

Impact of Household Cleanliness and Personal Hygiene on the Scheduled Tribes Community in Gadag District

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Abstract:

This study investigates the impact of household cleanliness and personal hygiene on the health and well-being of the Scheduled Tribes (ST) community in Gadag District, India, with a particular focus on the effectiveness of the Swachh Bharat Abhiyan (SBA) initiative. Employing a quantitative research approach, data were collected from a stratified random sample of 385 respondents through structured interviews. The findings reveal that while SBA has led to improvements in sanitation infrastructure and a reduction in open defecation, challenges persist in hazardous waste management and the sustainability of behavioural changes. The study underscores the necessity for culturally sensitive social work interventions to enhance community participation and promote sustainable hygiene practices, aiming to achieve long-term health benefits for the ST community in Gadag District.

Key Words:

Keywords: open defecation, household cleanliness, personal hygiene, ST community

Introduction

Household cleanliness and personal hygiene are foundational elements of public health, particularly within marginalized communities such as the Scheduled Tribes (ST) in India's Gadag District. These communities often confront significant socio-economic challenges, including poverty, limited access to clean water, and inadequate sanitation facilities, which collectively

contribute to suboptimal hygiene practices. Consequently, there is a heightened prevalence of infectious diseases, malnutrition, and other health-related issues, with women, children, and the elderly being especially vulnerable.

In response to these pressing concerns, the Government of India launched the Swachh Bharat Abhiyan (SBA) in 2014, a nationwide campaign aimed at improving

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sanitation and hygiene infrastructure across the country. The mission's objectives include eliminating open defecation and promoting cleanliness to foster a healthier living environment. While SBA has made notable strides in various regions, its effectiveness among tribal communities, including those in Gadag District, warrants closer examination. Barriers such as cultural beliefs, traditional practices, and a lack of awareness have been identified as impediments to the successful adoption of improved hygiene behaviours within these communities.

The role of social work in promoting sanitation and hygiene is pivotal in bridging these gaps. Social workers engage directly with communities, educating them on the importance of hygiene, advocating for improved infrastructure, and encouraging behavioural change. Community-led initiatives, participatory approaches, and culturally sensitive interventions can enhance the effectiveness of sanitation programs by fostering trust and active involvement among tribal populations. Integrating traditional knowledge with modern hygiene practices is also crucial in ensuring that interventions are both acceptable and sustainable within these communities.

This study aims to assess the impact of household cleanliness and personal hygiene on the health and well-being of the Scheduled Tribes in Gadag District. It will evaluate the effectiveness of Swachh

Bharat Abhiyan in addressing sanitation challenges within these communities. By identifying key barriers to hygiene improvement and proposing effective intervention strategies, this research seeks to provide practical recommendations for policymakers, social workers, and other stakeholders involved in sanitation and public health.

Addressing the hygiene and sanitation challenges of the Scheduled Tribes in Gadag District requires a multifaceted approach that combines infrastructure development, behavioural change initiatives, and community participation. Through targeted interventions and sustainable practices, significant improvements can be made in the overall health outcomes of these marginalized communities, ensuring a cleaner and healthier living environment for future generations.

Review of Literature

Madhankumar, V., et al. (2022) explored how people's knowledge and perception of the Swachh Bharat Abhiyan (SBA) influence rural health behaviour in India. The study, conducted in South Tamil Nadu, surveyed 250 participants over six months using a pre-tested questionnaire. Results showed that television (50.4%) and newspapers (16.4%) were the main sources of information, with 69.6% of respondents having a positive outlook on SBA and 56.8% demonstrating strong knowledge about it. The findings highlighted a clear

link between education and awareness, reinforcing the crucial role of education in improving sanitation programs. The study emphasized the need for greater community involvement and well-structured awareness campaigns to strengthen sanitation efforts and ensure long-term success.

Malingu, P. S. U., & Gangaboraiah (2022) examined water, sanitation, and hygiene (WASH) facilities in 80 government schools across Tumakuru, Karnataka. They found that only 37% of schools provided filtered drinking water, with rural schools (41.7%) doing slightly better than urban ones (30%). However, only 51.2% of rural schools met the recommended daily water supply of 1.5 liters per student. The study also pointed out a major gap in toilet facilities for children with special needs, with 81% of schools lacking proper infrastructure. While 77.5% of schools organized hygiene programs and 75% encouraged student leaders to take part in sanitation initiatives, only 21.3% displayed hygiene charts, showing a lack of visual awareness efforts. Menstrual hygiene education was also insufficient, with only 45% of schools conducting awareness sessions at least once every three months. Comparing these findings with similar studies from Tanzania and Nigeria, the researchers found that infrastructure issues were widespread, though student involvement in sanitation initiatives varied. The study stressed the urgent need for continuous investment in infrastructure and

maintenance to meet Sustainable Development Goal (SDG) 6, which aims to provide clean water and sanitation for all.

Objective of the study:

1. To study the socio-demographic profile of the respondents.
2. To understand the household cleanliness and personal hygiene of Scheduled Tribe community in Gadag District.

Research Methodology:

This study uses a quantitative approach to assess how household cleanliness and personal hygiene affect the Scheduled Tribe community in Gadag District, focusing on the impact of the Swachh Bharat Abhiyan (SBA) in enhancing sanitation practices. Data will be collected through structured interviews with 385 respondents; selected using stratified random sampling to ensure representation across various age groups, genders, and socio-economic backgrounds. The questionnaire will include closed-ended questions addressing hygiene behaviours, access to sanitation facilities, and health outcomes. The collected data will undergo descriptive statistical analysis, including frequency distribution, to evaluate the effectiveness of government initiatives in promoting hygiene awareness and behavioural change.

Results and Discussion

Table:1- Socio-Demographic Profile of the respondents

Category	Subcategory	Frequency	Percent
Age Categorized	18 to 30	72	18.7
	31 to 40	110	28.6
	41 to 50	90	23.4
	51 to 60	71	18.4
	60 and above	42	10.9
Gender	Male	187	48.6
	Female	198	51.4
Education Qualification	Illiterate	121	31.4
	Primary Education	88	22.9
	Secondary Education	81	21.0
	Inter (PUC) / Diploma	60	15.6
	Graduation	27	7.0
	Post Graduation	8	2.1
Occupation	Agricultural / Farming	149	38.7
	Non-Agricultural	7	1.8
	Daily Wages Labour	119	30.9
	Government Job	11	2.9
	Private Job	8	2.1
	Self-Employment	32	8.3
	Student	10	2.6
	House Hold	48	12.5
	Other (Specify)	1	0.3
Marital Status	Married	334	86.8
	Unmarried	45	11.7
	Widow/Widower	6	1.6
Residence	Rural	200	51.9
	Urban	185	48.1
Monthly Income	Below 5000	188	48.8
	5000 to 10000	156	40.5
	11000 to 20000	22	5.7
	21000 to 30000	9	2.3
	31000 to 40000	4	1.0
	40000 above	6	1.6

The socio-demographic profile of the respondents indicates that the majority fall within the 31 to 40 years age group (28.6%), followed by the 41 to 50 years category (23.4%), while a significant proportion (18.7%) are from the 18 to 30 years bracket, reflecting a fair representation of young adults. The 51 to 60 years category comprises 18.4% of the respondents, while the elderly (60 and above) account for 10.9%, suggesting that middle-aged individuals (31-50 years) form the largest share of the respondents, potentially representing the working-age population. The gender distribution is nearly balanced, with females (51.4%) slightly outnumbering males (48.6%), ensuring inclusivity in the sampling process and diverse perspectives. Regarding education, a substantial proportion of respondents are illiterate (31.4%), followed by 22.9% with primary education, 21.0% with secondary education, 15.6% with an intermediate or diploma qualification, 7.0% with graduation, and only 2.1% with post-graduation, highlighting a relatively low level of higher education among the respondents. In terms of occupation, agriculture and farming form the primary occupations (38.7%), followed by daily wage labourers (30.9%), self-employment (8.3%), government jobs (2.9%), private jobs (2.1%), students (2.6%), and households (12.5%), indicating that the sample is largely drawn from labour-intensive and rural backgrounds. Marital

status data reveals that 86.8% of respondents are married, 11.7% are unmarried, and only 1.6% are widowed, suggesting that family life is a significant aspect of their demographic profile. Residential distribution shows that 51.9% of respondents reside in rural areas, while 48.1% are from urban locations, ensuring a fair representation of both settings, though the slight dominance of rural respondents may indicate a focus on non-urban communities. Monthly income distribution highlights that nearly half (48.8%) earn below 5000 per month, followed by 40.5% earning between 5000 and 10,000, while higher income brackets 11,000 to 20,000 (5.7%), 21,000 to 30,000 (2.3%), 31,000 to 40,000 (1.0%), and above 40,000 (1.6%) have minimal representation, indicating that a substantial portion of the surveyed population belongs to lower-income strata, which may affect their socio-economic conditions and access to resources. In conclusion, the findings suggest that the respondents are predominantly engaged in agriculture and daily wage labour, with lower educational qualifications and income levels. A balanced gender distribution and a fair mix of rural and urban residents contribute to diverse perspectives, while economic and educational factors play a crucial role in shaping their living conditions and opportunities.

Table:2-Household Cleanliness

Question	Strongly Agree (%)	Agree (%)	Neutral (%)	Disagree (%)	Strongly Disagree (%)	Total (%)
Has Swachh Bharat Abhiyan positively impacted cleanliness and hygiene practices in your house?	17.7	62.7	0.5	13.7	5.4	100.0
Do you think Swachh Bharat Abhiyan has had a positive impact on the availability of clean and healthy food in your area?	16.1	52.0	2.4	23.1	6.4	100.0
Has Swachh Bharat Abhiyan positively influenced the behaviour of individuals regarding the proper disposal of hazardous waste and chemicals?	16.1	42.1	0.5	28.7	12.6	100.0
Do you believe that Swachh Bharat Abhiyan has been successful in reducing improper waste disposal and open defecation, thereby improving cleanliness?	18.2	47.7	2.1	22.5	9.4	100.0
Do you believe that Swachh Bharat Abhiyan has heightened community pride and responsibility towards cleanliness?	9.7	51.7	14.2	17.2	7.2	100.0
Have you noticed a reduction in open defecation in your	12.1	46.1	13.1	18.2	10.5	100.0

community since Swachh Bharat Abhiyan started?						
Have you personally participated in cleanliness campaigns or awareness campaigns organized by social workers or community organizations related to Swachh Bharat Abhiyan?	13.4	41.6	4.8	25.2	15.0	100.0
Do you agree that Swachh Bharat Abhiyan has had a positive impact on the overall appearance and cleanliness of your village or city/town?	14.7	51.2	10.2	19.0	4.8	100.0
Have you availed yourself of any government initiatives under the Swachh Bharat Abhiyan to enhance household cleanliness?	14.7	59.2	6.4	14.2	5.4	100.0
Are community members actively engaged in efforts to improve household cleanliness and personal hygiene?	18.0	52.5	3.8	15.3	10.5	100.0

The table 2 indicate that the Swachh Bharat Abhiyan (SBA) has had a largely positive impact on cleanliness and hygiene practices in households, with 80.4% of respondents agreeing or strongly agreeing that the initiative has improved household cleanliness, while only 19.1% disagree or strongly disagree, suggesting increased awareness and adoption of better hygiene practices. However, when assessing the impact on clean and healthy

food availability, opinions are more divided, as 68.1% believe SBA has had a positive effect, while 29.5% disagree, indicating challenges in the food supply chain and sanitation infrastructure. Regarding hazardous waste disposal, only 58.2% of respondents agree that SBA has influenced proper disposal habits, while 41.3% disagree, highlighting the need for further improvements in waste management awareness and facilities. On

the issue of reducing open defecation and improper waste disposal, 65.9% believe SBA has contributed to improvements, but 31.9% remain skeptical, emphasizing the need for continued infrastructure development and behavioral change efforts. Additionally, 61.4% of respondents feel that SBA has increased community pride and responsibility towards cleanliness, though 24.4% do not share this sentiment, reflecting disparities in perception across different regions. While 58.2% have observed a reduction in open defecation, 28.7% do not, indicating that the initiative's impact varies depending on local implementation and participation. Community involvement in SBA-related campaigns appears moderate, with 55.0% actively engaging while 40.2% do not, suggesting the need for further efforts to boost participation and awareness. Furthermore, 65.9% of respondents agree that SBA has enhanced the overall cleanliness of their village or town, while 23.8% disagree, reflecting mixed perceptions of the initiative's effectiveness at the community level. A strong majority, 73.9%, acknowledge availing themselves of government initiatives for household cleanliness, highlighting the campaign's role in promoting grassroots-level sanitation improvements. Additionally, 70.5% of respondents believe community members are actively engaged in cleanliness efforts, while 25.8% disagree, indicating progress in public participation but also the need for enhanced engagement strategies.

Overall, the Swachh Bharat Abhiyan has had a broadly positive impact on cleanliness and hygiene, with strong support for its role in improving household sanitation, waste disposal, and community cleanliness. However, challenges remain in hazardous waste management, clean food availability, and community participation, necessitating continued efforts from both the government and local stakeholders to ensure long-term sustainability and behavioural change.

The table 3 indicate that the Swachh Bharat Abhiyan (SBA) has played a significant role in promoting personal hygiene and awareness about disease prevention. A substantial 82.8% of respondents acknowledge that SBA has increased awareness of the importance of handwashing with soap and clean water, which is crucial for disease prevention, while only 15.3% remain sceptical. Awareness campaigns under SBA have been moderately effective, with 60.8% of respondents believing they have reached the community effectively, whereas 29.5% feel they have not, suggesting gaps in outreach and engagement. In terms of overall satisfaction with SBA's impact on household cleanliness and personal hygiene, 74.8% of participants express satisfaction, while 23.3% remain dissatisfied, highlighting a need for further improvements. When assessing personal health and hygiene practices, 72.9% of respondents report a positive influence from SBA, whereas 19.3% do not

perceive any substantial impact, indicating room for enhanced behavioural interventions. However, the effectiveness of the local government’s SBA cell in promoting hygiene awareness is

questioned, with only 55.2% considering it effective, while a significant 34.3% rate it as ineffective, pointing to potential inefficiencies in local governance and execution.

Table:3- Personal Hygiene

Question	Very Effective (%)	Effective (%)	Neutral (%)	Not Effective (%)	Not Very Effective (%)	Total (%)
Has Swachh Bharat Abhiyan led to greater awareness of the importance of handwashing with soap and clean water for disease prevention?	10.7	72.1	1.9	10.2	5.1	100.0
How effectively have the awareness campaigns of Swachh Bharat Abhiyan been reaching community people?	12.3	48.5	9.7	18.8	10.7	100.0
How satisfied are members with the overall outcomes and impacts of Swachh Bharat Abhiyan on household cleanliness and personal hygiene?	14.2	60.6	1.9	15.8	7.5	100.0
Has Swachh Bharat Abhiyan positively influenced your personal health and hygiene practices?	15.0	57.9	7.8	10.2	9.1	100.0
How effective is the local government Swachh Bharat cell in promoting awareness campaigns for enhancing personal hygiene practices?	17.4	37.8	10.5	23.3	11.0	100.0
Has Swachh Bharat Abhiyan provided women and girls with better access to clean and safe sanitation facilities?	22.8	46.4	12.1	14.2	4.6	100.0

On a positive note, 69.2% of respondents agree that SBA has improved access to clean and safe sanitation facilities for

women and girls, while 18.8% disagree, emphasizing the initiative’s success in addressing gender-specific sanitation

needs but also underscoring the need for further infrastructural improvements. Overall, SBA has made a considerable impact on personal hygiene, health awareness, and sanitation accessibility,

though there remain challenges in community outreach, governmental effectiveness, and ensuring equitable benefits across different demographics.

Table:4- Association (Chi-Square Tests) Between Gender and Household Cleanliness and Personal Hygiene

	Value	df.	Asymptotic Significance (2-sided)
Pearson Chi-Square	9.766	2	.008
Likelihood Ratio	9.821	2	.007
Linear-by-Linear Association	8.217	1	.004
N of Valid Cases	385		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 48.09.

The Chi-Square analysis reveals a statistically significant association between gender and household cleanliness and personal hygiene. The Pearson Chi-Square test ($\chi^2 = 9.766$, $df = 2$, $p = 0.008$), the Likelihood Ratio test ($\chi^2 = 9.821$, $df = 2$, $p = 0.007$), and the Linear-by-Linear Association test ($\chi^2 = 8.217$, $df = 1$, $p = 0.004$) all indicate significance at the 5% level. With no cells having an expected count below 5 and a minimum expected count of 48.09, the assumptions of the Chi-Square test are satisfied. Given the p-values are below 0.05, the null hypothesis of no association between gender and household cleanliness and personal hygiene is rejected, confirming a significant relationship.

Conclusion:

The impact of household cleanliness and personal hygiene on the Scheduled Tribes (ST) community in Gadag District

is profound, influencing health outcomes, social well-being, and overall quality of life. Inadequate sanitation and hygiene practices among ST communities contribute to a higher prevalence of diseases such as scabies and other skin infections. For instance, lack of health awareness and personal hygiene leads to skin problems like scabies among primitive tribal communities. Moreover, the reliance on traditional healing practices and home remedies, as observed in the Valmiki Nayaka tribe of the Kappatagiri hills in Gadag District, often delays access to modern healthcare services, exacerbating health issues. The intersection of socio-economic factors, cultural beliefs, and limited access to infrastructure further compounds these challenges. Sanitation disparities among Scheduled Tribes in India emphasize that geographical remoteness, inadequate sanitation infrastructure, and cultural

beliefs significantly impact sanitation conditions, leading to public health concerns. Addressing these issues necessitates culturally sensitive interventions that respect traditional practices while promoting improved hygiene standards. Enhancing health literacy, providing accessible sanitation facilities, and integrating traditional and modern healthcare approaches are crucial steps toward improving the health and well-being of the ST community in Gadag District.

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