International Journal of Applied Research 2017; 3(7): 211-215

ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 5.2
IJAR 2017; 3(7): 211-215
www.allresearchjournal.com
Received: 28-05-2017
Accepted: 30-06-2017

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Role of sanitation awareness workshop in enhancing the knowledge and awareness among self-help group members

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Abstract
Sanitation is one of the essential areas need to be concentrated in India. Swach Bharat mission was launched in India with an aim to make India open defecation free. Action research is one of the approaches to create awareness. Hence the study was conducted to assess the sanitation awareness among self help group members. In the beginning stage, pre -test was conducted to assess the sanitation practices. After that, a workshop on 'Sanitation Awareness" was conducted to provide inputs in terms of knowledge and methods to sensitize about sanitation practices. Post-test was also conducted to assess the impact of the workshop with regard to knowledge and awareness to make the participants adopt better sanitation practices. It was found that there is significant difference in pre and post test results. The awareness among the self help groups is been enhanced after the conduct of the workshop.

Keywords: sanitation, self help groups, awareness, education, communication, workshop

Introduction
Sanitation is one of the imperative areas to be focused by every country. Diarrhoea affects millions of people worldwide, having the greatest impact on children, especially in developing countries. Waterborne diseases remain a cause for concern in both developing and developed countries worldwide. For the purpose of this study, the term 'sanitation' is used to refer to the management of human excreta. Sanitation education comprises a broad range of activities aimed at changing, knowledge, attitudes and behaviours, to break the chain of disease transmission associated with inadequate awareness on sanitation and hygiene. Sanitation education informs community members about the importance of construction and the utilization of toilets and general hygiene.

According to the Census of 2001, only 21.9 percent of the rural population in India had access to latrines and UNICEF (2011) in a report mentions only 21 percent of rural and 54 percent of urban population of India have sanitation facilities. The Government of India has deployed many programmes to make people follow good sanitation practices. But it is a great challenge to change the behaviour, attitude, and practices of the people. The rural sanitation programme in India was introduced in the year 1954 as a part of the First Five Year Plan of the Government of India. The 1981 Census revealed that the rural sanitation coverage was only 1%. The International Decade for Drinking Water and Sanitation during 1981-90, gave emphasis on rural sanitation. The Government of India introduced the Central Rural Sanitation Programme (CRSP) in 1986, with the primary objective of improving the quality of life of the rural people and also to provide privacy and dignity to women. From 1999, a "demand driven" approach under the "Total Sanitation Campaign" (TSC) emphasized more on Information, Education and Communication (IEC), Human Resource Development (HRD), and Capacity Development activities to increase awareness and generation of demand for sanitary facilities among the rural people. This enhanced people's capacity to choose appropriate options through alternate delivery mechanisms as per their economic condition. Financial incentives were provided to Below Poverty Line (BPL) households for construction and usage of individual household latrines (IHHL) in recognition of their achievements. To generate awareness on sanitation, the first Nirmal Gram Puraskars (NGP) were awarded to recognize the achievements and efforts made at the Grama Panchayath level to ensure full sanitation coverage and achieve other indicators of open defecation free

Grama Panchayaths. While the award gained popularity for attaining Nirmal Status, there have been issues of sustainability in some awardee Grama Panchayaths. The "Nirmal Bharat Abhiyan" (NBA), the successor programme of the TSC, was launched on 1.4.2012. To speed up the processes of universal sanitation coverage, the Swach Bharat Mission (SBM) was launched on 2nd October 2014, which aims at making India open-defecation free by 2019.

A recent study conducted by the National Sample Survey Organization (NSSO) (2015) [5] found that 55.4% of the population in rural areas still defecates in the open. The work of sanitation promotion does not end with the construction of toilets. Behaviour change among the people should also be promoted. The willingness of the people to construct and use the toilets should be enhanced by changing their behaviour. Amin and Naqshabandi (2013) [2] highlighted the perception of the people with regard to the utilization of methods to create sanitation awareness. Respondents under the study suggested multiple strategies like street play, distribution of pamphlets, public lecture, and rallies for this purpose.

There is a great need to generate awareness among the people at the grass root, regional, state, national, and international levels. Most of the problems in any country occur as a result of the lack of awareness among its masses. Community- based organizations like self-help groups are the best platforms to conduct awareness activities. Before the implementation of any awareness activities, a pre-test of the existing conditions has to be conducted to find the level of awareness among the people. Based on the results of the pre-test, need- based awareness programmes should be conducted. Use of multiple methods like discussion, documentaries, street plays, and rallies can be effective in generating awareness. Chandi Charan Dey's (2014) [3] case study on "Sanitation is a Movement for Behavioral Change: Rama Krishna Mission Shiksha" highlighted the need for focusing on social mobilization to create awareness for the need of toilets among the rural population. The case study emphasizes on various processes adopted in the Midnapur sanitation movement, the institutional arrangement, programme implementation infrastructure, network of sanitation motivators and youths and women as the key force, and so on. The writer makes it clear that sanitation is not a programme; it is a process of internalizing and practicing a new lifestyle. Education and awareness generations are the basic tools to help people to internalize the process and adopt a new hygienic lifestyle. Agarwal, Amit (2014) [1] in his case study on "Implementing Community led Total Sanitation in Panipat: Some Issues and Experiences" highlighted the need for raising consciousness among the people regarding sanitation at large and for political will to overcome the problem. The author also stressed that there were not much efforts towards IEC (Information, Education and Communication) activities and no proper mechanism for people participation in the Total Sanitation Campaign Programme, which aimed at improving sanitation in rural areas. The author mentioned on the effectiveness of Community led Total Sanitation (CLTs) approach and the outcome of this approach by using a process called 'triggering' is to induce behaviour change in a few people, which slowly spread to the entire community stopping open defecation. The author also explained how awareness was created among the people regarding safety of women when they go out for open defecation in Haryana, conservative region, which attaches great importance to a woman's dignity. It is clear that there is a great need to mobilize people and generate awareness to promote sanitation and hygiene practices. Sanitation is more than the provision of toilets. Effective intervention at the grass root level is essential to bring attitudinal change to make the people to construct and utilize toilets and also to adopt personal hygiene practices.

Research Methodology

Self help groups (SHGs) are formed on a large scale in India, especially in rural areas. Large numbers of rural women have been enrolled into SHGs by both government and non government organizations with the aim to empower women. The objectives of the study are as follows:

1. To understand the demographic profile of the respondents.
2. To assess the sanitation practices among the respondents.
3. To conduct a workshop that addresses the issues of awareness about sanitation
4. To measure the impact of the workshop on the SHG members.

The universe of the study was 18 SHGs formed in Kadkola village of Mysuru taluka and Mysuru district of Karnataka State, India by the Srinivasan Servic. Two members each randomly selected from 18 SHGs were requested to take part in the study making it a total of 36 members. As one of the members was absent, a total of 35 members formed the sample of the study. As the study was intervention- based using workshop module, a small size of the sample was decided. Experimental research design was adopted to measure the impact of sanitation module in bringing awareness. In the beginning stage, pre -test was conducted to assess the sanitation and hygiene practices. After that, a workshop on 'Sanitation Awareness" was conducted to provide inputs in terms of knowledge and methods to sensitize about sanitation practices. Post-test was also conducted to assess the impact of the workshop with regard to knowledge and awareness to make the participants adopt better sanitation practices. A self- constructed structured interview schedule was developed to collect data.

Results and Discussion

This chapter presents information on the demographic details of the respondents, toilet facilities at respondents' households, attitude towards toilets facilities in pre- and post- test and fecal disposal, and so on.

Table 1: Demographic Details of the Respondents

Variables	Categories	Frequency	Percentage
Age	18-22	3	8.6
	22-27	10	28.6
	28-32	8	22.9
	33-37	7	20.0
	38-42	4	11.4
	43-47	2	5.7
	53-57	1	2.9
Total		35	100.0
Occupation	Self -employed	19	54.3
	Agriculture	4	11.4
	Part time work	1	2.9
	Other	11	31.4
Total		35	100.0
Education	Illiterate	14	40.0
	Pre- primary	3	8.6
	Primary	8	22.9
	High school	7	20.0
	PUC	2	5.7
	ITI	1	2.9
Total		35	100.0
Marital Status	Married	34	97.1
	Widow	1	2.9
Total		35	100.0
Number of Children	0	2	5.7
	1	3	8.6
	2	19	54.3
	3	10	28.6
	4	1	2.9
	35	100	100

Table 1 presents demographic information of the respondents like age, occupation, education, marital status, and number of children. As far as the age of the respondents is concerned, it is found that majority (80.1%) of the respondents belong to the age category of 18 to 37 years. It is positive to note that the young women are motivated to join such community- based organizations, which is a platform towards empowerment. Economic empowerment is one of the parameters for empowerment, and also the purpose of self help groups. These groups are platforms for encouraging self- employment. From the above table it is understood that, majority (54.3%) of the members of the self help groups covered under the study are self- employed. Economic independence for women is key to make decisions at various levels like family, community, organizations, and in the society. Financial self- sufficiency of the women definitely will contribute in making decisions at home regarding the construction of toilets. There are many instances of self help group members who took decision to construct toilet by taking credit facility when the male members of the family were reluctant to construct a toilet. Sundaram (2012) in his study on "Information Needs of Women Self Help Groups: An Assessment" mentioned that the implementation of SHG had generated self-employment opportunities for the rural poor. The progress of the programme since inception assisted in the formation of 35.7 lakh SHGs, and had also helped 1.24 cr. Swarozgaris in establishing their own micro-enterprises. The Government of India released Rs.11, 486 crore under the programme and bank credit mobilization was Rs.19, 017 with the total subsidy being Rs.9,318 cr. The programme helped many participants in improving their economic conditions.

Details about Toilet Facility

This section presents details about the number of respondents having toilet, arrangement of toilet construction, motivation to construct toilet, hand washing facilities in toilet, and constraints for not using or constructing toilet. The attitudes of the respondents towards toilet facility before and after the intervention were also compared.

Hypothesis 4

There is no significant difference between existence of toilet and use of toilet by all household members.

Table 2: Having Toilet and its Use

Having toilet	Toilet use by household members		Total
	No	Yes	
No	100 % (23)	0	100 (23)
Yes	25% (3)	75% (9)	100 (12)

Out of 35 respondents, only 12 (34.3%) have toilets facilities, and of these 12 respondents, 3 do not use the toilet. Using the Chi square test, Pearson value is 23.221, which is significant at 0.01 level with df= 1. Hence, there is difference between existence of toilet in household and use of toilet by household members. Thus, the null hypothesis is rejected. From the above data, it is clear that majority of the respondents are not having a toilet, which is on par with the study conducted by the National Sample Survey Organization (NSSO) (2015). The NSSO reveals that over half (55.4%) of the population in rural areas still defecate in the open. The goal of Swachh Bharath Mission is to make India open-defecation free by 2019. But the process is not at

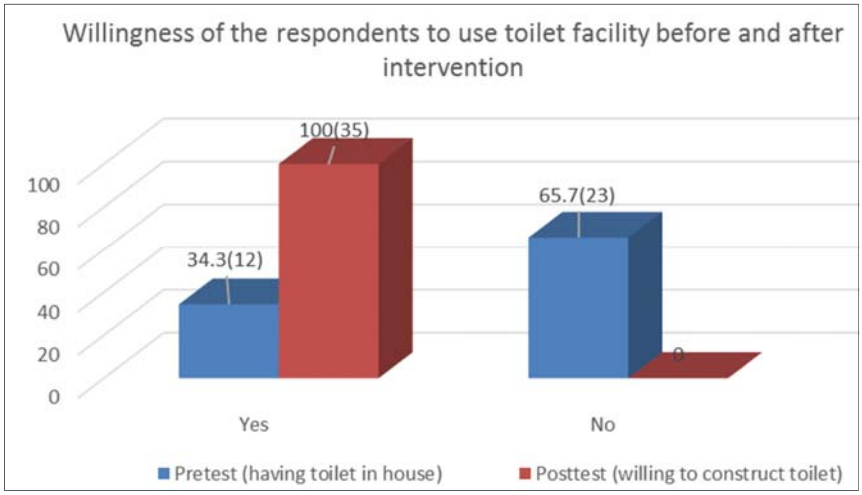
the expected speed because even after three years of execution of the project it has not yielded much result.

Table 3: Information on Toilet

Number of Households with Toilet Facility is 12 (N)			
Variables	**Classification**	**Frequency**	**Percentage**
Arrangement of toilet construction	Personally	9	75.0
	Gram Panchayat	2	16.6
	Self-Help Group	1	8.4
Motivation to construct toilet	Self	10	83.2
	Neighbour	1	8.4
	Gram Panchayat	1	8.4
Hand washing facility in toilet	Yes	12	100
	No	0	0
Number of Households Without Toilet Facility is 23 (N)			
Reasons for not constructing/using toilet	Financial	7	30.4
	Lack of space	14	60.8
	Not interested	1	4.4
	Family issue	1	4.4

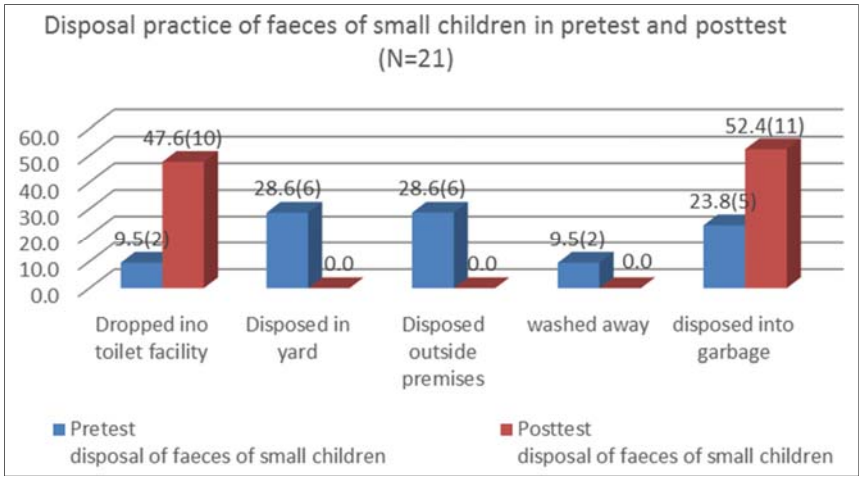
As for as having toilet in the household is concerned, out of 35 sample self-help group members, only 12 (48%) have toilets in their households. In spite of the various initiatives by the government a large portion of rural India do not have access to toilets. Awareness among the people regarding the need for toilets is poor. A staggering 70% of Indians living in villages or some 550 million people defecate in the open. Even 13% of urban households do so. Open defecation continues to be high despite decades of sustained economic growth and the obvious and glaring health hazards. The situation is so bad that open defecation is more common in India than in other poorer countries such as Bangladesh, Kenya, Democratic Republic of Congo, Malawi, Burundi, and Rwanda. Three questions were asked of the respondents (N-12) having toilets, viz., who made arrangements for toilet construction, who motivated construction of toilet, and whether there is hand washing facility in the toilet. About 75% of the respondents made arrangements personally, local self government (gramapanchayat) made arrangements for 16.6% of the respondents, and self help groups helped 8.4% of the respondents. As for source of motivation to construct toilet 83.2% (out of 22 having toilets) were self- motivated to construct toilet, 8.4% were motivated by the SHG, l8.4% were motivated by neighbours, and remaining 8.4% got motivation from Panchayath. From the above data it is clear that, self- motivation and initiative were the major components in constructing the toilet. It should be understood here that local self- government and self help groups should take initiative to motivate people and help them financially to construct toilets. Apart from this, awareness generation plays a key role in making people construct and use toilets. People should be oriented about the negative consequences of open defecation like impact on child health, economic impact, environmental impact, impact on the health of the community, and so on. A recent story in the New York Times explored the link between high rates of child malnutrition in India and the country's poor sanitation, shedding light on potential cause of a protracted problem. For India, the issue is not a lack of food, but rather lack of toilets for its population as one-half of India's population, at least 620 million people, defecates outside (Worley Heidi).

The above table also presents information about the reasons for not constructing/using toilets by the respondents who are not having toilet facility. Majority (60.8%) of the respondents quoted lack of space as the reason for not having a toilet. In the study area, the houses are situated very closely. So they find it difficult to find space for a toilet. This problem can be addressed by implementing a community- based toilet system or by encouraging them to construct a toilet in their agricultural land. Financial problem as a reason for not constructing toilet was reported by 30.4% of the respondents. For many people finance is a major cause for not having a toilet.



Graph 4.1

In the pre- test, only 12 respondents had toilet facility, but post- test all the 35 (100%) respondents wanted to have toilet and use it. The workshop module on 'sanitation and hygiene awareness' had a significant impact on the attitude of the respondents. The workshop module emphasized on sensitizing the respondents about the advantages of having a toilet and also the negative consequences of not having and not using a toilet and also opened ways to discuss the best possible ways to build a toilet in a limited space and using the available resources.



Graph 4.2

There is a significant difference in the pre- test and post- test results regarding disposal practice of faeces of small children. The number of respondents used to drop the child faeces in to toilet during pre- test was only 2, and in the post- test, it increased to 10. In the pre- test, 6 respondents used to dispose child faeces in the ward, and post- test no respondent wanted to continue that practice. About 6 respondents used to dispose outside in pre- test, but post- test no one wanted to do that. In pre- test, 2 respondents just washed away the child faeces, but post- test no one wanted to continue that practice. About 11 respondents used to dispose in the garbage, but post- test 5 said that that they would continue to drop in garbage. From the above data it is clear that there is a significant difference in the awareness level of the respondents as for as disposal of child faeces are concerned.

Conclusion

Sanitation and hygiene awareness is critical in order to prevent infection and to lead a healthy life. There is a wide need to find the level of sanitation awareness, and also to do intervention to address these issues. In the first stage, pre - test was conducted to find the level of awareness regarding sanitation and hygiene. In the second stage, a workshop was conducted for self help group members to make them aware about the need for sanitation and the importance of hygiene. In the third stage, post - test was done, and the results of pre- test and post - test was assessed. It was found that there was significant difference in the pre - tested awareness and post - tested awareness. It was identified that workshop on sanitation could bring changes in the mindset of the people. Awareness generation is one of the effective strategies to bring a difference in the lives of the people. In order to make India open defecation free, just provision of toilets is not enough; people should be sensitized about the need for having toilets for the effective management of human excreta to lead a disease less life.

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