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People's Perception towards Cbos Services Regarding Safe Drinking Water in City Faisalabad

Mohsin[1]*, Abdur Rehman Shahzad[2], Sana Mehboob[3], Zakir Hussain[4]
Department of Rural Sociology, Faculty of Social Sciences, University of Agriculture, Faisalabad-38040, Pakistan.
email: mohsin.gill25@yahoo.com

Abstract

Water borne diseases are increasing in the country because of poor quality of water is being provided to the people. The quality of this water is not according to the standard of World Health Organization. In Pakistan approximately 250,000 kids below five years pass away in every year. This is huge human loss and these deadly dysentery ailments are caused materialistic economic crises. The main purpose of the present study was to examine the people's perception towards CBOs (Community Based Organizations) services regarding safe drinking water in urban area of district Faisalabad. The study was focused on what people think about CBOs services in their community development like safe drinking water. The data was collected through quantitative approach by survey method. Multistage sampling technique was used for data collection from urban area of district Faisalabad. First of all one Town (Layllpur Town) was selected from 8 towns of district Faisalabad randomly. Two City Councils (CC-3 Shahbaz Nagar and CC-7 Sulmania Colony) were selected from Layllpur Town through randomization. Samples of 140 respondents were selected from the selected households through systematic random sampling technique. Data were collected through interview schedule. After the collection of data, it was analyzed by using statistical package for social science (SPSS). People's perception about CBOs were favourable they were knew about the basic objective of the CBOs. They were also maintain CBOs at grass root level for the development of community and also indentify the water problems and tried to resolve the water problem. The result was showed that CBOs members should be honest and arrange weekly meeting schedule. Women should be participate in CBO membership and play their vital role for community development.

Keywords: CBOs (Community Based Organizations), Community Development,

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Health Awareness, Human Health, Urban Sociology

Introduction

It is predictable that the fewer inhabitants used the safe drinking water facility in 2015 by United Nations in Millennium Development Goals. The government and many organization like CBOs and NGOs are worried about to improve the right of clean intake water and hygiene (UN, 2009). It is predictable that 1.1 billion citizen in all over the world can't get the safe drinking facility. The majority of the peoples 70 percent are belong to rural areas. While most of the government was focused on rural areas to provide the safe drinking water facility target of Millennium Development Goals by 2015 (ADB, 2010).

The World Health Organization (WHO) shows that 1.8 million developing country people die in every year from very affective diseases diarrhea and cholera. The major population of these countries was children estimated 90 percent those are belong to five year old age. Due to the safe drinking water 88 percent of diarrhea disease is occurred. The same problem is occurred in Pakistan; the availability of safe drinking water facility is probably 23.5% in village areas and 30% in city areas. Due to the diarrhea disease in every year 0.2 million children was dying (Rosemann, 2005).

Pakistan is situated in the region of South Asia and also a developing country. The major task and challenge of the country is providing the fresh and safe drinking water to everyone. The government also tries to resolve this issue and make sure the provision of safe dirking water and established water and sanitation system in everywhere. Some of issue related to decrease of groundwater level installation of sewerage and drainage system with proper planning in packed areas where need to purify and filtration of drinking water to accomplish the needs of growing population (P&D, 2011).

While humanitarian NGOs focused on providing water to the rural and urban poor, CBOs played a fundamental role in the protection and maintenance of the people water sources. CBOs underline the people's power over resources such as water. NGOs and CBOs run under the umbrella organization Uganda Water and Sanitation NGO Network, which has over 200 members. These organizations received

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funds mostly from development partners in the sector. During the 2010/11 financial year, the majority of their asset (UGX 12.6 billion) was in water supply. With the shift to a demand-driven move toward, the public place and user of water resource, (i.e. districts, sub-counties, and communities) WATER IS LIFE has become key group of actors in water strategy achievement. The national framework have to maintain rule and regulation, necessities, and household responsibilities of all the stakeholders concerned in rural water governance for O&M of rural water provisions. It has transferred executive, administration functions, and O&M everyday jobs to local water user groups (DWD, 2011).

The provision of pure and clean water for drinking purpose has always been considered the responsibility of the state instead of community in rural areas of Pakistan, Punjab province. ADB (Asian Development Bank) with the help of people of rural areas has taken this task in to reality through "Punjab Community Water Supply & Sanitation Project" this institution works in the remote and for needy people of the country side areas of the province of Punjab (Raza and Farrukh, 2006).

Sadness has been accounted for to twofold the danger of creating gentle subjective debilitation and the probability that the mellow psychological disability will form into dementia. The Diabetes and Aging Study demonstrated that when discouragement is co grim with sort 2 diabetes, it expands the danger of all-cause dementia by around 2-fold contrasted and diabetes alone (Katon et al. 2012).

At present, a few thirty countries are struggled must be water worried, of which twenty is completely water in little supply. It is estimated that by 2020, some of water limited countries will probably come up to 35 (Rosegrant et al., 2002). Furthermore, the low levels of water resources as well as the shortage of secure intake water and hygiene are the serious issue of the 21st century. Probably 1 billion people did not have admission to clean water with almost all of them living in developing nation. Up till now, 2.6 billion people, the world 40% population, half population of the developing world is deficient in even a

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simple enhanced bathroom (UNICEF/WHO, 2004; Elimelech, 2006).

Participation plays a greater role as groundwork of community development projects including water services in developing world. According to (Awortwi 1999: 7), participation is meant at inculcating an intellect of self-sufficiency and ownership to make equality in resource sharing. This argument is also in tandem with (Berner and Phillips 2005: 17)'s preposition that; CP is now a normal management theory. Hence for any rural development proposal by government to thrive, citizen participation is required so as to create empowerment and ownership among the target group (Kakumba, 2010 Hickey and Mohan, 2005).

Objective

The main objective of this research is to investigate the awareness about CBOs among the people and identify the types of drinking water facilities available in urban areas of district Faisalabad.

MATERIALS AND METHODS

Study Area

The study site selected for this research is urban area of district Faisalabad puposively. Layllpur Town was selected from 8 towns of district Faisalabad randomly. Two City Councils (CC-3 Shahbaz Nagar and CC-7 Sulmania Colony) were selected randomly from Layllpur Town.

Sample Size

Sample can be defined as accurate envoy of the population, which has all the characteristics of preferred population. 140 respondents (70 from each CC) were selected randomly from the study area.

Data collection:

Construction of data collection tool

Social science deals with human nature, Feelings, emotions and minds of human being. To study all these factors it was compulsory that data collection tool was very accurate and reliable. Interview schedule was prepared with open and close ended questions to collect the data from respondents. It was structured to get all the required information from the respondents.

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Interviewing the respondents:

Interview was conducted from respondents to collect facts. The investigator himself interviewed each respondent to make sure unbiased response and then rechecked each questionnaire for accuracy and uniformity because it was very difficult to approach the same respondent at any subsequent stage.

Analyzing of data:

Collected data was analyzed using the Statistical Package for Social Sciences. Descriptive statistics, including frequencies, percentages, means and standard deviations, were used to summarize different variables. Data was interpreted with the help of a computer software i.e. statistical package for social sciences.

RESULTS AND DISCUSSION

Table.1
Distribution of the respondents according to their water facility

Water Facility	Frequency	Percent
Yes	135	96.5
No	5	3.5
Total	140	100.0

Table 1 show that majority of the respondents i.e. 96.5 percent had water facility and the respondents i.e. 3.5 percent had not water facility.

Table.2
Distribution of the respondents according to their source of water

Source of Water	Frequency	Percent
WASA Connection	135	96.5
Tanker	2	1.4

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Hand Pump	3	2.1
Mineral Water	0	0
Total	140	100.0

Table 2 shows that majority of the respondents i.e. 96.5 percent were used WASA connection and the respondents i.e. 2.1 percent were used hand pump, according to 1.4 percent were used Tanker, and 0 percent respondents were used mineral water.

Table.3

Distribution of the respondents according to their water connection fulfills household requirement.

Water fulfills your household requirement.	Frequency	Percent
Yes	107	76.5
No	33	23.5
Total	140	100.0

Table 3 shows that majority of the respondents i.e. 76.5 percent were fulfills their household water requirement and the respondents i.e. 23.5 percent were not fulfill their household water requirement.

Table.4

Distribution of the respondents according to happy at existing water supply at your town

Happy at existing water supply	Frequency	Percent
Yes	135	96.5
No	5	3.5
Total	140	100.0

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Table 4 shows that majority of the respondents i.e. 96.5 percent were happy at existing water supply and the respondents i.e. 3.5 percent were not happy at existing water supply.

Table.5

Distribution of the respondents according to quality of drinking water

Quality of drinking water	Frequency	Percent
Very Good	60	42.8
Good	40	28.6
Just normal	18	12.9
Bad	7	5.0
Very bad	15	10.7
Total	140	100.0

Table 5 indicates that a major proportion of the respondents i.e. 42.8 percent respondents said the quality of water were very good, while 28.6 percent respondents said the quality of water were good, 12.9 percent respondents said the quality of water were just normal, while 10.7 percent respondents said the quality of water were very bad, and 5.0 percent respondents said the quality of water were very bad.

Table.6

Distribution of the respondents according to think water is safe directly from the source

Water is safe directly from the source	Frequency	Percent
Yes	70	50.0
No	45	32.2
Don't know	15	10.8
Total	140	100.0

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Table 6 shows that majority of the respondents i.e. 50.0 percent were thought water safe directly from source, while 32.2 percent were not thought water safe directly from source. According to 10.8 percent of the respondents were don't know water was safe directly from source.

Table.7

Distribution of the respondents according who is responsible for drinking water supply

Responsible for drinking water supply.	Frequency	Percent
Government	28	20.0
CBOs	32	22.9
1&2	80	57.1
Total	140	100.0

Table 7 shows that majority of the respondents i.e. 57.1 percent were thought 1&2 responsible for drinking water supply, while 22.9 percent were thought CBOs responsible for drinking water supply. According to 20.0 percent of the respondents thought government responsible for drinking water supply.

Table.8

Distribution of the respondents according to satisfy the tariff of water connection

Satisfy the tariff of water connection.	Frequency	Percent
Yes	122	87.1
No	18	12.9
Total	140	100.0

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It is clear from the table 8 that majority of the respondents i.e. 87.1 percent were satisfied the tariff of water connection, remaining 12.9 percent were not satisfied the tariff of water connection.

Table.9

Association between the educational level of the respondents and perception about CBOs working at community level;

Ho: Independence
H1: Association

Educational level	Perception about CBOs		Total
	Favourable	Unfavourable	
Illiterate	37	4	40
Primary to Middle	52	0	56
Matric to Intermediate	30	1	32
Graduation to above	11	5	12
Total	130	10	140

Chi-Square Value = 27.143 df 3 P value = 0.000

The above table shows that there is a relationship between Educational level of the respondents and perception about CBOs working at community level. The calculated value of the chi-square are found to be significant at 0.05 level of significant which implies that there is a strong positive association between two attributes.

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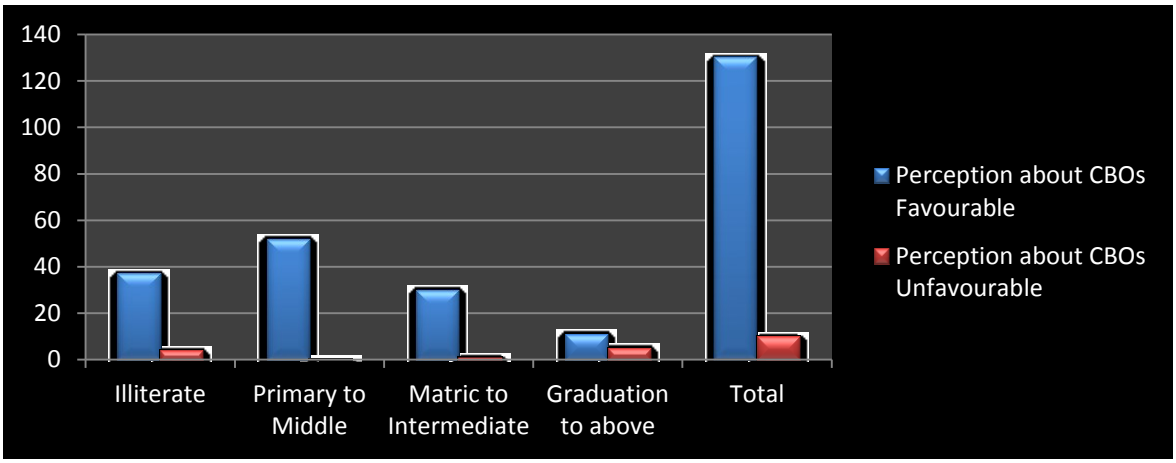

Conclusions

The core objective of the present research study was to assess the extent of community participation in water supply programs and their sustainability. It may safely be concluded from the findings of the present study that community involvement in planning, execution, operation and maintenance largely contributes towards sustenance of safe drinking water programs in city Faisalabad. It may concluded from the findings of this study that people's perception about the CBOs working at community level very honest and favorable regarding safe drinking water. They were satisfied with the working of CBOs members regarding safe drinking water. The flinging of the present study cleared that CBOs must be occurred at community level for the success and development of community at grass root level with the fully participation of local women.

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