

Similarly the United Nations Declaration on the Rights of the Indigenous Peoples (UNDRIP) recognises the indigenous peoples' right to improve sanitation (Article 21), but not in isolation of their fundamental right to land, territory and resources (Article 8). It recognises the indigenous peoples' right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions (Article 23).

Adivasi habitats, especially in the central Indian states, have been exposed to large-scale mining, construction of big dams and reservoirs and industries. Large numbers of Adivasis are either being displaced, or their habitats are being encroached upon. This situation has caused the disruption of the traditional sanitation practices and water resources. The right to sanitation campaign for Adivasis needs to address this issue.

Recommendations

Changing the mindset of planners

The majority of the leaders, bureaucrats, social scientists, etc., from the dominant society have a strikingly common view of the Adivasis of the country. “Mainstream” society thinks of Adivasis as illiterate, ignorant and backward. It believes that Adivasi communities do not understand the importance of sanitation, and that the Adivasis are culturally dirty people. This view reveals the ignorance of mainstream society about the rich knowledge of sanitation that Adivasis have been transmitting from generations through their oral traditions. Their present low health status is not on account of a lack of knowledge about sanitation, but essentially due to the devastation of their traditional habitats and the ecosystem that provided the foundation of their traditional health care system.

Therefore, planning for helping them to have a better sanitation system under these changed circumstances should be based on their own health care and sanitation knowledge, and should improve upon relevant Adivasi knowledge instead of importing an alien system and imposing it on them. Planners should respond to the needs of the people rather than demand the fulfillment of targets, based largely on urban notions of sanitation.

One major shift of focus that may be suggested at the outset is from the 'toilet centric approach' to the overall sanitation of the people. The villages of the forest dwelling Adivasis do not suffer from the concentration of excreta in one place and its necessary disposal. The availability of a wide space of the forest takes care of this issue. Availability of safe drinking water, for instance, would be a more important issue than toilets.

Community based approach to sanitation

The identification of villages and communities who need toilets the most should be the first task undertaken by the concerned government department – the Department of Drinking Water and Sanitation. A community based solution to the sanitation problem of the identified village or hamlet can be found through decentralised decision making at the village or the hamlet level, ownership of the project by the village/hamlet level community, adoption of locally appropriate technology (leach pit or septic tank or perhaps ecological sanitation), and community managed finance and monitoring. The gender dimension of project planning, implementation and monitoring should be ensured at every stage of the project. Moreover, the construction of toilets must be accompanied by an adequate supply of water. Rain water-harvesting, construction of check dams, dug wells and functional tube wells, and pipe water supply through the construction of over-head tanks should be a part of the toilet project.

In this context, one must remember that the Adivasis' right to sanitation is more loaded than that of the rest of the population of the country. It is a kind of compensatory resanitation. The Adivasis believe that since the state is responsible for the destruction of the Adivasi traditional sanitation system, it should shoulder the responsibility of providing an alternative one. Therefore, the cost of the sanitation projects in the Adivasi areas has to be fully borne by the state.

Knowledge dissemination at village level

There is a certain knowledge base regarding health care that needs to be brought to the notice of the Adivasi villagers, such that a confluence of traditional and modern knowledge can take place. Different studies of rural farming households have revealed a significant association between stunting and open defecation. Open defecation around the backyard contributes to poor nutritional status, which calls for addressing environmental sanitation and wearing of footwear especially by children. These correlations need to be explained to Adivasi communities, and the importance of maintaining a certain level of hygiene and clean environment needs to be included in the programmes on sanitation by the government. For instance, introduction of the use of footwear for children in order to avoid bacterial infection caused by open

defecation has been proved to be an effective means where things cannot be changed overnight. Better and sensitive information, education and communication material needs to be developed specifically for the Adivasis, and should be disseminated in their mother tongues.

Political will

The role of the Gram Sabha is clearly defined in the Provisions of the Panchayati Raj (Extension to Scheduled Areas) Act 1996 as well as in the Scheduled Tribes and Other Traditional Forest Dwellers (Recognition of Forest Rights) Act 2006. Unfortunately, none of the state governments so far have had the required political will to recognise the role of the Gram Sabha in meeting the welfare needs and schemes of the village or hamlet. This has been a serious political deficiency that keeps the Adivasis at the level of 'beneficiaries' and prevents them from being 'right holders'. Sanitation is a right, not a benefit that the state is supposed to dole out to them. The political will of the state to ensure the 'rule of law' has to be rescued from the quagmire of centralisation of power and decentralised corruption.

Endnote

Neolithic revolution The term Neolithic Revolution was first coined in the 1920s by Vere Gordon Childe to describe the transition of human society from the food gathering stage of the Paleolithic economy to the food producing one of the Neolithic period. The discovery of agriculture triggered this change that was further strengthened by the domestication of animals later on. Agriculture prompted the early producers to settle down near the agricultural fields. The domesticated animals also started living with them. Evidence for the first beginnings of this process obtained from several regions is dated from approximately the 10th millennium BC to the 8th millennium BC.

Area of coverage and methodology

Primary information has been collected from the whole of central India and specifically from Jharkhand. Secondary information has been gathered mostly from online sources. In Jharkhand, three focus group discussions and few telephonic interviews have been conducted among the Santals, Mundas, Oraons, Hos and Kharia tribes.

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Handbook for realizing the human rights for water and sanitation: From Policy to Practice (Catarina De Albuquerque, UN Special Rapporteur on the Human Right to Safe Drinking Water and Sanitation)



Adivasis and Right to Sanitation

Introduction

Adivasi or the indigenous peoples of India are largely categorised as scheduled tribes (STs) according to the constitution of the country. Some of them are also clubbed with the scheduled castes (SCs). Some Adivasis are not classified for certain constitutional provisions, like the tea garden labourers of Assam. The Scheduled Tribes alone constitute more than 8% of the total population of the country.

The situation of Adivasis is not homogeneous across the country. Adivasis are found in urban, low land rural and upland sylvan regions. The ancestral homes of the majority of Adivasis are located in the forested upland areas. This paper deals largely with this section of the Adivasis of the country.

Adivasis are amazingly clean people. Even a cursory look at their hutments suggests the same. Their meticulously built mud houses are kept scrupulously clean. Sweeping and swabbing the floor with cow dung is one of the important daily chores of the women of the household. Younger women and unmarried girls are entrusted with the job of maintaining the plaster of the walls and painting them with designs. The courtyard is also kept clean in this manner. Nineteenth century anthropologists were highly impressed by the Adivasi sense of hygiene. Anointing the body with mustard, neem and karanj oil regularly, before or after bathing, wearing scanty but clean clothes, and combing hair with a bamboo or soft wood comb are some traditional practices followed by Adivasi men and women. “What we eat is our medicine”, is a common saying among Adivasis. Tribal health care systems are well recorded. With the expansion of the market in Adivasi habitats and the consequent introduction of machine-made commodities, some behavioral changes have occurred over the years. However, their fundamental beliefs and practices have not changed radically.

Adivasis do not consider open defecation to be unhygienic. Rather, having a toilet next to the bedroom or even attached to the house is highly despised by them. Having a toilet within the house is considered to pollute the living space. They believe that only animals defecate where they sleep; human beings don't. This is an ancient notion. But what about the modern toilet? That too does not go well with the practices and beliefs of the people. According to them, if a toilet is used, the excreta accumulates in a pit or tank near the house, which is undesirable. They believe that human excreta should be discharged as far away from human habitation as possible.

This belief has its roots in the prehistory of the people. Sedentary life preceded by the Neolithic revolution' taught a few important lessons to the early swidden (Jhum or shifting) cultivators. One of them was the new practice of sanitation and defecation. Communities learnt it at the heavy cost of human lives. During the early period of sedentary life, when communities began to live with domesticated animals, many new diseases transmitted from animals to human beings. Initial ignorance led to frequent epidemics. The discovery of the antibiotic and antiseptic attributes of cow dung and many other plants, and the knowledge that defecating far from human settlements and sources of water is effective, changed the early practices of sanitation of the Paleolithic people when the community was mostly on the move. The foraging and settled swidden agriculturist communities developed a system of sanitation over a long period of their living in close contact with nature which they found most healthy in their given objective situations.

The Iron Age and the settlement patterns which followed brought a section of the early Neolithic people out of the forests, and peasant society emerged with densely populated villages. However, some of the Adivasis remained scattered in the forests. They either settled in small hamlets as swidden agriculturists, or continued to roam the forests as hunter-gatherers. There is no reason to believe that these people remained unchanged. Over the years, these societies which clung to Neolithic traditions are disintegrating, albeit slowly. The present day Adivasis are found to be divided into two categories, the settled agriculturists and the Particularly Vulnerable Tribal Groups. The majority of Adivasis belong to the former category, residing in villages of very small size, each comprising many scattered sparsely populated hamlets within the

¹This is further explained in “Endnotes” at the end of the paper

forested regions. A section of them have also been exposed to modern agricultural tools and inputs, in terms of seeds and pesticides. The latter are much smaller groups with no modern day agricultural skills, but possessing immense knowledge of foraging in the forest.

One important common feature of both the groups of Adivasis has been their disapproval of adapting the practice of using modern toilets as suggested by the state apparatus.

The objective

The objective of the paper is to present the Adivasi approach to the right to sanitation. The paper examines the elements of incompatibility between the traditional Adivasi practices of sanitation and the prevailing state approach to it. The paper also explores the possibility of evolving a model of best practices for the right to sanitation in Adivasi areas.

Sanitation related customs and practices

Traditionally, Adivasis prefer to defecate in the open, away from their homes in the forest. They consider it hygienic because the forest ecosystem keeps the place of defecation clean by causing the faeces to degenerate. Adivasis generally practice 'washing' except for one or two small communities in the North Eastern states reported to be practicing 'wiping'. Among the foraging communities, 'wiping' is partially in practice, especially among the elderly people. Since the forest is a natural source of water, scarcity of water is not the cause of the practice of 'wiping'. This practice is a cultural continuation of the Paleolithic habit. However, the unavailability of water near the place of defecation often causes 'wiping' in exceptional situation. In most of the forested villages, there are streams and rivulets. Traditionally, ponds and wells are also dug in both forested and non-forested settled villages. These days, tube wells are also found in some of them. Thus, washing is not a problem for the villagers. In both cases, i.e. 'washing' and 'wiping', Adivasis are bound by their social customs which are considered to be proper and healthy. There are strict rules of social behaviour that enjoy the sanction of the community and are not supposed to be changed. Normally the village council of elders punishes those who break these rules. In the case of sanitation too, there are certain taboos for both men and women that protect the dignity of women.

Rules of open defecation

The men and women of an Adivasi village do not defecate in the same place, nor do they use the same water body for washing after defecation. This is possible because of the presence of forest cover and the availability of more than one source of water. Women are therefore, not forced to go to defecate very early in the morning, as is found very often in the case of the peasant societies of the plains. In most cases, women use the wells near the household for washing after defecating in the forest. In some villages, women carry water in small pots or plastic bottles to the place of defecation in the forest. Men prefer to use locations near the river or the pond for defecation. Normally they wash themselves while taking a bath after defecation. Washing hands after defecation with gera soil or ash has been a traditional practice. Use of soap is a recent phenomenon among many of them.

Men normally go to the river, while women use the wells near homes for washing. In cases where both men and women use river water for the same purpose, two different areas on the riverbank are allocated for them. This applies to the use of pond as well.

Rules of menstrual hygiene

Women wash in separate water bodies during their menstrual period. Cotton cloth is normally used. But among the foraging communities, certain soft and spongy leaves and barks are still in use. Used pads are normally buried. In some cases, they are reused after cleansing them in boiling water mixed with ash or detergent powder.

During the time of flowering and bearing of fruits and when the paddy is ripe, menstruating women do not enter the fruit orchards or paddy fields.

Management of source of water for sanitation

Tank and pond water that is used for washing after defecation is strictly not used for drinking. Water from the well is usually used by women for both washing and bathing. However, elderly, disabled and sick persons who cannot go a long way for washing in the river or pond often use well water for washing after defecation.

Sources of drinking water such as dari or chuan, small and clean natural water sources, and springs that flow from the cleavages of the rocks in the hills are usually not used for non-drinking purposes. These days in many villages where tube wells are in working condition, people use these as an optional source of drinking water. However, the use of water resources varies according to the local situation.

Issues regarding modern toilets

The modern latrine appears to be incompatible with the Adivasi sense of cleanliness. The immediate reason modern latrines have been abandoned by Adivasis is their defective construction. Local masons are not trained properly. The construction agencies are more interested in making money rather than performing the job efficiently. The badly constructed latrine cannot comfortably accommodate an adult person, the lack of ventilation makes the air inside the latrine foul, and the leaking leach pit pollutes the surroundings! The monitoring authorities believe in volume and not in quality. Inefficiency coupled with corruption results in defunct and missing toilets. Besides, both leach pit and septic toilets need a supply of sufficient water at their installation site. In Adivasi villages, water scarcity is not the cause of the toilets becoming defunct. The problem lies in the portability of the available water to any desired site. Houses are normally built on high ground whereas water is available at a lower level. The way toilets have been introduced to the Adivasis cannot but invite despise.

However, the issue is not limited to badly constructed toilets, lack of water, and the economic inability of the people to construct toilets. The avoidance of using modern toilets is embedded in the cultural belief of the people, and the modern toilet is not attractive enough to change this belief.

Here are some relevant points from a 2011 report by the Ministry of Drinking Water and Sanitation: “change in habit is a matter of belief” (p. 146), “traditional beliefs and practices that might prevent families from adopting toilets” (p.150), and “water and sanitation is more about changing of mindsets of people” (p.199).

Sanitation for the Adivasis

Adivasis are usually looked down upon by the dominant society as 'dirty people'. For the urban elite, open defecation has always been considered a sign of barbarism or primitiveness. Even the rural peasant communities are also called uncivilised or under civilised on the grounds that they practise open defecation. Served latrines were the landmark of civilisation in the past, despite the fact that they degraded a section of humanity to the level of utter indignity and promoted untouchability. And presently, having the modern toilet facility is an indicator of progress and development. The human culture of sanitation has travelled a long way from the open defecation in the forest to the use of the latest Japanese computerised bidet toilets along the ladder of civilisation. Historically, civilisations mature along the path of growth and the expansion of urbanisation. Toilets being natural demands following urbanisation, are an indicator of civilisation. In this regard, India is far from being considered a civilised country. In India, it is only the urban affluent society that is considered civilised, while the rest of the people are considered uncivilised. Adivasis are considered to be even more uncivilised than their peasant neighbours on account of their closeness to nature!

The governmental policies of sanitation are based on this myopic view of civilisation and development. The planners fail to distinguish between urban, rural and sylvan (forest) needs of sanitation, and therefore their universally designed and target driven projects have not worked over the years. Especially in the Adivasi habitats (sylvan), all the projects and abhiyans have so far made a big hole in the state coffer without an iota of success.

The following data on the percentage of households having latrine and bathing facility within premises published by the Ministry of Tribal Affaires is an indicator of this failure.

	% of households having latrine facility within the premises	Total number of households	% of households not having latrine facility within the premises	% of households practising open defecation	% of households having bathing facility within the premises
All Social Groups	246,692,667	46.9	53.1	49.8	42.0
Scheduled Tribes	23,329,105	22.6	77.4	74.7	17.3

Source: Tribal profile at a glance, May 2013. Ministry of Tribal Affairs, Gol

The Adivasis are found to be only one step above the lowest rung of social ladder, which is occupied by the Dalits, according to these findings. Since not having these facilities is considered a sign of backwardness and underdevelopment, the government has decided to provide latrines to all by the end of 2022.

However, the failure in providing latrine facilities to all is often covered up with false data. The Ministry of Drinking Water and Sanitation Report 2011 reveals facts that are contradictory to other surveys. It claims that “in terms of progress made during the 11th plan, the coverage of individual household latrines has progressively increased from approximately 39% in the beginning of the 11th plan to 73% as of August 2011. This tall claim loses its authenticity in the face of reports of the National Sample Survey Organization (NSSO). The organisation, in its 69th report of July–December 2012 on drinking

water, sanitation, hygiene and housing conditions in India, has indicated that 59.4 per cent and 8.8 per cent households in rural India and urban India, respectively, had no latrine facilities. A recent 2013 report of the Ministry of Tribal Affairs mentions that the number of tribal households without latrine facilities within their household premises is 77.4%.

The sanitation situation in the central Indian scheduled tribe dominated states, such as Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Orissa is even more deplorable than the North East Indian states such as Arunachal, Meghalaya, Manipur, Nagaland, Mizoram and Tripura. In the former, 85.1-92.9 per cent ST households do not have toilets as compared to 17-45 per cent in the latter, according to the census report of 2011. The Jharkhand Tribal Development Plan 2013 admits that “only 7.6% of rural households have toilets in their houses. The situation is even worse for SC (4.3%) and ST (3.7%) households. Only around 2% of the rural households have a closed drainage facility” (p. 10).

Factors negating toilets

If the above data is compared to that of the 2001 census report, one can see that the situation is changing, and that the number of toilets have increased, albeit at a snail's pace. The reasons can either be the state's incapability to reach out to the Adivasis, or a lack of demand from the Adivasis. Two factors are generally identified by the planners as responsible for the rejection of toilets by the Adivasis. One, the Adivasis are not adequately aware of the benefits of and the need for toilets. And two, the toilets are not properly built and water supply is not adequate (Report of the Working Group on Rural Domestic Water and Sanitation, September 2011). The former is linked to the lack of education and knowledge of hygiene among other reasons, and the latter to the inefficiency of the implementing agencies.

A large section of Adivasis prefer open defecation in the forest at a distance from the household. They believe that open defecation in the forest is much more hygienic than the toilets built with leach pit technology. Most of the people feel that the toilet with a septic tank might be better but it is expensive and beyond their means. Secondly, toilets need a regular supply of water of considerable volume that is not usually available near the households. Some agree that toilets near the households would be useful for the old and sick people and pregnant women especially during the rainy season. The dominant aversion to toilet use is found to be largely based on the Adivasi sense of cleanliness.

Changing behaviour and perception

The youth, especially educated, shows greater inclination towards toilet use. They consider that the changing habitat conditions require a change in defecation practices. Thinning and receding of forest cover required for privacy, sharp decrease in the availability of water and the emergence of compact villages owing to population growth are some of the reasons that are said to be the driving force for a slow behavioural change in Adivasis society.

There are some differing views by people who have been exposed to different situations. The objective conditions of the Adivasi villages that promote open defecation have been changing immensely owing to their exposure to mining, industries and urbanisation. In some places, the gradual expansion of agriculture which is denuding forests is also affecting the life of the people. The emerging conditions are bringing squalour to Adivasi life. It has been ruining the status of Adivasi women. Open defecation is not possible and toilets are not available! These villages badly need functional toilets more than their lucky brothers and sisters in the forests.

Thus, there are three kinds of situations prevailing in the forested Adivasi habitats of central India:

1.Habitats having sufficient forest cover and sources of water: Open defecation is preferred. They do not feel the need for toilets at the moment.

2.Habitats partially exposed: Open defecation is still preferred but the option for toilets is not rejected.

3.Habitats heavily exposed and largely devastated: Open defecation is practised under most unhygienic and debasing conditions and functional toilets and drinking water are urgently needed.

Sanitation and rights to habitat

The right to sanitation and safe drinking water of Adivasis is closely linked to their right to habitat and resources. The United Nations Office of the High Commission for Human Rights in its Fact Sheet No. 35 on The Right to Water upholds this linkage. “Natural water sources traditionally used by indigenous peoples, such as lakes or rivers, may no longer be accessible because of land expropriation or encroachment. Access might also be threatened by unlawful pollution or over-extraction. Furthermore, indigenous peoples' water sources might be diverted to provide safe drinking water to urban areas. Consequently, securing indigenous peoples' right to water might often require action to secure their rights to their ancestral lands, customary arrangements for managing water, as well as the protection of their natural resources” (p. 23).