

**A Study on Wash Services under National Rural Health Mission (NRHM) in Salem District**

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**Abstract**

The Indian society and culture value personal hygiene but gives little importance to clean and healthy community environment. The problem is not only economic but of human dignity also. The practice of manual scavenging still exists very much in our country which is the worst violation of an individual's right to life with dignity. The study is based on primary and secondary data. There are 75 PHCs available in Salem District. Ultimately 36 PHCs were selected as samples; around 3 per cent of samples (patients) were identified as respondents, through simple random sampling method. From each zone, minimum 3 PHCs were identified which has high, medium and low level of treatments (deliveries, inpatients, and outpatients) has been taken place. Around 720 sample respondents were selected by using simple random sampling method. The researcher analysed the received information by using the simple statistical and econometric tools like percentage distribution, scaling technique. The unhealthy surroundings and unhygienic behavior of the community creates ideal condition for spread of water borne diseases. Health and hygiene education is very important for better use of existing facilities and also to prevent the incidences of water and sanitation related diseases like diarrhea, dysentery, hepatitis, polio, and worm infestation. Provision of safe drinking water should be given utmost priority besides educating people about hygiene. All future interventions must be supported by improving the facilities for hand-hygiene.

**Introduction**

Access to safe drinking water and sanitation is a global concern, especially as a Millennium Development Goal and in recent years, it has been increasingly addressed as one of the basic human rights of nations (UNDP 2006). However, in most rural areas of the developing world, safe drinking water from an improved source and sanitation services remain unacceptably lacking (WHO-UNICEF 2006). Despite the importance of these issues in the political agenda, water policies in many countries do not promote the creation of appropriate institutions to manage water needs and enhance supply and maintenance capabilities (Saleth and Dinar 2004).

**Aspirations**

All rural households have access to piped water supply in adequate quantity with a metered tap connection providing safe drinking water, throughout the year, that meets prevalent national drinking water standards, leading to healthy and well nourished children and adults and improved livelihoods and education. Continuous uninterrupted water supply is an aspiration and efforts should be made to cover increasing numbers of habitations with 24x7 water supply.

**The Statement of Problem**

According to recent statistics, 44 million are affected by degraded water quality with the excess of fluoride, arsenic, iron, nitrate, heavy metals and salinity. Only 18.7 percent of villages have safe water supply while 51.1 percent depends on wells, tanks and other sources. 32 percent of the villages do not have any water supply. The objective of every nation is to provide safe drinking water for all. Panchayat involvement, community participation, private public partnership, intersect oral coordination is very important to achieve the mission of distributing safe drinking water to the rural areas of India.

The Indian society and culture value personal hygiene but gives little importance to clean and healthy community environment. According to a recent United Nations Children's Fund (UNICEF) report, 638 million (54 percent) people still defecate in the open and only about 50 percent of Indians regularly wash their hands with soap after contact with excreta. It is therefore evident that rural sanitation is a Herculean task. The Total Sanitation Campaign (TSC), launched in 2003-2004, is a flagship programme of the government and seeks active participation of all sections of the society. TSC has special components to encourage women and adolescent girls to actively participate in their sanitation program. The Nirmal Gram Puraskar incentive scheme has been envisaged to encourage panchayat raj institutions to attain a 100 percent defecation free environment. Sikkim was the first state to receive this award. The aim is to convert all 2.5 lakh gram panchayats into nirmal gram panchayat within the next decade. But only constructing toilets will not solve the problem. A behavioral change is necessary to ensure continued cleanliness and maintenance of these toilets.

Poor sanitation and lack of toilets cost India nearly three lakh crore rupees because of hygiene related illness resulting in poor productivity. The problem is not only economic but of human dignity also. The practice of manual scavenging still exists very much in our country which is the worst violation of an individual's right to life with dignity. However the officials are taking no step to put this disgusting practice to an end. A United Nations (UN) report in 2010 revealed that more Indians have an access to a mobile phone than to a toilet. (Maps of India June -16, 2013)

### **Review of literature**

**Keshab Das (2012)** examined based primarily on available secondary sources, of the current status of drinking water supply and sanitation in rural Madhya Pradesh. With a discussion on the lopsided hydro geological attributes of water availability and shortages, a regional analysis of issues of access, quality of water and sustainability has been attempted. A brief discussion on the poor sanitation coverage of rural households in the State has been attempted. In addition to the State's role in enhancing the availability of water resources (through rainwater harvesting, for instance), a particularly disturbing aspect of unreliable database concerning water and sanitation sector has been underscored.

**Brijesh and Purohit (2014)** calculated to assessing health impact of water borne diseases this study provides first an assessment of direct impact of water and sanitation facilities on incidence of selected diseases in major Indian states. Their estimation through regressions and stochastic frontier analysis indicate that quantitative significance of sanitation status is revealed both directly in incidences of selected diseases and indirectly on health system efficiency at sub-state (district) level coefficients. These results indicate that for more equitable health outcomes and an improved efficiency of health system, adequate infrastructure facilities like safe drinking water supply, toilets and electricity are necessary.

**Sukhbir Singh and Brijender Singh (2015)** studied was to survey the hand washing facilities in OPD. A check list was adopted from another study for assessing the condition of each sink in different rooms of Out Patient Department (OPD) complex. All the available rooms were assessed on a single occasion and the descriptive analysis was done. The hand washing facility was available in 80 (99 percent) rooms. At all places sinks were easily accessible to the users. The taps were in the working conditions at all the sinks, out which 71(89 percent) were hand operated and rests were elbow operated. Soap stand was available at the majority of the places (90 percent). The cleansing agent was available at most of the places (i.e. 96 percent) and at most of the places it was soap bar (96 percent). No sink had hand washing instructions displayed demonstrating the correct technique of hand washing. The physical facilities required for hand washing were adequate though there is a scope of improvement.

**Shveta Saini, et.al (2014)** examined patient satisfaction with services provided in a tertiary care hospital situated in rural Haryana. A cross-sectional study was conducted among patients (aged 18-80 years). A multistage sampling technique was used to select the respondents. A total of 450 patients attending various outdoor and indoor departments of the MM Institute of Medical Sciences and Research were taken for the study purpose. A self designed, pretested, semi structured questionnaire was developed to draw the patient's satisfaction to the health care services. Finding with the necessary inputs from the patients and the attendants by pointing various drawbacks or deficiencies should always be taken care of by the hospital administration that will turn into a good result of improvement in the hospital services to the satisfaction of the patients.

**Jaiswal (2011)** studied is to assess knowledge, attitude and practices regarding water handling, sanitation and defecation practices as possible determinants of diseases in the rural population of Madhya Pradesh, India. Mothers of children below 5 years of age were interviewed using questionnaires in 10 villages of 2 blocks of Sehore district of Madhya Pradesh. Similarly for worm infestation, the community's perception was that it occurs due to eating sweets and chilies. Among 250 households interviewed, 71 percent of respondents in Ichhawar block and 62 percent in Astha defecated in open field. Hand washing with soap and water after defecation, was practiced by 22 percent people in Ichhawar and 62 percent in Astha. 80 percent people in Ichhawar and 22 percent in Astha block washed hands with soap before meals.

**Raman Sharma and Meenakshi Sharma (2016)** calculated cross sectional study was conducted in ICUs to assess the hand washing practices being followed among health care workers and the factors that motivate or inhibit hand washing. During two week analysis, 2400 hand washing opportunities were observed. Hand washing adherence rate was 86 percent, with highest compliance among nurses (94 percent). Compliance was (95 percent) after patient contact than 72.5 percent before contact. More than 90 percent staff was aware about facts viz. diseases prevented by hand washing (96.2 percent), ideal duration of hand washing (92.6 percent), reduction of Health Associated Infection (HAI) with hand washing (98.0 percent) etc. Reasons for non-adherence emerged as work pressure (94.2 percent) and unavailability of materials (82.4 percent). Finding the level of compliance (86 percent) is below the need to be there in Intensive Care (ICU) otherwise. Easy access to hand-rub solutions, adherence measurement and institutional commitment might contribute to staff sensitivity to hand hygiene practices.

### **Objective of the study**

- To study the socio- economic background of sample respondents
- To examine the water and sanitation in NRHM.

### **Methodology**

The researcher selected the study area in Salem District. The study is based on primary and secondary data. There are 75 PHCs available in Salem District. Moreover, the PHCs were categorised into three heads such as number of deliveries taken place, number of inpatients and outpatients. Ultimately 36 PHCs were selected as samples; around 3 per cent of samples (patients) were identified as respondents, through simple random sampling method. Around 720 sample respondents were selected by using simple random sampling method. The researcher analysed the received information by using the simple statistical and econometric tools like percentage distribution, scaling technique.

**Summary and conclusion**

**Socio-Economic Background of the Sample Respondents**

Generally it is necessary to study the socio-economic background of the sample respondents. The socio-economic factors include religion, gender, age group, and social status, type of the household, educational, occupational and income of the respondents also.

**Table – 1.1**

**Socio-Economic Background of the Sample Respondents**

<b>Socio-economic variable</b>	<b>No. of sample respondents</b>	<b>Percent</b>
<b>Religious</b>		
Hindu	674	97.7
<b>Gender</b>		
Female	619	86.0
<b>Age group (in years)</b>		
21 - 30	343	47.8
<b>Social status</b>		
MBC	321	44.6
<b>Type of the household</b>		
Nuclear household	503	69.9
<b>Marital status</b>		
Married	642	89.2
<b>Educational attainment</b>		
Illiterates	265	36.8
<b>Occupational status</b>		
Non - workers	468	65.0
<b>Earnings of the member ( Rs. per month)</b>		
Unearned members	460	63.9
<b>Total</b>	<b>720</b>	<b>100.0</b>

**Source: Primary Data**

It is found that more than nine tenth (97.7 percent) belongs to Hindu religion. From this, the researcher infers that, 44.6 percent of them are Most Backward Community (MBC). This shows that, mostly Salem District is dominated by these set of people and they belong to the following communities viz., MBC, BC and SC/ST. We infer that nearly two third (69.9 percent) are in nuclear household system. From this survey, with respect to sex of the sample household members, eight tenth (86.0 percent) are females. More than four tenth (47.8 percent) were in the productive age group of 21 to 30 years.

The researcher showed an interest to know the marital status of the sample household members. From the total members, more than eight tenth (89.2 percent) were married. The educational attainment has also been categorised into five categories viz., primary, secondary, higher secondary, higher education and illiterates respectively. Three tenth (36.8) were illiterates. It is evidenced that, when the level of education goes in higher side, then there is small percentage in the distribution of sample household members.

It is necessary to study the income of the sample household members when we discuss in the socio-economic background. Around six tenth (63.9 percent) had no income and the sample members are either housewives or unearned members.

**Table – 2.1****Available Wash Services in Local Hospitals**

<b>Variables</b>	<b>Yes</b>	<b>No</b>	<b>Percent</b>
Availability of bed facility	720 <b>(100.0)</b>	-	720 <b>(100.0)</b>
Availability of fan facility	660 <b>(91.7)</b>	60 <b>(8.3)</b>	720 <b>(100.0)</b>
Availability of water facility	680 <b>(94.4)</b>	40 <b>(5.6)</b>	720 <b>(100.0)</b>
Availability Toilet facility in PHCs	650 <b>(90.3)</b>	70 <b>(9.7)</b>	720 <b>(100.0)</b>
Availability of drinking water facility	477 <b>(66.3)</b>	243 <b>(33.7)</b>	720 <b>(100.0)</b>
Doctor use of glouses (treatment)	650 <b>(90.3)</b>	70 <b>(9.7)</b>	720 <b>(100.0)</b>
Cleanliness of bed	640 <b>(88.9)</b>	80 <b>(11.1)</b>	720 <b>(100.0)</b>
Cleanliness of toilet	580 <b>(80.6)</b>	140 <b>(19.4)</b>	720 <b>(100.0)</b>
Cleanliness of drinking water (sintex)	700 <b>(97.2)</b>	20 <b>(2.8)</b>	720 <b>(100.0)</b>
Hospital hygiene	680 <b>(94.4)</b>	40 <b>(5.6)</b>	720 <b>(100.0)</b>
Services of scavengers	660 <b>(91.7)</b>	60 <b>(8.3)</b>	720 <b>(100.0)</b>

**Source: Primary Data**

Regarding the availability of bed facility, all the sample respondents said that bed facilities are available and the beds are comfortable and maintained cleanly. More than nine tenth (91.7 percent) of the sample respondents say that fan facility is available and the remaining 8.3 percent say that it is no available. Water and toilet facility are basic needs for PHCs. More than nine tenth (94.4 percent) of the sample respondents say that water facility is available and remaining 5.6 percent say that it is no available.

Toilet facility are basic needs for PHCs. Nine tenth 90.3 percent of the sample respondents say that toilet facility is available and the remaining 9.7 percent no available. Drinking water facility needful of the inpatients, outpatients and delivery. Some patients tack over own pottles and available of purified water in PHCs. More than six tenth (66.3 percent) of the sample respondents say that drinking water is available. Remaining 33.7 percent say that it is no available drinking water.

More than nine tenth (90.3 percent) of the sample respondents say that doctor's use of glouses in treatment time (inpatients, outpatients and delivery) is available and

the remaining 9.7 percent say that it is no available. Cleanliness of bed all the patients (inpatients, outpatients and delivery) 88.9 percent of the sample respondents say that yes and the remaining 11.1 percent of the sample respondents say that no. More than eight tenth (80.6 percent) of the sample respondents feel satisfied and the remaining nearly two tenth (19.4 percent) of the sample respondents say that cleanliness of toilet is no. More than 97.2 percent of the sample respondents say that cleanliness of drinking water (sintex) is yes, less than 2.8 percent is no.

Hospital hygiene is basic needs for PHCs. More than nine tenth (94.4 percent) of the sample respondents say that hospital hygiene is yes and less than 5.6 percent of the respondents say that hospital hygiene it is no. More than 91.7 percent of the sample respondents say that services of scavengers is yes and the remaining 8.3 percent of respondents say that services of scavengers it is no.

**Table – 3.1**

**Performance of Various Wash in PHCs**

Variables	Weight ages assigned to each variable			Total
	Poor-1	Moderate-2	Good-3	
Cleanliness of bed	173 <b>(24.0)</b>	315 <b>(43.8)</b>	232 <b>(32.2)</b>	720 <b>(100)</b>
Cleanliness of fan	101 <b>(14.0)</b>	342 <b>(47.5)</b>	277 <b>(38.5)</b>	720 <b>(100)</b>
Cleanliness of water	86 <b>(11.9)</b>	329 <b>(45.7)</b>	305 <b>(42.4)</b>	720 <b>(100)</b>
Cleanliness of toilet	32 <b>(4.4)</b>	297 <b>(41.3)</b>	391 <b>(54.3)</b>	720 <b>(100)</b>
Cleanliness of doctor use of glouses	297 <b>(41.3)</b>	271 <b>(37.6)</b>	152 <b>(21.1)</b>	720 <b>(100)</b>
Cleanliness of drinking water (sintex)	173 <b>(24.0)</b>	315 <b>(43.8)</b>	232 <b>(32.2)</b>	720 <b>(100)</b>
Cleanliness of hospital hygiene	329 <b>(45.7)</b>	336 <b>(46.7)</b>	55 <b>(7.6)</b>	720 <b>(100)</b>
Cleanliness of Scavengers	380 <b>(52.8)</b>	312 <b>(43.3)</b>	28 <b>(3.9)</b>	720 <b>(100)</b>
Overall comments on Wash in PHCs	113 <b>(15.7)</b>	358 <b>(49.7)</b>	249 <b>(34.6)</b>	720 <b>(100)</b>

**Source: Primary Data**

**Note: Figures in Parentheses are percent**

In-patients can be accommodated only if bed facilities are available. All the PHCs covered under this research provide cleanliness of bed facilities to their patients. About 43.8 percent of the respondents are of the opinion that the cleanliness of bed facilities in

PHCs are moderate, 32.2 percent are of the opinion that they are good and 24 percent are of the opinion that they are poor.

When the variable cleanliness of fan is analysed, 47.5 percent of the sample beneficiaries feel that it is moderate 38.5 percent feel that it is good, 14 percent feel that it is poor. The above table shows that 45.7 percent of the respondents feel that the cleanliness of water is moderate, 42.4 percent feel that it is good, 11.9 percent feel that it is poor.

Cleanliness of toilet facilities help the good sanitation of the PHCs and the patients. The unavailability of these facilities makes patient's conditions worse. More than half (54.3 percent) of the respondents find these facilities to be poor in their PHCs, 41.5 percent find this to be moderate and only 44 percent find these basic facilities to be good.

More than two fifth (41.3 percent) of the respondents find the conditions of the cleanliness of doctor use of glouses is poor, 37.6 percent find it to be moderate and 21.1 percent find it good. Cleanliness of drinking water, four tenth of 43.8 percent of respondents find this to be moderate and 32.2 percent find these basic facilities to be good. Only 24.0 percent of the respondents say that is poor.

The cleanliness of hospital hygienic condition of the hospital affects the health condition and recovery from illness of the patients. More than four tenth (46.7 percent) of the respondents feel that the cleanliness of hospital hygiene is moderate, 45.7 percent feel it to be poor and 7.6 percent feel it to be good.

Cleanliness of Sweeper's service to the patients and hospital also is a factor that affects the patient's opinion about the PHC. Similar to pharmacist services and basic facilities, more than half (52.8 percent) of the respondents are of the opinion that the sweepers service is poor, 43.3 percent are of the opinion that it is moderate and only 3.9 percent are of the opinion that it is good. However, sweepers are available in all PHCs, but service related by these is too poor.

The comments of the respondents on overall comments on Wash in PHCs services are analysed. Around fifty percent of the respondents find the overall comments on wash services to be moderate, 34.6 percent find them to be good and 15.7 percent find them to be poor.

## **Conclusion**

Primary health care centers (PHCs) are also better able to address poor coverage of basic health care and lack of equipments by communities in health systems. Health and hygiene education is very important for better use of existing facilities and also to prevent the incidences of water and sanitation related diseases like diarrhea, dysentery, hepatitis, polio, and worm infestation. In India, even today a very large population is deprived of safe water and sanitation facilities, therefore, appropriate emphasis is needed to be given to these sectors. Provision of safe drinking water should be given utmost priority besides educating people about hygiene.

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