



## IMPACT OF THE PROGRAMS IMPLEMENTED FOR INCULCATING HYGINIC HABITS UNDER SASAND ADARSH GRAM YOJANA: A STUDY OF RAJGOLI VILLAGE IN KOLHAPUR DISTRICT

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### Abstract

*The paper is about the programs implemented under the Sansad Adarsh Gram Yojana (SAGY) for inculcating hygienic habits among villagers. It is objected to analyze the effectiveness of programs expected to implement for the personal development of the villagers in the Rajgoli village, i.e., selected in the first phase of SAGY in Kolhapur district. Initially, the researcher did a baseline survey for situation analysis. Accordingly, an impact analysis was made after the intervention. Government authorities, swachata doots, Bharat Nirman volunteers and trainee social workers of the MSW department of YCSR, Shivaji University, Kolhapur, made the interventions. The paper assesses the effectiveness and impact of voluntary efforts and the programs implemented by government machinery. It is also an attempt to analyze the changes in the behaviour patterns of the villagers regarding their hygiene. The paper also highlights the importance of people's participation in the successful execution of government schemes and programs.*

**Keywords-** Personal Development, SAGY, Social Work Intervention, Personal hygiene, Addictions, Understanding of health



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### Introduction:

An individual's mental, physical, social, and emotional development is a part of their personal development. It is essential for the fulfilment of life's requirements. A person learns and develops skills as part of a social lifestyle. In this regard, socially acceptable behavioural patterns are essential to the development of an individual since they have been passed down, taught, and maintained from generation to generation. By developing personal skills, you can unlock your potential, discover your capabilities, achieve your goals, and change how you see yourself and the world. (Uk Collage of Personal Development, n.d.) In terms of daily habits and practices of doing routine work in the village community, they have remained traditional

for a long time. It becomes a part of everyday life for the villagers to maintain their behaviour patterns. Although some behavioural patterns harm an individual's development, individuals rarely change the accepted patterns. The village community in India is comparatively rigid regarding bringing about change; because of these hurdles, personal development under the SAGY can be difficult.

It is always the citizens or individuals at the forefront of transforming a village into an Ideal Village; changing one's habits and collective behaviour can play an important role in community development programs. Personal and collective hygiene practices, regular exercise, risky behaviour, and an understanding of community health are crucial for a healthy life and personal development. Numerous model villages within the country have demonstrated that programs can be implemented effectively when participants are actively involved, that the plans are sound, that the management is adequate, and that continuous follow-up is conducted. Villagers can learn and maintain hygiene practices with the assistance of government machinery. A community development project cannot be successful without the community's involvement. As a result of the Sant Gadge Baba Gram Swacchta Abhiyan in Maharashtra, community power has been confirmed.

### **Research Gap**

From the detailed review of the available literature, it is observed that many research studies were conducted on rural development. These studies evaluated the implementation of various programs, but the study of beneficiaries from the perspective of social work is not carried out so far. After launching such programmes in its implementation phase, there is a need to understand the perception, satisfaction, interrelations and interdependence of services and their relation with current needs and resources. Hence it is helpful to describe the social work perspective on the said subject by focusing on the programme's beneficiaries. While many researchers have worked on rural development in India and Maharashtra, the work was based on secondary review work. After reviewing it, it was found that no or very few researchers have been made on the integrated approach to rural development in India, specifically in Maharashtra. The empirical study on ongoing projects, responses of the villagers, and changing environment towards developmental projects have been studied.

### **Methodology :**

The study aims to understand the applicability of SAGY. In the past 75 years of rural development in India, few attempts have been made to understand the ground realities of the nation. In today's changing world, where people's perceptions and social institutions' structures

are rapidly evolving, rural development needs to have a different dimensional view and become updated with its changing surrounding to address the contemporary problems of the agrarian society. The data was obtained from villagers of Rajgoli Khurd village. Primary data were elicited using a structured interview schedule, non-participatory observations and fieldwork to meet the objectives set out for the research and test the hypothesis mentioned above. The secondary data was gathered from various books, government records, magazines, journals etc. The guidelines of SAGY (2014) suggest that every MP select one village and attempt to 2016 make it a model village. In 2014 three MPs selected the following three villages in Kolhapur District:

*Table No. 1: Total Population and Number of Households of villages selected under SAGY in Kolhapur District*

Sr. No.	District	Taluka	Village	Total Population	Total No. of households
1	Kolhapur	Chandgad	Rajgoli Khurd	3224	659
2	Kolhapur	Shahuwadi	Perid	1734	370
3	Kolhapur	Shahuwadi	Sonavade	1940	402

(Source: <http://www.census2011.co.in/data/village/567100-rajgoli-khurda-maharashtra.html>,

<http://www.census2011.co.in/data/village/567100-perod-maharashtra.html>,

<http://www.census2011.co.in/data/village/567100-sonavade-maharashtra.html> )

Rajgoli Khurd village is the most populous village among these villages, so the researcher chose Rajgoli Khurd village as a sample for the present study. Taro Yamane Formula of sampling was selected to determine the total sample selection of the village. (<https://www.academia.edu/>, n.d.) And to choose the sample from the Vadi -Vasti, proportionate stratified random sampling was used. But the respondents were selected by purposive sampling, so a multi-stage sampling method was adopted for the research. The field data were collected twice before and after the implementation of SAGY in January 2015 and December 2021. The same samples were tested before and after the implementation of SAGY. A Case study of selected villages has been conducted separately.

*Table No 2: Vadi-Vasti-wise number of Households and chosen samples*

Sr. No.	Name of the village	Name of Vadi /Vasti	No. of households	No of the selected samples by proportionate stratified random sampling
1	Rajgoli Khurd	Chenatti	110	41
2		Rajewadi	18	7
3		Ganeshwadi	40	15
4		Rajgoli	491	186
Total			<b>659</b>	<b>249</b>

(Source: Field Data)

## A Weighted Mean of Variables

The weighted Mean is calculated before and after implementation. A weighted mean is an average. Instead of each data point contributing equally to the final mean, some data points contribute more "weight" than others. If all the weights are equal, then the weighted mean equals the arithmetic mean (the regular "average" you're used to). Weighted means are very common in statistics, especially when studying populations.

Formula

$$\bar{x} = \frac{\sum_{i=1}^n (x_i * w_i)}{\sum_{i=1}^n w_i}$$

The image above is the technical formula for the weighted mean. In simple terms, the formula can be written as:

$$\text{Weighted mean} = \Sigma wx / \Sigma w$$

- $\Sigma$  = summation (in other words...add them up!).
- $w$  = the weights.
- $x$  = the value. (htt4)

## Hypothesis

1. **Null Hypothesis (H<sub>0</sub>)** - There is no significant difference between the respondents' pre-intervention and post-intervention hygienic behaviour and habits.

2. **Alternative Hypothesis (H<sub>1</sub>)** - There is a significant difference between the respondents' pre-intervention and post-intervention hygienic behaviour and habits.

The study area of this study was the Kolhapur district of Maharashtra state, and the empirical research was carried out in Rajgoli Village. The study is limited to one village only.

## Discussion :

As outlined in the SAGY guidelines, it is important to ensure that the NHM, ICDS, and SBM programs are implemented effectively so that villagers' hygiene habits and healthy behaviour can contribute to community health. Pranayama, physical exercise, and Yoga can help achieve a long, healthy life. SAGY directs in its guidelines that the trained voluntary health workers should personally guide people and conduct yoga and pranayama classes in the community to create a healthy environment. It will provoke people to sustain these healthy

habits as a routine activity. Chewing tobacco, smoking cigars, drinking alcohol, etc., addictions of individuals can bid problems in their personal, family, and social life. SAGY's guidelines aim to improve the behaviour of addicted members of society and rehabilitate them. SAGY also tresses health awareness campaigns. Hygienic habits, regular exercise, control over addictions, and awareness about personal and community health can bring about personal development is a strong belief of SAGY's modus operandi.

### **Hygienic habits and practices of the villagers**

Personal hygiene is instrumental to a healthy life. Unclean and defective habits invite infectious diseases, and it harms public health. Healthy behavioural patterns and lifestyles can bring about a positive impact on personal development.

### **Programs for hygienic behaviour and practices**

*Table No. 3: Program Suggested (Interventions) in Guidelines for Hygienic Behaviour and Practices*

<b>Activity</b>	<b>Programs to change behaviour and Practices</b>
Hygienic habits and practices of the villagers	<b>Sustaining the teeth brushing habits</b>
	The daily bathing habits
	The habit of wearing clean cloths
	The habit of washing hands with soap before meals
	The habit of washing hands with soap after defecation
	Use of sanitary toilets
	<b>Personal menstrual hygiene of adolescent girls and Women</b>

*(Source: SAGY Guidelines, annexe-I, Page No.21)*

Tooth brushing, daily bathing, wearing clean clothes, washing hands before meals and defecation, using sanitary toilets, and personal hygiene during the menstrual cycle have been emphasized in the pursuit of personal development. SAYG expects that the collective behaviour of the people can help bring about social action the social change. Following the SAGY guidelines, Table no 3 describes the recommendations (interventions) to promote hygienic behaviours and practices. To create a positive environment, the SAGY guidelines recommend people's participation, voluntary involvement of various groups, and collective responsibility.

### **Intervention for hygienic habits and sustaining healthy practices among the villagers**

SAGY has focused on implementing NHM, ICDS, and SBM programs effectively. The said programs are objected to reducing the prevalence of diarrhoea and other infectious diseases

and personal illnesses and improving well-being. At the initial stage of the intervention, there was an urgent need to make awareness about personal hygiene. With the help of MSW students of the YCSRSD, Shivaji University, the researcher voluntarily initiated continuous awareness programs with the coordination of the authorities of PHCs, ICDS, and the Swachh Bharat Mission. In VDP, several programs and strategies were designed.

*Table No. 4: Implemented Programs (Interventions) to Inculcate Hygienic Behaviour and Practices*

<b>Name of the Scheme</b>	<b>Name of the program</b>	<b>Day and Date</b>	<b>No of Beneficiaries</b>
SBM	House-to-house campaigning through health volunteers.	10/07/15,14/08/15, 11/09/15	Entire village
	Organization camps and rallies for health education through Aanganwadi, schools, and SHGs.	10/07/15,14/08/15, 11/09/15	Entire village
	Wall writings. Awareness through health information boards at suitable locations and camps.	10/07/15,14/08/15, 11/09/15	Entire village
	Awareness through Street Plays, Film Shows, etc.	10/07/15,14/08/15, 11/09/15	Entire village
	Establishment of Community Radio for awareness.	The program was not planned in VDP and was not executed too.	

*(Source: Field data and Progress Report 06/12/2021 Village panchayat Rajgoli (Khurd))*

Swachhata Mitras and Health Volunteers assisted the MSW students of YCSRSD SUK in house-to-house campaigns in the village. Awareness rallies were conducted through Anganwadi centres, schools, and SHGs. Additionally, educational wall writings and information boards at suitable locations, as well as the organization of Street Plays and film screenings, contributed to raising awareness. The project consisted of health camps for children, women, the elderly, and girls, as well as general awareness about the importance of cleaning teeth, using sanitary toilets and keeping them clean, taking a daily bath, washing hands after using the toilet and before eating, and wearing clean clothing. A trained staff member of the PHC conducted a program about the importance of personal menstrual hygiene for adolescent girls and women. Table no 4 describes the planned and executed programs in VDP for hygienic behaviour and practices and the dates and participants involved in these programs. SBM and NRHM authorities trained the volunteers.

Additionally, the table shows the participation of the entire village in the various programs. From July to September 2015, the programs were conducted. It can be seen from the table the intervention program was implemented throughout the entire town.

Youth volunteers have formed a health brigade under the technical guidance of institutions and government agencies to improve awareness of infectious diseases and other personal illnesses.

### Cumulative results of hygienic habits and practices of the villagers

The researcher has drawn the following table to understand the cumulative results of programs executed under SBM, NRHM, and ICDS using the weighted mean method

*Table No. 5: Before and after program implementation, the composite weighted mean of hygienic behaviour and habits*

Sr. No.	Hygienic behaviour	Weighted Mean		The difference between pre-and post-intervention weighted mean
		Pre-Programme Implementation	Post-program Implementation	
1.	Tooth brushing	107.67	120.83	13.2
2.	Daily bathing	120.17	124.5	4.33
3.	Wearing clean clothes	105.83	115.83	10
4.	Wash hands with soap before eating	121.17	124.5	3.33
5.	Wash hands with soap after defecation	86.67	114.17	27.7
6.	Daily use of sanitary toilets	74.5	124.5	50
7.	Personal menstrual hygiene of adolescent girls and Women	-	-	-
<b>Composite Weighted Mean</b>		102.67	120.72	18.09

*(Source: Field Survey)*

The data in Table No 5 estimates the weighted composite mean of measures of hygiene behaviour, such as brushing teeth daily, bathing, wearing clean clothing, washing hands before and after meals and defecating. A significant difference in weighted mean (18.09) between before and after program implementation is observed. Regarding the habit of washing hands with soap after defecation. A substantial difference in weighted mean (13.2) before and after the program implementation has also been observed in tooth-brushing habits. As far as wearing clean clothes are concerned difference in weighted mean (10) between before and after program implementation has been noted. And slight changes (4.33) and (3.33) were recorded before and after program implementation in daily bathing and washing hands with soap before eating.

The overall composited weighted mean has shown a difference of 11.67 between pre and post-intervention.

### **Results of Hypothesis and Findings :**

The researcher found the significance /p-value is less than 0.05, indicating a significant difference. Hence, the researcher accepts  $H_1$ , and the intervention has significantly changed individual (Personal) hygiene habits. Therefore, people have significantly improved their habits, understanding of health, control over risk behaviour, and learning exercise habits during their personal development.

It can be seen that villagers have prioritized changing the habit of washing hands with soap after defecation, tooth brushing habits, and sustaining the habit of wearing clean clothes. It can also be interpreted that daily bathing and washing hands with soap before eating have been 100% sustained. Almost 95% of villagers' routines, like daily bathing, wearing clean clothes, and washing hands with soap after defecation, have been maintained as the life pattern of villagers. It also indicates still some of the villagers have not sustained it. This shows that intervention programs have been successfully implemented regarding the hygienic behaviour of respondents and family members.

Girl students of the group of trainee Social Workers of Shivaji University and trained staff of PHC conducted a program about awareness of personal menstrual hygiene of adolescent girls and women. To analyze the impact of these programs, the researcher conducted FGD with the help of Girl students of the group of trainee Social Workers at Shivaji University. The observations and opinions were noted about the programs that it was beneficial to understand the importance of hygiene during the menstrual cycle. They also adopted the habit of using sanitary napkins. Many of these women immediately consult the doctor for their gynaecological problems and take proper medicine. Many of them now never neglect their health issues.

### **Conclusion:**

Social work intervention modules can bring about change in the traditional mentality of the villagers. There is a need to have honest voluntary efforts with government machinery.



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