

**Workshop on
'Sustainable Changes in Hygiene Behaviour'
at Kumarakom
on
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**Address by
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It gives me immense pleasure to participate in the Inaugurate Session of this International Conference to review the study undertaken on the Sustainable Changes in Hygiene Behaviour. The study, which is funded, by European Commission and Dutch Government is coordinated by IRC, Delft. I understand professionals of London School of Hygiene and Tropical Medicine, UK are also participating in the study. I am happy to witness a galaxy of experts who are working in the field of water and sanitation.

I feel the venue of the workshop is most appropriately chosen by the organizers. Kerala is one of the most beautiful states in the country and Kumarakom amidst the backwaters of kottayam will certainly stimulate your thought process for the workshop to become a great success.

Kerala is one of the progressive States in the country and has performed extremely well in various fields of social importance. Kerala has one of the highest literacy rates in the country. Ninety three percent of males and 85 percent of females of six years and above are literate. As per 2nd National Family Health Survey(NFHS-2) conducted in 1998-99, unlike most states of India, very early marriage is not common in Kerala. The median marriage age for woman is 20 years, much higher than the median, of 16 years, for the country as a whole. Fertility rate also continues to decline in Kerala. At current fertility levels, women will have an average of 1.96 children each throughout their child bearing years, one of the lowest in India. As per NFHS-2, 85% households in Kerala have toilet facility that is much above the national average and is very encouraging for all those who are working in this sector in India.

As we all know, water, sanitation and hygiene are very essential for leading a healthy and dignified life. Unfortunately, despite various efforts made in this sector, still 1.1 billion people on Earth are without access to safe water supply and over 2.4 billion people are without sanitation. Lack of water and sanitation facility causes various health hazards to human beings and the children are the most vulnerable. As per the **World Health Report 1998**, 2.5 million people die every year because of **Diarrhoea**, 70,000 due to **Amoebic dysentery**, 10,000 due to **Cholera**, 60,000 due to **Roundworm**, 65,000 due to **Hookworm**, 10,000 due to **whip**

worm and 20,000 due to **Schistosomiasis**. Occurrences of these diseases are very high in India. About 6 lakhs diarrhoea deaths take place in India alone. Ironically, it is equal to 5 jumbo jet aircrafts crashing every single day in India which means "September 11 occurs in India every day". Such is the magnitude associated with inadequate water supply, poor sanitation and hygiene practices.

In India we have been able to achieve reasonable success in extending water supply to most of the 1.4 million rural habitations but the sanitation coverage in the rural areas has been very low. As per National Family Health Survey-2, only **36 percent** of the households have toilet facility and the coverage in rural households is much less.

The first step in tackling the sanitation challenge is to change the mind set. It is not the lack of financial resource which is impeding the sanitation coverage in the country but a mind set and behaviour pattern. We had conducted a study through Indian Institute of Mass Communication, New Delhi and similar findings were noticed. In rural areas we can witness a large number of well to do people who have got good houses constructed for them but without toilet facility. The whole problem can be tackled more effectively by undertaking good awareness campaign. In all programmes for promoting sanitation coverage there has to be overwhelming emphasis on IEC activities.

There is need to **bring about changes in hygiene behaviour** of rural masses and such change must be on a sustainable basis. In this context the present study on 'Sustaining Changes in Hygiene Behaviour' will be extremely useful and give us good insight into the issues involved. This will help both the policy makers as well as implementing agencies. I understand that all teams involved in the study have undertaken their first round of survey and analysis of data is going on at the moment which will be discussed during this workshop.

Changes in hygiene behaviour have very positive impact on human health. As per reports, whereas investment in water quality and quantity can reduce deaths caused by diarrhoea by 17%, sanitation can reduce it by 36% and hygiene by 33%. This implies that by giving focus on hygiene education, we can improve health conditions of a large number people in both developing and developed countries. The percentage of people **washing hands** after defecating or before eating is not very encouraging in developing countries. But, it is interesting to note that this is a problem even in developed countries like United States where as per a survey conducted by American Society for Microbiology in September 2000, only 67% of the people were found washing their hands after using public conveniences and 58% after using public restrooms. Another interesting finding has been that the less educated appears to be more hygienic than their counterparts. This

implies that changing hygiene behaviour is a big challenge and for this, a new approach and new thinking is needed to change the attitude and behaviour of people.

Experience has shown that clean safe water, sound hygiene behaviour and adequate sanitation are mutually supporting components for a high standard of quality of life. While each of the three elements has some health benefit, it is their combined effect that has far greater and synergic impact. Thus, hygiene behaviour is virtually impossible without a source of water and safe means of disposal of human excreta and other wastes. We need to undertake **a campaign to promote generating transformation of attitude, policies and practices of people, communities, NGOs, Government machinery and to allocate high priority to water and sanitation sector.**

Kerala Government is trying to promote a special campaign on good hygiene practices, which includes **campaign on handwashing**. We have received a proposal from Kerala Water Authority in this regard. The project is to be implemented with the support of private sector and various donor agencies. I hope such campaign will have positive impact on health of rural masses.

The task of providing hardware like toilets is simple but the task of using and maintaining that and making the people to change their

behaviour is a result. There is need for change in thinking process of the village community and all stakeholders. Unless, it is done and we will not be able to make a sustainable progress. Realizing this, we have made policy shifts in our approach and are implementing sector reforms in water and sanitation, which is based on people's participation, intensive information, education and communication for demand generation and owning the responsibility of operation and maintenance of water

services. The success of these reforms depends on the active and continuous progress in this sector. However, success can be achieved only by close cooperation and collaboration among all the stakeholders. I would urge upon the participants of the workshop to address various issues related to policy, strategies and capacity building for sustainable service delivery. It is a challenge for the water sector in India.

In the end, I would wish you all a very happy stay in India for all the participants who have come here from abroad. I would specially like to thank IRC and SEU foundation for organizing this workshop and inviting me to share my thoughts. I am sure we all will benefit from the deliberations in this workshop.

Thank you