

Effectiveness of Swachh Bharat Abhiyan in the Rural Areas of Jammu and Kashmir: A Case Study

Anber Abraheem Shlash Mohammad¹, S. K. Panda², Asokan Vasudevan³, N Raja⁴, Niharika Panda⁵, Ravail Singh⁶, Suleiman Ibrahim Mohammad⁷

Abstract

The Swachh Bharat Abhiyan (SBA) was started by the Government of India under the honorable Prime Minister of India, Sh. Narinder Modi on 2nd October, 2014 from Raj Ghat, New Delhi on the 150th birth anniversary of Mahatma Gandhi to bring an improvement in the general quality of life in rural areas, by promoting cleanliness, hygiene and eliminating open defecation, economic benefits, environmental conservation and enhancement, disposal of solid & liquid waste, safe drinking water, and safety & dignity for women by keeping in the mind the Sustainable Development Goals. The present study is descriptive in nature by focusing on the effectiveness of SBA, and initiatives undertaken by the government and local bodies (Panchyats & Muncipalities). The data was collected from four rural districts of Jammu and Kashmir Union Territory with the help of a self- developed questionnaire from 20 villages. From each village five persons were selected purposively. A significant difference was found in the perceptions, availability of resources, usage of resources constructed under SBA, and contribution of people for its successful implementation whereas an insignificant difference was found in awareness and participation of people in SBA in the rural and urban areas of the rural districts of J & K UT. The major initiatives were undertaken by the government and local bodies (Panchayats & Muncipalities) for the successful implementation of SBA were construction of toilets for poor families, funds were given for the construction of individual toilets, and provision for clean drinking water but were not focused on the inclusion of technology in sustainable sanitataion, health education, liquid & solid waste menegement system.

Keywords: *Swachh Bharat Abhiyan (SBA), Rural Districts, Jammu & Kashmir.*

Introduction

A quote is very famous regarding the heath that 'health is wealth' which means human health is more important than wealth. Vivekananda once said that if you lost wealth, you lost nothing and if you lost health, you lost everything. The famous Indian philosopher Chanakya explained that *“पुनर्विक्तं पुनर्मित्रं पुनर्भार्या पुनर्मही। एतत्सर्वं पुनर्लभ्यं न शरीरं पुनः पुनः”* means everything in life can be recovered except health, once health is lost, it can never reach its perfection again. In Shrimad Bhagavad Gita described that health is one of the divine qualities that everyone should embody. The Sustainable

¹ Digital Marketing Department, Faculty of Administrative and Financial Sciences, University of Petra, Jordan, Email: mohammad197119@yahoo.com

² Assistant Professor, Department of Education, University of Jammu, Jammu-180006, J&K (Bharat), Email: sushantapanda@jammuuniversity.ac.in, Orchid Id: <https://orcid.org/0009-0003-7613-518X>.

³ Faculty of Business and Communications, INTI International University, Nilai 71800, Negeri Sembilan, Malaysia, Business Department, Faculty of Management, Shinawatra University, Sam khok, PathumThani 12160, Thailand, Business Studies Department, Business School, Wekerle International University, Budapest, Jázmin u. 10, 1083 Hungary, Email: asokan.vasudevan@newinti.edu.my, Orcid: 0000-0002-9866-4045

⁴ Assistant Professor, Sathyabama Institute of Science and Technology, Department of Visual Communication, Chennai, Tamil Nadu, Email: rajadigimedia2@gmail.com, (Corresponding Author), Orcid id: 0000-0003-2135-3051

⁵ Assistant Professor, School of Teacher Education, Cluster University of Jammu, Jammu-180016, J&K (Bharat) Email: drniharikapanda@gmail.com, Contact: 8492937400, orchid id: <https://orcid.org/0009-0003-2135-4174>

⁶ Assistant Professor, Department of Educational Studies, Central University of Jammu, Rahya-Suchani (Bagla) Samba-181143, J&K (Bharat) Email: ravail.edu@cujammu.ac.in, Contact: 7006241209, orchid id: <https://orcid.org/0000-0002-8246-0435>

⁷ Business Administration Department, Business School, Al al-Bayt University, Mafraq 25113 Jordan, Faculty of Business and Communications, INTI International University, Nilai 71800, Malaysia, Email: dr_sliman@yahoo.com; ORCID ID: <https://orcid.org/0000-0001-6156-9063>

Development Goals 3rd and 6th also focused on the development of good health & well-being and clean water & sanitation for all respectively (UNO, 2019; Shlash et al., 2025). The United Nations International Children's Emergency Fund (UNICEF) also works with government and partners to ensure and access to clean water, safe sanitation facilities, and practice good hygiene behaviours. However, to maintain good health, proper sanitation and access to clean drinking water are essential components whereas good health can only be achieved by proper hygiene. According to World Health Organisation (WHO), lack of cleanliness leads to an annual loss of over Rs. 6500 every year to each Indian and unhygienic surroundings are the main reason behind several diseases that are prevalent in the country. An United Nations report (2014) said that currently, nearly 60 percent of India's population practice open defecation which puts them at risk of diseases like cholera, diarrhea, and typhoid (Ministry of Agriculture & Farmers' Welfare). As on 2014, sanitation coverage in India was only 39 per cent, nearly 55 crore people in rural areas were without a toilet facility, resulting in open defecation (Ministry of Culture, GoI, 2024; Mohammad et al., 2025a). UNICEF also mentioned that in 2015, nearly half of the population of around 568 million suffered the indignity of defecating in fields, forests, bodies of water, or other public spaces due to the lack of toilets. World Bank report in 2006 mentioned that, India losses 6.4 per cent Gross Domestic Products (GDP) annually because of the poor hygiene and sanitation. It is therefore imperative to have sanitation and hygiene intact, both at personal and community level, to improve health of masses (World Bank, 2006; Mohammad et al., 2024a).

In order to aware, streamline and govern the benefits of cleanliness and sanitation, the Government of India under the honorable Prime Minister of India, Sh. Narinder Modi, an abhiyan was launched known as 'Swachh Bharat Abhiyan' (SBA) on 2nd October, 2014 from Raj Ghat, New Delhi on the 150th birth anniversary of Mahatma Gandhi because he was also a great supporter of cleanliness and sanitation campaign in India. The main purpose of the abhiyan is to bring an improvement in the general quality of life in rural areas, by promoting cleanliness, hygiene and eliminating open defecation, accelerating sanitation coverage in rural areas, motivating communities and Panchayati Raj Institutions to adopt sustainable sanitation practices and facilities through awareness creation and health education, encouraging cost effective and appropriate technologies for ecologically safe and sustainable sanitation, and developing where required, community managed sanitation systems focusing on scientific solid & liquid waste management systems for overall cleanliness in the rural areas of the country. According to UNICEF by 2019 the number (568 million in 2015) was reduced significantly by an estimated 450 million people due to government flagship programme, the SBA (UNICEF). Whereas in 2022 a total of 95.4 per cent households have access to toilets and were use regularly whereas the J&K UT has found below the national average level (86.8%) for household's accessibility to toilets which is fourth lowest among all the states and union territories of the country (Ministry of Jal Shakti, 2022; Mohammad et al., 2025b).

In rural areas, under this mission, one lakh thirty four thousand crore rupees has been spent for the construction of about 11 crore 11 lakh toilets in the country. Technology will be used on a large scale to convert waste into wealth in rural India in the forms of bio-fertilizer and different forms of energy. The mission is to be executed on war footing with the involvement of every Gram Panchayat, Panchayat Samiti and Zila Parishad in the country, besides roping in large sections of rural population and school teachers and students in this endeavour. The campaign of clean India movement is the biggest step taken ever as a cleanliness, around three million government employees including students from schools and colleges had participated in the event to make it popularize globally and make common public aware about it. From October 2014 to December 2020, 10.84 crores toilets have been constructed under SBA. Also, 16.41 lakhs toilets have been constructed under Mahatma Gandhi National Rural Employment Guarantee Act (MGNREGA) as on 31st March, 2017. A total of 711 districts, 2,62,772 Gram Panchayats (GPs) and 6,02,988 villages have been declared Open Defecation Free (ODF) as on December 2020. The SBA components are household toilets, including conversion of insanitary latrines into pour- flush latrines, community toilets, solid waste management, public toilets, public awareness, capacity building, administrative and office expenses. Multi-faceted approaches are community participation, flexibility in choice, capacity building, instill behavioural changes, broad-based engagement, and use of technology. The programme has also obtained funding and technical support from the World Bank, corporations as part of corporate social responsibility initiatives, and by state governments under the Sarva Shiksha Abhiyan (SSA) and Rashtriya Madhyamik Shiksha Abhiyan (RMSA) schemes. SSA is expected to cost over Rs. 620 billion. The government provides an incentive of Rs 12,000 for each toilet constructed by a Below Poverty Line (BPL) family. Total fund mobilised under Swachh Bharat Kosh as on 31 January 2016 stood at Rs 3.69 billion. An amount of Rs 90 billion was allocated for the mission in 2016 Union budget of India (Budget of India, 2016;

Mohammad et al., 2025c). Government and the World Bank signed a US \$1.5 billion loan agreement on 30 March 2016 for the SBA to support India's universal sanitation initiatives. The World Bank will also provide a parallel \$25 million technical assistance to build the capacity of select states in implementing community led behavioural change programmes targeting social norms to help ensure widespread usage of toilets by rural households. The programme covers 4041 statutory towns of the country to clean their roads, streets and other public infrastructure. A whopping three million Indian students and government employees took part in this event. Apart from cleanliness and disease- prevention, the Clean India campaign also lead to notable economic development of the country.

Significance of the Study

Sulabh International Academy of Environmental Sanitation (2007) carried out a study, supported by WHO observed that the lack of adequate sanitation and safe water has significant negative health impact including diarrhoea. The government has spending a lot of energy and fund to improve the access to water and sanitation for all. However, it has been observed in various studies that the primary reason for health benefits not being commensurate with the investment was neglect of hygiene behavior issues. Despite the improvement in facilities in sanitation, disposal of solid and liquid waste and safe drinking water, much more has to be done with regards to aware the rural population on hygiene practices including use of toilets. According to UN report, India leads world in open defecation due to lack of toilets. According to government estimates Urban India generates 68.8 million tonnes of solid waste per year. Rural India generates 0.4 million tonnes of solid waste. About 88 per cent of diseases in rural India is due to lack of clean water, sanitation and solid waste management. Over millions of people, mostly children die each year from diseases associated with lack of access to safe drinking water, inadequate sanitation and hygiene. It is therefore imperative to have sanitation and hygiene intact, both at personal and community level, to improve health of masses. Also, people were not aware of the need for cleanliness and its impact on the health and social life. WHO has in its report stated that at least 180,000 diarrhoeal deaths were averted in rural India since the launch of the SBA. After the launch of SBA, UNICEF reported that the number of people without a toilet reduced from 550 million to 50 million. The World Bank also reports that 96 per cent of Indians who have a toilet to use it. National Statistical Office-2019 (NSO-2019) reported that 71 per cent of rural households had access to toilets as of 2018 (Ministry of Statistics and Programme Implementation). A study by Ashoka University concluded that the construction of toilets under the program led to a reduction in incidents of sexual assault against women. Toilet access for women has proven sexual assault against women fell by 25 incident per million because of access of toilets. However, SBA itself describes its goal in patriarchal terms, as 'preserving the dignity of women'. National Family Health Surveys (NFHS) demonstrated that the increase in access to improved sanitation due to SBA. From the year 2014 to 2017, coverage of toilets in the rural areas has increased from 42 per cent to 65 per cent which exhibits the outreach and success of the plan (Ministry of Health & Family Welfare). Moreover, there is a positive progress in the level of economic growth achieved by SBA (Chaudhary & Gupta, 2015; Al Daboub et al., 2024). The change in administration, recycling solid waste, sustainability of interest and changing attitude of the people were the potential threats in the implementation of SBA (Jangra et al., 2016; Al-Adwan, 2024). In some states and union territories , a series of awareness campaigns by the district administration, state government and central government made the people conscious about the hazards of pollution (Singh, 2018). But, there is a requirement of more campaigns for the creation of awareness among the respondents to bring out desirable achievement in the progress level of SBA (Jain, et al., 2016). The capacity development activities to increase awareness among the rural masses and generation of demand for sanitary facilities (Awasthi, 2018; Mohammad et al., 2024b). Poverty remains a major issue with our huge population living in rural areas, particularly in the states of Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan and Uttar Pradesh. In addition to low income, problems of violent conflicts, food insecurity, illiteracy, ill health, unemployment, gender inequality, unhygienic living are various aspects of rural society (Gupta & Bakshi, 2022; Mohammad et al., 2024c). The states Rajasthan, West Bengal, Odissa, and Madhya Pradesh have shown improvement in various sections under SBA but states Uttar Pradesh and Bihar required more attention by the government to raise the level of progress of the abhiyan (Ghosh et al., 2022; Albelbisi et al., 2021). J&K UT is also below the national average level for household's accessibility to toilets and fourth lowest among all the states and union territories of the country (Ministry of Jal Shakti, 2022). Therefore, in J&K, it was a need to know, identify, and study the effectivess, initiatives undertaken by government and local bodies as well as the reasons of low percentage of household's accessibility to toilets, clean drinking water facilities and solid & liquid water management system. To keep in mind the above components, the investigators have

selected the current problem so that the major reasons could be found and the findings of the study will give a direction to the different stakeholders regarding the better implementation of SBA 2.0.

Objectives of the Study

- To study the effectiveness of Swachh Bharat Abhiyan in Jammu and Kashmir.
- To study different initiatives implemented by Government at local level about Swachh Bharat Abhiyan.

Research Question of the Study

- What are the initiatives of Swachh Bharat Abhiyan undertaken by Government and local bodies?

Research Methodology

The present study is descriptive in nature by employing a survey method to study the effectiveness of SBA and initiatives undertaken by the government and local bodies (Panchayats & Municipalities) of J & K. In the present study, the population consists ten districts of Jammu division of J & K UT. District Jammu, Samba, Kathua, Udhampur, and Rajouri were considered as urban districts whereas Poonch, Doda, Reasi, Kishtwar, and Ramban were considered as rural districts based on the literacy rate of the district. Out of five rural districts, four districts (Ramban, Kishtwar, Reasi, & Doda) were selected randomly as a sample. From each district five villages (two from urban area & three from rural area) and from each village, five persons were selected purposively. Therefore, the total sample for the present study was 4x5x5=100. A self-developed questionnaire was prepared by the investigators for the present study. For the purpose of data analysis, Chi-square was employed to find out the effectiveness of SBA on mentioned parameters.

Analysis and Interpretation of Data

Table 1: 2 x 2 Fold Contingency Table Showing Observed Frequencies and Expected Frequencies (in parentheses) of People Resided in the Urban & Rural Areas of Rural Districts in Jammu and Kashmir

Variables	Yes		No		Total	p-value		χ ²	Result
	fo	fe	fo	fe		.016	.053		
Perceptions	9	12	1	14	23	.64	.84	.31	Significant**
	2	1.9	7	3.1					
Awareness	1	10	9	12	20	.89	.54	.60	Not significant
	3	6.58	11	7.41					
Participation	4	55	5	45	59	.72	.95	.02	Not significant
	6	53	3	45					
Availability of Resources	8	11	1	85	94	.99	1.6	.03	Significant**
	7	4.4	13	.6					
Usage of Resources	9	12	1	15	22	.34	7.12	.65	Significant*
	3	7.12	87	2.88					
Contribution	1	13	1	83	85	.09	6.8	.04	Significant**
	2	20	7	9					
	33	5.2	7	4.8					

*Note: U= Urban, R= Rural, *Significant at .01 level **Significant at .05 level*

Interpretation

The above table 1 revealed that the calculated value of χ^2 (5.31) is larger than the table value at 0.05 level only. Hence, the null hypothesis (H_0) is rejected at 0.05 level only and alternative hypothesis (H_1) is accepted. It shows a significant difference in the perceptions between the rural and urban people of the rural districts of J & K UT.

The above table 1 revealed that the calculated value of χ^2 (0.60) is smaller than the table value at 0.05 level. Hence, the null hypothesis (H_0) is accepted and alternative hypothesis (H_1) is rejected. It shows an insignificant difference in SBA awareness between the people of rural and urban areas of the rural districts of J & K UT. It means both the rural and urban people were equally aware regarding the SBA scheme.

The above table 1 revealed that the calculated value of χ^2 (0.02) is smaller than the table value at 0.05 level. Hence, the null hypothesis (H_0) is accepted and alternative hypothesis (H_1) is rejected. It shows an insignificant difference in the participation in SBA between the rural and urban people of the rural districts of J & K UT. It means both rural and urban people participated equally in the implementation of SBA scheme.

The above table 1 revealed that the calculated value of χ^2 (4.03) is larger than the table value at 0.05 level only. Hence, the null hypothesis (H_0) is rejected at 0.05 level only and the alternative hypothesis (H_1) is vice versa. It shows a significant difference in the availability of resources between rural and urban areas of the rural districts of J & K UT. It means urban areas have better resources in comparison to rural areas in the rural districts of J & K UT.

The above table 1 revealed that the calculated value of χ^2 (6.65) is larger than the table value at 0.05 level. Hence, the null hypothesis (H_0) is rejected and the alternative hypothesis (H_1) is accepted. It shows a significant difference in the usage of resources constructed under SBA between the rural and urban areas of the rural districts of J & K UT. It means urban area people used more resources in comparison to the rural area people.

The above table 1 revealed that the calculated value of χ^2 (6.04) is larger than the table value at 0.05 level only. Hence, the null hypothesis (H_0) is rejected at 0.05 level only and the alternative hypothesis (H_1) is vice-versa. It shows a significant difference in the contribution of people in the successful implementation of SBA in rural and urban areas of J&K UT. The urban area people contributed more than the rural area people to make SBA successful.

Initiatives undertaken by Government and Local Bodies for Swachh Bharat Abhiyan in the Rural and Urban districts of Jammu and Kashmir

The major initiatives undertaken by the government and local bodies (Panchayats & Muncipalities) were the construction of toilets for poor families, funds were given for the construction of individual toilets, and provision for clean drinking water whereas majority of the rural people were not using the toilets due to the lack of water facilities in the toilets. The rural areas people were also lacking the sustainable sanitation practices and facilities, health education, technology inclusion for ecologically safe and sustainable sanitation, and scientific solid & liquid waste management systems. Moreover, the respondents suggested that public toilets should be constructed, awareness camps should be organised in rural areas, proper information regarding the benefits and disadvantages of this initiative should be provided to people, funds should be increased because 12,000 is not enough to construct a proper toilet, involvement of Gram Panchayat/Munciplities for awareness purpose and proper monitoring of programme.

Discussion of the Results

Based on the results of the collected data, a significant difference has been found in the perceptions, availability of resources, usage of resources constructed under SBA, and contribution of people for its successful implementation whereas an insignificant difference was found in awareness and participation of people in SBA in the rural and urban areas of the rural districts of J&K UT. It means the urban area people have high perceptions, more availability of resources constructed under SBA and shown more contribution in comparison to the people of rural areas. However, the major initiatives were undertaken by the government and local bodies (Panchayats & Muncipalities) for the successful implementation of SBA were construction of toilets for poor families, funds were given for the

construction of individual toilets, and provision for clean drinking water but were not focused on the inclusion of technology in sustainable sanitation, health education, liquid & solid waste management system. The results also shows that SBA has shown more impact in urban areas in comparison to rural areas. Therefore, the government along with various stakeholders should focus in the rural areas for better sanitation, health, and hygienic facilities. Whereas in J & K UT, more than 70 per cent population resided in rural areas and due to rural peoples' low perceptions, lack of availability and usage of resources, and contribution of people, the J & K UT has the fourth lowest in below the national average level (86.8%) for household's accessibility to toilets which is among all the states and union territories of the country (Ministry of Jal Shakti, 2022). There is a requirement of more campaigns for the creation of awareness among the respondents to bring out desirable achievement in the progress level of SBA (Jain, et al., 2016). Experienced community facilitators must possess a proper understanding of the culture, practices, beliefs, values, languages, and other behavioral aspects (Adlakha, et al., 2022, p. 45712). Use of technology on a large scale to convert waste into wealth in rural India in the forms of bio-fertilizer and different forms of energy (De, 2022, p. 27). The existing knowledge about SBA and perception towards cleanliness among participants is positive but still there is a need of programmes and strategies that help in bringing positive behaviour among a group of people who are reluctant towards adopting proper cleanliness, sanitation and hygiene practices (Suthar, et al., 2019, p. 3139). Community incentives and penalties have been used to encourage proper sanitation practices with varying success (VerKuilen, et al., 2023, p. 14). In addition to improving infrastructure, providing educational, community-based services in conjunction with sanitation programming is necessary to encourage households to reduce open defecation as a sustainable, affordable, and culturally appropriate solution.

Conclusion

The conclusion is based on the findings of the data which indicated that public toilets should be constructed by maintaining the ratio of one unit toilet containing one toilet and three urinals. Apart from it, there must be a proper arrangement of facilities for females during their menstrual days, like a private space, availability of sanitary pads, hand washing soap and liquid, adequate water to wash hands and a dustbin for the disposal of the sanitary pad. The people can be encouraged to put waste in appropriate bins so that they develop a habit of disposing of waste properly. They need to actively participate in the Government programs regarding swachhta and come together by joining hands in those to promote cleanliness. Involvement of Gram Panchayat/Municipalities for awareness and proper monitoring of programmes purpose should made compulsory because in J&K UT, there is a need to create awareness regarding the SBA 2.0 which is started by aiming in the health improvements, economic benefits, environmental conservation and enhancement, and safety & dignity for women by keeping in the mind the Sustainable Development Goals (Ministry of Jal Shakti). In J & K UT, the main focus was given only on the construction of toilets and clean drinking water instead of creating economic benefits, decomposition of waste, environmental conservation, green global initiatives, and increase the safety and health of women, children, and civil citizens. Therefore, the government of Jammu and Kashmir and local bodies should focus on such initiatives instead of only the construction of toilets and clean drinking water facilities. Further, the Panchayati Raj Institutions in rural areas should focus to adopt sustainable sanitation practices and facilities through awareness creation and health education, encouraging cost effective and appropriate technologies for ecologically safe and sustainable sanitation, and developing where required, community managed sanitation systems focusing on scientific solid & liquid waste management systems for overall cleanliness in the rural areas of J & K UT.

Acknowledgment

This research was funded by INTI International University & colleges.

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