

# ASSESSING KNOWLEDGE AND PRACTICES OF THE CENTRAL GOVERNMENT SCHEME SWACHH BHARAT ABHIYAN-GRAMIN AMONG RURAL RESIDENTS IN SRI MUKTSAR SAHIB DISTRICT, PUNJAB, INDIA

Ila Sharma\*

## ABSTRACT

*In order to accelerate the ongoing endeavours towards attaining comprehensive sanitation coverage and to bring heightened attention to the critical issue of sanitation, the esteemed Prime Minister of India unveiled the Swachh Bharat Mission on the historic day of October 2nd, 2014.*

*This visionary campaign was launched with the primary objective of tackling the prevailing sanitation challenges across the nation and fostering a cleaner and healthier environment for the well-being of all our citizens. The mission encompassed two sub-missions: the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban). Its primary objective was to achieve a Swachh Bharat (Clean India) by 2019, as a befitting tribute to Mahatma Gandhi on his 150th Birth Anniversary. This initiative marked India's largest-ever cleanliness drive, witnessing the active participation of three million government employees, school students, and college students from across the nation. This study is conducted to assess knowledge, perception and practices regarding Swachh Bharat Abhiyan among rural people. A cross-sectional study was undertaken to evaluate the knowledge, perception, and practices concerning the Swachh Bharat Abhiyan among 100 individuals residing in rural areas of Sri Muktsar Sahib District, Punjab. Subsequently, data was collected and analyzed employing SPSS software to reach the findings.*

**Keywords:** Sanitation, Swachh Bharat Mission, Individual Household Latrine, Solid Liquid waste, Knowledge and Practices etc.

The Government of India introduced the Central Rural Sanitation Programme (CRSP) in 1986, with the primary goal of enhancing the quality of life for rural communities and ensuring privacy and dignity for women. Subsequently, starting from 1999, a “demand-driven” approach was adopted under the “Total Sanitation Campaign” (TSC). This approach placed greater emphasis on Information, Education, and Communication (IEC), as well as Human Resource Development (HRD) and Capacity Development activities. The aim was to raise awareness among rural populations and generate demand for sanitary facilities. In an effort to promote the construction and utilization of individual household latrines (IHHL), the government of India implemented a system of financial incentives for Below Poverty Line (BPL)

households. These incentives were designed to support and encourage the construction of IHHLs, thereby improving sanitation facilities and practices within these households.

Further, Nirmal Bharat Abhiyan which succeeded the Total Sanitation campaign was launched on April 1, 2012, with the aim of achieving a clean and hygienic environment. The program focused on improving sanitation facilities and practices in rural areas, particularly for disadvantaged communities.

Under the Nirmal Bharat Abhiyan (NBA), the incentives provided for the construction of individual household latrines (IHHLs) were increased, and efforts were made to enhance support through the Mahatma Gandhi National Rural Employment Guarantee Act (MNREGA). However, challenges

---

\* Research Scholar, Punjab University, Chandigarh.

arose during the implementation process due to difficulties in effectively integrating NBA with MNREGA. Delays in implementation occurred as the funding from different sources caused complications in the implementation mechanism.

With the aim of accelerating efforts towards achieving universal sanitation coverage and prioritizing sanitation, the Prime Minister of India launched the Swachh Bharat Mission on October 2nd, 2014. The Government of India has undertaken a historic initiative to achieve the objective of national-level “cleanliness” by working at the grassroots level, marking the first such effort since independence. The implementation of the Swachh Bharat Mission is estimated to cost Rs. 62,009 crore. This substantial investment underscores the government’s commitment to creating a clean and hygienic environment throughout the nation. The responsibility of coordinating the mission was entrusted to the Secretary of the Ministry of Drinking Water and Sanitation (MDWS). The mission consisted of two sub-missions: the Swachh Bharat Mission (Gramin) and the Swachh Bharat Mission (Urban). The objective was to achieve a Swachh Bharat (Clean India) by 2019, as a befitting tribute to Mahatma Gandhi on his 150th Birth Anniversary.

In rural areas, the focus of the mission was on improving cleanliness levels through effective Solid and Liquid Waste Management activities, along with making Gram Panchayats Open Defecation Free (ODF), clean, and sanitized. To overcome obstacles in progress, including the partial funding for Individual Household Latrines from MNREGS, the mission aimed to address critical issues impacting outcomes.

The Swachh Bharat Mission (Gramin) has several key objectives which are as follows:

1. Universal Sanitation Coverage: The mission aims to achieve universal sanitation coverage by providing access to safe and hygienic toilets for all rural households.
2. Open Defecation Free (ODF) Communities: The mission strives to make all rural areas Open Defecation Free by promoting behavioral change and ensuring the construction and usage of toilets.
3. Solid and Liquid Waste Management: It focuses on improving solid and liquid waste management practices in rural areas to ensure cleanliness and environmental sustainability.
4. Behavioural Change: The mission aims to bring about a shift in attitudes and behaviours towards cleanliness and hygiene, promoting the adoption of good sanitation practices.
5. Capacity Building: It focuses on building the capacity of local institutions, stakeholders, and communities to effectively plan, implement, and sustain sanitation initiatives.
6. Swachh Bharat Mission Grameen (SBM-G) Monitoring: The mission includes robust monitoring mechanisms to track progress, assess outcomes, and ensure transparency and accountability in the implementation of the program. Overall, the objectives of Swachh Bharat Mission (Gramin) are centred around improving sanitation infrastructure, promoting behavioural change, and creating a clean and hygienic rural environment in India.

### Study Area

The study was conducted in rural areas of Sri Muktsar Sahib, district, Punjab. There are four blocks in the district namely Sri Muktsar Sahib, Malout, Lambi and Kot Bhai at Gidderbaha. Further, one village in each district was chosen for this study resulting into a total of four villages of Sri Muktsar Sahib district, Punjab.

### Type of study

The study design employed was a cross-sectional study.

### Study tool

A structured questionnaire.

### Study method

Face to face interview

### Sample size (n): 100

### Sampling method

Out of the total 4 blocks of Sri Muktsar Sahib district, 4 villages (1 village each district) were selected for the study by simple random sampling

method. Further, a total of 20 respondents each village were selected on a simple random sampling method. This approach helped to ensure a diverse and representative sample for the study. Data entered in Microsoft Excel and analysed using SPSS version 22.

### **Inclusion and Exclusion Criteria of Subjects**

The inclusion criteria for the study comprised individuals aged 18 years and above, including both males and females. The exclusion criteria for the study included individuals below 18 years of age and above 80 years of age. Additionally, ill and moribund patients were excluded from the study. Individuals who were not willing to participate in the study were also excluded.

### **1.0 Distribution of Respondents according to the Demographic variable:**

The distribution of study subjects according to demographic variables provides insights into the characteristics of the sample. Some notable findings include a higher representation of males (56%) compared to females (44%) and a predominant presence of Sikhs (73%) in the sample. The distribution of study subjects across age groups shows a relatively even distribution, with the highest percentage in the 18-30 age group (25%). The literacy status of the sample indicates that the majority (63%) of study subjects are literate. In terms of occupation, private jobholders (28%) and laborers (23%) are the two largest groups.

**Table 1**

	Frequency (percentage)
<b>Age in Years</b>	
18-30	25
30-40	19
40-50	12
50-60	18
60-70	14
70-80	12
<b>Sex</b>	
Male	56
Female	44

### **2.0 Distribution of Respondents according to the practice of defecation, hand washing, solid waste disposal and burning of plastic waste (n=100).**

This study focuses on analysing the sanitation practices and waste disposal habits among the study respondents. The key indicators examined by the researcher include the preference for open defecation, usage of soap and water after defecation, availability of toilets in households, safe disposal of solid and liquid waste, and burning of plastic waste. Understanding these practices provides insights into the hygiene behaviours and environmental consciousness of the respondents. Present study found that out of total 100 respondents, 26 % practiced defecation in the open while the majority of the respondents denied the open defecation practice. Majority of the respondents i.e. 69 % out of total sample size stated that they are using soap/ hand wash and water after practicing defecation, though a significant proportion of population engage in unhygienic practices and 85 % households are having toilet facilities available within their house premises. Although the percentage of respondents who are using safe methods of disposal of solid liquid wastage was on the lower side i.e. 38 % and the researcher analysed that the majority of the respondents 62% were disposing of their solid and liquid waste from the households in public places/ streets etc. Also, the majority of the respondents are practicing the burning of plastic wastage leading to environment pollution.

**Table 2**

<b>Frequency (percentage)</b>	
No. of Respondents preferring open defecation	26
No. of Respondents using soap and water after defecation	73
Number of houses having toilets in the premises	69
Respondents disposing solid liquid wastage from households safely and not in public place	38
Respondents who burn their plastic waste	67

The study findings indicate a mixed picture regarding sanitation practices and waste disposal habits among the respondents. While the majority of respondents reported using proper handwashing

techniques and had access to toilet facilities, there are areas that require attention. The prevalence of open defecation, improper waste disposal, and the burning of plastic waste suggest the need for targeted interventions and awareness campaigns to promote improved sanitation practices and environmental sustainability.

### 3.0 Respondents Knowledge about Swachh Bharat Abhiyan

This section focuses on the knowledge and awareness of the respondents regarding the Swachh Bharat Abhiyan (SBM). It includes the frequency and percentage of respondents who have heard about SBM, their awareness of the objectives of SBM, and the sources of information from where they gathered the knowledge about SBM. Among the total 100 respondents, 39% reported that they have heard about SBM. The researcher analysed that remaining 61% of respondents indicated that they have not heard about SBM. Further, among those who have heard about SBM, only 22% of respondents reported being aware of the objectives of SBM. The majority, accounting for 78% of respondents, stated that they are not aware of the objectives of SBM. The researcher witnessed that television was the primary source of information about SBM, with 64% of respondents acquiring knowledge through this medium. Radio was reported as a source of information by 13% of respondents. Newspapers contributed to the knowledge of 5% of respondents. Peers (3%), local leaders (11%), and Anganwadi/Health workers (4%) were also mentioned as sources of information about SBM.

**Table 3**

Frequency (%)	
Heard about SBM	Yes – 39% No- 61 % Total- 100%
Awareness on the objectives of SBM	Yes- 22% No- 78%
Source of information Regarding SBM	Television- 64% Radio- 13% Newspapers- 5% Peers- 3% Local Leaders-11% Anganwadi/Health Workers- 4%

### Conclusion

In conclusion, the findings of the study provide valuable insights into the characteristics, sanitation practices, and knowledge of the respondents regarding Swachh Bharat Abhiyan (SBM).

Regarding sanitation practices, a significant proportion of respondents practiced open defecation (26%), although the majority denied engaging in this practice. Most respondents (69%) reported using soap or hand wash with water after defecation, indicating a positive hygiene behavior. Furthermore, a large percentage (85%) of households had toilet facilities available within their premises. However, the safe disposal of solid and liquid waste was found to be relatively low (38%), with a majority of respondents (62%) disposing of waste in public places. Additionally, a considerable number of respondents (67%) reported burning plastic waste, which contributes to environmental pollution. The study also assessed respondents' knowledge about Swachh Bharat Abhiyan (SBM). Only 39% of respondents reported being aware of SBM, and among those who were aware, only 22% knew about its objectives. Television was the primary source of information about SBM, followed by radio, newspapers, peers, local leaders, and Anganwadi/Health workers.

To achieve the objectives of Swachh Bharat Abhiyan effectively, a more focused approach is necessary. This involves targeted interventions to reduce open defecation, comprehensive waste management strategies, awareness campaigns on plastic waste management, strengthening information dissemination channels, monitoring and evaluation, and collaboration with stakeholders. By implementing these recommendations, significant progress can be made towards improved sanitation practices, proper waste disposal, and increased awareness about SBM, leading to enhanced hygiene behaviours and environmental sustainability in communities across the nation.

### References

De, L. C. (2022). Impact of Swachh Bharat Abhiyan. Vigyan Varta, An International E-Magazine for Science

- Enthusiasts, 3 (8), 25-37. Impact of Swachh Bharat Abhiyan.pdf accessed on 11.07.2023.
- Department of Drinking Water and Sanitation, Ministry of Jal Shakti, Government of India. Guideline for Swachh Bharat Mission-Gramin, 2017. Available at: Complete-set-guidelines.pdf (swachhbharatmission.gov.in)
- Kishore, Y.J. and Sreeharshika D. (2018). Study to assess knowledge, perception and practices regarding Swachh Bharat Abhiyan among rural people of Nalgonda district in Telangana state” International Journal of Community Medicine and Public Health. 3399-3405. Accessed on dated 11.07.2023 DOI: <http://dx.doi.org/10.18203/2394-6040.ijcmph20180950>
- Guidelines Central Rural Sanitation Programme Total Sanitation Campaign (2010). Microsoft Word - Tsc Guidelines - June 2010.docx (jalshakti-ddws.gov.in) accessed on 11.07.2023.
- Guidelines, Nirmal Bharat Abhiyan (2012). nba\_guidelines\_final.pdf (indiawaterportal.org) accessed on 11.07.23.
- Thakkar, Priyanka. Swachh Bharat [Clean India] Mission—An Analytical study. *Rex J.* 3(2), 168- 73.