

# RURAL AND URBAN SANITATION IN INDIA AT 21<sup>ST</sup> CENTURY

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**Abstract:-** India has the largest numbers of malnourished people in the world. Studies show that malnourishment is not only the product of access to food but also access to safe drinking water and sanitation. Many water borne diseases like diarrhoea, dysentery, typhoid are related to huge morbidity burden and loss of working days. Access to safe water and sanitation has been considered one of the most important social determinants of health. Water related illness constitutes one-third morbidities among adults and two-thirds among children.

It is important to mention that India's 1.21 billion people live in large number of rural and urban habitations. There were 7935 cities and towns and 6.4 lakh villages according to 2011 Census. About one-third population (31 per cent) lived in urban areas and three-fourth lived in rural areas. Rural and urban sanitation should be seen differently due to diverse conditions prevailing in the rural and urban areas.

**Keywords:-**Malnourised, people, studies, drinking, water, sanitation, diarrhea, dysentery.

## Introduction

India has progressed on many fronts over the decades since independence in 1947. Our per capital income has been rising and the average longevity has increased from about less than 40 years at the time of independence to 66 years now. According to 2011 Census overall literacy rate has also increased to 74 per cent compared to less than 20 per cent in 1951. However, on the other hand, India has the largest numbers of malnourished people in the world. Studies show that malnourishment is not only the product of access to food but also access to safe drinking water and sanitation. Many water borne diseases like diarrhoea, dysentery, typhoid are related to huge morbidity burden and loss of working days. Access to safe water and sanitation has been considered one of the most important social determinants of health. Water related illness constitutes one-third morbidities among adults and two-thirds among children.

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**Key word:** Health care, Hygiene, sanitation., Community Diseases, Swachha Bharath Abiyana

## 2. OBJECTIVES

- a) Bring about an improvement in the general quality of life in the rural areas, by promoting cleanliness, hygiene and eliminating open defecation.
- d) Encourage cost effective and appropriate technologies for ecologically safe and sustainable sanitation.
- e) Develop wherever required, Community managed sanitation systems focusing on scientific Solid & Liquid Waste Management systems for overall cleanliness in the rural areas.

### Research of Methodology:

- To understand the Govt. Programmes and Implementation Of In Rural Area Of Gram Panchayth.
- To Know the Role Of Taluka Health Officers And ASHA's
- To get the Knowledge about the benefits given By Local Govt.and distric administration
- To analyze the perceptions of members of Rural community.

### Source of Data:

- **Primary Data** is collected by personal interview with PHC officer, ASHA's and Nurses and Grama panchayath PDO/Secretary.
- **Secondary Data:** Besides the Primary Data, data collected from the Sources likes books, records and Periodically maintained in the Govt. Office.
- **Sampling Survey:** The target sample of the present study covers the selected members of PHC Centre and Gram Panchayath in Byadgi Taluk of Haveri district.
- **Tools and Technique:** the present study used chi-square test to analysis the collected information from Various PHC centre's And Grama Panchayth's

### Rural Sanitation:

Sanitation is not only an absence of garbage and waste materials strewn around but also access to toilet facility, safe drinking water and connectivity to a drainage system. In rural India, this is a huge problem. Census of India collected data on access to water and sanitation shows that only 31 per cent rural households were having any toilet facility in their households. The increase in toilet facility during last ten years from 2001 to

2011 was at the rate of just one per cent every year. At this rate india could achieve universal sanitation only by 2081. Thus, progress in the provision of toilet facility in rural areas is very slow and open defecation is a serious problem. Similarly the proportion of households with tap water and drainage facilities also remains at the one-third level. it is worthwhile to mention that due to lack of drainage facility the low lying areas of many villages and towns often get flooded during monsoon season.

The Ministry of Rural Development launched the TSC in 1999 as a demand driven community-led programme. There was also a strong component of Information, Education and Communication (IEC) in this programme to sensitize the rural population about the need of toilet facility in rural areas. The Planning Commission (2013) is of the view that the increase in coverage of toilet facility from about 22 per cent as per the 2001 Census to 31 per cent in 2011 is largely due to the TSC

As a result, in order to boost sanitation programme the Government has introduced the nirmal Gram Puraskar (NGP) in 2005 for those Gram Panchayats, blocks and districts that have attained 100 per 2012 to facilitate convergence between drinking water and sanitation projects.

### Urban Sanitation

The situation in urban areas is better than rural areas, but still one-third of the urban households have no access to piped drinking water in 2011 and the progress during 2001-2011 was just 2 percentage points. Similarly one-fifth of urban households were not connected to any drainage facilities and similar proportions have no access to toilet facilities in urban areas. Also, in urban areas, there is no difference between the proportions of households with television/ mobile/telephone facilities on the

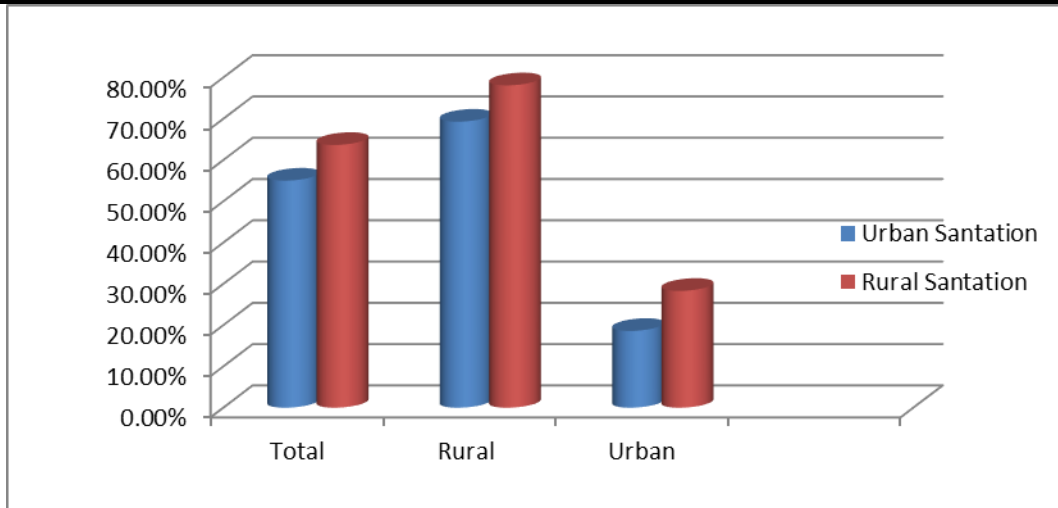
one hand and toilet facilities on the other a cent sanitation coverage. The major problem with TSC was that it provided only a limited range of technology options whereas geographic, hydrologic and socio-economic conditions differ widely in the country. Also there was a lack of convergence between The increase in toilet facility during last ten years from 2001 to 2011 was at the rate of just one per cent every year. At this rate India could achieve universal sanitation only by 2081. observed in rural areas. Statelevel variations in access to water and sanitation remain same as seen in rural areas. Slums add an acute dimension to the sanitation and unhygienic conditions in urban areas as one-fifth urbanites live in

Slum sanitation is aggravated by the lack of garbage collection system in some parts of the urban areas. In many urban centres, there is no garbage collection system and wastes are thrown in the open spaces along the streets. Outside households, sanitation at schools, public places and railway stations is quite appalling. Most of our railway stations are stinking places as human waste is released on the tracks. We need to better design the toilets in the railway coaches and see that human wastes are not released in the open.

Therefore, water supply is critical for providing sanitation. The toilets cannot be functional without water supply. On the other hand, more use of water generates higher volumes of wastewater which requires good drainage system for its out flow. In many parts of urban areas even if the drainage system exists, it gets choked as people throw garbage in the open drainage. Urban Sanitation Policy. Naturally focus should be given to the slums where maximum urban poor lives. The Planning Commission advised that provision of basic services to slums should not be contingent upon their legal status (Planning Commission 2013).

This is a correct step because every citizen has right to the access of basic services for their survival and dignity and state must ensure this. Lack of toilet facility affects children, elderly and women more. It is torturous for women who cannot use open spaces as freely as men in the day time and have to wait until the sunset. This incurs health risk to women in want of latrine facilities in both rural and urban areas. Also it is evident from census data that most of the households belonging to SC and ST categories are deprived of water and sanitation facilities. Rural areas are more deprived of water supply and sanitation compared to urban areas and in urban areas small. This leads to accumulation of wastewater leading to water logging in many cities and towns. Sewage treatment and recycling of waste water should also be tried as a part of sanitation strategy. Thus, sanitation is a larger issue in the medium towns are more deprived than the big cities. Thus, the access to sanitation follows our social and economic hierarchy. In a caste based society, a large proportion of the burden of sanitation work fall on the shoulders of the urban areas and a holistic view will be helpful.

Percentage of Households Having Latrine In India. (2001-2011)



Census of india 2001-11

### Policy Perspectives

As per the Millennium Development Goals, India is bound to provide improved sanitation to at least half of its urban population by 2015 and 100 per cent access by 2025. Keeping in view this, Ministry of Urban Development formulated national Sanitation Policy in 2008. The national Urban Sanitation Policy advised state governments to prepare detailed state level urban sanitation strategies and City Sanitation Plan. Environmental considerations, public health implications and reaching the unserved and urban poor are main features of the policy. Funds could be mobilized either through direct central and state government supports or through public-private partnership. At the central government level, urban sanitation is funded under Jawaharlal nehru Urban Renewal Mission (Jnnurm-II). Urban poor is a major concern under national scheduled castes. In 2013, the central government has banned the manual scavenging and those who will employ a manual scavenger will be punished with an imprisonment up to five years.

Like our social spaces, physical spaces are also utilized based on the principles of purity and pollution. For example, in many houses sanctum sanctorum (*Puja Griha*) is treated the purest and kept clean without fail followed by cleanliness of the kitchen and the rest of the house. However, no such sanctity is attached to the surroundings outside the house. The exterior space lying outside the household is little cared rather used unhesitatingly for throwing all sorts of household wastes turning them into a perpetual polluted space.

*Swachh Bharat Abhiyan* initiated by the government on the birthday of Mahatma Gandhi is a noble initiative. However, cleaning streets and government offices will not suffice because it is also a matter of rural and basic necessities of life like access to safe water, toilet and drainage facilities. The preparation of citizens' charters and the enforcement of service guarantee of basic services are necessary and should be made an integral part of the good governance. Also, there is a need to have a plan to reuse the garbage and waste materials. It will help in generating large number of jobs and also making our cities and towns sustainable. Thus, sanitation is also an issue a sanitation strategy. The sanitation strategy should be just, inclusive and suitable. The areas of settlements belonging to marginal and minority communities like scheduled castes and scheduled tribes and Muslim habitations should not be

excluded directly or indirectly. Due to prejudices, tensions and occasional occurrence of riots in some cities, the areas of minority habitations may suffer an act of negligence of waste management, keeping the sources of water clean by sewage treatment and recycling of waste water for industrial and agricultural use. It requires not only an integrated plan but also huge investment. As a follow up of the awareness of clean india movement,

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a situation of discrimination in sanitation services. However, it is essential to emphasize that the health risks arising due to lack of sanitation facilities is not confined to the areas affected per se, but also goes beyond the locality. We live in interconnected a should initiate an integrated action plan for each urban centers and villages in India. It needs to be recognized that sanitation is a local issue and any top down approach will not suffice.

#### **Finding:**

- **Doctors service Problems:** The main Problems are Doctors and nurses are not available in 24x7 at Village area. and in case of emergency (Pregnant women, Food poison of Children's) The Ambulance service were not available.
- **Poor Health Literacy :**Health literacy, which impacts a patient's ability to understand health information and instructions from their healthcare providers, is also a barrier to accessing healthcare
- Traditionally Old age peoples are not allowed constructed toilet in their Houses.
- The Lack of Knowledge of the Health and sanitation..
- Today's many toilets were used for cattle shed/go dawn.

#### **Suggestions:**

- There should be a continuous attempt to inspire, encourage, motivate and co-operative Rural Communities.
- Mainly gave the Health dieses and Toilet and Cleanliness awareness' programs like Dram. skits. road drama. Jatha and Film show.
- Govt. Should felicitate Good Ambulance Service and Medicines
- Doctors and Nurses should live in their Head quarters'. Govt. Should take the necessary action on neglected doctor's and staffs.
- It is to implement the proper waste management through the scientific processes, hygienic disposal, reuse, and recycling of the municipal solid wastes.
- It is to bring behavioral changes among Indian people regarding maintenance of personal hygiene and practice of healthy sanitation methods.
- It is to create global awareness among common public living in rural areas and link it to the public health.
- It is to support working bodies to design, execute and operate the waste disposal systems locally.

**Conclusion:**

We can say swachha bharath abhiyan, a nice welcome step to the clean and green India till 2019. As we all heard about the most famous proverb that “Cleanliness is Next to Godliness”, we can say surely that clean India campaign (swachha bharat abhiyan) will really bring godliness all over the country in few years if it is followed by the people of India in effective manner. So, the cleanliness activities to warm welcome the godliness have been started but do not need to be ended if we really want godliness in our lives forever. A healthy country and a healthy society need its citizens to be healthy and clean in every walk of life

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