

Accessibility To Health And Sanitation Facilities: Challenges And Concerns Of Char Chapari Dwellers Of Tezpur, Assam

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Abstract: Health care facilities are the prime aspects of living a healthy life. The life of char chapari dwellers are already engulfed with issues of poverty, illiteracy, and challenges of health and sanitation adds up to their plies. In the Sonitpur district, only 9 % of women make to the hospital at the time of delivery whereas 90% of women still opt for untrained dhais for delivery of their babies. Moreover open defecation has led to the host of various diseases. The study highlights the health and sanitation status of the char chapari dwellers, their accessibility to better health care facilities. A qualitative survey of the char chapari dwellers of Bhojkhowa and Makua chapari of Tezpur Assam is observed. From the household sample survey conducted on the chaparis, table and chart is prepared for analyzing the overall accessibility of these people in terms of health and sanitation. The findings of the survey include suggestion for the better development of these people.

Keywords: issues, untrained, defecation, diseases, accessibility

1. INTRODUCTION

The importance of health and sanitation is a serious concern for people living both in rural and urban areas. Health, sanitation and water are the nexus for proper social and economic development of an area. Mahatma Gandhi said in 1923 that ‘Sanitation is more important than Independence’. The fertility and mortality of a country is correlated to the human health and sanitation. There are tremendous socioeconomic benefits associated with improved sanitation services which include improved health, empowerment, reduced time in health care services, better efficiency, governance etc. According to Venneman “The absence of adequate sanitation has a serious impact on health and social development, especially for children. Investments in improving sanitation will accelerate progress towards the Millennium Development Goals and save lives”. Good health and well-being is the number three priority of the Sustainable Development Goals. The UN-Women on SDGs discussed that the prerogative to health services can only be achieved by raising the standard of women and child to availing better health care services. Moreover societal practices which are a threat to women health and hygiene should be eradicated. (Ahmed, 2018).

In 2015, the availability to at least basic water in rural and urban areas stood 85% and 96% respectively. In India in 2017, 59.5% have access to at least basic sanitation whereas the basic sanitation coverage have taken an uphill from 38.7% in 2014 to 59.5% in 2017. (“Water supply and Sanitation in India”, n.d)

Although the accessibility to sanitation and basic water has increased in overall country, but the public health of the rural areas especially the *char chapari* areas of Assam are still a serious concern, moreover lack of awareness also adds up to their deplorable condition. Most of the people walk bare foot in damp soil, live in unhygienic condition and drink contaminated water which causes enormous diseases of which anaemia is the most prevalent.

Moreover 99.9% of the people go for open defecation. Sonitpur district (undivided) have one PHC each in Kumalia, one riverine PHC in Bhojkhowa *Chapari* and one health sub-centre in Burha *Chapari* Char. There are sub-centers at Adabheti and Tenga Basti, two major *Char* areas of the district. The rest of the *Chars* have to come up with nearby centers which are miles away with no direct communication. The study conducted in *Char* areas of the district indicates that in most of the cases 91% of women make deliveries at home. Only 9% of them make it to institutional deliveries. As regards of assistance in delivery, 87% of the women opt for untrained *dhai* for delivery of their babies.

The Bhojkhowa and Makua *Chapari* on the banks of river Jia Bharali are inhabited by dwellers that have traditional practices towards health and sanitation. Their condition is penurious compared to the mainstream people. Poor health and weak sanitation facilities led to lowering of their work capacities which in turns affects their income. The most important factor determining these are the lack of awareness among the people due to more number of illiterate people in these areas. People are unable to understand how this vulnerable situation affects their overall capacity to live a better and healthy life. These people are seen very negligent in matters of health, they hardly take any medicines in cold and fever. Only at serious conditions they seek for pharmacies or nearby doctors. Where health is the primary necessity for a better life, the negligence of these people in matters of health is limitless. Therefore these people are highly affected by diseases. The present study Accessibility to Health and Sanitation Facilities: Challenges and Concerns of *Char Chapari* Dwellers Of Tezpur, Assam is conducted on issues regarding health and sanitation of the *chapari* dwellers and the measures taken to overcome it.

2. OBJECTIVES

- 1) To study the socioeconomic status of the *chapari* dwellers.
- 2) To study the health and sanitation condition of this people and the initiative taken towards development.

3. METHODOLOGY

The primary data are collected from the local people. A set of questionnaire is prepared where questions regarding education, income and primarily health and sanitation data are recorded. Simple random sampling survey is done. A focus group discussion is conducted among the *Chapari* people. The secondary data has been collected from the office and handbook. A sample size of 20 percent and 35 percent of the total population of both the *Chapari* respectively are taken for study .In Bhojkhowa *Chapari* a sample of 175 household is taken for study out of 875 families residing there. Similarly in Makua *Chapari* 35 household are taken as sample out of 98 household in the *Chapari* for study .The data collected from primary survey are tabulated and represented using pie charts and graphs to make the study more legible and scientific.

4. REVIEW OF LITERATURE

Alam et.al (2005) in his paper ‘Life and livelihood means in Char-lands areas of Bay of Bengal: a study on Urir Char of the Bay of Bengal’ highlighted the life and livelihood activities of the char dwellers. The study focused mainly on the health status, occupation structure, nutrition land management and agricultural practices of these people. The methodology taken is mainly qualitative based on rural appraisal and participatory methods. They have also recorded the life histories of the people which are very helpful in understanding their life and struggle.

Islam et al. (2013) in his paper ‘Water quality and Sanitation status: A study on Charland of Bhuapur Upazila under Tangail district’ highlights the vulnerable situation of people due to

improper drinking water services and sanitation. The author sees a possibility of overcoming the challenges brought by flood on the avenues of drinking water and sanitation which creates a deplorable situation of these people. The author found out that different government and non-governmental agencies are working for rehabilitating the flood affected victims. About 88.9 percent population had suffered from water borne diseases during and after flood.

Lal. S.B in his paper 'A study of sanitation and human health problems in rural areas' discusses about the issues of health and sanitation among women and children and the socioeconomic status of the rural settings. Improper sanitation, lack of access to safe drinking water facilities, unhygienic environment not only impacts the health of people physically but also mentally leading to lowering of work productivity, school drop outs and overall creating a demoralizing situation for the people to lead a better life. Girls are unlikely to attend schools due to dearth of proper sanitation facility in the campus; they have to go faraway places in open which exposes them to various risks.

Shaikh et.al in their paper 'Gender sensitization among health providers and communities through transformative learning tools: experiences from Karachi: Pakistan' focuses on the gender sensitization and the gender related issues of women. The methodology used is participatory rural appraisal and focus group discussion where issues related to women and children are discussed. Women health is directly related to women empowerment and a better health leads to the betterment of the community.

5. RESULTS AND DISCUSSIONS

Socioeconomic Status Of Chapari Dwellers

According to the District Hand Census book (2011) the levels of education are basically to primary level of schooling; most of them have not enrolled in colleges and are school drop outs. These are due to their poor economic background and their perspectives towards education. In terms of economic activities these people are very fertile in cultivating crops for subsistence and commercial purposes. But not many of them receive the proper financial gains for their work. These poor people work in agriculture fields and grow crops like rice, jute and other seasonal vegetables. Their houses are generally built of thatch bamboo, reed and mud, all local materials available in nearby areas. Proper houses with brick and cement are rarely seen in the *char chapari* areas of the district. Moreover safe drinking water is an issue as most of the people consume the river water where they conduct other household activities like washing clothes, dishes, bathing and daily activities. At the time of flood, these people have a very poor economic output as most people have to lose their land and cattle and search for safer places to live in. Their poor economic is therefore platted with different challenges of natural hazards and illiteracy, ignorance and many external issues.

Out of the 2676 population in Bhojkhowa *Chapari* in 2001, only 900 people are literate and out of which 400 are females. In 2011, although the number of literates has increased to 1725 but the population size has also doubled to 4232. In Makua *Chapari* the situation is even more bad where out of 279 populations in 2001 only 73 are literate and only 34 among them are females. However in 2011 the total literate population has increased to 123 out of 524 total populations. Although people give importance to agriculture as a livelihood activity, but only 15.20 percent are farmer, the rest has engaged themselves as tailors, masons, laborers etc. In Makua *Chapari* about 57% of the population are cultivating paddy, vegetables which are sold in the nearby markets at lesser price.

Traditional Practices

Most of the people of the Bhojkhowa *Chapari* opt for traditional practices in curing diseases like jaundice, malaria, fever etc. The traditional way of healing has been passed on from their ancestors. About 20% of women in Bhojkhowa *Chapari* treat diseases like jaundice with the

help of CaCo₃ and unripe mango. They consider illness caused by indecipherable reasons as *gayebi oshukh* (supernatural disease) which includes *jin-e-dhora* (evil spirit possession), *batash laga* (unknown disease brought by bad wind), *tabij kora*, *baan mara* (black magic/sorcery) and *bhut-e dhora* (possessed by ghost) (Jahan, 2014).

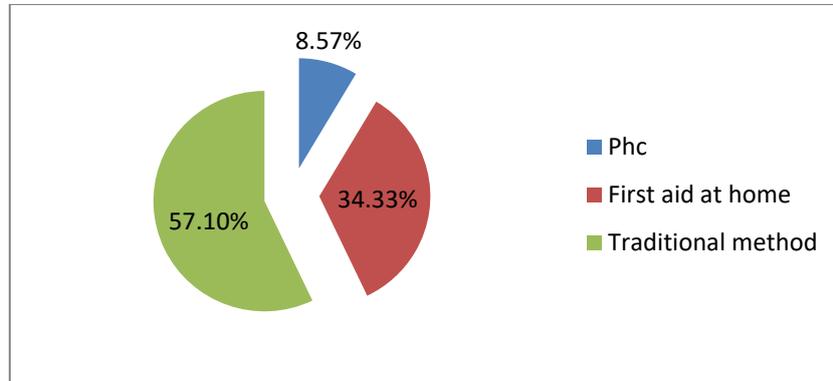


Fig 1: Percentage of household acquiring medical facilities in Makua Chapari area

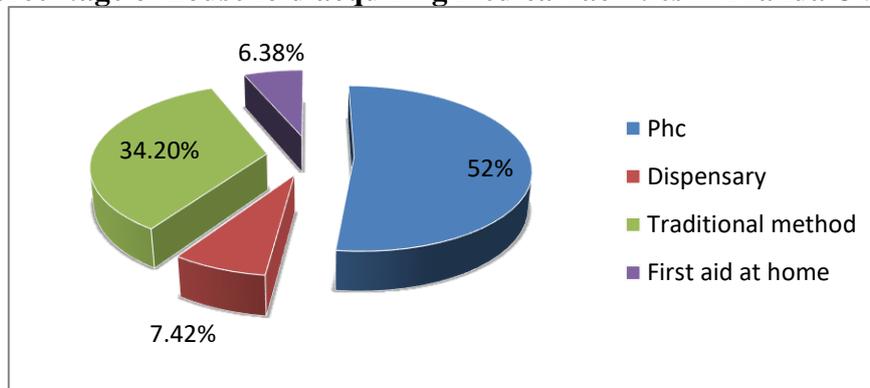


Fig 2: Percentage of household acquiring medical facilities in Bhojkhowa Chapari area

Source: Primary Survey, 2017

Health Of Women And Children

The health of women and children are threatened due to entire responsibilities of women towards their family. About 5% of the families in Bhojkhowa Chapari are run by the women heads which again led to the difficulties of working and running their family together. Moreover many women are divorced which also adds to the mental trauma as they have to bear the economic burden. Under such circumstances they are mostly treated in traditional way at the time of delivery by local women known as ‘dai’. In these *chapar* prenatal and postnatal services are also not available. Moreover women health is also affected by the religious factors and also by their husband and in laws who has their upper hand in the decision

According to (wife of a rickshaw puller) of Bhojkhowa Chapari “We are poor so we were unable able to seek for doctor when my child was born. I had to deliver my child at home”. (She has four children and was married at a very tender age of 16. Her husband has married other women. She now stays with her four children and works at different household in Tezpur town). A respondent survey was conducted in both the *chapari* to understand the problems of these people.

Table1: Health of Women (Sanitation, food and water) in Bhojkhowa Chapari

Questions asked to <i>chapari</i> people	Respondent	Responses	
		YES	NO
Can you manage food materials for your family)? 236members (thrice meal a da)?	436	200	236
Do you have sanitation problem?		305	133
Do you feel scarcity in safe drinking water?		350	86
Do you think women and children need privacy in terms of their personal and household work?		436	0
Do you get enough medical facilities in your area?		87	349
Are women at times of child birth are provided with extra health care?		174	261

Table :2 Health of Women (Sanitation, food and water) in Makua Chapari

Questions asked to <i>chapari</i> people	Respondent	Responses	
		YES	NO
Can you manage food materials for your family members (thrice meal a day)?	74	29	45
Do you have sanitation problem?		44	30
Do you feel scarcity in safe drinking water?		59	14
Do you think women and children need privacy in terms of their personal and household work?		74	0
Do you get enough medical facilities in your area?		0	74
Are women at the time of child birth provided extra health care?		0	74

Source: Primary Survey, 2017

About 87 out of 436 facilities get medical facilities in the Bhojkhowa *Chapari* .The rest of the population finds out their own traditional method to cure their disease. About 70 percent of the women lack sanitation facilities in Makua *Chapari* which clearly pictures the problem related to health and sanitation. Out of 74 women surveyed in these areas, every woman replied that there are no medical facilities provided in these areas. Moreover at the time of child birth no facilities are provided.

Safe Drinking Water

The *char chapari* dwellers are people residing in poor and vulnerable condition which is important aspect of their inaccessibility to proper health care facilities and safe drinking water. Water and sanitation facilities remain at a minimum level in these areas with very little development of roads and communication. Moreover only 2.587 percent of the Bhojkhowa *Chapari* has filters which are traditionally made at home. The rest of the population consume direct water from the river and well. This creates lots of health diseases.

About 75.14 percent of the people use water to consume from well near their home. About 60 percent of the Bhojkhowa *Chapari* people have their own well. The rest of the people borrow water from their neighbors or from the community well. Only 5.20 percent of the people consume water from the water supply. About 62.85 percent of the people in the Makua *Chapari* depends water from hand pumps and about 37.14 percent of people depend on the river water.

About 40 percent of the Bhojkhowa *Chapari* people boil water during the winter season and mostly children is provided with boil water in fear of getting attacked by diseases. The rest 60

percent of the population does not drink boil water. Therefore safe drinking water is a distant possibility in these areas.

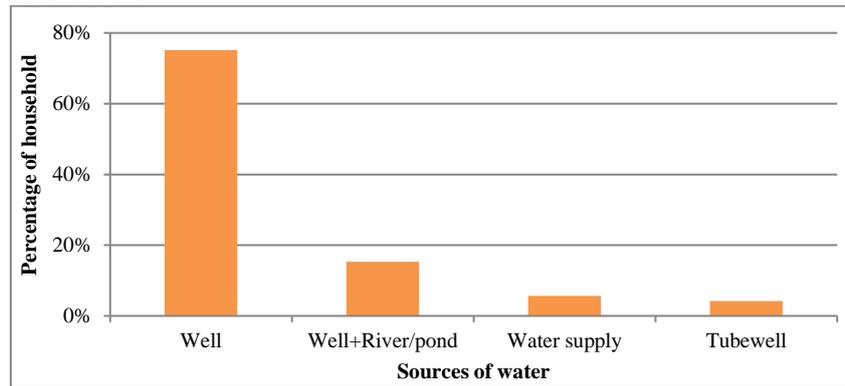


Fig 3: Sources of drinking water in Bhojkhowa Chapari

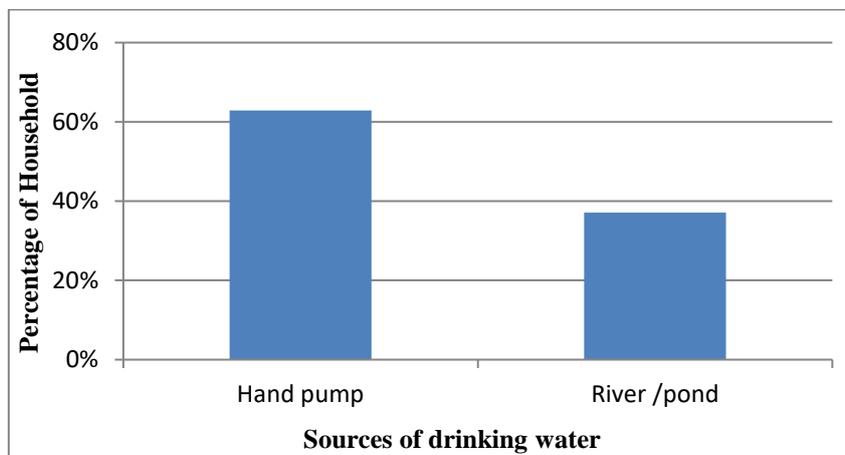


Fig 4: Sources of drinking water in Makua Chapari area.

Sanitation Facilities

Open defecation is a serious problem in these areas. Though about 40 percent of the Bhojkhowa Chapari are provided free latrine by the government but still the people are unsatisfied with the facilities given. About 30 percent are still demanding pucca latrines from the government and they are not provided yet. In such case either they dig a pit for their family or go for open defecation. Generally open defecation is done at night, because these kutchra latrines are made far away from their homes and therefore at night they generally go for releasing it in open ground. Some pits are dug near the river water which pollutes the river water and led to various diseases. Lack of sanitation facilities creates hurdles in life of women. Women are shy to go in open grounds and release waste; therefore they go for community latrines at the daylight. But at night they take the advantage of darkness and go for open grounds. This in fact is polluting the whole chapari. Nearly every people of both the chaparis have expressed the need for proper sanitation facilities in their area. About 49.20 percent of the household people have kutchra latrines and toilets. 34.2 percent of the people have both kutchra and pucca latrines. And about 14.30 percent of the population use open grounds for cleansing themselves. Many household do not feel the need of having latrines, they either use the bathroom of nearest neighbor or go for open places. About 28.57 percent of the household people in Bhojkhowa Chapari use river or ponds or fields to defecate themselves. These percentage increases at the time of flood. Only 71.42 percent of the Makua Chapari people make kutchra latrine which once filled up are covered and again a different hole is dig somewhere else.

6. SUGGESTIONS AND CONCLUSION

- 1) Proper initiatives should be taken by the government, moreover Ngo's and other organizations should take a step towards helping these people especially at the time of flood.
- 2) In Makua *Chapari* doctors and nurse are unlikely to cross the river to provide facilities to the *chapari* dwellers in those circumstances proper facilities should be provided for these people in their respective places.
- 3) People are illiterate therefore they donot understand the proper benefits of good health care and sanitation for which awareness programme can be conducted in these areas. The female should be properly guided during pregnancy and mensuration.

7. REFERENCES

- [1] Alam, M. E., Bhuyan, R. H., & Akbar, M. T. Life and Livelihood means in charland areas of Bangladesh: A study on Urir Char of Bay of Bengal.
- [2] Ali, Saban (2005): "Public health in char areas" in Socio-Economic life of char people, Assam (Ed.), CAWSSER Assam
- [3] Barodia,S.(2015). Gender Sensitization and Education. *International Journal of Interdisciplinary and Multidisciplinary Studies*, 2(4), 107-113.
- [4] Chowdhury, N. (2008): "A Journey towards Development: The Impact of Local NGO Programmes on Women Living in the Char Lands of Bangladesh." *Development in Practice* Vol.18, pp. 117-124.
- [5] Islam, M. S., Sarker, B. C., Mahmud, N. A., & Saifullah, A. S. M. (2013). Water quality and Sanitation status: A study on Char land of Bhuapur upazila under Tangail district. *Journal of the Bangladesh Agricultural University*, 11(2), 209-214.
- [6] Lal, B. S. (2006). Health status and health practices among the tribals: a case study in Andhra Pradesh. *J Soc Anthropol*, 3(2), 233-9.
- [7] Mara, D., Lane, J.,Scott, B., & Trouba, D. (2010). Sanitation and health. *PLoS medicine*, 7(11).
- [8] Shaikh, B. T., Reza, S., Afzal, M., & Rabbani, F. (2007). Gender sensitization among health providers and communities through transformative learning tools: experiences from Karachi, Pakistan. *Education for Health*, 20(3), 1.
- [9] Socio-Economic Survey Report of Char Areas of Assam, (2002-2003): Directorate of Char Areas Development, Assam. Kahilipara Road, Dispur, Gauhati-6.