

## **PROBLEMS RELATED TO PUBLIC HEALTH AND SANITATION IN RURAL PUNJAB**

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### **ABSTRACT**

*Perfect Sanitation makes an 'ideal village' as said by Mahatma Gandhi. Lack of it leads to various health problems and also effects social and economic development in an adverse way. In India, access to improved sanitation remains far lower as compared to many other countries. In rural areas, the scale of the problem is particularly daunting as 74 percent of the rural population still defecates in the open. In this light, the aim of present study was to evaluate the Sanitation and Public Health status of the people in rural Punjab. The study was not only restricted to the sanitation and health conditions of the villagers but also their awareness and knowledge about the importance and need of the sanitation and also its impact on health status of the villagers. The study was based on the survey of 120 respondents, selected through simple random sampling.*

**Keywords:** Open Defecation Free Programme (ODF), Sanitation, Public Health and Environmental pollution.

### **INTRODUCTION**

Sanitation is an essential part of the Millennium Development Goals as one of the U.N. Millennium Development Goal was to provide two billion people with toilets by 2015, but the goal was not met because of the approaches currently used in many parts of the world (Nagla, 2015). Access to sanitation facilities is one of the most pressing contemporary global development issues. With an estimated 36 percent of the global population lacking access to safe sanitation, of which 70 percent living in rural areas, and 14 percent of global population still defecating in the open, sanitation remains a major public health concern for all the governments (WHO-UNICEF, 2014). Consequently, it has been widely established that poor sanitation and

practice of open defecation has disastrous impacts on the health of an individual. The situation is acute in India where more than half of households do not have a latrine facility within the premises with the percentage being as high as 69.3 percent in rural areas and 18.6 percent in urban areas (Census, 2011). As per WHO-UNICEF estimates, India continues to be the country with the highest number of people defecating in open and more than half of the global population who defecate in open live in India. In rural areas, the proportion of people defecating in open even is higher at 66 percent (WHO-UNICEF, 2014). The situation in urban areas is not as critical as compared to rural populations. Rural populations have little access to proper toilet facilities, and urban slums are growing faster than toilets which are being built. Even in the areas where households have toilets, sewerage systems are available; these areas commonly suffer from poor maintenance which leads to overflow of raw sewage. With few wastewater management facilities, both environmental damage and health hazards spread.

The word ‘Sanitation’ is derived from the Latin word *Sanitas*, which means aim to protect and promote human health by providing a clean environment and breaking the cycle of disease. It refers to the principles and practices relating to the collection, treatment, refuse as they impact upon people and environment. The World Health Organization (WHO; 2000) states that: “Sanitation generally refers to the provision of facilities and service for the safe disposal of human urine and faeces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. The word ‘sanitation’ also refers to “the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal.”

Access to basic amenities such as safe drinking water and sanitation is not only an important measure of socio-economic status of the household, but also a fundamental element to the health of the people. Inadequate and poor quality of drinking water not only results in more sickness and deaths, but also increases health costs, low worker productivity and school enrolment (Haq, M., et. al, 2007).

Today, sanitation related diseases and poor hygienic conditions are due to the massive pollution of water and soil, solid waste, the loss of innumerable school- (mainly girls) which teach the younger generation about cleanliness, losses in tourism income, prevention of economic growth etc. Therefore, there is an urgent need to understand the problem of sanitation and the main

challenge is to ensure safe environmental sanitation in areas where there is lack of basic sanitation. This study is a step in this direction.

## **REVIEW OF LITERATURE**

There are a large number of research studies undertaken on sanitation and public health by the researchers from time to time. A brief review of literature is presented below:

Das (2012) in “Drinking Water and Sanitation in Rural Madhya Pradesh: Issues and Challenges for Policy” analysed the current status of drinking water supply and sanitation in rural Madhya Pradesh. The study revealed that the state has hardly made any efforts towards providing one of the most basic amenities to its rural population. Only 13 percent of households have toilets and about 10 percent have water closets whereas the rest have either pit or other type of toilets. The study also concluded that delays were usual in releasing funds from the State to the Zilla Parishads and then to each subsequent level. In 2011, there were 21 districts where more than 90 percent of rural households manage without access to any form of toilets; there was not a single district where the access was even 50 percent. This was a sad commentary on the much-hailed success of the Total Sanitation Campaign (TSC) in the Madhya Pradesh.

Ramaraju (2013) in his study “Impact of Total Sanitation Campaign on Rural households in Andhra Pradesh” (open defecation focus oriented study), analyzed the reasons for poor drainage and lack of awareness regarding sanitation. The analysis implies the poor attention of drainage clearance by the village panchayat authorities, which causes the growth of mosquito centers and thereby posing threat to the health of villagers as nearly 78 per cent of households reported the frequency of drainage clearance is between one week and more than one month. Majority that is, 80 percent of the households are aware of the importance of sanitation, while 20 per cent are unaware of the importance of sanitation. Majority that is, about 83 per cent of sample households are not having toilets within the home premises, while around 17 per cent are having toilet facility at home. In the select village Vasadi, majority of households that is, about 79 per cent do not use public latrines, while only about 21 per cent households use public lavatories. At the same time about 18 per cent of households were noticed to avoid the usage due to bad smell and preferred open defecation.

Tiwari and Nayak (2013) in their study “Drinking Water and Sanitation in Uttar Pradesh : A Regional Analysis” revealed that the current state of water supply in Uttar Pradesh is adequate covering all standards, either it is for urban areas or rural areas. In Uttar Pradesh, 90 percent households do not have access to tap water. Tube wells and hand pumps are dominant sources of water. Present status of sanitation facility in State is even worse compared to all India level. About one-third houses in urban areas in the state do not have toilet facility. The study also highlighted the wide inter-regional disparities in access to drinking water and sanitation facilities in Uttar Pradesh. Western region, the most developed region of the state, reported the highest coverage in access to drinking water and sanitation facilities among all regions whereas the situation for sanitation facilities is worse in Eastern, Central and Bundelkhand regions.

Wolfgang (2013) conducted a study on “Effects of Poor Sanitation on Public Health: Case of Yopougon town (Abidjan). Effects of poor environmental hygiene on population health were studied in the precarious living quarters of Doukoure, the village of Niangon-adjame and the viable living quarters of millionaire’s in Yopougon town. This study included sanitation, water sources, as well as, population health. It appears that excreta management is from self-purification works (WC with septic tank) (60%), collective purification work (gutter storm water, sewer) (26%), anarchic connections (30%) and defecation in nature relatively less important (2%) for all living quarters visited. Furthermore, almost 90% of the populations have access to the drinking water, which is rather used. In Doukouré’s living quarters and Niangon-Adjamé’s village, public tap water (7%) and traditional wells (3%) are used for domestic needs. Data collected in 15 health centers in the town on 125 446 cases of morbidity, revealed that malaria is much contracted by populations with 58% cases against 14% for diarrhea and 28% for acute respiratory infections. Under-five children are much affected with 24% of the patients among which 43% were cases of the diarrheic diseases. Also, malaria and respiratory infections are more important during rainy seasons, in contrast to diarrheal diseases caused by poor hygiene of people.

P. Prabhuswamy (2014) conducted study on “Status of Basic Amenities in Karnataka: An Inter – District Analysis”. The study concluded that about less than half of the houses in Karnataka have drinking water facility within the premises (2011) and the remaining households depended on public or private facility. It was about 32 percent in the previous census (2001). There was about

13 percent of improvement between 2001 and 2011. The study also revealed that a little more than half of the households in Karnataka had toilet facility within their premises by 2011. The situation in 2001 was poor with just a little less than one-fourth of houses having toilet facility. There were nearly half of the households which were deprived of toilet facility in their premises. The district-wise analysis indicates that only Bangalore urban district had the majority of households with toilet facility in 2001. This condition improved by 2011 with most of the households (94.8 percent) having toilet facility. It was revealed that about 60 percent houses in Karnataka have drainage facility in 2011. There was an improvement in drainage facility for houses level data which revealed that Bangalore urban (95.3 percent) district occupies the top position followed by Mysore, Davanagere and Bangalore Rural districts. Only 10 districts had been able to provide drainage facility for majority of the households by 2011. This shows that there is need for further improvement for providing basic amenities.

Mukesh and Pandey (2016) in their study “Socio-Economic Background and Use of Latrine in Rural India: An in-depth Analysis” revealed that the selected socio-economic factors such as social group, religion, level of education, occupation, household size etc (except gender of the head of households) do have a significant impact on the probability of use of latrine of the households. Open defecation by the members of the households of castes at the lower end of the social ladder, including OBC’s is more as compared to other castes. It is also found that the odds of use of latrine by the members of households belonging to religions other than Hindu are very high as compared to ‘Hindu’. The probability of use of latrine of rural households increases as level of educational attainment increases; this indicates a positive link between use of latrine and levels of education amongst female and male members of households. The odds of use of latrine by households of higher family size are less as compared to the households with lower size of family which indicates that higher the family density, lower the rate of use of latrine and higher the rate of open defecation which may be due to the fact that the accessibility of latrines may not be adequate. The probability of use of latrine is very high for those households, where the head of households is regular wage and salary earning. Thus, policy makers should design policies that ensure interests of low-income people, vulnerable sections and provide easy access to basic necessities.

Bora *et al.* (2018) in their study, “Availability and utilization of sanitation facilities amongst the tea garden population of Jorhat district, Assam” found that sanitation facilities were available in 58.9% of households, of which 83.1% were sanitary type and 69.7% latrines were functional. About 61.1% of the respondents used toilet regularly, while 64.1% practiced open-air defecation. Among independent toilet users, a majority (65.8%) had access to piped water supply in their house; whereas among public toilet users (51), less than half of 21 (41.2) had access to pipe water supply. The distance of independent toilet users was within 100 m from their house in a majority (97%). Whereas among public toilet users (51), the distance was 200–300 meter in a majority (68%) of the study subjects. Of 51 public toilet users, few of them (13.7%) were scared to go alone. Of 38 independent toilet users, a majority of them used when they wanted (89.5%), and few (10.5%) said they had to wait because of joint family. About 64.7% of the public toilet users had to wait for using the toilet facility and avoiding the use in evening and night. Dustbin was absent in all the independent toilet users; even in public toilets (51), a majority did not have dustbin (74.5%). Public toilet users complained about lack of privacy (56.9%) while using toilets; 13.7% and 7.8%, respectively, complained of hygiene and bad smell while using it.

Thakur Atul (2019) in his study, “80 percent rural India piped water”. It has been mentioned in this article that the water crises in India will worsen and 600 million people in India live in high to extreme water stress, as suggested by Niti Ayog’s 2018 Composite Water Management Index (CWMI) report. Though Government, had launched National Rural Drinking Water Program (NRDWP) in April 2009 and aimed to provide water supply to 35 percent of rural households by 2017, but there is slow under this scheme. CAG notes that over 80 percent rural households do not have piped water connections. Piped water will be the next big focus.

## **OBJECTIVES OF THE STUDY**

The following are the main objectives of this study:

1. To find out the awareness and knowledge regarding health and sanitation among villagers.
2. To study problems faced by villagers due to insanitary living conditions and to highlight the role of government in sanitation programmes.
3. To analyze the sanitation schemes for betterment of the villagers’ health.

4. To seek suggestions of the villagers to improve the sanitation aspects of health in the villages.

## **RESEARCH DESIGN**

In the study both descriptive and exploratory design had been used and both primary and secondary data information was used. Interview schedule was used for collecting the data and both open and close ended questions were asked from the respondents keeping in mind their scope of awareness and understanding. The study included head of the households of the village. Focused group discussion was done with the sarpanch and some of the Panchayat members.

## **FINDINGS**

- Lack of basic amenities adversely affects the health and well-being of the respondents, particularly women as they have to wait for the dark to urinate and defecate and due to this they face health problems. Women have to resort to the bush/field as there is no available toilet facility and thus it is hazardous to the health of women and they are more vulnerable to vaginal tract infections due to unsanitary conditions.
- The village has a good supply of water as there is a water supply to almost all the households.
- One of the most important findings of the study is that there are no public toilets constructed in the village. It is a major problem and also one of the reasons for open defecation. However, a large proportion 77 (64.2%) of the respondents have toilet facility that too, mostly septic toilets at home and out of these 77 respondents, only 22 (28.6%) of the respondents got financial assistance by the government to make toilet at their houses while others did not get any financial assets from the government and they themselves had constructed the toilets at their houses.
- There are no organisations whether public or private concerning sanitation and public health in the village. The people of the village are not happy with the Anganwadi workers as they play no significant role in creating awareness regarding sanitation and health issues.
- Majority of the respondents get the knowledge about sanitation and health services from the media in which TV and Radio play a very important role in creating awareness as

advertisements on the TV etc spread awareness to large extent, for example advertisement of 'No toilets, No Marriage.'

- The drainage system is very poor in the village as 100% of the respondents did not have access to drainage system.
- There are health issues due to insanitary living conditions in the village as villagers suffered from diseases such as diarrhea, typhoid, respiratory infections, cholera etc.
- There is no awareness created by the Panchayat to improve the perspective towards sanitation and health conditions of the people in the village.

## CONCLUSIONS

This paper clearly reveals that there is poor condition of sanitation in the village. The lack of basic amenities adversely affects the health and well-being of the villagers. Though villagers were aware of programmes but the Panchayat and the members of the Panchayat did not play any significant role in creating awareness regarding sanitation and health. There are no programmes run in the village regarding good health by them. There are no cleaning programmes in the village. There is only one programme run by the central government in the village to eliminate open defecation which is known as "Open Defecation Free Programme (ODF)" and it is one of the main objectives of Swachh Bharat Abhiyan Programme in which government provides financial assets to make toilets in the houses.

The Rural areas need more such programmes and organizations for improving the condition of sanitation and public health of the people of the Rural Punjab. The need for Public and Private Organisations in the rural areas are required as the village has no organization and there is lack of infrastructure development and the better transport facility is required.

There is an urgent need for sanitation and public health policies to reduce the environmental pollution and the threats of diseases. Health status is a key indicator of human well-being. Now-a-days, maintaining good health and wellness is a challenging task for both the individuals and society at large. It is true that environmental pollution and insanitary conditions affect health in many ways and contributes to a wide variety of diseases. The condition of health does not depend only on the number of doctors and hospitals available but also on clean and healthy environment in the vicinity.



Importance of sanitation and its impact on Public Health needs to be emphasized. Subsequently, State and Central Governments have been launching sanitation and health awareness programmes but there is lack of implementation and outreach of these programmes. There is also a need to educate the people concerning sanitation and its effects on health.

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