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Sanitation Accessibility in Rural Households of Rohtak District- A Village Level Analysis (2011)

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Abstract:- Access to proper sanitation facilities has been a major challenge in India especially in rural areas where lack of proper 2011, just 31 percent of rural households have latrine facility. While in Haryana, only about 56.1 percent of rural households have latrine facility within premises. Specifically, Rohtak district account for about 58.4 percent rural households having latrine facility within the premises. Wide regional variations are observed in the availability of sanitation facilities among the villages of Rohtak District. Village Manja scores the lowest among all villages where only 6 percent households use latrine within premises rest 94 percent households practice open defecation. While Sasrauli is the best performing village in the district where about 98.8 percent households use latrine facilities within the premises. Using the secondary data from House listing and Housing Census (2011), all the villages have put into three categories-High, Medium and Low availability of sanitation facilities. The present paper examines the existing status of sanitation facilities at village level in terms of use of different type of latrine facilities in rural households of Rohtak district. The findings of study present a gruesome picture of sanitation infrastructure as 100 villages come under low and medium categories. Still, there were 28 villages where more than 50 percent households practice open defecation. A comprehensive and integrated approach involving various stakeholders of the government-gram panchayats, municipalities, state government and central government along with community participation can only make villages of Rohtak district open defecation free in real terms.

Keywords:- *Sanitation, Disparities, Hygiene, Rural Areas, Health.*

I. INTRODUCTION

Sanitation is critical because it has an impact on human health and dignity. Poor sanitation has a direct impact on people's quality of life as well as their socioeconomic output. It is a fundamental human right enshrined in various international treaties (Cohre et al., 2008). The term sanitation has been interpreted and defined differently in different nations and at different times. The word sanitation as itself or in phrases such as 'water and sanitation, and 'basic sanitation facilities' is generally used in different international bodies like United Nations, World Bank and Asian Development Bank. In the developed countries, sanitation in common terms refers to maintenance in food processing industries and hotels. While, in developing world, this term is mentioned differently and refers to excreta disposal facilities. To be specific, sanitation refers to the methods of hygiene involving steps taken for safe collection, removal and disposal of human excreta and wastewater (Rajkumar, 2008).

As per estimates of Joint Management Programme, in 2017, about 520 million people in India were defecating in open each day (Jain A.2019 et.al). In 2015, on the embark of SDG period, 892 million people all over the world still practiced open defecation. Out of this population, nine out of ten i.e.,812 million people, lived in rural areas. As per Census of India 2011, a larger part of our population amounting to 68.72 per cent lives in rural areas. This rural population resides in a total of 6,45,856 villages across the country (Census of India,2011). Rural life is portrayed as life of hardship and poverty leading to low quality of life. Low income, unemployment, underemployment, low wages and day to day search of wages are the hindrances against taking a broader view of life. Lack of infrastructure, low accessibility and poor availability of basic amenities add the miseries of rural people. Rural areas lack basic amenities especially, drinking water, sanitation and a good housing structure make them prone to many non-communicable diseases. In the present scenario, provision of safe drinking water to rural people is serious concern for the planners, policy makers, academicians and scientists. The problem is more serious for rural developing countries like India where population has grown fast and pollution of water resources is very high as the development has picked up (Kumar and Das, 2014).Low awareness, ignorance and lack of basic facilities result into poor health and long-term sickness.

According to Houselisting and Housing Census, 2011, only 31 per cent of rural households in India have latrine facilities. It includes flush/pour flush, pit, without slab, night soil disposed by different methods.

II. OBJECTIVES

- The present research aims to assess the existing situation with respect to the availability of sanitation facilities in the rural areas of Rohtak district.
- The purpose of the study is to analyze the spatial disparities among villages in access to toilet facilities in households.
- The intention is to identify the deficit, surplus or medium level of sanitation conditions through holistic comparison for better planning in the district.
- To suggest and recommend strategies for sustainable utilization and equal distribution of water and sanitation facilities throughout the district, especially focussing upon the rural areas.

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III. DATABASE AND METHODOLOGY

- The approach adopted for the study is descriptive and analytical based on secondary sources of data like Census of India, research journals, newspapers, reports etc.
- The Tables on Houses, Household Amenities and Assets (Census of India,2011) has been used to analyse the status and situation of sanitation facilities in Haryana.
- The available data has been tabulated, computed and interpreted through graphs.

IV. STUDY AREA

Rohtak District – is located in the south-eastern part of Haryana state. Its location lies on 28° 40'46" N to 29°06'08''N latitudes and 76°12'40" E to 76°52'00" Elongitude. The geographical area of the district is 1745 sq.km out of which 94 per cent area is rural part and 6 per cent is urban area. The district is divided into three sub-districts-Rohtak, Maham and Sampla. Five community development blocks-Rohtak, Maham, Lakhan Majra, Sampla and Kalanaur. As per Census 2011, there were total 136 inhabited villages (Fig.1). The district is divided into two broad regions-Rohtak Plain and Maham Plain. Theclimate of the district is Sub-tropical continental monsoon. The district is part of inland drainage basin which falls in Yamuna sub basin or Ganga basin.

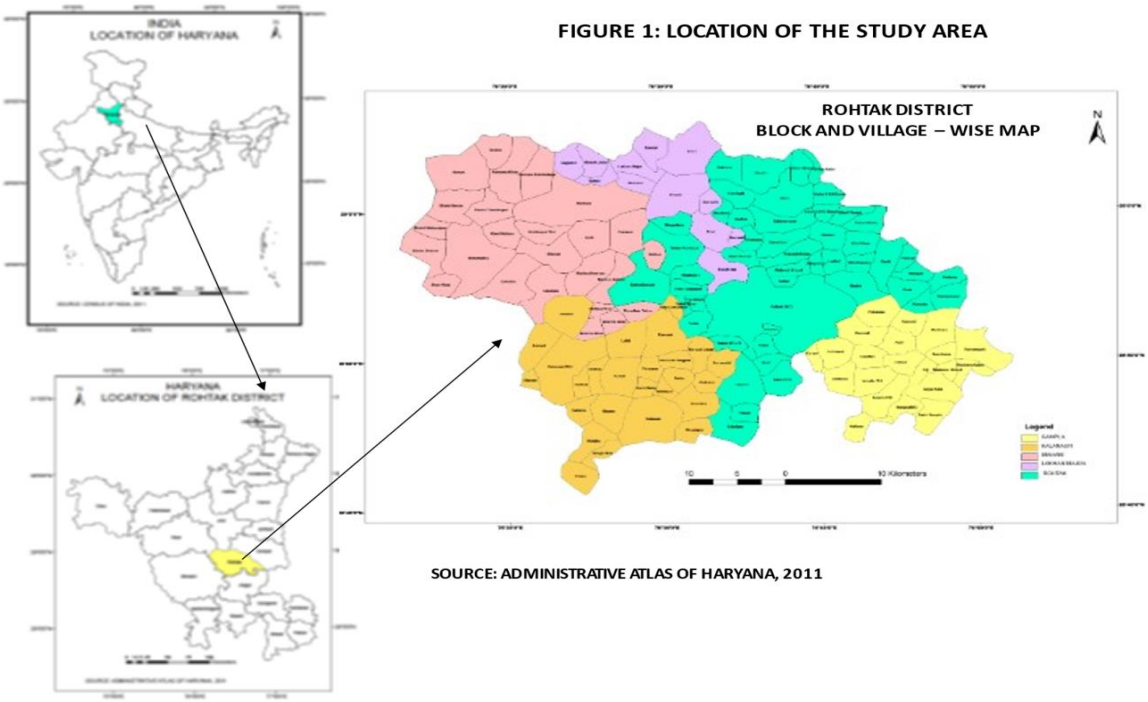

FIGURE 1: LOCATION OF THE STUDY AREA

SOURCE: ADMINISTRATIVE ATLAS OF HARYANA, 2011

V. STATUS AND SITUATION OF ROHTAK DISTRICT-THE MAJOR FINDINGS

As stated before, only 31 per cent of rural households in India have latrine facilities. It includes flush/pour flush, pit, without slab, night soil disposed by different methods. (Census of India, 2011). Out of this rural households, about 19.4 per cent have water closet while 10.5 per cent have pit latrine and 1 per cent have other types of latrine facilities.

It is a concerning fact that 67.3 percent of rural households in India were practising open defecation. Further, 51 percent of households in India have drainage facilities (Rural-37 per cent, Urban-82 per cent) out of which 18 per cent households have closed drainage while remaining 33 per cent have open drainage. Its concerning that 49 per cent households had no drainage while in rural, 63 per cent had no drainage (Census of India, 2011).

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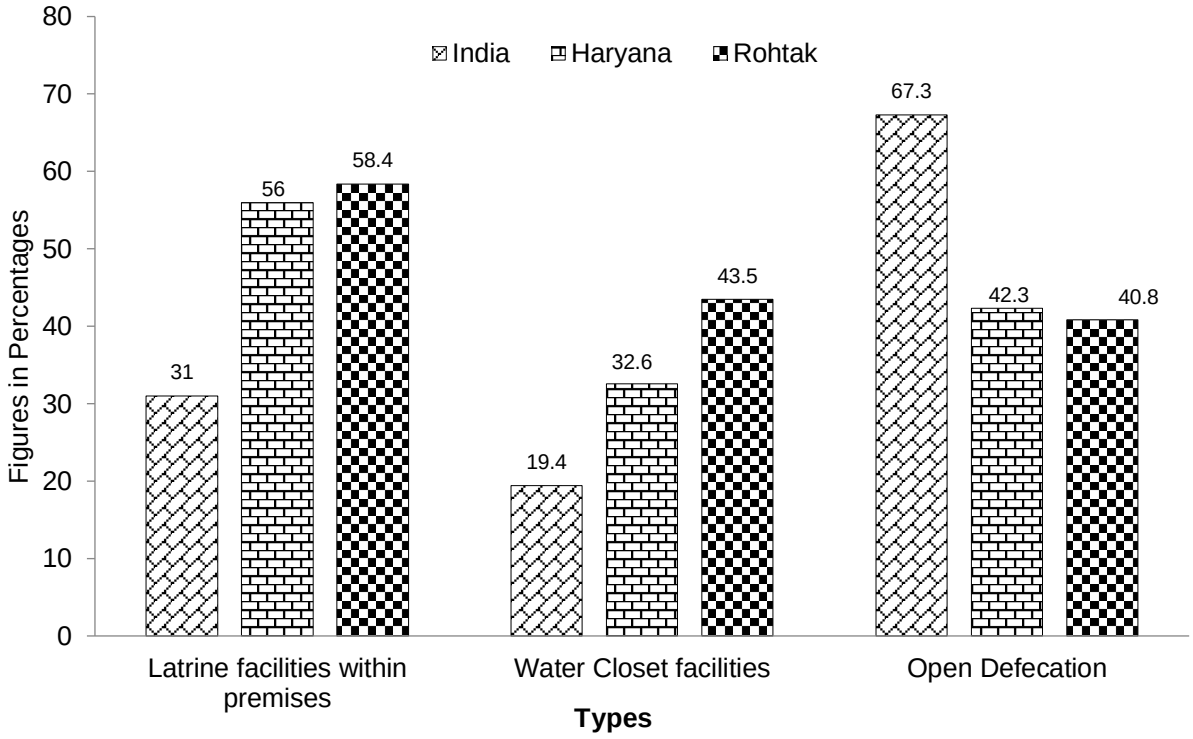

Fig. 2: Different Types of Latrine Facilities

If we compare the statistics with India and Haryana (Fig 2), it is noted that Haryana and Rohtak are comparatively better as rates of open defecation at all India level is as high as 67.3 per cent whereas that of Haryana is 42.3 per cent and Rohtak is 40.8 per cent. Also, Haryana and Rohtak have better toilet facilities with premises with more households having water closet facilities within household. At all India level, only 31 per cent households have toilet facilities within households whereas in Haryana it is 56 per cent and in Rohtak it is 58.4 per cent. Similarly, at all India level only 19.4 per cent households have water closet facilities as compared to 32.6 per cent in Haryana and 43.5 per cent in Rohtak. So, it can aptly be said that Haryana and also Rohtak have better facilities in comparison to India. However, high rates of open defecation in Haryana and Rohtak cannot be ignored. If we look at the data of overall Haryana, we find that nearly 44 per cent households lack latrine facilities according to census of India, 2011. The large presence of households with no latrine facilities presents the critical state of open defecation prevalent in the region.

Rohtak district account for about 58.4 per cent rural households having latrine facilities within the premises and 40.8 people were practicing open defecation. Among different types of latrine facilities, 43.5 percent rural households were covered by flush/pour flush type. 14.6 percent households had availability of pit latrine type facilities. While the remaining which covers service type, it's a distressing fact that still there are 28 villages where more than 50 per cent households practiced open defecation. There are total 136 inhabited villages, which can be divided into 3 categories- Low, medium and high availability of latrine facilities within households. Under low categories (less than 37 per cent household having latrine facilities), 8 villages- Sekhupur Titri, Katesra, Manjha, Sangha Hera, Simli, Katwara, Ghilor Khurd, Rurki have been listed. Under Medium category, maximum number of villages found the place, namely Seman, Gugaheri, Khrak Jattan, Lakhan Majra, Kahnaur, Singhpura, Gijj, Dataur etc. Under highcategories (more than 68 percent households having latrine facilities), 29 villages- Sasrauli, Masudpur, Bedwa, Kanheli, Kheri Sadh, Taja Majra and Patwapur etc. are some of the villages that scored high in this category.

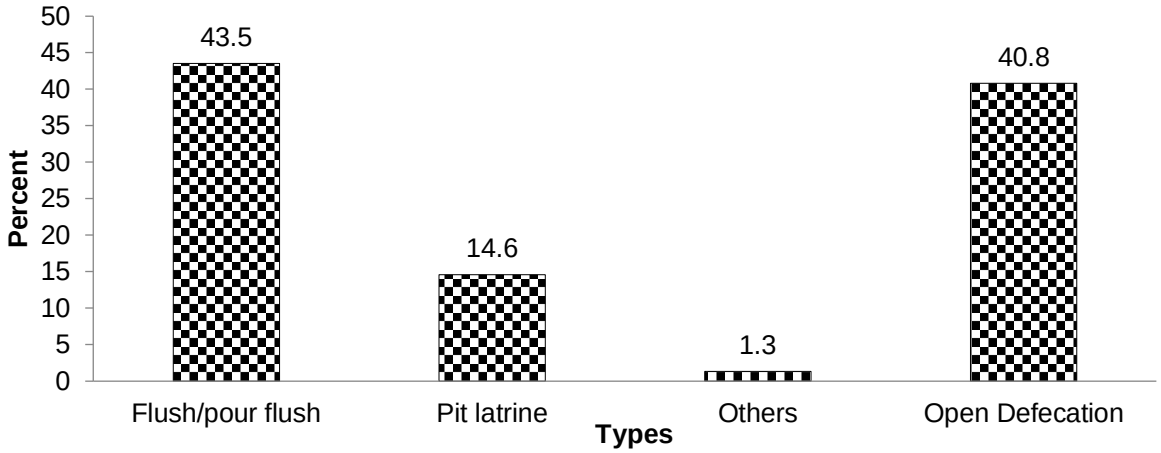

Fig. 3: Share of Different types of Latrine Facilities in Villages of Rohtak District, 2011

Fig. 3 shows the different types of latrine facilities available in Rohtak district households. It is seen that majority of households have flush/pour latrine types which is considered to be much safe and hygienic. There are 43.5 per cent of households with such flush/pour latrines followed by 14.6 per cent households having pit latrine. However, it is highly critical to note high concentration of households with open defecation. The presence of pit latrines is an indicative trend of change in sanitation behaviour but the high rates of open defecation continue to raise alarms in terms of latrine facilities.

VI. CONCLUSION

The analysis of data shows that rural Rohtak has better living conditions than national and state average. Still there is huge scope to improve conditions of basic amenities for rural people by ensuring sustainable accessibility of water and sanitation. The villages of Rohtak district show a wide disparity in the availability of the sanitation facilities. Village Manjha has only 6 percent households having latrine facility within the premises. While the village Sasrauli has the maximum share i.e., 98.8 per cent households have accessibility of latrine facilities within the households. After the launch of Swachh Bharat Abhiyan (SBA), the stakeholders at various levels had taken various initiatives to make India open defecation free. Recently, all the districts of Haryana were declared open defecation free. It will be a matter of cross- examination of the progress made under the SBA by comparing it with the data available under Census of India, 2011.A comprehensive and integrated approach involving various stakeholders of the government-gram panchyat, muncipalities, state government and central government along with community participation can only make Rohtak district open defecation free in real terms.

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