



THE HEALTH AND SANITATION SERVICES INCLUDING SCHEMES PROVIDED FOR PUBLIC HEALTH IN RURAL PUNJAB.

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Abstract

Sanitation is a necessity for a healthy life (George: 2008). 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. 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. Individual health and hygiene is dependent largely on adequate availability of drinking water and proper sanitation. There is, therefore, a direct relationship between water, sanitation and health. In this light the aim of present study was to evaluate the Sanitation and Public Health services that provided to the people in rural Punjab. The main objective was to evaluate the views of villagers towards sanitation and health status conditions, programmes related to sanitation and health and scope of improvement in such programmes. 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 Hygiene.

INTRODUCTION

India has a population of almost 1.2 billion people, 55% of the population (nearly 600 million people) has no access to toilets and basic sanitation facilities. Most of these numbers are made up by people who live in urban slums and rural areas. The absence of required sanitation in India is an indication of alarming situation regarding public health, social deprivation, environmental sanitation and so on and results in diseases such as cholera, diarrhea, dysentery, typhoid, infectious hepatitis, and hookworm. It is estimated that lack of basic sanitation contributes to the deaths of approximately 3.5 million people annually from water borne diseases (Zawahri, Sowers, and Weinthal; 2011).

India is land of villages and nearly 70 percent of our population lives in villages. The problem of sanitation therefore is one of rural sanitation. According to WHO-UNICEF, surveys have shown that 58 percent of population to the open fields for defecation, among them 18 percent of urban India still defecates in the open while in the rural areas it comes to 69 percent (WHO-UNICEF: 2010). This habit of indiscriminate fouling of surroundings with human excrement is generations' old, and rooted firmly in the cultural behavior of the Indian village people.

In urban areas, the toilet is considered a necessary part of a house. In rural areas, by and large people have not accepted toilets with any enthusiasm, even when installed only a few used them regularly. The problem in rural sanitation is how to overcome the resistance of the village people and induce them to use toilets.

Health and sanitation

Inadequate and poor quality of drinking water and lack of sanitation facilities not only results in more sickness and deaths, but also augments health costs, low worker productivity, and school enrolment (Haq, M., et. al, 2007).

Access to sanitation facilities is one of the most pressing contemporary global development issues. With an estimated 36percent 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). It is realized that key dependency exists between water supply and sanitation and improvements in the overall human development (Dreze and Murthi, 2001) and absence of quality sanitation has adverse impact on health, especially to the child population (Spears, 2013). Recognising it as a basic human right, United Nations Development Programme (UNDP) has called for 'universal access to the basic social service (including sanitation and water)' as one of the pre-requisites to ensure 'A Life of Dignity for All' (HDR, 2014). This implies that universal sanitation coverage is an imperative for India.

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 its impact on Public Health 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.

Sanitation and Health Programmes (S&HP)

Individual health and hygiene is dependent largely on adequate availability of drinking water and proper sanitation. There is, therefore, a direct relationship between water, sanitation and health. Consumption of unsafe drinking water, improper disposal of human excreta, improper high infant mortality rate is also attributed largely to poor sanitation. It was in this context that the Central Rural Sanitation Programme (CRSP) was launched in 1986 with the objective of improving the quality of life of rural people and to provide privacy and dignity to women. Later on, it was renamed as Total Sanitation Campaign in 1999. And on 2nd October, 2014 it was launched as Swachh Bharat Abhiyan (Clean India Mission : One Step Towards Cleanliness), under the Ministry of Drinking Water and Sanitation.

The concept of sanitation was earlier limited to disposal of human excreta by oess pools, open ditches, pit latrines, bucket system, etc. Today, it connotes a comprehensive concept, which includes liquid and solid waste disposal, food hygiene, personal, domestic as well as environmental hygiene.

SWACHH BHARAT ABHIYAN: MAIN OBJECTIVES:

- Construction of individual, cluster and community toilets.
- To eliminate or reduce open defecation. Open defecation is one of the main causes of deaths of thousands of children each year.
- Not only toilets construction, the Swachh Bharat Mission will also make an initiative of establishing an accountable mechanism of monitoring latrine use.
- Public awareness will also be provided about the drawbacks of open defecation and promotion of latrine use.
- Proper, dedicated ground staff will be recruited to bring about behavioural change and promotion of latrine use.
- For proper sanitation use, the mission will aim at changing people's attitudes, mindsets and behaviors.
- Villages to be kept clean with Solid and Liquid Waste Management.
- Solid and liquid waste management through gram panchayats.
- To lay water pipelines in all villages, ensuring water supply to all households by 2019.
- To make India Open Defecation Free (ODF) India by 2019, by providing access to toilet facilities to all.
- To provide toilets, separately for Boys and Girls in all schools by 15.8.2015.
- To provide toilets to all Anganwadis.

SANITATION AND ITS IMPACT ON HEALTH:

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 (Mullegger, Langergraber and Lechner; 2011).

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."

Sanitation is very important in order to keep good health. Lack of proper sanitation causes diseases. Most of the diseases resulting from sanitation have a direct relation to poverty. The lack of clean water and poor sanitation has caused many diseases and the spread of diseases. One of the most significant diseases that arise from poor sanitation is diarrhea. Deaths resulting from diarrhea are estimated to be between 1.6 and 2.5 million deaths every year (Mara, Lane, Scott and Trouba; 2010).

Poor sanitation accounts for almost 50 percent of underweight children since it has direct link to diarrhoea. Children suffering from diarrhoea are more vulnerable to becoming underweight. According to Mare, Lane, Scott and Trouba(2010), about 26 percent acute respiratory infections occur in children who are malnourished, which has a direct link to diarrhoea. Sanitation is a serious issue that is affecting most parts of the world especially the developing countries and most of the affected are young children below the ages of five. On a global scale, the most affected are the children who in most cases lose their lives due to diseases caused by the poor sanitation. Other diseases that are caused by poor sanitation include typhoid, trachoma which prevents their victims from absorbing necessary nutrients which leads to another problem that is malnutrition. Sanitation is a necessity for a healthy life (George, Rose; 2008).

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:

SundarBurra, Sheela Patel and Thomas Kerr (2003) analyzed the involvement of an alliance of three Indian organizations in community-designed, built and managed toilet blocks that now serve more than half a million low-income urban dwellers in eight cities in India. This programme has reached hundreds of thousands of poor urban dwellers with much improved sanitation, water and facilities for washing. The study observes that this programme has helped change the relationship between the residents of slums and local government agencies. Further, the study also explains why sanitation has been neglected and describes the inadequacies of government run sanitation Programmes. The study describes a serious human problem faced by slum dwellers in congested slum areas like Dharavi in Mumbai, where toilet blocks built by municipality get into serious disrepair within three months of construction, leaving people with little or no alternative but to defecate in the open. The place around the public toilet block is normally used for open defecation by large number of people due to shortage of space which in turn, produces a very serious health problem and contributes to high infant and child death rates. Toilet blocks are also used to dump household wastes since there is no arrangement for lifting garbage of the community.

Pruss-Ustun A, Bos R and others (2008) analysed the country data of disease burden attributable to unsafe water, inadequate sanitation, insufficient hygiene and inadequate management of water resources. It highlights how much disease could be prevented through increased access to safe water and better hygiene. The study provides epidemiological evidence and economic arguments for fully integrating water, sanitation and hygiene in countries' disease reduction strategies. It also provides the basis for preventive action by all relevant sectors managing critical water resources and services in support of public health efforts. The burden of certain water-related diseases viz., diarrhea, malnutrition, intestinal nematode infections, lymphatic filariasis, trachoma, scistosomiasis, malaria and other diseases (dengue, Japanese encephalitis and onchocerciasis) are described and quantified. The study suggests further investigation on various factors related to water, sanitation and hygiene which includes water hardness, lack of which has been associated with cardiovascular disease; fluoride in drinking-water, high concentrations of which are associated with dental and skeletal impairments; arsenic content of drinking-water, which is associated with various cancers; spinal injury, which is a risk related to recreational water environments; legionellosis, which is associated with poorly maintained artificial water systems. It also suggests that while some health impacts are small at a level they could reach high local or national importance.

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.

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 Doukoure's living quarters and Niangon-Adjame'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.

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 evaluate the Health and Sanitation services provided in the village.
3. To highlight the role of government and analyse the sanitation schemes for betterment of the Public 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.
- 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.'
- 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.
- There is no government dispensary in the village and if the villagers have to go for check up they have to travel to a dispensary about 5-10 kms away from the village. However, a good transport system (100%) is present as buses can easily come in and go out of the village but they have no fixed time schedule.

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.

It was also concluded that all the respondents which is 100% said that there is need for improvement in the Open Defecation Free (ODF) programme in their village and scope of improvement was suggested by the respondents. A large proportion which is 43.3% suggested that by employing more funds in the village, sanitation and health issues can be improved.

It was observed that they were aware about the problem of sanitation and public health in the village. The Panchayat members took initiative to improve the conditions of sanitation and health by providing financial assets to construct the toilets in the houses of the villagers. It was also revealed by the members of Panchayat members that there was a health van visit every month and free medical facility was given to the villagers. They also revealed that there was Asha-worker who cares for the women in pre-natal and post-natal period and for the vaccination of children below the age of 5 years. The role of Anganwadi was very crucial in the women and child development especially in rural areas. The key functions of Anganwadi in this village was to provide supplementary nutrition to the children below five years of age, immunization of all children below five years, provide nutrition and health education to all women in the age group of 15-40 years, as well as basic health check-up, which includes care of new born babies and care of all children under five years of age. The Anganwadi worker plays not only an important role in the basic Integrated Child Development Programme (ICDP) activity but also plays an important role in creating awareness about sanitation and public health in meetings held every month with women. It was all revealed by the sarpanch and Panchayat members but according to villagers, there is no role played by them.

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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