TRANSFORMATION OF INDIA INTO SWACHH BHARAT BY ADDRESSING SANITATION ISSUES AND TO BRING IN BEHAVIOURAL CHANGE AMONG THE STAKEHOLDERS

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Abstract: Lack of sanitation infrastructure is a deep scar in the face of high urban paced development trajectory in India. Though various schemes have been introduced, the desired results are disappointing as urban India is responsible for 46% of global open defecation in urban areas.

The National Sanitation Policy 2008 attempted to change the scenario but could not highlight the strong link between sanitation and public health, eradicating manual scavenging, eliminating overlaps in the roles of various institutions and boards concerned. Our approach towards sanitation has been very state and programme oriented and our definition of it limiting to toilets, making it very uncomfortable, especially for females at school and workplaces. Gradually the focus has shifted from just creating infrastructure to better and effective service delivery. The paper hence, focuses on the elimination of open defecation, through strategic awareness generation, building community toilets and all this needs to be pursued with more political vigour.

The paper will highlight through the findings derived from a questionnaire based survey undertaken in all six zones of Ahmedabad city, involving residents and slum dwellers, through random sampling, that not just presence of infrastructure but behavioural change can change the scenario.

Keywords: behavioural change, open defecation, public health, sanitation

Introduction: The official figures (WHO/UNICEF, 2014) stated enhanced sanitation in urban territories (80% globally in 2012) than in rural regions (47%), yet this ought not be concluded that the sanitation insufficiencies in urban zones are little and declining. First, the perils connected with inadequate sanitation are intense in urban territories and have spill- over effects, as public densities here are high. Neither publicly nor privately worked utilities are slanted to give reasonable sanitation to those most in need. Efforts must be put by both these sides and importantly at the same time.

In any case, low cost provision comes with many institutional difficulties that neither local governments nor private ventures are prepared to address. These institutional troubles are intensified by the low earnings of the deprived populaces, which limit their political influences.

The Swachh Bharat Abhiyaan (National Campaign, 2014) and the National Urban Sanitation Policy 2008 came with the vision to transform urban India into community-driven, totally sanitized, healthy, and liveable cities and towns, the policy sets out the following goals: *awareness generation and behavior change, open-defecation-free cities, integrated city-wide sanitation,* which is full of challenges to attain. These initiatives by government has made sanitation part of mainstream discussions but it still falls behind family unit water procurement (WHO/UNICEF, 2014), due to some of our most private practices (which individuals tend not to discuss openly) with some of the common public effects (which individuals do not have the incentives to do much about independently). And usually the recipients of various incentives and subsidies are frequently "the few moderately well-off individuals who can comprehend the framework and catch the subsidies" ([2]Mara, Lane, Scott, & Trouba, 2010).

Females frequently bear the majority of the work burden of maintaining family unit sanitation and cleanliness, and if they are underrepresented in governmental decision making processes and important discussions inside the group, the collective effort for development of sanitation infrastructure is all futile. Moreover lack of sanitation affects females the most and makes them very uncomfortable at schools and workplaces.

Unfortunately occupants frequently see the authorities as a danger and they consider inhabitants to be a nuisance or more awful. Local administration needs to understand that individuals are more propelled to upgrade their sanitation facilities due to their benefit, smell, safety, or status, instead of having health advantages as a result ([3]Jenkins and Sugden, 2006). Furthermore, the triumphs of sanitation advertising depend on an extensive variety of exercises, on both the supply and demand sides, including affordable sanitation innovations, preparing masons and little business people to create and convey these models and working with town heads, community health workers and Women's Union individuals to advance them ([4]Devine & Sijbesma, 2011).

In urban regions there are more requirements for infrastructural investment and family units cannot be hoped to fabricate the toilets themselves with no help, attributable to the higher expense and more prominent abilities required to assemble urban sanitation facilities and the relative lack of area and trou-

bles to seek various permissions from authorities. Majorly it is much better and practical if community and public toilets are co- produced by both the community and the government. Otherwise due to lack of sense of ownership, public toilets made solely by public organizations in low-pay areas and flooded, separated, utilized for different purposes (e.g., for storage) or generally failing to satisfy their purpose ([1]WHO/UNICEF, 2014).

Active community participation usually faces many obstacles in urban settings, including: (1) the difficult task of getting local inhabitants to organize and combine their requests for sanitary progress; (2) getting the state to bolster group driven ways to deal with clean change and take responsibility for waste disposal (3) both the government and users agreeing to same low cost solution; (4) other poverty related issues undermining labours to enhance sanitation.

Victories come when either clients or sanitation labourers have planned ways of discarding or reusing the human waste safely. In spite of area government officials effectively compelled to put resources into public goods and secure sanitation changes, yet issues of maintenance are commonplace. Yet sanitary up gradation can be efficiently achieved through local learning. As sanitation is still not given its due attention, hopefully, perceiving protected and clean sanitation as a human right ([5]United Nations General Assembly, 2010) will beat these challenges. The emphasis of human rights talk are on empowering deprived groups and make authorities accountable and responsible, which will later cut the difficulties of encouraging local aggregate activity and coproduction.

Research Methodology: The Ahmedabad city selected for the study comprises of 1179823 households (AMC official website) within six zones. A household survey of twenty houses from each zone was undertaken, selected using random sampling. The city is made of both the Ahmedabad Municipal Corporation (AMC) limits and Ahmedabad Urban Development Authority (AUDA) limits. For this study only the area within the (AMC) was covered. A questionnaire relating to sanitation services was prepared in both English and Gujarati (local language).

Major Findings: The field work suggests some major findings- firstly even though people have the basic sense of hygiene and sanitation, they tend not to follow it (Table 1). Majorly its due laziness or they do not believe that they would greatly benefit by following certain habits. It is proven that enhancements in individual cleanliness especially handwashing with cleanser is a standout amongst the best approaches to break the faecal -oral course of malady transmission (Curtis and Cairncross, 2003). This highlights while hand washing learning is sufficient, hand washing behaviour is most certainly not. And it differs across the six zones. ANOVA (Table 2) was used to analyse the obtained data. The null hypothesis was that people have similar habits due to living in the same city across different zones.

Table 1

	ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5	ZONE 6
before meals	18	20	10	17	17	18
after using toilet	20	17	18	16	16	19
after coming from outside	16	16	8	16	12	16
before prayers	10	1	3	10	3	7

Table 2

ANOVA

Source of Variation	*SS*	*df*	*MS*	*F*	*P-value*	*F crit*
Between Groups	1656	7	236.57	23.19	3.268E-12	2.2490243
Within Groups	408	40	10.2			
Total	2064	47				

Source: Calculated using data from household survey

But as the P- value is < .05, we reject the null hypothesis and conclude that there is a significant change across zones. Secondly, 94% of the respondents said they frequently suffer from common colds and 38% from fever (Fig. 1), both of which can be easily prevented if the surroundings are kept clean, regular handwashing is practised and unhygienic outside food is avoided. Thirdly, for both water and sanitation services 40% and 42% people gave three points out of five (Fig. 2). This clearly indicates the low lev-

els of satisfaction among public regarding these crucial and fundamental services and also how much even an economically prosperous city like Ahmedabad fails at its basic duties.

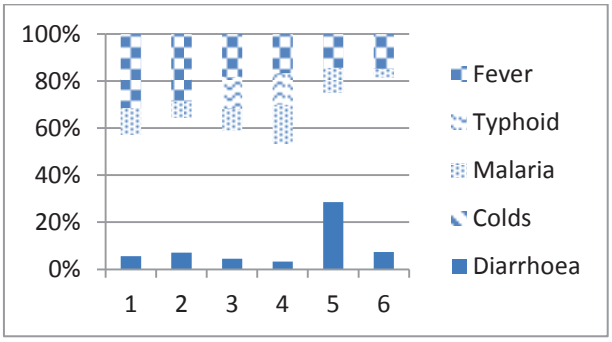

Figure 1: Diseases prevalent in urban areas due to lack of sanitation.

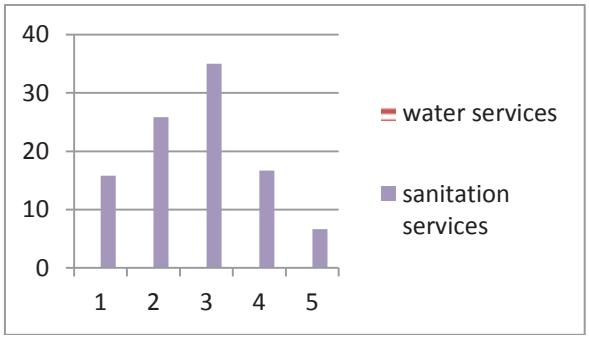

Figure 2: Satisfaction levels of residents with regards to water and sanitation services.

During the survey it was also realized that the same city has been subjected to uneven development and administrators are not able to fight their biasness towards favourite areas and users end up suffering for no fault of theirs.

Conclusions and Ways Forward: The control over management and implementation activities of delivery of water and sanitation services has moved to local governments as they are more responsive to the needs of the poor.

Today, these procedures regularly need straightforwardness and responsibility and are ordinarily nourished by inadequate and obsolete information. In the short term, multi-partner collusions between governments, NGOs, scholastics and experts might be able to give the important backing. Nonetheless, political will and responsibility at all levels is essential and mandatory requirement to upgrade the procedure of transforming monitoring data into significant information. To change the present precarious situation a successful behavioural change is need of the hour which can definitely take place if sanitation is vigorously advertised like a high valued product and electronic media can be a real game changer. Communities can help government evoke data and apply incentives that deeply influence people like trust, solidarity, reciprocity, reputation, personal pride, respect, vengeance, and retribution, among others (Bowles, 2004).

Sanitation monitoring regularly concentrates on the equipment - for instance, number of latrines or sewerage frameworks whilst ignoring the real goal – spreading cleanliness information and inculcating practices (Dreibelbis et al., 2013). For planning purposes, sanitation observing needs an all-encompassing way to deal with others cleanliness issues.

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