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ANALYTICAL STUDY OF ENVIRONMENTAL AND LIVING CONDITIONS IN EGYPTIAN COUNTRYSIDE



First Author Details :

Nagwa Mosaad El-Agroudy

Department of Agricultural Economics, National Research Centre, Cairo, Egypt.

Co - Author Details :

Monia Bahaa El-Din Hassan, Fatima Ahmed Shafiq and Soheir Mokhtar Mostafa

Department of Agricultural Economics, National Research Centre, Cairo, Egypt.

ABSTRACT

The study within hand deals with the most important reasons for the deterioration of living conditions in villages under study. Low income of individual, in general, in the countryside of northern area which is not enough to cover basic needs for individual (food, beverage, clothes, education, treatment and housing) is one of the most important reasons resulting in this deterioration. In addition, some social traditions about 50% of sample who can read and write and holder of intermediate degree could not avoid such as



swimming in the canal which is one of the main reasons for infection with endemic diseases for which they cannot provide the cost of treatment due to the huge rise of prices of medicine and lack of health units or hospitals with qualified specialists. About 84% of houses of sample peasants are not connected to sewerage networks. They discharge water through underground collecting hole which is called as "Taransh" which results in overflow of water most of times that makes them vulnerable to spread of diseases. Moreover, the cost of this holedischarge is expensive and results in financial problems. Cars that discharge the holes "Taranshat" throw the waste in canals and drains by about 26% and 74% respectively which causes diseases for plants, animals and humans. This might be the main reason for poisoning cases that appear in many villages due to mixed water and sewage. In order to improve these bad living conditions, study recommended activating the role of health guidance to spread awareness of risks of bad health and social traditions such as swimming in the canal which is the main reason for infection with endemic diseases which led to financial deterioration and inability to work.

KEYWORDS : *Egyptian Countryside, Sewerage, Pure Water, Health Conditions.*

INTRODUCTION :

Egyptian rural societies are characterized by severe deterioration in economic, social and

health aspects which results on the inability to cover the expenses of food (Fatima Shafiqet al., 2014), education, clothes and treatment. Deterioration of health state leads to the spread of endemic diseases which leads to death of many peasants and the inability of others besides lack of hospitals and rise of prices of medicine (Soheir Mokhtaret al., 2015). In addition to the mentioned, there are social retardation and spread of bad traditions in the Egyptian villages (Nagwa El Agroudyet al., 2013).

RESEARCH PROBLEM

Study problem is represented in the deterioration of economic, health and social state of rural people in general and population in the villages under study in particular. Moreover, there is severe shortage in road networks, utilities and infrastructure necessary to cover basic requirements which affected the life of Egyptian peasant and his health.

RESEARCH OBJECTIVE:

This study aims at identifying the most important reasons for deterioration of living, health and social conditions of Egyptian peasant in the sample of study in order to reach recommendations that assist in improving these conditions. To achieve study objective and identifying environmental and living conditions in Egyptian countryside, questionnaires of random sample of six villages in three Egyptian Governorates are collected.

SELECTION OF STUDY SAMPLE:

Random sample of 150 peasants was selected from three Governorates, i.e. Beheira (Two Villages of Shisht and Kafr Askar in Etay El Baroud center), Kafr El Sheikh (Two Villages of Kelleen El-Balad and Kafr Abo-Naaem in Kelleen center) and Sharkeya Governorate (Two Villages of El-Salehia El Kadima & El Awady in Fakkous center) as 50 peasants for each village.

RESULTS

Study of Educational State of peasants in study sample indicates that about 10% of sample peasants are illiterate. About 50% of peasants can read and write and holders of intermediate degrees (Internal Project, NRC 2013). About 40% of peasants are holders of high degrees. For the most important cultivated crops, about 70% of sample peasants cultivate wheat and rest of sample cultivate corn, rice and other crops. About 73% of sample peasants work in the land themselves (Mohammed Hegazy lawyer 2012) and about 27% of peasants hire others (individuals in health state not in the sample). About 80% of sample peasants which are infected with schistosomiasis, Virus C, kidney diseases and other diseases are treated in hospitals indicated in Table (1).

Table 1: Spread diseases in individuals' sample.

Statement	Number of persons	%
Schistosoma	30	20
C virus	39	26
Kidney disease	23	15
Other	30	20
Healthy	28	19
Total	150	100

Source: Calculated from a sample survey questionnaires.

About 60% of sample peasants are treated in health insurance hospitals. About 20% of sample

peasants are treated in private hospitals and health units. About 20% of sample peasants are treated in private clinics as it is clear in Table (2). After we ask sample peasants about why they are not treated in health units, they affirm that these units are not qualified for treatment. Thus, able peasants go to private hospitals and clinics.

Table 2: Places where members of the sample were treated.

Statement	Number of persons	%
health insurance	90	60
Health Unit	15	10
Private hospitals	15	10
Private Clinics	30	20
Total	150	100

Source: Calculated from a sample survey questionnaires.

For lack of awareness and bad social inherited traditions, Table (3) indicates that about 40% swam in the canal, and about 60% retracted go down. About 50% did not tell their children about health risks of continuation of swimming in the canal.

Table 3: Go down to the canal for bathing.

Statement	Number of persons	%
Continuing to go down	60	40
Retracted go down	90	60
Total	150	100

Source: Calculated from a sample survey questionnaires.

For regularity in taking treatment of schistosomiasis medicine, Table (4) indicates that about 60% of sample peasants take medicine regularly while 40% of sample does not take medicine regularly.

Table 4: Attendance taking medication.

Statement	Number of persons	%
Attends	90	60
Does not attend	60	40
Total	150	100

Source: Calculated from a sample survey questionnaire.

About 90% of sample peasants affirm that there are health units in their villages while 10% affirm that they do not have health units in their villages (Table 5).

Table 5: Health units in the village.

Statement	The number of farmers	%
There are health units	135	90
There are no health units	15	10
Total	150	100

Source: Calculated from a sample survey questionnaire.

Table (6) indicates that about 60% of sample peasants find the service in health units are good while about 40% of sample find the service bad and they not justified because there are no specialists (Although there are many modern devices in units, they are not used because of fear of disorders as devices are on the custody of doctors and their prices shall be deducted from their salaries. Thus, these devices are not used although patients need to use these devices.

Table 6: The degree of satisfaction with government health services.

Statement	The number of farmers	%
Satisfied	90	60
Not satisfied	60	40
Total	150	100

Source: Calculated from a sample survey questionnaire.

Studying how suitable houses of sample peasants from health aspects are, it is found that about 90% of houses of sample peasants are recently built on agricultural lands which wasted agricultural lands. About 10% of houses of sample peasants are made of mud brick and straw. Table (7) indicates that they breed poultry in the houses. About 40% of them did not give poultry vaccination against bird flu which increases the percentage of infection. About 70% of them have livestock barn attached to their houses.

Table 7: Housing type.

Statement	The number of farmers	%
Buildings	135	90
Bricks of mud and straw	15	10
Total	150	100

Source: Calculated from a sample survey questionnaire.

We have asked sample peasants about sewerage in their houses, Table (8) indicates that about 84% of houses of sample peasants are not connected to sewerage networks. They discharge water through underground hole which is called as "Taransh" which results in overflow of water most of times that makes them vulnerable to spread of diseases. Moreover, cost of removal of this hole is expensive and results in health and financial problems.

Table 8: Discharge of sewage.

Statement	The number of farmers	%
Sewerage networks	24	16
Underground Hole	126	84
Total	150	100

Source: Calculated from a sample survey questionnaire.

After asking sample peasant whose houses are not connected to sewerage network, they reply that cars remove the holes "Taranshat" to throw them in canals and drains by about 26% and 74% respectively (Table 9).

Table 9: how to get rid of sewage.

Statement	The number of farmers	%
Canals	33	26
Drainage Canals	93	74
Total	126	100

Source: Calculated from a sample survey questionnaire.

From the abovementioned, it is clear that:

Many reasons lead to deterioration of living, health and social conditions of Egyptian peasant in study sample. One of the most important reasons is low income for individual for population of countryside of northern area in general. Average of monthly income for individual does not exceed from EGP 250 to EGP 500 which is not enough to cover basic needs of food, beverage, clothes, education, treatment and housing. Although about 50% of sample peasant can read and write and holders of intermediate degrees (CAPMS, 2014), they swam in the canal, they did not follow health instructions, they built on agricultural lands and they did not separate barns from houses. In addition, lack of pure water and sewerage networks makes them throw sewage in canals and drains which results in mixing the with pure water and irrigation water in many times as water tubes are on 6 meter depth and average share of individual of pure water is about 87.9m³ which results in diseases for plants, animal and humans. This might be the main reason for poisoning cases that appear in many villages such as in Sonsfot village, Monof center, Monofia Governorate in which about one thousand people were poisoned because of contaminated drinking water in 2012 and the rise of infection with kidney failure which reaches about 20% which is a high percentage especially in Egyptian Countryside.

Decrease in income of Egyptian peasant led to wasting agricultural lands (CAPMS, 2014) by 200 thousand peasants after drowning agricultural lands by 300 kinds of carcinogenic internationally banned pesticides and are available in Egyptian markets which resulted in infection of one million peasants with dangerous diseases in addition to spread of carcinogenic and toxic fruits and vegetables (Soheir Mokhtaret al., 2015) although Ministry of Agriculture has decided to ban trade of more than 160 internationally banned pesticides.

As for service buildings in village whether educational, administrative, health, commercial or others, they did not fulfill their objectives for several reasons such as absence of administrative control, inexperience of personnel, lack of maintenance which led to deterioration of performance level. In addition, all projects for providing and developing services were built on agricultural lands. Governmental Authorities were the model to apply in wasting agricultural lands in order to provide general services for the village (Fatima Shafiqet al., 2014).

Study declares that Egyptian peasant confronts difficult living conditions which led to resorting of many peasants to travel to Arab countries to work even in the difficult conditions some of these countries confront (Mohammed Hegazy lawyer, 2012). Some peasants resort to internal immigration or wasting their agricultural lands. In order to improve these bad living conditions, study recommends of the necessity of activation of the role of health guidance to spread awareness of risks of bad health and social traditions such as swimming in the canal, washing dishes and animals in canal, urination and defecation in the canal and water, working in the fields without wearing boots, especially rice fields which is the main reason for infection of endemic diseases which led to financial deterioration and inability to work as worker or using workers as an owner.

- Expansion of Health Insurance to include all Egyptian Nation.
- Providing modern treatment for schistosomiasis and observance of all cases.
- Improving living conditions of peasants (food, beverage and housing)
- Extension of Sewerage Networks for all over the Republic.
- Working on connecting pure water for all houses in the countryside and random areas.
- Providing high quality different health services for all Egyptians especially in the Egyptian Countryside.
- Preventing carcinogenic internationally banned pesticides which resulted in infection of one million peasants with dangerous diseases although Ministry of Agriculture has decided to ban trade of more than 160 internationally banned pesticides.
- Organic farming and using natural methods to resist pests with using alternative substances.
- Country's support to establish ideal villages, generalizing and encouraging them effectively with providing environmental awareness.

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