

Sanitation facilities and hygiene practices in rural India: critical analysis of Swachh Bharat mission

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Abstract

Background: Swachh Bharat Mission (SBM) is the India's largest ever cleanliness drive with the main objective to reduce or eliminate open defecation through construction of individual, cluster and community toilets.

Objectives: To critically analyse Swachh Bharat Mission implementation in the rural India.

Methodology: Descriptive study research design has been used for this study and it is a fact finding investigation with the interpretation. The present study was conducted in Kovilpathu village in Thiruvudacherry Panchayath of Thiruvarur district, Tamil Nadu, India. The researcher adopted random sampling method to conduct the study. The researcher collected the information from 60 households.

Result: All the respondents 100% (60) had agreed that, they have the knowledge on SBM. 83.3% (50) of the respondent has recognized the behavioral changes occurred after implementing SBM while 16.7% (10) reported no changes, after implementing on SBM. Regarding the practice of open defecation, (8) 13.4% of the respondents are always practicing, (27) 45% sometimes, (3) 5% rarely, and (22) 36.6% never practice. **Conclusion:** The researchers found that, the overall implementation of SBM have the positive impact on sanitation and hygienic practices in the rural India.

Keywords: Sanitation, Hygiene, Rural India and Swachh Bharat Mission (SBM)

1. Introduction

Swachh Bharat Mission (SBM) was launched by Hon. Prime Minister of India, Shri Narendra Modi on October 2, 2014, with Mahatma Gandhi as the inspiration, to create a clean India of his dream by 2019, on his 150th birth anniversary. Swachh Bharat Abhiyan is also called as the Clean India Mission or Clean India drive or Swachh Bharat Campaign. The mission is covering both urban as well as rural areas of the nation. Ministry of Urban Development is the implementing authority for the urban component and the Ministry of the Drinking Water and Sanitation is the implementing authority for the rural component of this programme.

Mahatma Gandhisaid "Sanitation is more important than independence". He made cleanliness and sanitation an integral part of Gandhi a way of living. His dream was total sanitation for all. He use to emphasize that cleanliness is most important for physical well- being and a healthy environment. Sanitation and safe drinking water in India has always been the central issue. The rural sanitation programme in India was introduced in 1954 as a part of first five year plan (1951-1956) of Government of India. The 1981 census revealed that rural sanitation coverage was only 1% (Census, 1981). The government has begun giving emphasis on rural sanitation after declaration of International Decade for Drinking water and Sanitation during 1981-90. In 2015, 40% population has access to improved sanitation, 63% in urban and 29% in rural area. In 2008, 88% of population in India had access to an improved water source but only 31% had access to improved sanitation.

In [1] rural areas where 72% of India's population lives, the respective share is 84% for water and 21% of sanitation. It is India's largest ever cleanliness drive. The objectives of SBM are to reduce or eliminate open defecation through construction of individual, cluster and community toilets. The concept of SBM is to provide sanitation facility to every family, including toilet, solid and liquid waste disposal system, village cleanliness and safe and adequate drinking water. Under the mission, nearly 10 crore toilets will be constructed by [2].

Swachh Bharat Abhiyan Gramin was implemented with the aim of making rural area in India to become open defecation free [3]. The first objective of the SBM (Gramin) is to improve the quality of life in the rural areas of the country, by promoting cleanliness, hygiene, and elimination of the open defecation. And the second objective is to accelerate the sanitation coverage in the rural areas to achieve the vision of the Swachh Bharat by 2nd October 2019. Since the implementation of this programme, 19 states declared as the open defecation free states, 433 open defecation free districts, 423126 open defecation free village and 82101509 households built toilet. Till October 2, 2014 only 38.70% households having toilet which has reached 90.48% till date [4-5].

2. Literature survey

Following are the review of the related studies.

In [6] has found out the need, objectives and impact of Swachh Bharat Mission on overall economic development of India. The study concluded that this campaign has a positive impact on overall growth of India. SNM is one of the critical links towards economic success of India. This mission cannot be successful without the support of each and every Indian. PM also asserted that Swachh Bharat Abhiyan should be a combined effort of government as well as people. SBM will financially benefit each and every citizen of India.

In [7] have examined that SBM involves the construction of bathrooms in public areas, promoting sanitation awareness in rural areas, cleaning streets, bringing behavioral changes to people, and converting India an ideal country before the world. Agreeing to this campaign nine people would first invited to the program and continue the chain likewise, this way there would be a huge chain of people who can involve in this campaign and make it a success. By the completion of the cleanliness program, it would indirectly draw the attention of business investors in India and also tourist's attraction would be more from all over the world. This would afford a more serious outcome economic growth of India. On that point are various brand ambassadors are nominated by the Prime Minister to this event to induce it a successful campaign. This mission facilitates the participation of private sectors towards cleanliness program.

In [8] made an attempt to document the stages of implementation of Swachh Bharat initiatives across states in India and also studied that the highlights the success cases of Swachh Bharat implementation in India and bringing out the important challenges in operationalization of the programme nationwide. The study also focused on Inter-ministerial collaboration, Inter-sectorial collaboration, and Components of Swachh Bharat Mission Urban for Implementation of Swachh Bharat in India.

In [9] has focused on financial assistance, Brand ambassadors, Swachh Survekshan -2016 – ranking of 73 cities and the Pledge for the Swachh Bharat Mission. The study emphasized on every citizen of the country should take it upon him / her to make this campaign a success rather than waiting and depending on the government to do. There is a hope that this can change the attitude of the people towards hygiene and be the change everyone wants to see by Swachh Bharat Mission.

3. Objectives of the study

The general objective of the study

1. To critically analyse Swachh Bharat Mission implementation in the rural India.
2. To study about the socio-demographic background of the household among the respondents;
3. To understand the people's knowledge on Swachh Bharat Mission; and
4. To assess the perception and practices related to sanitation, health, hygiene and cleanliness.

4. Research methodology

Descriptive study is the suitable research design for this study and it is a fact finding investigation with the interpretation. The researcher has adopted descriptive research design for the study. So, it will help to describe the impact and the effectiveness of the Swachh Bharat mission. In order to achieve the objectives, self-prepared interview schedule was used for the data collection. For analysing the data, the researcher had used IBM SPSS statistics 20, and MS Excel.

The present study was conducted in Kovilpathu village in Thiruvudachery panchayath of Thiruvarur district, Tamil Nadu, India. The researcher adopted random sampling method to conduct the study. The researcher collected the information from 60 households.

5. Data analysis and Interpretation

1. Demographic details of the respondents

The socio-demographic details of the respondents. *Gender*: The total male representation of the respondents is 86.7% (52) and female are 13.3% (8). *Community*: The respondents consist of 5% general category (OC), 13.3% are backward caste (BC), 13.3% are most backward caste (MBC), and 68.3% are scheduled caste (SC). *Family status*: 23 (38.3%) of the respondents are from Joint family and 37 (61.7%) are from the nuclear family. *Educational qualifications*: Most of the respondents are poor in terms of education and literate development. Education is the most important factor for integrated development of human beings the sample educational status at primary level is 32 (53.3%), SSLC 36.7% (22), college 6.7% (4) and post graduate 3.3% (2). *Occupation*: Occupation is one component of socio economic status; it reflects both income and educational attainment. 53.3% of the respondents are agricultural labourers, 36.7% are self-employed and 11.7% are salaried people.

2. Knowledge on SBM

The knowledge on the implementation of the SBM. Irrespective of gender, community, education and occupation, almost all the respondent has heard about the Swachh Bharat Mission of government of India. All the respondents 100% (60) had agreed that, they have the knowledge on SBM. 83.3% (50) of the respondent has recognized the behavioral changes occurred after implementing SBM while 16.7% (10) reported no changes, after implementing on SBM.

Regarding the knowledge on objectives of SBM among the respondents, (52) 86.7% respondents reported that, the main objective of this programme is to eradication of open defecation or construction of the toilet at home. (5) 8.3% reported that, the objective is solid waste management and (3) 5% reported, it is the eradication of the manual scavenging. (12) 21.7% of the respondent those are familiar with the programme came to know about its activities through the health workers. (25) 41.7% of the respondent got information about SBM from the society like peer groups, relatives and community people etc. (16) 26.7% of the respondent got from media and (6) 10% told they did not know about the programmed [10].

3. Toilet facilities and its usage

The respondents (60) (100%) are having the toilet facilities at home, but all the family members are not using toilet in the home. Only (52) 86.7% of the respondents are using toilets, whereas (8) 13.3% are going for open defecation. The data shows that, (53) 90% of the respondents are regularly cleaning the toilet and (6) 10% are not cleaning regularly. (43) 71.7% of the respondents having the knowledge about the consequences of open defecation. But (17) 28.3% of the respondent, don't had knowledge.

It was found that (25) 41.7% of the respondents constructed the toilet during the construction of house, (2) 3.3% constructed toilet before implementation of SBM and (33) 55% constructed after implementation of SBM. (8) 13.4% of the respondent got interest to build the toilet from media, (38) 63.3% from Government officials, (1) 1.7% from neighbors and (13) 21.7% from their family members. Regarding the practice of open defecation, (8) 13.4% of the respondents are always practicing, (27) 45% sometimes, (3) 5% rarely, and (22) 36.6% never practice. To the question of discouraging factors of toilet usage, (25) 41.6% of the respondents told, they don't have the habit, (4) 6.7% are not using toilet because of lack of water supply, (2) 3.3% quoted long distance, and (29) 48.3% had no discouraging factors.

4. Waste water management

The (6) 10% of the respondents are having the soak pit tank in their home for waste water management, remaining 90% does not possess. Hence, (29) 48.3% of the respondents throw the waste water outside, (16) 26.71% use the waste water for garden, (6) 10% serve it to animals, (2) 3.4% sends to village drain and (7) 11.7% sends to river or pond.

(29) 48.3% of the respondents get water for domestic uses from pipe water, (3) 5% from well, (27) 45% from bore well, and (1) 1.7% from other sources. Boiling the water for drinking purpose would be better. It was found that (30)50% of the respondents boils the water before drinking, (4) 6.7% uses water purifier, (2) 3.3% adds bleach/chlorine to the water, and a sizeable number of the respondents (24)(40%) don't follow any method to make drinkable water. They drink water without any purification process. To the query of disposing solid waste, (25) 41.7% of the respondents disposes solid waste by burning, (30) 50% uses municipal dustbin, and (5) 8.4% throw the solid waste to road side [11].

6. Discussion and Conclusion

India is the capital of open defecation; approximately 59% of the people defecate in open places. The 2011 census showed that 46.9% household has toilets and 3.2% use public toilets; remaining 49.8% of people are defecating in the open (BBC News, 2012). Open Defecation poses a serious public health threat to children and is one of the biggest obstacles to India meeting the Millennium Development Goals (MDGs). According to the World Health Organization 2004 report shows merely 2.2 million deaths have occurred due to the infectious diarrhea. It can also lead to malnutrition and underdeveloped growth among the women and children. Open defecation can lead to water pollution and affecting ground surface water.

The fecal pathogens are transmitted to water and it leads to water borne diseases. Open defecation is one of the important causes of diarrheal death. Nearly 2,000 children under the age of five die every day, one every 40 seconds, from diarrhea. Due to open defecation - lack of sanitation and hygiene is the major factor in causing various diseases, are particularly Diarrhea and Intestinal worm Infections, Typhoid, Cholera, Hepatitis, Polio, Trachoma and others. After the implementation of SBM, the knowledge on cleanliness for the sample is 100%. The behavioral changes are 83.3%. Use of toilet has increased from 3.3% to 55%. Open defecation has gone down to 8% from 86.7%. 50% of the people drink water after boiling. Information is power. Knowledgeable society is a better society. This study also shows that 41.7% information about SBM is obtained through the society. Overall, this piece of research finds success of SBM.

7. Ethical considerations

Research will promote the pursuit of knowledge and truth. The researchers had ensured the safety of human subjects in the research and made sure that the human rights are not violated. The researchers had ensured that samples are participating with their own free will and informed about the procedure of research, the right of the participants, and nature and duration of the study. The researchers ensured the confidentiality of the respondent's and kept the collected data confidentially.

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