



AWARENESS GENERATION AMONG THE MASSES THROUGH COMMUNITY PARTICIPATION: CASE STUDY OF NIZAMPUR VILLAGE, MEWAT AREA

Monika Jain¹ and Sushmitha Baskar^{1*}

¹Environmental Studies, School of Interdisciplinary and Transdisciplinary Studies (SOITS)
Indira Gandhi National Open University (IGNOU), Maidan Garhi, New Delhi 110068

Received on: 05.12.2021

Revised on: 01.03.2022

Accepted on: 02.04.2022

Abstract

Environmental awareness generation is the most effective tool to bring about a change in society with respect to cleanliness, environmental health, hygiene, social stigmas, taboos and so on. For bringing about environment awareness in the society, programs can be executed through "folk songs, nukkad-natak, folk dance, and pamphlet distribution, advertisement vehicles, creating and distributing appropriate information, education and communication (IEC) material to targeted beneficiaries. Awareness generation can be of various types. It depends primarily on the theme which it focuses on. They include the following: Behavioral Change programs, social stigmas redressal, personality development programs, environmental awareness, and financial literacy programs. Behavioral change programmes primarily aim to change the beneficiaries' attitudes or behaviours. Maintaining a clean environment, for example, and changing the practise of defecating in the open. We have dealt with such ground-level awareness efforts in our research. The study presents its findings in the form of case studies. Social stigma redressing programmes are frequently linked to discrimination and exclusion, as well as a lack of education and awareness among the general public. Stigma can be a danger and a roadblock to a country's growth. Health emergencies, such as the Covid-19 outbreak, have resulted in social stigma and discrimination against persons of various ethnic backgrounds. Similarly, awareness programs focusing on environmental issues, financial literacy, and personality development (Skill development) basically involve active participation of community as well as the trainers or facilitators to get the best results.

Some awareness programmes were held on a regular basis in the village in question. Further research reveals a shift in community behaviour. Because the process of raising awareness is inclusive, it engages people from all walks of life. Meanwhile, adolescent girls, children, mothers, and the elderly are the true beneficiaries. Changes in behaviour, cleanliness of the environment (environment), lower disease transmission rates, reduced social stigmas and taboos, lower school dropout rates, and effective menstrual hygiene management are all examples of the effects. In a word, we can state that successful implementation of environmental awareness programmes requires active community participation.

Keywords

Environmental health, hygiene, sanitation.

INTRODUCTION

The term "environment" refers to everything that surrounds us. It can change depending on social, biological, or geographical circumstances. It shapes a person's perspective

on society. From childhood to old age, the environment plays a critical influence in human development. People develop their daily habits as per their milieu. If we talk about environment in terms of sanitation and cleanliness we get

very disappointing results from our country as most of the population lack adequate awareness about the benefits of using toilet and maintaining sanitation. Many of them continue to practice open defecation, which can result in fatal infections such as cholera, typhoid, and amoebic dysentery, as well as hepatitis. Amoebic dysentery is highly correlated with open defecation and geography of the area in question. On the same lines hepatitis E spreads through drinking water contaminated by human feces. On the other hand when we talk about sanitation among adolescent girls and women again we get unsatisfactory and disappointing results. With the goal of making India open-defecation free by 2019, the government launched the Swachh Bharat Abhiyan (SBA) program in 2014. Under the program, people living below and above poverty line can avail reimbursement for constructing toilets at the household level. The program has given a huge impetus to the nationwide toilet building exercise (SBM Guidelines, 2017).

The Swachh Bharat Abhiyan (SBA), currently, operates under a reimbursement model, where the households are expected to build the toilets from their own funds and then, upon producing the required documents, they are reimbursed Rs 12,000- Rs 15,000 (SBM Guidelines, 2017). Despite, the process of household toilet construction through SBA subsidies, Below Poverty Line BPL households has faced significant barriers. There are many more schemes like this which produced tremendous results in India but still there are few situations in which people are not accepting the use of toilets and practice open defecation. The national Annual Rural Sanitation Survey (NARSS), 2019-20, that surveys 92,010 households and occurs more often than the NFHS, indicates that 94% of the households have toilet access and is used by 95% of individuals, said an official at DDWS requesting anonymity.

Approximately 70% of the Indian population belong to an agricultural background. We cannot progress and be considered a developing nation unless the people of rural areas are awakened. Environmental education and awareness in villages includes a broader approach which should overcome the common perception of education and information in schools, colleges etc. Environmental awareness must ensure participation and learning for people of all ages. To create awareness among the general masses in villages about environment, it is important to understand first what people know, think and believe about the environment. Environmental awareness requires special focus with reference to the areas, communities, and cultures. In order to create environmental awareness among the common masses in villages, various awareness methods can be used such as community meetings, cultural activities, street plays, puppetry, and interactions at religious congregations. Media, both electronic and print in local languages plays an important role in creating awareness about environmental issues. Protection of the environment and its resources is not the sole responsibility of one section, one religion or one group but it is the responsibility of the whole society/nation.

There is an urgent need for awareness and sanitation literacy as people face several health issues such as uro-genital infection, yeast infection urinary infection and cervical cancer due to improper and unclean sanitation facilities (Phillips-Howard et al. 2011). Recently, studies on open defecation in rural Bihar, as well as the socioeconomic and political causes for this practice, have been reported (Jain et al. 2020). The need of the hour is to spread awareness among the rural population by changing their mindset and behavior in maintaining environmental health and hygiene.

We organised some awareness programmes for this study to reach a wider audience and have a better impact. During our initial visits to Mewat, we discovered that certain neighbourhoods lacked sanitation facilities. In the community, there is a wide spectrum of stereotypes. People in certain locations have the resources, but they are not prepared to use and maintain them. We noticed that people continue to defecate in the open after our initial intervention. To determine the likely reasons, we conducted a survey and impact assessment. Our data show that there is a link between ignorance or lack of awareness and open defecation. We devised several public awareness campaigns targeted at influencing people's attitudes. The first step involved approaching the sarpanch of the gram panchayat and appraising him/her about the objectives of the project. The gram panchayat members and anganwadi workers were also involved for greater community participation. Secondly, we conducted behaviour change campaigns once a week. These were carried out at an individual level through training at home, community level at gram sabha, anganwadi centres through folk songs, folk dance, and other audio-video mediums. Thirdly, we organized workshops and seminars for school going children in their schools for disseminating the knowledge and know-how about maintaining the good personal hygiene, menstrual hygiene management, clean and neat surroundings through school sanitation clubs. Fourth, delivering free sanitary pads and IEC (Information, Education, and Communication) materials to women of reproductive age, including information on correct sanitary pad use, disposal, and menstrual health diseases. Fifth, the reactivation or linking of SHGs, as well as the administration of skill development programmes, to make them self-sufficient and financially secure.

OBJECTIVES OF THE STUDY

The study aimed to:

- Analyze the quality of environmental awareness in terms of cleanliness and sanitation in Mewat Region, Haryana.
- Eradicate the misconception / taboos & stigmas associated with not using toilets and following hygienic habits.
- Bring about awareness in society through various means like folk songs pamphlet distribution advertising vehicles creating and distributing appropriate information.
- Bring behavioral change among beneficiaries.

STUDY AND SAMPLING AREA

Mewat is known as the “land of Meos”. This region is amongst the most backward regions of Haryana. A new district known as Mewat (Nuh) came into existence comprising five blocks namely Nuh, Taoru, Nagina, Punhana and Ferozpur Jhirka. The people in Mewat live in most deprived conditions of ignorance and poverty, completely unaware of their potential and individuality. Mewat remained a region of backwardness even after independence (Aspirational Districts Baseline Ranking, March 2018, NITI Ayog). Despite of being very near to the capital of the country, it lags in almost each and every stream of development. The people are not conscious about the development programs sponsored by Central and State Governments. Most of the people are still living below poverty line and their education level is very low. Women are the main sufferers in this region. It has the highest percentage of women and children with anemia and lowest percentage of births that were assisted by a health professional (Maninder, et al, 2019) National Family Health Survey (NFHS, 2015-16) indicates the district to be low on every parameter. The Government is very keen to bring socio-economic development in the area by implementing various schemes and development programs for their development. In the year 1980, government of Haryana with a commitment to deliver social and economic justice to the backward and under-privileged sections of the society constituted. Mewat Development Board and implemented various development activities in Mewat area in the fields of health, Education, agriculture, irrigation,

Animal Husbandry, Rural Water supply, Community Development and Industrial Development etc.

METHODOLOGY

As Mewat area consists of several villages we selected one village at a time. The various tools and techniques used in the study include (a) Open ended questionnaire (b) Community meetings (c) Focus group discussions and (d) Non-participant observation. The first step was to arrange a community gathering called PLA (Participatory Learning Appraisal) which help in the strategy formulation as per the experiences of the community and issues of the area. It involves main stakeholders including sarpanch of Gram Panchayat, Aanganwadi workers, Asha workers, active women group appraising him or her about the objective of the project for greater community participation. The second step was in the form of a door to door just to build the rapport with community for better and deep understanding of the problem and to find out the solutions. Some awareness campaigns and focus group discussions were also organized as the third step, to enter the area and for better outreach. This was for disseminating the knowledge about maintaining the good personal hygiene (Figure 1). Distribution of sanitary pads and IEC materials to women of reproductive age, as well as advice on how to use sanitary pads effectively. This whole segment was a part of menstruation hygiene management and training. The fourth phase is to revive or link SHGs and execute a skills development programme to help them become self-sufficient and financially stable.



Figure 1: Awareness and Community meetings held with people in the Nizampur Village, Mewat Area.

Our efforts for bringing about environmental awareness were done using the following methods.

- Organizing community meetings including sarpanch of the village, aanganwadi workers and other front-line workers.
- Behavioral change campaigns once in a week.
- Organizing workshops and seminars for school-aged children at their school to disseminate knowledge and skills related to excellent personal hygiene.
- Spreading awareness among adolescent and menstruating women girls about their menstrual hygiene, management of neat and clean surroundings through school sanitation clubs.

- Distribution of low-cost sanitary pads and IEC (Information, Education and communication) material amongst women of the reproductive age.
- Reaching out to SHGs (Self Help Groups) and conducting skill development programmes to make them self-dependent socially and financially.

RESULTS AND DISCUSSION

The present research deals with awareness pertaining to cleanliness and sanitation among the people of Mewat region in Haryana. In this study we organized some awareness programmes to have a greater reach and impact. During the visits we found lack of proper sanitation, infrastructure, and hygienic usage in many of the villages. The community is

riddled with a variety of myths and preconceptions. Our findings indicate a positive correlation between the ignorance, open defecation, and lack of awareness. Several awareness programs have been designed aiming to change the behavior of people.

(A) Open defecation

We visited the village and conducted the preliminary analysis as per our methodology mentioned above. The outcome of the study reveals that despite efforts made by Government and some other Non-Governmental Organizations (NGOs) and Civil Society that are active in the locality, few people still defecate in open and live in unhygienic conditions. It might be due to some loopholes and lacunas in the implementation part of the project. We found that 75% of the total households have access to sanitary infrastructure such as IHHTs (Individual Household Toilets) and bathrooms. However, the percentage of people using these is low. We observed the following reasons for lower usage of sanitary infrastructure.

- Some people do not have the access to the toilets due to some financial constraints.
- Some of them have access to toilets but still do not use them as they are using it for some other purpose like storing fodder for cattle, poultry, or agricultural produces.
- Some of them were using it in the past but recently stopped as the structure of the IHHTs are no longer functional and intact.
- In few houses, we found that menstruating females were prohibited to use the toilets during those days.
- Few among the respondent told that they did not use it due to some mythological reasons.
- Male populace of the locality felt that the closed environment of a toilet was not suitable for defecation.
- Some of them gave the reason that they are not using the toilets because of unavailability of water and quoted *"Toilet needs a lot of water for their maintenance and flushing. We have shortage of water and that is why we use it less frequently"*.
- Lastly, there is deep rooted misconception and lack of awareness among the rural masses regarding use and maintenance of toilets.

(B) MHM (Menstruation Hygiene Management)

We observed that, toilet facilities proved as a boon for adolescent girls and women. In villages they lack privacy and failed to manage their menstruation well. Unhygienic menstruation management leads to diseases and infection that may ultimately lead to loss of life. Sclar et al. (2018) in their study report the relationship of sanitation, social and mental well-being among people. They explain that People's mental and social well-being can be significantly impacted when they believe or experience a lack of privacy or safety while defecating openly or utilizing sanitary facilities (Sclar et al. 2018). One of the larger determinants of not

constructing toilets in villages is related to power dynamics in the family associated with patriarchy. We find similar observations in our study too. Female respondents emphasized about the need for and importance of a functional toilet. One among them told us that they are being forbidden from using toilets during menstruation period. When women requested for toilet facilities in their home, their male counterparts bring up the notion of tradition and culture. In this locality decision making solely rests with the male members as they are the head of the family. They did not involve women in any kind of decision-making. Prevalence of such behaviors might be due to the lack of awareness and perception among rural masses.

There are many small NGOs already working in Mewat. They have focused on various issues like sanitation, education, health and other sectors but something still seems to be missing. Our findings are in line with other authors. Despite the presence of family toilets, open defecation is frequent in Tamil Nadu's Dharmapuri district (Yogananth et al. 2018). Several structural and socio-cultural factors influence toilet usage. According to a study undertaken by Yogananth et al. (2018) the mission must shift its focus from toilet construction to toilet operation and use. According to a study by Saleem et al. (2019), diseases related to unsafe water, poor sanitation, and lack of hygiene are some of the most common causes of illness and death among the poor of developing countries. Whereas a study conducted by Michael et al. (2020) in Quetta, Pakistan concluded that female adolescents had certain misconceptions regarding menstruation because of poor access to health-related education. These misconceptions hamper the issues related to menstruation hygiene management. Menstruating women and girls are said to be stigmatized in many cultures, as they are seen as filthy, polluted, and polluting (Wendland et al. 2017). Most girls and women have significant practical issues regulating their menstruation because of the low priority of menstrual hygiene from policymaking to family financial decisions. Poor households, especially those without dependable access to essential services, bear the brunt of the negative effects of water-related sickness. Saleem et al. (2019) found that women and girls' health and social requirements are largely unmet, and that they are frequently ignored in situations where there are no toilets in the home. Further, due to natural limitations such as physical distance and unsafe latrines, social concerns, and worries of sexual violence, poor sanitation causes emotional stress among women and girls (Sahoo et al. 2018). These are in consensus with our studies.

LIMITATIONS

When it comes to campaign and awareness programme limits, there are numerous loopholes and flaws that existed at various stages of programme creation and execution. The following are a few of them:

- The people in rural regions are rigid and set in their beliefs, thoughts, and conduct and they don't easily accept change.

- In terms of sanitation, many villages have been provided with toilet facilities, but they do not want to take ownership and responsibility.
- There are some SHGs operating in the village, but they are not in a structured form, and these SHGs are unable to work properly due to internal conflicts among their members.

RECOMMENDATIONS

There is no doubt that some work has been done for awareness generation among the masses through this study. However, if the anticipated outcomes are not displayed as expected, there may be a problem. From our perspective, there are some suggestions for improving the situation. As we have observed, there is a direct link between ignorance or a lack of awareness and open defecation. We can spread awareness through the following methods.

- Folk songs Nukkad-natak folk dance in their local language.
- Pamphlet distribution, advertising vehicles creating and distributing appropriate information education and communication material to targeted beneficiaries.
- Conducting behavior change programs.
- Social stigma redressal.
- Personality development programs.
- Financial literacy program.
- Making sanitation clubs in schools for girls may prove effective as many girls are not able to aware their families about sanitation, as girls and women play passive roles in their family.
- These awareness programs need to be organized periodically at each front.
- Programs need to be inclusive.
- Language of the IEC (Information, Education and Communication) material should be lucid and catchy.

CONCLUSION

Because raising awareness is a collaborative effort, it requires active participation from all community stakeholders for the project to be effective. Meanwhile, the genuine beneficiaries are adolescent girls, children, mothers, and the elderly. Changes in behaviour and perception, environmental cleanliness, lower disease infection rates, reduced societal stigmas and taboos, lower school dropout rates, and effective menstrual hygiene management are all markers of the outcomes. In a nutshell, we can say that successful environmental awareness programme execution requires robust community participation.

CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

REFERENCES

Jain A, Wagner A, Snell-Rood C, Ray D. 2020. Understanding Open Defecation in the Age of Swachh

Bharat Abhiyan: Agency, Accountability, and Anger in Rural Bihar. *Int. J. Environ. Res. Public Health*. 17(4), 1384.

Maninder K, Kochar GK. 2009. Burden of Anaemia in Rural and Urban Jat Women in Haryana State, India, *Mal J Nutr* 15(2): 175 - 184

Michael J, Iqbal Q, Haider S, Khalid A, Haque N, Ishaq R, Saleem F, Hassali MA, Bashaar M. 2020. Knowledge and practice of adolescent females about menstruation and menstruation hygiene visiting a public healthcare institute of Quetta, Pakistan, *BMC Women's Health*, 1-3& 7.

Phillips-Howard PA, Mason L, Hopkins J, Rheingans R, Alexander K, Laserson K, Odhiambo F, Vulule J, Mohamed A. 2011. Water and sanitation issues in relation to sexual and reproductive health across the female lifespan (WSSRH). Background White Paper. Centre for public health.

Sclar GD, Penakalapati G, Caruso BA, Rehfuess EA, Garna JV, Alexander KT, Freeman MC, Boissone S, Medlicotte K, Clasena T. 2018. Exploring the relationship between sanitation and mental and social wellbeing: A systematic review and qualitative synthesis. *Social Science and Medicine* 217, 121–134.

Sahoo KC, Hulland KR, Caruso BA, Swain R, Freeman M, Panigrahi P, Dreifelbis R. 2015. Sanitation-related psychosocial stress: A grounded theory study of women across the life-course in Odisha, India. *Soc. Sci. Med.*, 139, 80–89.

Saleem M, Burdett T, Heaslip V. 2019. Health and social impacts of open defecation on women: a systematic review. *BMC Public Health* 19, 158, 5-11.

Wendland C, Yadav M, Stock A. and Seager J. 2017. Gender, Women and Sanitation. In: J.B. Rose and B. Jiménez-Cisneros, (eds) *Water and Sanitation for the 21st Century: Health and Microbiological Aspects of Excreta and Wastewater Management (Global Water Pathogen Project)*. (J.B. Rose and B. Jiménez-Cisneros (eds), Part 1: The Health Hazards of Excreta: Theory and Control), Michigan State University, E. Lansing, MI, UNESCO. <https://doi.org/10.14321/waterpathogens.4>

Yogananth N, Bhatnagar T. 2018. Prevalence of open defecation among households with toilets and associated factors in rural south India: An analytical cross-sectional study. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 112(7), 349–360.

<https://dhsprogram.com/pubs/pdf/FR339/FR339.pdf>

https://jalshakti-ddws.gov.in/sites/default/files/NARSS_Round_3_2019_20_Report.pdf

https://swachhbharatmission.gov.in/SBMCMS/guidelines_

<https://www.niti.gov.in/sites/default/files/2018,Aspirational Districts Baseline Ranking March 2018.pdf>