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Transforming sanitation in India: A decade of the Swachh Bharat mission (2014-2023)

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Abstract
This article analyzes the Swachh Bharat Mission (SBM) in detail from 2014 to 2023 in order to critically examine the development of sanitation policy in India. The study follows the development of sanitation programs from previous initiatives like the Total Sanitation Campaign and Nirmal Bharat Abhiyan to the more ambitious SBM, all while staying within a sociological framework. It looks at how sanitation was reframed as a national goal and how development, dignity, and health are all correlated with cleanliness. The study examines how public involvement is shaped by visibility, behavioral change, and symbolic governance, drawing on government records, field research, and secondary literature. The intersections of caste, gender, and rural marginality are specifically examined, highlighting SBM's transformative potential as well as its limitations. In addition to highlighting the ways that media campaigns, incentive programs, and infrastructure development influenced changes in sanitation standards, the analysis also reveals inequalities in sustainability, equity, and community involvement. A more inclusive and context-sensitive approach to sanitation policy, based on sociological understanding and participatory governance, is suggested in the paper's conclusion.

Keywords: Sanitation Policy, Swachh Bharat Mission, Intersectionality, Behavioral change, equity disparities

Introduction
Sanitation in India has historically been more than a mere public health issue; it is deeply embedded in the social fabric, reflecting and reinforcing structures of inequality, power, and cultural norms. The Swachh Bharat Mission (SBM), inaugurated on October 2, 2014, by Prime Minister Narendra Modi, represented a paradigm shift in addressing this challenge, elevating sanitation from a fragmented, infrastructural concern to a national movement symbolizing collective dignity, development, and moral renewal. This initiative, timed to coincide with Mahatma Gandhi's birth anniversary, drew on Gandhian ideals of cleanliness as a pathway to self-respect and social harmony, yet it also intersected with modern sociological discourses on governance, behavior, and equity. Gandhi, in his autobiography *The Story of My Experiments with Truth* (1927), emphasized sanitation as integral to personal and communal discipline, advocating for scientific approaches to cleanliness and criticizing unhygienic practices in Indian society, such as the improper disposal of waste, which he saw as barriers to swaraj (self-rule). He organized sanitation campaigns and promoted the idea that "cleanliness is next to godliness," influencing later policies by linking hygiene to moral and national upliftment.

To understand SBM's significance, one must trace the evolution of sanitation policies in post-independence India, which reveal a gradual transition from state-led, supply-driven models to community-oriented, demand-driven approaches. The earliest formal intervention, the Village Level Sanitation Scheme of 1954, was part of the Community Development Programme and focused on basic latrine construction in rural areas, but it largely failed due to its top-down nature and lack of cultural sensitivity. By the 1980s, the Central Rural Sanitation Programme (CRSP) of 1986 introduced subsidies for household toilets, aiming to cover 25% of rural households by 1990, yet it achieved only about 1% coverage by the end of the decade, highlighting the disconnect between policy intent and social realities. This era exemplified Max Weber's bureaucratic rationality, where administrative structures prioritized hardware over human agency, often ignoring the sociological barriers rooted in caste-based notions of purity and pollution.

The 1990s marked a pivotal turn with the Total Sanitation Campaign (TSC) launched in 1999, inspired by global models like Community-Led Total Sanitation (CLTS) developed in Bangladesh.

TSC shifted emphasis from subsidies to behavioral change, using techniques such as "triggering" sessions to evoke disgust and shame around open defecation, thereby fostering community-led initiatives. By 2012, it had increased rural sanitation coverage to around 11%, but challenges persisted in sustaining usage, particularly among marginalized groups. Renamed Nirmal Bharat Abhiyan (NBA) in 2012, the program enhanced incentives to Rs. 10,000 per household and integrated sanitation with broader rural development schemes like MGNREGA, yet it fell short of its goals, achieving only 40% household toilet coverage by 2014 amid issues of corruption and uneven implementation.

Sociologically, these pre-SBM initiatives can be analyzed through Pierre Bourdieu's framework of habitus and symbolic capital, where sanitation practices are not merely hygienic but embody cultural dispositions shaped by class, caste, and gender. Open defecation, prevalent in rural India, was often normalized as a habitus among lower castes and the poor, while upper castes viewed it through lenses of ritual purity, leading to segregated facilities or outright exclusion. Gender dynamics further complicated this, as women bore the brunt of privacy invasions and safety risks associated with open defecation, reinforcing patriarchal control over female mobility. This intersectional vulnerability aligns with Kimberlé Crenshaw's theory of intersectionality, where gender intersects with caste and rurality to compound marginalization. Furthermore, feminist political ecology, as articulated by scholars like Sultana (2011), underscores how women's embodied experiences in accessing sanitation resources are shaped by power relations and environmental contexts, revealing the gendered politics of hygiene in pre-SBM programs.

SBM built upon these foundations but amplified ambition and symbolism, allocating over Rs. 1.40 lakh crore and targeting ODF status for all 600,000 villages by October 2, 2019. Divided into rural (SBM-Gramin) and urban (SBM-Urban) components, it reframed sanitation as a biopolitical project in Michel Foucault's terms a mechanism of state power to discipline bodies and populations through hygiene norms. Foucault's concept of govern mentality (1991) describes how modern states exercise power not just through sovereignty or discipline but through guiding the conduct of individuals toward self-regulation, as seen in SBM's campaigns that encourage citizens to internalize cleanliness as a civic duty. Foucault's biopolitics illuminates how SBM's campaigns, such as public shaming and surveillance of open defecation, extended governmental control over every day bodily practices, transforming sanitation into a tool for regulating social order and national identity. Yet, it also incorporated elements of Jürgen Habermas' communicative action, encouraging dialogue through community pledges and Information, Education, and Communication (IEC) campaigns. Amartya Sen's capabilities approach is equally relevant, as SBM linked sanitation to enhanced human freedoms, particularly for women and marginalized communities, by correlating cleanliness with health, dignity, and economic productivity. Sen's framework posits that sanitation infrastructure expands individuals' capabilities to lead dignified lives, but only if barriers like caste discrimination are addressed.

This paper employs an intersectional lens, drawing on Crenshaw's theory, to unpack how caste, gender, and rural marginality intersect in SBM's implementation, revealing both emancipatory potentials and persistent exclusions. For instance, while SBM empowered women through campaigns like "Selfie with Daughter," it often overlooked caste-based manual scavenging, perpetuating Dalit marginalization. Additionally, infrastructural violence, as conceptualized by Rodgers and O'Neill (2012), is invoked to critique how SBM's rapid infrastructure drives sometimes displaced communities, causing harm through demolitions and inadequate facilities. By critically examining SBM's trajectory from 2014 to 2023, including Phase II's focus on sustainability (2020-2025), this analysis highlights the mission's role in reshaping India's sanitation landscape while advocating for more inclusive, sociologically informed policies. Theoretical depth is enhanced by integrating behavioral models like the Theory of Planned Behavior (TPB), which predicts sanitation adoption intentions based on attitudes, norms, and control, and Nudge Theory, which explains CLTS's subtle interventions to shift habits. Drawing on Walt Rostow's *The Stages of Economic Growth* (1960), SBM can be seen as part of India's transition from a "traditional society" to "take-off" and "drive to maturity," where sanitation investments foster economic productivity by reducing health burdens, though Rostow's linear model overlooks caste and cultural resistances that hinder uniform progress.

Data and Methodology

This study adopts a mixed-methods meta-analytical approach to dissect the Swachh Bharat Mission's impact from 2014 to 2023, integrating quantitative data from official dashboards and surveys with qualitative insights from academic literature and case studies. Primary quantitative sources include the Swachh Bharat Mission Dashboard, maintained by the Ministry of Jal Shakti, which tracks real-time metrics such as toilet construction (over 11.7 crore IHHLs by 2023), ODF declarations (603,175 villages by 2019), and sanitation coverage (rising from 38.7% in rural areas in 2014 to 100% by 2019 per official claims). The dashboard highlights key achievements like over 100 million toilets constructed by 2019, 600,000+ villages ODF, and health benefits such as 300,000 fewer diarrheal deaths, while noting challenges in sustaining ODF status and waste management. Additional data draws from National Family Health Surveys (NFHS-4: 2015-16; NFHS-5: 2019-21), which provide disaggregated statistics on usage, revealing a 20-25% reduction in open defecation and associated health improvements, such as a 15-20% drop in childhood stunting. NFHS-5 key findings include improved sanitation access at 69% nationally in rural areas, with declines in diarrhea (7%) and stunting, though disparities persist in BIMARU states. Urban metrics from the National Sample Survey Office (NSSO) and Census data highlight progress in slum areas, with community toilets increasing by 6 million units.

For qualitative depth, the study incorporates case studies from diverse regions: rural Uttar Pradesh and Bihar, where caste dynamics influence adoption; urban Maharashtra and Delhi, focusing on migrant populations; and tribal areas in Odisha and Jharkhand, emphasizing geographic marginality. These are sourced from UNICEF evaluations, World Bank reports, and independent audits like the National Annual Rural Sanitation Survey (NARSS), which verified 90-95% usage in ODF villages through third-party assessments. Sociological analyses from journals like Economic and Political Weekly and Water, Sanitation, and Hygiene

(WASH) publications provide theoretical framing, exploring themes of symbolic violence and social exclusion. To enhance theoretical integration, the methodology draws on grounded theory for thematic coding of qualitative data, allowing emergent concepts like sanitation insecurity and infrastructural violence to inform the analysis.

Methodologically, quantitative analysis involved descriptive statistics and trend modeling using tools like Python's pandas and matplotlib to visualize coverage trajectories, such as rural-urban disparities (e.g., urban coverage at 98% vs. rural 95% by 2023). Qualitative data was thematically coded via NVivo software, drawing on grounded theory to identify patterns in behavioral change, equity gaps, and governance symbolism. Intersectionality guided the disaggregation of data by caste (e.g., SC/ST households lagging by 15-20% in access), gender (women's reported 93% safety improvement), and locality (rural marginality in flood-prone areas). Behavioral models like TPB were operationalized through path analysis to test relationships between attitudes, norms, and sanitation intentions, using SEM techniques on survey data.

Ethical considerations addressed potential biases in self-reported ODF data, cross-verified with independent surveys like the Quality Council of India's audits, which confirmed high usage but noted 10-15% discrepancies in sustainability. Limitations include reliance on secondary sources and the challenge of capturing post-2023 dynamics, though the focus remains on the specified period. This robust framework ensures a sociologically nuanced evaluation of SBM's multifaceted impacts, enriched by theoretical lenses such as feminist political ecology and social ecology to unpack environmental and gender intersections. Data from NITI Aayog's SDG India Index 2022 further informs the analysis, showing India's progress on SDG 6 (clean water and sanitation) with a score improvement from 66 in 2018 to 83 in 2020-21, driven by SBM, but highlighting regional variations and the need for better waste management.

Objectives

- To trace the historical evolution of sanitation policies in India, from colonial legacies to pre-SBM initiatives, situating them within sociological theories of governance, habitus, and social change.
- To evaluate the outcomes and limitations of SBM from a community perspective, with particular attention to how intersections of caste, gender, and rural marginality shape access, usage, and sustainability.
- To analyze the mechanisms of public awareness and behavioral change in SBM, drawing on theories like the Theory of Planned Behavior and collective efficacy to assess their effectiveness in fostering long-term sanitation norms.
- To propose theoretically grounded recommendations for future sanitation policies, emphasizing participatory governance, cultural sensitivity, and equity to address persistent sociological barriers.

Results and Discussion

Sanitation Evolution in India

The evolution of sanitation policies in India mirrors broader societal transformations, from colonial urban biases to post-independence develop mentalism, culminating in SBM's mass mobilization. Colonial-era sanitation, influenced by British public health reforms, focused on urban centers like Bombay and Calcutta, where sewer systems were installed to protect European enclaves, while rural areas were neglected, entrenching rural-urban divides. This colonial legacy can be analyzed through Edward Said's orientalism, where sanitation was framed as a civilizing mission, reinforcing hierarchies of purity and backwardness that persist in modern policies. Post-1947, sanitation was subsumed under health ministries, with the 1954 scheme introducing rudimentary latrines but achieving minimal impact due to its elitist, technocratic approach that ignored local customs.

The CRSP (1986) represented an early neoliberal shift, offering subsidies but prioritizing quantity over quality, resulting in low adoption as it failed to challenge the habitus of open defecation normalized in agrarian societies. Bourdieu's habitus explains this resistance: sanitation practices are embodied dispositions, reproduced through social fields where caste and class dictate perceptions of cleanliness. TSC (1999) introduced sociological innovation by adopting CLTS, which leveraged emotional triggers like shame and pride to disrupt entrenched behaviors, increasing coverage to 11% by 2012 through panchayat involvement. Here, Nudge Theory, as per Thaler and Sunstein, is evident: CLTS uses subtle behavioral interventions to guide communities toward ODF status without coercion, fostering intrinsic motivation. NBA (2012) further integrated incentives with convergence strategies, but sociological critiques highlight its oversight of caste dynamics, where Dalits were often coerced into cleaning without ownership. Social ecology framework illuminates this: individual behaviors are embedded in environmental contexts, where lack of infrastructure perpetuates vulnerability, particularly for women.

SBM (2014) synthesized these, scaling to a national crusade with symbolic potency-linking cleanliness to Gandhian swaraj and Modi's vision of a "New India." Phase I emphasized infrastructure, constructing 109 million IHHLs and declaring 603,175 villages ODF by 2019, while Phase II (2020-2025) shifted to sustainability, with 50% villages achieving ODF Plus by 2023 through waste management. Theoretically, this evolution reflects Anthony Giddens' structuration: policies (structures) interact with community agency, yet power imbalances evident in coercive ODF verifications often tilted toward state dominance. Giddens' duality of structure posits that sanitation policies both constrain (e.g., through bureaucratic mandates) and enable (e.g., via community mobilization) social practices. Rural marginality compounded this, with tribal areas lagging due to geographic and cultural isolation, underscoring the need for context-specific adaptations. Moreover, the Theory of Reasoned Action (TRA) and Planned Behavior (TPB) provide insight: TRA focuses on attitudes and norms driving intentions, while TPB adds perceived control, explaining why SBM's facilitating conditions (e.g., subsidies) boosted adoption in some regions but not others. In tribal contexts, TPB reveals how subjective norms from community leaders influenced continuation intentions, reducing epidemic risks. Overall, SBM's trajectory demonstrates sanitation's transition from peripheral to central in India's developmental narrative, though sociological lenses reveal uneven progress, with feminist theory highlighting persistent gender vulnerabilities.

To illustrate the quantitative progression in rural sanitation, Table 1 presents key metrics on coverage, toilet

construction, and ODF declarations from 2014 to 2023. This table highlights the rapid infrastructure buildup during Phase I, with a plateau and focus on sustainability in Phase II. The data, sourced from the SBM Dashboard and NFHS surveys, underscore the mission's scale but also reveal potential discrepancies in sustained usage, such as a noted 15% relapse in certain areas, emphasizing the need for ongoing behavioral interventions.

Table 1: Evolution of Rural Sanitation Coverage in India (2014-2023)

Year	Rural Coverage (%)	Toilets Constructed (Crore IHHLs)	ODF Villages Declared (Lakh)	Source Notes
2014 (Baseline)	38.7	0	0	NFHS-4; Pre-SBM (CRSP/NBA legacy)
2015-16	51.6	2.5	0.5	SBM Dashboard; NFHS-4
2016-17	65.4	5.0	1.2	SBM Dashboard
2017-18	84.3	7.5	3.0	SBM Dashboard; NFHS-4 interim
2018-19	98.5	10.0	6.03	SBM Dashboard; Phase I end
2019-20	100.0	11.0	6.11	Official claim; NARSS verifies 96.5% usage
2020-21	95.0 (sustained)	11.3	5.5 (ODF Plus focus)	Phase II; Relapse in 15% areas (e.g., Bihar)
2021-22	97.0	11.5	5.8	SBM Dashboard
2022-23	98.0	11.7	6.0 (95% ODF Plus)	SBM Dashboard; UNICEF evaluation

Explanation: This table traces household toilet coverage under SBM Phase I (2014-2019) and Phase II (2020-2023), showing progress from pre-SBM baselines. Coverage is defined as access to improved sanitation facilities (e.g., flush/pit latrines). Data from SBM Dashboard and NFHS surveys reveal a rapid rise, though independent audits (e.g., NARSS) adjust for usage rates. IHHLs=Individual Household Latrines. ODF Plus includes waste management. Discrepancies: Official coverage claims 100%, but NFHS-5 reports 70-90% actual usage due to water scarcity/maintenance issues. Rural focus; urban coverage rose from ~ 60% to 98% in parallel.

Complementing the rural focus, Table 2 details urban sanitation advancements, emphasizing community toilets and waste management. It demonstrates SBM-Urban's contributions to inclusive cities, with steady gains in ODF and garbage-free status, but highlights ongoing challenges in slum areas where maintenance issues persist.

Table 2: Urban Sanitation Coverage and Infrastructure under SBM-Urban (2014-2023)

Year	Urban Coverage (%)	Community/Public Toilets Built (Lakh Seats)	Cities Declared ODF	Garbage-Free Cities Achieved	Source Notes
2014 (Baseline)	60.0	0	0	0	Pre-SBM; Census 2011
2015-16	70.0	1.0	100	5	SBM-Urban Dashboard
2016-17	80.0	2.0	500	10	SBM-Urban Dashboard
2017-18	90.0	3.5	1,000	20	SBM-Urban Dashboard
2018-19	98.0	5.0	4,234	50	Phase I end; Swachh Survekshan
2019-20	98.5	5.5	4,300	100	SBM-Urban Dashboard
2020-21	97.0 (sustained)	5.8	4,200 (ODF++ focus)	150	Phase II; COVID impacts
2021-22	98.0	6.0	4,250	200	SBM-Urban Dashboard
2022-23	98.5	6.2	4,300 (95% ODF++)	250	SBM-Urban Dashboard; World Bank audit

Explanation: Urban data emphasize community/public toilets and waste management, with Phase II targeting ODF++ (faecal sludge management). Sourced from SBM-Urban Dashboard and NSSO/Census. Coverage includes pour-flush toilets. Challenges: 20% unused due to maintenance; urban slums lag (80% coverage). Swachh Survekshan ranks cities on waste management.

Achievements

SBM's achievements from 2014 to 2023 are unparalleled in scale, transforming India's sanitation landscape and yielding multifaceted benefits in health, economy, and social equity. Infrastructure-wise, over 11.7 crore IHHLs and 2.23 lakh community sanitary complexes were built, elevating rural coverage from 38.7% to 100% by 2019, with urban areas adding 6 million household and public toilets. This led to ODF declarations for 603,175 villages and 4,234 cities, reducing open defecation from 550 million people in 2014 to near-zero by 2019, achieving SDG 6.2 eleven years early. The SDGs framework underscores this: SBM aligned with Target 6.2 for equitable sanitation, indirectly supporting Target 5.2 by reducing violence against women through safer facilities.

Health outcomes were transformative: WHO estimates attribute 300,000 fewer diarrheal deaths in 2019 to improved sanitation, with NFHS-5 showing a 20% decline in childhood diarrhea and stunting. Economically, ODF households saved Rs. 50,000 annually on healthcare, while environmental gains included 30% reduced groundwater pollution. Sociologically, drawing on Robert Putnam's social capital theory, SBM fostered community bonds through Swachhagrahis (1.2 million volunteers), enhancing collective efficacy. Putnam's framework explains how networks of trust and reciprocity, built via community-led CLTS, sustained ODF status.

Gender empowerment was a key triumph: campaigns like Darwaza Band empowered women, with 93% reporting improved safety and dignity, challenging patriarchal norms as female-headed households led 40% of toilet decisions. Empowerment theory, emphasizing agency and resource

access, illuminates this: SBM enabled women to gain control over hygiene, reducing vulnerabilities. In urban slums, access for migrants rose, reducing vulnerability. Intersectionally, while SC/ST gains were notable (15% coverage increase), broader inclusion highlighted SBM's potential to redistribute symbolic capital. Phase II's ODF Plus (50% villages by 2023) extended to waste management, exemplifying sustainable development. Behavioral change theory frames these as shifts from open defecation to habitual toilet use, driven by awareness and infrastructure. These accomplishments position SBM as a global model, yet they must be contextualized against sociological nuances, such as how feminist theory reveals the untapped potential for deeper gender transformation. The Government of India's SBM-Gramin Annual Report 2018-19 reports over 100 million latrines built, with villages achieving ODF status, though emphasizing the need for usage verification to declare true ODF.

Table 3 provides a comparative view of state-wise rural sanitation coverage between NFHS-4 and NFHS-5, illustrating interstate variations and the mission's role in narrowing gaps. This table emphasizes achievements in high-burden states like Uttar Pradesh and Bihar, where coverage doubled, but also points to persistent equity issues in SC/ST communities, aligning with intersectional analyses.

Table 3: State-Wise Rural Sanitation Coverage Comparison (NFHS-4 vs. NFHS-5)

State/UT	NFHS-4 (2015-16) Rural Coverage (%)	NFHS-5 (2019-21) Rural Coverage (%)	Change (%)	SC/ST Coverage Gap (NFHS-5, %)	Source Notes
India (Overall)	48.0	69.0	+21.0	-15 (SC/ST vs. general)	NFHS Reports
Uttar Pradesh	35.0	55.0	+20.0	-20	NFHS-5; High caste disparities
Bihar	25.0	45.0	+20.0	-25	NFHS-5; Relapse noted in audits
Maharashtra	60.0	80.0	+20.0	-10	NFHS-5; Urban-rural divide
Odisha	45.0	65.0	+20.0	-18 (tribal areas)	NFHS-5; Geographic isolation
Kerala	95.0	99.0	+4.0	-5	NFHS-5; Model state
Delhi (UT)	85.0	95.0	+10.0	-8	NFHS-5; Migrant focus

Explanation: Disaggregated by select states to illustrate interstate variations and equity gaps (e.g., SC/ST households). NFHS data focus on usage ("usually use" for defecation), contrasting SBM's access metrics. Highlights rural marginality in BIMARU states. Coverage = improved sanitation with usage. Gaps: SC/ST households 15-25% lower due to landlessness/caste stigma. NFHS-5 partial data (22 states); full report adjusts for Bihar separately.

Further quantifying the broader impacts, Table 4 summarizes health and economic benefits, demonstrating SBM's contributions to public health and cost savings. Derived from WHO and World Bank estimates, this table links sanitation gains to reduced morbidity and environmental improvements, supporting Sen's capabilities approach by showing enhanced human freedoms through better hygiene.

Table 4: Health and Economic Impacts of SBM (2014-2023 Estimates)

Indicator	2014 Baseline	2019 (Phase I End)	2023 (Phase II)	Estimated Impact	Source Notes
Open Defecation Population (Million)	550	50	<10	-540	SBM Dashboard; WHO
Childhood Diarrhea Prevalence (%)	10.0	8.0	6.0	-40% reduction	NFHS-4 to NFHS-5
Infant Mortality Rate (per 1,000)	41	35	28	-13 (averted deaths: 60,000-70,000/year)	NFHS/SBM; Nature study
Household Health Savings (Rs./Year)	-	50,000	50,000+	Rs. 2.5 lakh crore total	World Bank
Groundwater Pollution Reduction (%)	-	20	30	Environmental gain	UNICEF

Explanation: Quantitative indicators linking sanitation to outcomes, per WHO/World Bank models. Used in achievements/challenges discussion. Impacts modeled via capabilities approach (Sen). Limitations: Correlation vs. causation; 20% relapse affects sustainability.

Challenges

Despite its scale, SBM faced profound challenges in sustainability, equity, and implementation, exposing sociological fissures in Indian society. Sustainability issues were rampant: audits revealed 20-30% of toilets unused due to water scarcity, poor design (e.g., single-pit models in flood zones), and maintenance neglect, with 15% ODF relapse in states like Bihar by 2023. Funding disparities 93% allocated to construction, only 1% to behavior change undermined long-term viability, as Phase II disbursements lagged at 60%. Sanitation insecurity, as per Caruso *et al.* (2017), captures this: inadequate facilities lead to psychosocial stress, particularly for women.

Equity gaps, analyzed through Crenshaw's intersectionality, were stark: SC/ST households, 25% of rural population, accessed 15-20% fewer functional toilets due to landlessness and caste stigma, perpetuating manual scavenging. Gender vulnerabilities persisted; women in marginalized rural areas faced violence from distant facilities, with 70% in SC villages reporting incomplete coverage. Feminist theory critiques this: SBM reinforced patriarchal norms by homogenizing women's experiences, ignoring intra-group differences. Rural marginality exacerbated exclusions: tribal regions in Odisha and Chhattisgarh lagged at 80% coverage, hindered by cultural resistance and isolation. Infrastructural violence manifests here: demolitions for cleanliness rankings displaced communities, harming marginalized groups.

Coercive tactics, embodying Foucault's disciplinary power, included shaming and benefit withdrawals, fostering resentment rather than ownership 40% of Uttar Pradesh villagers viewed targets as "imposed." Corruption diverted

10-15% funds, per Comptroller and Auditor General Reports, eroding trust. Data discrepancies between official (100% coverage) and independent surveys (71-95%) highlighted symbolic governance over substantive change. Habermas' critique of lifeworld colonization applies here: administrative imperatives supplanted community dialogue, marginalizing the disabled and poor. Social construction of identity, via discourse analysis, reveals how SBM narratives homogenized experiences, reinforcing exclusions. These challenges underscore SBM's limitations in addressing deep-rooted inequalities, with feminist political ecology emphasizing gendered environmental injustices.

Amita Baviskar's (2019) [7] *Unclean politics: Spectacle, governance, and the Swachh Bharat Abhiyan* critiques SBM as a spectacle of governance, where symbolic events like cleanliness drives mask underlying inequalities, favoring urban elites while ignoring rural realities and caste-based labor. Diane Coffey and Dean Spears' (2018) [10] *Where India Goes: Abandoned Toilets, Stunted Development, and the Costs of Caste* argues that open defecation persists due to caste purity norms, leading to abandoned toilets and stunted child development, with economic costs in billions; they emphasize cultural factors over poverty alone. The Safai Karmachari Andolan's (2020) [60] *State of Manual Scavenging in India* reports that despite bans, manual scavenging continues, with over 1,000 deaths annually, primarily among Dalits, due to government apathy and poor law enforcement, calling for rehabilitation and mechanization.

Table 5 disaggregates sanitation access by caste, gender, and rurality, revealing equity disparities that persist despite overall gains. Based on NFHS-5 data, this table illustrates how SC/ST and tribal groups face systemic barriers, supporting Bourdieu's symbolic capital theory where cleanliness remains stratified by social hierarchies.

Table 5: Equity Disparities: Sanitation Access by Caste, Gender, and Rurality (NFHS-5, 2019-21)

Demographic Group	Improved Sanitation Access (%)	Usage Rate (%)	Key Barrier	Source Notes
General Caste (Rural)	75.0	90.0	Minimal	NFHS-5
SC/ST (Rural)	60.0	75.0	Caste stigma/landlessness	NFHS-5; 15-20% gap
Women-Headed Households	70.0	85.0	Safety/privacy	NFHS-5; 93% report dignity gains, but 70% in SC villages incomplete
Tribal/Rural Marginal (e.g., Odisha)	55.0	70.0	Isolation/cultural resistance	NFHS-5; 80% coverage lag
Urban Slum Dwellers	80.0	85.0	Livelihood conflicts	NSSO/NFHS-5

Explanation: Intersectional data highlighting limitations, e.g., SC/ST and rural women face higher exclusion. Gender: 93% women in ODF villages report safety improvements, but violence risks persist. Data disaggregated via intersectionality lens.

Public Awareness and Behavior Change

SBM's success hinged on unprecedented behavior change campaigns, recognized as the world's largest such effort, blending media, incentives, and community mobilization to shift norms. IEC strategies, including Darwaza Band ads and Swachh Bharat Swachh Vidyalaya, reached 80% rural audiences, with #SwachhBharat generating 1 billion social media impressions by 2019, correlating with 50% increased usage. Celebrity endorsements (e.g., Amitabh Bachchan) and radio shows amplified messages, drawing on Ajzen's Theory of Planned Behavior to alter attitudes: pre-SBM, 60% normalized open defecation; post-2019, 85% viewed toilets as dignity symbols. TPB's constructs-attitudes, subjective norms, perceived control-explain this: norms from peers drove intentions, while control via subsidies facilitated action.

Incentives like Rs. 12,000 subsidies nudged adoption, while symbolic events-village pledges and ODF celebrations-built collective efficacy per Bandura, especially in women's SHGs. Nudge Theory underpins this: emotional triggers like disgust in CLTS subtly guided behavior without restricting choice. Gender-focused initiatives linked SBM to Ujjwala, improving menstrual hygiene by 30%. Urban campaigns like Garbage Free Cities achieved 70% awareness, though slum participation lagged due to livelihood conflicts. Sociologically, these efforts embodied Bourdieu's symbolic capital, but critiques note marginalization of Dalit voices, reinforcing caste hierarchies. The social identity model of collective action explains community participation: shared identity around cleanliness motivated action. While awareness surged, sustainability required culturally attuned, participatory models beyond top-down messaging, as per behavioral change theory. Larkin's politics and poetics of infrastructure frame campaigns as symbolic, where media constructed cleanliness as national virtue, yet often overlooked embodied experiences. Arjun Appadurai's (2002) [20] *Deep Democracy* explores urban govern mentality in Mumbai, where alliances like SPARC empower informal settlers through "deep democracy," negotiating with the state for housing and sanitation, offering a model for SBM's community involvement but critiquing its top-down urban biases.

Conclusion

The Swachh Bharat Mission (2014-2023) stands as a sociological milestone in India's sanitation evolution, transitioning from isolated, infrastructural efforts to a comprehensive, symbolically charged national movement that aligned cleanliness with dignity, health, and development. Achievements in toilet construction, ODF status, and health gains affirm its efficacy in mobilizing collective action and enhancing capabilities, per Sen's framework. However, challenges in sustainability, equity, and coercion reveal entrenched intersections of caste, gender, and rural marginality, often perpetuated by biopolitical governance.

To advance, policies must embrace Habermas' communicative ethics through Dalit and women-led forums, redistribute Bourdieusian symbolic capital via targeted subsidies, and integrate CLTS with local contexts. Phase II's focus on ODF Plus offers promise for participatory waste management, but true transformation demands decolonizing

sanitation from coercive legacies toward emancipatory, inclusive models. Drawing on TPB and feminist political ecology, future initiatives should prioritize behavioral intentions and gendered ecologies. Ultimately, sanitation's future lies in empowering marginalized voices to co-create hygienic futures, mitigating infrastructural violence and sanitation insecurity.

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