

Sanitation and Social Development: A Socio-Cultural Study of Indian Society

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ABSTRACT

Sanitation and Development are closely related to one another. Just like food and drinking water, Sanitation is a basic need. The degree of cleanliness, health and hygiene is a key indicator of its level of development. Any society, where people live in filth and weak at the level of health, cannot be said to be developed. Poor sanitation reduces human well-being, social and economic development due to the impacts such as anxiety, risk of sexual assault, and lost opportunities for education and work. In order to promote hygiene, sanitation and social development, many schemes have been implemented by the Government of India. The socio-cultural practices of people towards cleanliness are very low in some of the backward, Rural and slum communities of Indian society. The present study shall explore the Sanitation situation in Indian society in recent years and the performance of Swachh Bharat Mission in the provision of Sanitation in India. It also highlights the various components of Manual Scavenging and cleanliness through the study of socio-cultural habits of Indian society which retards social development. The present study uses Secondary data related to Sanitation. The Sanitation situation in Indian society and changes in the recent years were analyzed using data from the reports published by Census of India, National Annual Rural Sanitation Survey 2019-20 and report published in the sbm.gov.in website.

Keywords: Sanitation, Social Development, Hygiene, Manual Scavenging, Cleanliness, Indian Society.

Introduction

Sanitation refers to the conditions relating to public health, especially the provision of clean drinking water and adequate sewage disposal. In addition, it also involves safe and effective methods of disposing of human, animal, and industrial waste; adequate housing in hygienic conditions; and protection of food from chemical and biological hazards. The word sanitation also refers to the maintenance of hygienic conditions, through services such as garbage collection and wastewater disposal. In other words, Sanitation refers to any system that promotes proper disposal of human and animal wastes, proper use of toilet and avoiding open space defecation. Adequate sanitation, together with good hygiene and safe water are fundamental to good health and to social and economic development (Pais, 2015).

Review of literature

Human beings have always regarded themselves as a unique species because he alone has culture.

His social life is governed by culture. Culture is therefore a profound possession that ramifies throughout human life and accounts for all of man's truly unique qualities. It adds an extra dimension to existence and makes human what would otherwise be merely animal. Since culture is a matter of tradition it can and does vary from one group or society to another. Culture is transmitted by communication rather than by inheritance. Therefore it is not uniform for the species as a whole. It is culture that makes necessary distinction between marriage and mating, legitimacy and illegitimacy, authority and dominance (Davis, 2007).

Kochar, V., (1977) in the study Sanitation and hygiene is, more than anything else, a way of life. New innovations and technology should be selected in a such manner that it as a part of the existing rural Life style and environment in terms of their perceived values and priorities and their existing pattern of habits and customs. This can be achieved by incorporating epidemiologically useful component of the local culture into sanitation programs.

Manisha, M., (2015) in her study made an attempt to investigate and discuss impact of poor sanitation on different aspects of social life in India. The study stated that improved and adequate sanitation will have profound implications on human and society. According to the author, Sanitation improvement programs should be aligned properly with the society to provide adequate benefits. Further, the study stressed that private public partnership, strong and well-designed policy, a sustainable framework with strong political commitment is essential to bring the change in the situation of Sanitation.

Singh and Ziyauddin (2009) explained the problem of manual scavenging in India as a form of caste and occupation-based social exclusion. The study analyzed various causes of the continuance of manual scavenging with the case study of Ghazipur district in eastern Uttar Pradesh. According to this study, the manual scavengers are the socially, economically, psychologically and politically marginalized section of the society in India. The study found that manual scavenging is closely associated with caste and religious structure of the society; and almost all scavengers surveyed were belonging to Mehtar caste, which are relegated to the lowest rung of the social hierarchy. Further, the study also highlights that the social boycott and lack of support from government agencies, are forcing the manual scavengers to stick with the in human task of manual scavenging.

Kumar et.al, (2023) discussed Gandhian thoughts on Sanitation and various schemes which have been implemented by the government of India in the field of Sanitation. The study also identified an indicative list of reasons for open defecation based on household level primary data obtained from a cross section of rural and urban slum households. The study concluded that unless open defecation is eliminated through the use of toilets; achieving "health for all" will remain a pipe dream.

Jaggi et.al, (2017) studied the objectives of Swachh Bharat Mission. The study also focused on the overall performance and impact of Swachh Bharat Mission. It discussed the role of many famous and well known personalities who have taken active participation in the Swachh Bharat Abhiyan for the awareness of sanitation and hygiene surroundings and their localities. The study concluded that the main achievement of Swachh Bharat Abhiyan is that it covered 4041 statutory towns to make them clean.

Objectives

1. To explore the Sanitation Situation in Indian Society.
2. To analyze the Socio-Cultural aspects of Sanitation in Indian Society.
3. To study the Performance of Swachh Bharat Mission in the provision of Sanitation in India.

Research Methodology

The present study uses Secondary data related to Sanitation and Social Development. The Sanitation situation in Indian Society and changes in the recent years were analyzed using data from the reports published by the census of India, National Annual Rural Sanitation Survey 2019-20 and report published in the sbm.gov.in website. The Socio-Cultural aspects of Sanitation and Manual Scavenging are discussed using data published by the Socio-Economic and Caste Census. Various Publications also have been consulted in order to make the study more effective one. This study uses tables and diagrams like bar and Pie charts for illustration and analytical study purpose.

Sanitation and Social Development

In the modern world, Sanitation has become a key indicator to measure social and economic development of a nation. Access to sanitation has various consequences on the overall social and economic development of societies. Amongst other things, it contributes to poverty reduction, alleviation of hunger, improving health and primary education, and environmental sustainability. Sanitation can be considered as one of the important element of development. The absence of Sanitation leads to many social problems and adequate sanitation leads to development. Poor Sanitation is considered as the hindrance towards socio-economic advancement. Poor Sanitation is associated with poverty, hunger, lack of education, gender inequality, child and maternal mortality, diseases and economic deprivation.

There are two forms of Sanitation, namely; Personal Sanitation and Public Hygiene. Personal Sanitation is concerned with handling menstrual waste, cleaning household toilets, and managing household garbage, whereas Public Sanitation includes garbage collection, transfer and treatment (municipal solid waste management), cleaning drains, streets, schools, trains, public spaces, community toilets and public toilets, sewers, operating sewage treatment plants, etc. According to the WHO, 'Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and faeces. The word 'sanitation' also refers to the maintenance of hygienic conditions, through services such as garbage collection and waste water disposal'.

Global Water Supply and sanitation Assessment 2000 Report by WHO and UNICEF understands sanitation in a way to include connection to a sewer or septic tank system, pour- flush latrine, simple pit or ventilated improved pit latrine, with allowance for acceptable local technologies.

Social Development aims at improving the quality of life of individuals and communities by enabling them to fulfill their basic needs and realize their full potential. Social development is concerned not only with providing access to education and promoting social justice, but also providing access to healthcare, clean water and sanitation services.

Social Development is about improving the well-being of each and every individual in the society so that they can reach their full potential. The welfare of each and every individual is correlated with the success of society. Moreover, there are even different perceptions of development. For instance, there might be economic and socio-cultural dimension of development. However, when we discuss about Social Development, we tend to focus more on the qualitative aspect of change in the social structures and processes. Every society has its own set of cultural values, norms, traditions, customs and other elements all of which need to be carefully analyzed in order to examine the social development of a society.

ASSWI (Association of School of Social Work in India)-"Social development is a process of

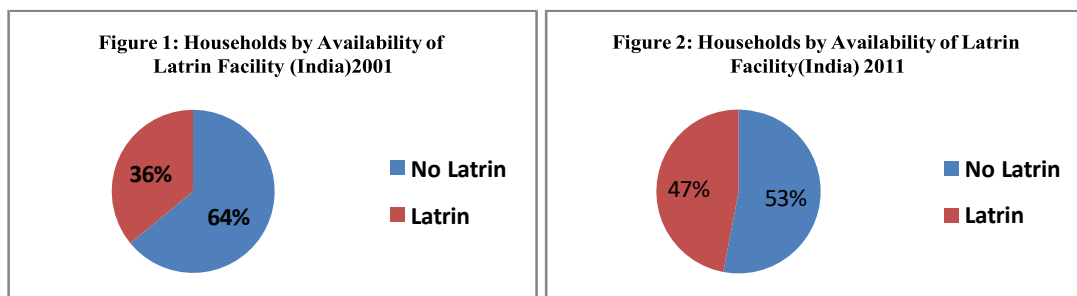
systematic change (values, attitudes, institutions and practices) purposefully initiated through the instruments of social policy and planning for enhancement of the levels of living and quality of life of the mass of people especially the weaker sections in an ecofriendly, socially just and participator environment”.

M.S.A. Rao-“Social development consists largely of efforts to improve the social situation in regard to social development, housing, health and nutrition, education and training, employment and working conditions, social security, social stability and social welfare”.

Sanitation situation in Indian Society

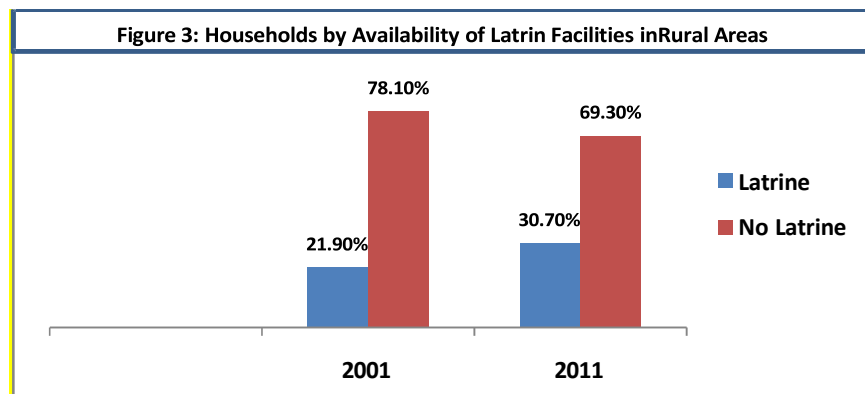
India has made significant progress in various fields since independence in 1947. The average lifespan has increased from less than 40 years at the time of Independence to 76 years now, and per capita income of our country has been rising. According to 2011 Census, the overall literacy rate has also increased from less than 20% in 1951 to 74.04 % in 2011. However, on the other hand, India is the country with highest number of malnourished people in the world. Studies indicate that malnourishment is not only due to lack of access to food but also due to lack of access to safe drinking water and sanitation.

It is important to note that India’s 1.21 billion (2011 census) people live in large number of rural and urban habitations. There were 7935 cities and towns and 6.4 lakh villages in India according to 2011 Census. Though the government of India has implemented many schemes to provide latrine facilities in rural and urban areas since Independence, 53% of people in India do not have latrine facilities.



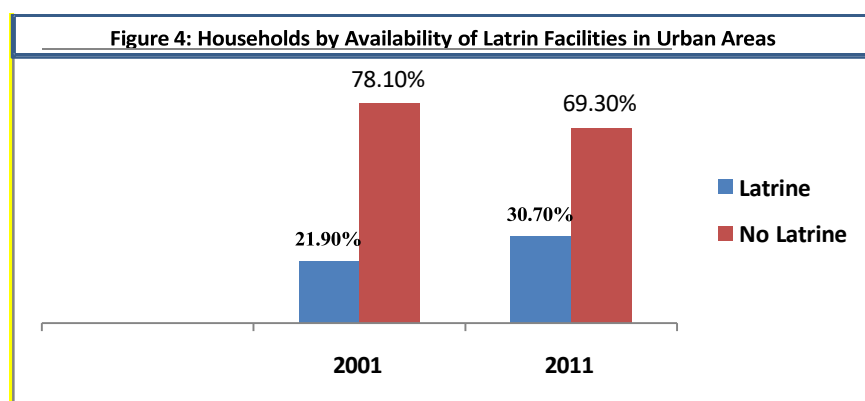
Source: Census of 2001 and 2011

The above diagram indicates that there is increase of 11% in the number of households having latrine facility. If we average it around the period of 10 years there is an increase of only 1.1% per year. The diagram also shows that there are rural-urban disparities in the availability of latrine facility to households during both the censuses.



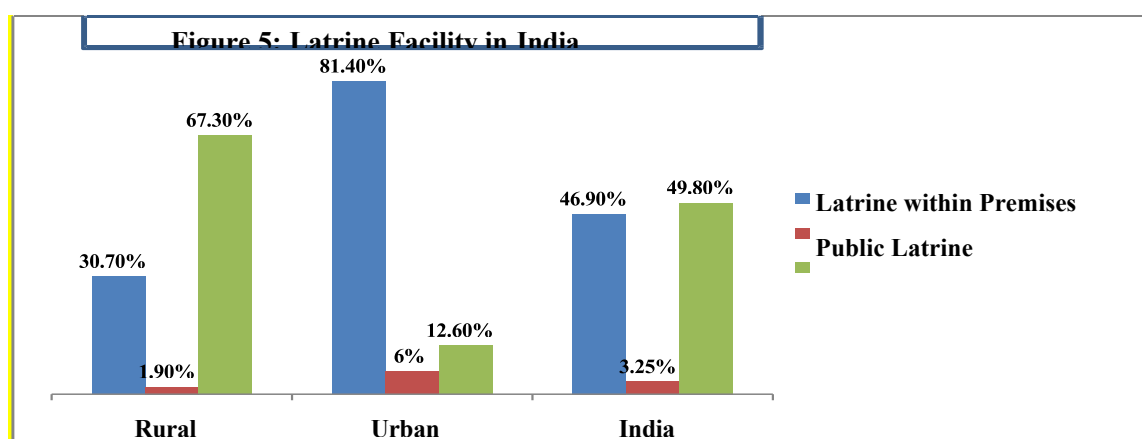
Source: Census 2001, 2011

The Diagram 3 indicates that in 2001 the latrine facilities in rural areas was 21.90% and in 2011, it has increased to 30.70%. It shows that there is increase of only 8.8% in the number of households having latrine facilities in rural areas from 2001 to 2011.



Source: Census 2001, 2011.

The Diagram 4 indicates that in 2001 the latrine facilities in urban areas was 23.70% and in 2011, it has increased to 31.4%. It shows that there is increase of only 7.7% in the number of households having latrine facilities in rural areas from 2001 to 2011. From the diagram it is clear that the situation didn't change much during a decade and the Census 2011 also revealed the high rural-urban disparities.



Source: Census of 2011

The above diagram shows that in rural area, 30.7% households have latrine within their premises whereas 1.9% households use public latrine. 67.3% of rural people practice open defecation. In urban area, 81.4% households have latrine within their premises whereas 6% households use public latrine. 12.6% of urban people practice open defecation. This data for India level is 46.9%, 3.2% and 49.8% respectively (Census 2011). The above shows that the problem is more acute in the rural areas. The most dangerous practice of open defecation is the highest in rural areas and is almost five times higher than urban areas.

Women and children are the most vulnerable section of the society due to inadequate sanitation. In Indian tradition, women have to go in the open to defecate where they are vulnerable to various infections and diseases. Diarrhea is a common illness among the children in India. Therefore, unfortunately children become victim of the disease. Women going in open are compelled to stand up when someone passes by. They always have to go either before dawn or after dusk. However this would be unfair to say that only women and children carry the contaminants or diseases but men also contribute to the same through unsanitary practices. For example, along with defecating in open men eat and drink and play with their children without washing their hands after activities like ploughing their fields (Pais, R 2015).

Socio-Cultural aspects of Sanitation in Indian society

Culture generally consists of shared behavior, beliefs, objects and other elements common to the members of a particular group/society. It covers many societal aspects material and non-material like language, customs, values, norms, mores, rules, tools, technologies, products, organizations and institutions. A set of symbols or language in a society is the key to developing and conveying a culture. Material culture is the sum total of objects or belongings of a group whereas non-material culture reflects their ideas, attitudes and beliefs, knowledge and customs. (Roy, D and Sankar, S 2021).

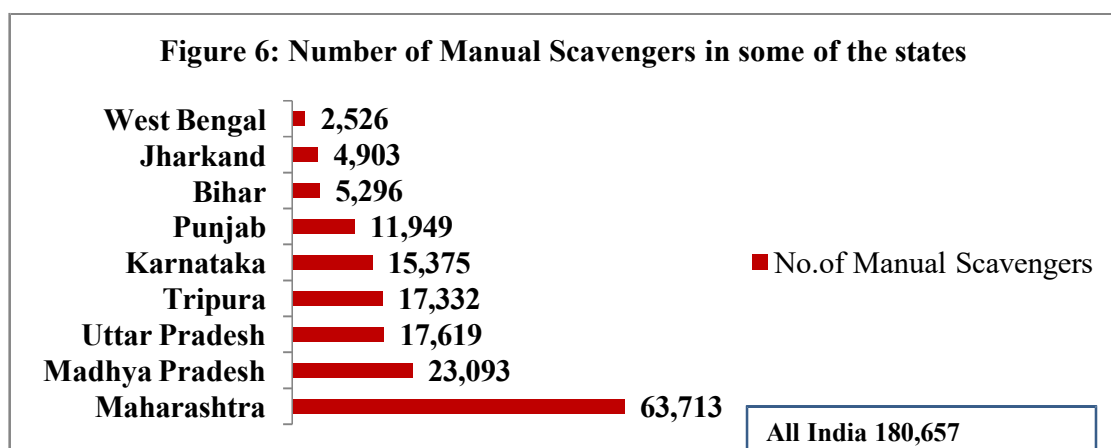
According to E B Tylor, “culture is that complex whole which includes knowledge, habit, art, moral, law, custom and other capabilities acquired by man as a member of society”.

Culture and Sanitation are closely related. Though Sanitation is a universal need, the method of sanitation varies from place to place, people to people and culture to culture. Dealing with excreta might often be taboo due to cultural and religious beliefs. In Hindu culture, anything that leaves or is detached from the body is viewed ‘dirty’. Because of this, the toilet is regarded a dirty place and people that have a toilet in villages would not have it close to their house. The culture of Indian Society will not allow the people to construct a toilet within their house or nearby house. This is the reason why many people in India would just go somewhere to the fields. This cultural belief is the main reason for why the open defecation still persists in many parts of the Indian Society. Therefore, it is very much essential to study the culture of people in order to understand the sanitation and problems relating to sanitation.

In India, women suffer most because of lack of toilets. Both in rural and urban areas, women without toilets only go out to relieve themselves in the dark, because their gender ideology tells them that they cannot take the risk to be seen. There are instances, where women in order to avoid going to ease themselves reduce eating. For some women wait till the dark results in constipation and adapted diet and drinking habits, which give serious health problems. Therefore there is direct relationship between health of women and lack of sanitation facilities. The absence of toilets is not merely because of poverty but also because of the cultural inhibitions and constraints regarding women’s bodily functions (Pais, R 2015).

The socio-cultural standards of people towards cleanliness are extremely low in some backward, rural and slum communities of Indian society. There is direct relationship between the socio-cultural standards of the people and various components of scavenging and cleanliness in Indian society. Scavenging is a caste-based and hereditary occupation. Manual scavengers belong to untouchable castes and are considered outcasts. Their occupation is considered as ritually polluting. More than an occupation, manual scavenging has become a social norm or custom, which continues persistently despite all the available technology and alternatives. It is defined as “the removal of human excrement from public streets and dry latrines, cleaning septic tanks, gutters and sewers without any safety gears and with bare hands”. It is accepted that the dehumanizing manual scavenging came into being along with the Caste. From the ancient time when the people ended their nomadic life and started to live in small towns, they needed a system for defecation and hired a particular caste group to clean the human excreta (Darokar, 2008).

Even after 76 years of independence, men and women who work as Manual Scavengers continue to engage in manually cleaning human excrement from private and public dry toilets, open defecation sites, septic tanks, and open and closed gutters and sewer. Women who engaged in Manual Scavenging face double discrimination as caste and gender inequality. The 2011 Census of India confirmed that the inhuman practice of Manual Scavenging still continues in India. According to the Socio Economic and Caste Census 2011, there are about 1.8 lakh Indian households who rely on Manual Scavenging for their survival; and Maharashtra has the highest number of manual scavengers (i.e. 63,713), followed by Madhya Pradesh, Uttar Pradesh, Tripura, and Karnataka.



Source: The Socio-economic and Caste Census 2011

According to Census (2011), there are 794,390 dry latrines in India where human excreta are cleaned manually; and in addition, there are 1,314,652 toilets where human excreta are flushed into open drains, which are again manually cleaned by individuals from Dalit community. Though Manual Scavenging was abolished as late as 2013 by an Act of Parliament, it still survives in parts of India without proper sewage system.

Performance of the Swachh Bharat Mission in the provision of Sanitation in India:

The government of India introduced Swachh Bharat Abhiyan on the occasion of Mahatma Gandhi's birth anniversary on 2nd October 2014. It was formally inaugurated at Rajghat, New Delhi by PM

Narendra Modi with his Vision and Mission on rural Cleanliness, Sanitation and Hygiene. It is an India's largest cleanliness mission with three million government employees, students and citizens from all parts of India participating in 4,043 cities, towns, and rural communities. In the year 2014, less than half of country's population accessed toilets that is just 38.7 percentage of Indian households which has reached cent percent (100%) on 2nd October 2019 with total 10,71,04,728 individual household toilet's construction (Source : SBM 2021). In 2021, 711 districts and 35 States and Union Territories are free from open defecation in India as said by the government of India which is really appreciable achievement but there is contradictory study report by WHO and UNICEF in 2021 which estimates around 22% of rural people in India still prefer open defecations in rural area (Source: WHO/UNICEF joint monitoring programme (JMP) for water supply and sanitation). This is because household in India have latrine and basic sanitation facilities, but few people still are not aware of its importance and lack use in practice consequence open defecation is still in practice. Therefore the government of India has taken sanitation and drinking water supply services as a big challenge and initiated the Swachh Bharat Mission.

The Swachh Bharat Mission has ensured that 94.4 percent of households have access to toilets. Of these, 96.4 percent are clean and in good functioning order, indicating that rural households are becoming more receptive to sanitation. It also showed that while 89.9% of people regularly use toilets, the remaining people still prefer to defecate outside.

Table 1: Performance of states in Swachh Bharat Mission

States	Households having access to toilets
Kerala	95.6%
Sikkim	93.4%
Himachal Pradesh	89.7%
Punjab	86.7%
Goa	81.7%
Haryana	78.57%

Source: National Annual Rural Sanitation Survey 2019-20

Table 2: The states with least performance in Swachh Bharat Mission

States	Households having access to toilets
Odisha	15.7%
Jharkhand	17.9%
Jammu and Kashmir	25.5%
Bihar	28.5%
Telangana	28.8%

Source: National Annual Rural Sanitation Survey 2019-20

It is evident from the tables that households having access to toilets is very high in Kerala, Sikkim,

Himachal Pradesh, Punjab, Goa and Haryana, whereas it is very low in the states like Odisha, Jharkhand, Jammu and Kashmir, Bihar and Telangana. The tables indicate that there is widespread disparity between the different states of India.

Table 3: Overall Performance of Swachh Bharat Mission

Household Toilets Built Since 2nd Oct, 2014	10,71,04,728
Construction of Community Sanitary Complexes(CSCs)	2,04,381
Open Defecation Free Villages	6,03,004
Open Defecation Free Villages in Namami Gange	1195
Open Defecation Free Districts	711
Open Defecation Free States/UTs	35

Source: bm.gov.in Updated on 13th August, 2021

The table 3 shows that since 2nd October 2014 in India 10,71,04,728 household toilets have been built and 2,04,381 community sanitary complexes have been constructed. It is estimated that 6, 03,004 villages and 1195 villages in Namami Gange became Open Defecation Free. According to the report of Swachh Bharat Mission, 711 Districts and 35 States and Union Territories became Open Defecation Free (SBM, 2021).

Findings:

1. Sanitation and Social Development are closely related to each other. Access to adequate Sanitation is a key indicator towards Social Development.
2. The latrine facility in India has increased from 36% in 2001 to 47% in 2011. It indicates that 53% of households in India do not have latrine facility in 2011.
3. The latrine facility in rural areas has increased from 21.90% in 2001 to 30.70% in 2011. Whereas the latrine facility in urban areas has increased from 73.70% in 2001 to 81.4% in 2011.
4. The study shows that there is only 11% of increase in the number of households having latrine facilities from 2001 to 2011.
5. The study indicates that there is a widespread rural-urban disparity and disparity among the different states of India in the availability of latrine facilities to households during 2001 to 2011 census period.
6. The study found that though Manual Scavenging is abolished in the society legally, it still continues. The Socio-Economic and Caste Census of 2011 shows that there are about 1.8 lakh Indian households who on Manual Scavenging for their livelihood.
7. According to 2011 Census, in Indian states, Maharashtra has the highest number of Manual Scavengers (i.e. 63,713).
8. 67.3% of rural people and 12.6% of urban people practice Open Defecation. This data for India is 49.8%. It indicates that the practice of open defecation is highest in rural areas and is almost five times higher than urban areas. It also indicates that some people in India have not changed their socio-cultural habits regarding open defecation.

9. The study also mentions that direct relationship between health of women and lack of sanitation facilities. Women and children are the most vulnerable section of the society due to inadequate sanitation. According to Census (2011), there are 794,390 dry latrines in India where human excreta are cleaned manually; and in addition, there are 1,314,652 toilets where human excreta are flushed into open drains, which are again manually cleaned by individuals from Dalit community.
10. After the implementation of Swachh Bharat Mission, there has been tremendous change in Indian Society in the field of Sanitation. Since 2nd October 2014, in India 10, 71, 04,728 household toilets have been built and 2, 04,381 community sanitary complexes have been constructed. 6, 03,004 villages and 1195 villages in Namami Gange became Open Defecation Free. According to the report of Swachh Bharat Mission, 711 Districts and 35 States and Union Territories became Open Defecation Free (SBM, 2021).

Conclusion

This study examined the Sanitation situation in Indian society. It made an attempt to highlight the socio-cultural habits of people towards Sanitation. Although latrine use may depend upon socio-cultural habits of the people, it is the responsibility of the Government to create awareness among the people. The study found that India has made tremendous progress in improving sanitation facilities. The study offers detail of overall performance of SBM. It can be said that Mission has a positive impact on Social Development of India. The paper concludes by stating that though Sanitation situation in India has improved, there is still a lot that remains to be done in order to enhance quality of life and bring about overall social development.

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