Sanitation and Hygiene, Habits of Rural women in Rajasthan: A Study of Women of Tehsil Phagi, District Jaipur

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ABSTRACT

'Sanitation is more important than political independence'

Gandhi ji.

A bad condition of sanitation is evident in our country to work in the direction to become a developed country. With the aim to address the problem Government of India launched 'Swachch Bharat Abhiyan' on 2nd October, 2014 on the occasion of birth anniversary of Mahatma Gandhi. This mission is working in two divisions 'Sawchch Bharat Abhiyan (Urban)' and 'Swachch Bharat Abhiyan (Gramin)'. Swachch Bharat Abhiyan (Gramin) has been initiated by the Ministry of Drinking Water and Sanitation (MDWS) for rural India. The main objective of this movement is to provide adequate sanitation and remove the problem of open defecation by 2019.Washing hands with soap could significantly reduce water borne diseases. Another campaign which is running under the banner of Swachch Bharat Mission is Swachch Bharat: SwachchVidyalaya. The drive aims to make a noticeable effect on the health and hygiene of children through improving their health and hygiene practices. It is also expected to improve hygiene habits of their family by improving children hygiene habits because children become change agents at home. Sanitation practices at home are largely depends upon the woman of the house.

The paper aims to present a study conducted at villages of Tehsil Phagi, District Jaipur, Rajasthan. The study aims to find out the level of awareness towards sanitation and hygiene in rural women of Rajasthan.

Key word: Sanitation, Hygiene, Rural Women, Swachch Bharat Abhiyan.

Introduction

Mahatma Gandhi in a 1937 edition of 'Harijan', a weekly publication, edited by Gandhi Ji in response of query made by a villager about an 'Ideal Village' wrote

"An ideal village will be so constructed as to lend itself to perfect sanitation....The very first problem the village worker will solve is its sanitation."

Development and growth of a country is measured on many Parameters including GDP, HDI, Literacy rate, per capita income, infrastructure etc. growth in GDP and HDI can easily be seen by the condition of bathrooms. It is also said that if clean bathrooms are available to everyone in a country, the country is developed.

A bad condition of sanitation is evident in our country to work in the direction to become a developed country Government of India announced 'Swachch Bharat Mission' on 2nd October, 2014 on the occasion of birth anniversary of Mahatma Gandhi.

The President of IndiaPranabMukhrjeeaddressed Joint Session of Parliament on 9th June 2014 and shared the vision of government of India regarding 'Swachch Bharat Mission'

"We must not tolerate the indignity of homes without toilets and public spaces littered with garbage. For ensuring hygiene, waste management and sanitation across the nation, a "Swachch Bharat Mission" will be launched. This will be our tribute to Mahatma Gandhi on his 150th birth anniversary to be celebrated in the year 2019" as per the guideline of Swachch Bharat Mission

Swachch Bharat Abhiyan (Gramin) has been instigated by the Ministry of Drinking Water and Sanitation (MDWS) for rural India. In this drive the Prime Minister also invited people to awake the sense of responsibility towards the cleanliness of nation. The main aim of this movement is to provide adequate sanitation and eliminate the problem of open defecation by 2019. These are major challenges because of different sociocultural and economic conditions. In SBM (G) mission MDWS targeted to guarantee that all the

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families of rural India have access to toilets. For the purpose different designs of toilets are available like Twin Pit, Septic Tank and many others, these toilets design are made according to the various hydro geological conditions and under the SBM (G) ministry MDSW is providing incentives of Rupees 12000 to each household to construct toilet. This incentive is available for all BPL households, SCs/STs, Small and marginal farmers, landless labourers, physically challenged people and women headed households. As per the guidelines of Swachch Bharat Mission (Gramin)

Research conducted by WHO (World Health Organization) points out that one of ten child deaths is caused by diarrhea and respiratory infection. Many of these early age death could be stopped with adequate sanitation practices. Washing hands with soap could significantly reduce diarrhea and respiratory infections. Improved health and productivity is directly related to good Sanitation condition, 80% of sickness in rural area are water borne illness.

Another campaign which is running under the banner of Swachch Bharat Mission is Swachch Bharat: SwachchVidyalaya. The vital feature of this drive is to ensure that all school in India have group of necessary intervention as safe drinking water, sanitation and hygiene facilities for the usage of children and teachers. Well maintained water, sanitation and hygiene in schools denotes to a group components that are essential to produce a fit school environment and to support and develop suitable health and hygiene behaviours. In this drive MDWS is ensuring that the following component should be available in school.

- Separate toilets for boys and girls, with one unit generally having one toilet (WC) plus 3 urinals. There should be one unit for every 40 students.
- Plenty amenities for washing hands in groups which embrace 10-12 students for hand washing at the same time. The hand washing place should be of simple technique, workable and trusting on usage of minimum water. These hand washing amenities can be produced by utilizing local materials. Hand wash with soap in group sessions are performed before the mid-day meals are served, and are directed by teachers, who stress on good hand washing methods. The sessions of hand washing are used as a chance for conveying hygiene messages, particularly the message that hands should be washed at two critical times: before eating

and after using the toilet. According to the Clean India: Clean School Handbook.

In this drive MDWS organizes activities that promote and practice the hygiene and sanitation among children that help to prevent diseases.

The drive aims to make a noticeable effect on the health and hygiene of children through improving their health and hygiene practices. It is also expected to improve hygiene habits of their family by improving children hygiene habits because children become change agent at home. Sanitation practices at home are largely depends upon the women of house. To ensure healthy hygiene practices at every household, it is mandatory to educate the women of house as literary rate of women in India is very low 65.46% according to census 2011.

Illiterate and uneducated women are suppressed at their home and outside also. They hardly have any voice to raise. Resultantly there is no enthusiasm to educate girl child in the family. Therefore it will be interesting to investigate the role of Swachch Bharat Mission (gramin) in improving basic sanitation and hygine condition in rural India.

Review of Literature

UNICEF (2004) conducted a pilot a study in the year 2001, in their research their study area is the states of Rajasthan, Madhya Pradesh, Andhra Pradesh, Uttar Pradesh, Orissa and West Bengal are determined sanitation indicators like: use of toiletes by families and accessibility of toilettes in schools and established hygiene practices at both household and community levels. UNICEF points out that lack of subsidy for houses to build toilets need not be observed at as a restrictive factor. It was found in a research area that majority of the students had no access to school toilets. It was fingered that a separate emphasis should be given on making school toilets accessible to school children and at the similar time, attention should be given on the necessity of safe water using methods and the need of disposing children's excreta away from habitation, so that they do not give contribution in spreading diseases. The research additionally recommends that for appropriate cleaning, the requirement of washing hands with soap or fresh cinders should be given utmost priority. Special attention needs to be paid to washing: before cooking or serving food, before eating or feeding child, and after defecation.

Biran, Schmidt, Wright, Jones, Seshadri, Isaac, Nathan, Hall, McKenna, Granger, Bidinger and Curtis (2009) explore in their research article that, though the campaign of soap promotion and hygiene education assessed in this research was appropriate for application on a large scale, the recent matter of the campaign was not effective in getting changes in hand wash practices in short time. Still, their outcomes are giving few signals suggesting that the campaign will amplifies the use of soap, and do not eliminate the fact that this campaign has brought change in knowledge and social norms of their respondent, which may arise the grounds for behaviour change in the longer term.

Khurana and Mahapatra (2009) of WaterAid India in their study "Right to Water and Sanitation", observe the current situation of drinking water and sanitation in India and perceiving the problem of water and sanitation as a necessary right for everyone, it is important to assurance the endowment of these basic amenities for the major population of the country. They also point out that there is a requirement to recognize how the current laws and regulations can enforce the right to safe water and sanitation.

Barnard, Routray, Majorin, Peltez, Boisson, Sinha and Clasen (2013) points out in their study that if the level of coverage of latrine and its use increases, it directly affects the health of populace in positive manner. They also say that 'Indian Total Sanitation Campaign' on toilet coverage and use is partially successful in their research area; half of the villages have 80% coverage of toilets but these toilets are in question because of it building quality and long term strength of these toilets. There are some positive proofs of a relationship between toilet building and secondary education of the female head of families.

According to their research 39% of toilets are not being used by any family member and 8% respondent are not using these toilet regularly. They also say that TSC is not succeeded in significant reduction of open defecation in their research area and it is difficult to find weather these campaigns are putting any effect on health or not because if few individuals are practicing open defecation, there is always risk for people getting ill.

Method

Objectives

- To explore the level of awareness towards sanitation in the villages of Phagi tehsil, district Jaipur.
- To investigate the relationship of women education with sanitation and hygiene habits in rural India.

- To find out the significance of income of family on sanitation and hygiene habits in rural India.
- To study the role of Swachch Bharat Mission (gramin) in improving basic sanitation and hygiene conditions in rural India.

Demography

The area which is taken for research includes the whole population of 5 villages comes under Phagi Tehsil namely– Datuli, Bhojpura, Mohanpura, Devnagar and Ladana.

Since the area of study is massive, random sampling method has been chosen for selection of the representative number of respondents from the universe.100 respondents have been taken for the proposed research. Approximately 20 women are chosen from each village.Datuli and other villages of Phagi do not have access to railways though a railway track passes by the villages but there is no railway station. One has to travel by road to reach these villages. Study area is taken from Phagi Tehsil of Jaipur District. According to census 2011, Phagi consist of 169 villages with a geographical area covering1,114.308 square kmand total population of Phagi is1,61,610 out of which 52.33% males and 47.67% females. There are 185 primary schools, 6 primary health centers, 25 post offices in the tehsil. The area is well connected through buses, vans and tempos. Private jeeps are also available to travel in these villages.

Data Collection

A schedule was prepared to collect the primary data. It has been administered in the villages taken under study. Researcher stayed at the research area for 15 days to meet the respondents and fill the schedules. During meetings observation and informal interviews were also recorded to enrich and support the data collected through schedules.

Data Analysis

Collected data was processed by creating log sheets and analyzed using statistical analysis software SPSS. Data have been analyzed in the form of tables and finally represented graphically.

The illustration is dealing with the population distribution in the research area of this study, maximum number of respondents that is 33% come from village Ladana which is the biggest village of Phagi Tehsil. Datuli, Devnager and Mohanpura contributed 20%, 19% and 16% of respondents and rest 12% respondents were taken from Bhojpura village.



Figure 1: Population distribution of research area



Figure 2 Distribution of sample according to age

In this study age is taken as a significant variable which affects the insight or approach of the respondents. Researcher had attempted to take almost equal number of ladies in all the age groups. In age group of 41-50 years 18% of the respondents are taken because less number of women of 41-50 years age group is available in these villages. It is assumed that the difference in age may leads to consistent distinction in their perception of the problems. It is mentioned that 42% of the respondents are of the age group 21-30 years, whereas 40 % are of 31-40 years.

Education play a very crucial role in individual's life, educational status leads to variance in perception. In above table it is evident that 14% of



Figure 3: Population distribution according to educational status

the respondents are uneducated and maximum number of respondent i.e. 26% studied till 5^{th}

grade only, whereas 24% respondents passed secondary and higher secondary classes.



Figure 4: Population distribution according to occupation



Figure 5: Distribution of population according to theirfamilyincome.



Figure 6 Distribution of population according to toilet availability in family.

Agriculture is the key source of income of the 32% of women in Phagi, maximum number that is 44% respondents are homemakers. 9% of respondent are employed in Government services.

Income can be a deciding factor in constructing sanitary habits, 46% of respondents come under

the income group of 3000-6000 monthly and family income of 25% of the respondents is more than 9000 rupees per month. 2% of respondents did not want to disclose their family income.

According to data collected 49% of respondents have toilets at their home.



Figure 7Distribution of population according to years of toilet availability



Figure 8: Population distribution according to soap using habits





pictorial illustration In this only those respondents are taken who have toilets in their house. In Swachh Bharat Mission (Gramin) Ministry is providing Rupees 12,000 as a financial help to families for constructing toilets. It is observed that 35% of house hold that had toilets were constructed during the period of 0-1 year and 54% toilets were built in period of 1-5 years. During the research it has been observed that 11% of households do not have water facility in their latrines.

Soap is a necessary FMCG product to maintain cleanliness; it helps to provide better hygiene practices. 98% of respondents are using soap in

respondent started in the period of 0-1 year. 2% of respondents are not using soaps at all.

Above graphical illustration is screening the brands which are being used by rural consumer. 41% of consumers in villages of Phagi Tehsil are buying Oswal and Lifebuy is the second most popular soap in rural consumers which is bought by 38% respondent.

According to the study of WHO (World Health Organization), one of ten child deaths is trailed by diarrhea and respiratory infection. These early ages demise could be stopped with ample sanitation; Washing Hand with soap could



Figure 10: Distribution of population according to soap brand



Figure 11: Population distribution according to frequency of hand wash

their homes. Among respondents who are using soap in their home 24.5% are not using separate soap bars for washing hand and bathing.

It is noted from above graph that 19 % respondent are using soap from 1-5 years. 56% of respondent are using soaps from more than 10 years. 19% women are using soap from 5-10 years and 4% significantly minimize diarrhea and respiratory infections. According to the data 61% of folks wash their hand only two times with soap which is very low and only 12 % of people wash their hand more than 5 times. It is also found that 34% of respondent also using soil for washing their hands.

Family Income	Toilet Availability		Percentage of people have
	Yes	No	toilets
1500-3000	2	2	50%
3001-6000	19	27	41.3%
6001-9000	20	3	87%
9001& more	8	17	32%
Don't want to disclose income	0	2	0%

Table 1: Distribution of population according to income and toilet availability



Figure 12: Population distribution according to income and toilet availability

In the above graph it can be seen that in 6001-9000 income group have the highest percentage of people who are having toilet at their home which is87%. Whereas higher salary people are too rigid to change themselves the families who have toilets at their place are very less i.e. 32%.

Education is essential for individual, educational status leads to change in thought process of a person. It can be perceived from Figure 14 that with increase of education level will to use toilets facility is also increasing. 66% of graduate women have toilets in their home. Toilets are available in

Education Status	Toilet Availability		Percentage of people
	Yes	No	have toilet
uneducated	6	8	42.8%
Informal education	4	6	40%
1-5th standard	12	14	46.15%
6-9th standard	6	7	46.15%
10 and 12th standard	12	12	50%
Graduate	8	4	66%
Post Graduate	1	0	100%

Table2: Population distribution according to education and toilet availability

the homes of 50% ladies who studied till 10^{th} – 12^{th} . Percentage of toilet availability is decreasing with decreasing level of education 40% respondents with informal education have toilets.

different brands of soaps. In this graphical representation it is the only group which is trying different brands of soaps rest of the income group are using either lifebuy or Oswal which is more pocket friendly. Oswal is the brand of soap used by most of the people in rural Jaipur.

As above table showing the respondents belong to the income group of 6001-9000 rupees are using



Figure13: Population distribution according to education and toilet availability



Figure14: Distribution according to income and brands of soaps

Table 3: Distribution of	population according	to education status and	l soap using habits.
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Education Status	Separate soup for hand wash		Percentage of people who
	Yes	No	are using Separate soap
uneducated	6	8	42.8%
Informal education	3	7	30%
1-5th standard	22	4	84.6%
6-9th standard	11	2	84.6%
10 and 12th standard	21	3	87.5%
Graduate	12	0	100%
Post Graduate	1	0	100%



Figure 15: Distribution of population according to education status and soap using habits.

Education is also playing an important role in using separate soaps people. 42.8% respondent of uneducated women and 30% ladies of informal education group are using separate soap bars for washing their hand and bathing. From above graphical representation it is evident that soap using habits are also improving with higher education. All the graduate and post graduate women are using separate soap bars for bathing and washing hands. From the women who studied till 6-9th class 84.6% whereas 87.5% women with the education status of 10th-12th standard are using separate soap.

DISCUSSION:

Poor sanitation is believed to be a major cause of many infections. 100 women were taken with a purpose to know the relation of education and income of family with sanitation and hygiene habits in rural India. Women were taken on the basis of their age. Women were taken in three groups. First group was of21-30 years, second was of 31-40 years and third was of 41-50 years of women. At attempt was made to take equal number of women of each group but only 18 women could be found of age group 41-50 years. Rest 82 women were taken almost inequal number from the age group 21-30 and 31-40.Education has been considered as key tool for empowering women in society. Women taken for the study come from the different educational background. 14% respondents are uneducated and maximum number of respondent i.e. 26% have studied till 5th grade only, whereas 24% respondents have passed secondary and higher secondary classes. The women were asked about

their sanitation habits. 49% respondents of research have toilets at their home.

It is important observation that 35% of house hold that had toilets were constructed during the period of 0-1 year and 54% toilets were built in period of 1-5 years. So it can be said that 'Swachch Bharat Mission' are motivating people towards constructing toilets at their house. Government also giving financial helps of 12000 rupees to families of all BPL households, SCs/STs, Small and marginal farmers, landless labourers, physically challenged people and women headed households.

Education: Growth of education drives people to have toilets facility at their household. 66% of graduate women have toilets in their home. Toilets are available in the homes of 50% ladies who have studied till 10th – 12th whereas only40% women with informal education have toilets. It is interesting to note that percentage of uneducated women (42.8%) who have toilets at their home is higher than the ladies having informal education.

It is also significant observation that people of 6001-9000 income groups have the highest percentage toilet availability at their homes (87%) whereas people with higher salary are not very keen to change themselves, only 32% families of income group 9001& above rupees per month have toilets at their houses.

There is one more very interesting observation that 28% of women folk who have toilets at their home are not using it. They prefer to practice open defecation because of several reasons. First they feel suffocation inside the toilets, secondly they do not use toilet as water is not available and the third reason forgoing in fields is the problem of cleaning of the toilets as nobody in the house is willing to clean them due to their socio cultural belief including caste issues.

Washing hands with soap can reduce the risk of infections.98% women are using soap in the villages of Jaipur covered under research area but at the same they are not aware about the importance of washing hands many times a day specially before and after cooking food and eating it and after coming from toilets also.61% of women wash their hands only two times with soap whereas only 12 % of ladies wash their hands more than 5 times. It is also found that 34% of respondents sometimes use soil for washing their hands.

Educational level has significant relation with soap using habits of rural women. All the graduate and post graduate women are using separate soap bars for bathing and washing hands. 84.6% of the women who have studied till 6-9th class and 87.5% women with the education till 10th-12th standard are using separate soaps. Here the percentage of usage separate bars for bathing and hand washing is decreasing with their decreasing educational level.

The respondents belong to the income group of 6001-9000 rupees are using different brands of soaps. This is the only group which is trying different brands of soaps whereas rest of the income groups are using lifebuy or Oswal which is more pocket friendly. Oswal is the brand of soap used by most of the people in rural Jaipur.

Findings

- Women in rural Rajasthan are getting aware towards their sanitation. Many household has toilets.Maximum percentage of people constructed their toilets in the period of last one to five years. This conclusion of the study indicates a success of Swachh Bharat Abhiyan up to some extent.
- Education level has shown a positive relation with sanitation and hygiene habits in rural women. Educated women are more aware towards their sanitation and hygiene. More percentage of women who are educated they have toilets at their home.
- Educational level also has a significant relationship with soap using habits. All the graduate and post graduate women are using separate soap bars for bathing and washing hands.
- Rural women are not aware about the significance of washing hands many times a

day specially before and after cooking food and eating it and after coming from toilets also.

- Women of 6001-9000 income groups are also found to be more driven towards change. This income group has the highest percentage of toilet availability at their homes. This conclusion has significant information for the people who work for change in society and also for those who assess the target consumers for their goods.
- Income group of 6001-9000 rupees monthly is the only income group who are trying other brands instead of Life buy and Oswal which are more pocket friendly.

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