

# RURAL HEALTH AND SANITATION-A CASE STUDY OF BYADGI TALUK

**Prof:MANJUNATHRADDI.J AJARADDI,**  
KARNATAKA UNIVERSITY, DHARWAD

## **Abstract:**

Health is an important component for ensuring better quality of life. Large masses of the Indian poor continue to fight hopeless and constantly losing the battle for survival and health. The war begins even before birth, as malnourishment of the mother reduces life chances of the fetus. Only the sturdiest survive the subsequent onslaughts of unsafe and unhygienic birth practices, unclean water, poor nutrition, sub-human habitats and degraded and unsanitary environments. With little or no access to health care, the grim battle continues into adulthood, until precarious survival once again spawns a fresh cycle of birth and struggle. In rural India, where over 50 percent of families are living in poverty, it is not only food security but also ill-health, which causes serious distress. Even after 50 years of Independence, we have an infant mortality of 87 per 1,000 with most babies dying due to diarrhea and other minor diseases related to portable water, hygiene and sanitation. Less than 10 percent of the rural population uses toilets and such lack of sanitary conditions and shortage of clean drinking water are directly affecting the health of most of the rural people. While the world is concerned with emerging diseases like AIDS, rural India is still highly affected by the age-old problems of TB, malaria and diarrhea on the one hand.

**Key word:**Health care, Hygiene, sanitation., Community Diseases, Swachha Bharat Abhiyan

## **Introduction:**

In rural India, where over 50 percent of families are living in poverty, it is not only food security but also ill-health, which causes serious distress. Even after 50 years of Independence, we have an infant mortality of 87 per 1,000 with most babies dying due to diarrhea and other minor diseases related to portable water, hygiene and sanitation. Presently, over 25 percent of villages do not have assured source of drinking water for at least 4-5 months in a year and about 75 percent of the water sources are polluted and do not meet the World Health Organization Standards.

The rural sanitation programme in India was introduced in the year 1954 as a part of the First Five Year Plan of the Government of India. The 1981 Census revealed rural sanitation coverage was only 1%. The International Decade for Drinking water and Sanitation during 1981-90, began giving emphasis on rural sanitation. Government of India introduced the Central Rural Sanitation Programme (CRSP) in 1986 primarily with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. From 1999, a “demand driven” approach under the “Total Sanitation Campaign” (TSC) emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), Capacity Development activities to increase awareness among the rural people and

generation of demand for sanitary facilities. This enhanced people's capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL) in recognition of their achievements.

## 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 district administration
- To analyze the perceptions of members of Rural community.

### Hypothesis of the study:

The following hypothesis is to be formulated for the purpose of the study

**Ho:** there is no significant relationship between Local Govt. (Health Dept Programmes and Rural peoples health .

**H1:** there is no significant relationship between Local Govt. (Health Dept Programmes and Rural peoples health .

### Source of Data:

**Primary Data** is collected by personal interview with PHC officer, ASHA's and Nurses and Gramapanchayath 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 pachayth in Byadgi Taluk of Haveridistrict.

**Tools and Techique:** the present study used chi-square test to analysis the collected information from Various PHC centres And GramaPanchayth's.

### Limitation Of study:

- 1] This study is covered only in Byadgi Taluk
- 2] This study Reveal only the Health problems and rural sanitation.

3] The study can cover all the rural of study.

### 1.POPULATION

Sl.no	Taluk name	According Population Census 2011		
		Rural	Urban	Total
1	Byadgi	111010	30014	141024
	Total	111010	30014	141024

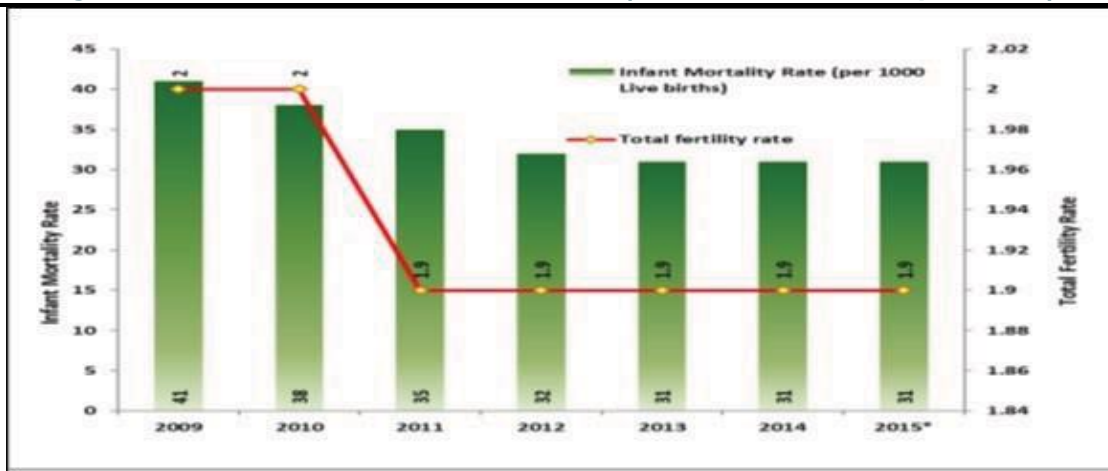
### 2.Medicalservices

Allopathy Hospitals, Indian System of Medicine Hospitals, Pvt. Hospitals Including Nursing Homes/Clinics*, Primary Health Centres& Community Health Centres As on 31.3.2015 ( In Nos.)								
AllopathHospitals		Indian System of Medicals		No. of Private Hospitals Including Nursing Homes/Clinics	Primary HealthCentres		Community Health Centres	
No's	Beds	No's	Beds		No's	Beds	No's	Beds
5	130	3	6	33	4	24	0	0

#### Sources:Survey data

#### Health Care in India

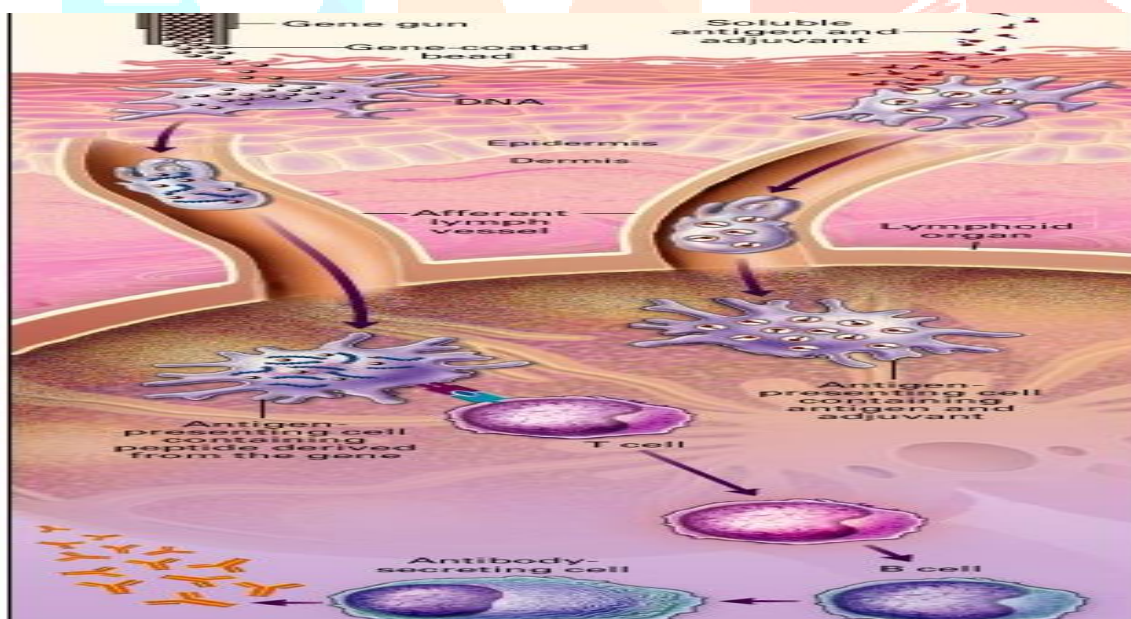
- Expenditure on health by the Government continues to be low. It is not viewed as an investment but rather as a dead loss!
- States under financial constraints cut expenditure on health
- Growth in national income by itself is not enough, if the benefits do not manifest themselves in the form of more food, better access to health and education: AmartyaSen
- India has 48 doctors per 100,000 persons which is fewer than in developed nations
- Wide urban-rural gap in the availability of medical services: Inequity
- Poor facilities even in large Government institutions compared to corporate hospitals (Lack of funds, poor management, political and bureaucratic interference, lack of leadership in medical community)



Sources: Economic Survey of Karnataka 2015-16

### Health Care in India: Curative Health Services

- Increasing cost of curative medical services
- High tech curative services not free even in government hospitals
- Limited health benefits to employees
- Health insurance expensive
- Curative health services not accessible to rural populations



Vaccination coverage in India continues to be low, and falls short of the target of 90%. Recommended vaccinations under EPI include DPT, polio, BCG, measles. It is proposed to add Hepatitis B and Influenzae type b to this list. Measles continues to cause 30% of all vaccine preventable deaths, mostly in developing countries.

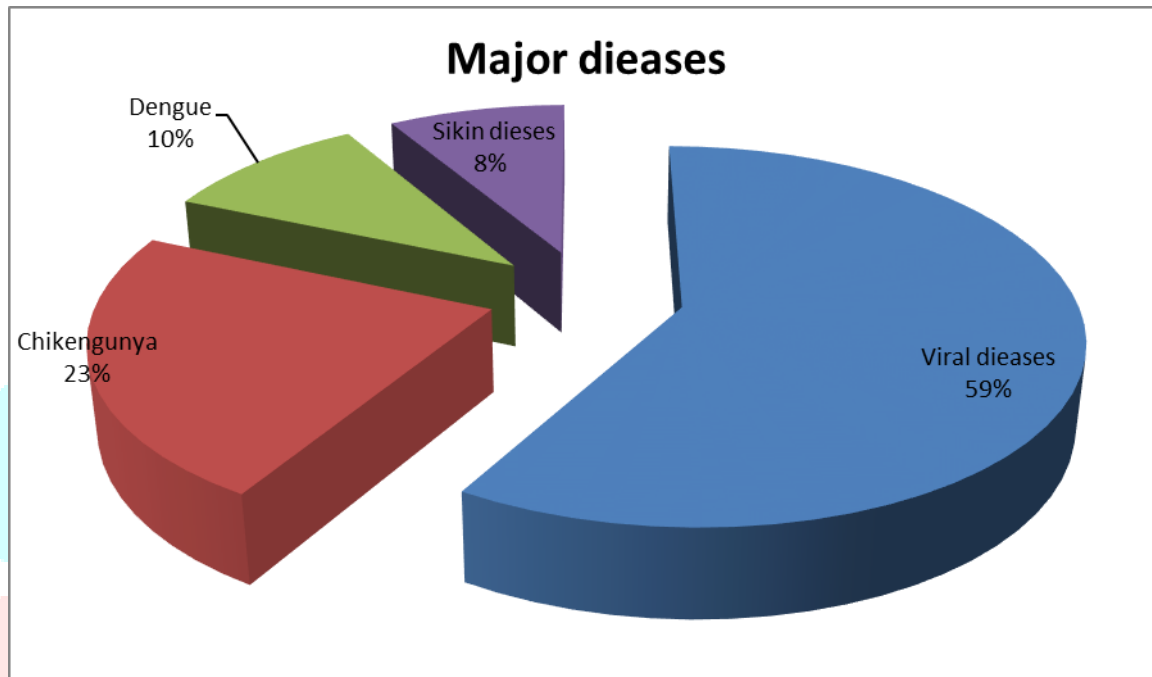
**Taluka Health office ByadgitqHaveridistrict Report On October 2016**

Sl.No	ProgrammeDetails	Annual Target	Annual Achivement	Percentage
1	Vasectomy-Female	1164	714	61%
2	Vasectomy-Male	8	0	0%
3	Wonky	564	346	60%
4	Tableted Issued	738	426	58%
5	Distribution Of Nirodh	920	535	58%
<b>Vaccination Programme</b>				
6	BCG	2733	1589	58%
7	ORAL POLIYO	2733	503	0%
8	Hepatitis B	2733	503	0%
9	Penta Violent	2733	1617	59%
10	Miseals	2733	1617	59%
11	DPT Booster	2733	1588	58%
12	D& T	2498	1614	65%
13	T.T For 10 Years Below Children's	2351	1661	71%
14	T.T For 16 Years Below Children's	2204	1643	75%
<b>Malaria Programmes</b>				
16	Active Blood	17664	10595	60%
17	Passive Blood	0	0	0
18	Positive Blood	0	0	0
<b>Tuberculosis Control Programme</b>				
19	Cough cases	1200	699	58%
20	Positive cases	156	89	57%
21	treatment	156	89	57%
<b>Eradication of Blinds</b>				
22	Eye operation Cases	1427	811	57.0%

**Source:Survey data****Health ProgrameesOfGovt.Of India:**

- **NRHM-Rural MissionFlexi pool:** Includes activites of RCH (JSY, JSSK, Family Planning, RBSK, RKSK, HR, training and Porgramme Management),
- Mission Flexipool (Health System Strengthening includes ASHA, Civil Works, procurement, Untied/AMG/RKS grants), NOHP,NPPCD.
- Immunization, Pulse Polio.

- **NHRM Mission Flexipool** (Health System Strengthening includes ASHA, Civil Works, procurement, Untied/AMG/RKS grants), NOHP,NPPCD.
- Immunization, Pulse Polio
- **NRHM-Urban Mission Flexipool:** Includes activities of NVBDCP (Malaria, Dengue &Chikangunia, JE, Kala-azar), NLEP (case detection, training, meetings, Programme Management), RNTCP and IDSP
- Includes activities under NPCDCS, NPCB (both Recurring and Non recurring Aid), Mental Health Programme, Health Care for Elderly, Control of Deafness, Tobacco Control



### **Health Care in Developing Countries**

- Existing infrastructure for health care needs to be strengthened. Health should be perceived as an investment and receive greater budgetary allocation.
- Education, safe water and sanitation need priority.
- Vaccination coverage to be improved.
- Better implementation of national health programs.
- Judicious use of the scant resources by promoting most cost-effective strategies for disease prevention.
- Inclusion of all level of stakeholders in planning and policy making using tremendous human resource available in the country.

### **InequalityOf Health Care in India**

- ❖ A dark cloud, however, threatens to blot out the sun from this landscape. Almost everywhere, the poor suffer poor health and the very poor suffer appallingly.
- ❖ In addition the gap in health between rich and poor remains very wide. Addressing this problem, both between countries and within countries, constitutes one of the greatest

challenges of the new century. Failure to do so properly will have dire consequences for the global economy, for social order and justice, and for the civilization as a whole.

**Rural Sanitation:** More than half the rural population of the country still opts for open defecation, says the recently released Swachhta Status Report by the National Sample Survey (NSS) Office. The nation-wide rapid survey was conducted during May-June 2015, concurrently with the 72nd round of the NSS. The survey was to track the government's flagship programme, Swachh Bharat Abhiyan. The survey estimates that 52.1 per cent of people in rural India choose open defecation compared to 7.5 per cent in urban India. According to NSS data, 13.1 per cent of the villages and 42 per cent urban wards have community toilets. However, they were not being used in 1.7 per cent villages and 1.6 per cent urban wards. Also, in 22.6 per cent of the villages and 8.6 per cent urban wards, community toilets were not being cleaned.

About 48 per cent of children in India are suffering from some degree of malnutrition. According to the UNICEF, water-borne diseases such as diarrhoea and respiratory infections are the number one cause for child deaths in India. Children weakened by frequent diarrhoea episodes are more vulnerable to malnutrition and opportunistic infections such as pneumonia, diarrhoea and worm infection are two major health conditions that affect school children impacting their learning abilities.

Government of India (GOI) has been promoting sanitation coverage in a campaign mode to ensure better health and quality of life for people in rural India. To add vigour to its implementation, GOI launched an award based Incentive Scheme for fully sanitized and open defecation free Gram Panchayats, Blocks, Districts and States called "Nirmal Gram Puraskar" (NGP) in October 2003 and gave away the first awards in 2005 as a component of its flagship scheme Total Sanitation Campaign (TSC). Nirmal Gram Puraskar till 2011 was given by Ministry of Drinking Water and Sanitation (MoDWS), Government of India at all levels of PRIs that is Gram Panchayat, Block Panchayat and district Panchayat.

### **GraminSwachh Bharat Mission**

- To improve quality of life of people living in the rural areas.
- Motivate people to maintain sanitation in rural areas to complete the vision of Swachh Bharat by 2019.
- To motivate local working bodies (such as communities, Panchayati Raj Institutions, etc) to make available the required sustainable sanitation facilities.
- Develop advance environmental sanitation systems manageable by the community especially to focus on solid and liquid waste management in the rural areas.
- To promote ecologically safe and sustainable sanitation in the rural areas.

## Bydagi Taluk Sanitation Programme (Swachh Bharat Abhiyan)

## PANCHAYATS WISE REPORTS ON CONSTRUCTED TOILETS AS ON 28/12/2016

Sl.NO	Panchayat Name	Total No of Households as per survey	Total No of Households with toilet as per survey and social audit	Total No of Households without toilet as per survey and social audit	Total No of toilets constructed	Balance to be covered
1	BANNIHATTI	1258	195	1063	501	562
2	BISALHALLI	1494	379	1115	623	492
3	BUDAPANAHALLI	1437	77	1360	420	940
4	CHIKKABASUR	1254	568	686	352	334
5	GHALAPUJI	1118	556	562	450	112
6	GUNDENAHALLI	992	133	859	436	423
7	HEDIGGONDA	985	288	697	426	271
8	HIREANAJI	1107	231	876	592	284
9	HIREHALLI	1444	646	798	711	87
10	KADARAMANDALAGI	1382	454	928	633	295
11	KAGINELE	1875	718	1157	722	435
12	KALLEDEVARU	1678	108	1570	658	912
13	KERAVADI	1937	271	1666	890	776
14	KUMMUR	1037	329	708	466	242
15	MALLUR	1695	286	1409	899	510
16	MASANAGI	1737	228	1509	955	554
17	MATTURA	1035	50	985	478	507
18	MOTEBENNUR	1933	368	1565	958	607
19	SHIDENUR	1464	607	857	496	379
20	SUDAMBI	1023	332	691	425	266
21	TADAS	892	86	806	511	295
		<b>28777</b>	<b>6910</b>	<b>21867</b>	<b>12602</b>	<b>9283</b>

Report: Survey Data



**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
- **Traditional medicine:**Rural peoples are depending their traditional Medicine (ayurvedic. allopathic) methods and RMP doctors.
- **Health insurance:**Uninsured people face barriers to care compared to people with health insurance coverage
- **Distance and Transportation :** People in rural areas are more likely to have to travel long distances to access healthcare services, particularly specialist services.
- **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.
- ASHA's Role s more importance for Pregnant women and child. so gave Service Guarantee and good Salary for theses peoples.
- 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 swachhabharathabhiyan, 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 (swachhabharatabhiyan) 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.

**References:**

1. BakshiDayanathSinha, P. S. K. Menon: Environmental Sanitation Health and Panchayati Raj
2. Department of Health & Family Welfare karnataka
3. Department of rural Development and Panchayth Raj Institution of Katnataka State.
4. Karnatka Economic survey of 2015-16
5. Swachh Bharat Mission (Gramin)
6. Talukapachayath Office, Byaditq of Haveri district
7. The Hindu Newspaper Report On 26th april 2016
8. The Ministry of Drinking Water and Sanitation, Government of India
9. The National Rural Health Mission (NRHM) Govt.of India
10. WHO reports on India in 2015
11. <http://www.jetir.org/papers/JETIR1805348.pdf>
12. [www.jetir.org/papers/JETIR1805245.pdf](http://www.jetir.org/papers/JETIR1805245.pdf)
13. [www.ijcrt.org/papers/IJCRT1813010.pdf](http://www.ijcrt.org/papers/IJCRT1813010.pdf)
14. [www.ijcrt.org/viewfull.php?&p\\_id=IJCRT1813018](http://www.ijcrt.org/viewfull.php?&p_id=IJCRT1813018)
15. <http://www.ijcrt.org/papers/IJCRT1892499.pdf>
16. <http://www.ijcrt.org/papers/IJCRT1892501.pdf>
17. <http://www.ijrmps.org/research-paper.php?id=151>

