Research Paper Tribal Studies

HYGIENIC PRACTICES AMONG TRIBAL COMMUNITIES: CASE STUDY OF ODISHA

Gopinath Pradhan

Lecturer in Tribal Studies, Council of Analytical Tribal Studies (COATS), Koraput, PO/Dist: Koraput (764020), Odisha

ABSTRACT

India resides in its villages with 71 per cent of its population living in rural areas. The living conditions in rural areas are not very good, which make India's rural population more vulnerable to a number of communicable diseases. Drinking water and Sanitation are the basic needs of life. Drinking water has been listed in the 11th Schedule of 73rd Constitutional Amendment Act. So, it becomes the responsibility of Panchayati Raj Institutions (PRIs) to provide basic services in regards of drinking water and sanitation to their own community. The present study is mainly undertaken to understand the awareness, knowledge and practices of tribal with respect to overall sanitation, hygiene and drinking water. Findings suggest that NGOs of the locality can also play a vital role in improving the safe drinking water supply and sanitation facilities of the rural households through creating awareness.

KEYWORDS Habitation, Safe water, Sanitation

Introduction

Drinking water and Sanitation are the symbol of quality of life. The safe drinking water and proper sanitation are the key factors in achieving the ultimate goal of 'Health for All'. However, contaminated drinking water and living in unhygienic conditions can cause disease and death. As per WHO report 80% of all the diseases are caused due to lack of safe drinking water. Hence, without adequate supply of safe drinking water to the community, promotion of health and prevention of diseases are not possible.

Sanitation means "science of safe guarding health". National Sanitation Foundation of USA defines it as "Sanitation is way of life, it is the quality of living that is expressed in the clean house, clean farm, the clean business, the clean neighborhood and clean community".

Importance of Drinking Water and Sanitation

People can not lead a healthy life without safe drinking water. India has world's 2.41% land areas and about 17% of population and 4% of its water resources. But gradually water is becoming a scarce resource in many of its states. According to UNDP's HRD, 2001 report, in the year 1999 nearly 120 millions of Indians do not have had safe drinking water. The reason is the pattern of rainfall is uneven and surface water bodies are not uniformly spread across the country.

In the tribal areas drilling of bore-well or sinking dug-wells may not solve the problem for providing safe drinking water. Different studies revealed that the tribal usually drink water from the springs and not from wells or tube-wells. As the tribal villages are remotely placed in the hills and forests and dispersed too from one another, so the pipe water supply is not possible to these areas. The surface water sources like rivers, streams, and lake need pre-treatment before supplying for drinking. The other sources like rain and ground water has to be explored in tribal areas.

Objectives

During the last 68 years of independence of India, the Government has given utmost attention for safe drinking water and Sanitation in rural areas, but a large section of the society is yet to receive these facilities. Considering the above facts the objectives of the study are:

1. To find out the usage pattern of tribal when different sources of drinking water available in a habitation.
2. To find out their awareness about total sanitation.
3. To find out the incidence of water borne and sanitation related diseases in the tribal communities.
4. To find out the attitude of tribal towards a sustainable drinking water and sanitation system.

Hypothesis

The present study seeks to test the following hypothesis:

1. In the absence of good quality water, the tribals are opting for unsafe water due to lack of awareness.
2. Tribals have affinity for spring water compared to bore-well or dug-well water.
3. Old beliefs, traditions and practices have a strong hold in the community.
4. No knowledge about the benefit of better hygienic practices and sanitation.

Study Area and Methodology

Litiguda Gram Panchayat of Koraput block of Koraput district in Odisha is selected for the present study. From the review of national scenario on drinking water and sanitation, it is observed that people are not adequately provided with safe drinking water and also the safe drinking water channels are not in adequate numbers. The same is the case with Odisha and in the district of Koraput. The district of Koraput mostly inhabited by tribes i.e. about 50 per cent (49.62%). Due to lack of health facilities, they are susceptible to water borne diseases and other sanitation related illness. To have a clear cut view about the hygienic facilities and practices of the people, an in-depth study is undertaken by selecting a tribal dominated Gram Panchayat. Only one gram panchayat has been selected for the study because all the 13 gram panchayats of Koraput block and the district have the same effect. The Litiguda panchayat has 7 revenue villages. About 56 percent of habitants are tribals in the panchayat. All these villages are selected on the criteria of distance of village from the block headquarter.

Respondent Selection

The selection of respondent was about 10 per cent of the households from each village. Due consideration was given to all sections of the community including women. To get a comparative information about sanitation among tribal and non-tribal samples from general category also generated.

Limitations of the Study

The present study was delimited in the following manners:

1. The geographical area was confined to one Gram Panchayat of Koraput block.
2. Due to limited time only 10% random samples from tribal families and 10% of general caste was drawn.

Finding and Discussion
Usage pattern of tribal and different communities:
Table No-1

Sl No	Sources	Drinking					
		Scheduled		Genral		Total	
		Frequency	%	Frequency	%	Frequency	%
01	Hand Pump	4	4.26	5	55.56	9	8.74
02	Dug Well	-	-	-	-	-	-
03	Spring	84	89.36	4	44.44	88	85.44
04	Sanitary Well	-	-	-	-	-	-
05	Stream	6	6.38	-	-	6	5.82
06	River	-	-	-	-	-	-
07	pond	-	-	-	-	-	-
	Total	94	100	9	100	103	100

Source:Field Study-2013 F-Frequency

The people of Litiguda Gram Panchayat are using different types of water sources for different purposes. In order to compare the generated data, they are categorized in three categories namely scheduled tribe respondents, other respondents and combined total respond of the panchayat in order to find out the specific behaviour patter of tribal community for which the present study was conducted.
Table No-1 shows the usage pattern of tribal in the Litiguda panchayat. It reveals that only 4.26% households are using safe water i.e. tube-well. About 89.36% tribal households are using spring water for drinking. However, 55.56% of general population is using safe sources for their drinking purpose, and 6.38 people are using stream water for drinking during the normal days.

Sanitation and Hygienic facilities in the panchayat
The tribal families of this panchayat have no personal toilets. The sanitary condition in the study panchayat is very poor. The awareness among the community regarding sanitation and handling of drinking water is not adequate.

Provision of household toilets with different communities in Litiguda panchayat
Table No-2

Sl.No	Response Regarding Household toilet availability	Household toilets availability					
		Scheduled		Genral		Total	
		F	%	F	%	F	%
01	Yes	5	5.32	7	77.78	12	11.65
02	No	89	94.68	2	22.22	91	88.35
	Total	94	100	9	100	103	100

Source: Field Study-2013 F-Frequency

It is evident from the above table that, the tribal people had no interest on personal toilets. There is enough space for using toilets. They prefer open field for excretion. Only 5.32 per cent of tribals and 77.78 per cent of general caste have their personal toilet facility. There is no common toilet in the study villages and 94.68 per cent of tribal population and 22.22 per cent of general families are opting for open air defection.

The Practice of washing hands before eating by different communities
Table No-3

Sl.No	Option	Scheduled		General		Total	
		F	%	F	%	F	%
01	Water only	81	86.17	5	55.56	86	83.50
02	Soap and Water	2	2.13	3	33.33	5	4.85
03	Ash and Sand	4	4.26	1	11.11	5	4.85
04	Do not wash every time	7	7.44	-	-	7	6.80
	Total	94	100	9	100	103	100

Source:Field Study-2013 F-Frequency

In case of tribal community, the practice of washing hands with soap before eating is very negligible. The table-3 give a picture that 86.17 per cent of tribals are not having a definite practice of washing hand before taking food. Most of the tribal respondents are washing hand before taking food with water only. Due to water problem in these areas, they wash their hand and do not wash their legs properly cleaned as reported during the study.

Discussion
The present study is mainly undertaken to understand the awareness, knowledge and practices of tribal with respect to overall sanitation, hygiene and drinking water. The Litiguda Gram Panchayat is mainly inhabited with Kandha and Paraja tribes. Both the tribes are educationally backward. The socio-economic life of both the tribes is not very fair. Their entire area is affected by naxals. Most of the tribals prime occupation is agriculture and wage labour. The awareness about sanitation is very poor. In the study Panchayat, the different sources of drinking water are available like natural spring, tube-well and open wells. For the household activities the stream, river and natural spring water is being used. Most of the tube wells are having water quality related problems. The incidence of soluble iron in this water has resulted less usage. There are 30 numbers of Tube-wells in the 7 study villages but out of 30, 17 numbers are not functioning. As most of the tube-wells are having water quality related problems. Therefore, the people are not using for cooking or drinking purposes.

The sanitary condition in the study panchayat is quite good comparing other panchayats of the blocks but the awareness among the community regarding sanitation and handling of drinking water is not adequate. Like other part of the country and states, the women and girl children in this study panchayat are primarily responsible for collection, storage of water for household use and maintaining hygiene and sanitation.

Conclusion
The statistics on water born diseases in the states also explain the need for the activation of Public Health programme for well known reason. Primary Health Care has to be developed us an integral part of socio-economic development and with full participation of the individual, family and community. The experience of many years in the water and sanitation sector proves that the education and communication element has been completely neglected. The current situation in the water, sanitation and health sector required a much more practicable working strategy for improving the quality of life.

REFERENCES

Adhikari, Shyamah (1998), Safe Water and Rural Communities, Kurukshetra, July, 1998. | 2. Government of India (2002), Report All India Conference of State Ministers of Rural Drinking Water Supply, Vigyan Bhavan, 5th December, 2002. | 3. H, Mahier (1981), Health for All by the Year 2000, Yojana, April, 1981. | 4. Kurukshetra (2003), Kuruksheta, October,2003, page-11. | 5. Kurup, K. Balachandra (1994), Water, Sanitation and Health, Yojana Vol-38, No-5. | 6. Lal, Pritam (1971), Health Services in Rural Areas, Yojana, September, 1971. | 7. Meheta, Neepau (1998), Rural Water Supply and Sanitation role of Women, Kurukshetra, July, 1998. | 8. Raghunath, H.M (1990), Ground water, Villy Eastern Limited, Ansari Road, Darya Ganj, New-Delhi. | | 9. Saxena, M.M.N (2003), Initiative in promoting water Resources in India, Yojana Vol-47, June, 2003. | | 10. UNICEF (2005), Sanitation: A way of Life. A sanitation Handbook for community Organisers, Page 4-5, India Country Office, UNICEF, 73 Lodhi Estate, New-Delhi.