PUBLIC HEALTH AND SANITATION AWARNESS IN RURAL AREAS: A CASE STUDY OF TAJ NAGAR VILLAGE IN GURUGRAM DISTRICT

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Abstract: *Sanitation is a burninig problem of our society. About 1/7th of the world's population still defecates in the open in absences of toilets, out of which 60 per cent lives in India. The lack of adequate sanitation and safe drinking water has made negative significant on health. India comprises of population about 1.2 billion people and nearly 600 million has no facility of assess of toilets and large number of populations still defecate in the open in the rural areas. In this paper, I have described about the socio- economic background of the respondents and impact of the sanitation programmes on rural population. The study highlighted that maximum respondent i.e. 45 per cent respondents belong to 25-35 year age-group, engaged in agriculture occupation (28.33 per cent) for their livelihood and maximum respondents (53.33%) utilized sanitation facilities i.e. toilets, safe drinking water, waste disposal but 1/3rd respondents still defecate in the open in rural setting. The study shows that the 50 per cent respondents used pit latrine without flush in their own houses and 36.67 per cent respondents used pit latrine (flush). Study also revealed that the 56.67 per cent respondents said they are known about the Sawach Bharat Abhiyan (clean India mission) sanitation programme.*

Key Words: *Sanitation, Health, Programme, Defecate, Impact, Sawach Bharat Abhiyan (clean India mission)*

1. INTRODUCTION: Public Health:

The term public health emerged from the various interdisciplinary approaches of biostatistics, epidemiology and health services. As defined by the United Nations, WHO: the extent of public health comprises of "a state of complete physical, social and mental well being and not only the absence of illness." To develop health and better quality of life through proper prevention and cure of disease is the main involvement of public health. In developed and developing countries, Public health plays a vital role in prevention of disease efforts through the full support of non-governmental organizations and local health systems. The WHO is known as the international agency which coordinates, combined and acts on global public health issues such as to cure the disease, encourages public about health benefits and long life among the society as a whole. It provides different activities to people such as health and hygiene conditions which focus on entire population but not on individual patients. The quality and quantity of human resources residing in a geographical area determines the status of public health which is influenced by many geographical factors like climate, by the standard of living determines the economic factors and to access to health services determines the social conditions.

To protect the health of entire population of the world is the main motive of public health. The public health functions comprises of:

- The public policies are formulated and designed in such a way so as to solve local and national health problems and priorities.
- To check that all populations have easily access to effective care of disease prevention services and health promotion.
- The appraisal and evaluation of the health of communities and population who are at risk by identifying health problems.

2. BACKGROUND OF PUBLIC HEALTH:

The past of public health goes reverse to almost as far as history of civilization. During civilization the possible traditions may be such as taboos against waste disposal within public areas or close to drinking water sources and public support during birth. In the ancient times, the past is that of archeological findings from the Indus valley (north India) around 2000 BC with the proof of sewer below the street level and drains in homes as explained by (Gebrezgi, 2005). According to the classical culture in (500 BC-500 AD), public health was experienced as alembics for community sanitation, physical fitness and water wells as per the era of ancient Greek. The period of twentieth century has been identified as the development of the health resources (1900-1960), social engineering (1960-1973), health promotion and the market period (1985 and beyond). As per (Gebrezgi 2005), the twenty first century is reducing the challenges such as the burden of excess mortality among the poor, the threats of economic crisis and

unhygienic environment. Various programs were organized range from immunization, child-care, health promotion, labeling of food for health care service.

2. SANITATION:

Sanitation may be defined as means of encouraging and maintaining health benefits through prevention of human contact with the bad consequences of wastes as well as the treatment and their proper disposal of sewage water. Hazards can be classified as physical, biological and chemical agents of diseases. Therefore peoples should be provided proper sanitation facilities as a systems approach, rather than only focusing on waste water treatment plant itself. To keep safe and encourage human health by providing a clean environment is the main objective of a sanitation system. As defined by (Pathak, 2015), Sanitation means providing the facilities and services for the safe disposal of human urine and preservation of hygienic conditions by providing services such as collection of garbage and waste water disposal. The term sanitation means to provide a safe and healthy environment to every people living in the society, to provide safety and protect our natural resources, to maintain the dignity for people when they urinate, providing facilities for safely disposal of urines. According to (Canant, 2005), the term Sanitation is a common responsibility of individual, state and the community. In order to maintain good health sanitation is very important part of every human being in the society for its growth and development. As founded by (Nagla, 2015) concluded that major cause of diseases arises due to the poor insanitation which occurred mostly due to poverty. The unclean water has caused many diseases. Diarrhea is the main diseases that arise from poor sanitation. Every year, the number of deaths resulting from diarrhea is estimated to be between 1.6 and 2.5 million. Various diseases that arise due to poor sanitation include trachoma and soil transmitted Helminthiases. The major issue which affecting most parts of the world on a large scale is sanitation and children's are the more in numbers who lose their lives due to diseases caused by improper sanitation.

3. SANITATION INFRASTRUCTURE:

India comprises of population about 1.2 billion people and nearly 600 million has no facility of assess to toilets. In India, a large number of populations still defecate in the open in the rural areas. The peoples who reside along railway tracks have no access to toilets and a proper water supply. In the field of Sanitation, India is still lagging far behind many countries. In India, most towns are characterized by congestion, over-crowding, improper water supply, solid wastes and waste water waste water due to improper sanitation facilities. In India, the urban population is about 63 % who is having without proper sanitation. In most of the cities, the waste sewage treatment plants are missing due to which most of the wastes are disposed in canals, rivers, and outside of the cities. The 11th five year plan contributes full 100% coverage of urban sewerage, rural sanitation and urban water by 2012 (Kumar, Kar and Jain, 2011).

4. THE INSTITUTIONAL SET UP PROVIDED FOR RURAL SANITATION IN INDIA:

In the country the provision for responsibility of Sanitation facilities rests with municipalities, gram panchayat in rural areas and local government bodies in urban areas. The central government and state government act as facilitators. In the country, for the purpose of planning, funding and coordination of programs of rural drinking water and sanitation the Ministry of Drinking Water and Sanitation (MDWS) acts as the nodal agency. The MDWS provides technical and financial and help in providing sanitation facilities to all the states and UTs, in their respective regions. The responsibility for procurement of the rural sanitation programs called as Nirmal Bharat Abhiyan (NBA) in most of the states lies with the Public Health Engineering Department which tries to change the rural India into the Nirmal Bharat by taking into account various activities like people centered approach, community level programs to create awareness for sanitary facilities in houses for a safe and neat environment (Pathak, 2015).

5. VARIOUS PROGRAMMES & APPROACHES FOR SANITATION:

Several diseases control programs like National leprosy Eradication programme, National Malaria Control Programme (NMCP), National Cancer Control Programme and National Tuberculosis Control Programme were started. Various initiative should be taken by many agencies like Sulabh International to make and develop public toilets and maintain them in many cities which brought big impacts but these initiatives could hardly get translated in to government mission due to lack of political will support.

5.1 Central Rural Sanitation Programme (CRSP):

The government of India had started India's first national programme on rural sanitation called as 'central rural sanitation programme' (CRSP) in 1986 which focused on the making of household toilets and on the promotion of a double pit pour-flush toilets to generate demand through hardware subsidies.

5.2 Nirmal Gram Puraskar (NGP):

In 2003, the government introduced an innovative incentive programme called as Nirmal Gram Puraskar (NGP) in India which motivates the Gram Panchayats by offering cash prizes. On national guidelines NGP

implementation has been decentralized to district and state levels. The Gram Panchayats has also increased to more than 22,000 which have won the Nirmal Gram Puraskar for achieving total sanitation. The report showed that there is an upward trend in scaling up rural sanitation coverage. The NGP also stated that open defecation is a traditional behavior in most of the states but now changing this practice is the biggest challenge.

5.3 National Rural Health Mission (NRHM):

In 2005, the government of India and the Ministry of Health and Family Welfare, launched the programme known as National Rural Health Mission (NRHM) which is considered as the major contributor of economic and social development to the determinants of good health. It has developed various strategies, plans, and goals of actions for Institutional arrangements. The convergence incorporates IEC activities, rural sanitary marts, individual household toilets, women sanitary complex and school sanitation programme. At district level, the District Health Mission gives directions regarding the activities of sanitation and promotes public health, sanitation and hygiene with the help of Village Health and Sanitation committee (VHSC).

6. REVIEW OF LITERATURE:

Khandewale (1996) concluded in the study that garbage is only collected sometimes. The study founded that if the garbage of the locality is not cleaned on daily basis, it would cause major health hazards to residents living in the society.

Mehrotra (2006) in his study offer a list of options for reform of Uttar Pradesh's public health system. He focussed attention on the various immediate issues takes place out of the implementation of NRHM. The preventive primitive public measures and the population health measures that underline a medical care and serious improvements in health outcomes do not appear to be forth coming except in the case of an increase in institutional deliveries.

National Sample Survey Organization (NSSO) (2010) presented the data which showed that 65.2 % people living in rural areas 11 % people living in urban areas have no proper facility of sanitation in households.

Pais (2011) presented a case study regarding 'Sanitation' in Mangalore and founded the problems of waste management. He founded that the quantity of solid waste generation should be increased and there should be provide proper storage bins.

Snehlatha (2011) in her study did field work in two urban slums areas of Hyderabad and Andhra Pradesh. She concluded that sanitation is an important issue of life and every person should maintain proper hygiene and sanitation facilities for the betterment of the society as a whole.

Mukhopadhyay et al. (2012) analyzed in the study that many food handlers pay no attention to their illnesses like diarrhea, throat infection and skin infections while continued to do work under severe conditions. These illnesses can resultant into the occurrence of various foods borne disease to the users who consumed it. With analysis of the results it was found that 50% of the respondents wash their hands with soap and water.

7. METHODOLOGY:-

The research methodology adopted for my study was exploratory and descriptive research design. The Gurgaon district was selected through purposive sampling method. Because taj Nagar village adopted by President of India. And villagers self make village railway station. The populations of the 2696 of which 1432 are males while 1264 are females as per village panchayat data. Taj Nagar village has 370 households. We have decided to take every sixth households from the list maintained by the Panchayat office.

7.1 Techniques of Data Collection:-

For this study, the interview schedule related to economic, social background of the respondents, health awareness in Schedule caste and backward caste was prepared for the data collection. The study was based on primary and secondary data which will be gathered through different sources. The secondary data was collected from different government organizations and publications. The Interview schedule was prepared for collecting the primary data.

Table 1
Age wise disribution of the respondents

Age Group	No. of Respondents	Percentage
25-35	27	45.00
36-45	13	21.67
46 and above	20	33.33
Total	60	100.00

Table 1 reveals age wise distribution of the respondents. It shows that 45 percent respondent belonged to the age group 25-35 years, 33.33 per cent respondents belonged to the 46 and above age group, and 21.67 per cent

respondent related to 36-45 age groups and majority of the respondents (75%) were male. 83.33 per cent respodents married and only 16.67 per cent respondents were unmarried.

Table 4

Caste wise distribution of the respondents

Caste	No. of Respondents	Percentage
Chamar	10	16.67
Parjapati	04	6.67
Valmiki	04	6.67
Nai	03	5.00
Khati	04	6.67
Ahir	35	58.33
Total	60	100.00

The table 4 points out the distribution of respondents according to caste wise. It shows that 58.33 per cent respondents belonged to Ahir caste, 16.67 per cent belonged to Chamar caste, 6.67 per cent related to both Parjapati (Kumhar) and valmiki caste. And only 5 per cent respondent belonged to Nai Caste. 50 per cent respondents are in below middle class education level. 21.67 per cent are in graduate and above, 18.33 per cent in 12^{th} education level. And only 10 per cent respondents are illitrate. 33.33 Per cent respondents said that they are always involved in defecated outside. Out of them 30 per cent respondents defecate outside of home because they said I want free and fresh air, 3.33 per cent respondent defecate outside they give reason not feel like inside in home. Out of total respondents 66.67 per cent respondents defecate in toilet. So, majority of respondents were defecating inside.

Table 5

Occupation wise distribution of the respondents

Occupation	No. of Respondents	Percentage
Govt. sector	07	11.67
Private	09	15.00
Business	15	25.00
Agriculture	17	28.33
Housewife	12	20.00
Total	60	100.00

In table 5 occupation wise disribution of the respondent 28.33 per cent are in agriculture occupation, 25 per cent are in business, 20 per cent in housewife and only 11.67 per cent are in govt. sector. So majority are in agriculture occupation.

Table 7

Income wise distribution of the respondents

Income	No. of Respondents	Percentage
Upto 5000	00	00.00
51000 to 1 lakh	39	65.00
1 lakh to 2 lakh	12	20.00
2 lakh and above	09	15.00
Total	60	100.00

Table 7 income wise distributions, 65 per cent respondents belonged to 51000 to 1lakh income group. 20 per cent respondent's belonged 1 to 2 lakh income groups. Only 15 per cent respondents were belonging to above 2 lakh income group.

Table 9

Distribution of respondents access these (sanitation) programmes

Response	Programmes			Respond	Percentage
	Lack of awarness	Lack of education	Other		
If , No	16 (26.67%)	09 (9%)	03 (5%)	28	46.67
Yes	00	00	00	32	53.33
Total	16	09	03	60	100.00

Table 9 shows the distribution of respondent's access these (sanitation) programmes. When we asked to the respondents about the access these programme, majority of them i.e., 26.67 per cent reported that they lack of awarness no access these programmes. 15 per cent respondents lack of education no access sanitation programmes. And 53.33 per cent respondents are access these sanitation programmes.

Table 11
Distribution according type of toilets

Type of Toilet	No. of respondents	Percentage
Pit latrine (flush)	22	36.67
Pit latrine without flush	30	50.00
Flush specific tank	04	6.67
No facility/ open space	03	5.00
Kaccha	01	1.66
Total	60	100.00

Table 11shows the type of toilets. The data depicts that the 50 per cent respondents are use pit latrine without flush in own house, 36.67 per cent respondents are use pit latrine (flush), 6.67 per cent respondents are use flush specific tank type toilets in own home. And only 1.66 per cent respondents are kaccha type toilets.

Table 13
Distribution of respondent the provision of daily garbage disposal

Garbage disposal	No. of respondents	Percentage
Outside on a pit	29	48.33
Just throw it	10	16.67
Organic waste on to soil or to animals	04	6.67
Put in ply thene	17	28.33
Total	60	100.00

The table 13 depicts the various provision of daily garbage disposal. It reported that the 48.33 per cent respondents daily garbage disposal of outside in a pit, 16.67 per cent respondents just throw it , 28.33 per cent respondent daily garbage disposal of put in polythene, and only 6.67 per cent respondents said organic waste in to soil or to animals. And 58.33 per cent respondents were use disposal waste water to clean drains, 31.67 per cent respondents to put it in kaccha floor of water.

Table 16
Disribution of respondents for clean toilet

Clean	No. of respondents	Percentage
Harpic	37	61.67
Surf	06	10.00
Harpic with brush	12	20.00
Only water	05	8.33
Total	60	100.00

Table 16 reveals that 61.67 per cent respondents use only harpic for clean toilets, 20 per cent respondents use harpic with bursh, 10 per cent use surf and 8.33 per cent respondents use only water for clean toilets.

Table 17
Distribution of know about the sanitation programme

Programme	No. of Respondents	Per cent
NRHM	04	6.67
Nirmal Gram Yojna	04	6.67
Sawach Bharat Abhiyan	34	56.67
Other	03	5.00
One more programme	03	5.00
No know	02	3.33
Total	60	100.00

The table 17 shows the 56.67 per cent respondents said that they are know about the sawach bharat abhiyan sanitation programme. 6.67 per cent respondents were known about the both NRHM and Nirmal Gram Yojana sanitation programme. And only 33.33 per cent respondents were no known about any sanitation programmes. So majority of respondents were known about Sawach Bharat Abhiyan sanitation programme. Because Prime Minister Shri Narender modi and social media are very depth focus on Sawach Bharat Abhiyan.

8. CONCLUSION:

The present study carried out in Gurgaon district purposively selected. We purposively selected one village i.e. Taj Nagar for study purpose. The results of the study showed that the majority of the number of respondents was 35 which were from Ahir caste (58.33per cent), 45 percent respondent belonged to the age group 25-35 years, 33.33 per cent respondents belonged to the 46 and above age group, 75 per cent respondents were male and only 25 per cent

respondents were women, occupation wise distribution of the respondent 28.33 per cent are in agriculture occupation, 25 per cent are in business. 50 per cent respondents are in below middle class education level and only 10 per cent respondents are illiterate. 28.33 per cent respondent said that they were more than one major health problem, the distribution of respondent's access these (sanitation) programmes. When we asked to the respondents about the access these programme, majority of them i.e., 26.67 per cent reported that they lack of awareness no access these programmes. The data depicts that the 50 per cent respondents are use pit latrine without flush in own house, 36.67 per cent respondents are use pit latrine (flush), 6.67 per cent respondents are use flush specific tank type toilets in own home. 33.33 Per cent respondents said that they are always involved in defecated outside. Out of them 30 per cent respondents defecate outside of home because they said I want free and fresh air, 3.33 per cent respondent defecate outside they give reason not feel like inside in home. Study also revealed that the 56.67 per cent respondents said that they are known about the sawach bharat abhiyan sanitation programme. 6.67 per cent respondents were known about the both NRHM and Nirmal Gram Yojana sanitation programme. And only 33.33 per cent respondents were no known about any sanitation programmes. So majority of respondents were known about Sawach Bharat Abhiyan sanitation programme. Because Prime Minister Shri Narender modi and social media are very depth focus on Sawach Bharat Abhiyan.

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