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STATUS OF SANITATION IN PAIKA PANCHAYAT -A SOCIOLOGICAL STUDY IN RANCHI DISTRICT OF JHARKHAND¹

Sanitation is more important than Independence- Mahatma Gandhi

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ABSTRACT:

Health and Hygiene is the basic need of every individual in the country. India is the second most populous country in the world which has failed miserably to fulfill that need. It has recently celebrated its 69th independence day but still more than half of India is without safe drinking water, sanitation facilities, primary education and health.

Sanitation in India has become a major problem. Poor sanitation impairs the health leading to high rates of malnutrition and productivity loss. Today, Rural Development is essential for the development of the India. This paper aims to explore the impact and problem related to sanitation in Paika village in Ranchi district in India. This paper uses quantitative research techniques data collected through directly participating on the field gained through questionnaire and face-to-face personal interviews conducted with Paika village people. The report has found the main problems that need to be tackled are as people were not much literate, most of them are educate up to class 8th and very few have done higher secondary education. And there is no proper implementation of government schemes.

KEYWORDS: Sanitation, Cleanliness, Toilets, Rural Development.

INTRODUCTION:

Through Sanitation, there is a proper and safe disposal of sewage or wastewater and prevention of human contact with the hazards of wastes leads to the hygienic means of promoting health. Hazards can be physical, microbiological, biological or chemical agents of disease.

The World Health Organization defines the term "sanitation" as follows:

"The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal. It refers to the facilities and services for proper disposal of human urine and feces."

The basic purpose of sanitation is to provide a healthy living environment for everyone, to protect the natural resources and to provide safety, security and dignity for people when they defecate or urinate.

For any social and economic development, adequate sanitation in conjunction with good hygiene and safe water are essential to good health. Lack of proper sanitation and clean water leads to diseases and it has direct relation to poverty. It is estimated that inadequate sanitation is responsible for 4.0 percent of deaths and 5.7 percent of disease burden worldwide.



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Lack of sanitation is major issue which is affecting most of the developing countries and countries in transition. The importance of the isolation of excreta and waste lies in an effort to prevent diseases which can be transmitted through human waste, which afflict both developed countries as well as developing countries to differing degrees.

It is estimated that up to 5 million people die each year from preventable waterborne diseases, as a result of inadequate sanitation and hygiene practices. The effect of sanitation has impacted the society of people throughout history. Sanitation is a necessity for a healthy life.

LITERATURE REVIEW:

According to the report of United Nations Children's Fund, around 1,000 children below the age of five die every day in India from diarrhoea, hepatitis-causing pathogens and other sanitation-related diseases.

Dayanand B. Panse (2006) portrayed a depressing picture of India's state of affairs in sanitation. The author emphasizes that, for the poor people living in urban slums and rural areas without adequate sanitation and water supply, to achieve a better economic growth rate and higher productivity, priority has to be given to health of these people. For this, improved sanitation and safe water supply is necessary. A massive effort is needed to reduce this daunting backlog of sanitation with sustainability as a part of the programme. He points out about closing the loop between agriculture and sanitation to address issues of depletion of soil quality, food security, sustained soil fertility, soil carrying capacities, discharge of nutrients and organic material into drinking water. He emphasizes that, India urgently needs to develop innovative, decentralized solutions that are less costly and which can save water. The author also suggests that, ecological sanitation which can be termed as a holistic approach to sanitation and water management is the most significant and viable solution.

School Water and Sanitation Towards Health and Hygiene (SWASTHH) programme leads to School Sanitation and Hygiene Education (SSHE) in the country. This book is basically meant for teachers and trainers involved in school sanitation and hygiene education. The SSHE programmes operating at different levels, such as state, district or block level. It was developed in the framework of the SWASTHH programme in India and it provides many guidelines and activities.

A new survey conducted across the country by Dasra, a strategic philanthropy foundation which provides that Sixty-six per cent of the women in Delhi slums are verbally abused, 46 per cent are stalked and more than 30 per cent are physically assaulted while accessing toilets.

In a joint report published by the WSP (Water and Sanitation Programme), the ADB, AusAID, UKaid has stated that the inadequate sanitation adversely affects the economic growth in the country. As per the report published by TIME, the poor sanitation facilities in rural India led to the stunting of growth in children in the country.

The survey conducted by National Sample Survey Office (NSSO) in 2012; which has once again underlined the abysmal state of sanitation in the country, particularly in rural India.



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THEORETICAL FRAMEWORK:

Various theories by different sociologists have tried to explain the phenomenon and sociological problem of sanitation. The theories are: Functionalist theory, Conflict theory and Symbolic Interaction theory.

Functionalist perspective

The Theory of Functionalism interprets each part of society in terms of how it contributes to the stability of the whole society, how social order is possible or how society remains relatively stable. In the perspective of functionalist sociological theorist social systems including economy works like a biological organism where every part of the system work in a united manner so that smooth functioning is maintained and so that society builds consensus between different parts of the system. In this change is evolutionary and the changes take place to minimize dysfunction and to enhance the stability and its survival in the future. In addition the social, legal, political, religious systems will not be in clash with the economic system. They should work in unison with the economic system so the whole social organism survives and social order can be maintained and their functions and their purpose even though different work as a unified system.

In context of this theory, it is the Governments duty to provide sanitary facilities, health facilities and education to the weaker section of the Society to maintain the social order.

Symbolic interaction theory perspective

Symbolic interaction theory is a micro-sociological theory as opposed to the functionalist and conflict theory. That is symbolic interaction theory analyze how individuals and groups interact with each other and how they adept to change and shape change and build economic and social relations and political structures and institutions rather than viewing the economic system as whole. In their perspective communication and negotiation between individuals and groups and build symbolic meaning imposing this meaning in society and economic system and its parts work on these symbolic meaning of the societies relationship with the economic affairs of society and its priorities and what changes are beneficial to society in economic terms in these symbolic meanings determine how the economic system work and all the issues involved in the economy and how it must be resolved and the process of reform and changes to the economic system. Thus, society is thought to be socially constructed through human interpretation. People interpret one another's behaviour and it is these interpretations that form the social bond. In sanitation, this theory plays a vital role people on seeing the other people build their mentality. Earlier people think that building toilets in their homes is wrong, such things can't be built at home, so they preferred defecating in open. The society gave their own meaning to it which they consider right, neglecting the ill effects of open defecation. But soon people started to change their mentality by looking at other people thoughts, the people of their own community who thinks that open defecation can prove fatal.



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SIGNIFICANCE OF RESEARCH PROBLEM

Through this research it is an attempt to study the problem and facilities of sanitation in rural areas. Most Indians depend on on-site sanitation facilities which mean mainly pit latrines in rural areas. In rural areas, the government has been promoting community-led sanitation approaches such as the Total Sanitation Campaign, with some success. In urban areas, a good practice example is the Slum Sanitation Program in Mumbai that has provided access to sanitation for a quarter million slum dwellers. Sewerage, where available, is often in a bad state. "More than 2.6 billion people in the world still go for open toilet," said Suman Chahar, chairperson, Sulabh International Academy of Environmental Sanitation and Public Health, New Delhi, adding, "Both behavioural and technical measures are required to create hygienic environment. In 1870, first sewage system of the country was laid in Kolkata. In the last 142 years, out of 5,161 towns and cities of the country, only 209 have a sewage system."

In India, sanitation issues arises due to lack of availability of clean drinking water, to improper disposal of human and other waste. Improper sanitation leads to various diseases such as diarrhoea, dysentery, malaria, dengue, etc. As per the UNICEF reports, in India, about 1000 children, under the age of 5, die every day due to diarrhoea.

According to WHO-UNICEF report (2010), India has the highest rate of open defecation. Access to safe drinking water, and good sanitation are vital for family well-being. It results in control of enteric diseases, and boosts child health. A healthy child has better learning and retaining ability. Girls avoid going to school where there are no proper sanitation measures. Sanitation makes a positive contribution in family literacy. According to a UNICEF study, for every 10% increase in female literacy, a country's economy can grow by 0.3 percent. Thus, sanitation contributes to social, and economic development of the society.

This study will help to know the problems in rural areas which will help in formulations and implementation of sanitation policies.

OBJECTIVES OF THE STUDY

This research has following objectives:

- To study the working of sanitation facilities provided by the government in rural areas whether they are sufficient or not.
- To illustrate the inadequacy of sanitation facilities in rural areas and highlight the reasons for the inadequacy of sanitation facilities in rural areas.
- To analyze the status of implementation of various government sanitation welfare schemes for people of the depressed classes and to suggest measures for improving sanitation facilities for rural population.
- To study about problem of open defecation.
- To analyze status of toilets in rural areas.



HYPOTHESIS

This research has following hypothesis to be tested during the course of research:

- Toilets will not be in every household.
- Unhygienic Conditions in rural areas.
- Less awareness about the sanitation policies of government and diseases.
- Inadequacy is more prevalent in rural areas than in urban areas.
- Unsuccessful Implementation of sanitation policies is the reason behind inadequacy.

UNIVERSE/POPULATION OF STUDY

The universe of the research is the target population at which it is aimed. The topic aims to study the status of sanitation in the rural tribal area. Thus the population constitutes of the entire population of the tribal village visited.

RESEARCH DESIGN

Research design is the basic structure or a systematic plan, a blueprint of the research work. In the present research, explanatory research design is used. This tries to establish relations between various variables by means of hypothesis testing. It is a type of qualitative research design focusing on causality, i.e. establishing cause and effect relation.

SAMPLE SIZE

Sampling is a method by which a smaller representation of a larger group is taken. It is a subset of the entire population. In the present research the sample size of the population would constitutes of 15 respondents by way of simple random sampling method.

METHOD OF DATA COLLECTION

The study is based mostly only on the primary sources, i.e. field study but also takes inputs from secondary sources of data, i.e., reviewing the available literature. The primary source includes first hand data collected from the village to be visited with the aid of the interview schedule designs formulated for various stakeholders including the school, local village families, the angadwadi staff etc.. The literature reviewed includes:-

- Various newspaper reports on sanitation,
- Reports by surveying agencies
- The various programmes undertaken by the government in field of sanitation.
- Various studies and articles that throw light on the sanitation issues in rural areas especially Jharkhand.

DESCRIPTION OF THE VILLAGE

The research paper depicts the sociological study and survey done on the status of sanitation facilities, in the village of Paika Panchyat, Ranchi District. The village is nearly about 45 KMs from Ranchi, Ranchi –Purulia Highway. The total population of the village is around 4000. Majority of the families are residing are joint families. This is underdeveloped village and most of the people have mud house. The village comprises of majorly Tribal and OBC population. The consumption of hadia



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and mahua is evident in the village. The village falls under the naxal belt and is adversely naxal affected. However no naxal activity has been recorded in recent times.

It was quite evident that the entire tribal population facing lots of problems. Further research clearly showed that the unemployment rate is very high and hence majority of the youth is migrating to places like Ranchi in search of better opportunities and facilities. As far as employment of people in the village is concerned, most of the people are heavily dependent on agriculture with spare time devoted towards random jobs like labour work, rickshaw pulling, auto-rickshaw driver etc.

With most population under the below poverty line, they are forced to live in the conditions which are certainly not suitable for a healthy living. Major population lives in houses without any drainage system and proper toilets. The sources of drinking water are tubewell and well but some tube wells are not functional.

In the village people were using television/mobile/electricity and these factors indicate the symbols of modernity and modernization. But rural poverty is one of the important features of the village. In the village there were three upper primary schools up-to 8th class, PTR is also maintained in the school. Participation of the girls students is more than boys students in the school. Also women are more active and participating in socio-economic development of the village. Health sub-centre is not fully functional, but anganwadi centre is fully functional. In the village there is weak local governance system, panchayat is not functional.

People celebrate the festival of Sarhul, Sarana, Diwali, Durgapuja, Markar Sankranti. In the village panchayat is implementing MGNREGA, but people are not getting wages in time. The Government is implementing NRLM, MGNREGA, Toilet construction Project. Also there is a Branch of Bank of India.

The villagers were very cooperative and helped a lot in providing the required data.

FIELD OBSERVATIONS RELATING TO RESEARCH PROBLEM

- Almost all the people in Paika panchyat were associated with agriculture works and they also worked as labor outside the village on the daily basis. They live in poor condition but that can be improved.
- There were opportunities for better education facilities for the students but this was not done.
- People of the village were not much aware of the scheme of government; they had only basic knowledge about it.
- In that Village, people created groups who worked execution of the scheme, even parents of the students were members of it but no fruitful results were observed.
- Among all the 15 respondents interviewed, only 5 respondents affirmed that they have proper toilets in their home but only one use toilet rest goes to open to defecate.
- People do not use soaps to clean their hands after defecating.
- Diseases are prevalent in the village, according to the people almost in every one or two month one of their family members suffer with diseases like dengue, malaria, jaundice etc.



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- The people of the village go in open to defecate primarily because of no water supply, when asked whether they would go to toilets to defecate if build and functional, all of them said yes.
- The government is building toilets in the homes of the villagers.



Picture 1: Researchers interviewing the villagers to collect data for research.

LIMITATION OF THE STUDY

- The time spent for the collection of data was only 4-5 hours and it was very less as compared to the work done in a normal field survey.
- Only a limited number of people could be selected as sample, and a varied combination of people as a sample could not be taken into consideration for the formation of a more detailed study.
- Due to lack of time and resources, study of only one village was possible on the basis of which generalisation are made, which may lead to errors in the final result.
- Limitation as to language was also felt to some extent which led to difficulty in communication. So, spending time with the respondent became important but that lead to shortage of time for other respondents as the time was limited to merely three hours for data collection.
- Most of the respondents showed aggression considering us to be government officials.
- Most of the members of household were in the brick kilns or farms at that point of time. So, there were not many respondents available.
- It was quite difficult to get complete information from them, as they get irritated.
- Lack of value systems, there was different cultural background.
- Women were being shy in answering the questions.



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DATA ANALYSIS

- Sex of the respondents:**

Male	Femal
10	5

The number of respondents in the present survey included 15 people out of which 10 were male and 5 were female.

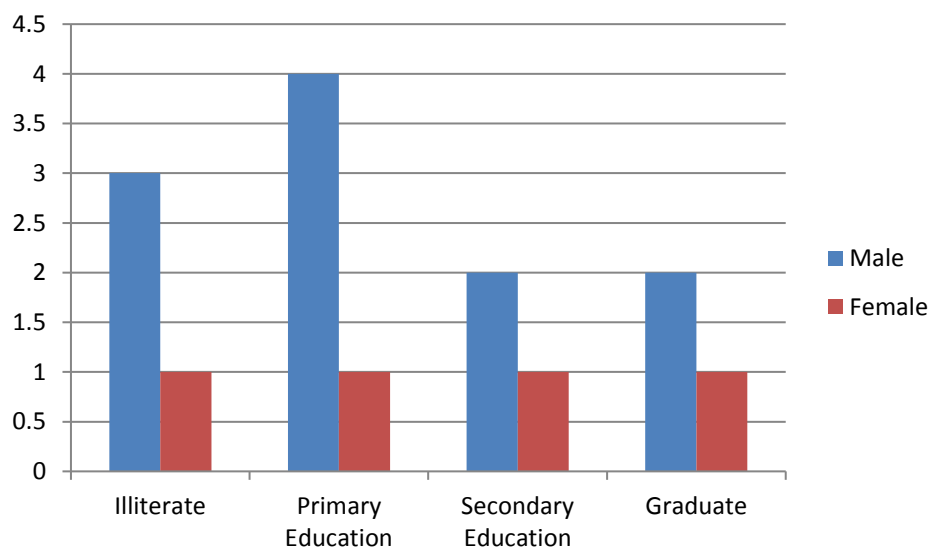
- Age:**

	Male	Female
Less than 18 or 18	0	2
Between 18-45 years	6	3
More than 45 years	4	0

The age group of all the respondents were in heterogeneous so as to ensure the data collected is proper representation of all age groups.

- Educational Qualification of respondents:**

	Male	Female
Illiterate	3	1
Primary Education	4	1
Secondary Education	2	1
Graduate	2	1



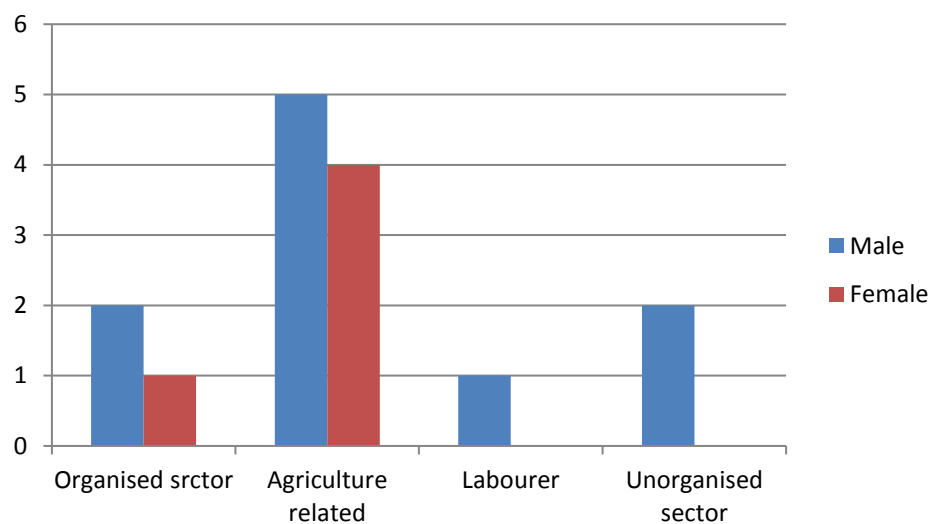


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Of the 15 respondents interviewed, majority of the people started their schooling and left it before completing their secondary examinations and thus majority of them left at primary level, from classes 4 to class 7. There are some graduates in village too.

- **Occupation:**

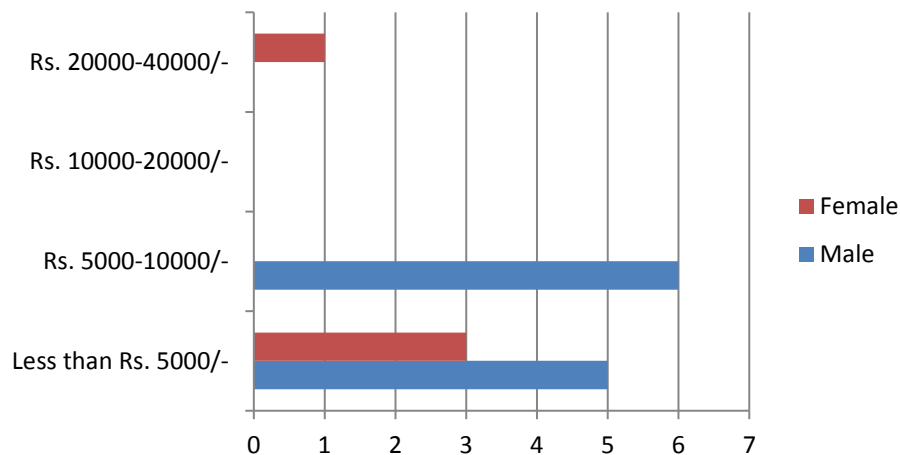
	Male	Female
Organised sector	2	1
Agriculture related	5	4
Labourer	1	0
Unorganised sector	2	0



Majority of the respondent interviewed in this survey happened to practice agriculture and those not having enough land to practice agriculture happened to work as daily labour.

- **Income (Monthly):**

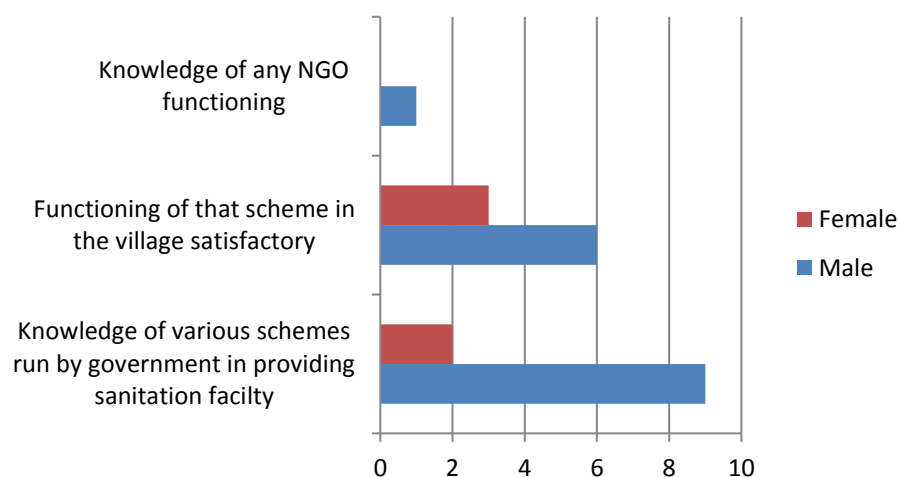
	Male	Female
Less than Rs. 5000/-	5	3
Rs. 5000-10000/-	6	0
Rs. 10000-20000/-	0	0
Rs. 20000-40000/-	0	1



This chart shows the income group of the respondents with majority of them earning less than 5000/- monthly and managing life at such small income. Few of the respondents belonged to the group of having income between 5000- 10000/- as they managed they produce a little more from the agricultural land they have.

• **Schemes run by government and their failure to provide facility:**

	Male	Female
Knowledge of various schemes run by government in providing sanitation facility	9	2
Functioning of that scheme in the village satisfactory	6	3
Knowledge of any NGO functioning	1	0



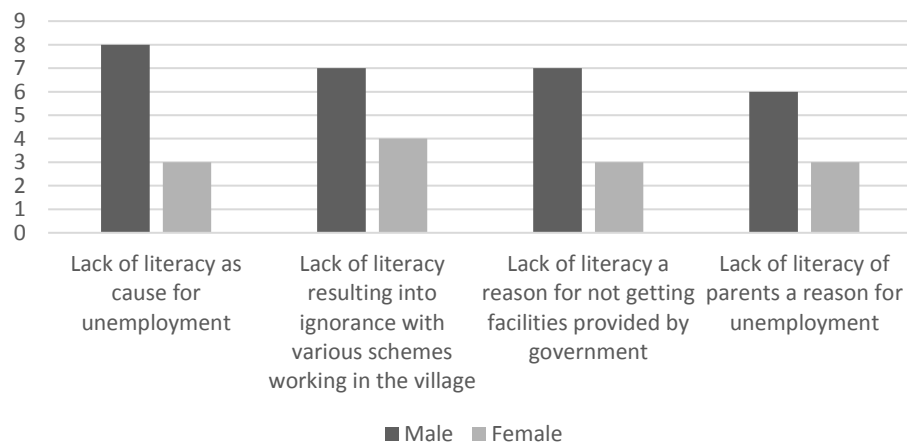
This chart manages to show the knowledge of the people in the village with respect to the various schemes and facilities provided to the people and also the implementation of schemes in the village in the expected sense.



- Literacy explaining sanitation**

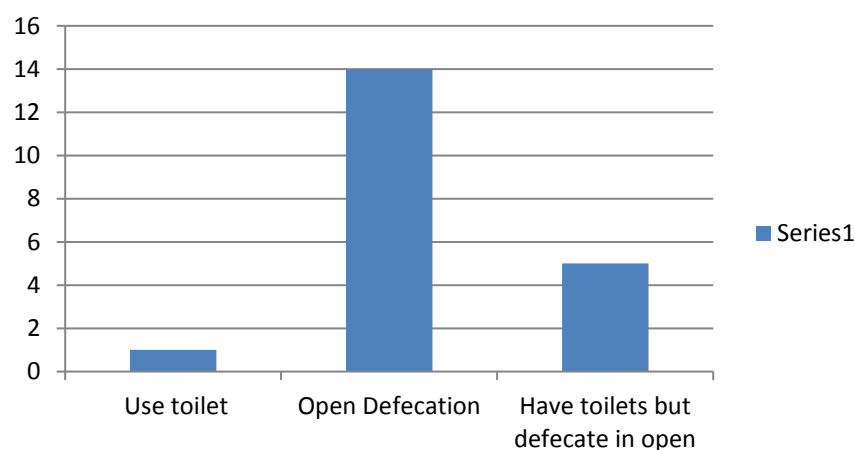
	Male	Female
Lack of literacy as cause for sanitation	8	3
Lack of literacy resulting into ignorance with various schemes working in the village	7	4
Lack of literacy a reason for not getting facilities provided by government	7	3
Lack of literacy of parents a reason of no toilets	6	3

Chart Title



The chart portrays the views of the respondents with respect to the lack of literacy and the effects that illiteracy has on the chances of employment and how lack of literacy is a reason for ignorance to the schemes working in their favour and thereby causing unemployment which further lead to less toilets.

- Toilet facility**



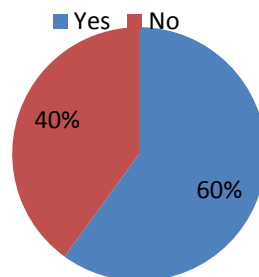


People use soaps to clean hands after using the toilets.



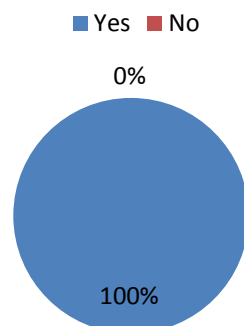
Problem faced in open defecation

Face problem in open defecation



- Will they use toilets if become operational?

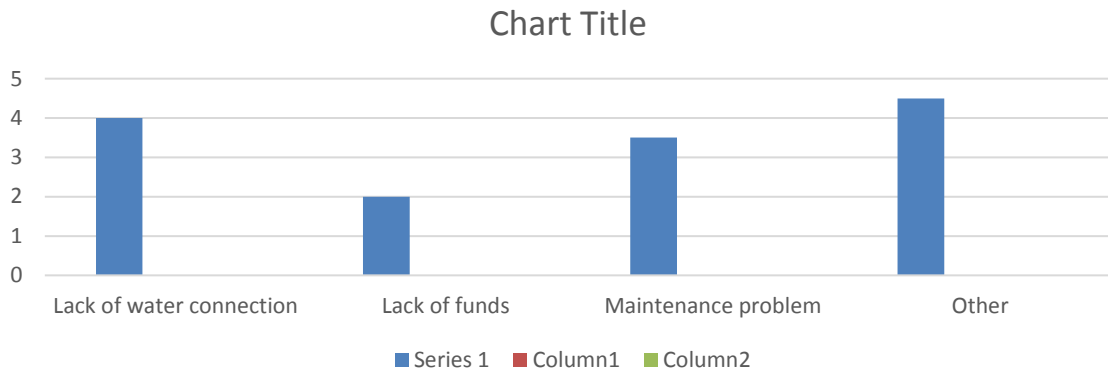
Use toilet if build and become functional



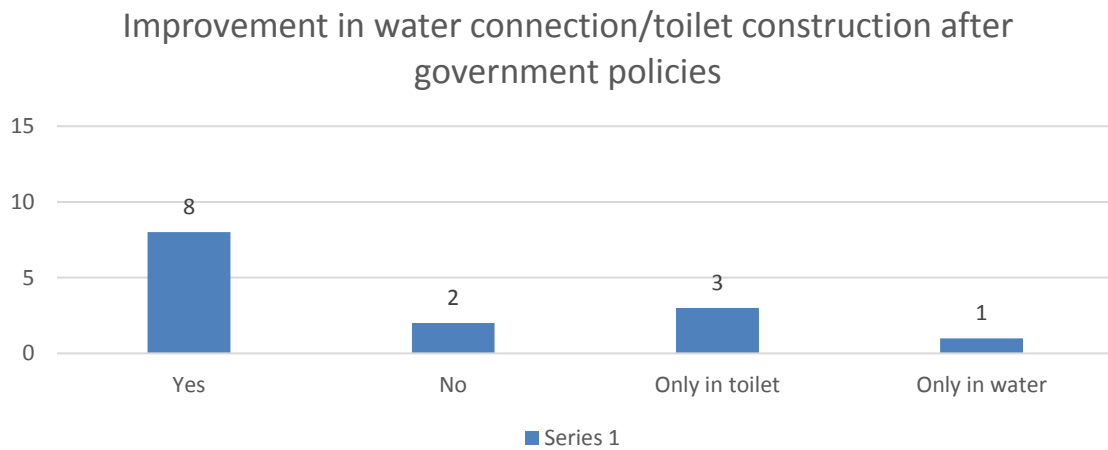


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- Reason for not building toilets.**

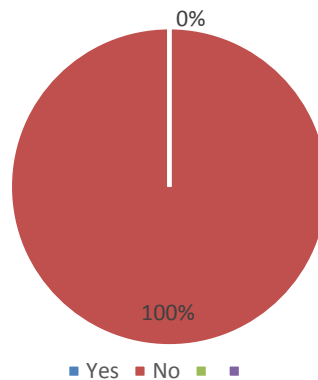


- Is there any improvement after government policies?**



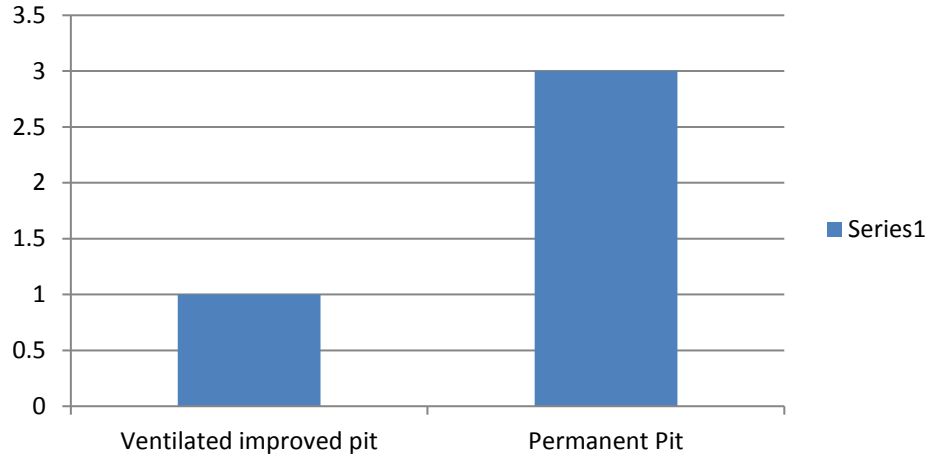
- Community toilets**

Community toilets

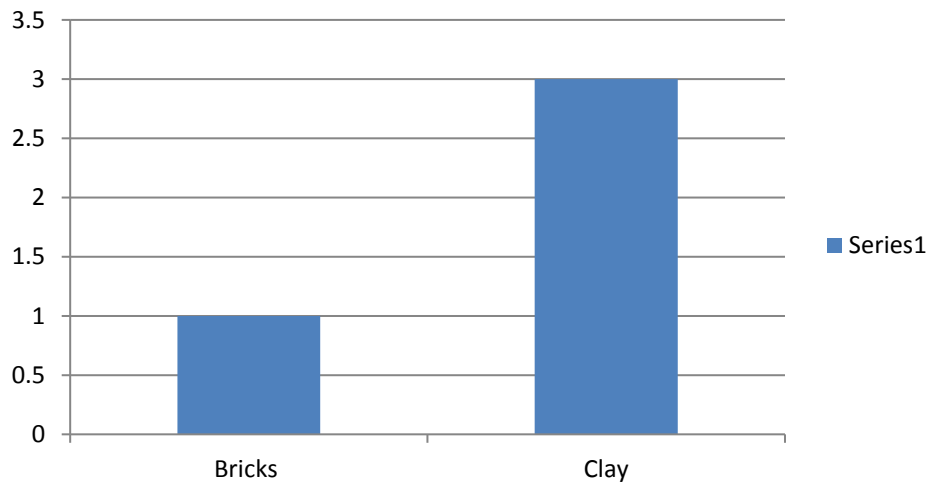




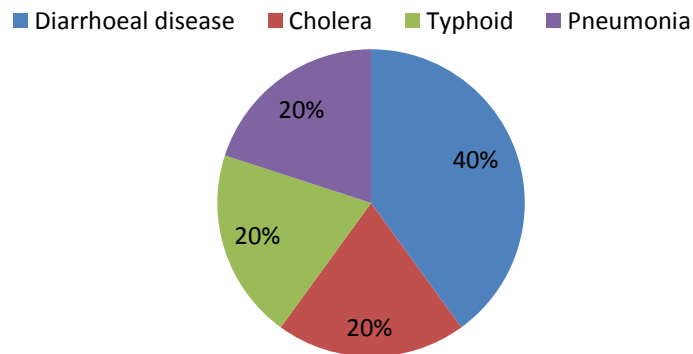
- Kinds of toilet**



- Material of superstructure**

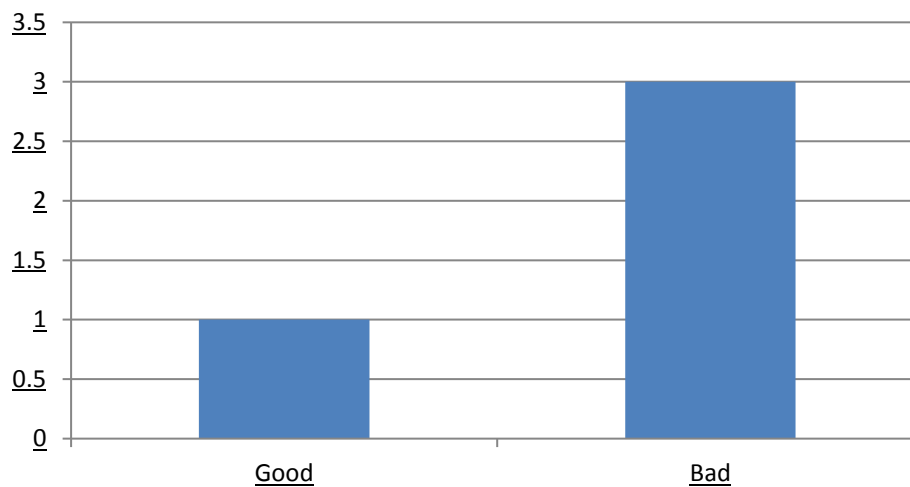


- Disease because of unhygienic and poor sanitation facility**





- **Condition of toilets**



SUMMARY OF THE KEY FINDINGS

Following points have been profoundly found out in this survey on the status of sanitation among the tribal people in the village of Paika.

1. Sanitation and hygiene are critical to health, survival, and development. A significant amount of disease could be prevented through better access to adequate sanitation facilities and better hygiene practices. Improved sanitation facilities (for example, toilets and latrines) allow people to dispose of their waste appropriately, which helps break the infection cycle of many diseases.
2. It is not that the government is at fault the people are also reluctant to set up toilets in their home, though they possess mobile phones and televisions. The people of the village do not give much importance to health and hygiene and consider it as a secondary issue.
3. Literacy has turned out to be a very important issue concerning hygiene and sanitation. Literacy of the entire village was pretty low. Majority of the people fail to get to the secondary examinations and have dropped out in primary education to earn for the family and contribute to the family works or agricultural fields.
4. Illiterate people fail to get facilities provided by the government in terms of various schemes. Few people even were unaware of such schemes. Although, some of the people having qualification of primary education did know of the scheme of government regarding sanitation.
5. Out of the 15 respondents only 5 had toilet facilities in their home, but only one uses. Rest all defecate in open.
6. There was lack of hygiene among people, people rarely wash their hands after defecating. Only 4 people said that they wash their hands always after, 6 people said that they wash their hands sometimes and 5 people said that they do not wash their hands.
7. Out of the 15-respondent interviewed 60% relied that they face difficulties defecating in open and rest 40% said that they do not face problem as they have become habitual to it.



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8. The 10 respondents who do not have toilets facilities or have facility but they are not operational, said that they will use toilet facilitates if build and is in a working condition.
9. The reasons that people do not built toilets at their home of which first is, lack of water connection, second is due to lack of funds, third is due to maintenance problem and fourth is due to other problems.
10. In the village, there was no community toilets setup by the villagers or by the government.
11. The condition of the toilets was satisfactory, out of 5 toilets reviewed 1 was in good condition and rest was in pathetic condition.

RECOMMENDATIONS

1. On the basis of the recent research findings, the following recommendations are made to other researchers, scholars, academicians, administrators and policy makers:
2. More awareness drives must be conducted in the villages, to tell the people about the hygiene and the ill effect of defecation.
3. A considerable amount of disease could be prevented through better access to adequate sanitation facilities and better hygiene practices. Improved sanitation facilities (for example, toilets and latrines) help people to dispose of their waste properly, which lead to break the infection cycle of many diseases.
4. It is imperative to strategize water management in degraded and undulating land, dependent on erratic monsoon. Water conservation through large dams has been proved contrary to the interests of the tribes. Therefore, the best strategy would be to construct water harvesting structures on various small and large water sources. Even on big rivers, small water harvesting structures could be constructed, which would be environment friendly.
5. Credit and marketing facilities need to be extended to the people for developing toilets. Delivery of social justice must be monitored by the National Commission for Scheduled Tribes, both at the national and state levels.
6. More awareness drives must be conducted in the villages, to tell the people about the hygiene and the ill effect of defecation and the importance of washing hands. A survey was done in rural poor and it revealed that people are still using mud for washing hands.
7. Community Toilets be constructed which can help in minimize the problem of open defecation.
8. The government must give sanitation the first priorities in its development issues than other issues which are of low importance.

CONCLUSION

As concluding this research paper, the researcher aims to test the hypothesis of the present problem. The electricity supply, health facilities, roads, houses all were in a pathetic condition. Basic facilities such as clean drinking water, education and employment opportunities were also missing. Thus the overall condition of the village was very pathetic.

Testing of Hypothesis of problem :-



- **Toilets will not be in every household.**

The research evidently shows that there were no toilets in every household. Only 5 people have toilet but only one uses.

- **Unhygienic Conditions in rural areas.**

The research clearly shows that there were unhygienic conditions in paika panchayat and people still washes hand with sand.

- **Less awareness about the sanitation policies of government and diseases.**

People were less aware about sanitation schemes of government. Diseases are also prevail in village which may cause by unhygienic conditions.

- **Inadequacy is more prevalent in rural areas than in urban areas.**

The research clearly shows that there is inadequacy is more prevalent due to unsuccessful implementation by government. Even literacy rate is also low which lead to less toilets in village.

There are government policies regarding building of toilets but it is not successfully implemented in every household. There are only 4 toilets out of 15 respondents and only one uses. Rest goes to open to defecate.

Sanitation and hygiene are critical to health, survival, and development. A significant amount of disease could be prevented through better access to adequate sanitation facilities and better hygiene practices. Improved sanitation facilities (for example, toilets and latrines) allow people to dispose of their waste appropriately, which helps break the infection cycle of many diseases.

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