

STATUS AND CHALLENGES OF RURAL SANITATION IN KARNATAKA

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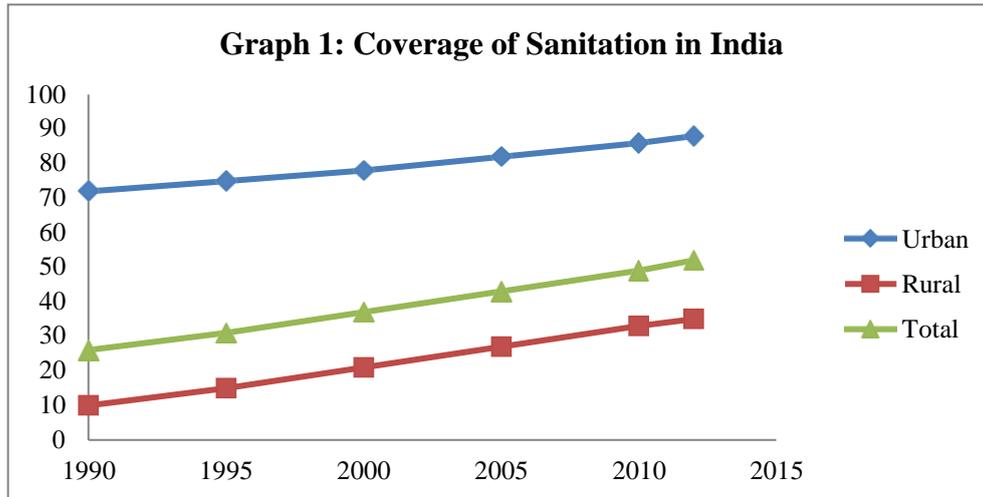
ABSTRACT

It seems that the coverage of sanitation is slow and far from satisfactory in rural Karnataka. In this context, the present paper tries to analyze the current status of sanitation, utilization of sanitation facilities and tries to find the constraints in having sanitation facilities in rural areas of Karnataka. Apart from sanitation status at the household level, it also tries to present personal aspects of hygiene based on a comprehensive survey of 800 households spread across four administrative divisions in the state. The results show that apart from access to sanitation, utilization, personal aspects of hygiene and knowledge about sanitation varied across the regions in rural Karnataka. The major problems reported in having sanitation facilities were; lack of money and scarcity of land. But both these arguments have not been validated by the study. It is felt that improving the knowledge about sanitation and timely disbursement of subsidies after would help in speedy coverage of sanitation facilities in rural areas of Karnataka.

Key Words: Sanitation, Toilets, Households, Regional Disparity, JEL classification: I00, I32, I38, R20, R580

INTRODUCTION

The provision of sanitation facilities is a prerequisite for human resource development. It also helps to maintain a clean environment and influences economic development, health and numerous other sectors. Recognizing the importance of sanitation in human development greater public investments have been made to provide sanitation. Noting its importance to ensuring basic human dignity the United Nations General Assembly has declared sanitation as a human right (United Nations, 2010). Efforts have been made to provide sanitation facilities through various programmes over the period time. As a result of this, there has been a significant increase in the coverage of toilets across the nation. The proportion of households having toilets increased from 26 per cent in 1990 to 52 per cent in 2012. Progress of coverage of toilets from 2001 to 2011 varies across the states (Census 2001 and 2011). States like Kerala, Manipur, Mizoram, Sikkim, Himachal Pradesh, Punjab and Goa have achieved much progress. It is surprising to note that relatively well-off states like Tamil Nadu and Karnataka fall below the national average, with Andhra Pradesh barely doing better. Coverage of toilets across rural and urban areas reveals that there has been a wide disparity between these areas (Graph 1). Coverage of toilets has increased from 72 per cent to 88 per cent and 10 per cent to 35 percent respectively in urban and rural areas during 2001 and 2011.



Source: Census and SBM Data

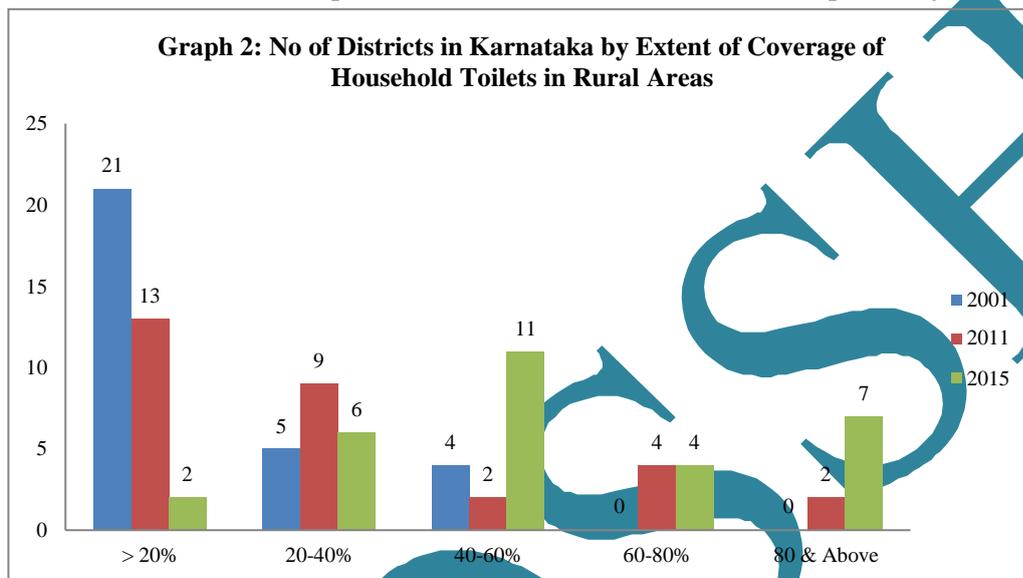
In Karnataka, the coverage of toilets got increased from 37.5 per cent to 51.3 per cent from 2001 to 2011. Here also one can find a wide disparity in coverage of toilets across rural and urban areas and administrative divisions (Table 1). In urban areas, 84.90 per cent of households have toilet facility while in rural areas it is only 28.40 per cent. The progress of coverage of toilets in rural North Karnataka, especially in Gulbarga division i.e. Hyderabad Karnataka, is very little. As per the 2011 census, only 28.40 per cent of rural households were covered by toilets facility as against 17.40 per cent in 2001, while 84.9 per cent of urban households had access to toilet facilities in the year 2011 as against 75.2 per cent in 2001. The coverage of toilets also varies across the administrative divisions in Karnataka. Bangalore and Mysore divisions have higher coverage compared to administrative divisions in North Karnataka, namely, Belgaum and Gulbarga divisions. On average, North Karnataka has 28.92 per cent and South Karnataka has 56.94 per cent coverage.

Table 1: Coverage of Toilets (%) in Karnataka (2001 to 2011)

Division/Region	% of HHs having Toilets 2001			% of HHs having Toilets 2011			Increase in the Coverage of Toilets during 2001 to 2011		
	Rural	Urban	Total	Rural	Urban	Total	Rural	Urban	Total
Bangalore Division	22.24	76.72	38.80	40.53	85.56	54.36	18.29	8.83	15.56
Mysore Division	29.96	77.91	41.04	50.15	89.29	59.84	20.19	11.38	18.80
South Karnataka	25.88	77.28	39.85	45.06	87.31	56.94	19.18	10.03	17.08
Belgaum Division	11.63	51.96	24.29	20.26	64.14	34.93	8.63	12.19	10.64
Gulbarga Division	7.65	49.68	18.13	8.62	56.50	21.92	0.97	6.82	3.78
North Karnataka	9.79	50.91	21.45	14.88	60.62	28.92	5.09	9.71	7.48
Karnataka	17.40	75.20	37.50	28.40	84.90	51.20	11.00	9.70	13.70

Source: Census 2001 & 2011

According to recent data (SBM 2015-16), the coverage of toilets in rural Karnataka has increased from 28.40 per cent to 55.3 per cent in 2015. The district-wise data related to coverage of toilets reveals disparity across the districts. It can also be observed from the data that districts in North Karnataka, especially Hyderabad Karnataka have less coverage and the districts in coastal and hilly regions have higher coverage of toilets (see table A2 and A3). The data reveals that still, about 50% of the districts (i.e. 15 districts) in Karnataka have coverage less than the state average. In terms of the extent of coverage (Graph 2), 13 districts have less than 20 per cent coverage, 5 districts are in the 20 to 40 per cent bracket, 2 districts are in the 40 to 60 per cent bracket and 4 and 2 districts are in 60 to 80 per cent and 80 and above brackets respectively.



Source: Census and SBM Data

It seems that coverage of toilets has picked up significantly over the last 5 years. According to SBMG data, the coverage of toilets in rural Karnataka has reached 55.5 per cent in 2015. But it is distressing to note that only 12 per cent of villages have been declared as Open Defecation Free (ODF) villages in the state. Among the districts, Udupi and Dakshin Kannada districts have declared ODF districts. It indicates that people are not using the toilets though they have facilities at their house. This calls for increasing the Information, Education and Communication (IEC) activities to motivate the people to use the toilets. It is surprising to note that expenditure on IEC activities is less in districts that have less coverage of toilets.

From the above discussion, one can find that progress of sanitation is very slow over the period in rural Karnataka and there are wide disparities across administrative divisions. In this context, the present paper tries to analyze the status of sanitation (including personal aspects of hygiene), aspects of utilization of sanitation facilities and constraints in having these facilities in rural areas of Karnataka based on a comprehensive survey of 800 households (HHs) spread across four administrative divisions in the state. The study has taken Dharwad, Raichur, Udupi and Chitradurga districts as representative districts from Belgaum, Gulbarga, Mysore and Bangalore divisions.

FINDINGS AND DISCUSSIONS

Coverage of Toilet Facility

Based on the data collected from the sample households, the study found that 42.3 per cent of the sample households have access to toilets (Graph 3). This indicates that the coverage of toilets is less than reported by SBM (2015-16) data. The coverage of sanitation varies across the selected districts. The proportion of households having access to toilets is high (79.5 per cent) in the Udupi district and it is very low in Raichur district i.e. 17.5 per cent. In Chitradurga and Dharwad 35.5 per cent and 36.5 per cent of households have access to toilets.

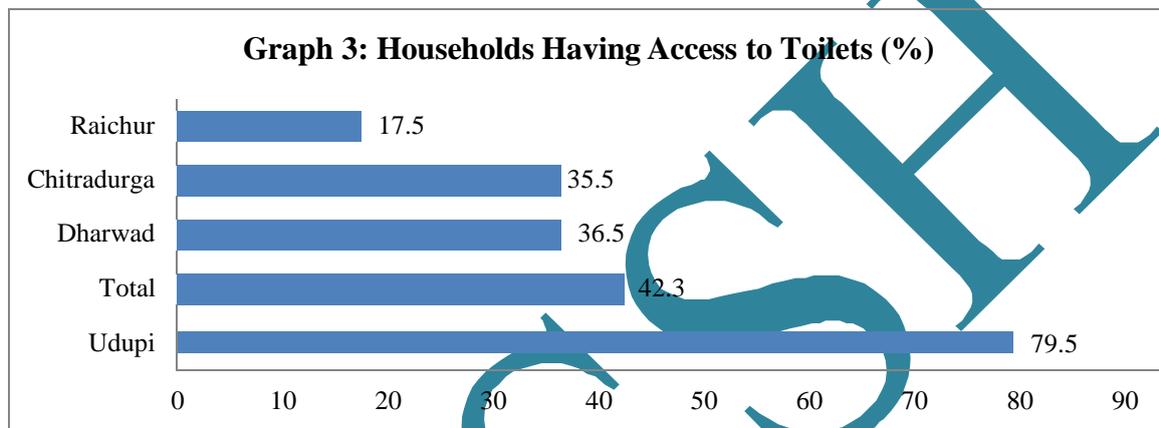


Table 2 shows households having toilets by social category and economic status indicated by the type of ration card holdings. It reveals that rich households having APL cards have a higher proportion of toilets compared to poor households having BPL, Akshaya and Anthyodaya cards. On average, 78.9 per cent of APL families in rural areas have access to the toilet. Access to toilets by social category indicates that the weaker sections namely, ST and SC households have the lesser proportion of toilets compared to other social category households. It is distressing to note that in the case of STs only 42.9 per cent of the APL cardholders have access to the toilet. This indicates that income is not the only major influencing factor in having a toilet. On the whole, the study reveals that coverage of sanitation varies not only across regions (districts) but also varies across different social and economic categories of households.

Table 2: Households having Toilet by Social Category and Economic Status (%)

Social Category	APL	BPL	Akshaya	Antyodaya	No card	Total
SC	80.0	19.0	25.0	26.3	28.6	26.6
ST	42.9	20.8	22.2	29.4	14.3	23.1
OBC	79.3	43.0	36.8	64.0	56.0	50.7
Minority	85.7	46.9	66.7	57.1	50.0	60.9
Others	84.6	37.2	66.7	40.0	66.7	50.0
Total	78.9	34.3	35.7	40.2	47.1	42.3

Education plays important role in having sanitation facilities. It is found that as the education level of the head of the households increased the proportion of households having toilets also increased. This shows the importance of education in moulding the bad/ill habit of open defecation. Thus, apart from regional factors, household income, social category and educational level of head of household play important role in having sanitation facilities. Therefore, efforts should be made to provide sanitation facilities to poor households. But study finds that neither Gram Panchayats have given any attention to constructing public toilets nor the households who have toilets are willing to share their toilet.

To understand the sustainability of sanitation one needs to know the reasons and source of motivation for the construction of toilets. It is found that 84.4 per cent of households constructed the toilets mainly to have privacy and convenience, especially for women and old people. Around 10 per cent of the households stay in a rented house and they already have the toilet facility at the house and

5.6 per cent of the households have no space for open defecation and therefore they constructed the toilet. This type of trend is prevailing across all the selected districts. The households revealed that 'self' motivation is the main source (82.0 per cent) followed by 'village motivators'. The other sources of motivation are government functionary, NGO functionary and others across the districts. Thus, around 15 per cent of the households which have toilets out of their circumstances may start open defecation if the circumstances change.

Reasons for Not Having Toilet

Despite many efforts by the government, it is distressing to know that only 42.3 per cent of rural households have toilet facilities. In this connection, it is important to know the reasons for not having toilets. Table 3 shows the reasons for not having a toilet. It reveals that lack of money and space for the construction of toilets are the main reasons. Apart from these, the nature of housing i.e. attached houses, availability of vacant land/forest land, scarcity of water, the practice of open defecation are the other reasons for not having a toilet.

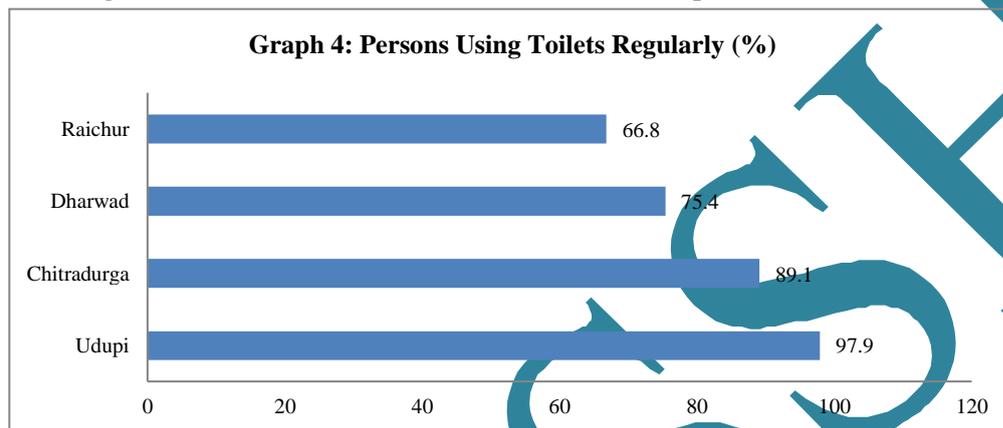
Table 3: Reasons for Not Having Toilet (% of HHs)

Reasons	Dharwad	Raichur	Udupi	Chitradurga	Total
No Money	93.7	90.9	85.4	77.5	91.8
No Place to Construct Toilet	32.3	42.4	9.8	26.4	32.3
Lot of Space for Open Defecation	6.3	5.5	24.4	3.1	6.7
Less Water	3.9	9.1	7.3	6.2	6.7
No Own Land/House	8.7	3.0	2.4	7.0	5.6
No Practice of Using Toilet	2.4	3.0	4.9	1.6	2.6
Religious & Cultural Reasons	0.0	0.0	0.0	0.8	0.2

Note: Multiple answers, total responses will be more than 100

Usage of Toilets

Regular use of the toilet is very important for having good health. Graph 4 shows the percentage of persons using the toilets regularly. It is found that 86.7 per cent of the persons use the toilet and the remaining 13.3 per cent are not using the toilet though they are having the facility. People use the toilet mainly for having privacy, convenience and hygiene. The usage of toilets varies across the districts. It is high in the Udupi district (97.9 per cent) and it is very less in Raichur district i.e. 66.8 per cent. In Dharwad and Chitradurga the usage is 75.4 per cent and 89.1 per cent respectively. Thus, the usage of toilets in North Karnataka is less as compared to South Karnataka.



The usage of toilets also varies among the household members. Women, adult girls, old persons, sick and handicapped people use the toilet regularly while the adult male persons tend to go for open defecation. The usage of toilets varies according to the season also. During the rainy season, it is difficult to go out and in the summer season, due to lesser availability of water and fear of getting a bad smell around the house, people prefer to go out for open defecation (especially males). It is found that in the Raichur district, around 11 per cent of the households use the toilet for other purposes, especially for storing fuelwood and agricultural implements. Thus, the importance of the usage of toilets needs to be communicated to people, especially in North Karnataka. In this connection, IEC activities need to be made more effective to improve the knowledge of people and toilets designs also need to be modified to suit rural conditions. Proper training is also required for construction workers. Table 4 shows the reasons for not using the toilets in selected districts. It reveals that around 63 per cent of persons who have a toilet facility in their house do not use it mainly because of their wrong notion about the toilet. This mindset needs to be changed to improve the overall sanitation status.

Table 4: Reasons for Not Using the Toilet

District	Open Field is Better	Inconvenient /Not Enough Space	High Water Requirement	Latrine is Unusable (Blocked or Broken Latrine)	Not Clean and Healthy	Toilet is Used for Other Purpose	Not Accustomed to Use	Religious and Cultural reasons
Dharwad	36.6	21.1	15.5	0.0	4.2	0.0	14.1	8.5
Raichur	32.1	10.7	3.6	0.0	10.7	10.7	32.1	0.0
Udupi	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0
Chitradurga	36.8	5.3	10.5	10.5	0.0	0.0	36.8	0.0
Total	35.3	16.0	11.8	1.7	5.0	2.5	22.7	5.0

Personal Aspects of Hygiene

Bathing and hand washing are important aspects of maintaining good health. Bathing typically involves bringing water into contact with the skin. The water washes away the dirt and oils that have built up during the day and thus helps to maintain good health. One of the best ways to prevent Diarrhoea is to wash hands after defecating or handling babies' faeces, and before preparing food, feeding children, or eating. Handwashing with soap is among the most effective and inexpensive ways to prevent diseases. Global Handwashing Day (GHD) campaign takes place on 15 October of each year to motivate and mobilize people around the world to improve their handwashing habits by washing their hands with soap at critical moments throughout each day. Washing hands with water alone is significantly less effective than washing hands with soap in terms of removing germs. Table 5 shows details of personal aspects of hygiene in the selected districts. It shows that almost all the persons wash their hands before having food and after defecation. But the proportion of persons washing with soap is less than 50 per cent in Raichur, Dharwad and Chitradurga and there will be every possibility of transmission of germs. Therefore, much more effort needs to be made to create awareness among the people through school children, SHG groups, NGOs, etc. In this direction, the government may provide soaps along with food grains to the poor.

Table 5
Personal Aspects of Hygiene

District	Wash Hands before Food	Wash Hands after Defecation	Using Soap for Washing Hands	Get Bath every day
Dharwad	98.2	97.95	45.4	84.5
Raichur	96.7	97.57	34.0	87.8
Udupi	97.0	97.39	75.6	93.2
Chitradurga	97.8	98.21	48.2	57.5
Total	97.4	97.77	50.3	81.5

Knowledge about Sanitation

Better knowledge about sanitation helps in sustaining sanitation programmes by inducing households to have better sanitation facilities. Table 6 shows the level of knowledge about sanitation among the selected households. It reveals that households have somewhat better knowledge about the role of the provision of the toilet in improving their health and overall standard of living. They have also better knowledge about the availability of subsidies for the construction of a toilet at their house. Some of the important aspects are: the existence of a water supply and sanitation committee in the village, knowledge about the construction of toilets in a small area with less cost, and provision of construction of toilets under MGNREGA are very less in the selected households. Hence, the government/NGOs/VWSCs should make more effort to provide proper knowledge to the households. IEC activities assume an important role in sanitation programmes and these have been implemented effectively through media, local organisations and local rural bodies. Now, efforts have also been made to involve the corporate sector, NGOs and other organizations voluntarily in improving sanitation all over the country to motivate rural households to construct the toilets (Swachh Bharat Mission).

Table 6: Knowledge about the Sanitation among the Households

Particulars	Dharwad	Raichur	Udupi	Chitradurga	Total
Construction of Toilet under MGNREGA	44.0	35.5	39.5	45.0	41.0
Knowledge about Subsidy for Construction of Toilet	69.0	52.0	70.0	76.0	66.8
Construction of Toilet at Very Less Cost	46.0	34.0	41.5	49.0	42.6
Toilet Can be Constructed in a Small Area	42.5	23.5	41.5	44.0	37.9
Toilet Facility Improves Health Status	85.5	84.5	94.5	95.0	89.9
Toilet Facility Improves Overall Standard of Living	81.5	74.5	79.5	87.0	80.6
Improper Sanitation Spreads Diseases	80.0	75.5	95.5	91.0	85.5
Existence of Water Supply & Sanitation Committee in the Village	27.5	18.0	8.5	16.5	17.6

Subsidy for Toilet

A subsidy is a form of financial assistance by the government to achieve certain policy objectives. In the sanitation sector, the subsidy is given to households for the construction of toilets. The main objective of a subsidy scheme is to ensure the inclusion and empowerment of certain disadvantaged groups to improve public health and protect the environment. For getting a subsidy, the households have to follow certain procedures, like filling the form, getting approval from Gram Sabha, construction of the recommended type of toilet at the approved site, monitoring by the GP officials, etc. But many of the households do not follow these procedures and fail to get the subsidy. Table 7 shows the percentage of households who received a subsidy for the construction of private

toilets. It is revealed that a significant proportion of households received a subsidy for the construction of private toilets. On average, 24 per cent of the households have received a subsidy and it varies across the districts. The proportion of households who received a subsidy for the toilet is very less in the Raichur district.

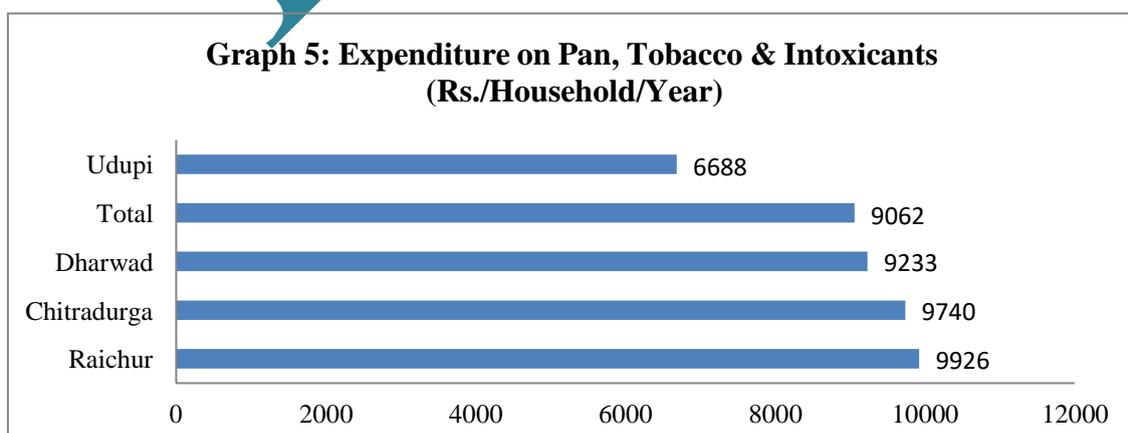
Table 7: Households Who Received Subsidy for Toilet

District	No. of HHs having Private Toilet	No. of HHs who Received Subsidy	% of HHs who Received Subsidy
Dharwad	68	18	26.5
Raichur	35	2	5.7
Udupi	145	40	27.6
Chitradurga	66	15	22.7
Total	314	75	23.9

As per the discussion during the Focus Group Discussion (FGD) the households reported that they have no guarantee of getting the subsidy from the Gram Panchayat. It may require at least 6 months for getting the subsidy after producing the photograph of the completed toilet. Hence, most of the households are not willing to construct the toilet because of the uncertainty of getting the subsidy at the right time.

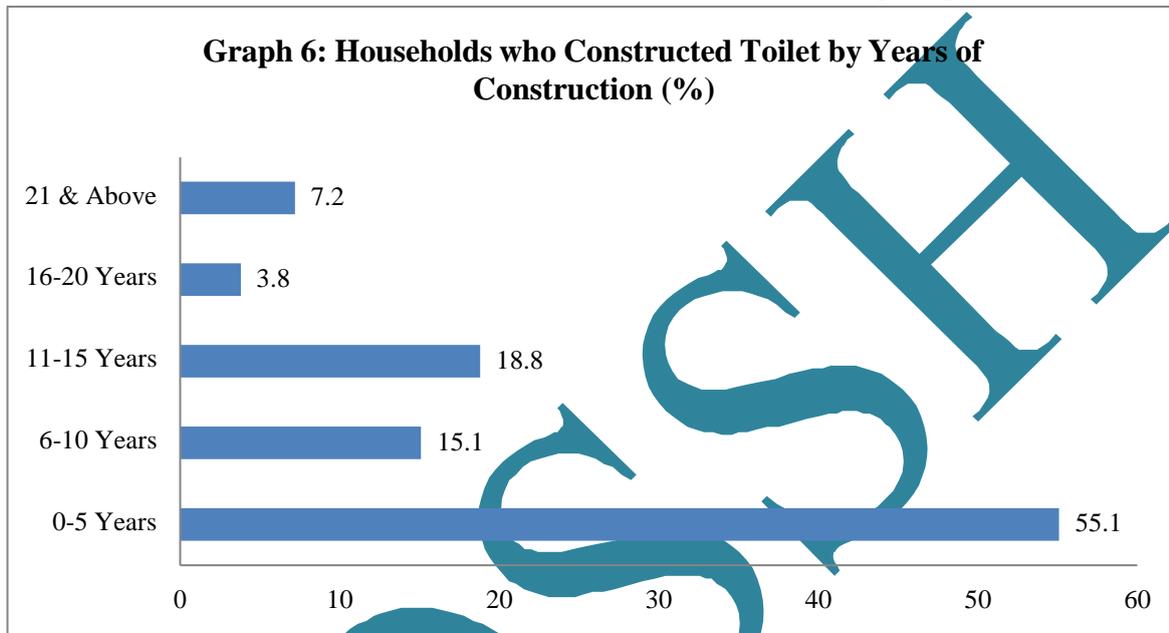
Willingness and Ability to Construct Toilet

To know the willingness and capacity of the households to spend for the construction of toilets, the amount of expenditure on *pan*, tobacco and intoxicants have been obtained from the selected households (Graph 5). It is found that on average 64.6 per cent of the households consume *pan*, tobacco and intoxicants. These households spend Rs.9062 during the year which is more than sufficient for the construction of toilets in the rural areas. Thus, the argument of lack of money for the construction of toilets is not validated by the study. Another argument of lack of space is also not valid as most households have enough space for the construction of toilets. But these households lack knowledge about different types of the toilet which can be constructed at low cost.



Progress of Coverage of Toilets

The coverage of sanitation was very slow earlier, but now it is picking up in recent years (after SBM). Graph 6 shows the coverage of toilets over the period in Karnataka. It reveals that around 55 per cent of the coverage has been achieved during the last 5 years. It seems that the constant efforts of the government in terms of the large-scale awareness programme, enhancement of subsidy amount and inclusion of construction of toilet under MGNREGA, etc are now giving the results.



CONCLUDING OBSERVATIONS

The paper finds that coverage of toilets is 42.3 per cent which is less than the figure reported by SBM (2015-16). The coverage of toilets is less in North Karnataka because of the existence of poverty, lack of knowledge about sanitation and negligence in having the sanitation facility. The coverage of toilets not only varies across the administrative divisions but also different socio-economic categories of the households. Most of the poor households, especially ST & SC, lack toilets. Therefore, more efforts should be made to motivate the poor households to construct the toilets by providing/assuring the required subsidy.

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