



# Socio-Economic Aspect of Improved Health Status and Sanitation Facilities among Rural People in Tamil Nadu: A Sociological Perspective

 Dr. R. Shrien Bargana<sup>1\*</sup>,  Dr. M. Rani<sup>2</sup>

<sup>1</sup>Teaching Assistant, Department of History, Alagappa University, Karaikudi, India.

<sup>2</sup>Teaching Assistant, Department of Tamil, Alagappa University, Karaikudi, India.

DOI: <https://doi.org/10.70333/ijeeks-03-12-034>

\*Corresponding Author: [shrienbargana@gmail.com](mailto:shrienbargana@gmail.com)

Article Info: - Received : 04 December 2024

Accepted : 25 January 2025

Published : 30 January 2025

## Abstract

Improving the quality of life in rural areas remains a vital development goal for the new millennium. Rural existence is often closely linked with poverty, and despite advances in economic and agricultural development, rural communities continue to persist and evolve. The experience of Tamil Nadu demonstrates that the living conditions of people can be significantly enhanced even at relatively low levels of economic development through strategic public action focused on social provisioning and equitable redistribution. Tamil Nadu has effectively addressed the basic needs of the majority of its citizens, as evidenced by favorable indicators in health, education, and demographic transition. This study emphasizes the urgent need to improve the physical environment of rural settlements by ensuring access to essential amenities such as toilets, proper drainage systems, sewage facilities, and adequate water supply. Key obstacles hindering progress include low prioritization by policymakers, insufficient funding, the deployment of unsuitable or unsustainable technologies, and complications in managing shared responsibilities. Furthermore, there is a lack of recognition of the actual drivers behind sanitation improvements, as well as the complexities involved in delivering sanitation services to diverse rural populations, including both tenants and landowners. This paper argues that the factors influencing the demand for improved sanitation are not universally applicable but are highly context-specific. It highlights critical gaps in current knowledge, particularly the need to establish a scientific understanding of the localized drivers of sanitation demand and the social dynamics that influence them. A clearer comprehension of these complexities is essential to define effective boundary conditions for achieving targeted sanitation improvements.

**Keywords:** *Rural, Sanitation, Public Health, Poverty, Infrastructure, Tamil Nadu.*



© 2025. Dr. R. Shrien Bargana and Dr. M. Rani., This is an open access article distributed under the Creative Commons Attribution License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made.

## 1. INTRODUCTION

Sanitation refers to the provision of facilities and services for the safe and hygienic disposal of human waste, primarily through toilets or latrines. While developed countries typically utilize advanced flush toilet systems, many developing nations continue to rely on basic sanitation structures, often as rudimentary as a pit latrine (WHO & UNICEF, 2010). The design of these systems is less critical than their effectiveness in preventing human contact with waste and thereby reducing health risks. Despite substantial global advancements, over one-third of the world's population still lacks access to adequate sanitation—a figure nearly double the number of people living in extreme poverty (Hutton & Haller, 2004).

Inadequate sanitation is a major contributor to the spread of disease and child mortality, particularly in low- and middle-income countries (Mara et al., 2010). Tamil Nadu, as part of developing India, has made commendable progress in infrastructure, agricultural output, medical sciences, technology, and education. These improvements have led to increased life expectancy and a decline in disease prevalence. Nevertheless, the state continues to face persistent challenges in the areas of public health and sanitation, which are closely tied to broader social and economic issues (Nag, 1983).

Many of these problems are rooted in historical legacies such as colonial governance, as well as more recent demographic and socio-economic transformations. Poverty, both as an objective reality and a subjective experience, remains one of the most pressing social issues in Tamil Nadu. Objectively, poverty implies a condition in which individuals are unable to meet basic needs such as food, shelter, healthcare, and education. Subjectively, it reflects the relative deprivation perceived in comparison to others (Ramankutty, 1991).

Poverty directly impedes human development. Malnutrition in early childhood, for example, adversely affects cognitive development and academic performance, thereby limiting future economic opportunities. Moreover, the interconnected nature of poverty, lack of sanitation, poor education, disease, and food insecurity forms a vicious cycle that reinforces underdevelopment (WHO & UNICEF, 2013). Sanitation issues are further compounded by

inadequate infrastructure, lack of public awareness, and insufficient public health services, especially in rural areas.

Improving sanitation in rural and underserved communities is essential for advancing public health and enhancing quality of life (Water Sanitation Health, 2000). Women in Tamil Nadu face specific challenges in accessing healthcare and sanitation. While positive developments are underway, targeted initiatives are still needed. One promising solution is the extension of entitlement-based benefits to families identified as living below the poverty line (BPL). The BPL household survey, based on an 18-point scoring system, provides a reliable method for identifying these families (Planning Commission of India, 2012).

Issuing Smart Cards to BPL families—entitling them to a healthcare allowance of ₹2,000 per year for hospitalization, treatment, medicines, and consultations—can significantly improve their access to essential health services. If public healthcare institutions operate on a cost-recovery basis and reimburse services through Smart Cards, this approach can also improve financial sustainability. Additionally, it would incentivize higher quality of service through healthy competition with private healthcare providers. Such a system would enhance accountability; making public health professionals directly answerable to the communities they serve.

## 2. OBJECTIVES

The present paper, based on secondary sources, is guided by the following objectives:

- To examine the socio-economic conditions of rural populations.
- To evaluate and enhance government programs aimed at improving sanitation facilities among rural communities.

## 3. SANITATION CONDITIONS IN RURAL AREAS

Tamil Nadu cannot achieve real development if a significant portion of its population continues to live in unhygienic and unsanitary surroundings due to lack of access to safe water and adequate sanitation facilities. Poor water and sanitation infrastructure has far-reaching consequences. A clear link exists between water, sanitation, health, nutrition, and overall human well-being. Consumption of contaminated water, improper disposal of human waste, poor

hygiene practices, and mismanagement of solid and liquid waste are major contributors to water-borne diseases in India. It is estimated that approximately 30 million people suffer from water-related illnesses annually. Among the most affected are women and children, especially young girls.

Sanitation broadly refers to the facilities and services that ensure the safe disposal of human urine and feces. An improved sanitation system is one that hygienically separates human excreta from human contact. In general, improved sanitation implies nearby facilities, reduced waiting time, and safer disposal practices. In rural settings, open defecation by young children and limited options for safe waste disposal contribute to widespread contamination. Faeces are often left in open spaces or drainage ditches, increasing the risk of disease transmission. Furthermore, overcrowding and limited space in rural compounds make it increasingly difficult to construct or maintain traditional latrines, especially as plots are subdivided to accommodate more housing.

#### 4. WATER AND SANITATION INFRASTRUCTURE FOR HEALTH

Water is fundamental to all life and plays a crucial role in the progress of human civilization. Its availability or scarcity is often an indicator of societal development. Water and sanitation are inextricably linked and are among the most significant determinants of public health. A child's future depends heavily on sanitation and hygiene conditions at home. Without proper sanitation, children face increased health risks and diminished life prospects.

Access to improved water and sanitation is a critical strategy for reducing infant and child mortality associated with diarrheal diseases. This awareness must be disseminated at individual, family, and community levels to promote a culture of hygiene and proactive sanitation behaviors. The issues of infant mortality, water accessibility, and sanitation cannot be addressed in isolation, especially in low-income and developing countries. Although significant gaps remain in rural sanitation, there are signs of gradual improvement, particularly in access to safe drinking water, though improved sanitation still lags behind.

#### 5. CHARACTERISTICS OF RURAL AREAS

Based on field observations, the major features of rural areas include:

- **Appearance:** Rural areas are often marked by neglect, with deteriorated buildings, unpaved streets, and inadequate infrastructure.
- **Economic Status:** Rural populations generally belong to the lowest income strata, though some may live in slightly better conditions despite similar surroundings.
- **Population:** Many rural residents are economically and socially marginalized, often excluded from mainstream residential zones due to poverty or discrimination.
- **Health and Sanitation:** Public sanitation services are either lacking or insufficient, resulting in higher disease rates and mortality compared to urban areas.
- **Morality and Crime:** Some rural regions suffer from social disorganization, sometimes becoming havens for marginalized individuals or petty criminals.
- **Way of Life:** There is a wide variation in social cohesion, ranging from isolated slums to closely-knit family-based communities.
- **Social Isolation:** Rural communities are often isolated by location and status, leading to limited interaction with broader society.

#### 6. THE ECONOMIC RATIONALE FOR INVESTING IN RURAL HEALTH

Investment in health is increasingly recognized as essential to economic development. The World Health Organization's Commission on Macroeconomics and Health emphasizes that improving health outcomes is critical to breaking the cycle of poverty. Health impacts development in several key ways:

- **Human Capital:** Healthier children perform better in school, lowering dropout rates and enhancing the skilled labor force.
- **Labor Productivity:** Healthy workers are more productive and have fewer absences, boosting economic output and enterprise efficiency.

- **National Savings:** Healthier individuals save more and live longer, providing capital for investment.
- **Demographic Transition:** Improvements in health and education lower birth and death rates, reducing the dependency ratio and contributing to economic growth.

These improvements have intergenerational benefits, allowing families to invest more in children's health and education, thus enabling upward mobility and breaking poverty cycles.

## 7. CHALLENGES FACED BY RURAL POPULATIONS IN TAMIL NADU

- **Lack of Health Awareness:** Limited knowledge and inadequate communication strategies result in delayed treatment and reliance on untrained practitioners.
- **Insufficient Health Facilities:** Remote areas often lack adequately staffed or equipped health centers. Mobile health units have not achieved their intended reach.
- **Emergency Transport Gaps:** Pregnant women and emergency patients in remote villages frequently lack transport options to reach healthcare facilities.
- **Discriminatory Practices:** Rural and tribal populations often face cultural and linguistic barriers, and discriminatory treatment from healthcare providers.
- **Financial Constraints:** High medical costs force rural families to borrow or sell assets. Many abandon treatment midway due to economic pressure.
- **Low Awareness and Capacity:** Outmigration and gender disparities leave behind low-capacity populations, especially women with increased burdens and limited resources.
- **Lack of Appropriate Technology:** Rural communities lack access to affordable and suitable technologies for sanitation and hygiene.
- **Water Resource Competition:** Growing populations and unsustainable practices threaten water security.
- **Weak Community Support Structures:** Community-managed water systems suffer from poor maintenance, lack of technical support, and insufficient external institutional involvement.

## 8. EFFECTIVE RURAL WATER, SANITATION, AND HYGIENE (RWSH) INTERVENTIONS

### Challenges Identified:

- Inadequate consideration of cultural, religious, and social norms
- Exclusion of vulnerable groups
- Unsustainable use and maintenance of water systems
- Overemphasis on infrastructure without parallel investments in community training
- Neglect of menstrual hygiene in policy and practice

### IFAD Approaches:

- Encourage intersectoral collaboration to link water with broader development
- Strengthen rural livelihoods through integrated natural resource management
- Develop context-specific, affordable sanitation solutions
- Support private sector involvement and ecological sanitation innovations
- Address menstrual hygiene and promote sustainable hygiene behavior

### Institutional Strategies:

- Increase participation of women and marginalized communities
- Build local government and NGO capacity for decentralized service delivery
- Document project learnings to improve future RWSH strategies

### Technical Recommendations:

- Ensure cultural and economic suitability of technologies
- Promote biogas and ecological toilets for sustainability
- Create private enterprise opportunities for sanitation-related services

### Investment Approaches:

- Design multi-use water systems tailored to rural needs
- Facilitate "self-supply" initiatives
- Improve data systems for water resource management
- Promote long-term behavioral change through community-led sanitation models

## 9. CONCLUSION

In Tamil Nadu, the adoption and sustained use of latrines remain low, despite the evident health, economic, and social benefits of improved sanitation. This study highlights the need for a deeper understanding of the underlying reasons

for this issue, particularly regarding the uptake of government-subsidized sanitation facilities. Understanding the motivations and constraints faced by rural households is crucial to developing context-specific, effective sanitation solutions that will lead to long-term improvements in rural health and quality of life.

## REFERENCES

- World Health Organization (WHO), & United Nations Children's Fund (UNICEF). (2010). [Progress on sanitation and drinking water: 2010 update](#). World Health Organization.
- Hutton, G., & Haller, L. (2004). [Evaluation of the costs and benefits of water and sanitation improvements at the global level](#). World Health Organization.
- Mara, D., Lane, J., Scott, B., & Trouba, D. (2010). [Sanitation and health](#). *PLoS Medicine*, 7(11), e1000363. <https://doi.org/10.1371/journal.pmed.1000363>
- World Health Organization (WHO), & United Nations Children's Fund (UNICEF). (2013). [Progress on sanitation and drinking water: 2013 update](#). WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation.
- Ramankutty, V. (1991). [Socio-economic factors in child health status: A Kerala village study \(Unpublished M.Phil dissertation\)](#). Centre for Development Studies, Thiruvananthapuram.
- Nag, M. (1983). [Impact of social and economic development on mortality: Comparative study of Kerala and West Bengal](#). *Economic and Political Weekly*, 18, 877-900.
- World Health Organization. (n.d.). [Water sanitation health](#). Retrieved November 1, 2012, from [http://www.who.int/water\\_sanitation\\_health/en/](http://www.who.int/water_sanitation_health/en/)
- Planning Commission of India. (2012). [Status of rural water supply and sanitation in India](#). New Delhi: Planning Commission of India.

**Cite this article as:** Dr. R. Shrien Bargana and Dr. M. Rani., (2025). Socio-Economic Aspect of Improved Health Status and Sanitation Facilities among Rural People in Tamil Nadu: A Sociological Perspective, *International Journal of Emerging Knowledge Studies*. 4(1), pp.21-25. <https://doi.org/10.70333/ijeks-03-12-034>