

# ASSESSING SWACH BHARAT MISSION- CLEAN INDIA ABHIYAAN ON HYGIENE AND SANITATION USING CONVENTIONAL & MODERN TECHNOLOGY

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## Abstract

Swach Bharat mission is one of the prime missions of Government of India and has been a source of appreciation for the government all over the world. Government has proposed and promoted the mission to a large extent but the reality is far behind as the implementation is lacking at various front. Basic objective of this study was to find out the level of implementation of the swach bharat mission and its impact on hygiene and sanitation. The research focuses on understating the level of implementation of the schemes on ground level and find out the bottlenecks. Primary Data collected was collected from compiled and tabulated. Analysis of the responses gathered from the respondents led towards findings of the study. Proper sanitation facilities are not available to the people. Majority of the population even lack the basic knowledge of the sanitation facility where as hygiene practices are concerned people are deprived of basic hygiene facility i.e. safe drinking water. Also the facility of safe disposal of solid waste is missing which needs to be provided to the society. Through this research Government can identify the bottlenecks prevailing in the Swach Bharat mission and can take further corrective actions using innovative technology. There is an urgent need to conduct the educational programme regarding the health aspects of Swach Bharat mission to the public to prevent the health-related issues and to make them aware about various aspects of the mission.

**Keywords**-Swach Bharat mission, Sanitation, Hygiene, Technology.

## Introduction:

It is been said that by Mahatma Gandhi that, "Sanitation is more important than independence." Swach Bharat Abhiyan initiated by Mahatma Gandhi was a very great step towards a proud nation. It is truly said that in being human and 'adimanav', the most vital factor is 'what are the standards of living?'

Our honorable PM Narendra Modi took the initiative in 2014 to make India a clean and healthy nation. Living in a nation of 1.31 crore population, health and hygiene are the most important part of one's living[3]. It is a mission to accomplish a movement so that the basic sanitation facility is available at each doorstep. While investing a huge amount of fund the sanitation ratio gradually increased in these 5 years. Different strategies and schemes under swach bharat abhiyan were introduced and implemented at its best.

The need for maintaining the right cleanliness sanitation and hygiene in any country/community is very essential. While taking on cleanliness, Mahatma Gandhiji stressed that that a clean body cannot reside in an unclean city. It is perhaps the most basic step for preventing the diseases. According to a study by WHO, lack of cleanliness leads to an annual loss of over Rs. 6500 every year to each Indian. Unhygienic surroundings are the main reasons behind several diseases that are prevalent in the country.

An UN report indicated that currently, nearly 60 per cent of India's population practice open defecation which puts them at risk of diseases like cholera, diarrhoea, typhoid, tapeworm and other enteric diseases. The water of river Ganga is also unsafe for bathing because it contains faecal coli form bacteria in large amounts (120 times higher than permitted). World Bank report (2006) indicated that, India losses 6.4% GDP annually because of poor hygiene and sanitation. It is, therefore, imperative to have sanitation and hygiene intact both at personal and community level to improve health of masses using better technology.

## Material and Method:

For the purpose of this study Gwalior district of Madhya Pradesh is taken. A sample size of total 200 is selected comprising of 50 male, 50 female, 50 children not above age 11 and below 5 and 50 respondents of age 60 and above were selected for this study.

## Result and Discussion:

**Table 1:** Literacy level of the respondents

Literacy level	Male Respondents	Female Respondents	Small Children	Respondents above 60 years	Total
10 <sup>th</sup> Class	-	-	50	1	51
12 <sup>th</sup> Class	5	3	-	3	11
Bachelor degree	26	23	-	30	79
PG degree	6	15	-	12	33

Professional Exposure	13	9	-	4	26
Total	50	50	50	50	200

\*The values in above figure represent the actual number of respondents.

The above table no. 1 indicates the education level of the respondent taken for the study. A mixed frame of the respondents ranging from high school level to professional level has been taken for the study. It is important for this study that the respondents are literate and understand the concept of Swachh Bharat Mission. Out of the total 200 respondents 25.5% have completed their high school, 39.5% are graduate, 16.7% are post graduate, 5.5% have completed their inter and 12.8% have the highest education level i.e. professional exposure.

Sanitation and hygiene is critical to health, survival, and development. Throughout the world, an estimated 2.5 billion people lack basic sanitation (more than 35% of the world's population)[2]. The below table no. 2 describes about type of sanitation facility available in the area. Based on data analysed it can be concluded that people are not even aware about the various type of sanitation prevailing in the society thus government needs to educate them about them through various campaigns and also provide them with the required sanitation facility.

**Table 2:** Type of sanitation facility available

Type of sanitation	Male		Female		Children		Senior citizen		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Dry sanitation	50.0	50.0	20.0	80.0	-	10.0	20.0	80.0	22.5	77.5
Ecological sanitation	-	10.0	-	10.0	-	10.0	10.0	90.0	2.5	97.5
Environmental Sanitation	40.0	60.0	60.0	40.0	20.0	80.0	40.0	60.0	40.0	60.0
On Site sanitation	-	10.0	-	10.0	-	10.0	40.0	60.0	10.0	90.0
Improved sanitation	30.0	70.0	20.0	80.0	-	10.0	-	10.0	7.5	92.5
Solid waste	50.0	50.0	20.0	80.0	-	10.0	20.0	80.0	22.5	77.5
Food sanitation	-	10.0	-	10.0	-	10.0	30.0	70.0	2.5	97.5
Community sanitation	50.0	50.0	40.0	60.0	10.0	90.0	40.0	60.0	40.0	60.0

n	-	10.0	-	10.0	-	10.0	40.0	60.0	10.0	90.0
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\*The values in above table represent the percentage of total respondents.

**Table 3:** Hygiene practices followed

Hygiene practices	Male		Female		Children		Senior citizen		Total	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Personal Hygiene	80.0	20.0	10.0	-	-	10.0	10.0	-	70.0	30.0
Safe drinking water	25.0	75.0	20.0	80.0	-	10.0	90.0	10.0	33.7	66.3
Safe disposal of human excreta	30.0	70.0	40.0	60.0	90.0	10.0	10.0	-	65.0	35.0
Safe disposal of solid waste	5.0	95.0	3.0	97.0	-	10.0	10.0	-	27.0	73.0
Safe disposal of liquid waste	50.0	50.0	10.0	90.0	20.0	80.0	90.0	10.0	42.5	57.5
Prevention from diseases	90.0	10.0	80.0	20.0	75.0	25.0	10.0	-	86.3	13.7
Sanitation in the community	55.0	45.0	70.0	30.0	-	10.0	85.0	15.0	52.5	47.5
Laundry hygiene	60.0	40.0	80.0	20.0	10.0	90.0	10.0	-	62.5	37.5

\*The values in above table represent the percentage of total respondents.

The above table represents the various type of hygiene practices followed in the region by the respondents. There are four basic hygiene which includes Self clean, Clean drinking water, Clean Surrounding and Clean toilets but hygiene also includes safe disposal of waste (liquid & solid), laundry hygiene and prevention from diseases. Out of all, only the availability of Safe drinking water and disposal of solid waste are the matter of prime concern as only 33.7% of total respondents have agreed to have safe drinking water

rest 66.3% still do not have the facility. 73% of the total respondents are of view that disposal of solid waste is a big problem and needs to be solved.

**Table 4:** Factors that can make the clean India mission a success

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	.915	.072		12.631	.000
Cleanliness Begins From Home	.048	.009	.416	5.477	.000
Public Finance	.032	.008	.295	3.958	.000
The Urban Challenge	.025	.007	.257	3.736	.000
Political Push	-.033	.012	-.398	-2.819	.005
The Social Buzz	.092	.012	1.113	7.756	.000
People's participation	.031	.010	.395	3.155	.002
The I-Factor	.057	.012	.616	4.612	.000
Partnerships	.027	.008	.290	3.368	.001
a. Dependent Variable: Successful implementation of Swachh Bharat mission					

The above table explain the level of influence of various factors on the Successful implementation of Swachh Bharat mission. Cleanliness Begins From Home, The Social Buzz, The Urban Challenge, The I-Factor, Public Finance, Partnerships have a positive impact on effective implementation of swachh Bharat mission, where as Political Push has a negative impact.

## Conclusion

Swachh Bharat mission is one of the prime missions of Government of India and has been a source of appreciation for the government all over the world. Government has proposed and promoted the mission to a large extent but the reality is far behind as the implementation is lacking at various front. Thus the problems need to be identified and solution of the same should be provided for better implementation and success of swachh Bharat mission. Swachh Bharat Abhiyan is a transparent path to increase public health and sensitize the nation. Also, action is more supreme than words therefore one should implement the strategies to serve this movement using modern technology. Independence is merely important in front of health problem and hygiene.

The study on Implementation of Swachh Bharat Abhiyan Project was conducted to assess the impact of the programme on community along with evaluate the skill of functionaries. The finding suggests that community members were inclined towards the cleanliness programme as desired & maintain continuity of activities conducted by AFI. The perception of the community particularly the women regarding the public health and hygiene issues is an

important influencing factor in conditioning the practice of hygiene in the community. Yet, despite all the struggles and problems that beset the health system, the innovative approach of making the community aware on health and hygiene is a creditable option to address fundamental needs of people in the state. However, sustainability of this experiment will largely depend upon reinventing the programme and the process to serve the hygiene education needs in the existing socio psychological times and the use of technology. One of the most difficult aspect of community level programmes is ensuring sufficient penetration and reach across a community to attain population-level impact. Thus, although the specific programme component may be effective, but the low level of involvement at individual level behavior change programme limits the community wide impact.

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