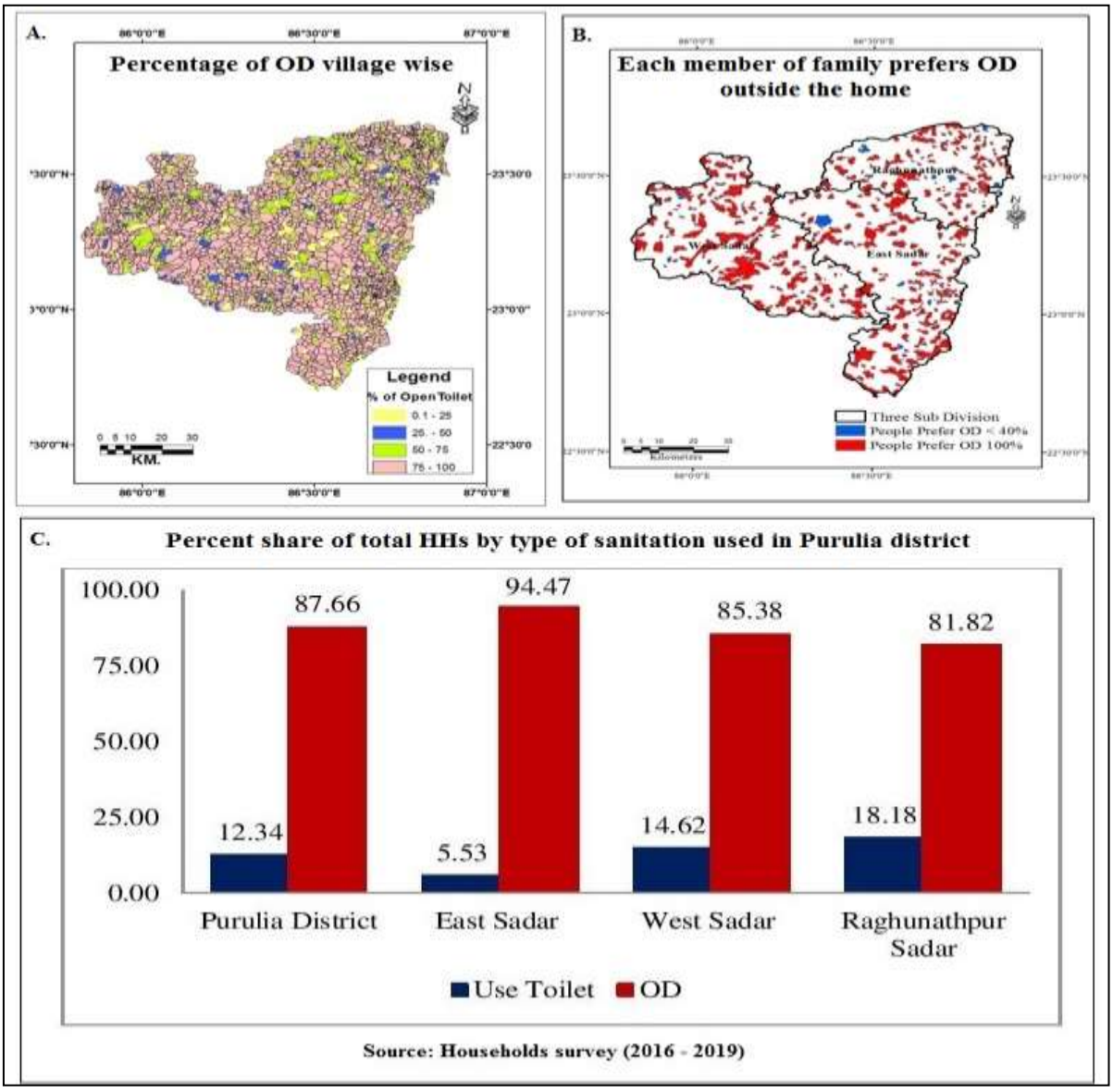

Figure 3: Situation of OD – Percentage of OD village wise and toilet circumstances across the study area

6.1 DIFFERENCE BETWEEN POPULATION & OD DENSITY IN 2001 & 2011:

Purulia district have bottom population density in other district in west Bengal, here 468 people have lived per sq km. In 2001, 90% of households had defecated of the study area. Population density of the study area was 405 people per square km, although the population density is low but the OD density is relatively high at around 365 people per square km **(Figure 4)**, where West Bengal, the density of OD was 508 people per sq km. The variance between OD density and population density was only 40 per square km in 2001. On the other hand, in 2011, about 87% of families were favored OD in the open place, here population density and OD density were 408 & 468 per square km **(Figure 4 A & B)**. The difference between them was 60 per sq km. Although there is an enormous of space in Purulia, there is no lack of toilet space but the OD density is much sophisticated in terms of population density. As the population continues to grow in the future, there will be less and less space for OD. Then the OD density will increase, so that at some point there will be an outbreak of various diseases, especially water borne diseases. According to the 2001 and 2011 census, the OD density was more than 400 per square km in the blocks of Para, Jhalda I, Jhalda II, Purulia I, Purulia II,

Raghunathpur I & Raghunathpur II. On the other hand, in 2001 and 2011 census, the variance between population density and OD density was bottommost in Manbazar I, Bundwan and Arsha blocks. Here the difference between them was less than 20 **(Figure 4 C & D)**.

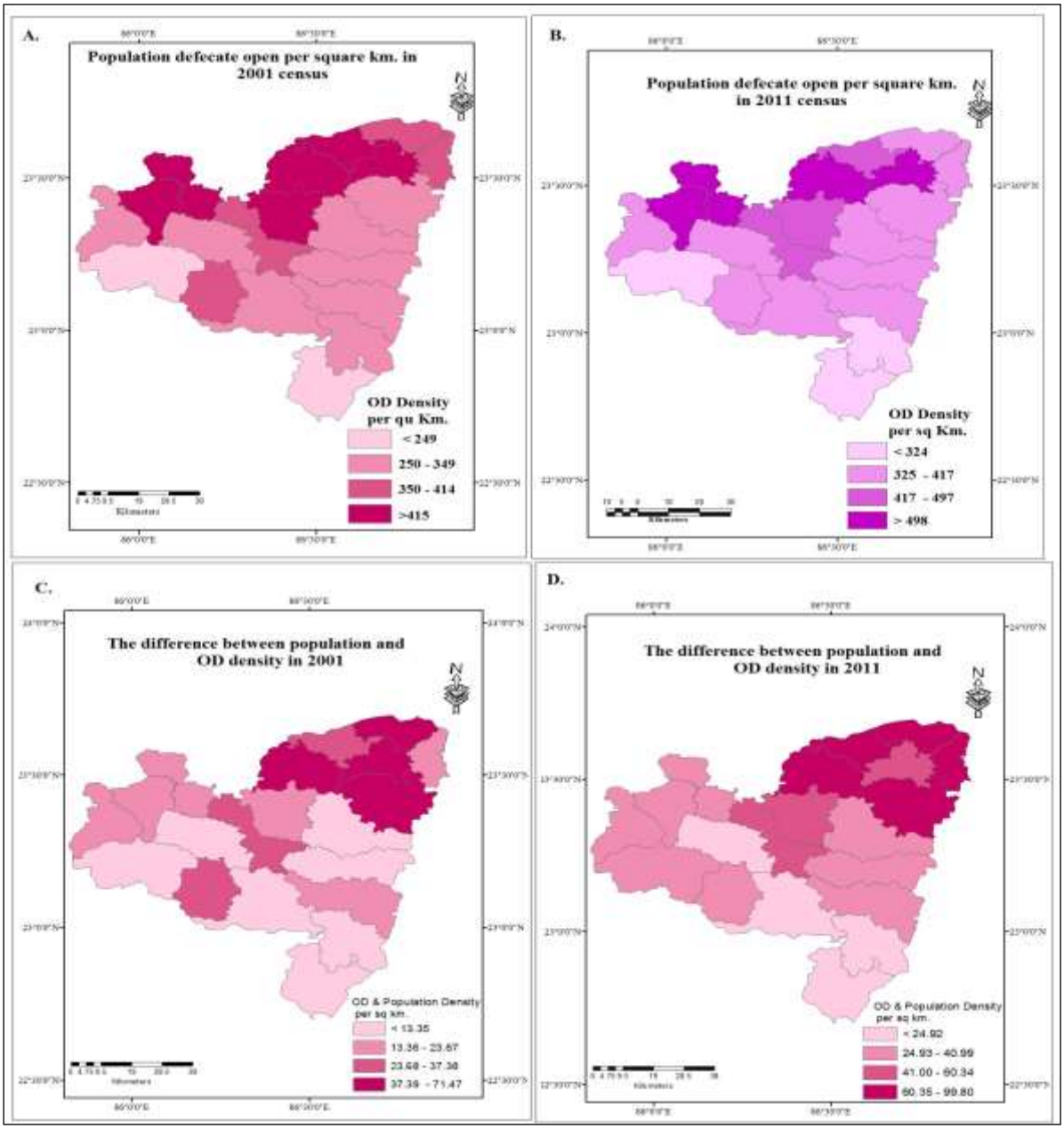

Figure 4: Open defecation density in 2001 & 2011 and variance between population density& OD density in 2001 & 2011

6.2 COMPARING BPL & APL HHS HAVING TOILET AND FUNCTIONAL TOILET:

Total Sanitation Campaign (TSC) was introduced in 1999 by the Ministry of Sanitation and Drinking water, Government of India. The TSC program was retitled to Nirmal Bharat Abhiyan (NBA) in 2012. This program directed baseline surveys all over India in 2012. The program provided Government toilet to BPL and APL families, so that they could use their home toilets without going to the open field **(Figure 5)**. SC, ST, Small marginal, Landless families and Physical handicap etc were mostly given these Government toilets. In other district of West Bengal, the work of TSC ongoing fast but work on 170 GPs in Purulia district did not start fast. Because people of this study area were not conscious, they were too familiarized to

going outside. The GPs whose families got the Government toilet do not use the right motive. Many toilets in village area of the study area were demolished due to non-use of toilet. More than 77% BPL families come to be toilet in two GPs in Bagmundi, Purulia and Ragunathpur II block **(Figure 5 A)**. On the other hand, in most GPs in Jaipur, Purulia I and Kashipur blocks, APL HHs acknowledged less than 20% toilet. Again many families in the block of Arsha,.Hura, Puncha and Raghunathpur have acknowledged more than 45% toilets. But 50% of APL HHs **(Figure 5 B)** leaves toilets unexploited around the house. Some have put in various fuel materials. Someone's bathroom door has been shattered in the air, leaving someone open and using the door someplace.

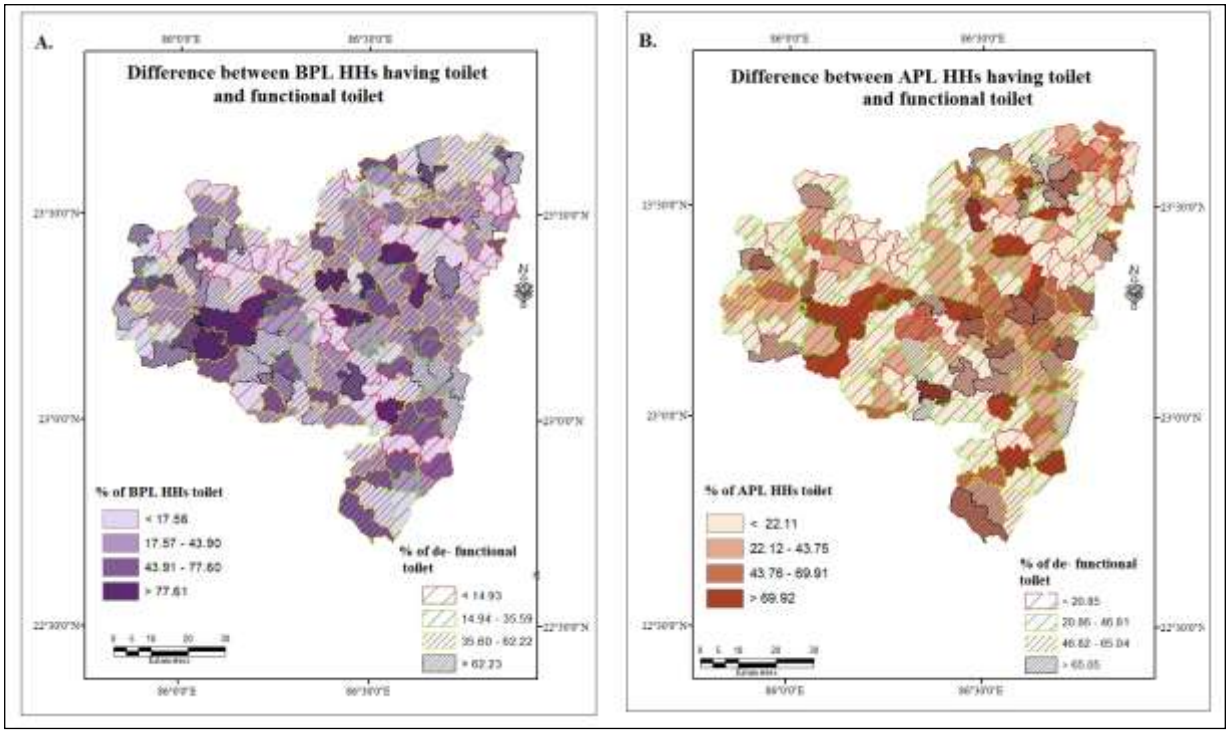

Figure 5: Comparing BPL and APL HHs having toilet & functional toilet

6.3 PERCENTAGE OF ODF GPS AND VILLAGES ACROSS THE STUDY AREA:

The Government announced a separate program named Open Defecation Free (ODF) in 2003 in the TSC program. It is said that in the village, GPs, block, and district, everyone will use their home toilet and stop entirely going to the field, all those village, GPs, block and district will be named ODF. In 2017, Niramal Bharat Mission (NBM) presented that 92% of the GPs still were not ODF **(Figure 6)**. At mean, the family gets a Government toilet, but does not use it due to more prefer OD in the open place. Some use toilets only during emergencies. The condition of various villages in Jhalda II, Borobazar and Manbazar blocks is more venerable. About 85% of villages in Purulia district did not ODF. Many families do not get Government toilet, and those who obtain latrine but do not use it. But people in Kashipur, Raghunathpur I, Raghunathpur II, Hura block are slowly inspiring the use of toilets. Here, all the villages (42%) still do not have ODF in those blocks **(Figure 6)**.

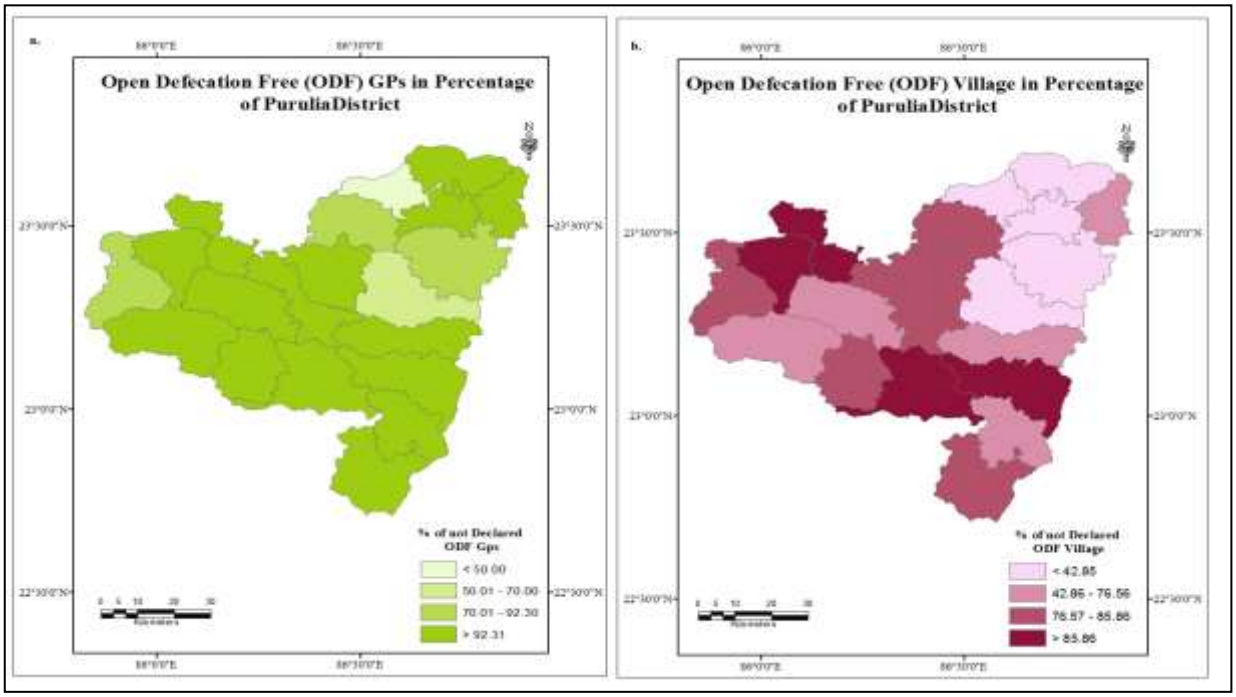

Figure 6: Percentage of Open Defecation Free (ODF) Gram Panchayat and villages of study area

6.4 SANITATION CONDITION AND PROBLEM FACED BY THE BACKWARD & FORWARD GPS:

The sanitation facility of backward GPs is far behind in the advanced GPs of the study area. The **(Figure 7)** about 75 percent of HHs has no toilet on their house. Even though 25% of Households have toilets, 55% of them are slowly becoming misused due to non use of toilets. More than 40 percent of GEN & SC families use toilets frequently at house **(Figure 7)**. In those family where women practice OD open-air, about 60% of women feel very shillyshally to go out for OD. Of those who practice OD open-air, 25% of their family said that they could not contemplate of toilet at home for their economic state. The **(Figure 8)** Households (25%) of the backwards GPs supposed that they were very afraid to go outdoor for defecation 400 to 500 meters away from their home during an emergency at night. About 7% of women supposed they distress evil spirits or demons at darkness, when they leave the house at night for OD. Again, 17% of women who choose OD open-air supposed they had no physical difficulties going on day and darkness **(Figure 8)**. In the Raghunathpur sub division, 63% of people have realized dogs in the OD sites. about 25 percent defecator sec wild pigs in the West Sadar of Purulia district. More than 40 percent of the backward GPs who defecate in the open field, they have occasionally seen poisonous snakes. Aloka Dutta of Rupkata village, in Balarampur block, said “One morning I was defecation in the ground in the early morning, a small snake was bitten while washing in the pool, but since the snake was not venomous, I endured”. The **(Figure 7)** confirmations the sanitation facility in the developed GPs, here 52% of HHs do not have toilet; all of them of have closets in the outdoor field. About 56% of HHs with toilets do not use Government latrine for the correct purpose. The ST (27.42%) and SC (8.05%) families are covering behind, HHs (68%) of the developed GPs supposed that they felt painful going to defecate in the open place outside of the home **(Figure 7)**. In families (2.8%) have nothing to do, because they say can’t eat twice in day, how to make a latrine at house. About 31% of women in the HHs said that they do not have any struggle in going to the field, there is sufficient space in the field and small ponds open-air, and so they feel more relaxed outside the latrine. Of the women who feel the predisposition to go out, 18% of women feel embarrassed when going out to the excretion **(Figure 8)**. Again, women (25%) said they had no problem with defecation during the day but were too afraid to go out at night. About 4% of women are sometimes scared of flickers in the night **(Figure 8)**.

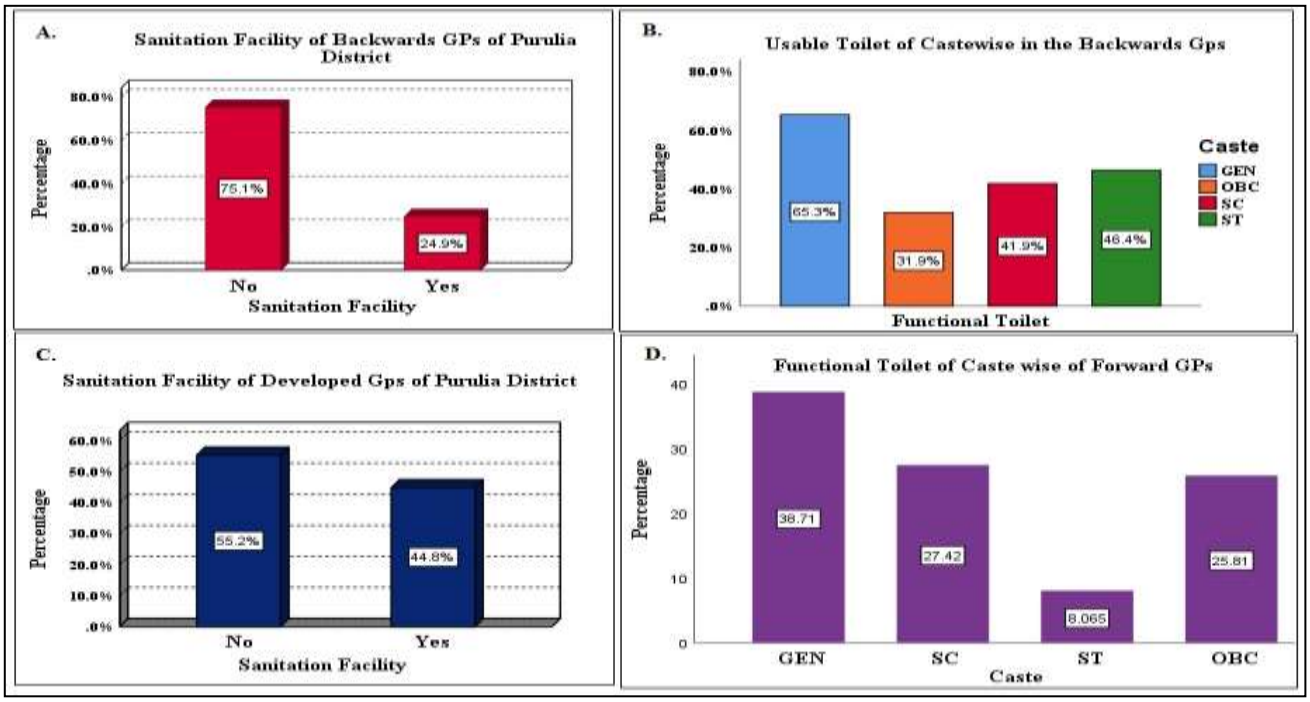

Figure 7: A & C Sanitation facility of both backward & forward GPs. B & D Usable toilet of caste wise both backward and forward GPs.

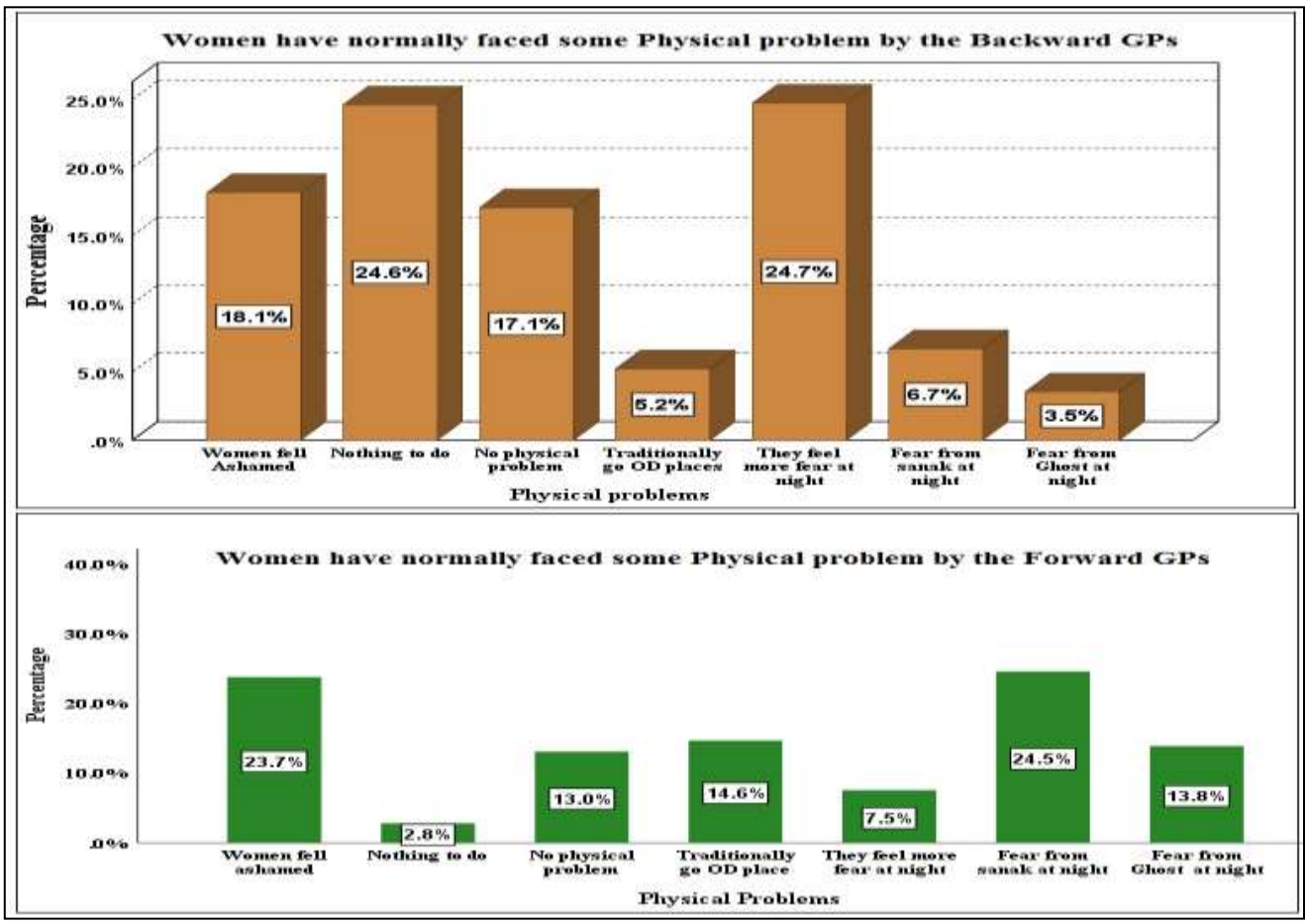

Figure 8: Women have normally faced some physical problem by the backward & forward GPs

7. POOR STRUCTURES OF SBM TOILET ACROSS THE STUDY AREA:

From 2015 to 2018, while measuring dissimilar villages in Purulia at different times period, field photos of individual HHs toilet gotten by NBA in 2012 and SBM program in 2014 were taken with the help of DSLR & mobile camera **(Figure 9)**. Each photo linked latrine was occupied the family's permission. It has been observed that even many families have access to Government toilet, but the toilet are deteriorating as a result of not using it for a long time. Many families use the toilet only in emergencies but after not using sufficient water in it, most latrines have become vulgar odor and twig to faces on toilet pan. The villagers have protested a lot about Government toilet, as numerous say the latrine have been demoted, opened a few days after the door were connected, the space privileged the latrine has become too small, making it very difficult for healthy people to use the toilet **(Figure 9 e & f)**. Many families, seeing the poor structure of the toilet found in the neighborhood, have constructed their own latrine in the spaces 300 to 600 meter away from their homes so that the space in the lead of the house can be used for other drives **(Figure 9 a)**. Nitati Balakar, age 36, of Rapkata village in Balrampur block of the study area, he said "The Government said that in return of 900 rupees then they would provide toilet but I refused to take it. Because the structure of the SBA toilets is of lower standard, they are less spacious, fat people face problems to use them. Then again we are not that affluent to build our own. We don't have any issues to go outside and excrete in open". Again, Afroj Ansari (28), of Manikpur village in Raghunathpur block, said "we are Muslim as well as Santal. We can't bring water from the nearby tap. We have to bring drinking water from far away. We recognized toilet through NBA but don't use it because of water. The door of the toilet makes sounds when the wind blows and creates disturbing situations. That's why I dismantled the door of the toilet since it's not used".

Figure 9 : a. The roof of toilet has broken in one year after construction. b. & c. Plaster is opening from the newly constructed toilet wall in Lailamdi village (Bundwan block). The pit on the toilet is open at the back, as a result filling in other garbage. d. In the village of Tasgram (Bundwan block), the structure of a family's toilet pit is being torn down. e. The door of toilet slammed in the air. The

clumps of leaves on the toilet are ruining the roof. f. There is very little space inside the toilet, the walls are thin, and the cracks have begun to collapse at any time. g. A villager opened a little hole to tighten the toilet, seeing that the owner of the tender went away without making a toilet.

8. USE THE TOILETS FOR OTHER PURPOSE WITHOUT USING THE PROPER PURPOSE:

In the **(Figure 10),** the villagers are using the toilets gained from NBA and SBM in different villages of Purulia for other purposes without using them for real purposes **(Figure 10 b, c, d, e, f, g, & h)**. Many families have left-hand the Government toilet at their side of the house without even using it. Some have put firewood, straw, sand etc. in the toilet; some are drying dung on the toilet wall. Some families open the door from the toilet to do other chores such as surrounding the vegetable garden **(Figure 10 a)**, so that cows and goats do not enter the garden. In some families in 2020, migrant labors from outside are using themselves to have separation in the toilet to stop corona virus from distribution the lethal virus to other family members. Agar Maji, age 40, of Purru village in Purulia I block of the study area, he supposed "One of my close relatives was admitted in Purulia Hospital, Purulia. I was there for two days but didn't defecate in the accessible latrines in the hospital. Then after, I came back to our house and go to the open ground for excretion. Defecating on the open fields is my habit and gives me pleasure". A focus group discussion of Darda GPs in Balarampur block, women said that "We will prefer to spend Rs 2200 to procure a new gas connection but will never give local administration Rs 900 to get SBM toilet. If you look around then you can easily see open space all over the place. So as long as open field are there, we will prefer OD".

Figure 10: a. The door of toilet cast-off here to defend vegetable field from cows and goats. b. Toilet used a store room & rest rooms for old. c. The villager placed the roof tile inside the toilet and sometime keep the brick. d. Toilet is used to store cattle dung, cow dung is processed inside the toilet and to make the doll. e. Keep fuel materials. f. A lady has put numerous firewood materials inside the latrine so that it doesn't get water-logged in rain water. g. Toilet ramparts are used to dry the dung. h. Here is the coal inside the latrine. Not a single toilet was used in a correct way.

9. CONCLUSION AND RECOMMENDATIONS:

To reduce the OD rate completely, the Government of India has been providing latrines to BPL, APL, homeless family and many low-income families in India from 1986 to 2014. In almost all of the 23 districts in West Bengal, people are using regular Government toilets. As a result, many districts in west Bengal are now open defecation free (ODF) but the use of toilet in Purulia, a jungle Mohal district in West Bengal, is still lagging behind. Yet a large percentage of people practice open defecation in the open space. According to the primary survey (2016 to 2019), almost 86% of the 1240 households have defecated in the open field **(Figure 3)**. Former Purulia District Magistrate, V.D.O. of different blocks, different Panchayat head and Panchayat members are irritating their best but people are still going to excretion open-air by showing them their thumbs. In 2003, a distinct ODF program was approved, yet by 2017 only 62 out of 2482 villages of Purulia district 7 out of 170 GPs had ODF **(Figure 6)**. From this it is clear that the rate of development of sanitation circumstances of the study area has been very slow. There is almost no use of toilet especially in backward GPs, here almost one third of HHs do not have toilet yet, only 45% of the HHs use it every day. In most of families there, women have accepted this matter very easily like work every day. Although women in the family face various physical difficulties (such as terror of ghost while defecating at night, fear of noxious snakes in the field and occasionally men are embarrassed when they unexpectedly appear in the OD sites), they still go to the open toilet outside. Although they are mentioned to by numerous social media, Panchayat members and NGOs, many of them use open latrine only for their habit. During the survey, field photos of Government toilets were taken in dissimilar villages of Purulia with the help of DSLR & mobile camera, it has been seen that the toilet have been left unused by the family members, someone has put fuel materials in them. As a result, toilets worth Rs 10,000 are going to be demolished.

Here, consciousness about sanitation is not realized in different villages. So, for ODF of the whole India i.e., Purulia district, if approximately of the policies of SBM are a little reformed according to place wise, the propensity of people to use toilet can be improved. In most water sources such as hand pumps, wells and ponds in the lead of the house, the water dries up almost entirely in summer. So, the Government has to offer enough water first, otherwise OD will not ever be removed in district like Purulia. Several times, the contractors make some kind of firing at the Government toilets. Several people have criticized while doing such surveys. Some said that the toilet construction is too low and the space inside is very small, healthy people have a lot of struggle in sitting. Moreover, the septic tanks are also very minor. If the Government inspects the above accusations and determinations it, the tendency of using toilets in many villages of Purulia will upsurge suggestively. Government and private NGO workers, SBM officers have to camp for 2-3 months in places like Purulia. This problem can be resolved by taking to the local people daily. If they can turn a local person into a practice of using the toilet for two to three months, much of this problematic can be resolved.

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