



LIFE-SKILLS EXERCISE OF SANITARY COMMUNITY IN AND AROUND TIRUPATI

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ABSTRACT

Sanitation is a system used to keep healthy standards in a place where people live/by removing waste products and garbage safely through sanitation workers. Sanitation refers to public health conditions related to clean drinking water and adequate treatment and disposal of human wastes and sewage. ("**sanitation/Definition of sanitation in English by Oxford Dictionaries**". Retrieved 2017-11-17). The very objective of this paper is to study the attitude of workers in the sanitation field about their work. Swachh Bharat Abhiyan (SBA) or Swachh Bharat Mission (SBM) is a nation-wide campaign in India for the period 2014 to 2019 that aims to clean up the streets, roads and infrastructure of India's cities, towns, and rural areas. Life-skills –the skills one needs to perform certain acts or tasks in one's everyday life. (<https://www.urbandictionary.com/define.php?term=Life%20Skills> by Fabio July 04, 2005) This paper is based on the Primary data collected in and around Tirupati with the help of an Interview Schedule by the scholar during 2017. The very objective of the present paper is to assess the awareness and attitude of the sanitary workers engaged-in according to their age. The reason and interest of the sanitation workers of about 622 samples according to their age. In the present study, the highest proportion of sanitary workers (43.4%) are in the age group 36 and above years.

KEYWORDS : Sanitation, Age, Swachh Bharat Mission, Life-skills, Sanitary Community.

INTRODUCTION:

STATEMENT OF THE PROBLEM

Sanitation is one of the most important aspects of community well-being because it protects human health, extends life span and is documented to provide benefits to the economy. Sanitation (e.g., toilets, latrines, mechanized waste water treatment) is currently deployed as a way to contain and/or treat human excreta (and in some cases grey water) to protect human health and the environment. (Introduction to the Importance of Sanitation, September 20, 2017. <https://www.waterpathogens.org/book/introduction>. Authors: Colleen Naughton (University of South Florida))

Sanitation refers to public health conditions related to clean drinking water and adequate treatment and disposal of human wastes and sewage. ("**sanitation/Definition of sanitation in English by Oxford Dictionaries**". Retrieved 2017-11-17.)

Sanitation systems aims to protect human health by providing a clean environment that will stop the transmission of disease, especially through the fecal–oral route. (a b SuSanA (2008). Towards more sustainable sanitation solutions. Sustainable Sanitation Alliance (SuSanA)).

TYPES OF SANITATION:

The sanitation process involves disposing of waste properly, so it does not threaten the environment or public health. There are four types of sanitation methods: 1. Filtration, 2. Landfills, 3. Recycling and 4. Ecological. Practicing proper hand washing and surface cleaning techniques are all part of best sanitation practices. (Types of Sanitation Angus Koolbreeze, <https://careertrend.com/info-8143230-types-sanitation.html> Updated December 28, 2018.)

SWACHH BHARAT MISSION :

Swachh Bharat Abhiyan (SBA) or Swachh Bharat Mission (SBM) is a nation-wide campaign in India for the period 2014 to 2019 that aims to clean up the streets, roads and infrastructure of India's cities, towns, and rural areas. Swachh Bharat Abhiyan campaign, launched on 2 October 2014 on Gandhi Jayanti, aims to eradicate open defecation by 2 October 2019, the 150th Anniversary of the birth of Mahatma Gandhi, by constructing 90 million toilets in rural India at a

projected cost of Rs 1.96 lakh crore (US dollars 28 billion). The National campaign spans 4,041 statutory cities and towns. Conceived in March 2014 at a sanitation conference organised by UNICEF India and the Indian Institute of Technology as part of the larger Total Sanitation Campaign, which the Indian Government launched in 1999. (https://en.wikipedia.org/wiki/Swachh_Bharat_Mission)

LIFE-SKILLS –

are skills that are necessary or desirable for full participation in everyday life.

For e.g. "sharing with a sibling can help children learn important life skills"

LIFE-SKILLS –

The skills one needs to perform certain acts or tasks in one's everyday life.

(<https://www.urbandictionary.com/define.php?term=Life%20Skills> by Fabio July 04, 2005)

ACCORDING TO UNICEF:

Life-Skills are defined as Psychological abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. (https://www.unicef.org/lifeskills/index_7308.html Updated: 13 June 2003.)

OBJECTIVE OF LIFE-SKILLS:

Life-Skills training equip people with the social and interpersonal skills that enable them to cope with the demand of everyday life. The objective of this Training is to build self-confidence, encourage critical thinking, foster independence and help people to communicate more effectively. (<https://www.theclassroom.com/life-skills-training-objectives-8332388.html> Life Skills Training Objectives, Elizabeth Burns.)

SIGNIFICANCE OF THE STUDY/POTENTIAL UTILITY

Community Development – Development of Vulnerable Community, Scavenging Community in the Society.

The 2002 Millennium Development Goals (MDGs) aimed to

reduce the number of people without access to basic sanitation to half by 2015, which stood at 2.6 billion at the start of the 21st century. Inspired by the MDG, Sanitary community was actively addressing the problems of insanitation and poverty by actively engaging community at large as a key stakeholder in the system. It stated its vision as, "A healthy and hygienic India, free of practice of defecation in the open and faecal pollution of environment. A society free of untouchability, social discrimination, and prevalence of the subhuman practice of manual cleaning of human excreta (scavenging)". Sanitary community had been actively pursuing its mission of educative and programmes of the Government as well as the people, to achieve its vision in the foreseeable future.

While the importance of sensitizing the Indians towards sanitation practices through proper toilet facilities was one aspect of Sulabh movement, creating social acceptance for the scavengers and allowing them to lead a life of dignity was the other challenge the organization was trying to meet. Dr. Pathak, in a study of the life that scavengers led, revealed that illiteracy as the major factor behind their misery. (Bindeshwar Pathak: Published in Sulabh India, Oct, 1989)

SWACHH BHARAT MISSION (GRAMIN):

Intervention in the rural sanitation sector in the country was initially started in 1954 as a part of the First Five Year Plan. The Government introduced a structured scheme in the form of the Central Rural Sanitation Programme (CRSP) in 1986 primarily with the objective of improving the Quality of Life of the rural people and also to provide privacy and dignity to women. From 1999, a "demand driven" approach under the "Total Sanitation Campaign" (TSC) emphasizing more on Information, Education and Communication (IEC), Human Resource Development (HRD), capacity development activities to increase awareness among the rural people and generation of demand for sanitary facilities was started.

The "Nirmal Bharat Abhiyan" (NBA), the successor programme of the TSC, was launched from 2012, aimed at creating Nirmal villages, provided increased incentives through convergence with MG-NREGS. Though these programmes had their successes, there still remained a large portion of the rural population which did not have access to toilets. To significantly upscale the programme, and bring the focus on the issue of sanitation, the Swachh Bharat Mission (Gramin) was launched in 2014. The focus of the new strategy is to move towards a Swachh Bharat by providing flexibility to state governments (sanitation being a state subject), to decide on their implementation policy and mechanisms, taking into account state specific requirements.

REVIEW OF LITERATURE:

There is voluminous literature on the area of sanitation at Global, but very limited at National level of this kind, based on primary data. There was no study on sanitary community in Andhra Pradesh. Research work of its kind, based on primary data, is a maiden attempt by the scholar in Andhra Pradesh. Swachh Bharat a Government of India's programme is a significant substitute and support to the present study.

ROLE OF SOCIAL WORKER:

- I. The scholar of the present study is from the discipline Master of Social Work (MSW). The Case Work, Group Work and Community Organisation are the first three basic Conventional Social Work Methods/Approaches of the Social Work Practice; and also Social Welfare Administration, Social Action and Social Work Research are the secondary/Auxiliary Approaches and Methods of Social Work Practice.
- II. Here is the present study, the researcher has utilised Case Work Method, Social Work Research Methods to study, the

Socio-Economic background and their living style of sanitary workers in the present study as a social work scholar.

OBJECTIVE:

the very objective of the present paper is to assess the awareness and attitude of the sanitary workers engaged-in according to their age.

HYPOTHESIS:

The hypothesis is Practice of life-skills at work place leads to contentment towards their work.

METHODOLOGY:

The present study is a **Descriptive Study**. Descriptive studies are undertaken to portray the characteristics of groups, or situations. They are also called **Diagnostic Studies**. **Such studies do not require any specific hypothesis**. The aim of the descriptive study is to obtain complete and accurate information on the sample under study. The descriptive study tries to answer the questions of who, what, where, when and how much. **Its essential function is reportorial**. Descriptive studies give us an idea regarding the magnitude of the living environment under study. **Descriptive studies form a basis for analytical study.** (Ref: Applied General Statistics, 3rd edition 1969 by Frederick E. croxton at all.)

All sanitary workers interviewed under study are outsourcing (temporary) workers only, except few from Tirupati Municipal Corporation at the time of survey. The researcher undergone many hurdles with the respondents (sanitary workers) during field work, because of the misconception that the present interview is going to affect their services and salaries.

STUDY AREA:

the study area of the present research work is - **in and around Tirupati.**

S. No.	Name of the agency functioning on Sanitation	Total workers	Sample workers drawn	Percentage (%)
1	Tirupati Municipal Corporation	837	85	10.15
2	All Service Global Pvt. Ltd.	1024	106	10.35
3	Sulabh International Social Service Organisation	3100	313	10.09
4	Padmavathi Hospitality and Facility Management Service	1132	118	10.42
Total	6093	622	10.2	

The agencies providing sanitary workers for the cleaning and sewage purposes to in and around Tirupati are:

- 1. Tirupati Municipal Corporation
- 2. All Service Global Pvt. Ltd.
- 3. Sulabh International Social Service Organisation
- 4. Padmavathi Hospitality and Facility Management Service

As the above table discloses, 10 percent sample is drawn from the subject under study from the total sanitary community. Hence, the technic used for sampling is **Cluster Random Sampling Technic**.

STUDY PERIOD:

September-2016 to March-2017 - **Field work.**

SAMPLE SIZE: 622

SAMPLING UNIT:

A Sanitary Worker either a Male worker or a Female worker.

NATURE OF DATA:

Data is in two forms as **Primary Data** and **Secondary Data**. The primary data is collected by the researcher himself with the help of an **Interview Schedule**.

DATA SOURCES

- i. **Primary Sources:** A focused and structured **Interview Schedule** is developed for the purpose of information (data) collection on the subject under study. The researcher himself collected data from the respondents (Sanitary workers) through survey method.
- ii. **Secondary Sources:** From the Officials and the Records related to Sanitary Purpose from the Agencies mentioned above.

STANDARDIZATION OF INTERVIEW SCHEDULE

The focused Interview Schedule is standardized as follows by organizing;

- a) **Pilot Study:** According to **Frederick E. Croxton et. all (1969)**, Pilot study is a miniature of some part of the actual study in which the instrument was administered to subjects (respondents/Sanitary workers) drawn from the same population (sample size). (**Applied General Statistics, 3rd edition 1969 by Frederick E. croxton et all**).
- b) **Reliability of the Tool:** Reliability refers to the accuracy and consistency of the tool developed for information collection. 'Test-Retest' method was adopted, where 10-25 subjects were selected at random and interviewed twice with the gap of one week. By inclusion, exclusion and modification, the consistency of the Interview-Schedule was attained.

The researcher himself sought information with the help of an **Interview Schedule** prepared and standardized for this focused investigation **at random** from about 622 respondents (Sanitary workers).

ANALYSIS OF DATA / INFORMATION:

The collected Data or Information has been Edited, Coded and Tabulated with the help of Scientific Package for Social Sciences (SPSS) computer analysis. Inferences drawn by applying statistical tools and Tests of significance in consultation with a Statistician.

RESULTS AND DISCUSSIONS:

Age is an important determinant of one's maturity levels and life experiences. Age determines the generation gaps and abilities to make a decision. That is how age is important in analysing the responses of an individual. In the process of aging, exposure and experiences of various milestones contributes to the consciences status of individuals on issues surrounding them.

Occupational structure of any State and Culture is undergoing drastic changes, par ally Planning and implementation of various "Social Services and Social Welfare" enactments in the state regarding sanitation work and sanitary workers.

Table-1. Number and percentage distribution of respondents (Sanitary workers) according to

their age and channel of joining in sanitary work.

In the present study, the highest proportion of sanitary workers (43.4%) are in the age group 36 and above years, followed by 33 percent are in the age group 31-35 years, 18 percent are in the age group 20-30 years and 5 percent are in less than 25 years.

Regarding the channel, that is through whom the respondents have joined in sanitary work is elicited in the present study. Otherwise, with whose motivation the respondent have opted

to join-in sanitary work is disclosed in the present study. Because, in the occupational structure sanitary work is rated as 'low' as everyone knew.

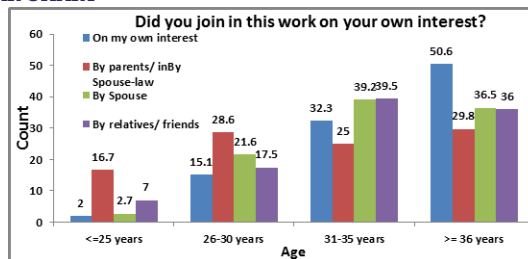
Table No. 1: Number and percentage distribution of respondents (Sanitary worker) according to their Age and Channel of joining in Sanitary Work.

Age Vs. Channel Did you join in this work on your own interest?

Chi-Square	p-value	Did you join in this work on your own interest?				Total	
		On my own interest	By parents/ in-law	By Spouse	By relatives / friends		
52.167**	0.000						
Age	<=25 years	7	14	2	8	31	
		(2.0)	(16.7)	(2.7)	(7.0)	(5.0)	
		26-30 years	53	24	16	20	113
		(15.1)	(28.6)	(21.6)	(17.5)	(18.2)	
31-35 years	113	21	29	45	208		
	(32.3)	(25.0)	(39.2)	(39.5)	(33.4)		
>= 36 years	177	25	27	41	270		
	(50.6)	(29.8)	(36.5)	(36.0)	(43.4)		
Total:		350	84	74	114	622	
		(56.3)	(13.5)	(11.9)	(18.3)	(100.0)	

(Percentages are in parentheses) (** Significant at 1% level)

BAR CHART



The Table-1 shows that the highest proportion of respondents (Sanitary Workers; 56.3%) have joined in the sanitary work on their 'own interest'. Next highest proportion of respondents 18.3 % have joined by the direction of 'relatives and friends'. About 13.5 percent have joined due to **by parents and in-law suggestions**, and about 12.0 percent have opted this work by their **spouse direction**.

In the present study, about 77 percent of Sanitary workers are between the age groups 31 years and above and the highest proportion of the respondents / sanitary workers have expressed that they have joined in Sanitary work on their own interest, followed by **parents suggestion** and **spouses suggestion**.

Hence, the empirical evidence discloses that majority of sanitary workers have considered the work sanitation also a respectable job for their livelihood, like any other jobs, and the association between the age of sanitary workers of the present study and the reported channels of the joining in this work is highly associated and significant statistically as the table shows. (Significant at 1% level, Chi-square value).

As everybody knew, sanitary work is considered as 'looked down' in the employment sector of occupational structure in the society. Though many developments and legal provisions are taking place in the sanitation employment, people could not like to come forward to join-in. The reasons or attitude to join-in sanitary work is elicited in the present study also. The Table -2 presents the different reasons or opinions expressed reportedly by the respondents (sanitary workers) in the pre

sent study.

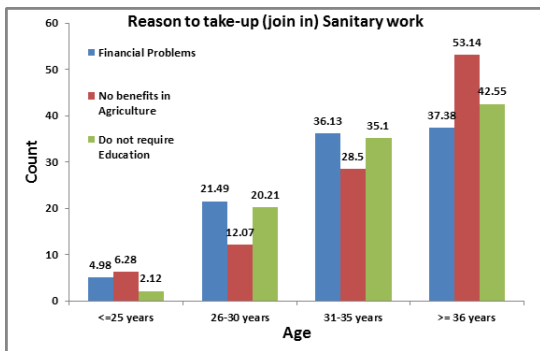
Table-2. Number and percentage distribution of respondents (Sanitary workers) according to their age and reasons to take-up (join in) sanitary work.

Age Vs. Reasons to take-up (join in) Sanitary work

Chi-Square	p-value	Reasons to take-up (join in) sanitary work			Total
		Financial Problems	No benefits in Agriculture	Do not require Education	
62.698**	0.000				
Age	<=25 years	16 (4.98)	13 (6.28)	2 (2.12)	31 (4.98)
	26-30 years	69 (21.49)	25 (12.07)	19 (20.21)	113 (18.16)
	31-35 years	116 (36.13)	59 (28.50)	33 (35.10)	208 (33.44)
	>= 36 years	120 (37.38)	110 (53.14)	40 (42.55)	270 (43.4)
Total:		321 (51.60)	207 (33.27)	94 (15.11)	622 (99.98)

(Percentages are in parentheses) (** Significant at 1% level)

BAR CHART



More than half of the respondents (sanitary workers) have expressed reportedly that they have opted job (work) in the sanitation department 'due to financial constraints (52%). About 33 percent have expressed as 'there is no income 'in agriculture and the related' work; most of the sanitary workers under study are rural residents. Interestingly about 15 percent have expressed that 'do not require education; for sanitation works', as the reason for their option. (Table-2)

Similarly, high proportion of sanitary workers above 36 years (43%) have expressed that they have opted this work as 'this work (sanitary work) do not require education'. Among the sanitary workers between 31-35 years age group have expressed that they have opted sanitary work due to financial problems (36.1%), and as this work do not require education (35.1%), almost equally important reasons. The association between the age of respondents (sanitary workers) and their reported reasons (attitude) in joining sanitary work are proved as significant statistically (Table-2). Similar trend is observed among the young adults of the sample studied.

Table-3. Number and percentage distribution of respondents (Sanitary workers) according to their age and satisfaction with remuneration/salary (job satisfaction?).

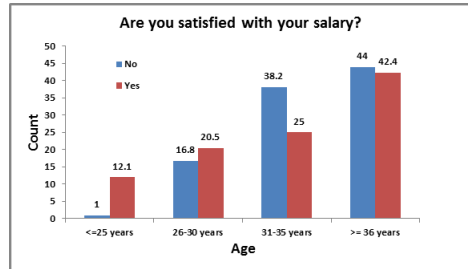
Age Vs. Are you satisfied with your salary?

Chi-Square	p-value	Are you satisfied with your salary?		Total
		No	Yes	
43.725**	0.000			

Age	<=25 years	27	31	
		4 (1.0)	(12.1)	(5.0)
	26-30 years	67 (16.8)	46 (20.5)	113 (18.2)
	31-35 years	152 (38.2)	56 (25.0)	208 (33.4)
	>= 36 years	175 (44.0)	95 (42.4)	270 (43.4)
Total:		398 (64.0)	224 (36.0)	622 (100.0)

(Percentages are in parentheses) (** Significant at 1% level)

Bar Chart



The Table-3 presents the satisfaction of sanitary workers (respondents) regarding their work and salary they are getting. In the present study, about 36 percent of the respondents only (sanitary workers) are satisfied reportedly for their work and salary they are getting. This satisfaction is observed high among the respondents more than 36 years of the age (42.4%). Among the total respondents, the highest proportion (64.0%) of them are not happy (satisfied) with the remuneration or salary they are getting for their work. This dissatisfaction is observed more among the aged 36 years and above (44.0%), followed by the sanitary workers 31-35 years (38.2%). As discussed earlier financial problems is expressed to opt for sanitary work and also no education is required as the reasons for sanitary work, satisfaction also observed as high accordingly among the higher age group respondents. This association between job satisfaction and age is proved as significant statistically in the present study.

CONCLUSION AND IMPLICATION:-

Based on the discussion above which is statistically proved is giving scope for potential increase of option in sanitation sector for employment by providing better conditions at work place, motivation and enhancement of salary. There are many unskilled manpower to be engaged in sanitation work as an instrument to Swachh Bharat Programme also. The findings are limited to this study and the studied respondents only.

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