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RESEARCH ARTICLE

RURAL SANITATION IN INDIA WITH SPECIAL REFERENCE TO CHITRADURGATALUK

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ABSTRACT

Sanitation is vital for human health, sanitation generates economic benefits, sanitation contributes to dignity and social development, sanitation helps the environment improving, sanitation is achievable. Improvements in sanitation and water supply are crucial to the substantial decrease in disease and deaths. Besides, better sanitation and water supply has positive energies in improving education, decreasing gender disparities, reducing work burden on the families, and providing many others social benefits. The present paper mainly study on the effectiveness of government programmes and rural sanitation in India particularly Chitradurgataluka, to explore the healthy practices of the community to bring about sanitation. The paper depended on primary and secondary source of data.

INTRODUCTION

Sanitation refers to public health conditions related to clean drinking water and adequate treatment and disposal of human excreta and sewage. Preventing human contact with feces is part of sanitation, as is hand washing with soap. Sanitation system aim to protect human health by providing a clean environment that will stop the transmission of disease, especially through the fecal-oral route. For example, diarrhea, a main cause of malnutrition and stunted growth in children, can be reduced through sanitation. There are many other diseases which are easily transmitted in communities that have low levels of sanitation, such as ascariasis. A range of sanitation technologies and approaches exists. Some examples are community-led total sanitation, container-based sanitation, ecological sanitation, emergency sanitation, environmental sanitation, onsite sanitation and sustainable sanitation. A sanitation system includes the capture, storage, transport, treatment and disposal or reuse of human excreta and wastewater. Reuse activities within the sanitation system may focus on the nutrients, water, energy or organic matter contained in excreta and wastewater. This is referred to as the "sanitation value chain" or "sanitation economy". Several sanitation "levels" are being used to compare sanitation service levels within countries or across countries. The sanitation ladder defined by the Joint Monitoring Programme in 2016 starts at open defecation and moves upwards using the terms "unimproved", "limited", "basic", with the highest level being "safely managed". This is particularly applicable to developing countries.

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The Human Right to Water and Sanitation was recognized by the United Nations (UN) General Assembly in 2010. Sanitation is a global development priority and the subject of Sustainable Development Goal 6. The estimate in 2017 by JMP states that 4.5 billion people currently do not have safely managed sanitation. Lack of access to sanitation has an impact not only on public health but also on human dignity and personal safety.

Definition: According to World Health organization Sanitation means "Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and feces. The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal".

Review Literature

Park, K. and BanrasidaBhanot (2014) in their work showed that the Burdwan like much of Bengal has been poor, despite the large rise in rural incomes since operation Bargain 1982. Sanitary infrastructure has been under provided in rural Bengal and Burdwan is no exception only 27 percent family's had access to sanitary latrines in 2001 and open defecations has been 16 th editions, Jabalpur, India, the predominant practice. This has been causing great harm to the rural society. Diarrhea and others water-born gastrotrich diseases are frequent leading to substantial adult deaths and high infant mortality. Snakebites during the monsoons also claim many lives have people venture out into the fields and ponds for defecations but suddenly things are changing. According to World Bank Report (1995), in Sri Lanka children did not use latrines because they were afraid of falling in, special child size

latrines were built without walls under the eaves of houses. Just outside the kitchen door. Mothers can now more easily train children to use them; the area is also used for bathing and the bath water is used for flushing

Reforms in the Rural Sanitation Sector: The Central rural Sanitation programme (CRSP) which was launched in 1986 was allocation based and target driven, based on high Subsidy which failed to improve the abysmally low Sanitation Coverage in the Country. The Strategy adopted under the C R S P was inadequate, So it was Completely restructured by our government is the year 1999 by introducing a demand driven participatory, people centered Programme called the total Sanitation Campaign (TSC) which is being implemented in campaign made taking the district as a unit. The Programme gives Strong emphasis on information, Education and Communication for demand generation for Sanitation facilities and behaviour change involvement of NGOS, Community Based organizations.

Government Programmes

National Rural Drinking water Programme (NRDWP): The importance of ensuring adequate and safe drinking water to nation's Population is paramount with that aim the national rural drinking water Programme, was Started in 2009 to ensure water availability in terms of portability adequacy convenience affordability and equity. The Ministry (MODW & SGoI) is currently focusing on tightening Supervision of implementation of the programme at the Central level. There is renewed focus on an achieving 100% piped water supply to households in a time bound manner through intensive monitoring of the water supply schemes

Swachh Bharat Mission–Gramin: Access to safe sanitation and ending of the practice of open defecation is critical for India as it has been linked with several health issues, especially among children. This program launched in 2nd Oct 2014, which aims at attaining an open defecation free India by 2nd Oct 2019.

Namami Ganga: Namami Ganga Project or Namami Ganga Yojana is an ambitious union Government project which integrates the efforts to clean and protect the Ganga river is a comprehensive manure, It its maiden budget the govt announced R.S. 2037 crore towards this mission the project is officially known as Integrated Ganga Conservation Mission Project or 'Namami Ganga Yojana' This project aims at Ganga rejuvenation by combining the existing ongoing efforts and planning under it to create a concrete action plan for future.

Swachh Bharat Abhiyan: It was launched on 2nd October 2014 to have clean India by 2nd October 2019 eliminate open defecation by constructing toilets for households. Communities, eradicate manual Scavenging introduce modern and Scientific municipal solid waste management practices, enable private sector participation in the sanitation sector, change people's attitudes to sanitation and create awareness integrated development the theme based Buddhist tourist circuit

Central Rural Sanitation Programme (CRSP): Central Rural Sanitation Programme (CRSP) was launched in 1986 with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women by providing proper sanitation facilities is rural areas.

Nirmal Bharath Abhiyan and Total-Sanitation Campaign: The concept of sanitation was further expanded to include personal hygiene, home sanitation, safe water, garbage and excreta disposal and waste water disposal with the name "Total Sanitation Campaign" (TSC) with effect from 1999.

Nirmal gram Puraskar: To add motivation to this scheme, GOI launched an award based incentive scheme for fully sanitized and open defecation free, gramapanchayats. blocks, districts and states called "Nirmal Gram Puraskar" (NGP) in October 2003. Till the date many villages have been awarded to being in motivation among the people specially PRI functionaries at village level to make NBA a Success.

Jawaharlal Nehru National urban Renewal Mission, (JNNURM): The JNNURM a seven years programme launched on December 3 2005, Provides financial assistance to for cities for infrastructure, housing development, and capacity development, Two of its four components Basic Services to the Urban poor (BSUP) for 65 select cities and Integrated housing and slum development programme (IHSOP) for other cities and towns are devoted to shelter and basic service needs of the poor.

Cabinet Approves Pradhan Mantri Ujjwal Yojana: The cabinet committee on economic affairs has approved as scheme "Pradhan Mantri Ujjwal Yojana" to give free coking gas connections to poor women living below the poverty line.

Pradhanmanthri Pragti Yojana 2017 Apply Gas Agency Scheme: This scheme the central government of India has initiated a progress plan for the common citizens, through this scheme there is an opportunity to connect with the most progressive business of the country, under this scheme, licenses can be obtained under the marketing plan. In this plan, any interested person can start gas agency in his city but for this the government has 508 crores in India. Pragti Yojana 2017 in which cities apply in Haryana, Punjab, Delhi, Rajasthan, Jammu Kashmir, Himachal Pradesh, Uttarakhand, Uttar Pradesh.

Objectives

- To study the effectiveness of government programmes and rural sanitation in India particularly Chitradurgataluka
- To explore the healthy practices of the community to bring about sanitation

MATERIALS AND METHODS

The present study has been on both primary and secondary data, primary data were collect directly from the respondent based on specially designed structured interview schedule. Secondary source of data collected from books, journal articles, reports and internet sources etc. The above the table shows the age and Religionwise classification of respondents. Among a total of 50 respondents interviewed, 42 per cent of the respondents' opinionage group of between 18-25 years, 52 per cent of the respondents' opinion age group of between 25-40 years and the remaining 6 per cent of the respondents fall under the age group of between 40-50 years; 66 per cent of the respondents belongs to Hindus, 18 per cent of the respondents belongs to Muslims and the remaining 16 per cent of the respondents are Christians.

RESULTS

Table 1. Age and Religionwise Classification of Respondents

Age	No. of respondents (%)	Religion	No. of respondents(%)
18-25	21 (42%)	Hindus	33 (66%)
25-40	26 (52%)	Muslim	09(18%)
40-50	03 (06%)	Christian	08(16%)
Above 50	-	Others	-
Total	50 (100)	Total	50 (100)

Source: Field Survey

Table 2. Type of Family and Education of Respondents

Type of family	No. of respondents (%)	Education level	No. of respondents (%)
Nuclear family	23 (46%)	Primary	17 (34%)
Joint family	24 (48%)	Secondary	16 (32%)
Bachelor family	03 (06%)	Graduate	14 (28%)
Total	50 (100)	Post Graduate	03 (06%)
		Total	50 (100)

Source: Field Survey

Table 3. Housing and Sources of Water for Washing of the Sample Respondents

Housing	No. of respondents (%)	Sources of water	No. of respondents (%)
Own pakka house	36 (72%)	Tap water	28 (56%)
Own kacha house	05 (10%)	Open well water	8 (16%)
Rented pakka house	08 (16%)	Bore well water	7 (14%)
Rented kacha house	01 (02%)	Pond water	7 (14%)
Total	50 (100)	Total	50 (100)

Source: Field Survey

Table 4. Respondents Opinion about Information About total Sanitation Programme and Toilet and Bath Room Facilities in Your House

Opinion	No. of respondents (%)	Opinion	No. of respondents (%)
Yes	31 (62%)	Yes	47 (94%)
No	19 (38%)	No	03 (06%)
Total	50 (100)	Total	50 (100)

Source: Field Survey

Table 5. Respondents Opinion about Diseases from Non-Hygienic Sanitary Practice

Opinion	No. of respondents	Percentage
Infection	16	32.00
Skin allergies	20	40.00
Throat infection	03	06.00
Viral fever	11	22.00
Total	50	100.00

Source: Field Survey

Table 6. Respondents Opinion Regarding Maintenance of Wastein Their Houses

Opinion	No. of respondents	Percentage
Throw into backyard	16	32.00
Decomposing	04	08.00
Use as fertiliser	18	36.00
Not sure	12	24.00
Total	50	100.00

Source: Field Survey

Table 7. Respondents Opinion Regarding Getting of Drinking Water

Opinion	No. of respondents	Percentage
Well water	08	16.00
Tap water	12	24.00
From pure drinking water unit	22	44.00
Total	50	100.00

Source: Field Survey

Table 8. Respondents Opinion Regarding Sanitation Problems

Opinion	No. of respondents	Percentage
Lack of drainage	18	36.00
Lack of maintenance	15	30.00
Insufficient transport of waste	10	20.00
Ignorance by authority	07	14.00
Total	50	100.00

Source: *Field Survey***Table 9. Respondents Opinion Regarding Measures to Conduct Awareness Programme**

Opinion	No. of respondents	Percentage
Strongly agree	08	16.00
Agree	21	42.00
Disagree	06	12.00
Not sure	15	30.00
Total	50	100.00

Source: *Field Survey***Table 10. Respondents Opinion Regarding Improving of Sanitation in Village**

Opinion	No. of respondents	Percentage
By providing safe water	23	46.00
By giving awareness	07	14.00
By improving waste management	20	40.00
Total	50	100.00

Source: *Field Survey***Table 15. Respondents Opinion Regarding Suggestions to Improve Sanitary Conditions**

Opinion	No. of respondents	Percentage
Govt responsibilities	41	82.00
Public responsibilities	04	08.00
NGOs responsibilities	00	00.00
Community responsibilities	05	10.00
Total	50	100.00

Source: *Field Survey*

Table-02 reveals the type of family of the sample respondents. Among a total of 50 respondents interviewed, 46 per cent of the respondents are having nuclear type of families, 48 per cent of the respondents are having joint type of families and the remaining 6 per cent of the respondents are having bachelor type of families; 34 per cent of the respondents are having educational qualification upto primary level, 32 per cent of the respondents are having educational qualification upto secondary level, 28 per cent of the respondents are having educational qualification upto graduation level and the remaining 06 per cent of the respondents are having educational qualification upto post-graduation level. The data regarding the housing of the sample respondents is provided in table-03. Among a total of 50 respondents interviewed 72 per cent of the respondents are having own pakka houses, 10 per cent of the respondents are having own kacha houses, 16 per cent of the respondents are having rented pakka house and the remaining 2 per cent of the respondents are having rented kacha houses; 56 per cent of the respondents in the study area are using tap water for washing, 16 per cent of the respondents in the study area are using open well water for washing, 14 per cent of the respondents in the study area are using bore well water for washing and the remaining 14 per cent of the respondents in the study area are using pond water for washing. The above table reveals the respondents opinion regarding information about total sanitation programme. Accordingly among 50 sample respondents 62 per cent of the respondents opined that they are having information about total sanitation programme and the remaining 38 per cent of the

respondents opined that they are not having any information about total sanitation programme; 94 per cent of the respondents opined that they are having toilet and bath room facilities in their houses and the remaining 6 per cent of the respondents opined that they are not having toilet and bath room facilities in their houses. The information pertaining to the respondents' opinion about diseases from non-hygienic sanitary practice is presented in table above. Among a total of 50 sample respondents interviewed 32 per cent of the respondents opinion that Infection diseases caused from non-hygienic sanitary practice, 40 per cent of the respondents opinion that Skin allergies caused from non-hygienic sanitary practice, 6 per cent of the respondents opinion that throat infection caused from non-hygienic sanitary practice and the remaining 22 per cent of the respondents opinion that viral fever caused from non-hygienic sanitary practice. The detailed information pertaining to the respondents opinion regarding maintenance of waste in their houses is provided in table-06. Out of a total of 50 respondents interviewed, 32 per cent of the respondents opined that they throw the waste into backyard, 8 per cent of the respondents opined that they decompose the waste, 36 per cent of the respondents opined that they use waste as fertiliser and the remaining 24 per cent of the respondents opine that they are not sure about the maintenance of waste in their houses. The respondents' opinion regarding getting of drinking water is provided in table-07. Among 50 sample respondents interviewed, 16 per cent of the respondents opined that they get the drinking water through well water, 24 per cent of the respondents opined that they get the drinking

water through tap water and the remaining 44 per cent of the respondents opined that they get the drinking water from pure drinking water unit. The respondent's opinion regarding sanitation problems is shown in table-08. It is clear from the table that 36 per cent of the respondents opined that lack of drainage is the major cause of sanitation, 30 per cent of the respondents opined that lack of maintenance is the major cause of sanitation, 20 per cent of the respondents opined that insufficient transport of waste is the cause of sanitation and the remaining 14 per cent of the respondents opined that ignorance by authority is the cause of sanitation. The above table depicts the respondents opinion regarding measures to conduct awareness programme. Among 50 sample respondents interviewed, 16 per cent of the respondents opined that they are strongly agreed regarding measures to conduct awareness programme, 42 per cent of the respondents opined that they are agreed regarding measures to conduct awareness programme 12 per cent of the respondents opined that they are disagreed with regard to measures to conduct awareness programme and the remaining 30 per cent of the respondents opined that they are not sure regarding measures to conduct awareness programme. The table above depicts the respondents opinion regarding improving of sanitation in village. Among the sample respondents 46 per cent of the respondents opined that the sanitation in village can be improved by providing safe water, 14 per cent of the respondents opined that the sanitation in village can be improved by giving awareness and the remaining 40 per cent of the respondents opined that the sanitation in village can be improved by improving waste management. The data regarding the respondents opinion regarding suggestions to improve sanitary conditions has been provided in the above table. Among a total of 50 sample respondents interviewed, 82 per cent of the respondents opined that the improvement sanitary conditions is the government responsibility, 8 per cent of the respondents opined that the improvement sanitary conditions is the public responsibility and the remaining 10 per cent of the respondents opined that the improvement sanitary conditions is the community responsibility.

Suggestions

The Programme goal was to provide poor households with permanent latrines of good quality in such a way that they appreciated the latrines, but also mobilization and motivation of the users, and promotion and monitoring for good practice. The essentials suggestions for the improvements of the programmes are:

- To make flexibility in planning and experimentation.
- To make negotiation with local govt is panchayats.
- Decentralized and local management, Central rules taken by the local govt and ward water committees.
- Partnership: Involving personal affiliated to all major local institution (School, Nursery School, Clinics, Women's are youth groups, local government and So on).
- To make strong emphasis on education and capacity building at all levels.
- To mobilize Financial Contribution from local governments and households, and other groups before Start of Programme locally.

The implementation Strategy which gradually evolved focuses on enabling the local government and ward water committees

to plan and implement their own Sanitation programmes in their panchayats. Although all these Panchayats of classified as rural Community, Many of them have a peril- urban Character the target groups in the Panchayats Comprises households belonging to the population below the official poverty line, which currently means they have an income of less than Rs. 11000/- per year. Apart from providing cash, the programme staff organizes initial motivation activities, provides Apart from providing cash, the programme staff organizes initial motivation activities, provides trainings and educations to support implementation of the programme.

Conclusion

Sanitation is vital for human health, sanitation generates economic benefits, sanitation contributes to dignity and social development, sanitation helps the environment improving, sanitation is achievable. Improvements in sanitation and water supply are crucial to the substantial decrease in disease and deaths. Besides, better sanitation and water supply has positive energies in improving education, decreasing gender disparities, reducing work burden on the families, and providing many others social benefits. All these reduce the economic burden of ill-health in the family and improve social wellbeing. Thus sanitation and water supply form important sectors in infrastructure. Women were more concerned than men about the completion of the facility and they were constantly persuading their husbands to complete the units. The initial enthusiasm of many households and the panchayat faded within a few months. It was concluded that free facilities are attractive to everyone, but did not result in the commitment to complete the superstructure Emergence of improved standard of living in many communities. Generating felt need through awareness creation and health education about sanitation. Active participation of women's creating of feelings of safeguarding reduction in water and facial related diseases improved sanitation conditions in rural area.

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