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AN EVALUATION OF SWACHHA BHARAT MISSION IN KARNATAKA: A STUDY OF VIJAYAPURA DISTRICT

Smt. Shaila¹ and Dr. Suresha K. P.²

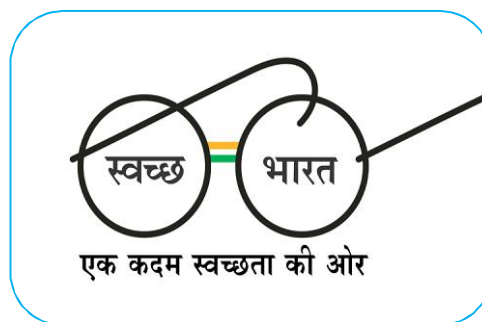
¹Research Scholar, Department of Economics,

Karnataka state Akkamahadevi Women University, Vijayapura.

²Assistant Professor and Research Guide, Department of Economics Karnataka state
Akkamahadevi Women University, Vijayapura.

ABSTRACT

The Swachh Bharat Mission (SBM), launched in 2014, is one of India's most ambitious sanitation initiatives aimed at eliminating open defecation and improving rural hygiene practices through the construction of toilets and promotion of behavioural change. This study evaluates the impact of SBM on rural sanitation, with a specific focus on toilet construction, usage patterns, and shifts in community behaviour. Based on primary data collected from 400 rural households, the findings indicate a significant increase in household toilet availability and usage post-SBM implementation. Around 84% of households reported having access to a toilet after the mission, compared to a substantially lower figure prior to its launch. The initiative has led not only to physical infrastructure development but also to noticeable improvements in personal and community hygiene, reduced open defecation, and increased awareness of sanitation practices. Moreover, the study reveals a positive correlation between government advocacy, community mobilization efforts, and behavioural transformation. Despite these gains, challenges remain in ensuring sustained usage and maintenance, particularly in areas with water scarcity or space constraints. The research underscores the transformative potential of SBM while also highlighting the need for continuous engagement and support to maintain long-term sanitation outcomes in rural India.



KEYWORDS: Swachh Bharat Mission, rural sanitation, toilet construction, toilet usage, behavioural change, open defecation.

1. INTRODUCTION

The Swachh Bharat Mission (SBM), launched by the Government of India on 2nd October 2014, is a national flagship program aimed at achieving universal sanitation coverage, improving cleanliness, and eliminating open defecation across the country. Inspired by Mahatma Gandhi's vision of a clean and hygienic India, the mission marked a significant policy shift by integrating infrastructure development with behavioural change strategies to address deep-rooted sanitation challenges, particularly in rural areas. SBM was implemented in two components Swachh Bharat Mission (Gramin) for rural areas and Swachh Bharat Mission (Urban) for urban regions. The rural component (SBM-G), under the Ministry of Jal Shakti, focused on increasing the accessibility of household toilets, promoting hygiene awareness, and creating Open Defecation Free (ODF) villages. The mission adopted a participatory and community-led approach, engaging local institutions such as Gram Panchayats, Accredited Social Health Activists

(ASHAs), school authorities, and non-governmental organizations to bring about sustained behaviour change. By encouraging toilet construction through financial incentives, community mobilization, and intensive Information, Education, and Communication (IEC) campaigns, SBM-G has aimed not only to build infrastructure but to foster a culture of cleanliness and dignity. The mission has resulted in the construction of millions of toilets and has significantly increased awareness regarding sanitation and hygiene. This study evaluates the impact of SBM on rural sanitation outcomes, focusing on the availability and usage of toilets, changes in community behaviour, and the effectiveness of the program in transforming traditional sanitation practices in rural India.

2. REVIEW OF LITERATURE.

Hueso & Bell (2013) argued that sanitation interventions must go beyond construction to include sustained usage and social mobilization. They emphasized the role of behaviour change communication in making sanitation programs successful. **UNICEF (2019)** reported that SBM had a significant positive impact on reducing open defecation and improving health outcomes, especially among children in rural areas. Their evaluation showed that toilet usage increased sharply in areas where sustained awareness campaigns were implemented. **World Bank (2020)** noted that India made commendable progress under SBM in improving rural sanitation infrastructure, but also cautioned about maintaining the gains post-declaration of villages as ODF (Open Defecation Free). **Coffey et al. (2017)** highlighted that in some regions, despite having toilets, people continued open defecation due to cultural norms, poor construction quality, or lack of water availability. **Gupta & Pal (2021)** evaluated SBM in Uttar Pradesh and Bihar, finding that while construction targets were largely met, community engagement and monitoring mechanisms needed strengthening. **NITI Aayog Reports (2018-2022)** have praised SBM's achievements but also pointed out concerns over the accuracy of reported figures and the need for a robust verification process.

3. PROBLEM OF THE STUDY.

The problem of the study focuses on assessing the real impact of the Swachh Bharat Mission in the rural areas of Vijayapura district, Karnataka. Although a significant number of toilets have been constructed under the mission, it remains uncertain whether these facilities are being regularly used by the households. In many cases, traditional practices of open defecation continue due to factors such as lack of water, poor quality of construction, inadequate awareness, or resistance to behavioural change. There is also a gap between official claims of Open Defecation Free (ODF) status and the actual ground-level reality. Therefore, the study aims to examine whether the Swachh Bharat Mission has truly brought about sustained toilet usage, improved sanitation practices, and positive behavioural transformation among rural communities in Vijayapura.

4. NEED OF THE STUDY.

The need for this study arises from the fact that sanitation is not merely about infrastructure, but also about usage, awareness, and behaviour. While government data may show high toilet construction figures, on-ground realities may differ in terms of usage, maintenance, and impact on health and environment. This study is needed to provide evidence-based evaluation of SBM in rural contexts. It helps to identify regional disparities, socio-cultural constraints, and operational gaps. It is essential for understanding how rural communities have adapted or resisted changes brought by SBM. The study also contributes to designing more inclusive and sustainable sanitation strategies, especially for marginalized groups.

5. IMPORTANCE OF THE STUDY.

Sanitation is a crucial determinant of public health, environmental sustainability, and human dignity. In rural India, poor sanitation has historically contributed to widespread diseases, social stigma, and gender-specific challenges, particularly affecting women and children. The Swachh Bharat Mission (SBM), launched to tackle these deep-rooted issues, stands as one of the most transformative

government initiatives in recent Indian history. This study is important because it systematically assesses the actual impact of SBM on rural sanitation, toilet construction, and usage patterns. Furthermore, it evaluates the extent to which community behavior and hygiene practices have changed due to the mission's interventions. The findings from this study will not only help understand the effectiveness of SBM but also provide insights for policy makers, development practitioners, and local governance bodies to improve future sanitation programs. It also highlights ground-level realities, success stories, and persisting challenges, contributing to the literature on rural development and public health.

6. OBJECTIVE.

1. To study the background of Swachh Bharat Mission in India
2. To evaluate the performance of Swachh Bharat Mission in Karnataka
3. Analyze the factors influence on Swachh Bharat Mission
4. To suggest suitable policy measures

7. RESEARCH METHODOLOGY.

7.1 Selection of Study Area

The present study was conducted in Vijayapura district of Karnataka, which is divided into two administrative sub-divisions: Vijayapura and Indi. From these, four talukas were selected for the study, Tikota and Nidagundi from the Vijayapura sub-division, and Indi and Almela from the Indi sub-division. In each taluka, two Gram Panchayats and four villages were selected using multi-stage random sampling, resulting in a total of 16 villages from across the district.

7.2 Data Collection.

1. Primary data. were collected through structured interviews using a well-designed and pre-tested questionnaire. The questionnaire included both open-ended and close-ended questions related to toilet construction, usage, sanitation awareness, and behavioural change after the implementation of the Swachh Bharat Mission. A total of 400 respondents were randomly selected from the 16 villages, ensuring equal representation from each taluka.

2. Secondary data were gathered from government reports, Gram Panchayat records, SBM official documents, journals, and published research articles to supplement and validate the primary data.

7.3 Data Analysis and Interpretation.

The data collected from 400 respondents across four talukas—Tikota, Nidagundi, Indi, and Almela of Vijayapura district. The collected data were tabulated and analysed using descriptive statistical methods, primarily percentage analysis, to draw meaningful conclusions. Data were categorized by demographic characteristics, toilet ownership, usage patterns, and behavioural responses.

Table 5.1 Distribution of respondents on different gender group

Sl. No	Gender of the respondent	Frequency	Percentage
1	Female	257	64.25
2	Male	143	35.75
	Total	400	100.00

Source: Field Survey

According to the above data, out of a total of 400 respondents surveyed in the study area, 257 were female, accounting for 64.25% of the total sample, while the remaining 143 respondents were male, making up 35.75%. This indicates that female participation was significantly higher than that of males in the survey, reflecting greater representation of women in the study.

Table No. 5-2. What Kind of Toilet Facility Do You have?

Si. no	Type of Toilet Facility	No. of Respondents	Percentage
1	Household Toilets	347	86.75
2	Community toilets	12	3.00
3	Public Toilet	8	2.00
4	Open Defecation	33	8.25
	Total	400	100.00

Source: Field Survey.

Table No.5.30 provides the information about what kind of toilet facility respondents have. Out of 400 respondents, highest No of respondents (347, 86.75 %) replied that they have household toilet or private toilet for their family. 12(3.00%) respondents answered that they are used community toilet, only 8 (2.00%) respondents use public toilet facility. Remaining 33 (8.25%) respondents said that they practice open defecation. In study area some respondents are practicing open defecation because they don't have toilet facility because they don't have place to construct private toilet for themselves, and they don't have community toilets.

Table No.5-3 How Often is toilet used by Household Member

Sl. No	Toilet Usage	Frequency	Percentage
1	Always	223	55.75
2	Sometime	95	23.75
3	Rarely	64	16.00
4	Never	18	4.5
	Total	400	100.00

Source: Field Survey.

The table No.5.32 shows that how often is toilet used by family members of the respondents. Out of 400 respondents, majority of 223 (55.75%) respondents stated that always they use toilet. 95 (23.00%) respondents reported that they use toilet only some time, 64 (16.00%) respondents stated rarely they use toilet, only in illness time. Remaining 18 (4.5%) respondents replied that they never use toilet. Because of water problem and toilet are inconvenient to use, that's why they use some time, rarely like night, rainy season.

Table No. 5.4. For What Reason Do You Like to Use the Toilet Facility?

Sl. No	Reasons for Toilet Usage	Frequency	Percentage
1	Convenience	133	33.25
2	During the Illness	142	35.50
3	Save Time	10	2.50
4	Privacy	54	13.50
6	Hygienic	40	10.00
7	No Space for Open Defecation	21	5.25
	Total	400	100.00

Source: Field Survey.

The above table No.5.40 displays for what reason do you want to use the toilet facility. Among all 400 respondents, 133 (33.25%) respondents stated that they use toilet facility for convenience purpose. 142 (35.50%) respondents stated that they use toilet facility during illness. 10 (2.50%) respondents

mentioned that they use toilet for time saving purpose. 54 (13.50%) respondents opined that they use toilet for privacy reason. 40 (10.00%) respondents use toilet for hygienic reason. The remaining 21 (5.25%) respondents stated that they use toilet facility because there is no space for open defecation.

MAJOR FINDINGS.

- According to the above data, out of a total of 400 respondents surveyed in the study area, 257 were female, accounting for 64.25% of the total sample, while the remaining 143 respondents were male, making up 35.75%. This indicates that female participation was significantly higher than that of males in the survey, reflecting greater representation of women in the study.
- Table No.5.30 provides the information about what kind of toilet facility respondents have. Out of 400 respondents, highest No of respondents (347, 86.75 %) replied that they have household toilet or private toilet for their family. 12(3.00%) respondents answered that they are using community toilet, only 8 (2.00%) respondents use public toilet facility. Remaining 33 (8.25%) respondents said that they practice open defecation. In study area some respondents are practicing open defecation because they don't have toilet facility because they don't have place to construct private toilet for themselves, and they don't have community toilets.
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SUGGESTIONS

- Continue and enhance Information, Education, and Communication (IEC) efforts to promote behavioural change, especially targeting communities still practicing open defecation.
- Special focus should be given to marginalized and less-educated groups through localized language materials and community mobilization.
- Develop integrated plans for water and sanitation to ensure that every household with a toilet also has access to sufficient water.
- Promote water-saving toilet models in areas with water scarcity
- Shift the focus of monitoring from toilet construction to actual usage and maintenance.
- Introduce community-based monitoring systems to ensure long-term adherence.
- Identify poorly constructed or unused toilets and provide funds or technical support for repairs and upgrades.
- Promote the construction of twin-pit toilets to ensure safe decomposition and reuse of waste.
- Establish village-level sanitation workers or committees to assist with cleaning and maintenance, especially for elderly and disabled households.
- Provide recognition, financial incentives, or awards to Gram Panchayats or villages that demonstrate sustained cleanliness and toilet usage.

CONCLUSION.

The present study on the impact of the Swachh Bharat Mission (SBM) in the Vijayapura district highlights significant progress in improving rural sanitation infrastructure, promoting toilet

construction, and fostering behavioural change. The mission has successfully mobilized communities and raised awareness about the importance of cleanliness and hygiene. However, despite the commendable achievements, challenges such as inadequate water supply, lack of space, and resistance to behavioural change remain in certain pockets. These issues must be addressed to ensure the long-term sustainability of SBM outcomes. In conclusion, the Swachh Bharat Mission has not only improved sanitation infrastructure in rural areas like Vijayapura but also laid the foundation for a cleaner and healthier society. Continued policy support, community engagement, and infrastructure maintenance will be essential to sustain and build upon these achievements in the years ahead.

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