

Development of Swachh Bharath Abhiyan : A Sociological Perspective (With special reference to Gram panchayats of Dharwad district)

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ABSTRACT

Swachh Bharat Mission was propelled by our Hon. Prime Minister, Shri Narendra Modi on October 2, 2014 with Mahatma Gandhi as the motivation, to build a clean India of his dream by 2019, on his 150th birth anniversary. The basic objective is to create sanitation amenities for all and abolish completely the unhealthy practice of open excretion. One of the recent scheme has implemented i.e Swachh Bharat Abhiyan. Our study henceforth highlights the key main issues which may act as a hindrance to the progress of this Scheme in rural parts of India. The objectives of the study include (i) To understand the personal, family and community hygiene (ii) To assess the extent of use of sanitary toilets by the individual at household level. (iii) The present status of sanitation and hygiene maintained in Anganavadi and schools. (iv) To assess the level of awareness of the individuals about sanitation, hygiene and Swachh Bharat Abhiyan. The present study is based on both primary and secondary data. The sample size for the study is 50 respondent from Channapur and Kusugal Gram panchayat, Hubli Taluk, Dharwad district of Karnataka state. Compared to the previous schemes, Present scheme i.e., Swachh Bharat Abhiyan has improved 83.43% in the terms of Door to door waste collection, 67.36 % in Source segregation, but yet to reach the target. Present study analyzed that the scheme is yet to reach their goal due to technical incomplete construction, improper maintenance of liquid and solid waste management, improper utilization of individual household toilets, Anganavadi and school toilets.

Keyword:- Rural Sanitation Program, Water supply and sanitation, Total sanitation campaign, Swachh Bharat Mission

INTRODUCTION

It is necessary to mention that India's 1.21 billion people live in large number of rural and urban habitations. According to 2011 Census, there are 7935 cities and towns and 6.4 lakh villages. About one-third population (31 per cent) lived in urban areas and three-fourth lived in rural areas. Rural and urban sanitation should be analysed differently due to diverse conditions prevailing in the rural and urban areas.

India has progressed and developed on many fronts over the decades since independence in 1947. According to 2011 Census overall literacy rate has also raised to 74 per cent compared to less than 20 per cent in 1951. India has the largest numbers of malnourished people in the world. Recent Studies analyze that malnourishment is not only the product of access to food but also access to safe drinking water and sanitation. Many water borne, feacal borne and air born diseases like diarrhoea, dysentery, typhoid are related to huge morbidity burden and loss of working days. Access to safe water and sanitation has been regarded as one of the most important social determinants of health. Water related illness constitutes one-third morbidities among adults and two-thirds among children.

According to 2011 Census of India 4,041 statutory towns (administrative units that have been defined by 'statute' as urban such as municipal corporations, notified town area committees, municipalities, cantonment boards, , town panchayats or nagar palikas) having 8 million households do not have proper toilets and defecate in the open. Weak sanitation has significant effect on health and untreated sewage from towns is the main root cause of water pollution in India.

In urban areas, another major problem related to health and cleanliness, is the management of solid waste (Sharholy et al., 2008). Hence, it has been another focus area of any public health program. It is most alarming, as the country is striving to become fully industrialised by the end of 2020 (Sharma and Shah, 2005; CPCB, 2000; Shekdar et al., 1992).

The study was conducted in kora and Kusugal panchayats, Hubli taluk, Dharwad district of karnataka state.

Rural Sanitation

Before Indian Independence, In 1857, a Royal Commission was appointed to examine and analyse the regulations affecting the sanitary conditions of the army along with other medical aspects. The huge number of deaths of British soldiers due to cholera, diarrhea etc., was mainly due to poor sanitation and there was a realization that the main enemy of the British soldier in India was not the Indians but the diseases due to poor sanitation. **The British government introduced the first Sanitation Bill in India in 1878**, which made the construction of toilets compulsory and also proposed the construction of public toilets

Table1:Genesis of Swachh Bharat Mission

Time line	Efforts of sanitation
1954	First Five-Year Plan of the Government of India Included The National Water Supply and Sanitation Program introduced in the health sector
1972	Accelerated Rural Water Supply Program (ARWSP), Designed to provide funds for —problem villages (tribal peoples, Scheduled Caste and ,backward classes)
1981	Beginning of the International Drinking Water and Sanitation Decade, Creation of the International Drinking Water Supply & Sanitation Program, Government of India made its first sanitation target
1986	Central Rural Sanitation Program (CRSP) launched. The focus of the CRSP was on
1991	National Technology Mission renamed the Rajiv Gandhi National Drinking Water Mission (RGNDWM)
1999	CRSP restructured, and TSC launched
2003	Nirmal Gram Puraskar (NGP) launched, Incentive scheme to encourage Panchayati Raj Institutions to become open defecation free
2005	Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA)
2012	TSC is renamed Nirmal Bharat Abhiyan (NBA) Target set for 100% coverage of sanitation in rural areas by 2020

2014	Swachh Bharat Abhiyan (SBA) replaced NBA, New target to make India 100% clean by 2019
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REVIEW OF LITERATURE

Mohapatra (2015) conducted a study and analysed that Even though Proper sanitation provisioning is a step towards a better hygienic and good environment but 63% of the respondents are unaware of the schemes related to health, Sanitation and Hygiene. It's a step taken by Government of India, if not new, is definitely a step to create awareness and encourage people's participation towards achievement of goals of total sanitation for all schemes.

Evne (2014) analysed the objective of Swachh Bharat Abhiyan. The study mainly focused on impact and effect of Swachh Bharat Mission on Dalit Community in India. The study reveals that Proper Monitoring and Evaluation was not done by Implementation authority as per Operational Guidelines of Swachh Bharath Abhiyan. The study concluded that each and every citizen of the country should have awareness about poor sanitation and residents should be clean and have hygiene and think of progress rather than waiting for government to make this plan successful.

Badra and Sharma (2015) studied the implication of Swachh Bharat Campaign. The study analysed that Individual Household toilets was constructed built usage was only 28%. The study concluded that teamwork and patriotism are values which the government wishes to inculcate among students and citizens. The study also suggested the measures to increase participation and effectiveness of Swachh Bharat Abhiyan.

Thakkar (2015) studied the objective, merits and importance of Swachh Bharat Mission. The study also focused on impact and effects of Swachh Bharat Mission on health, economic and education sectors. The study concluded that the mission of Clean India or Green India is an appreciable step of Government.

Jain and Ruhela (2016) stated in their study, a sense of responsibility has been evoked among the people through the clean India Movement. Organizing frequent cleanliness campaigns to spreading awareness about hygiene through plays and music is also being widely carried out across the nation. Millions of people across the country have been day after day joining the cleanliness initiatives of the government department, NGOs and local

community centres to make India clean.

Singh (2018) analyzed in the article on Impact of Swachh Bharat Abhiyan. It has really a great impact on Indian society. A series of awareness campaigns by the district administration, state govt., and central govt. made the people conscious about the hazards of pollution. People are taking an initiative to clean their village, society, colony, city, railway platforms, etc.

OBJECTIVES OF THE STUDY:-

1. To understand the personal, family and community hygiene
2. To assess the extent of use of sanitary toilets by the individual at household level.
3. The present status of sanitation and hygiene maintained in Anganavadi and schools.
4. To assess the level of awareness of the individuals about sanitation, hygiene and Swachh Bharat Abhiyan

METHODOLOGY

The present study is based on both primary and secondary data. The primary data is collected from the Channapura and Kusugal Gram panchayats of Hubli Taluk, Dharwad district of state Karnataka. with the following objectives (i) To understand the personal, family and community hygiene (ii) To assess the extent of use of sanitary toilets by the individual at household level. (iii) The present status of sanitation and hygiene maintained in Anganavadi and schools. (iv) To assess the level of awareness of the individuals about sanitation, hygiene and Swachh Bharat Abhiyan. A simple random sampling technique is adopted in the present paper to select the sample respondents. The research methodology followed in this research was descriptive research. The source of data is the primary research done by conducting survey of the targeted individuals. Questionary method and Interview method was used in the present study. The targeted sample size was 50 respondents, 25 respondents from Channapura Gram Panchayat and 25 respondents from Kusugal Gram panchayat. The study is irrespective of caste and class.

FINDINGS

Study area and sample respondents: Using the 2011 Census data, two rural areas were randomly selected from district Dharwad, Karnataka. One adult respondent from each household

was randomly selected for the study. A sample size of 50 households was selected for the study, as presented in Table 1

Table 1 Sample coverage of villages in the Channapur and Kusugal Grampanchayats of Hubli taluk and district of Dharwad (*Taken from Census Data 2011;).

Gram panchayats	Total Household	Household visited	Number of respondents	
			Male	Female
Channapur	875	25	13	12
Kusugal	2757	25	12	13
Total	3632	50	25	25

Data analysis: The Statistical analysis was done by using *MS Excel* and *SPSS*. The statistical data was analyzed and represented by tables. The questionnaire was categorized in sections covering the background information of the respondents, as detailed in Table 2 , awareness of personal hygiene and environmental hygiene, illness episodes and practices.

Community participation, that depends on the awareness level of the community, play a vital role in the effective implementation of any ongoing program. The study shows that 63% of the total respondents were not aware about the national program “Swachh Bharat Abhiyan” and 55% were not aware about the importance of good sanitary conditions .

Percentage distribution of sample by background characteristics.

		Channapur		Kusugal	
		Male	Female	Male	Female
Literacy rate	Illiterates	37%	39%	31%	39%
	Literates	63%	61%	69%	61%
	Total	100	100	100	100
Occupation	Agri. cultivators	68%	57%	64%	48%
	Labourers	29%	39%	33%	49%

	Service	2%	1%	1%	1%
	Others	1%	3%	2%	2%
	Total	100	100	100	100

Usage of Toilets:- The study analyzes that in Channapur Grampanchayat even though there is 91% of toilets are constructed, only 43% of it is used by people. In Kusugal Grampanchayat, 58% of toilets are used out of 97%(Constructed). In Both the grampanchayats, usage of toilets are not upto the mark to SBM . Though the household toilets have been constructed, usage of that toilets is less.

In Kusugal GP, usage of toilets is more compared to the Channapur GP due to the awareness of people on sanitation and hygiene through the information, education and communication(IEC). IEC activities includes wall writing, wall painting, interpersonal communication including electronic medias.

Percentage status of usage of household toilets

	Number of household	Number of household toilets constructed(%)	Usage of household toilets (%)
Channapur	875	91%	43%
Kusugal	2757	97%	58%

School sanitation:- School sanitation is very important component of Swachh Bharath Abhiyan, The study analyzes that 76% of the school toilets have been used out of 100% of constructed in the Channapur Grampanchayat and 89% of the school toilets of Kusugal Grampanchayat have been used out of 100% of constructed. According to the Swachh Bharat Abhiyan Guidelines, Both the Grampanchayats have reached their target in construction of school toilets, Usage of that toilets and hygiene practices is not just a problem but a challenge to face. It is big challenge because of lack of maintenance by the school management. The school management are less awared of the sanitation.

School sanitation

	Number of schools	Number of toilets constructed(%)	Usage of toilets and hygiene practices(%)
Channapur	07	100%	76%

Kusugal	08	100%	89%
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Personal hygiene practices: When the hand washing practices by soap were assessed, it was found that 18% of the Channapur and 36% of Kusugal people wash their hands after defecation and only 21% of the Channapur and 34% of Kusugal respondents wash their hands before cooking. 25% and 39% of Channapur and Kusugal people wash their hands before having their meals. This study also revealed about the unhygienic practices of the respondents as 48% of Channapur and 57% of Kusugal people wash their hands after disposing the excreta.

According to the Swachh Bharat Abhiyan , Both the panchayats had not maintained the proper hand washing. But if we analyze the study paper, Kusugal has more maintainance of hand washing than the Channapur Grampanchayat. This is due to awareness of people and the area is adjacent to the Hubli Taluk.

Percentage distribution of samples by handwashing practices by soap; hand washing (HWS).

	HWS after defecation(%)	HWS before cooking(%)	HWS before having meal(%)	HWS after handling wastage(%)
Channapur	18%	21%	25%	48%
Kusugal	36%	34%	39%	57%

Anganavadi Sanitation:-Swachh Bharat Abhiyan Guidelines instruct that the baby friendly toilets should be maintained in Anganavadi for children below 4 years of age. The baby friendly toilets should include dolls, pictures and the toilets should be constructed small and attractive. This baby friendly toilets aim to change the children mindset towards sanitation and hygiene practices. From this, the children would be awared and follow the hygiene practices.

But in the existing system, the baby friendly toilets are not constructed and the toilets are not maintained properly. Due to this, the percentage of usage of the toilets have been decreased in the Anganavadi.

The Table below shows that only 16% of the children are using the toilets of 100% of constructed in the Channapur Grampanchayat. In Kusugal Grampanchayat, 100% of the toilets

have been constructed and 26% of the toilets have been used by the children. The Baby friendly Toilets are absent in both the Grampanchayats.

Anganavadi Sanitation

	Number of Anganavadi	Number of toilets constructed (%)	Usage of toilets and hygiene practices (%)
Channapur	05	100%	16%
Kusugal	09	100%	26%

Environmental hygiene and sanitation facilities: When the home cleaning practices on a daily basis were assessed, it was found that 49.5% of the total people do not clean their walls and 12.7% of the respondents do not clean their floors. Kitchen cleaning was done by only 25% of the respondents.

The study results shows that sanitation problems were not just due to the lack of facilities or funding, but also due to the behavior pattern of the individual towards the hygienic practices. The overall study revealed that 83% of the respondents were disposing their garbage in open fields, 13% were disposing garbage on the street a band only, 4% were properly disposed garbage by throwing it into the dustbins. A combination of factors that trap them into these practices which include cultural beliefs, lack of awareness, misconceptions among the respondents about the costs involved and the indifferent attitude of the local authorities/ government towards implementation of the program hands visibly dirty (observation). It was observed that among all respondents, 54% were defecating in toilets and 46% were defecating in open. Hence, they had a regular tendency towards open defecation. Those respondents who were using toilets, 67% of them were using the pit latrine system without slab while 27% were using pit latrines with slab and only 6% were using proper flush system latrines. 71% of the respondents were disposing their used or waste water in open drainage which is located just outside their premises,

CONCLUSION

All the respondents of the study areas stated the lack of awareness as one of the leading causes for not practicing the key hygienic behavior. For effective implementation of Swachh Bharat Abhiyan, it is important to bring out the immediate need of awareness in the community and

actively community participation in this campaign. One of the results of this paper highlighted the need to provide basic sanitation or toilets with proper sewage connectivity so as to reduce the tendency of respondents for open defecation. This would also ensure hygienic separation of excreta from human contact which means faeces must be confined until they are composted and safe.

The study also highlights the need of medical facilities which will further help to reduce the burden of morbidity and mortality of sanitation related diseases from these areas. The Grampanchayats have developed some innovative strategies for sustainable development of the sanitation and hygiene practices.

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