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Knowledge and awareness of Govt. toilet scheme in home community and public in rural area

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Abstract

The Nirmal Bharat Abhiyan has been restructured into the Swachh Bharat Mission. The mission aims to make India an Open defecation free country in Five Years. It seeks to improve the level of cleanliness in rural areas through Solid and Liquid Waste Management activities and making Gram Panchayats Open defecation free, clean and sanitized. Under the mission, one lakh thirty four thousand crore rupees will be spent for construction of about 11 crore 11 lakh toilets in the country. Technology will be used on a large scale to convert waste into wealth in rural India in the forms of bio-fertilizer and different forms of energy. The mission is to be executed on war footing with the involvement of every Gram Panchayat, Panchayat Samiti and Zila Parishad in the country, besides roping in large sections of rural population and school teachers and students in this endeavor. Incentive as provided under the mission for the construction of Individual Household Latrines shall be available for all Below Poverty Line household and above poverty line households restricted to SCs and STs, small and marginal farmers, landless laborers with homestead, physically handicapped and women headed households.

Keywords: Awareness, scheme, knowledge

Introduction

Toilets are one important element of a sustainable sanitation system. Diseases, including cholera, which still affects some 3 million people each year, can be largely prevented when effective sanitation and water treatment prevents fecal matter from contaminating waterways, ground water and drinking water supplies. Infected water supplies can be treated to make the water safe for consumption and use. Many people in developing countries have no toilet in their homes and are resorting to open defecation instead. The Joint Monitoring Programme (JMP) for Water Supply and Sanitation by WHO and UNICEF is the official United Nations mechanism tasked with monitoring progress towards the Millennium Development Goal relating to drinking water and Sanitation, the proportion of people without sustainable access to safe drinking water and basic sanitation.”

Objectives

- To study the socio-economic status of rural women.
- Knowledge and awareness of Govt. toilet scheme in home community and public in rural areas.

Methodology

The study was conducted in Kanpur district. To blocks such as Kalyanpur and Chaubepur were selected. Total 10 villages were taken from both blocks. Independent variables such as age, education, caste, religion and dependent variables such as installation, impact, awareness were used. Statistical tools such as percentage, weighted mean and correlation coefficient were used.

Results

Education plays an important role in toilet scheme in rural areas. It was observed during the investigation that due to higher level of illiteracy rural women were unaware and adopted the old practice of open defecation. On the other hand, women who were educated insisted on construction of personal toilet at home for better health and hygiene and also for personal

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security. Education is the only factor that makes people aware of good health and sanitation practices and the impact of good hygiene practices on human health. Educated people are aware of various Government schemes for rural areas and make others aware about the use of latrines and motivate other men and rural women to adopt use of toilets. Thus education plays an important role to achieve the toilet mission and make our nation 100 per cent free from open defecation.

Table 1: Distribution of rural women according to education, N=150

Education	Frequency	Per cent
Illiterate	95	63.3
Primary	30	20.0
High School	9	6.0
Intermediate	15	10.0
Graduate	1	0.7
Total	150	100.0

Table 2: Distribution of the rural women according to the year of toilet installation in home, N=150

Toilet installation in home (year)	Frequency	Per cent
2014 – 2015	15	10.0
2015 – 2016	50	33.3
2016 – 2017	60	40.0
2017 – 2018	25	16.7
Total	150	100.0

Before 2014, the construction of toilets in rural areas was not paid much attention and was nowhere a compulsion. Toilets were constructed in families who were willing and showed interest. NEDA also constructed community toilets on a casual basis in slum areas with no compulsion to achieve the government target. But in 2014, with the commencement of the BJP govt. coming into power, Mr. Narendra Modi our Hon'ble Prime Minister in his speech on 15th August, 2014 at Lal Kila referred to the Swachh Bharat Mission and gathered attention of the whole Nation towards this biggest mission. He stressed on construction of a toilet in every rural household in villages and also announced giving subsidies under various governmental schemes. He requested celebrities, businessmen and other prominent faces to join hands together to make India a clean country like other foreign countries which really have better sanitary condition than us.

Though, with the changing lifestyle, increasing modernization and age related changes such as pain in joints, etc. people have started adopting the western style toilet. In some places like malls and movie theaters different types of hi-tech toilets have also been installed. In villages, the habit of using toilets is still not very common as the people used to open defecation from ages. Our Hon'ble Prime Minister Mr. Narendra Modi understood this major problem of rural India and provided a solution through the Swachh Bharat Abhiyan. Under this mission number of toilets has been constructed at household and community level as a movement and people are made aware with the advantages of good sanitary practices and use of toilets.

Table 3: Distribution of rural women according to knowledge about type of toilets, N=150

Type of toilet	Frequency	Per cent
Simple Indian toilet	150	100.0
Pit toilet or pit latrine	15	10.0
Dry toilet	3	2.0
Urine diversion toilet	-	-
Flying toilet	5	3.3
Chemical toilet	-	-
Public community toilet	150	100.0
Portable toilet	60	40.0
High tech toilet	10	6.7
Floating toilet	-	-
Chamber pits	-	-
Wardrobes toilet	-	-
Urinals toilet	-	-
Squat toilet	-	-

There are a variety of toilets used all over the world both in urban and rural areas. The people should be aware and have knowledge about the design, method and functioning of the type of toilet to be used by them in different countries. In our country the most preferred type of toilet is the Indian toilet that is most common in lower and middle class households.

Table 4: Distribution of rural women according to the cost of installation of the toilet, N=150

Cost of installation	Frequency	Per cent
Rs. 10,000 to Rs. 15,000	125	83.3
Rs. 15,000 to Rs. 20,000	15	10.0
Rs. 20,000 to Rs. 25,000	10	6.7
Total	150	100.0

Government of India to give Rs. 4,000 to every household per construction of a toilet half the funds was released before the construction begins and the other half only after seeing photographs of under construction toilets as proof. Government to take the initiatives forward, the Ministry of Urban Development has decided to give every household without a toilet Rs. 4,000 to construct a toilet, with an additional incentive share from the State Government under the Swachh Bharat Abhiyan. The funds will be given to all the households without toilets in India, irrespective of their location. Even those who live in unauthorized colonies and notified or non-notified slums will be part of this scheme. Our Honourable Prime Minister Mr. Narendra Modi, under a cleanliness drive launched in October, 2014 last year, initiated the construction of latrines in Indian homes. As per government records, about 503,142 latrines have been built so far but lack of maintenance and awareness has not created much positive impact. Many villagers still prefer defecating in the open.

Table 5: Distribution of rural women according to getting subsidy for constructing a toilet

Subsidy	No installment/Self-construction	1 st installment	2 nd installment	Total
Zero	25 (16.7)	-	-	25 (16.7)
Rs. 6,000	-	35 (23.3)	-	35 (23.3)
Rs. 12,000	-	35 (23.3)	55 (36.7)	90 (60.0)
Total	25 (16.7)	70 (46.6)	55 (36.7)	150 (100.0)

The main motive of the government behind this scheme is to make Uttar Pradesh a clean and green city. Chief Minister Yogi Aditya Nath always believes in the concept of clean city so that it becomes pollution free and free from open defecation. Chief Minister takes this decision in the favour of poor people. Application forms to get subsidy for constructing

toilets at rural households can be had from Village Administrative Officers, Block Development Officers, District Rural Development Agency and the District Collectorate. The subsidy amount is Rs. 12,000. The State government has announced a programme to free the State from open defecation.

Table 6: Distribution of rural women according to their knowledge about the advantages of using toilets

Advantage	Yes	No	Mean score	Rank
It will save lives	150 (100.0)	-	2.00	I
It will improve rural women's safety and literacy	150 (100.0)	-	2.00	I
It will boost the economy	10 (6.7)	140 (93.3)	1.07	II
It will help eradicate manual scavenging	5 (3.3)	145 (96.7)	1.03	III

(Figures in parentheses denotes the percentage of respective values)

In recent days, open defecation has been in the news because it is hoped that building toilets could reduce rape. Sexual violence in India is a tragedy, deserving of far more attention and effort. But we worry that those who hope that building toilets will significantly reduce rape may be misguided. On one hand, they are misguided about the appropriate response to violence against rural women. We should not respond to

rape by keeping young rural women in the house but by creating a society where all people young and old, men and rural women can move about freely and safely. On the other hand, people who think that building toilets will reduce rape are misguided because in rural India, building toilets does not mean that people will use them.

Table 7: Distribution of rural women according to their knowledge about the environmental advantages of constructing a toilet

Environmental Advantages	Yes	No	Mean score	Rank
Sanitation	150 (100.0)	-	2.00	I
Improves health	120 (80.0)	30 (20.0)	1.80	III
Control of disease transmission	80 (53.3)	70 (46.7)	1.53	VI
Excreta disposal	62 (41.3)	88 (58.7)	1.41	VIII
Excreta treatment	58 (38.7)	92 (61.3)	1.39	XI
Personal and domestic cleanliness	112 (74.7)	38 (25.3)	1.75	IV
Water quality	92 (61.3)	58 (38.7)	1.61	V
Water availability	70 (46.7)	80 (53.3)	1.47	VII
Food hygiene	148 (98.7)	2 (1.3)	1.99	II
Decreases morbidity and mortality	45 (30.0)	105 (70.0)	1.30	XII
Improves man day	60 (40.0)	90 (60.0)	1.40	IX
Improves productivity	15 (10.0)	135 (90.0)	1.10	XIII
Alleviates poverty	48 (32.0)	102 (68.0)	1.32	XI
Minimize incidences of drop outs in school, particularly among girl students	80 (53.3)	70 (46.7)	1.53	VI

Environmental sanitation envisages promotion of health of the community by providing clean environment and breaking the cycle of disease. It depends on various factors that include hygiene status of the people, types of resources available, innovative and appropriate technologies according to the requirement of the community. These priorities are particularly important because of issue of water constraints, environment related health problems, rapid population growth, inequitable distribution of water resources, issues related to administrative problems, urbanization and industrialization, migration of population, and rapid economic growth.

Conclusion

A hygienic household toilet is the most important aspect of sanitation. Besides restoration of dignity, privacy, safety and social status, sanitation has strong bearings on child mortality, maternal health, water quality, primary education, gender equity, reduction of hunger and food security, environmental sustainability, global partnerships and ultimately on poverty alleviation and improvement of overall quality of life. Open defecation is still in practice in many rural areas resulting in serious social, health, economic and environmental problems. Openly lying human waste enables breeding and transmission of pathogens, which carry diseases and infections. The problem is most acute for children, women and young girls.

Children, especially those under the age of five are most prone to diarrhea and sometimes even lose their lives to an easily preventable disease. Loss of number of school days is another problem in times of illness. In case of women, lack of sanitation facilities often forces them to restrict themselves by reducing and controlling their diet, which leads to nutritional and health impacts. Women, especially adolescent girls, face higher risks of sexual assault due to lack of household toilets and having to defecate in the open.

Recommendations

1. Central government makes the case for public toilets, removes legal barriers, empowers local government and communities to take positive action, highlights opportunities and encourages innovation.
2. The commercial and private sectors realize their potential in promoting public access to toilets – not only as a way to increase turnover but also as part of their shared responsibility to the local community.
3. Adopting a strategic approach to public toilet provision.

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