



TOTAL SANITATION CAMPAIGN AND PEOPLE IN RURAL SOCIETY: ISSUES AND CHALLENGES

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Abstract

A country cannot achieve real development if majority of its people live in an unhealthy and unclear surroundings due to lack of access to safe water and sanitation. The Govt. of India launched Total Sanitation Campaign (TSC) in April, 1999. TSC gives emphasis on information, education and communication (IEC) for demand generation of sanitation facilities, providing for stronger backup systems. It also lays emphasis on school sanitation and hygiene education. To give a fillip to the TSC, Govt. of India launched the Nirmal Gram Puraskar (NGP) in October, 2003. Khejuri-I Panchayat Samity played a significant role to motivate and make people conscious regarding different aspects and benefits of sanitation programme in order to improve the general quality of life in rural areas and got NGP from the President of India in the year 2005. The study was conducted on the basis of 300 households in 6 Gram Panchayats. Respondents were selected on the basis of stratified random sampling. A well structured schedule was canvassed to them and interview method was adopted. From the study it is found that the incidences of water and sanitation related diseases have reduced considerably. Proper sanitation facilities in various schools and anganwadis centers provide hygiene education and awareness among children which ultimately reduced the infant mortality rate. It also helps to provide privacy and dignity among women in rural areas. But there are some obstacles and challenges.

Keywords: *IEC, Nirmal Gram Puraskar, School Sanitation, TSC, Women Dignity.*

1. Introduction

Individual health and hygiene is largely dependent on adequate availability of drinking water and proper sanitation. The concept of sanitation was earlier limited to disposal of human excreta by cess 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. Proper sanitation is important not only from the general health point of view but it has a vital role to play in our individual and social life too. Sanitation is one of the basic determinants of quality of life and human development index. Good sanitary practices prevent contamination of water and soil and thereby prevent diseases. The concept of sanitation was, therefore expanded to include personal hygiene, home sanitation, safe water, garbage disposal, excreta disposal and waste water disposal.

It was in the early eighties with the thrust of the International Water and Sanitation Decade that the Government of India started fostering alliances with the United Nations and other external support agencies to focus on improving sanitation in the country. This effort crystallized into India's first nationwide programme for sanitation, the Central Rural Sanitation Programme (CRSP) in 1986, with the objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. The programme was supply driven, highly subsidized and gave emphasis for a single construction model. Based on the feedback from various agencies, the programme was revised in March 1991 incorporating some changes in the subsidy pattern and also included village sanitation as one component. Since its inception and up to the end of the IXth plan, 9.45 million latrines were constructed for rural households under the CRSP. The total investment made under the CRSP was US 138 million. Despite the massive outlays for sanitation the programme led to only a marginal increase in the rural sanitation coverage, with average annual increase in the rural sanitation coverage of only 1 per cent. It happened because there was total lack of community participation in this traditional, supply driven and subsidy oriented government programme. The CRSP has also neglected school sanitation, which is considered as one of the vital components of sanitation. Due to various limitations the CRSP was revised and a new programme was developed called, Total Sanitation Campaign (TSC). It emphasizes more on Information, Education and Communication (IEC), Human Resource Development, Capacity Development activities to increase awareness among rural people and generation of demand for sanitary facilities. In this study, I have tried to locate the impact of Total Sanitation Campaign on rural society in Khejuri-I Panchayat Samity (Coastal Bay of Bengal), East Medinipur, West Bengal. This study has been conducted with the financial assistance from the U.G.C. under Minor Research Project for eighteen months.

2. Concept of Total Sanitation

Total Sanitation Campaign was launched in April 1999, advocating of a shift from a high subsidy to a low subsidy regime, a greater household involvement and demand responsiveness, and providing for the promotion of a range of toilet options to promote increased affordability. The TSC gives emphasis on IEC for demand generation of sanitation facilities, providing for stronger backup systems such as trained masons and building materials through rural sanitary marts and production centers



and including a thrust on school sanitation as an entry point for encouraging wider acceptance of sanitation by rural masses as key strategies (Sonwane, 2015). It also lays emphasis on school sanitation and hygiene education for bringing about attitudinal and behavioural changes for relevant sanitation and hygiene practices from a young age (Report of Finish Society, 2016). The aim is also to provide separate urinals/toilets for boys and girls in all the schools in rural areas in the country.

Implementation of TSC is proposed on a project mode. A project proposal emanates from a district, is scrutinized by the State Government and transmitted to the department of Drinking Water Supply, Ministry of Rural Development, and Government of India. Funds are made available for preliminary IEC work. The physical implementation gets oriented towards satisfying the felt needs, wherein individual households choose from a menu of options for their household latrines. The built-in flexibility in the menu of options gives the poor and the disadvantaged families' opportunity for subsequent upgradation depending upon their requirements and financial position. In the 'campaign approach', while a synergistic interaction between the government agencies and other stakeholders, intensive IEC and advocacy, with participation of NGOs, Panchayati Raj Institutions (PRIs), resource organizations, take place to bring about the desired behavioural changes for relevant sanitation practices, provision of alternate delivery system, proper technical specifications, designs and quality of installations are also provided to effectively fulfill the generated demand for sanitary hardware.

3. Introduction of Nirmal Gram Puraskar

To give a fillip to the TSC, Government of India launched the Nirmal Gram Puraskar (NGP) in October, 2003 and gave away the first awards in 2005. NGP seeks to recognize the efforts made by panchayati Raj Institutions and institutions who have contributed significantly towards ensuring full sanitation coverage in their areas of operation. Infact, the award was designed based on the success achieved by the PRIs in Nandigram-II block in East Medinipur district of West Bengal to achieve total sanitation coverage and eliminate the practice of open defecation. The main objective of NGP is to bring the topic of sanitation to the forefront of social and political development discourse in rural India. It is related to develop open defecation free and clean villages which will act as models for other to emulate (Benny 2007). In this regard, incentive is given to PRIs for taking initiatives to eliminate the practice of open defecation from their geographical area by way of full sanitation coverage. All Panchayati Raj Institutions i.e. gram panchayats, panchayat samities and zilla parishads are eligible to apply for the NGP. The incentive for PRI can be used for improving and maintaining sanitation facilities in their respective areas. The focus should be on solid and liquid waste disposal, drainage facilities and maintenance of sanitation standard in the PRI area. Blocks and districts may use the funds to set up monitoring mechanism for sanitation.

4. Sanitation Campaign in Khejuri

Medinipur district played a pioneer role regarding sanitation campaign in India. East Medinipur, part of the erstwhile Medinipur district, began its campaign to stop people from defecating in open in March, 1990 under the Intensive Sanitation Project, and had become the first Nirmal district in the country (Jacob, 2006). Geographically Khejuri is a part of Contai subdivision under the district of East-Medinipur. Khejuri is divided into two panchayat samities namely Khejuri-I and Khejuri-II. The study was conducted within the jurisdiction of Khejuri-I Panchayat Samity which comprises six gram panchayats. These are Heria, Lakshi, Tikasi, Kamarda, Birbandar and Kalagachia. Total population of the Panchayat Samity is 1,28,114 (31st March, 2011) and number of male and female is 65,782 and 62, 332 respectively. In this area nearly 22 per cent of total population belongs to scheduled caste and other backward category that are the weakest section of the society. It is an economically backward area and nearly 30 per cent of the total households belong to below the poverty line. Occupation-wise distribution of population reveals that majority of the total population are small and marginal farmers. A sizeable section is land-less labourers. In such a socio- economic scenario the administration of Khejuri-I Panchayat Samity had decided to implement TSC at grassroot level.

In Khejuri, major emphasis had given on total sanitation coverage of every house-holds and educational institutions. Pay and use toilets at different public places were constructed. These toilets are presently run by public-private partnership. The block administration provided technical support and financial assistance, particularly to the BPL families. They supplied low cost sanitation equipments at subsidy rate through local sanitary mart with the help of NGO and other organizations. Based on 'Sanitation for All' slogan, Khejuri-I Panchayat Samity have tried to motivate and make people conscious regarding different aspects and benefits of sanitation programme in order to improve the general quality of life in rural areas. At the same time, they made pressure and some compulsions to the villagers with the help of gram panchyats, N.G.Os clubs and others. As a result, out of 22372 households in this Panchyat Samity, 22322 (99.78%) households are under total sanitation coverage (Purba Medinipur Zilla Parishad, 2012). For such tremendous success, Khejuri-I Panchyat Samity got NGP from the President of India in the year 2005. In order to maintain the status of Nirmal Panchyat Samity, the administration has started to initiate follow-up activities with the help of village beneficiary committee.



5. Objectives of the Study

This study primarily aims at examining the impact of TSC on rural people and society at large. As my basic intention is to understand the role of TSC on rural development, I have tried to study it from different points of view. The objectives of the present study are as follows:

1. To find out the impact of Total Sanitation Campaign (TSC) on general quality of life in the rural areas.
2. To trace out the impact of TSC on the awareness creation and health education of rural people,
3. particularly among the students.
4. To identify out the impact of TSC towards the reduction of water and sanitation related diseases.
5. To find out the role of TSC towards the improvement of sanitation facilities in different schools and anganwa discenters.
6. Finally, to find out the impact of TSC on social status and dignity of rural people, particularly women.

6. Research Methodology

The study was conducted in Khejuri-I Panchyat Samity in the district of East Medinipur, West Bengal. It is located near Coastal Bay of Bengal. There are 6 gram panchyats which consists of 22372 households. Among total households 6, 230 are BPL category and 14,535 are APL category. For the purpose of the study 300 households from 6 gram panchyats (taking 50 households from each Panchayat) were selected on the basis of stratified random sampling. The criteria of stratification were made on the basis of (i) economic condition of the household, and (ii) educational status of the family members. A well structured schedule was canvassed to them and interview method was adopted to record the opinion of the respondents about the impact of TSC on general quality of life, health and hygiene, rural environment and social status and dignity of rural people. Information also collected from different port folio holders and government officials of gram panchayat, panchayat samity and zilla parishad, various NGOs, political leaders and others who are related with TSC in this area. Transect walks were conducted for on-field observations and discussions with the villagers at selected transect points. The transect points selected were individual household latrines, community latrines, school and anganwadis latrines etc.

7. Findings of the Study

7.1 Total Sanitation Campaign and Improvement of Health and Hygiene

A direct link exists between water, sanitation and, health and nutrition, and human well being. The practice of open defecation by the majority of people is one of the most serious environmental threats to public health. Open defecation and the failure to confine excreta safely are primary factors that contribute to the spread of disease and infection through the bacteriological contamination of water sources and the transmission of pathogens through the fecal oral route. Improved hygiene practices by entire communities including the use of sanitary toilets, can effectively break this cycle of disease transmission (Pardeshi, Shrike and Jagtap 2008).

In Khejuri, after getting NGP in 2005, it has been observed that the incidences of water and sanitation related diseases have reduced considerably. Data collected from six gram Panchayats reveals that the total number of patients admitted in Block Health Center (Kalagachia) for diarrhea and cholera in 2013 was 292. In the year 2015 this number has declined into 31 only. It is encouraging that not a single death was reported in this area after 2016 due to diarrhea and cholera. Problem of intestinal worms was a common phenomenon among the inhabitants of Khejuri, particularly children. After successful implementation of TSC, this problem has also reduced to a great extent. At the same time it is true that the health problems associated with inadequate water and sanitation go far beyond avoidable child deaths. Under TSC proper sanitation facilities in various schools and anganwadis centers provide hygiene education and awareness among children which ultimately reduced the infant mortality rate. Thus the frequency of diseases in the families has reduced substantially and medical expenses have fallen.

7.2 Total Sanitation Campaign and Women

Household sanitation is everyone's responsibility and everyone benefits from good sanitation. The reality is that women make proportionate a contribution to good household sanitation, and stand to benefit the most from better sanitation. But over one a billion women and girls live without access to basic sanitation throughout the world. Lack of sanitation is detrimental not only to women's health, but also to their education, community status and sense of dignity (Ismail, Tripathy and Patjoshi 2006). With improved sanitations, women experience improved health and well-being. My field experience reveals that after successful implementation of TSC, water and sanitation related diseases among women in Khejuri has decreased significantly. Most women without access to basic, sanitation such as a hygienic my genie latrine must wait for nightfall and an empty field in order to defecate in private, a practice which has serious side effects. Waiting so long to defecate leads to increased chances for urinary tract infections, chronic constipation and psychological stress. TSC has changed the entire situation because the programme provides sanitation to every household. TSC helps to provide privacy and dignity among women in rural areas. Exposing one-self in the open, especially during menstruation, affects women's dignity and sense of self-worth.



These issues are particularly important for adolescent girls. The present study reveals that not having access to proper, safe and private sanitation in Khejuri before 2005, the number of absenteeism among girl learners was high as compared to 2006 and onwards. Now the drop-out rate has declined significantly. In March, 2013 the total no. of drop-out girl students up to secondary level in Khejuri-I Panchayat Samity was 402. This number has declined to 89 only in the year 2015.

Thus, women participation and leadership through self-help groups, gram panchayat membership as well as teachers played an important role in TSC. My field experience has shown that women play a significant role in influencing the family's sanitary habits particularly as it affects girl children and infants. It is assumed that a women's perspective can contribute a great deal to improve planning, functioning and utilization of the sanitary facilities, especially when they are made aware of the linkage that exists between safe sanitation and health and are simultaneously provided with appropriate training and support. Under TSC the involvement of women has been seen as target groups. They have been involved as active agents who can contribute to decision making, generation of ideas, mobilization of labour, providing resources and disseminating health related messages as well as act as partners in implementing new innovations.

7.3 Total Sanitation Campaign and Awareness among Rural People

Awareness campaigns have been crucial to the success of the sanitation programme, especially in the area of household toilet construction. One of the important aspects of this programme is the organization of support structures at the state level by having a core team of specialists to plan and mobilize human resources for bringing quality into implementation and communications. The communication and capacity development units have been set up in State nodal departments for implementing the TSC. The main tasks are to develop human resources, network with key resources centers, identify innovations and knowledge opportunities, and to undertake communication planning and monitoring (Khurana, Mahapatra and Sen, 2006). Actions often have to be negotiated with families and individuals agreeing to comply with those they deem as reasonable. This requires the presence of skilled motivators, mobilizers, or hygiene educators who reside in those communities and are willing to participate in the programme either as volunteers or against payment of small honorariums.

After getting NGP the social consciousness about health and hygiene behaviours among the inhabitants of Khejuri have increase significantly. Washing hands with soap or ash after defecation or hand washing before eating was not common phenomena. only a small proportion of the people used soap or ash to wash hands after defecation. But the present study shows that due to continuous campaign and overall monitoring 85 per cent of the total respondents reported washing hands with soap or ash after defecation. It is interesting to note that nearly 70 per cent of children in Khejuri-I Panchayat Samity used toilet either in house or school. School sanitation programmes play a major role for successful implementation of TSC. The children are trained and motivated to influence behaviour change among peers and family members. Children's demand for latrines at home has been significant factor in demand generation. The teachers are trained in using participatory technique for behaviour change communication, in motivating children to adopt key hygiene behaviours, encouraging parents to build and use latrines at home.

8. Various Obstacles and Challenges

TSC is designed in such a way that it is able to cover every household within a particular area. The tangible outputs in terms of 100 per cent coverage of household's latrines certainly had some impact on sanitation throughout the block. However, the extent to which sanitary practices as a whole have become part of every rural household's way of life remains difficult to determine for several reasons. These reasons are closely related to some important obstacles and challenges that the projects design were not able to overcome. These obstacles are social, economic, political, cultural and others. The major political obstacle to achieving desired overall effects and impacts in the context of TSC has to do with panchayat priorities in terms of development. The results achieved in terms of toilet coverage and monitoring depend up to the local leader's will to assign priority to sanitation. NGP has succeeded in setting off a healthy competition among village panchayats. Such panchayats pay attention to eradication open defecation as well as solid and liquid waste management in villages. However, sustainability of open defecation free status attained by the village panchayat is a matter of concern. In Khejuri, there are allegations that in the rush to win NGP, behaviour change is not accorded the importance it deserves. This put a question mark before the sustainability of the open defecation free status achieved. The main economic obstacle to the achievement of desired TSC objectives in terms of latrine coverage, its proper utilization and maintenance has to do with financial constraints at the household level. The main cultural obstacle to the achievement of the TSC's objectives has to do with the way of life of many rural families that involves a series of daily household practices. Such practices are part of a mentality, a particular mindset, a 'culture of life', and thus, cannot so easily, be transformed.

9. Conclusion And Necessary Recommendations

The overall impact of TSC on rural people and rural society is enormous. TSC enables the increase of latrine coverage throughout the district and particularly in the area of Khejuri-I Panchayat Samity. It improves sanitary practices in rural households and increase awareness of sanitation through education and awareness campaigns. The role of school teachers,



anganwadi workers and rural sanitary mart motivators in these awareness campaigns is fundamental. TSC is associated with an overall improvement of health conditions in rural areas. Indeed the percentage of people suffering from diseases related to a lack of sanitation, such as diarrhea, cholera etc. has declined considerably in TSC coverage areas. TSC also helps to improve the general quality of life and environmental conditions in several villages. At the same time, this programme helps to provide privacy and dignity to villagers, particularly women. Their social status has increased to a greater extent. The observations found from the field work provide various positive impacts of the TSC on rural society. But in order to implement the scheme systematically and in a proper fashion, I have drawn some recommendations.

Firstly: The nature of incentives influences the sustainability of sanitary practices within households. The motivation process conducted by volunteer motivators also played a crucial role in convincing many households of the importance of sanitary practices.

Secondly: The promotion women's dignity in the context of the TSC encourages the participation and mobilization of women in favour of household sanitation, but this aspect remained insignificant, and therefore, did not really have an impact on women's empowerment.

Thirdly: Decentralization is a necessary condition for the successful implementation of the sanitation programme. This programme has benefited immensely from the synergy that is created by combining the strength of public, private and voluntary sector institutions.

10. References

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