

“Going Free Range” an Exploratory Inquiry into the Practice of Open Defecation in the Dungu Community of Tamale, Ghana

Akosua Bonsu Karikari^{1*}, Akua Afriyie Karikari², Nana Afia Karikari³

¹Department of Clinical Microbiology, School of Medicine, University for Development Studies, Tamale, Ghana

²Department of Biomedical Sciences, School of Allied Health Sciences, University of Cape Coast, Cape Coast, Ghana

³Department of Languages and General Studies, School of Arts and Social Sciences, University of Energy and Natural Resources, Sunyani, Ghana

Email: *asbuks@yahoo.co.uk, akua.karikari@ucc.edu.gh, nana.karikari@uenr.edu.gh

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Abstract

Open defecation is prevalent in areas that lack adequate sanitary facilities. The practice undoubtedly causes multiple health concerns not only in areas where it is mostly practiced but transcends to other neighbouring communities. Using qualitative approach as the methodological orientation, the study explored the causes of open defecation and the peculiar behaviours of inhabitants of Dungu to the practice. Focus group discussions and in-depth interviews were used to solicit information from participants. It was realized from the examined data that the practice was just not about sanitary issues such as insufficient toilets, and unclean toilets but also an attitudinal pattern. The convenience and the fun which characterize “free range” made overt defecation a preferred option. With the prevailing causes, it is suggested that the assembly should work with agencies especially NGOs to help provide more toilets and also intensify education to members of the community on the importance of desisting from open defecation.

Keywords

Open Defecation, Ghana, Sanitary Facilities, Health, Environment, Practice

1. Introduction

The practice of defecating indiscriminately in the environment is a major public health challenge. This practice is often done in close proximity to the living space of people (Sarkin Gobir & Sarkin Gobir, 2017). Indiscriminate open defe-

cation incessantly put people and their communities at risk because everyone suffers from the contaminating effects of the practice (Kov et al., 2013). The entrenched practice of open defecation does not just pollute the environment but it retards some critical developmental elements like health, tourism, and the overall economic growth of a population (Tampah-Naah & N-Yelkabong, 2015; Mara, 2017). As such, improving sanitary conditions and exterminating the practice of open defecation are indicators of sustainable development in any given social context.

The causes of open defecation are numerous with some principal reasons being; insufficient communal toilets, proximity to the toilet facility, long queues at public toilet facilities as well as poor maintenance of the facilities (Songsore, 2008). In addition, Seetharam (2015) added that the odour, heat, and safety of communal toilet facilities prevent people from using the facilities. Akter & Ali (2014), also specified that members of a community would prefer open defecation when there is a lack of water supply.

Ghana is not immune to this canker of open defecation. The WHO/UNICEF monitoring program showed that sanitation facilities in Ghana are limited and consequently only 10% of Ghana's population has access to improved toilet facilities (WHO/UNICEF, 2010). Furthermore, approximately 20% of Ghanaians excrete in open fields, river banks and streams, bush, and beaches among others (WSMP, 2008) and the Northern region is no exception. In the Dungu community, it is observed that there are very few public toilet facilities. These lavatories are in a deplorable state hence making it a ripe condition for open defecation. It is however not surprising as one walks along the Dungu community, there is a likelihood of seeing fecal matter or human excreta along pathways, behind houses, bushes, and other public places: making it obvious that open defecation is a common practice in the community. The general objective of the study, therefore, was to find out the rationale for practicing open defecation. Specifically, the study was tailored to explore categories of inhabitants who engage in overt excretion; and the perceived effects of the practice. The relevance of the study stems from the fact that every country seeks to achieve SDG 6. As such it is important to investigate and assess the current sanitary situation and how well sanitary issues are being addressed to achieve the SDG 6 goal. Also, the findings would be useful to policy and program executors to design appropriate strategies and interventions to improve sanitation in the Dungu community and for possible replication in other communities in the country. Finally, the study will add to the literature on open defecation and sanitation discourse.

2. Theoretical Explanation

This study is framed by Social Learning theory. The theory as espoused by Albert Bandura, posits that to a large extent, human actions are environmentally driven (Harinie et al., 2017). This suggests that an individual's behaviour is not only determined innately but, learns from others through interaction. As inte-

reaction takes place, there is some kind of observation of behaviour. That is, people learn and imitate the behaviour of others especially if that behaviour attracts no negative sanction. The theory is applicable to the study because, in as much as sanitary reasons are projected as causes of open defecation, an individual's decision to excrete openly is driven by the actions of others especially when such actions get no punishment. Emulation, therefore, becomes a lifestyle.

3. Methodology

3.1. Study Area

Dungu, a peri-urban community in the Tamale Metropolis of the Northern region was the site for this study. The community has a total population of 3979 of which the majority are Dagombas, and minorities are Kasena Nankana, Gonja, Ewe, and others. Dungu houses the University for Development Studies (UDS) and commercial facilities. Dungu community was selected for this research because it has a wide diversity of Ghanaian citizens from most if not all the 16 regions in Ghana. Also, the populace comprises individuals of diverse literacy levels and therefore has the main characteristics of the metropolis.

3.2. Research Approach

The qualitative research approach underpinned the methodology of the study. This method, essentially observes and describes human behaviour. Also, it highlights specific knowledge, attitudes, and practices which are deeply rooted in the lived processes of a group of people in a social milieu (Creswell, 2013; Cubellis et al., 2021). This method was selected because we were interested in the subjective and context-specific expressions/perspectives of some residents on the phenomenon of overt defecation in the Dungu Community.

A visit to the community by the lead author was done before the commencement of fieldwork. The purpose of the visit was to contact some gatekeepers of the community to seek permission to conduct the research. Also, it was an avenue to take notes on the sanitary condition of the community. Permission for the study was approved. With the help of the gatekeepers, men and women aged 15 years and above were recruited. Residents who were ready to participate in the study were conveniently sampled. We recruited 60 participants at the end of the 21 days of field activities. These 60 individuals participated in the Focus group discussions (FGD) as well as one on one interviews. This number (60) was realized because the flow of responses had reached saturation point. To augment the data and for validation purposes, five (5) managers of the public lavatories and three (5) opinion leaders were purposively selected and interviewed.

Guided by Braun and Clarke (2006) thematic analysis approach, the transcribed interviews were coded, and we thoroughly examined the data to generate thematic patterns. Steered by the research objectives, the thematic patterns were systematically categorized exhuming vital features of participants' responses.

Ethical protocols were adhered to throughout the study. For example, the

purpose of the study and the importance of their participation were explained to participating individuals. Again, anonymity and confidentiality were ensured, thus all the names used in the study are pennames participants used. These names have no direct link with participants. In an event where a participant wished to withdraw from the study, he or she was allowed.

4. Results and Discussion

4.1. Demographic Profile of Participants

The demographic profiles of participants explored were age, gender, education, and occupation and each representation is seen below.

The age range of residents interviewed was between 19 and 49 years. For gender, the study had 38 males and 22 females. Participants with no formal education were 16, and those who had a primary level of education were 18. Junior and Senior High School leavers comprised 7 and 16 respectively. Lastly, 3 had a Tertiary level of education. Out of the 60 participants, 13 were farmers, 5 were carpenters, and 4 were tailors/seamstresses. Also, 4 were mechanics, 9 drivers, 4 civil servants, and 5 reported as students. Traders were 9, with 7 being unemployed.

4.2. Causes of Open Defecation

Although a plethora of reasons were enumerated as causes of open defecation, a careful examination of the data suggested two main themes. These themes were sanitary issues and constructed behaviour. The thematic trends are discussed below.

4.2.1. Sanitary Issues

On the subject of sanitary concerns, the majority stated that they do not have water closets in their homes, although they were making frantic efforts to secure some. The few who had the water closets disclosed that there is always a washroom deficit because the number of household members far outweighs the number of domestic washrooms. Consequentially, members would have to either scuffle for the limited toilet space or use the public toilet.

Meanwhile, participants articulated that using the public toilet is not gratifying because of the numerous challenges. In their defence, they listed few public toilets, long distances to public toilets, broken and unsanitary toilets, an insufficient supply of soap and water, and leaking roofs among others, as causal reasons for practicing open defecation. In addition, some indicated that to access the public toilets one has to pay 50 pesewas, and this they opined is a disincentive to use the public toilets. The expressions of participants are seen below;

Some of us don't have toilets in our homes. (Trisha, 21 years-female, one on one interview)

"The toilet facilities are not close to where I reside. Imagine that I am 'hard pressed' by the time I get to the washroom I would have defecated on myself. (all

participants laughed) so distance is one of the reasons why I don't often use the public toilets. (Shuka, 24 years-male, FGD)

“Ahaa!! The stench is terrible paaa. This is very discouraging. You use the washroom and you have to seize your breathe till you are done. Imagine this. Meanwhile we pay so why can't they clean the place”. (Mina, 28 years-female, FGD)

The assertion by Mina was reinforced by Rudiya

“Thank you for talking about this. We pay 50 pesewas for a visit, yet the place smells badly. I ask myself what do they use the monies collected for? Sometimes no water to flush and even soap and toilets rolls are not available. It is bad!! With this, do you think I would use the public toile? Certainly no!!” (Rudiya, 35 years-female, FGD)

“The toilets are not many. Look at our population as a community. Even those of us here that you are interviewing are more than the facilities”. (Ken, 40 years-male, FGD)

As key informers, managers of the toilet facilities were interviewed to elicit their views:

“Yes we do charge money before one can use the facility. The issue is the monies collected are not sufficient to run the facilities. The people complaining are the ones who mess up the place. When you tell them on how to use the facility they get furious and do whatever they want”. (Manager 1, 38 years-female, one on one interview)

“Those who practice open defecation have no excuse. I believe it is a choice and they have decided to defecate around. Yes I accept that we do not have much toilet facilities but at least let us do with what we have. There are people in this community who are just not interested in public washroom. If such individual does not have a domestic washroom then you can guess what will happen.” (Manager 3, 35 years-male, one on one interview)

“Sometimes we are not able to get the money. Some of these people come with the pretence of needing to use the facility urgently. After that when we demand payment, they refuse to pay. Some even insults us. So the expected revenue is always not realized so managing the facilities becomes difficult”. (Manager 2, 28 years-male, one on one interview)

4.2.2. Constructed Behaviour (Free Rangers)

After a thorough probing, some participants alluded that they and some other community members are “free rangers”. They distinguished between an occasional ranger and a habitual ranger. An occasional ranger, they described as someone who rarely practices open defecation but does so under the condition that the distance to a facility makes it quite challenging to suppress the flow of excretion. The habitual rangers according to their description, are members of the community who are in the habit of constantly excreting indiscriminately. They conceded that for a habitual free ranger, using a public facility is not ideal.

They justified their actions by stating that the practice is a convenient one because you do not need to hold your breath due to a strong urinal stench; also, it fertilizes the land by way of manure for their farms. Others indicated that they prefer open defecation to use the public washrooms because they would want to avoid infections such as candidiasis. In our quest to find out how entrenched this behaviour is, participants responded in the affirmative. They espoused that this behaviour is surging because there is no visible punishment for the culprits.

4.3. Classification of Offenders

The study sought to find out the category of people who constantly practice open defecation. A piece of interesting information was however realized. From their accounts, the delinquents are the innocent culprits, disguised offenders, and obvious offenders.

4.3.1. The Innocent Culprits

One striking claim by participants especially in the focus group discussions was the innocent culprits. These innocent culprits are children from the ages of 2 to 5 years. According to the discussants, these children defecate overtly and indiscriminately without remorse. They argued that the children are often spurred on by their parents, especially their mothers. It was further stated that in as much as these children are participants, they do not have control over their activities and are oblivious of the consequences of open defecation, hence the term innocent culprits. Participants however mentioned and alluded to the fact that if mitigating measures are not taken, there is a high propensity for the children to imbibe this practice and it would become a deep-rooted attitude difficult to mend. A participant succinctly expressed:

“This act that we are showing the children will be detrimental to us if we don’t discourage it. What you train up a child with, he/she grows up with it. If a child wants to get a place of convenience for excretion and the open space is where we will direct them to, then we are preparing a recipe for disaster”. (Music man, 30 years-male, FGD)

4.3.2. The Disguised Culprits

The disguised culprits according to interviewees are women and visitors. They explained that, this category of people practice indiscriminate defecation in a disguised manner. Participants revealed that culprits are in the habit of dropping black polythene bags which contain human excreta haphazardly. They expressed:

“Another category of people who practice open defecation are women. It is not a common sight to see women defecate openly. But do you know what they do? They often defecate into polythene in their rooms and shops and they deposit polythene at places that are convenient for them”. (Hajj, 47 years-male, one on one)

“Visitors are also part of the practice. When they come to the community most of them don’t want to use the public toilets. They do it in polythene bags and drop it anyhow”. (Zaza, 19 years-female, one on one interview).

4.3.3. Obvious Offenders

The men classified themselves as the obvious offenders. They identified with the practice and expressed that they usually do it at night or early hours of the morning and not during the full glare of the day.

4.4. Effects of Open Defecation

From their narratives, it was apparent that participants were not oblivious of the effects of open defecation. They detailed that open defecation could cause cholera, and typhoid among others. For example, Zinko stated:

“Defecating in an open space is not good. I know that it can cause cholera, because the flies will deposit fecal matter on the food we eat. Also, usually, when you defecate openly you forget to wash your hands and you find yourself doing other things. Because you did not wash your hands you can easily get ill.” (Zinko, 21 years-male FGD)

Another consequence of open defecation espoused was the exposure of an individual to venomous animals such as snakes and scorpions.

“Sometimes you can get snake bite. These scorpions and the likes are often seen in uncompleted and abandon building that have shrubs. I was once bitten by snake and the pain was excruciating. After that incident, I always avoid such areas because they breed reptiles”. (Fadi, 31 years-individual interview)

5. Discussion

To curb the menace of open defecation, every community needs environmentally friendly sanitary facilities. From the narratives of the participants, the inadequate lavatories and the insanitary state of the facilities demotivated them from using the public washrooms. Typically, everyone seeks a sanitary ambiance for excretion purposes, however, if the washroom facilities are limited and are in deplorable condition, alternatives are sought, and to most people open defecation although unconventional, becomes the alternative. This finding confirms the reported account in the literature (Songsore, 2008; Seetharam, 2015; Akter & Ali, 2014) that, insufficient communal toilets, long queues at public toilets as well as poor maintenance often lead to open defecation.

It was realised from the study that the social phenomenon of open defecation is not premised solely on the absence of toilet facilities but it is also a behavioural pattern because some people are in the habit of practicing open defecation instead of using a toilet facility. To these people, it is a normal and convenient practice. The Social Learning Theory comes in handy to explain this habitual defecation attitude of culprits. As the theory posits, the actions of humans usually are not intrinsically driven but often spurred on by environmental factors.

In this context, the individual's decision to excrete openly is aligned with the motivation to emulate and repeat the said action because culprits received no negative sanction. Again the exposure of children to the practice of open defecation is likely to register in their thoughts as a normal practice. This would create an assimilated and imitated behaviour, making the practice of open defecation a continued phenomenon.

Open defecation and poor environmental hygiene are the most common causes of illness and death especially among the poor in developing countries, and as (Bartram et al., 2014; Clasen et al., 2014) reported, illnesses related to sanitation such as diarrhea, intestinal helminths, guinea worm, skin diseases, cholera, trachoma, and typhoid fill half the hospital beds in developing countries. Participants were not ignorant of the adverse effects of open defecation. However, the knowledge about the negative consequences of open defecation did not deter them from the practice because, the inadequate toilet facilities in and outside their homes, and the behavioural pattern of some residents had become an overriding agents which propelled the practice of open defecation in the community.

6. Conclusion and Recommendations

6.1. Conclusion

The study concludes that open defecation is a common practice in the Dungu community. Again, it is evident that the majority of the participants do not have toilet facilities in their homes so resort to the few public toilets available. The insufficient toilet facilities do not just create a deficit in washroom usage but the unsanitary conditions of these facilities deter most residents from using public lavatories. The study further concludes that although the aforementioned causes centered on sanitary issues, the practice of open defecation is not solely dependent on the provision of lavatories or adequate sanitary setup, it is equally vital to take cognizance of the attitudinal pattern of members of the community. The preference of some individuals to defecate in open spaces than using a toilet facility makes it disturbing. Therefore, to minimize this menace, necessary measures should be taken to reform constructed/imbibed behaviour.

6.2. Recommendations

One developmental goal of every country is to achieve SDG goal 6 which talks about safe water and good sanitation. As such based on the findings of the study, we suggest the following as plausible strategies to eradicate the practice of open defecation in the Dungu community.

- Continuous sensitization has the proclivity to influence the behaviour of a group of people, therefore, officials of the district assembly, local government, waste management agencies, and water and sanitation departments should consider intensifying education on open defecation and its effect on the

community.

- The assembly should consider working with agencies especially NGOs to help provide more communal and household toilets for residents.
- Again, the assembly should see to it that public toilets are managed properly by improving the sanitary conditions and also put appropriate measures to provide an adequate supply of water.
- Lastly, we suggest that sanitary officers should enforce the regulations on sanitation and penalize offenders.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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