5.1. Introduction:

It has been already described that, the children and infants are affected in particular and all people in general due to open defecation. Open defecation creates environmental pollution. It is also shameful for women and even leads to sexual exploitation and harassment to women. The Government of India and Government of Karnataka is much conscious about public health. Realizing the demerits of open defecation, Total Sanitation Campaign was launched. It was renamed as Nirmal Bharat Abhiyan and now it is known as Swachcha Bharat Abhiyan.

Though the primary aim of this campaign was just constructing latrines and toilets at rural areas, it was widened and include cleaning campaign at rural and urban areas. Construction of latrines and toilets are now part of this programme. Under NBA or SBA, financial assistance is provided to each family to construct latrines and toilets at their households. It has been successful all over India as disclosed by national level statistics.

Still, these schemes are also not away from controversies. It is noted that though latrines and toilets are constructed under this programme, still open defecation is not stopped by people especially in villages. Though, maintaining cleanliness at rural and urban areas is the duty of Panchayats and Municipalities, still many of the roads and public places are not clean. It shows that, there is negligence of public and administrators in maintaining cleanliness. But it can be said that, cleanliness is maintained to some extent due to the impact of TSC, NBA and SBA campaigns. In this respect, it is essential to look into the attitudes of people towards health of family,
cleanliness at private and public places, awareness of people on cleanliness campaigns such as NBA and SBA, benefits gained from these schemes, etc. In this regard, the present study is made to know the impact of Nirmal Bharat Abhiyan (now renamed as Swachcha Bharat Abhiyan) on cleanliness in rural areas and to conduct the study, Haveri district in Karnataka was chosen. The present study is based on collection of primary data from the beneficiaries of NBA or SBA and analysis and discussion of collected primary data is already made. Totally 480 persons living in rural areas of Haveri district was surveyed. The summaries of findings from the present study are as under.

5.2. Summaries of Findings:

Following are the summaries of findings from the present study:

1. As discussed above, total 480 respondents living in rural areas of Haveri district were interviewed to collect the primary data for the present study and the respondents are beneficiaries of Nirmal Bharat Abhiyan or Swachcha Bharat Abhiyan. Of the total respondents, 300 are males and 180 are females.

2. Age of the respondents disclosed that, 21.46% of the respondents belonged to 18 to 25 years, 28.54% belonged to 26 to 40 years, 23.96% of the respondents belonged to 41 to 50 years and the remaining 26.04% belonged to more than 51 years. It shows that, more or less equal proportions of the respondents from similar age group were selected for the survey.

3. Education level of all the respondents revealed that, 38.96% have completed primary or secondary education followed by, 31.67% have not went schools and are illiterates, 16.66% have completed their under-graduation and the remaining 12.71% have completed their graduation or post-graduation. It shows that the education of majority
of the respondents is lower or considerable portion of the respondents are also illiterates.

4. Religion of the total respondents depicted that, 71.46% of the respondents are Hindus followed by, 23.12% are Muslims, 2.92% are Christians, 2.08% are belonged to other religions such as Sikhism, Buddhism, etc and the remaining only 0.42% are Jains respectively.

5. Caste-wise distribution of all the respondents shows that, 51.87% belonged to other backward classes, followed by 25.00% belonged to others or forward castes, 15.00% belongs to scheduled castes and the remaining only 8.12% belongs to scheduled tribes respectively. It shows that, majority of the beneficiaries of Nirmal Bharat Abhiyan are other backward classes.

6. Marital status of all the respondents revealed that, 78.96% are married and living with their spouses, 14.79% of the respondents are widowers or widows, 4.79% are divorcees and the remaining 1.46% are separated or alienated from their spouses.

7. Regarding the nature of families in which the respondents are living disclosed that, 58.12% are living in joint families and 41.87% are living in nuclear or single families. It shows that still there are more joint families in rural areas.

8. On the number of children, it is revealed that, 50.21% of all the respondents have 1 to 2 children, 22.92% have 3 to 4 children, 17.50% have 5 or more children and 9.37% have no children. Surprisingly, it is highlighted that nearly half of the respondents have more than two children.

9. On whether they have children/infants of less than 02 years, it is found that, 52.92% of the respondents have no children of less than 02 years followed by, 19.16% have 01 to 02 children of less than 02 years, 18.75% have 03 to 04 children of less than 02 years and the remaining
9.16% have more than 04 children of less than 02 years of age respectively.

10. All the respondents have more than one facility at their houses. Particularly, of all the respondents, 74.79% have separate kitchen at their houses, 90.21% have separate bathroom at their houses, all the respondents have separate toilets or latrines at their houses, 82.92% have radio or television at their houses, 11.04% have computer system at their houses and 56.46% have other types of facilities such as telephones, mobile phones, etc. It is highlighted that all the respondents have gained from Nirmal Bharat Abhiyan and as such, all of them have separate toilets or latrines at their houses.

11. Size of the families of the respondents in terms of number of members in their families, 29.79% of the respondents have remarked that there are less than 04 members in their families, 47.29% have opined that there are 05 to 08 members in their families and the remaining 22.92% have agreed that there are more than 08 members in their families.

12. On the nature of their residences, 90.83% of the total respondents are living in their own house, whereas 9.17% are living in rental houses. It can be summarized that almost respondents are living in their own houses.

13. 64.37% of all the respondents are living in Pakka houses, whereas 35.62% are living in Kachcha houses.

14. Of all the respondents on family decision making, 34.16% have stated that their parents or parents-in-law are making family decisions, 22.29% have remarked that only their husbands are making family decisions, 31.04% have agreed that both husband and wife are making family decisions, 8.12% have felt that they are making decisions on their own and the remaining 4.37% have felt that other such as their children, brothers, etc. are making family decisions.
15. On the necessity of education for girls, of the total respondents, 23.96% have stated that education is needed for girls to learn reading and writing, 24.37% have expressed that education is necessary for girls to manage family efficiently, 37.71% have felt that education is necessary for girls to get employment, 8.12% have stated that education is needed for girls to get more status and respect, 2.50% have expressed that education is necessary for girls to get common knowledge and the remaining 3.33% have stated that education is necessary for girls for other purposes.

16. The sources of knowledge in society as stated by all the respondents, 28.12% are getting knowledge through their family members and relatives, 20.00% are getting knowledge through their friends, 17.50% are getting knowledge through education, 32.92% are getting knowledge through mass media and the remaining 1.46% are getting knowledge in society through other sources.

17. Family occupations of 36.04% of the respondents is agriculture, that of 17.29% of the respondents is business, industry or self-employment, family occupations of 12.92% of the respondents formal sector employment, family occupations of 24.37% of the respondents is unorganized sector or seasonal employment and that of 9.37% of the respondents is caste based.

18. Present occupations of all the respondents revealed that, 19.37% are engaged in agriculture, 16.67% are engaged in business, industry or self-employment, 12.29% are working in formal sector of employment, 23.54% are working in informal sector or seasonal employment, 9.37% are engaged in caste based occupations and the remaining 18.75% are unemployed.

19. As expressed by all the respondents surveyed, on their monthly income, 15.21% are earning less than Rs. 2500 per month, 16.04% are earning monthly income between Rs. 2501 to Rs. 5000, 20.21% are
earning income between Rs. 5001 to Rs. 7500 per month, 17.50% are earning income between Rs. 7501 to Rs. 10000 per month, 12.29% are earning monthly income of more than Rs. 10000 and 18.75% are not earning anything as they are unemployed.

20. On the monthly incomes of their spouses, 16.25% of the respondents have mentioned that their spouses are earning income of less than Rs. 2500 per month, 15.21% of the respondents have stated that their spouses are earning monthly income between Rs. 2501 to Rs. 5000, 18.54% have remarked that their spouses are earning income between Rs. 5001 to Rs. 7500 per month, 11.46% of the respondents have expressed that their spouses are earning income between Rs. 7501 to Rs. 10000 per month, 2.71% have felt that their spouses are earning income of more than Rs. 10000 per month and 35.83% of the respondents have stated that their spouses are not earning any income and few of these respondents include widows, divorcees and separated from their spouses.

21. On their monthly family income from all sources, of all the respondents, 36.25% have stated that their monthly family income is less than Rs. 10000, 47.50% have mentioned that their monthly family income is between Rs. 10001 to Rs. 20000, 12.71% have expressed that their monthly family income is between Rs. 20001 to Rs. 30000 and 3.54% have remarked that their monthly family income is between Rs. 30001 to Rs. 50000.

22. On the worth of properties owned by their families, among the total respondents, 17.92% have stated that their families have owned properties worth less than Rs. 50000, 31.67% have mentioned that their families have owned properties between Rs. 50001 to Rs. 2 lakhs, 24.58% have stated that their families have owned worth of properties between Rs. 2 lakhs to Rs. 10 lakhs, 20.00% have expressed that their
families have owned properties worth more than Rs. 10 lakhs and 5.83% have agreed that their families have not owned any properties.

23. Of the total respondents, 40.62% of the respondents are fully satisfied, 48.12% are satisfied to a greater extent and 11.25% are not satisfied in their socio-economic life.

24. On their health conditions among all the respondents, 48.95% have expressed that their health is always fine, 11.67% have stated that their health is subjected to seasonal variations, 23.54% have remarked that there are occasional illness due to atmosphere, 12.29% have mentioned that there is ill health due to hereditary diseases and 3.54% have opined that they are always facing sickness.

25. Regarding the health conditions of their family members, 57.29% of the respondents have agreed that their family members are always fine in terms of health conditions, 16.67% of the respondents have stated that health conditions of their family members is subject to seasonal variations, 19.58% have felt that there is occasional illness of their family members due to atmosphere, 4.37% of the respondents have agreed that their family members are suffering from ill health due to hereditary diseases and 2.08% of the respondents have felt that their family members are always sick.

26. As mentioned by all the respondents at the time of ill health, 51.25% are visiting public hospitals or Government Health Centres, 36.04% are visiting private hospitals or clinics, 9.37% are going for herbal medicine or preventive care and 3.33% are going for self-medication.

27. On the frequency to visit health centres or hospitals, among the total respondents, 13.75% are visiting to health centres or hospitals less than 2 times in a year, 5.42% are visiting to health centres or hospitals 3 to 5 times, 3.96% are visiting to health centres or hospitals 6 to 10 times in a year and 76.87% are visiting to health centres or hospitals occasionally or whenever there is ill health.
28. On the distance of health centres from their residences, 16.46% of the respondents have mentioned that the health centres are less than 02 Kms away from their residences, 13.54% have remarked that the health centres are 02 to 05 Kms away from their residences, 41.87% of the respondents have stated that the health centres are 06 to 15 Kms away from their residences, 19.58% have agreed that the health centres are 15 to 30 Kms away from their residences and the remaining 8.54% have stated that the health centres are more than 30 Kms away from their residences.

29. As mentioned by the total respondents on their satisfaction towards health care services of health care centres, 90 (18.75%) are fully satisfied, 215 (44.79%) are somewhat satisfied, 139 (28.96%) are not satisfied and the remaining 36 (7.50%) are not clear about the same.

30. As stated by the total respondents on their satisfaction towards health care services of health care centres, 18.75% are fully satisfied, 44.79% are somewhat satisfied, 28.96% are not satisfied and the remaining 7.50% are not clear about the same.

31. On the means of spreading the diseases, 63.75% of the respondents have expressed that poor sanitation and unclean area are the ways to spread the diseases in their locality, 40.62% of the respondents have mentioned that polluted drinking water is the main reason to spread the diseases, 18.54% have felt that the bad habits made the diseases to spread in their locality and 11.87% have also mentioned the other ways of spreading the diseases in the locality.

32. Surprisingly, only 19.17% of all the respondents have felt that there are adequate drainage facilities at their villages, whereas 80.83% have not agreed to the same.

33. On frequency of cleaning their houses, as stated by all the respondents, 35.00% are cleaning their houses and surroundings twice daily, 41.04% are cleaning their houses and surroundings daily once, 16.46%
are cleaning their houses and surroundings once in two days, 3.33% are cleaning their houses weekly and 4.17% are cleaning their houses occasionally.

34. As expressed by all the respondents on disposing the garbage, 44.17% are disposing the garbage to roads or drainage side followed by, 21.87% are handing over garbage to cleaning staff of Panchayats, 20.42% are throwing garbage to surroundings of the house and 13.54% are disposing the garbage into dust bin kept by Municipality or Gram Panchayats.

35. Frequency of cleaning public dust bins, roads and drainages, among all the respondents, 28.12% have agreed that Panchayat cleaning staff are daily cleaning roads, drainages and dust bins, 41.87% have mentioned that the cleaning staff of Panchayats are cleaning the roads, drainages and dust bins weekly, 9.37% have agreed that panchayat cleaning staff are cleaning roads, dust bins and drainages fortnightly, 15.21% have stated that the cleaning staff of Panchayats are cleaning roads, drainages and dust bins occasionally and 5.42% have expressed that the Panchayat cleaning staff are not cleaning dust bins, roads and drainages.

36. Only 90.21% of the respondents have agreed that there are separate bath rooms at their houses, whereas 9.79% have disagreed to the same.

37. It is noted that only 9.79% of the respondents are taking bath at temporary bath rooms made outside their houses and it is not applicable to 90.21% of the total respondents as they have separate bath rooms at their houses.

38. Purification of drinking water and its use by the respondents revealed that, 71.67% of the respondents are drinking water directly collected from public taps or bore wells, 14.16% are drinking water after making filter, 8.12% are drinking water after boiling and cooling and 6.04%
are drinking water after making other processes cleaning by use of cloth.

39. As agreed by all the respondents, 4.17% are visiting to health centres and hospitals to get their children’s health check-up fortnightly, 15.00% are visiting to hospitals to get their children’s health check-up once in a month, 67.50% are visiting to hospitals and health centres to check-up their children’s health as and when their children are ill, 3.96% are not at all visiting to health centres or hospitals for the health check-up of their children and it is not applicable to 9.37% of the respondents as they don’t have children.

40. 21.67% of all the respondents have agreed that they have vaccinated their children, whereas 68.96% have disagreed to the same and it is not applicable to 9.37% of the respondents as they don’t have children.

41. The Reasons for not vaccinating their children by the respondents revealed that, 25.21% are not aware about children’s vaccinations, 39.37% are poor as they can’t able to purchase vaccines for their children, 4.37% feel that the vaccines are not effective and it is not applicable to 31.04% of the respondents as they have vaccinated their children or a few of them don’t have children.

42. Causes for illness as stated by the respondents disclosed that, 8.33% have agreed that heredity is main cause for the illness of their family, 50.21% have felt that unclean environment is cause of illness for their families, 23.75% have expressed that contaminated or polluted water or infected food are causes for illness of their families, 13.75% have stated that bad habits are causes of illness for their families and 3.96% have given other causes of illness to their families.

43. Few of the respondents have given more than one type of health problems in their families. Particularly, of the total respondents, 11.46% have stated that their family members are suffering from respiratory problems, 37.92% have expressed that their family
members are suffering from diarrhea or digestive disorders, 43.96% have remarked that their family members are suffering from Malaria, Dengue, Typhoid and fever, 17.71% have mentioned that their family members are suffering from cold or cough and 6.04% have given other types of illness or diseases suffered by their family members.

44. On the sources of knowledge about the Government schemes and vaccinations, 32.92% of the respondents are getting knowledge on vaccinations and Government welfare schemes through mass media, 28.12% of the respondents are getting knowledge about the same from their neighbours, friends and relatives, 24.58% are getting knowledge about the same from Anganawadis and Asha workers, 12.92% are getting information about Government welfare schemes and vaccinations from doctors in health centres and 1.46% are getting knowledge about the same from other sources.

45. Many of the respondents have possessed more than one type of identity cards to gain benefits from Government welfare schemes. Of the total respondents, 77.71% have BPL cards, 22.29% have APL cards, 72.50% have Aadhar cards, 44.16% have Yeshaswini cards and 23.12% have other types of identity cards.

46. 44.58% of all the respondents are openly defecating at outside lands, 49.58% are defecating at their family latrines and 5.83% are defecating at the community toilets and latrines.

47. On the cleanliness of toilets and of all the respondents, 1.46% have mentioned that community toilets or latrines weekly cleaned, 4.37% have felt that community latrines or toilets are never cleaned and it is not applicable to 94.17% of the respondents as they are openly defecating or defecating at their family latrines or toilets.

48. 94.17% of the total respondents have latrines attached to their houses, whereas 5.83% don’t have latrines or toilet facilities attached to their houses.
49. On the type of latrines among all the respondents, 23.54% have water closer type of latrines attached to their houses, 25.62% have pit latrines, 45.00% have sanitary latrine with septic tanks and it is not applicable to 5.83% of the respondents as they don’t have latrines attached to their households.

50. Of all the respondents surveyed, 50.83% have mentioned that toilets and latrines are essential for maintaining good health and hygiene, whereas 28.12% have not agreed to the same and 21.04% have not given their opinions on the same.

51. 58.96% of the total respondents are wearing foot wear while going to defecation, whereas 41.04% are not wearing foot wear while going to defecation.

52. After defecation, 34.37% of all the respondents use soap water to wash their hands, 44.79% of the respondents are using mud to wash their hands and 20.83% of all the respondents use only water to wash their hands.

53. The children of the respondents are suffering from more than one type of health problems. Particularly, 11.87% of the respondents have expressed that their children are suffering from psoriasis, eczema, etc, 57.29% have stated that diarrhea, dysentery, worm infections, etc, 17.71% have remarked that their children are suffering from malaria, flu, jaundice, etc, 25.00% have mentioned that their children are suffering from fever, typhoid, etc, 7.29% have felt that their children are also suffering from other health problems and only 16.87% have agreed that their children are not suffering from any of such health problems and a few of them don’t have children.

54. Of the total respondents, 40.62% have agreed that open defecation leads to ill health, whereas 33.96% have disagreed to the same and 25.42% are not aware about the same.
55. Of all the respondents, 15.83% have stated that open defecation is convenient, healthy, etc, 30.62% have remarked that open defecation is shame, loss of dignity, etc to women, 12.92% have mentioned that open defecation leads to ill health and diseases and 40.62% have mentioned that there are no effects or problems of open defecation. All the respondents are fully aware about Nirmal Bharat Abhiyan or Swachcha Bharat Abhiyan and gained benefits from these schemes.

56. On the benefits gained by the respondents in terms of financial assistance, 7.08% of the respondents were gained from NBA/ SBA to construct latrines financial assistance of less than Rs. 2000, 34.37% were gained financial benefit between Rs. 2000 to Rs. 3000, 32.29% of the respondents were gained benefit between Rs. 3000 to Rs. 4000 and 26.25% were gained benefit between Rs. 4000 to Rs. 11000.

57. Only 59.79% of the total respondents are satisfied with TSC/ NBA/ SBA, whereas 40.21% are not satisfied with the same.

58. As stated by total respondents, children of 28.54% of the respondents are going to Anganawadis, whereas children of 71.46% are not going to Anganawadis. It is noted that children of many of the respondents are of more age and hence, they are not going to Anganawadis.

59. 70.62% of the total respondents have agreed that there are toilets and latrines at the schools and Anganawadis, whereas 29.37% have not agreed to the same.

60. Of the total respondents surveyed, 27.08% have stated that the toilets and latrines at the Anganawadis are always clean, 26.87% have mentioned that the toilets at the Anganawadis are not clean, 14.16% have remarked that the toilets and latrines at the Anganawadis are not used and locked, 2.51% are not aware about the cleanliness of toilets and latrines at the Anganawadis and it is not applicable to 29.37% of the respondents as they have already stated that there are no toilets or latrines at the Anganawadis.
61. On the state of toilets and latrines at schools, 37.29% of the respondents have stated that the toilets and latrines at the schools are always clean, 18.96% have mentioned that the toilets at the schools are not clean, 10.83% have remarked that the toilets and latrines at the schools are not used and locked, 3.54% are not aware about the cleanliness of toilets and latrines at the schools and it is not applicable to 29.37% of the respondents as they have already stated that there are no toilets or latrines at the schools.

62. Only 5.00% of the respondents have agreed that there are community sanitary complexes at their villages, whereas 95.00% have no community sanitary complexes at their villages.

63. As mentioned by all the respondents, 5.00% have felt that community sanitary complexes are managed by panchayats, whereas it is not applicable to 95.00% of the respondents as they have agreed that there are no community sanitary complexes at their villages.

64. All the respondents have agreed that there are toilets and latrines at the Gram Panchayats.

65. Among the total respondents, 40.42% have agreed that the toilets and latrines at Gram Panchayats are always clean, 32.08% have disagreed to the same, 15.42% have mentioned that the toilets and latrines at Gram Panchayats are not used and locked and 12.08% have no awareness about the same.

66. 51.87% of the respondents have fully agreed that overall cleanliness in villages’ leads to diseases free village, 28.54% agreed to the same to a greater extent and 19.58% of the respondents have not agreed to the same.

67. Of the total respondents surveyed, 65.83% have mentioned that cleaning toilets and latrines are essential for every family, whereas 16.04% have not agreed to the same and 18.12% have no awareness about the same.
Of all the respondents, 11.87% have mentioned that their villages were got Nirmal Gram Puraskar award, 15.00% have expressed that their villages were got Suvarna Gram Award, 2.08% have mentioned that their villages were got other awards and 71.04% have remarked that their villages were not got any awards.

5.3. Observations and Conclusion:

It is noted that attitudes of people on cleanliness including use of toilets and latrines and open defecation varies according to age and education. Hence, age and education was considered while collecting the primary data. As such, more or less equal proportions of different age groups of the respondents were selected to collect the primary data. It is found that majority of the respondents surveyed are illiterates or low-educated that is up to secondary education. Hindus are dominated in villages followed by Muslims and the people of other religions are rare in villages. People of other backward classes are dominated and others or forward castes are also dominated in villages. Though all the respondents surveyed are married, still there are divorcees, widowers, widows and separated from spouses.

It is found that, majority of the respondents are living in joint families. Numbers of children are more for good numbers of the respondents. As such, the size of the family in terms of total numbers of family members is also more that is 05 to 08 members in majority of the families. Surprisingly, it is highlighted though there are small houses; there are small kitchens, small bathrooms, but well equipped with entertainment and communication facilities such as radio, television, mobile phones, etc.

Almost all the respondents are living in their own house and to a greater extent, these houses are old, but Pakka houses. It seems that the elders are respected in the families of the respondents, as considerable numbers of the
respondents have expressed that their parents or parents-in-law are making the family decisions and due to modernization, the females are also given equal status as few of the respondents have told that both husband and wife are making family decisions. All the respondents are supported for the female education and as stated by many, employment is main purpose of girls’ education. There are also other reasons for female education which include managing family efficiently, learning reading and writing, etc. Family members, relatives, friends, mass media and education are main sources of knowledge for the respondents.

Family occupations of majority of the respondents include agriculture, small business, self-employment and employment in unorganized sector. Few of the respondents are working in occupations other than their family occupations. The individual income, income of spouse and family income of a great majority of the respondents revealed that they belonged to middle class income group. As such, these respondents have also owned properties worth up to Rs. 10 lakhs. It is found that almost all the respondents are fully satisfied or satisfied to a greater extent in socio-economic life.

Health conditions of half of the respondents and their family members are always fine and the health of the remaining respondents is affected adversely depending on the seasons, heredity, etc. Majority of the respondents are visiting to public or Government hospitals and private hospitals during ill health. These respondents visit to health centres as and when there is ill health or occasionally. Hospitals and health centres are located near to majority of the respondents that is up to 10 Kms. A few of the respondents are not satisfied with the facilities and services of health care centres.

Few of the respondents have given more than one type of ways of spreading diseases and ill health in society. Particularly, poor sanitation,
polluted drinking water and bad habits are few of the reasons for health problems and ill health in their areas. Surprisingly, it is highlighted that there are no drainage facilities in many of the villages as stated by a great majority of the respondents. Of course, the consciousness of almost respondents regarding maintaining cleanliness at their households is good as they are cleaning their households daily or twice daily. But few of the respondents are dumping garbage on the roads or side of drainages, it shows that they are neglecting public cleanliness. Though in many villages, there is regular cleaning of public dust bins, still in few of the villages there irregular cleaning of public dust bins, which spread diseases in villages.

It is surprising to note that, an overwhelming majority of the respondents are drinking water directly after collecting from taps and bore wells, without any purification. Due to such water, there may be possible that there are health problems and diseases through polluted drinking water. Further, especially it is essential to go for periodical health check-up of children up to 5 years of age. But majority of the respondents are visiting to hospitals with their children as and when their children feel ill. It is also highlighted that the parents are neglecting health of their children as a great majority of the respondents are not vaccinating their children against diseases. Poverty and unawareness about vaccines are the major reasons for not vaccinating their children. As such, as expressed by majority of the respondents, unclean environment and polluted drinking water are major reasons for diseases and health problems faced by family members of the respondents. Diarrhea, dysentery, digestive problems, dengue, malaria, typhoid, etc are few of the diseases and ill health problems faced by the respondents or their family members, which are caused due to unclean environment and polluted drinking water. Still as agreed by almost respondents, the Anganawadis, mass media, neighbours, relatives, doctors and friends are playing significant role in spreading awareness on Government
schemes related to health and vaccinations. As revealed by the study, almost all the respondents are possessed the different identity cards such as UIDAI (Aadhar) card, BPL/ APL Cards, Voter Id cards, etc.

Though, all the respondents have gained benefits from Total Sanitation Campaign (TSC), Nirmal Bharat Abhiyan (NBA) or Swachcha Bharat Abhiyan (SBA), still many of the respondents are habituated to go for open defecation. It shows that failure in these schemes to increase awareness of people in rural areas against open defecation and consequent health problems. Still, few of the respondents are visiting to community toilets for defecation. There are different types of toilets and latrines such as water closure, pit latrines and sanitary latrines with septic tanks. It shows that the village people don’t have knowledge about the hygiene and importance of latrines in maintaining health and hygiene of families. Though majority of the respondents and their family members are wearing foot wear while going to toilets and latrines, still a considerable numbers of the respondents are not wearing foot wears, which invites diseases and health problems by viral infections and worm infections. Further, majority of the respondents are washing hands with only water or with mud and water after defecation, which is also unhealthy. It is essential that they have to wash their hands with soap water after defecation.

It has also revealed from the study that the children of the respondents are suffering from diarrhea, dysentery, malaria, dengue, jaundice, typhoid, etc, which are affected children due to polluted drinking water or unhygienic environment. Only few of the respondents have agreed that open defecation leads to ill health, it shows that there is less awareness among the people in villages regarding the cleanliness and related health problems. Of course, majority of the respondents are aware the disadvantages of open defecation.
such as ill health, loss of dignity, shame, etc, still few of the respondents are habituated to open defecation.

As discussed already, all are aware about TSC, NBA and SBA and even gained the benefits from these schemes. All the respondents have gained financial assistance between Rs. 2000 to Rs. 11000 to construct latrines and toilets at their households. Majority of the respondents are also satisfied with these schemes.

It is observed from the present study that, majority of the respondents have realized the significance of Anganawadis in maintaining health, hygiene and nutrition of infants and children. As such, they are sending their children and infants to Anganawadis. As stated by majority of the respondents, the schools and Anganawadis have toilets and latrines. But, to a greater extent, the toilets and latrines attached to schools and Anganawadis are not clean, not used and locked. Still few of the schools and Anganawadis don’t have toilets and latrines.

Almost villages surveyed don’t have community sanitary complexes and few of the villages have community sanitary complexes. Wherever there are community sanitary complexes, the Panchayats are maintaining such community sanitary complexes. Though all the Gram Panchayat offices have toilets and latrines, they are not clean, not used or kept locked. It is emphasized that though majority of the respondents have agreed that, overall cleanliness of village leads to disease-free village, still nearly half of the respondents have not agreed to the same. Majority of the respondents have agreed that cleaning of toilets and latrines regularly is essential for every family to avoid health problems. A few of the villages have also got different awards such as Suvarna Grama and Nirmal Gram Puraskar.
To conclude, the study revealed that the TSC, NBA and SBA have provided benefits to common people to construct family and community latrines and toilets. Still, many of the people in villages are not aware about the prime purposes of construction of latrines and toilets. Even many of the people are habituated to go for open defecation. Hence, the ultimate aim of these schemes has been failed to some extent. It has also disclosed that, due to absence of drainages and poor sanitation in villages, cleanliness is not maintained, which invites health problems and diseases. It is essential on the part of Panchayats to take action to clean roads, drainages and public dust bins regularly that is at least once in two days. It helps to maintain public health in the villages.

Now, it is on the part of the Government and the NGOs to create mass awareness against open defecation and demerits of open defecation among the people in villages. Further, the underground drainages should be constructed and sanitation facilities should be improved to maintain health of the people. It is also essential to establish health centres at every villages, so that the people can reach the health centres within the range of 2-5 Kms. The Government has to pass necessary legislations and put conditions that clean latrines and toilets should be constructed besides the schools and Anganawadis. Necessary awareness of people should be created on vaccination of children. Then the purpose of all of these clean campaigns should be completely achieved.

5.4. Suggestions:

Following suggestions are made from the present study:

1. It is suggested to the people living in rural areas to give much emphasis to higher education for their children.
2. Awareness about family planning practices and contraception is essential for the people living in rural areas to reduce the number of children.

3. It is suggested to people living in rural areas to give much importance to cleanliness and for this purpose, they have to maintain clean bathrooms, toilets and latrines in their houses or near to their houses.


5. There is need to set up more health centres in villages and upgrade existing health centres to meet all the types of major health problems of people living in villages.

6. Rural sanitation and maintaining underground drainages is essential in villages. Further, these drainages should always be cleaned by cleaning staff of Panchayats.

7. The people in village must aware about the importance of cleanliness of their households, surroundings and village. For this purpose, they have to regularly that is daily once or twice clean their houses and throw garbage in dust bins kept by Panchayats. The Panchayats must have to maintain public dust bins at every street.

8. The Panchayats should conscious about health problems arised out of polluted drinking water. For this purpose, the panchayats have to arrange for supply of pure drinking water to village.

9. The people living in rural areas must be alert about polluted drinking water and they have to use water after purification such as using water filters in their houses.

10. It is suggested to the parents of infants and children of less than 03 years to visit the health centres to get regular health check-up of their children and such frequency should be at least once in 15 days.

11. It is suggested to parents of infants and children to vaccinate their children and in this regard, the Government must supply different
vaccines at concessional rates to poor people. Awareness about Vaccines should be made by doctors and health care professionals in villages.

12. Simply construction of latrines and toilets at households is not sufficient under NBA/ SBA, but it is essential to increase awareness of people living in rural areas against the possible health problems that may arise due to open defecation. Further, there is also needed to give awareness about cleanliness of houses, toilets and latrines so as to keep the diseases and health problems away from people.

13. The people living in villages should avoid open defecation, which increases health problems and even it is shame and low dignity for women in villages.

14. It is suggested to Anganawadis, Schools and Panchayat offices to maintain clean toilets and latrines. In this respect, the Government must make it mandatory to maintain clean toilets and latrines in these institutions while providing recognition. It is also suggested to Anganawadis, schools and Panchayat offices to keep open the toilets and latrines and ensure cleanliness of the same.

15. The Government, the Panchayats, NGOs and other agencies should have take initiation to open community sanitary complexes at villages.

16. Overall, it is suggested to Panchayats to maintain cleanliness of roads, drainages, toilets, latrines, public places, etc, so as to assure the public health.