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# Availability and Utilization of Sanitation Facilities: A Micro Study from Rural Tamil Nadu

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## Abstract

*About 4 billion citizens around the world lack access to proper sanitation, meaning they are forced to practice open defecation. The health consequences for those living without using toilets are severe. Approximately 480,000 children under 5 year age die annually from diarrhoea caused by unsafe water and a lack of access to proper sanitation. That's almost 2,000 kids a day. In developing countries like India, 57 per cent of households do not have a toilet. And in Tamil Nadu mainly, it was at 52 per cent. In India, civil societies and local government play a vital role in rural development, and they are responsible for transforming the socio-economic features of the villages in India. The central and state governments are implementing many schemes like the National Rural Health Mission (NRHM), Total Sanitation Campaign (TSC), and so on to protect child and women's health. Both governments to give reward for full achievement of gram panchayats like Nirmal Gram Puraskar (NGP) and reward up to Rs. 10 lakhs. Tamil Nadu provides an award with for Clean Village Campaign (CVC), and the reward is Rs. 5 lakhs at the state government level, The present study focuses on the availability and utilisation of sanitation facilities in Manjakuttai gram panchayat (GP). This GP awarded NGP in 2008. So the present paper contains the importance and need of the study, literature review, objectives of the study, methodology, general observation, rural sanitation etc.; An attempt is made, to study the sanitation facilities in general and particular to study the Manjakuttai GP of Yercaud block in Salem district, Tamil Nadu.*

**Keywords:** Sanitation, Nirmal Gram Puraskar, Clean Village Campaign etc.

## Introduction

In developing countries like India, 57 per cent of households do not have toilets. In Tamil Nadu, it was at 52 per cent. The local government institutions and civil societies play an essential part in the development of rural, and they are in charge of transforming the socio-economic features of the Indian villages.

The state and central governments are implementing several schemes like the National Rural Health Mission (NRHM), Total Sanitation Campaign (TSC), and so on to protect women's health and child and c. TSC was introduced in 1999, in Tamil Nadu initially introduced Cuddalore and Coimbatore districts; it was extended in all communities by 2004. Therefore, both governments give reward for full achievement of 'Open Defecation Free' in gram panchayats (GPs) like Nirmal Gram Puraskar (NGP) in 2003 with bonus up to Rs.50 lakhs (based on panchayat population).

Tamil Nadu gives awards for Clean Village Campaign (CVC) was launched in 2003, and the reward is Rs. 5 lakhs at the state government level, TSC is being renamed as Nirmal Bharat Abhiyan (NBA) in April 2012 and on 2nd October 2014 launched Swachh Bharat Abhiyan (SBA) like clean India mission. The unit of the cost structure of the construction of individual household latrines has been increased Rs.12,000/-. In 2019, there were 926.11 (in lakhs) household

toilets were constructed under SBA and in Tamil Nadu, it was 48,31,455. Notably, 2,47,754 GPs were open defecation free, and 12,524 open defecations free GPs were in Tamil Nadu. The following part discusses with various related studies.

### Earlier Studies

**Chard and Freeman (2018)** highlighted that the success of the United Nations Children's Fund (UNICEF) Laos WinS Project in pupils' school water, sanitation and hygiene behaviours, specifically increasing toilet use and daily group hand washing.

**Chakravarty, Bhattacharya and Das (2017)** demonstrated that needed to close the gaps that preclude people from accessing the adequate water, sanitation and hygiene in the World Health Organisation (WHO) South-East Asia region.

**Rajasekaran and Rajendran (2015)** examined the status of rural sanitation in Yercaud block of Salem district. Majority of the sample respondents not regularly used toilets facility and also not used soaps for wash hand after used toilets in Thalaisalai GP. Therefore, panchayat representatives needed to must take care of their activities.

**Rajendran, Rajasekaran and Vijayakumar (2014)** pointed out people are reasonably toward using toilets, water, soaps for hand wash, rainwater harvest and dustbin. The future generation is Children so, teacher to teach the children for safe water, hygiene and use dustbin activities compulsory.

In 2013, the Planning Commission reported that the sanitation coverage and extension of sanitation services is necessary but not an improvement in hygienic behaviour and an overall feeling of well-being. Sufficient invention may be required at each level to ensure that the more significant benefits of improved sanitation behaviour percolate to every member of the community, for improved quality of life and a sense of general well-being.

**Rajendran and Rajasekaran (2013)** observed from field level analysed in Salem and Thanjavur districts. Majority of people don't know the importance of toilets, though the government provides public welfare scheme and subsidies for constructing toilets. Notably, people do not have adequate awareness about toilets. Therefore, the government should take steps to create awareness with the help of local youth in rural areas.

**Veerashekhara (2006)** denoted that the concepts of need, demand and community contribution were not marketed well. In a sense, non-government organisations, which had been assigned the responsibility of creating the demand for better service, have not performed their job efficiently.

### Importance of the Study

About 4 billion citizens around the world lack access to proper sanitation, meaning they are forced to practice open defecation. The health consequences for those without using toilets are severe: about 480,000 children under five year age die annually from diarrhoea caused by unsafe water and a lack of access to proper sanitation. That's almost 2,000 kids a day. In Worldwide, the World Health Organization (WHO) estimated that 4 per cent of all deaths from the result of unimproved sanitation conditions and waterborne diseases like diarrhoea, cholera, dysentery, typhoid and polio (Fodero, 2019) Therefore, need to improve the safe water and adequate sanitation facilities to all.

### Objectives of the Study

The present study focuses on the following purposes are; 1. To study the availability of sanitation facilities in Manjakuttai GP and 2. To analyses the utilisation of sanitation facilities in the sample GP.

### Methodology

This study includes both primary and secondary data sources. Primary data collection was taken up from Manjakuttai GP during November – December 2018 and randomly selected 47 sample households (out of 931 homes) at 5 per cent level. The simple statistical tool used like percentages and three scale ranking techniques is useful, moderate and weak. The secondary data were taken from an official record of Manjakuttai GP and various internet sources.

### Profile of the Study Area

Manjakuttai GP was located in Yercaud block. Manjakuttai GP received the central government award of NGP in 2008. The area of the village is 9,368 hectares. There are 931 households available to include Below Poverty Line are 199, and Above Poverty Line is 732. Total populations like 2,823,

males are 1,409 and females are 1,414. There were two aided primary schools, one female health centre, six anganwadies, four public toilets (2 male and two female), eight water tanks and 299 street lights were available. The following section explained the significant results and discussion.

### Major Results and Discussions

In this section discussed that major results like the availability and utilisation of sanitation facilities in Manjakuttai GP. The following table - 1 indicates that the availability of sanitation facilities in the study area. Around 69 per cent of the sample household

has toilets facility in the home functional, and 31 per cent of the sample households were told availability of public toilets is useful like 8.52 per cent are male public restrooms, and 23.4 per cent are female public toilets.

Majority of 85.11 per cent of the sample households feel the availability of school toilets is good, and 14.89 per cent were said it was moderate. In the case of availability of Anganwadi toilets were at poor like 68.1 per cent of the sample households. And also the environmental cleanliness was poor at 68.1 per cent.

**Table 1 Availability of Sanitation Facilities in Manjakuttai GP**

SI. No.	Particulars	Good	Moderate	Poor	Total
<b>Sanitation Facilities</b>					
1	Availability of Individual Household Toilets*	32 (68.08)	-	-	47 (100)
2	Availability of Public Male Toilets**	4 (8.52)	-	-	
3	Availability of Public Female Toilets#	11 (23.4)	-	-	
4	Availability of School Toilets	40 (85.11)	7 (14.89)	-	47 (100)
5	Availability of Anganwadi Toilets	9 (19.14)	6 (12.76)	32 (68.1)	47 (100)
6	Environmental cleanliness	1 (2.12)	14 (29.78)	32 (68.1)	47(100)
<b>Water supply</b>					
7	Individual Household Toilets	32 (68.1)	-	-	47 (100)
8	Public Male Toilets	1 (2.1)	3 (6.38)	-	
9	Public Female Toilets	3 (6.38)	2 (4.25)	6 (12.76)	
10	School Toilets	40 (85.11)	7 (14.89)	-	47 (100)
11	Anganwadi Toilets	32 (68.1)	10 (21.27)	5 (10.63)	47 (100)
<b>Availability of Soap</b>					
12	Individual Household toilets	32 (68.1)	-	-	47 (100)
13	Public Male Toilets	-	-	4 (8.52)	
14	Public Female Toilets	-	3 (6.38)	8 (17.02)	
15	School Toilets	42 (89.36)	5 (10.64)	-	47 (100)
16	Anganwadi Toilets	2 (4.25)	5 (10.64)	40 (85.11)	47 (100)

**Note:** Availability of Individual household toilets\*, Availability of Public Male Toilets \*\* and Availability of Female Toilets# - who not have toilets facilities were used in Manjakuttai GP.

Water supply in the individual sample households is good at 68.1 per cent, 6.38 per cent of the sample households expressed water supply in male public toilets is moderate, and 12.76 per cent of the sample households feel that water supply in female public restrooms was inadequate. 85.11 per cent of the

sample households pointed out water supply in school toilets is reasonable and also in Anganwadi bathrooms, 68.1 per cent of the sample households told water supply is good.

Availability of soap facilities in individual household toilets is good, like 68.1 per cent. At

the same time, male public toilets (8.52 per cent), female public toilets (17.02 per cent) and Anganwadi toilets (85.11 per cent) were the availability of soap facilities were inadequate. Notably, the facilities in school toilets were 89.36 per cent of the sample

households told as good. The next table - 2 highlights that utilisation of sanitation facilities in Manjakuttai GP are;

**Table 2 Utilization of Sanitation Facilities in Manjakuttai GP**

Sl. No.	Particulars	Utilised/ Regularly	Sometime	Not Utilized/Not Regularly	Total
<b>Sanitation Facilities</b>					
1	Individual Household Toilets*	7 (14.89)	11 (23.4)	14 (29.78)	47 (100)
2	Public Male Toilets**	-	1 (2.12)	3 (6.39)	
3	Public Female Toilets#	8 (17.03)	3 (6.39)	-	
4	School Toilets	45 (95.75)	2 (4.25)	-	47 (100)
5	Anganwadi Toilets	-	13 (27.65)	34 (72.35)	47 (100)
6	Environmental Cleanliness	-	23 (48.94)	24 (51.06)	47 (100)
<b>Soap Facilities (Wash Hand)</b>					
7	Individual Household Toilets*	11 (23.4)	2 (4.25)	19 (40.45)	47 (100)
8	Public Male Toilets**	-	-	4 (8.52)	
9	Public Female Toilets#	-	2 (4.25)	9 (19.14)	
10	School Toilets	40 (85.11)	6 (12.77)	1 (2.12)	47 (100)
11	Anganwadi Toilets	-	47 (100)	44 (93.61)	47 (100)

**Note:** Availability of Individual household toilets\*, Availability of Public Male Toilets \*\* and Availability of Female Toilets# - who not have toilets facilities were used in Manjakuttai GP.

**Note:** all sample households have regularly utilised the water after they used the toilets.

The above table 2 states that utilisation of sanitation facilities in Manjakuttai GP. Around 30 per cent of the sample households were reported as not utilised household toilet that means they were gone open defecation because they feel not comfortable, routine etc. and also the same situation continued from male public restrooms like 6.39 per cent not utilised public toilets. Notably, public female showers (17.03 per cent) and school toilets (95.75 per cent) were used because they were expressed it was safe, hygiene and more comfortable. In the case of Anganwadi showers (72.35 per cent) and environmental cleanliness (51.06 per cent) were not utilised used because not regularly trained children and lack of sanitary worker.

After the utilisation of toilets facility, individual households (40.45 per cent), male public toilets (8.52 per cent), female public showers (19.14 per cent) and Anganwadi toilets (93.61 per cent) not regularly used soap that means not wash the hand because

they were not aware of hygiene. Notably, in school toilets, 85.11 per cent of sample households pointed out usually used soap after utilisation of toilets.

### **Significant Observations, Conclusion and Suggestions**

From the above analysis, availability of sanitation facilities was good in individual household toilets, male public toilets, female public toilets, school toilets except for Anganwadi bathrooms and also the environmental cleanliness was weak because of lack of sanitation workers. Availability of water supply was good in individual household toilets, school toilets and Anganwadi toilets except for public male showers and female public bathrooms because they were not regularly supplying water. In the case of availability of soap facilities in the study area was useful in individual household toilets and school toilets except for public male showers, female public toilets and Anganwadi toilets because lack of soaps provided.

In the case of sanitation facility was utilised in female public toilets and school toilets only, individual household toilets, male public toilets, Anganwadi toilets and environmental cleanliness were not employed because feeling not comfortable, permanent, not regularly trained children and lack of sanitary worker. After used toilets facility, the sample households were utilised water. Notably, soap was not employed in individual household toilets, male public toilets, female public toilets and Anganwadi toilets. These types of activities bring severe health and environmental problem. The government provides sanitation facilities for people welfare, but in reality, the question is they are correctly utilised.

From the above discussion clearly shows that results were negative, that means not properly utilised sanitation facilities in the study area. Surprisingly, the Manjakuttai GP was awarded NGP in 2008. Therefore, it must need to create awareness programmes that must use the toilet facility; to motivate people participation like individual household involvement in hygiene activities; to expand advertisement in rural areas; to encourage school students for safe utilization of sanitation facilities and to increase the participation of women self help groups and non-government organization at grassroots level.

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