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Sanitation Practice of Mishing Community: A Study of Gereki Mishing Village in Majuli District

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ABSTRACT

In this article we are going to study some aspect of Sanitation and Hygiene in Gereki Mishing village. Sanitation and hygiene is a burning problem of our society. About 1/7th of the world population still defecate in open in absence of toilets, of which 60% is lives in India. This scenario is mainly found in case of rural areas. The study area "Gereki Mishing Village" is a tribal village which suffers from poverty and illiteracy. The villagers depends upon agriculture and most of them are daily wage earner they have no time to think of Sanitation and Hygiene rather they busy with work, and regards the open defecation as best way. Drinking water is main problem of the village. In all above the discussed about the empirical accounts in which I pinpoint upon health in Gereki Mishing village. The collection of data, both primary and secondary source has been used. Primary data are collected through observation, informal discussion and structured interview schedule. In conclusion, it can be said that almost the villagers under study were having majority of join family.

CONCEPT OF SANITATION

Sanitation is a long standing worldwide issue. It is the hygienic means to promote health through prevention of human contact with the hazards of waste as well as the treatment and proper disposal of sewage or waste water. It is a concept of promoting and protecting human health by providing a clear environment and breaking the cycle of disease. According to W.H.O, "sanitation generally refers to provision of facilities and services for safe disposal of human urine and faces". It refers to the maintenance of hygienic condition through services such as garbage collection and waste disposal. In the early civilized societies like Harappa, Mohenjo-Daro, the existence of proper drainage and sanitation system was found globally, 2.4 billion people are still lacking basic civic amenities relating to health as well as minimum sanitation facility. Presently 946 million people are forced to go toilet outside. In case of Asian continent, Sub-Sahara, and Africa and Latin America the open defecation is very high. In fact open defecation has declined from 24% in 1990 to 15% in 2011, but it is still much higher in developing societies as well as under developed countries. This situation represents a significant constant barrier of human economic development, through direct impact on health.

More than 800 billion people globally lack access to safe drinking water. This is a burning problem all over the world. And toward this problem various steps is taken around the globe. International Decades for action "Water for Life"2005-2015 is aim to promote effort to fulfill international commitments made on water related issues. The United Nation Millennium Development goals also target to deliver sustainable access to safe drinking water and basic sanitation. World Bank water and Sanitation program and international finance co-operation Aug 2013 this report examine private sector provision one site sanitation services in Bangladesh, Indonesia , Parle and Tanzania, four country where the local private sector already play a major role in construction and maintaining sanitation in rural and many urban place.

In recent years some major international steps were taken to improved the sanitation in world These are including

1.World Toilet Day, 19 Novembore
2.Global Hand-washing Day, 15 October.
3.International Year of Water Cooperation, 2013.
4.International World Water Day, 22 March.
5.International Decade for Action: 2005

GERM THEORY

In the 1870s Joseph Lister was instrumental in developing practical applications of the germ theory of disease with respect to sanitation in medical settings and aseptic to techniques partly through the use of carbolic acid as an antiseptic.

Germ theory is one of the most important applications to understand sanitation and disease. Miasmas theory holds that diseases such as cholera, chlamydia or the Black Death are caused by miasma. The Miasmatic position is that diseases are product of environment factors such as contaminated water, foul and poor hygienic. In India too miasma theory is popular and Indian take credit for being the first to put this miasma theory in to clinical practices. The Indian invented 'pain' a Gambier paste that is believed to help prevent miasmas. It is considered as the first ant miasmatic application. Raw material for preparing this medicine is found in Southern India and Sri Lanka.

The miasmatic theory of disease remained popular on the middle Ages and a sense of effluvia contributed to report Boyle's suspicious about the hidden Realities of the Air. In the 1850s miasma was used to explain the spread of cholera in London and Paris. The disease was said to be preventable by cleaning and scouring of the body items. Dr. William was Farr, the Assistant Commissioner for the 1651 London census,

was an important supporter of the miasmas theory. He believed that cholera was transmitted by air, the Crimean war nurse Florence Nightingale (1820-1920) was a proponent of the theory and worked to make hospital and fresh smelling.

HUMAN HEALTH AND ENVIRONMENT

The environment has no longer been known to be linked to human health. The germ theory revolutionized both medicine and our views global regions with poor sanitation have higher rates of infectious disease. However, being too clean may also have adverse effects on human health. Through improved sanitation, enhanced personal hygiene and education, these diseases are very small to non-existent in developed nation. Asthma is becoming a major public health problem in developing countries. The theory behind this is that individual in religious with poor sanitation are exposed to more agents early on in that balance the income response.

The health of the environment, not just bin sanitation term, can also have an effect human heath, deforestation, the movement of human in to unsettled region of the globe, and mass animals farming in through to be development if pathogens known as ''emerging infectious disease''. For example, the emergence of 2009 HINI influenza virus, also known as swine flu, that contained genes from the version of that infect pigs. Scarier pathogens and disease example include west Nile virus, Lyme disease, HIV, rift valley fever and several others.

The link between the environment and human health is both logical and sometimes counterintuitive. Either way humans need to find balance with the environment to learn how to best promote healthy need to take care to report the environment such that its damage does not reciprocate on mankind, although this article focused on infectious disease, other forms 0 damage that include pollution and atmospheric can also have deleterious consequence for human health and need to be kept in consideration.

NIGHTINGALE ENVIRONMENT THEORY

Florence nightingale (1820-1910), considered the founder of education and scientific nursing wrote the first nursing practices and research. The most entitled notes on nursing 'What it is, what is not' (1840).

Nursing is considered as the first nursing theorist. One of the theorists was the 'Environment Theory' which incorporated the restoration of usual health state of the nurse's patients into the delivery of health care, it is still practiced today.

Florence Nightingale was the founder of modern nursing. Her work and contribution altered the public health status of many public hospitals until the modern times. Her environment theories of sanitation had greatly influenced and develop the role of nurses worldwide. As a matter of fact, her environmental theory was so basic, but it was written in details about her personal belief and concerns towards health and welfare of many people most especially the poor communities in the world. In the same fashion, she remarkably made an effort to reduce the mortality rates of solders during Crimean war. And, what is most significant her was that Nightingale influence devotion to nursing works her written book entitled 'Notes on Nursing'. She also influences the proper health care and improvement living conditions of her patients as well as the other people. She used her human and financial influences to support the social and environmental health policies for the majority of the people. Nightingale's most effective approach and strategy were able to improve the health conditions of her patients were to focus on the clean and good condition of the environment she believed that a good sanitation had great impact to a person's health. As a result she had advocated for health promotion and disease prevention through building descent housing projects. She knew that many deaths were caused by water air borne diseases. She also managed to improve people's nutrition, safe birthing practices for mothers and infants as well as good child caring and raring.

STATEMENT OF PROBLEM

India resides in village wherein 71% of the population living in rural area. The living condition of most of the people in rural area is not good. This makes India's rural population more to number of communicable disease and other kinds of health hazards. In the process of minimum requirement, drinking water and sanitation are basic need of life. Drinking water and sanitation have been listed in the 11th schedule of ^{73} Amendment act. So it becomes responsibility of PRI to ensure basic services in regards of water and sanitation to their own community.

During last 70 years of Independence the government has given at most attention for safe drinking water and sanitation in rural areas but yet a large section of the society is yet to receive the facilities. In Assam the sanitation situation is even worse. Large section of rural people practice open defection as a combination of factors like traditional behavioral pattern and lack of awareness about the associate health hazarders.

The Gereki Mishing is a tribal village where the sanitation and drinking water facilities are in a very vulnerable situation which causes various diseases. But the tribal people think that all the disease is occurs because of some evil power or hostile spirited ghost. Due to illiteracy and ignorance the tribal are not able to appear modern concept of health. This study is conducted to find out the reason and attitude towards sanitation and hygienic practice among the villagers.

REVIEW OF LITERATURE

The United Nation Educational, Scientific and Cultural Organization (UNESCO) released interesting document on 'women and water: An ethical issue.' This publication is concerned with the ethical issue arising from the special role of women in water use and from related social and environmental problem.it discussed both the nature of some of the key problems and the efforts in recent decades by both inter-government and non-governmental organisations to overcome these problems.

Devkota (2007) in his article "*Drinking Water Policies and Quality issues in Nepal"* says that due to poor drinking water facilities in Nepal about 45,000 child below age 5 die in sanitation related disease annually. He further said that the community of Nepal could save 30% of their income if there is adequate water supply in the country. This article shows that inadequate water supply is a serious sanitation problem in Nepal.

A study conducted by Mitik and Decaluwe (2009) "Market Labor, Household work and Schooling in South Africa" shows that women, Particular, spend a considerable proportion of their time in the household's common sanitation Related activities such as fetching water,

harvesting fodder, and collecting firewood especially in Rural areas of developing countries. He further suggested and concluded that for ensuring the Success and Sustainability of any sanitation programmer women must be given enough space and Opportunity to take active part in it.

A study carried by Water Aid India in (2006) said that TSC has a most significant rural sanitation initiative at the national and state level in India to learn policy and programmed issues about doing sanitation on scale. The Study said that Nirmal Gram Puraskar (NGP) had a major significance to improved sanitation in rural India. The Study suggest that all most all initiative taken by TSC were well but there is a lack of awareness of disaster risks like related to floods, drought, earthquakes, landslides, cyclones etc. and their possible impact on sanitation facilities on household and community levels.

Pankaj Dwivedi and A.N Sharma in, "A study of environmental sanitation, sanitary habits and personal hygiene among Baigas of samanpur block Dindori District, Madhya Pradesh, A total number of 100 household comparing of 494 individuals were randomly selected during the study and they found that maximum of the Badges (61%) utilized well water for drinking 47% disposed garbage near the house and 68% of them were goes for open defecation. And all these are happening because of unawareness about the hygienic conditions and also some traditional beliefs and values or superstitions found among cross sections of people in the society.

R.B Bhagat in his article "condition of S.C, S.T household, A Story of unequal improvement (2002)'' is showing the problems of woman from the lack of bathroom and latrines who can't use open space as freely as man can in day time and have to wait till after sun set. This relate with health risk to woman in want to latrine. Latrine and bathroom facilities both in rural and urban areas are basic need of life.

P.M Rajendra in his article, "situating scheduled caste and scheduled tribes in the post 2015 development frame work" he stated that access to drinking water is crucial as it is prevent water borne disease and consequently high morbidity. While there has been a considerable improvement in access to drinking water still over one third of scheduled tribe population and one fourth of scheduled caste people are not have such access as per 2011 census. Access to toilet is also critical in promoting dignity and security particularly for woman. As per 2011 census over 42.2% out of the household of the country does not have any toilet facilities. The proportion of such household is highest among scheduled tribe 74.6% followed by 62.1% of scheduled caste.

WHO in the article (2012) "water, sanitation and hygiene interventions and the prevention of Diarrhea" discuss as diarrhea most often result from faces that have not been disposed properly, or from the lack of hygiene. Such lack of access to safe, clean drinking water and basic sanitation as well as poor hygiene cause nearly 90% of all death from diarrhea, mainly in children while 87% of the world population have access to improved sanitation. The study found and recommended that there should be the provision of an improved sanitation facilities, improved water supply, water safety planning household water treatment and safe storage.

UNICEF (United Nations international children emergency found) in their article "Hygiene promotion (2008) '' emphasises in promoting hygiene by motivating people to practice good hygiene , specially hand wash with soap. In regards, UNICEF is taking various promoting policies like (a) advocating for increase found for hygiene activities (b) supporting national and sub national hand washing campaigning (c) encouraging hygiene promotion in schools and empowerment of children as an agents of change within their family and community. This article also shows that education and communication as an important component of hygiene promotion. Knowing about the relationship between water, sanitation, hygiene and health of themselves, may defeat disease.

Pradhan, Gopanath in his study (1991) "Hygiene Practices among Tribal Community: a case study of Odisha" Discuss that People can't lead a healthy life without safe drinking water. India has world's 2.41% land areas and about 17% of population and 4% of its water resources. But gradually water is becoming a scarce resource in many of its states. According to UNDP's HRD, 2001 report, in the year 1999 nearly 120 million of Indians do not have had safe drinking water. He study Litiguda Gram Panchayat of Koraput block of Koraput district in Odisha. He fined that only 4.26% households are using safe water i.e. tube-well. About 89.36% tribal households are using spring water for drinking. However, 55.56% of general population is using safe sources for their drinking purpose, and 6.38 people are using stream water for drinking during the normal days. And Only 5.32 per cent of tribal and 77.78 per cent of general caste have their personal toilet facility. There is no common toilet in the study villages and 94.68 per cent of tribal population and 22.22 per cent of general families are opting for open air defection.

The World Health Organization (WHO) and the United Nation Children's Fund (UNICEF) provide a lot of information and progress in this sector. A 2010 update has been published by them and it is available. The Joint Monitoring Programme (JMP) report describes the status and trends with respect the use of safe drinking-water and basic sanitation and progress made towards the MDG drinking-water and sanitation targets. Each report assesses the situation and trends. This is a bible in sanitation and supersedes previous report.

The Millennium Development Goal Report, 2009 was released by the United Nation Department of Economic and Social Affairs (UNDESA). This report presents an annual assessment of progress towards the MDGs.it point to areas where progress towards the eight goals has slowed or reversed. The progress on drinking water and sanitation was mentioned with special focus on sanitation.

OBJECTIVES OF THE STUDY

1. To examine the socio economic background of the respondents.
2. To accesses the status of sanitation and drinking water around the village.
3. To find out their awareness about sanitation.

METHODOLOGY OF DATA COLLECTION

Methodology is the system of method and practices in research investigation, the gathering of evidence in the process of knowledge and theory formation. It is one of the most important aspects of social research. The design of the study is meant for a descriptive study of the sanitation among the

villagers. It seeks to make a systematic account of this phenomenon.

UNIT AND UNIVERSE OF THE STUDY

The Gareki Mishing village of Majuli District is the universe of the study and household of the village is unit of the study.

SOURCE OF DATA

For the collection of data, both primary and secondary source have been used. Primary data are collected through observation, informal discussion and structured interview schedule. Secondary data are collected from books, journals, office record and census report, article and seminar etc. The primary data are classified and analyzed with help of statistical procure and presented in tabular form where applicable. The table is mostly single variations.

In the study respondent are selected on simple random sampling method by using Lottery method. From the total 120 household, 50 are selected by conducting random and also lottery method. Total sample size for the study is 50. In the study respondent from different age groups are taken into consideration.

CONCLUSION

Concept and theory relating to health and sanitation is complex. While concepts are huge no particular theory is able to give adequate understanding about health and sanitation. Further the methodology and data collection process are also tedious and intensive to develop qualitative data for the study.

GEREKI MISHING VILLAGE

The Mishings people are monogamous. Clan exogamy and tribal endogamy are practice by them. Both arrange marriage (Midang) and Love Marriage is practice by them. The Love marriage is most popular then the first one. Early marriage is preferred by them but now a day because of education they prefer late marriage. Divorce, widow re-marriage are allowed among them. The following Table shows marital status of the respondent.

Table No-0.1
Marital status

Marital status	No of Respondents	Percentage (%)
Married	22	44
Unmarried	24	48
Widow	2	4
Widower	2	4
Divorce	0	0
Total	50	100

The table show that out of 50 respondents 44% are married, 48% unmarried are and 4% window are and 4% widower.

Table No: 0.2
Distribution of Religion

Religion	No of Respondents	Percentage (%)
Hindu	50	100
Islam	0	0
Christian	0	0
Others	0	0
Total	50	100

The above table shows that all the respondents belongs to the Hindu religion.

Table No.0.3
Distribution of Education qualification

Educational qualification	No of Respondents	Percentage (%)
Illiterate	24	48
Primary School	15	30
High School	7	14
High secondary	6	12
Graduate	2	4
Post graduate	1	2

In this village there is only one primary school, the name of the school is Gereki Miri primary school that establish in the year 1968.In the post-independence period, concerted effort have been made and the rate is becoming higher. But still the tribal are educationally backward. The table shows that 48% of the respondents are illiterate, 30 % in primary level, 14%high school level, 12% higher secondary and 4% in graduate and 2% in the post graduate level.

Table No.0.4
Occupation

Occupation	No of Respondents	Percentage (%)
Agriculture	36	72
Services	3	6
Business	7	14
Others	4	8
Total	50	100

Cultivation is the primary and most important occupation of the Respondents of the village. The economy of the Mishing is not sound. This table reveals that majority of respondents is based on agriculture 72% is associated with agriculture and 6% are in services, and 14% doing business and 8% engaged in others activities.

Family income
Table No.0.5

Monthly income of family (in Rs.)	No of Respondents	Percentage (%)
2500-5000	19	38
5000-10,000	22	44
10,000-20,000	6	12
20,000 and Above	3	6
Total	50	100

The above table shows that 38% respondents' family income between 2500-5000, 44% of the respondents family income is between 5000-10, 000, and 12% in between 10,000-20, 000, and 6% respondent's family income is above 20,000.this table shows that economic condition of the Respondents are no so good. 44%Respondents come under the monthly income of 2500-10,000.this give a clear picture about the Respondent economic status and living standards.

Table No.0.6
Family type

Family type	No of Respondents	Percentage (%)

Join family	38	76
Nuclear family	12	24
Total	50	100

The above the table shows that respondents 76% join family and 24% respondent's nuclear family.

PERSONAL SANITATION

Table No.0.7
Bath Habits of the day

No of Respondents	Habits of taking bath	Percentage (%)
42	Once a day	84
3	Twice a day	6
5	Once in two days	10
0	Once a week	0
0	Twice a week	0
50	Total	100

The above table shows that's 84% of the respondents taking bath regularly where 6 % of the respondents take bath twice a day, and 10% of the respondents take bath once in a two days. They used some cleaning agent. The following tables show the agents used by the respondents.

Table No.0.8
Distribution of cleaner agent use in Taking Bath

Cleaner agent	No of Respondents	Percentage (%)
Soap	33	66
Soap, shampoo and conditioner	9	18
Natural equipment	8	16
Others	0	0
Total	50	100

This table exhibits that more than half of the respondents using soap as their cleaner agent that is 66 %, 18% of the respondents use shampoo and other conditioner with soap and 16% of the respondents use natural equipment.

Table No.0.9
Distribution of Respondents by Teeth Brush Habits

Habits of brush	No of Respondents	Percentage (%)
Once a day	22	44
Twice a day	8	16
Once a week	12	24
Twice a week	5	10
Never	3	6
Total	50	100

The above table shows that 44% respondents brush their teeth once a day, 16% of the respondents brush twice a day, 24% of the respondents brush their teeth once a week and 10% of the respondents brush their teeth twice a week and 6% of the respondents never brush their teeth.

Table No.0.10
Distribution of habits of Washing Clothes

Habits of washing clothes	No of Respondents	Percentage (%)
Daily	28	56
Once a week	18	36
Twice a week	3	6
Once a forthright	1	2
Total	50	100

This table shows that 56% respondents wash their clothes regularly, 36% wash their clothes once a week, and 6% wash twice a week where 2% wash once a fortnight.

Table No.0.11
Distribution of their Type of Toilets

Type of toilet	No of Respondents	Percentage (%)
Kesha	20	40
Semi pukka	3	6
Pukka	2	4
Open defecation	25	50
Total	50	100

The above table shows that majority of respondents have open defecation that is 50%, where 40% of the respondents have Kesha toilets, 6% of the respondents have semi pukka toilet and 4% of the respondents have pukka toilet.

Table No.0.12
Type of their Bathroom

Type of bath room	No of Distribution of Respondents	Percentage (%)
Kasha	23	46
Semi pacca	0	0
Pacca	0	0
Open place	27	54
Total	50	100

The above table shows that most of the respondents have taken bath in open place that is 54%, 46% have kasha bathroom and no respondents have semi pacca and pacca bath room**.**

HOUSEHOLD SANITATION

Table No.0.13
House type

Type of house	No of Respondents	Percentage (%)
Traditional mishing house	42	84
R.c.c	0	0
Semi Pacca	6	12
Assam type	2	4
Other	0	0
Total	50	100

The above table shows that most of the respondents are living in traditional mishing house, that it generally call as chang ghar.84% of the respondents are living in hang ghar,12% of the respondents living in semi Pacca and 4% are living in Assam type house.

Table No.0.14
Source of Drinking water

Source of Drinking Water	No of Respondents	Percentage (%)
Public hand pump	10	20
Private hand pump	40	80
Well	0	0
Supply water	0	0
River	0	0
Total	50	100

The table shows that majority of the respondents have private hand pump as the source of drinking water that is

80%,and only 20% respondents use public hand pump as the source of drinking water.

Table No.0.15
Distribution of Respondent Family on the Basis of place for Wash Utensils

Place	No of Respondents	Percentage (%)
Definite place	5	10
Near the source of water	31	62
Anywhere	14	28
Total	50	100

The above table revels that the respondent's family washing their utensils mainly near the source of water, 62% of the respondents washing their utensils near the source of water 28 % washing anywhere and 10% of the respondents family washing their utensils in a definite place.

Table No.0.16
Distribution of Respondents on the Basis of treatments

Treatment	No of Respondents	Percentage (%)
Homeopathic	10	20
Allopathic	25	50
Local healer	15	30
Ayurvedic	0	0
Total	50	100

The above table shows that half percent of the respondents (50%) take allopathic medical treatment whereas 20% of the respondents go to local healer and 30% take homeopathic. Ayurvadic treatment is not present in the village and they use it as a form of local healer treatment.

SOCIATAL AND ENVIRONMENTAL SANITATION

Table No.0.17
Respondent's views towards Responsibilities of proper sanitation in Their Villages

Responses	No of Respondents	Percentage (%)
Panchayat	17	34
Member of the village	27	54
No comment	6	12
Total	50	100

The above table shows that 54% of the respondents think that proper sanitation in their village should be responsibility whereas 34% of the respondents think it's the panchayat responsibility and 12% doesn't give a comment.

Table No.0.18
Reason of poor sanitation in their village of the respondents

Response	No of Respondents	Percentage (%)
Illiteracy	5	10
Cultural practice	0	0
Lack of awareness	25	50
Above all	20	40
Total	50	100

The above table shows that 40% of the respondents think that poor sanitation in their village is because of illiteracy among the people and cultural practice and lack of awareness.50% of the respondents think lack of awareness among them resulted in poor sanitation and 10% of the respondents think it because of illiteracy.

Table No.0.19
Do the medical supervisors perform their duty properly?

Response	No of Respondents	Percentage
Yes	20	40
No	30	60
Total	50	100

The above table shows that 40 % of the respondent is thinking that the medical supervisors do their duty properly and 60% of the respondent thinks they are not doing their duty properly.

The above table reveals that most of the respondents 76% live in join family and 24% of the respondents living in nuclear family.

Major patterns of the health and status of the respondents emerges in the chapter are follows

1. Out of 50 Respondents 44% are married 48% are unmarried, 4%are widow and 4% are widower.
2. 50% of the respondents belong to Male and 50% belongs to Female.
3. All respondents belong to the Hindu religion.
4. Most of the respondents 48% are illiterate, 30% in primary level, 14% high school level, 12% higher secondary and 45 in graduate and only 2% in the post graduate level. This table shows that half of the Respondent is illiterate.
5. Majority of the respondents is engaged in agriculture 72%.
6. 38% respondents from the monthly income group of 2500-10,000.This give a clear picture about the respondent economic status and living standards of the village.
7. Most of the respondents live in join family that is 76%.

CONCLUSION

In all above the discussed about the empirical accounts in which I pinpoint upon health in Gereki Mishing village. In conclusion, it can be said that almost the villagers under study were having majority of join family. And most of the respondents having monthly income of 5,000 –10,000. A few of the respondents have additional source of income rather than agriculture. More than half 48% respondent are illiterate but the respondents are found to be keenly interested in education of their children and fell that their future prospect depends on education , through my entire field work, I found that people are very dirty. They are not aware of health hazards caused by sanitation and maintaining hygiene in their personal level as well as in their household level. Majority of respondents have open defecation that is 50%, where 40% of the respondents have Kesha toilets, 1.7% of the respondents have semi pukka toilet and 4% of the respondents have pukka toilet. And almost all of the respondents are telling that they are not getting any financial help or the governmental facilities to construct sanitary facilities. Some of the respondents during informal discussion telling me that open defecation is very important for us because it is very clean if one goes to an open place then he is getting fresh air, if we use latrine we are effected by various disease because latrine are the place which are dirty and unhygienic. Some of the respondent is saying that

if there is a latrine nearby their house or in the campus it can cause disease. The village under my study doesn't have any primary health center; they have to go approximately 2 K.m. to reach the primary health center. And they usually don't go to doctor unless or until they seriously ill. Communication is most important in Sanitation and Hygiene. The village is isolated from the developed areas and so they are unaware of some practices of Hygiene and sanitation facilities. There is no dustbin in the village and the public toilet is only found in the lower primary School which is in a very bad condition and the pump is also not working this show that the student which are in the primary level they are not having minimum facilities of sanitation in their school.

SUMMARY FINDINGS AND CONCLUSION

This chapter is about the summary of overall chapters and conclusion and suggestion for development of sanitation facilities in rural areas. Sanitation and Hygiene is related to healthy and happy life. In tribal Section the situation of sanitation is much worse because of their superstation and illiteracy and ignorance. In the study some aspect of Sanitation and Hygiene in a Mishing village is studied and the following are the main findings

FINDING OF THE STUDY

1. The study was carried out in Gereki Mishing village of Majuli district.
2. All respondent belong to the Gereki Mishing village
3. Out of 50 Respondents 51.7% are married 41.7% are unmarried, 3.3% are widow and 3.3% are widower.
4. In the study it is found that 12% of the respondent comes from the age group of 15-25, where 24% comes from the age group of 26-35. 26% of respondent belongs to the age group of both 36-45 and 45-55. 26% respondents belong to the age group of 56 and above.
5. 50% of the respondents belong to Male and 50% belongs to Female.
6. All respondents belong to the Hindu religion.
7. Most of the respondents 48% are illiterate, 30% in primary level, 14% high school level, 12% higher secondary and 4% in graduate and 2% in the post graduate level. This table shows that half of the Respondent is illiterate, and only 3 Respondent have higher education.
8. Majority of respondents is engaged in agriculture (72%)
9. 44% Respondents come under the monthly income of 2500-10,000.this give a clear picture about the Respondent economic status and living standards of the village.
10. Most of the respondents live in join family that is 76%
11. In the study it is found that 84% of the respondents are taking bath regularly where 6% of the respondents take bath twice a day, and 10% of the respondents take bath once in a two days
12. More than half of the respondents using soap as their cleaner agent that is 66%, 18% of the respondents use shampoo and other conditioner with soap and 16% of the respondents use natural equipment.
13. 44% respondents brush their teeth once a day, 16% of the respondents brush twice a day, 24% of the respondents brush their teeth once a week and 10% of the respondents brush their teeth twice a week and 6% of the respondents never brush their teeth.
14. 56% respondents wash their clothes regularly, 36% wash their clothes once a week, and 6% wash twice a week where 2% wash once a fortnight. During the time of field work it if found the most of the respondents wearing dirty clothes which are seems to be not clean more than a week.
15. Majority of respondents have open defecation that is 50%, where 40% of the respondents have Kesha toilets, 6% of the respondents have semi pukka toilet and 4% of the respondents have pukka toilet.
16. Most of the respondents have taken bath in open place that is 54%, 46% have kasha bathroom and no respondents have semi pukka and pukka bath room
17. Most of the respondents are living in traditional mishing house, that it generally call as chang ghar.84% of the respondents are living in chang ghar,12% of the respondents living in semi pukka house
18. 48% of the respondents have livestock's like cow pig buffalo and got,16% of the respondents have hens and ducks and 32% of the respondents have both of them, and only 4% of the respondents have none of these.
19. 68% of the respondents keep their animals near their house, 20% of the respondents keep their animals inside house and only 12% of the respondents keep the animals out of their house campus.
20. Majority of the respondents have private hand pump as the source of drinking water that is 80%, only 20% respondent use public hand pump as the source of drinking water.
21. Majority of the respondents families drink water in its original form as usual.60% of the respondents take it in original form, 10% of the respondents boiling and also 4% add bleach.6% sieve through cloth and 20% of the respondents use water filter.
22. 56% respondents households store water without cover where 46% of the respondents store water by covering.
23. Majority of the respondents have no darning system in their house.90% of the respondents don't have draining system and only 10% respondents have draining system.
24. As most of the Respondents have open defecation only 18 have latrine facility. Among those only 56% clean their toilets regularly where 17% of the respondents clean monthly and also and 6% clean weekly and 22% of them clean their toilers sometimes.
25. Almost the all respondents family having toilet use water as cleaner agent 78% use water where 11% using chemical product and 11% use other cleaner agent like sand and natural equipment .Most of the Respondent is don't know about the modern product of cleaning toilets. .
26. 56% of the respondents share their toilet who think there was no advantage where 32% of the respondents use because of less space using if they share, only 4% think it is cheaper, 8% think by sharing it would help them in maintaining it.

27. 68% of the respondent's family disposed their children faces just by throw near the house 10% throw it into open area and 20%of the respondents use toilet for disposed.
28. The respondent's family washing their utensils mainly near the source of water, 62% of the respondents washing their utensils near the source of water 28% washing anywhere and 10% of the respondents family washing their utensils in a definite place.
29. The study shows that all the respondent family throw the wastage near their house.
30. Half percent of the respondents (50%) take allopathic medical treatment whereas 30% of the respondents goes to local healer and 20% take homeopathic.
31. 40% of the respondent improve their latrines two years ago, 20% of the respondents family improve one year ago and 30% of the respondent of more than two year ago, and 10% improved 6th month ago.
32. The respondents 50% find animal faces whereas 24% find various waste material and 26% of the respondents find all of these.
33. 54% of the respondents think that proper sanitation in their village should be responsibility whereas 34% of the respondents think it's the panchayat responsibility and 12% doesn't give a comment.
34. 40% of the respondents think that poor sanitation in their village is because of illiteracy among the people and cultural practice and lack of awareness.50% of the respondents think lack of awareness among them resulted in poor sanitation and 10% of the respondents think it because of illiteracy.
35. Out of the total 50 respondent 60% of them are not satisfied with the cleanness of their environment and 40% are satisfied.
36. 60% of the respondent is thinking that the medical supervisor do their duty properly and 40% of the respondent think they are not doing their duty properly

CONCLUSION AND SUGGESION

Sanitation and hygiene is a burning problem of our society. About 1/7th of the world population still defecate in open in absence of toilets, of which 60% is lives in India. This scenario is mainly found in case of rural areas. The study area "Gereki Mishing Village" is a tribal village which suffers from poverty and illiteracy. They are living with nature and because of illiteracy and poverty they are not much aware of the two concept Sanitation and hygiene. Above 70% of the villagers is going for open defecation. The living pattern is such that they are having also some practices which are causing various diseases. The pig, chicken, ducks, are used to keep with them. Pig is very dirty animal and their body is always covered by mad. Again they live in Shade (Chang Ghar) and use to throw all the household wastage to the floor. There is not a single dustbin found in the village. People use the open place to throw all the things and the roads are full with all kind of wastage .Animals are moving freely around the village and animal faces is a common thing found in the rood and roadside.

The villagers depends upon agriculture and most of them are daily wage earner they have no time to think of Sanitation and Hygiene rather they busy with work, and regards the open defecation as best way. Drinking water is main problem of the village. Most of the villagers is drinking the water directly after collect it. They not use any kind of purification to clean the water. And think that water that is available in nature is in its pure and clean form. Only 2, 3 among the 50 respondents have water filter, and this cause various water born disease which is unknown by the villagers.

The following are suggestion for improving Sanitation in rural areas:

1. Developed a clear strategy to ensure that sanitation is effectively addressed within all relevant heath policies, regulation, guideline, and procedure and ensure that it touch the grass root level.
2. Promote and give the tribal people financial help for construction of latrines.
3. Work with the education sector to provide sanitation and hygiene education to the people.
4. Panchayat should take initiative to make aware the people about the need of sanitation and hygiene.
5. Self-employment schemes need to be started where the local people is engaged in cleaning the public place and make the surrounding clean and hygienic.
6. The medical assistance and worker (ANM, GNM, and ASHA) they should take part in educating the local people and make them understand about the relation of health and sanitation and need of adequate sanitation and hygienic facilities.

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