



## RESEARCH ARTICLE

### SANITATION FACILITY IN ANGANAWADI CENTERS AND HOUSEHOLDS: A SOCIOLOGICAL STUDY

Vijayalakshmi, G. and \*Shaukath Azim

Dept. of Sociology, Karnatak University, Dharwad, India

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#### ABSTRACT

Sanitation is the primary condition of health and well being of an individual next to nutrition. In this regard WHO states that The provision of sanitation is a key development intervention – without it, ill-health dominates a life without dignity. Sanitation was provided in anganawadies with a view to improving the quality and healthy life of the children by controlling sanitation related diseases. Hence the sanitation facility is an important component, which highly influenced on the health status of the children. Thus the sanitation is one of the important requirements of the anganawadi centers , which acts as day care centers for under five year old children. Most of the anganwadis are mainly run by Government where we find lot of Problem related to sanitation and toilet facilities. Maximum number of anganwadi centers r run in rented buildings, where there are no toilets even if they have toilets those are not in a good condition to use. Therefore children generally go for open air sanitation (open defecation).Nevertheless, the coverage of anganawadies with sanitation facility was significantly inadequate.Against this background the present study has made an attempt to find out the sanitation facilities in anganawadi centers and also to examine the sanitation facilities by selected social factors in Dharwad district. This study is mainly based on primary data collected from the selected sample children in Dharwad district. Simple statistical tool percentage has been employed for the analysis. The study reveals that the aggregate levels, of the total sample, a higher proportion of sample anganawadi children have not accessed toilet facility. Hence, a significant number of sample anganawadi children invariably go far open defecation in the study areas. Across regions, the proportion of sample anganawadi children accessed toilet was found to be higher in urban areas as compared to that of in rural areas .Whereas the proportion of sample anganawadi children who go for open defecation was found to be higher in rural areas as compared to that of in urban areas .The study has suggested that the government has to be provide good sanitation and toilet facilities to anganawadi centers, households.Further child health care education has to be provide to the agricultural labourer and farmer parents of the children.

**Key words:** Sanitation, Social Groups, Level of Education, Residence.

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#### INTRODUCTION

Today’s healthy children are the tomorrow’s citizens of the nation. Sanitation is the primary condition of health and well being of an individual next to nutrition. In this regard WHO states that the provision of sanitation is a key development intervention – without it, ill-health dominates a life without dignity. Sanitation was provided in anganawadies with a view to improving the quality and healthy life of the children by controlling sanitation related diseases. Hence the sanitation facility is an important component, which highly influenced on the health status of the children. Thus the sanitation is one of the important requirements of the anganawadi centers , which acts as day care centers for under five year old children. Most of the anganwadis are mainly run by Government where we find lot of Problem related to sanitation and toilet facilities.

Maximum number of anganwadi centers r run in rented buildings, where there are no toilets even if they have toilets those are not in a good condition to use. Therefore children generally go for open air sanitation (open defecation). Nevertheless, the coverage of anganawadies with sanitation facility was significantly inadequate. Against this background the present study has been undertaking.

#### Objectives of the study

The present study made an attempt to find out the sanitation facilities in anganawadi centers and also to examine the sanitation facilities in households by selected social factors in Dharwad district.

#### Data base and methodology

The study is mainly based on both primary data. The primary data were collected from the selected sample children in Dharwad District of Karnataka State. For this purpose a structured and pre- tested questionnaire schedule was used.

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\*Corresponding author: Shaukath Azim,  
Dept. of Sociology, Karnatak University, Dharwad, India.

The sample children were selected based on convenience sampling method. In Dharwad district 150 children from urban areas and 150 children from rural areas were selected. Hence, total sample size of the study was 300 children. Simple statistical tool percentage was employed for analysis of data. The results were presented through bar diagrams.

**RESULTS AND DISCUSSION**

This section an attempt has been made to analyze sanitation facilities in anganawadi centers and also to examine the sanitation facilities in households by selected social factors like residence, social groups, parents level of education and parents occupational status.

**Table 1. Distribution of Sample Children by Sanitation Facilities in their Anganawadi Centers**

Residence	Having toilet	Open defection	All
Urban	52.0 (78)	48.0 (72)	100.0 (150)
Rural	36.7 (55)	63.3 (95)	100.0 (150)
Total	44.3 (133)	55.7 (167)	100.0 (300)

Source: Primary Survey

**Table 2. Distribution of Sample Children by Toilet Conditions in their Anganawadi Centers**

Residence	Good condition	Poor condition	All
Urban	46.2 (36)	53.8 (42)	100.0 (78)
Rural	20.0 (11)	80.0 (44)	100.0 (55)
Total	35.3 (47)	64.7 (86)	100.0 (133)

Source: Primary Survey

**Table 3. Distribution of Children by Sanitation Facility and Social Groups**

Social Groups	Having toilet	Open defection	All
SCs	37.2 (16)	62.8 (27)	100.0 (43)
STs	39.9 (11)	60.1 (17)	100.0 (28)
OBCs	85.2 (52)	14.8 (9)	100.0 (61)
Minorities	43.1 (28)	56.9 (37)	100.0 (65)
Others	86.4 (89)	13.6 (14)	100.0 (103)
Total	65.3 (196)	34.7 (104)	100.0 (300)

Source: Primary Survey

**Table 4. Distribution of Children by Sanitation Facility and Level of Parents Education**

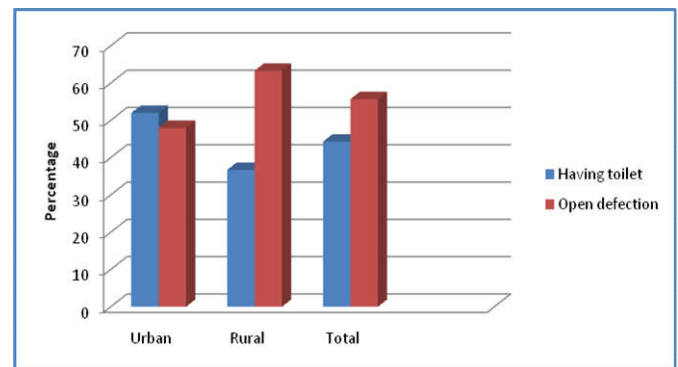
Level of Mother's Education	Having toilet	Open defection	All
Illiterate	21.8 (12)	78.2 (43)	100.0 (55)
Primary	51.9 (14)	48.1 (13)	100.0 (27)
Secondary	67.5 (52)	32.5 (9)	100.0 (77)
Higher secondary	83.3 (85)	16.7 (17)	100.0 (102)
Graduates & above	100.0 (40)	0.00 (00)	100.0 (40)
Total	65.3 (196)	34.7 (104)	100.0 (300)

Source: Primary Survey

**Table 5. Distribution of Children by Sanitation Facility and Occupation of Parents**

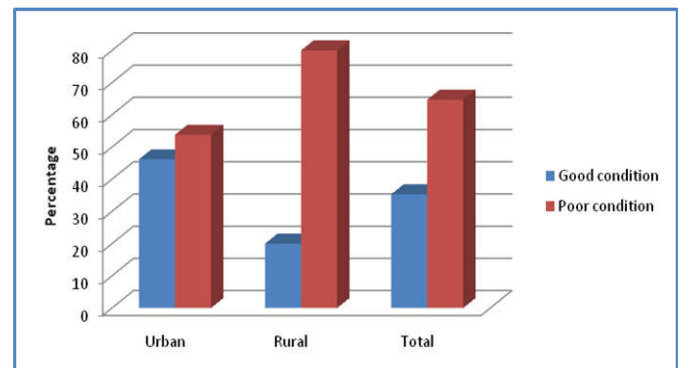
Occupation	Having toilet	Open defection	All
Farmer	21.8 (12)	78.2 (43)	100.0 (27)
Agricultural labourer	51.9 (14)	48.1 (13)	100.0 (27)
Non-agricultural labourer	67.5 (52)	32.5 (9)	100.0 (87)
Business men	83.3 (85)	16.7 (17)	100.0 (22)
Salaried job holder	100.0 (40)	0.00 (00)	100.0 (37)
Total	65.3 (196)	34.7 (104)	100.0 (300)

Source: Primary Survey



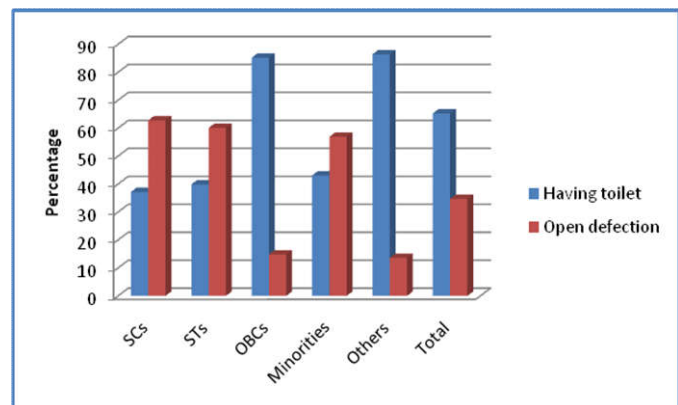
Source: Table 1.

**Figure 1. Distribution of Sample Children by Sanitation Facilities in their Anganawadi Centers**



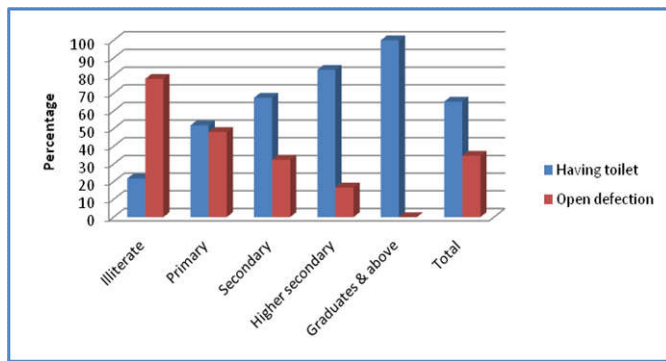
Source: Table 2.

**Figure 2. Distribution of Sample Children by Toilet Conditions in their Anganawadi Centers**



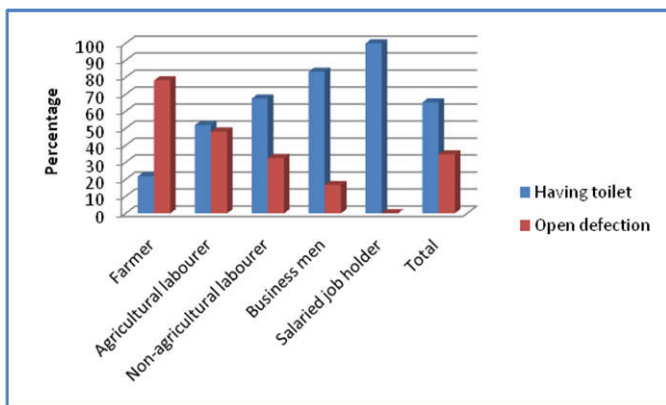
Source: Table 3.

**Figure 3. Distribution of Children by Sanitation Facility and Social Groups**



Source: Table 4.

Figure 4. Distribution of Children by Sanitation Facility and Level of Parents Education



Source: Table 5.

Figure 5. Distribution of Children by Sanitation Facility and Occupation of Parents

**Sanitation Facilities in Anganawadi Centers:** Table 1 presents the data on distribution of sample children by sanitation facility in their anganawadi centers. The tabulated data indicates that the aggregate level, of the total sample, a higher proportion of 57.7 per cent sample children invariably go for open defecation in the study areas. However, a smaller proportion of 133, accounting for 42.3 per cent of sample children have toilet in their anganawadi centers. Across regions, the proportion of sample children with toilet was found to be higher in urban areas (52.0 per cent) as compared to that of in rural areas (36.7 per cent). Whereas the proportion of sample children who go for open defecation was found to be higher in rural areas (63.3 per cent) as compared to that of in urban areas (48.0 per cent) (Figure 1).

**Toilet Conditions:** Table 2 presents the data on distribution of sample children by toilet conditions in the study areas. The tabulated data reveals that at the aggregate level out of 133 children a majority of 86, accounting for 64.7 per cent were having poor condition toilets. Whereas, a minimum of 47 accounting for 35.3 per cent were having good condition toilets. Across regions the share of sample children who are having good condition toilets in their anganawadi centers was found to be higher in urban areas (46.2 per cent). Whereas the share of sample children who are having poor condition toilets in their anganawadi centers was found to be significant in rural areas (80.0 per cent) as compared to that of in urban areas (53.8 per cent).

**Sanitation Facility by Social Groups:** The data presented in Table 3 reveals that the proportion of children who have sanitation facility in their households was found to be higher in

others and OBCs as compared to that of in Minorities, SCs and STs in Dharwad district. This implies that the sanitation facilities are highest in socio-economically better off section of the society, viz., Others and OBCs than in socially disadvantaged and economically marginalized section of the society viz., SCs and STs in the study areas.

**Sanitation Facility by Level of Parents Education:** The data presented in Table 4 clearly shows that the proportion of children who have good sanitation facility was found to be higher in literate parents as compared to that of the children whose parents are illiterate. This shows that a strong positive relationship exists between parents education and access to sanitation facilities in Dharwad district.

**Sanitation Facility by Occupation of Parents:** The data presented in Table 5 indicates that the proportion of access to sanitation facility was found to be quite significant in children of salaried job holders, followed by children of business men's, children of non-agricultural labourers, children of farmers and children of agricultural labourers. This clearly reveals that the access level of sanitation facilities in general, rose with a rise in the occupational status of the children parents both in regard to individual and all four services together. The agricultural labourers and farmers were found to be most in need of child health care education.

**Conclusion**

The forgoing analysis clearly indicates that the coverage of anganawadi centers with sanitation facility was significantly inadequate in the study areas. It has been observed that a significant proportion sample children invariably go for open defecation in the study areas. Similarly, it was found that the proportion of sample children with toilet was found to be higher in urban areas as compared to that of in rural areas. Further the data reveals that a majority of children were having poor condition toilets. While, the proportion of children who have sanitation facility in their households was found to be higher in others and OBCs as compared to that of in Minorities, SCs and STs in Dharwad district. It has been also found that a strong positive relationship exists between parents education and access to sanitation facilities in Dharwad district. Finally, the present study clearly reveals that the access level of sanitation facilities in general, rose with a rise in the occupational status of the children parents both in regard to individual and all four services together. This implies that the social factors have been play an important role in access level of sanitation facilities to children and the households. However, still a noticeable proportion of children have not accessed the good toilet facilities. Therefore the Government has to provide good sanitation and toilet facilities to anganawadi centers, households. Further child health care education has to be provide for parents of the children through primary health centers, Asha workers and Anganawadi workers.

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