MICRO ANALYSIS OF NIRMAL GRAM PURASKAR IN SALEM AND THANJAVUR DISTRICTS OF TAMIL NADU

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ABSTRACT

Every step is essential to maintain good environment for better and healthier human life. Sanitation assumes greater significance in the human development, specifically in rural areas. A bird's eye view on the sanitation status shows that more than 50 per cent of the rural households of India does not possess toilet facilities. Open defecation causes not only health hazards, but also leads to insanitary human settlements. Other environmental issues add woes to the exiting health problems. Against this scenario, this paper highlights the TSC (Total Sanitation Campaign) by taking both macro and micro level data in a moderately progressive State of Tamil Nadu in South India, based on the data from Salem and Thanjavur Districts. Though the public initiative is much appreciable on TSC, the ground reality needs much more focused attention for improving sanitation in rural areas.

Keywords: Nirmal Gram Puraskar, Sanitation, Human Welfare, Development

Good sanitation should be a birthright of every citizen of South Asia

- Prime Minister Dr. Manmohan Singh

Introduction

The Government of India started the Central Rural Sanitation Program (CRSP) in 1986, with the hope of improving the basic sanitation amenities in rural areas. Open defecation is a traditional behaviour in rural India and also in Urban Indian Slums. This, along with the relative neglect of sanitation in terms of development priorities, was reflected on the country's low sanitation coverage at the close of the 1990s, when it was found that only one in five rural households had access to a toilet. This fact, combined with low awareness of improved hygiene behaviour, made the achievement of the goal of total sanitation a pressing challenge in rural India. In response to this challenge, the Government of India launched the Total Sanitation Campaign (TSC) in 1999 with the goal of achieving universal rural sanitation coverage by 2012. The responsibility for delivering on programmed goals rests with local governments (Panchayati Raj Institutions-PRIs) with significant involvement of local communities. The state and central governments have a facilitating role that takes the form of framing, enabling policies, providing financial and capacity-building support and monitoring the progress. To give a fillip to the TSC, the government introduced an innovative incentive programme known as Nirmal Gram Puraskar (NGP) in 2003 with a cash prize to motivate Gram Panchayats (GPs) to achieve total sanitation. The unit of cost structure of the construction of individual household latrines has been increased to Rs.2000 (Rs.3000 for hilly and difficult areas) from the earlier Rs.1500.[1] In addition, the NGP is an attractive incentive as winners are felicitated by the President of India at the national level and by high-ranking dignitaries at the state level.

The main purpose of providing toilet facilities is to improve the sanitary condition, thereby the human development. And the other objectives are, to bring

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improvement in quality of life in rural areas; accelerate sanitation coverage; educate villagers about the importance of cleanliness to reduce water and sanitation related diseases; to demonstrate that their lives can be changed; to cover all schools and *Anganwadies* with sanitation facilities; make common lands of villages free from human defecation; to promote the conditions of women and children; generate demand of Open Defecation Free (ODF) zone through awareness programmes and education; to save environment and to make it sustainable; to make public places more livable and encourage use of appropriate and cost effective technology.

Sanitation in India

Statistical surveys conducted by the United Nations International Children Education Fund (UNICEF) have shown that only 31 percent of India's population is using improved sanitation facilities as of 2008. It is estimated that one in every ten deaths in India is linked to poor sanitation and hygiene. Diarrhoea is the single largest killer and accounts for one in every twenty deaths. Around 450,000 deaths were linked to diarrhoea alone in 2006, of which 88 percent were deaths of children below five (UNICEF, 2011).[2] Studies by UNICEF have also shown that diseases result from poor sanitation affect children in their cognitive development.

Lack of adequate sanitation also leads to significant economic losses for the country. A Water and Sanitation Program (WSP) study on The Economic Impacts of Inadequate Sanitation in India (2010) showed that inadequate sanitation caused India considerable economic losses, equivalent to 6.4 percent of India's Gross Domestic Product (GDP) in 2006 at US $ 53.8 billion (Rs.2.4 trillion) (WSP, 2010).[3] In addition, the poorest 20 percent of households living in urban areas bore the highest per capita economic impacts of inadequate sanitation. In 2011, 53 percent of households had toilets; 81.4 percent in urban areas and only 30.7 percent in rural areas. In case of Tamil Nadu, sanitary facilities was at a low 48 percent and remaining 52 percent did not have sanitation facilities, only 6 percent of people used public toilets. A maximum of 95.6 percent of households has toilets facilities in Chennai, while only 18.1 percent of households have toilets facilities in Ariyalur District (2011-2012), in Tamil Nadu.[4]

Several studies on the sanitation, especially on the enormous implication of open defecation have been conducted. Though many studies have dealt with the health dimensions, a few studies have highlighted the economic aspects of open defecation**.** The Union Minister for Rural Development, Jairam Ramesh[5] has said that the issues like sanitation and drinking water should become the main national agenda to ensure a healthy national outlook. Addressing the second meeting of National Drinking Water and Sanitation Council, the Minister said, he was hopeful of 40 to 60 percent increase in the budgetary allocation for drinking water and sanitation, which stood at Rs.10,000 crores in 2012. He said health, sanitation and water supply should not be treated as separate issues, as they impact on each other and should be seen in a holistic framework. Ramesh said that nearly eight lakh Accredited Social Health Activists (ASHA) working in the health sector will be roped in for creating awareness about sanitation issues in rural areas and appropriate incentives will be given to them. He also informed that the allocation of Rs.3000 for creating individual toilets will be increased to about Rs.7000, but at the same time added that the focus will shift from individual toilets to community ones, where the GPs will be the sheet anchor of the programme. The sanitation programme shall be regarded as social movement for the betterment of the people.

The Review

Balchand[6] highlighted that the Centre plans to remove the distinction between Below Poverty Line (BPL) and Above Poverty Line (APL) and bring all the needy under the TSC. It would be renamed as "Nirmal Bharat Abhiyan" to send home the message that its implementation would be a people's movement rather than a bureaucratic programme.

In his response to the book "Squatting with Dignity" by Kumar Alok, Bathran[7] analysed the success and challenges encountered in the rural sanitation movement. The objective of the book is to analyse the TSC and suggest ways to achieve the United Nations' Millennium Development Goals (UNMDGs) accepted by India. The author argues that adopting safe sanitation and hygienic behaviour would lead to convenience, privacy and pride.

Poor maintenance of public funded community toilets led to derail the sanitary programme in some villages. Rozindar[8] reported that the stinking public toilets and private soak pits filled with mud is the picture at Medhalli, a village that received the Nirmal Gram Award in 2006 for achieving 100 percent sanitation. In just four years, people of Medhalli, near Chitradurga, in Karnataka are back to using open areas as toilets. The village experience also shows that there is a mismatch between the required amount and actual allocation and the community's less sensitivity towards the novel programme of sanitation.

Due to social and cultural inhibitions, open defecation is widely used in India and Chambers[9] pointed that perhaps as many as 2 billion (200 crores) people living in rural areas are adversely affected by open defecation all over the world. Those who suffer most from lack of toilets, privacy and hygiene are women adolescent girls, children and infants. Sanitation and hygiene in rural areas have major potential for enhancing human wellbeing and contributing to the MDGs. Approaches through hardware subsidies to individual households have been ineffective. Community-Led Total Sanitation (CLTS) is revolutionary approaches in which communities are facilitated to conduct their own appraisal and analysis of open defecation and take their own action to become "ODF".

Veerashekharappa and Bhide[10] mentioned that the lack of proper sanitation, communicable diseases spread causing considerable loss and disabilities to human resources. Considering this, the international community has set the provision of sanitation as part of the MDGs, aiming to reduce the number of those without adequate sanitation facilities to half by the year 2015. To achieve this, various strategies are designed by the government of India and the state governments. It is observed that the strategies involving Non-Government Organisations (NGOs) are more effective plan, the ones invading exclusively the state in promotion of sanitation.

Pardeshi[11] assumed that a women's perspective can contribute a great deal to improve planning, functioning and utilization of the sanitary facilities. This study describes the roles and responsibilities of women in TSC implemented in Yavatmal and the study was conducted in four Nirmal Gram Villages in December 2006. Only 18 out of the 55 women latrine complexes were functional, a majority of which were noted to be of poor quality and lacking in maintenance and cleanliness. In the post TSC phase women were mainly responsible for the cleanliness and maintenance of the household latrines. After achieving the goal of ODF villages, women in only one village were involved in some development activities.

The WHO[12] (World Health Organisation, 1998) focused to prepare for policy makers and strategic planners at national, District and municipal levels that are responsible for securing investments for sanitation, and planning, commissioning, monitoring and evaluating sanitation programmes.

Importance of the study

In rural areas, the top killer diseases affecting children aged below four years are caused by contaminated water and poor sanitation. Further, human excreta is an organic matter, if it decomposes in the open; it produces greenhouse gases like carbon dioxide and methane resulting in global warming. Adopting safe sanitation and hygienic behaviour would lead to convenience, privacy and pride. Improved access to safe water and adequate sanitation can make a major contribution to poverty reduction and improving the overall quality of life.[13] Against this backdrop, the present study has been taken up with two fold objectives; to study the pattern of fund allocation and utilization under the TSC and to analyze the sanitation facilities at local level. The entire analysis has been presented in two sections. First section deals with secondary data sources (macro analysis) and the second section outlines the field level information(micro level analysis).

Methodology

Data includes both primary and secondary sources. Primary data collection was taken up from two Districts - Salem and Thanjavur during November - December 2011. Secondary data sources include the plan documents and the government sources available on the Internet and the period for secondary data is 2011 - 2012.

In Salem District, three GPs - Olappadi, Ariyapalayam and Belur Karadipatti were selected from Peddanaickenpalayam block. In Thanjavur District, one block, out of 14 Blocks - Orathanadu was selected randomly. In this block three GPs - Sethurayankudikadu, Panjanathikottai and Kovilur were selected for field survey. The primary data was collected with the help of interview schedule. In Peddanaickenpalayam block, 30 samples from three GPs (10 in each GP) were selected in Salem District. In Thanjavur District, there are 75 samples collected from three GPs (25 households in each GP).

Variables included are: fund allocation; target; achievements for the country as such. The same variables have been dealt with for Tamil Nadu, Districts (selected) and blocks. Only these variables have been highlighted for these regions to diagnose the rigorousness of the achievement over TSC. At household level, details over the socio-economic aspects, their perception towards using the toilets and information on the problems associated with not installing toilet facility at home in selected areas were gathered.

Macro Level Analysis

A cursory look at the achievement levels in samples Districts shows a modest level in Salem as compared to Thanjavur (Table 1). Data show that performance level for institutional arrangement of TSC in Thanjavur is fairly well as compared to Salem District. Nevertheless, the enhancement against target for households is less in Thanjavur. This is somewhat uniform. However, the achievement level of APL household is remarkable in Thanjavur as compared to Salem. All these necessitated to relate to the socio-economic and other local issues like superficies rather than the domain of sanitation.

Table 1. TSC in Salem and Thanjavur Districts as on 2012 (no. of units)

Components	Salem			Thanjavur		
	Target	**Performance**	**Percentage of Achievement**	**Target**	**Performance**	**Percentage of Achievement**
IHHL BPL*	2324.63	1702.86	73.25	1777.61	1135.58	63.88
IHHL APL*	2337.36	1134.40	48.53	1961.83	1088.42	55.48
School Toilet	2108	1812	85.96	4540	1142	25.15
Sanitary complex	128	32	25	25	25	100
Anganwadi	1253	921	73.50	1022	796	77.89
RSM*	10	4	40	10	2	20
Total	8160.99	5606.26	68.69	9336.44	4189	44.86
Percentage share of respective District to State total	**4.80**	**4.20**	**-**	**5.49**	**3.13**	-

Source: *www.tsc.gov.in.*

Note: **RSM - Rural sanitary marts, IHHL - Individual household latrine, BPL - Below poverty line, APL - Above poverty line.*

Resource allocation is another issue for the successful implementation of any community development programme and TSC is not an exception. Fund allocation and utilization at District level (sample) has some relevance to explore for TSC. In the sample Districts, performance of achieving is found expressive in Salem District as compared to Thanjavur District (Table 2). Component-wise allocation is varying among sample Districts. While the Union government's allocation is high for both the Districts, states and beneficiaries share is more for Thanjavur District. Obviously this has some relevance to explore the local socio-economic and cultural issues. By and large the general observation is that local communities in Salem are more enterprising when compared with Thanjavur. In addition, the open defecation is very common in Thanjavur as compared to Salem as one could witness from the roadsides and other places due to lack of awareness and traditional practice. All these contribute for the large achievement of TSC in Salem.

Table 2. TSC funds allocation for Sample Districts - 2012 (Rs. In lakhs)

Share	Salem				Thanjavur			
	Approved	Funds Received	Utilization	Percent of Utilization Against Release	Approved	Funds Received	Utilization	Percent of Utilization Against Release
Centre	3808.23 (65.34)	2695.58 (65)	2100.97	77.94	4017.84 (53.16)	1896.35 (52.61)	1145.16	60.39
State Share	1419.66 (24.36)	1052.62 (25.18)	799.69	75.97	2152.97 (28.47)	1084.80 (30.09)	719.09	66.29
Beneficiaries Share	599.60 (10.30)	408 (9.82)	397.93	99.99	1389.43 (18.37)	622.87 (17.30)	616.44	98.97
Total	5827.49 (100)	4156.80 (100)	3298.59	79.56	7560.24 (100)	3604.02 (100)	2480.68	68.83
% share of respective District to State total	5.09	5.27	5.21	-	6.61	4.57	3.92	-

Source: *www.tsc.gov.in.*

Note: *Figures in parentheses indicate percentages.*

It is observed from the Table 3 that, above 95 percent of *Anganwadies* and schools does not have toilets in Peddanaickenpalayam. At the same time, highly 38.59 percent of APL households have toilets. This shows that the penetration level of toilets in households is appreciable in Salem District.

Table 3. Distribution of TSC in Peddanaickenpalayam block of Salem District - 2011

WT and WOT Components	Peddanaickenpalayam		
	WT	WOT	Total
Total BPL HH*	4269 (22.44)	14754 (77.56)	19023 (100)
Total APL HH*	1363 (38.59)	2169 (61.41)	3532 (100)
Total Households	5632 (24.97)	16923 (75.03)	22555 (100)
Total Schools	3 (3.40)	85 (96.50)	88 (100)
Total *Anganwadi*	4 (4.16)	92 (95.84)	96 (100)

Source: *www.tsc.gov.in.*

Note: ** WT – With toilet, WOT – Without toilet, BPL - Below poverty line, APL - Above poverty line, HH - Households. Numbers in parentheses indicate percentages.*

Performance of TSC in selected block in Salem District as shown in Table 4 low percentage of achievements is observed among IHHL BPL and high achievement from APL. The overall achievement level for the entire household is estimated at 60 percent. The achievement levels for school and *Anganwadi* are above 95 percent. Unfortunately, no sanitary complex is noticed in this selected block.

Table 4. Performance of TSC in selected block in Salem District in 2011

Performance Components	Peddanaickenpalayam		
	Target	Achievement	Percentage
IHHL BPL*	14754	8012	54.30
IHHL APL*	2169	2131	98.24
IHHL Total*	16923	10143	59.93
School Toilets	85	83	97.64
Anganwadi Toilets	92	91	98.91

Source: *www.tsc.gov.in.*

Note:* *IHHL - Individual household latrine, BPL - Below poverty line, APL - Above poverty line.*

The following Table 5 enumerates the distribution of TSC among sample villages (Belur Karadipatti, Ariyapalayam and Olappadi) in selected block (Peddanaickenpalayam) of Salem District. Among the selected villages, households with toilets are found more in Ariyapalayam (63 percent), followed by Olappadi (54 percent) and Belur Karadipatti (44 percent). This differential pattern could be attributed with local environment including economic factor. With regard to the availability of toilets in *Anganwadies*, except in Olappadi, other two GPs show 50 percent level.

Table 5. Distribution of TSC among sample villages in Salem District

WT & WOT	Peddanaickenpalayam								
	Belur Karadipatti			Ariyapalayam			Olappadi		
Components	WT	WOT	T	WT	WOT	T	WT	WOT	T
Total BPL HH*	80 (42.10)	110 (57.90)	190 (100)	244 (68.53)	112 (31.47)	156 (100)	60 (54.05)	51 (45.95)	111 (100)
Total APL HH*	26 (50)	26 (50)	52 (100)	101 (52.87)	90 (47.13)	191 (100)	16 (53.33)	14 (46.64)	30 (100)
Total Households	106 (43.80)	136 (56.20)	242 (100)	345 (63.07)	202 (36.47)	547 (100)	76 (53.90)	65 (46.10)	141 (100)
Total Schools	-	-	-	-	3 (100)	3 (100)	1 (100)	-	1 (100)
Total *Anganwadi*	1 (50)	1 (50)	2 (100)	1 (50)	1 (50)	2 (100)	-	2 (100)	2 (100)

Source: *www.tsc.gov.in.*

Note:* *HH - Households, IHHL - Individual household latrine, BPL - Below poverty line, APL - Above poverty line. Numbers in parentheses indicate percentages.*

The following Table 6 denotes that, in selected sample panchayats are more than 100 percent of achievement in TSC has been achieved. Here in these GPs, level of achievement has exceeded cent percent. Very notably this has reflected more among BPL households. Perhaps, this is due to the fact that the state has supported this initiative through its assistance for construction of toilets to BPL households. This figure stands at centum for APL households. Whatever be the case, the achievement level shows that the local communities are very keen in constructing toilets.

Table 6. Panchayat wise Performance of TSC in sample villages in Salem District

Performance / Components	Peddanaickenpalayam								
	Belur Karadipatti			Ariyapalayam			Olappadi		
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage
IHHL BPL*	110	132	120	112	134	119.64	51	61	119.60
IHHL APL*	26	26	100	90	90	100	14	14	100
IHHL Total	136	158	116.17	202	224	110.89	65	75	115.38
School Toilets	-	-	-	3	4	133.33	-	-	-
Anganwadi Toilets	1	1	100	1	1	100	2	2	100

Source: *www.tsc.gov.in.*

Note**:** **IHHL - Individual Household latrine, BPL - Below poverty line, APL - Above poverty line.*

Following the above survey, the next section takes a look at the dimensions of TSC in Orathanadu block of Thanjavur District. A cursory look at the data shows that in Orathanadu block the penetration of toilets is less (15.15 percent) as compared to Peddanaickenpalayam (25 percent). In case of common toilets like *Anganwadies* and schools, the performance is very dismal. This may be attributed to the fact that the local political leaders and officials are less enthusiastic in establishing toilets in these institutions similar to that of local communities.

Table 7. Distribution of TSC in Orathanadu Block of Thanjavur District in 2011

WT and WOT / Components	WT	WOT	Total
Total BPL HH*	1811 (10.10)	16117 (89.90)	17928 (100)
Total APL HH*	3643 (20.16)	14429 (79.84)	18072 (100)
Total households	5454 (15.15)	30546 (84.85)	36000 (100)
Total sanitary complex	46 (100)	-	46 (100)

Source*: www.tsc.gov.in.*

Note:** WT – With toilet, WOT – Without toilet, BPL - Below poverty line, APL - Above poverty line, HH - Households. Figures in parentheses indicate percentages.*

In the same token, it is observed from the Table 8 that percentage of achievement in building toilets stood at 37.03 percent. Very notably the achievement level is family high (43.85) percent for BPL households.

Table 8. Performance of TSC in Orathanadu Block

Performance Components	Orathanadu Block		
	Target	Achievement	Percentage
IHHL BPL*	16117	7067	43.85
IHHL APL*	14429	4247	29.43
IHHL Total*	30546	11314	37.03

Source: *www.tsc.gov.in.*

Note: ** IHHL - Individual household latrine, BPL - Below poverty line, APL - Above poverty line.*

Table 9. Panchayat wise distribution of TSC in Orathanadu block

WT & WOT Components	Kovilur			Panjanathikottai			Sethurayankudikadu		
	WT	WOT	T	WT	WOT	T	WT	WOT	T
Total BPL HH*	24 (11.89)	178 (88.11)	202 (100)	172 (56.58)	132 (43.40)	304 (100)	-	137 (100)	137 (100)
Total APL HH*	60 (16.17)	311 (83.83)	371 (100)	70 (22.29)	244 (77.71)	314 (100)	16 (17.25)	77 (82.75)	93 (100)
Total Households	84 (14.65)	489 (85.35)	573 (100)	242 (39.15)	376 (60.85)	618 (100)	16 (6.95)	214 (93.05)	230 (100)

Source: *www.tsc.gov.in.*

Note: ** WT – With toilet, WOT – Without toilet, BPL - Below poverty line, APL - Above poverty line, HH - Households. Figures in parentheses indicate percentages.*

Analysis by GPs shows that only 7 percent of the households has toilets in Sethurayankudikadu as compared to 15 percent in Kovilur and 39 percent in Panjanathikottai. By and large the above inference shows that people in these villages prefer open defecation.

Table 10. Status of Achievement in Orathanadu Block

Performance Components	Kovilur			Panjanathikottai			Sethurayankudikadu		
	Target	Achievement	Percentage	Target	Achievement	Percentage	Target	Achievement	Percentage
IHHL BPL*	178	178	100	132	152	115.15	137	137	100
IHHL APL*	311	373	119.94	244	292	119.67	77	92	119.48
IHHL Total*	489	551	112.68	376	444	118.09	214	229	107.01

Source: *www.tsc.gov.in.*

Note: ** IHHL - Individual household latrine, BPL - Below poverty line, APL - Above poverty line.*

Similar to Peddanaickenpalayam in Salem District, in Thanjavur region too the achievement of constructing toilets is more among BPL households in all three GPs. But the field observation shows that people are fairly indifferent towards using toilets.

Micro Level Analysis

The present section on micro level analysis discusses the distribution of households by economic classes; social groups, availability of sanitary facilities at households, factors influencing households using open defecation and problems of toilets facilities not having at households. The following Table No. 11 denotes distribution of households by economic classes.

Table 11. Distribution of households by economic classes

Districts / Economic Category	Salem	Thanjavur	Total
APL*	12 (40)	40 (53)	52 (45)
BPL*	18 (60)	35 (47)	53 (55)
Total	30 (100)	75 (100)	105 (100)

Note: **APL – Above poverty line, BPL - Below Poverty line.* Figures in parentheses indicate percentages**.**

The above table shows distribution of households by economic classes. In Salem District, 60 percent of households is BPL and the remaining 40 percent of households are APL. Around 53 percent of households is APL in Thanjavur District, only 47 percent of households is BPL. Though Thanjavur District shows more of APL households, the usage of toilets is less, as observed from the above discussion. The next Table No. 12 denotes distribution of the households by social groups.

Table 12. Distribution of the households by Social Groups[14]

Districts / Social Groups	Salem	Thanjavur	Total
SC*	3 (10)	-	3 (2.87)
ST*	3 (10)	-	3 (2.87)
Others*	24 (80)	75 (100)	99 (94.26)
Total	30 (100)	75 (100)	105 (100)

Note:**SC - Schedule Caste, ST – Schedule Tribe, Others include, BC – Backward Class, MBC – Most Backward Class, etc.* Figures in parentheses indicate percentages**.**

The above table reveals that distribution of the households by social groups. Most of them, 80 percent of households, is based on other social groups like BC and MBC. Only 10 percent are ST and 10 percent are SC in Salem District. In Thanjavur District, 100 percent of households are other social groups. It is concluded that of the entire sample, 94.26 percent of households belongs to other social groups. The following Table No. 13 shows the availability of sanitary facilities in sample households.

Table 13. Availability of Sanitary Facilities in Sample Households

Districts / Sanitary facilities	Salem	Thanjavur	Total
If yes, Toilets available	11 (37)	20 (26.7)	31(29.52)
If No, Alternate use			
CSC*	5 (16)	7 (9.3)	12 (11.42)
Shared*	3 (10)	8 (10.6)	11 (10.48)
Open Defecation	11 (37)	40 (53.4)	51 (48.57)
Total	30(100)	75 (100)	105 (100)

Note:*CSC - Community sanitary complexes, Shared - Used Relative/friends Toilets etc.* Figures in parentheses indicate percentages**.**

The above table enumerates availability of sanitary facilities at households in Salem and Thanjavur Districts. Only 37 percent of households has toilets facilities in Salem District. Remaining households have chosen alternate use like 16 percent of households uses community sanitary complexes (CSC), 10 percent shared from others toilets. Mostly, 37 percent of households daily choose open defecation.

In Thanjavur District, toilets facilities are available for a minimum of 26.7 percent of households. A minimum 9.3 percent of households used CSC i.e., who did not have a toilet facility in households. 10.6 percent of households shared from other toilets. A maximum of 53.4 percent of households choose open defecation. Finally, to conclude 45 percent of households prefer open defecation in Salem and Thanjavur Districts put together. This obviously creates problems like environmental pollution, spread diseases, raping, child kidnapping, snakes and animal attacks. During the survey it was observed that in addition to economic factors, a combination of socio-cultural and other issues influence the community for not using toilets. Therefore, questions were posed to the respondents and the reaction is given in Table No. 14.

Table 14. Factors influencing households using open defecation (Ranks)

SI. No	Variables	Salem	Thanjavur
1.	Daily Habits	I	I
2.	Lake and forest are available	III	II
3.	No alternate use	II	IV
4.	Lack of awareness	V	VI
5.	Illiteracy	VI	V
6.	Social setting	IV	III

From the Table No. 14, it is inferred that open defecation is a routine habit for the local people in the study area. In Salem, the social setting gets the last rank among half a dozen variables. On the contrary in Thanjavur lack of awareness is reputed on the last variable. Other variables like availability of common property resources and ignorance have also contributed to open defecation. Due to non availability of protective sanitary facilities, local people, especially women, are often subjected to risks including physical attack and theft. Despite these troubles, many households still prefer habitual

open defecation. The following table shows reasons for not having toilet facility at households.

Table 15. Reasons for not having Toilets facilities at households (Ranks)

SI. No.	Nature of Problems	Salem	Thanjavur
1.	Lack of facilities (place) for installation	I	I
2.	Economic Problems	II	II
3.	Not enough government funds for toilets construction	III	III
4.	Lack of water facilities	IV	IV
5.	Non-availability of drainage facility	V	V
6.	Social taboo	VI	VI
7.	Lack of awareness on Government support	VII	VII

Details on the reasons for not having toilet at household level were obtained (Table 15). Very surprisingly in both the Districts people attributed factors in same order. Non-availability of places to construct toilet is cited as the major reason followed by economics and lack of awareness. In fact in villages there may not be problem for space to construct the toilets. But many households revealed that they do not find space in and around their houses. Another notable problem is non-availability of sufficient water facility. Many households do not know the public funded welfare schemes. The fund allocation is not sufficient to individual households; for example, village people have to spend at least Rs.10,000 to construct a toilet, but the government was offering only Rs.3000.[15]

Conclusion

Generally, in rural areas, people do not know the importance of toilets, though the government provides public welfare scheme and subsidies for constructing toilets. People do not have adequate awareness. Therefore, the government should take steps to create awareness about the importance and benefits of using toilets, with the help of local youths in rural areas. Perhaps arranging street plays, displaying billboards and demonstration, awareness can be created. In rural areas most of the people use street for personal maintenance activities such as bathing, allowing children to defecate, cooking and washing of clothes. These activities lead to communication of diseases, drainage issues and environmental pollution. With the help of awareness programmes, these types of activities can be reduced. The Member of Parliament Local Area Development Scheme (MPLADS) also provides construction facilities of sanitary complex for public welfare. But most of the facilities are not provided near the places like *Anganwadies*, schools and community spaces. People do not use these facilities due to various factors. The NGP is one of the good instruments to provide sanitation facilities in rural areas. At the same time, villagers have to spend at least Rs.10,000 to construct a toilet since the government is offering only Rs.3000, which needs to be increased, to encourage the

construction of toilets. The state needs to view this as a social issue which will help improving the human development.

End Notes

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[14] Gounders in Salem, and Kallars in Thanjavur form a major group under BC. Under MBC, Ambalakaran in Thanjavur and Vanniars in Salem district form a major social group.

[15] In some districts like Perambalur in Tamil Nadu, this has been hiked to Rs.5000/- by the district administration.