

KNOWLEDGE AND ATTITUDE OF VILLAGERS REGARDING PRACTICE OF UTILISATION OF SANITARY LATRINES PROVIDED BY TOTAL SANITATION CAMPAIGN

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ABSTRACT: BACKGROUND: Diarrhoea is main cause of deaths in under five age group, this can be prevented by just using sanitary latrines which were provided to villagers under T.S.C. By which provision of Rs. 8500 to every household to build a sanitary latrine in their respective house.(1) **AIMS:** The aim of this cross sectional study is to find out the knowledge attitude and practice of utility of sanitary latrines and its effect on the life of villager on their health and behaviour. **MATERIAL & METHOD:** This cross sectional study was carried out on 400 households of Khurdi village of Indore district Data was collected by using a semi structured questionnaire which ask information regarding the knowledge of villagers about diseases transmitted by or faecal route, prevention of Diarrhoea, source of infection of diarrhoea, causative organism of Diarrhoea, water borne diseases, food borne diseases, vector borne diseases and how fly transmit the diseases. **RESULT:** Out of 400 household interviewed 86% were literate, 100% were from low socioeconomic group 344 household knew the methods of transmission of disease and that can be prevented by using sanitary latrines and by hand washing practice after defecation and before taking any meals. It was also observed that 56 households have no knowledge of disease transmission by food, fingers, fluid, fomites or by fly. The health services providers like Asha, Usha, ANMs, LHV's. are the main source of information to the villagers. A.D.O.'s, Panchayat Sachiv are the main source of information for construction of sanitary latrines. Under Samagra Swachhata Abhiyaan⁽²⁾. Additional information's they received by Radio and T.V. advertisement campaign of Govt. of India. **CONCLUSION:** The knowledge about utilisation of sanitary latrines to prevent faecal borne disease was found to be inadequate in this study. More efforts needed to create awareness better utilisation of sanitary latrines and make villagers aware regarding health aspect of sanitary latrines. **KEYWORDS:** sanitary latrines, knowledge, Practice, faecal borne disease.

INTRODUCTION: Govt. of India provides fund to build sanitary latrines in all villages, schools for families of below poverty line families & above poverty line families through Samagra Swachhata Abhiyan through respective Janpad Panchayats.

Un-utilisation practices leads to diarrhoea diseases leading to deaths, malnutrition, and exposure to faeces leads to Nuisance and higher risk of transmission of viral, bacterial, helminths in the villagers.

In M.P. an under five child died in every five minute due to diarrhoea and dehydration. Diarrhoea persists for several days or even for months if left untreated which further damages intestinal mucosa which leads to non absorption of water and this causes a vicious circle of Diarrhoea to Dehydration and Diarrhoea.

Non utilisation of sanitary latrines are the main cause of Diarrhoea which is responsible for Bacterial, viral, Nematodes in origin caused diarrhoea and dehydration. Which further causes infant

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mortality and under-five child mortality mostly associated by gastrointestinal morbidity that leads to anaemia which hampered socioeconomic status of villagers. In developing countries diarrhoea and non-availability of sanitary latrines and practice of field defecation is main cause of Diarrhoea & Gastrointestinal disease. Worlds wide 2.5billions lacked improved sanitation and 780million individuals lacks safe drinking water. Average yearly episodes of diarrhoea are five per year, which lasts for 7 to 14 days per episode. In the under developed countries every episodes of diarrhoea further pushes children towards malnutrition, Vitamin A. deficiency more prone to get measles infection. This condition further deprived the child from nutrients present in semi digested condition of food present in their gastrointestinal tract hampering his growth and so on a vicious circle creates. A sanitation barrier can block this vicious circle by proper utilisation of sanitary latrine, proper hand wash practice adopted by villagers and every episodes of diarrhoea covered by rehydration by oral rehydration salt and zinc tablets which provides by Aanganwadi workers, Asha, Usha workers. Within time limitation management of Diarrhoea episodes can prevent majority of diarrhoea episodes morbidity & mortality in the village's community.

MATERIAL & METHODS: A cross sectional study was carried out in Oct. 14 to Dec. 14 in village Khurdi of Indore District of Madhya Pradesh where total sanitation campaign programme launched. To assess the knowledge and attitude to practice sanitary latrines provided to them through total sanitation campaign present study reveal that by this campaign 400 house hold were provided sanitary latrines 256 out of 400 household were provided sanitary latrines previously and they were non existing at present during study period and those household again provided the sanitary latrines. This village is situated at the Border of Dhar & Indore district in difficult hilly terrain. Present study data collection was done using semi structured questionnaire regarding knowledge of utilisation of sanitary latrines and its association with preventable water borne, faecal borne and food borne diseases transmitted by finger flies & fomites.

The questionnaire includes knowledge about transmission of protozoal, bacterial, viral, helminths diseases. The source of disease organism, sanitation barriers, how they break sanitary barriers. Role of sanitary latrines in prevention and limitation of gastrointestinal infestations. Role of proper hand wash before each meals and after defecation, use of soap in hand washing use of soil in hand washing use of Ashes in hand washing and their association with incidence of gastrointestinal disease as this study was done on an aided programme so every household belongs to low socioeconomic group by evaluating Kuppuswami's classification.

RESULT: Observation of total sanitation campaign same to be a failure regarding utilisation practice of sanitary latrines in the study area.

400	BPL	APL
	320	80%
	80	20%
	Educated 80%	No Education 20%

Table 1

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Association of food borne disease with field defecation, flies & hand wash.

Aware	Unaware
89%	11%

Table 2

Utilisation of Latrines for defecation 40, 10%

Storage purpose 186, 46.5%

Left as such 174, 43.5%

Latrines with two pots 298, 74.5%

Latrines with single pit 102, 25.5%

Latrines provided water barrier 40, 10%

Latrines not provided water barrier 360, 90%

Association of sanitary latrines users with G.I. infection is 2% only while 98% of gastrointestinal infestations & worm infestation belong to those households which were provided sanitary latrines but not practicing them.

Total Sanitation campaign provides Aid of Rs 8500 to beneficiaries now increased to Rs 14500.

Rs. 8500	APL	BPL
	80	320

Table 3

DISCUSSION; No proper record maintained at village,block level of toilet constructed⁽¹⁾ now district administration seek monitoring to prevent habit of field defecation⁽²⁾ as helminthic infestation is 80% as compare to Khargone and chatarpur⁽³⁾ districts 15%.nonavailability of continue water supply converts them into unsanitary latrines

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