Community Health, Hygiene Initiatives and Challenges in India

Aditi Bharti[1] and Vijay Prakash Gupta[2]*

[1]Lincoln University College, Petaling Jaya, Selangor Darul Ehsan, 47301, Malaysia

[2]Institute of Business Management, GLA University, Mathura, PIN-281406, India

**Corresponding author:*

E-mail: aditibharti25@gmail.com, pdf.aditibharti@lincoln.edu.my, vijay.gupta@gla.ac.in

Abstract: The issues of community health and hygiene are in the core of enhancing the outcomes of health among the population in India, especially in the reduction of the disease burden and improving the quality of life. Regional inequalities in regard to water, sanitation and hygiene that comprise WASH services despite different national interventions still exist. Outreach has been enhanced by the community-based forms of governance and frontline staff with operational constraints. Specific actions have been used to enhance levels of awareness and practice e.g. menstrual hygiene programs, but poor implementation is an issue. The infrastructure disparities, socio-economic disparities, and issues of governance still avert development. This essay will overview key projects and discuss the most important issues impacting community health and hygiene in India.

Keywords: Community Health and Hygiene, ASHA Workers, Menstrual Hygiene, Sanitation, Health Governance, Health Inequality

1. Introduction

Hygiene and community health are valuable provisions of sustainable development, which has a direct effect on the prevention of diseases and the well-being of the world at large. In India these factors correlate with international norms like SDG-6 which puts more stress on universal water and sanitation access [1]. Although there have been various policy interventions, infrastructural, economic as well as social imbalances lead to disparity. The NHM, Swachh Bharat Abhiyan and Ayushman Bharat are examples of government initiatives that focus on the decentralized government and involvement of communities. Organization VHHNCs and ASHA workers are very instrumental in linking communities to healthcare systems [2][3]. Specific public health issues, menstrual hygiene over oral health programs, are targeted by means of a combination of awareness and service delivery [4][5]. Nevertheless, the issues of implementation are also critical and require further investigation of interactions at the system level and gaps in operations. In addition, high growth in population and urbanization keep putting further pressure on the available health facilities and make delivery of services difficult. To overcome such challenges, there will be need to not only reforms at the policy level but also long-term engagement and behavioral change initiatives at the community level as a way of maintaining their long-term effectiveness.

2. Community Health and Hygiene Initiatives and Challenges in India

2.1 WASH Framework and Regional Disparities

The community health system in India is mainly based on WASH program with emphasis made on safe water, sanitation and hygiene as the basic determinants of health in the populace. Fig. 1 describes the general system of policies, infrastructure, and relations between communities and the health system, demonstrating all the interconnections between national programs, local governmental systems, and

personal habits. With such systematic efforts, regional inequalities have continued to be high, especially in the rural areas and less developed states, where facilities of enhanced sanitation and clean drinking water are still low [1]. These differences are also compounded by socio-economic inequalities, population density, and uneven distribution of resources, which, together, make a more or less uniform SDG-6 targets more difficult to achieve.

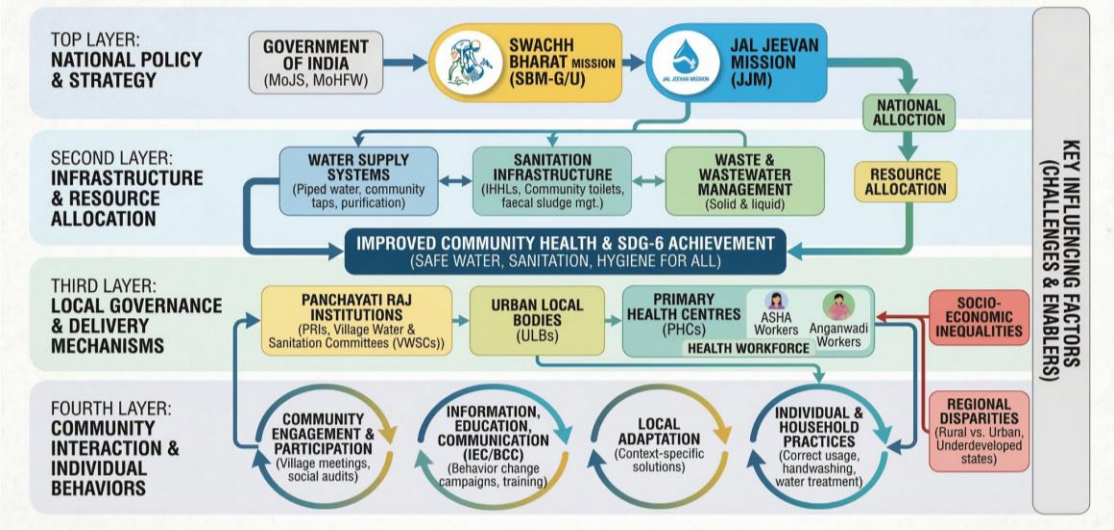

Fig. 1: Framework of Community Health System in India

The systematic interrelation of infrastructure, governance, and behavior of the community is crucial in health results. Fig. 2 illustrates that insufficiency in any of the aspects including absence of drinking water, deprivation of sanitation facilities or poor hygiene awareness may result in greater prevalence of communicable diseases against which include diarrhoea, cholera and typhoid. Although infrastructure is available in numerous rural locations, behavioral habits and a lack of education constrain proper use; this demonstrates that the existence of infrastructure is not enough along with the development of infrastructure and programs to establish a strong connection between the community and the company must be carried out concurrently [1].

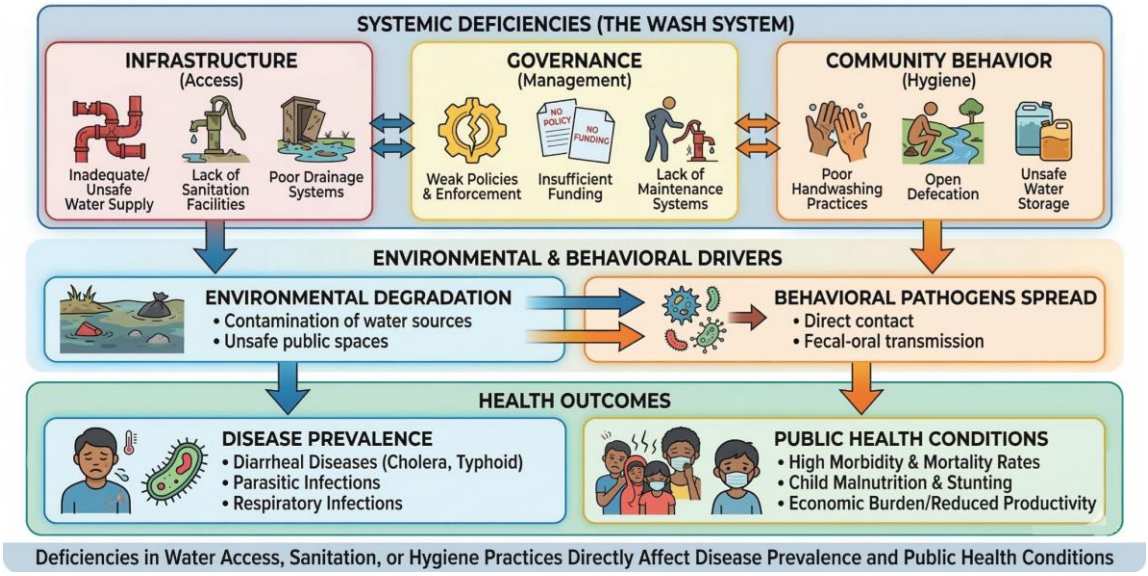

Fig. 2: WASH Implementation and Outcome Flow Model

2.2 Community Health Governance and Decentralization

The National Health Mission has also brought some community governance structures like Village Health Sanitation and Nutrition committees (VHSNCs) in order to decentralize health planning and participation by the community. The aim of these committees is to assist in the local decision-making process, healthcare services monitoring process, and solving the problem of sanitation and hygiene at the grassroot level. Work however, is largely limited by haphazard meetings, uncertainties about roles, insufficient funds exploitation, and in relation to the top administrative units [2].

Community health governance, as concerns governance, involves unceasing engagement between policy will, institutional structure and the grassroots implementation [6]. This demonstrates the relevance of accountability, coordination, and ownership by the community in enhancing sustainable health outcomes. In the absence of consistent feedback processes and capacity building processes, governance structures will become more symbolic than functioning.

2.3 Role of Frontline Health Workers (ASHA System)

Frontline health workers especially the Accredited Social Health Activists (ASHAs) are an important contributor in nurturing community health programs. They are the main gateway between the rural populations and the healthcare system, which enhances the maternal and child health services, vaccination and sanitation behavior, and health education. They are able to affect the behavioral change because their positioning is community-based. But they are also not properly served by too much work, lack of training, incentives, and proper logistic support, which decrease the overall efficiency of healthcare delivery systems [3].

2.4 Hygiene-Specific Interventions (Menstrual Health and Awareness)

Hygiene-specific interventions such as Menstrual Hygiene Scheme (MHS) are special interventions aimed at addressing gender-specific health issues. They are supposed to increase awareness, availability and low price of menstrual hygiene items and wipe out the social-cultural taboos concerning menstruation. The empirical data depicts that there is an increased level of adoption of hygienic practices and awareness among the adolescent girls upon the introduction of the programs. However, there are additional issues such as unequal access to hygienic commodities, inadequate disposal/stigmatization that continue to affect the magnitude and efficacy of such intervention [4].

2.5 Integrated Preventive Health Approaches (Oral and General Hygiene)

Programmes, like Kayakalp, aim at institutionalizing the hygiene behaviours in the health institutions by establishing systematic assessment models, performance-based incentive and cleaning schedules. As much as such efforts have led to what can be seen as tangible improvements on the hygiene situation in some of the health institutions, they are not bearing much when it comes to the rural and semi-urban areas due to manpower, un-trustworthy funding, logistical reasons. In addition, the lack of the community in the monitoring and evaluation processes also augers the lack of accountability and sustainability in the long term [5].

2.6 Institutional Hygiene Programs (Kayakalp Initiative)

Anti-pollution efforts such as Kayakalp seek to institutionalize good practices in healthcare institutions by bringing order in terms of assessment systems, performance rewards and standardized procedures of cleanliness. Although these programs have resulted in apparent change in the hygiene practices in some healthcare facilities, in the rural and semi-urban settings, such programs have little effect since they lack manpower, sporadic funding, and delivery logistics. And also there is the absence of part community.

2.7 Cross-Cutting Challenges

The glitch in all these initiatives which is critical to note is the distance between handing out the policy and actual implementation. Although policies are generally elaborate and thought out, their application is influenced by administrative inefficiency, inability to coordinate with the stakeholders, and social cultural restrictions. Lack of context-specific strategies further restricts the adjustability of the national programs to localities. Table 1 presents a comparative overview of these programs and the problems inherent in them in a manner that points out common problems in inequality, inefficiency in governance, and lack of resources within various programs. A comparative summary of these initiatives and their associated challenges is presented in Table 1.

Table 1: Comparative analysis of major community health and hygiene initiatives in India and their associated implementation challenges.

Initiative	Key Features	Major Achievements	Challenges
WASH (SDG-6)	Water, sanitation, hygiene access	Improved hygiene indicators nationwide	Regional inequality, infrastructure gaps
VHSNCs (NHM)	Community-based governance	Improved hygiene indicators nationwide	Regional inequality, infrastructure gaps
ASHA Workers	Community health outreach	Local participation in health planning	Poor functionality, weak integration
Menstrual Hygiene Scheme	Sanitary pad distribution & awareness	Increased hygienic practices	Irregular supply, social stigma
Oral Health Programs	Preventive community healthcare	Cost-effective health promotion	Limited implementation coverage
Kayakalp Initiative	Hygiene assessment in health centers	Improved facility cleanliness	Staffing, funding, sustainability issues

3. Discussion

3.1 Overall Progress and System-Level Gaps

The synthesis process of the reviewed articles proves that India has already achieved certain success in terms of enhancing the community health and hygiene with the help of the big-scale national programs. The changes in sanitation coverage, hygiene awareness, and healthcare outreach represent the effects of WASH- and SDG-6-aligned programs. Nevertheless, such improvements are still weakly distributed geographically as the rural and economically disadvantaged states are still struggling to gain access to clean water and sanitation services [1]. This brings out the fact that there is inadequate infrastructure expansion without any need to make inroads in tackling the underlying socio-economic inequalities and regional imbalances.

Putting it at the system level, there is a repetitive lapse between policy design and the implementation in the field. However much as the national setups are actually very inclusive, it is likely to be constrained and incapable of functioning on account of administrative inefficiency, lack of coordination, and a lack of

responsiveness to the context. This dislocation invalidates the entire functioning of otherwise properly designed initiatives.

3.2 Role of Governance and Community Participation

VHSNCs are localized health governance processes that are significant in decentralizing health care process and promoting local participation. The purpose of these buildings is enhancing the accountability, community-driven planning and responsiveness of health systems. It has however been specified that in most cases, most of these committees are not fully utilized due to lack of training and sound institutionalization and ad hoc participation [2][6]. Similarly, frontline health workers and, particularly, ASHAs play a crucial role of being a bridge between the system and the community. They have a well-known contribution to preventative health care, raising levels of awareness and accessibility to services. However, they are hampered by such operational flops as too much work, poor incentives, and inability to build capacity [3]. Both the governance systems and the capacity of workforce at the frontline is therefore required to be strengthened in order to improve the delivery of the last-mile services.

3.3 Impact of Targeted and Institutional Interventions

Certain hygiene, such as the Menstrual Hygiene Program, show that specialized policies can bring spectacular improvements in the area of the awareness and the change of behavior. This is indicative of a degree of acculturation amongst the hygienic lifestyles of the adolescent girls indicating that access and awareness promotion have been effective [4]. However, the issue of social stigma, disorganised supply chains and lack of supportive infrastructure remain endemic challenges that slow down the growth and viability of such interventions. There are also institutional programs such as Kayakalp that have helped achieve high numbers of hygiene in health institutions, especially in terms of cleanliness and infection control. Though these developments are impressive, they tend to perform poorly because of shortage of manpower, lack of funding and community involvement, particularly in the rural regions [7]. This implies that the reforms in the institutions should be supported with community involvement to ensure long term sustainability.

3.4 Integrated Insights and Way Forward

The analysis of the literature review in its entirety demonstrates that the behavioral conditions, governance, and infrastructure interact in determining the community health outcomes. To start with, behavioral change programs should come up hand in hand with infrastructure development to facilitate proper use. Second, the process of strengthening the decentralized governance and increased accountability mechanisms is essential in addressing the gap between policy and practice. Third, the promotion of health would work effectively through empowering the frontline health workers and the involvement of the community in the program implementation process to achieve equitable health outcomes. The lessons all reflect the need to have a more integrated and place-based related strategy in community wellness and hygiene Indian action. It is essential that in the future, the strategy should be applied to pay attention to the areas of coverage and the quality, inclusiveness and sustainability of interventions.

Conclusion

India has made interesting gains in the improvement of the community health and hygiene through many initiatives. Nevertheless, resource and service access is a matter of concern. Despite the improved health systems due to availability of the community participation and decentralization of the government, the inefficiency in operation and socio-cultural issues is taking a toll on the performance. To improve, Hygienic

programs have already demonstrated its efficiency but should be enhanced with better tactics to be offered. This involves concerted efforts that include developing infrastructure, policy reforms and behavioral change interventions to deal with the challenges. The community and inclusive approaches are the only way to generate sustainable improvement.

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