

## SUMMARY AND CONCLUSIONS

Health is one of the most important aspect of human life. There is a very famous and old saying, "When wealth is lost nothing is lost; but when health is lost everything is lost". For good health, sanitary conditions ought to be good. "Sanitation is a way of life", according to National Sanitation Foundation (1978). It has been the measure of civilization.

Though we have come a long since independence, the state of rural sanitation is still a matter of grave concern for the whole world. More so, particularly for the developing countries which is borne out of by declaration of the decade 1981-90 as the International Decade of Water Supply and Sanitation by the United Nations.

The face of the Indian village to-day may look much brighter than it did for decades ago. But still there is immense scope for improving the environmental sanitation is essential for the happiness and welfare of our village people. Conditions may vary from village to village and from State to State. To understand the immensity of the problem of rural sanitation it is necessary to study the existing patterns as well as the needs of the householders, as perceived by them, for the adoption and maintenance of sanitary methods in future.

It was in light of this situation that the present study was proposed to be conducted, with the following specific objectives :

1. To assess the existing sanitary conditions of rural households.
2. To compare the existing conditions with the sanitary standards and trace out the gap.
3. To identify socio-economic and psychological factors associated with sanitary conditions.

The study was conducted in Harikot village of Hisar district. Hundred households were selected randomly to study the existing sanitary conditions.

The data were collected with the help of pre-tested interview schedule. The interview schedule was constructed after selecting the independent and the dependent variables.

The statistical methods adopted to draw inferences were Chi-square ( $\chi^2$ ) test, coefficient of contingency and percentages. The important findings emerged out of the present investigation are as follows :

The socio-economic profile of respondents suggests that majority of them (75%) were from middle caste and mainly with low education (75%). The family pattern was mainly nuclear and in majority of families (52%), there were 6-10 members. Regarding age group of the respondents it was found that about 45 per cent and about 51 per cent belong to 41-60 years and 21-40 years, respectively.

About 74 per cent of the respondents were in low income range of Rs.51-Rs.300 per capita per month. The main occupation was farming (68%) followed by service (22%). Regarding land holding 54 per cent were below 4 hectares and 15 per cent having no land.

The study revealed that the situation about sanitation was not satisfactory. It is evident from the fact that 40 per cent respondents were living in houses much below the standard and 71 per cent had mixed houses (both katcha and pucca). Plinth was constructed by the majority of the respondents (55%) by using burnt bricks laid with mud mortar.

Majority of the respondents (55%) had two living rooms but 36 per cent had not made any provision for windows and ventilators in living rooms. It was observed that the majority (93%) had separate kitchen but only 39 per cent had made an outlet for removal of smoke in kitchen. Cooking activities were carried out by 78 per cent in separate kitchen as well as in open. Majority of the respondents (73%) used traditional chulha for cooking and an overwhelming majority (89%) used fire wood and dung cakes for cooking purpose. Majority of the respondents had no provision of separate bath room inside the house (75%) and separate cattle shed (92%).

Regarding the construction features of living room, separate kitchen, bath room and cattle shed, it was of semi-pucca type in majority of the respondents as shown in Table 5.02.

It was observed that 78 per cent households did not have any system of draining out the waste water (Fig.1), 50 per cent were throwing house refuse in community waste area (Plate III.b) and no household had latrine facility. Men used the open fields and women (50%) used Kurdi and Bitora areas (Plate IX.a and b; Fig.5) for defecation purpose.

When comparison was made of the existing conditions with the sanitary standards strong contrasts were visible. Overwhelming majority of the respondents were much below the standards regarding the aspects of height of plinth (51%), bath size (89%) and distance of cattle shed from the habitable portion (88%). Viewing the aspects like covered area of the plot (60%), floor area of living room (53%), percentage of ventilation area of living room (81%), size of door (79%) ceiling height of living room (69%) and floor area of kitchen (81%) were above standards as shown in Table 5.06 and Fig.6.

Caste and operational land holding status have exercised influence on major aspects of existing sanitary conditions. Here the influence of educational level, income and occupation was found to be high.

The psychological factors have vital influence in the possession and use of appropriate household sanitation technologies. The principal constraints to the successful provision of sanitation facilities in study area were lack of awareness about sanitation technologies, hardened traditional attitudes, weak institutions with few trained personnel and above all, economic constraints faced by the respondents.

Utilization of materials available in the vicinity had been made use of to the maximum extent by the people of the village. Under such circumstances the changes that could only be thought of are environment of the house and ventilation with separate housing for cattle. This is the most urgent need of the village.