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Review Article

A public health stalwart who advanced hygiene, equity, education and service through action in rural India: Sant Gadge Maharaj

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ABSTRACT

Sant Gadge Maharaj, also known as Gadge Baba, was one of Maharashtra's most influential saint-reformers and an early advocate of cleanliness, social equality, education, and service to vulnerable populations. Born into a socially and economically marginalized family in rural Maharashtra, he rejected ritualism, caste discrimination, superstition, and extravagant religious practices. Instead, he promoted a practical philosophy centred on cleanliness, compassion, education, dignity of labour, and collective responsibility. His distinctive method was to clean village roads, drains, and public spaces before beginning his kirtan or public discourse. By combining personal example with culturally familiar communication, he sought to reframe sanitation from a stigmatized occupation into a shared civic and moral responsibility. Although he worked before the development of modern health-promotion frameworks, his approach anticipated several contemporary principles: community participation, behaviour-change communication, social inclusion, health literacy, intersectoral action, and local ownership. His legacy was institutionalized through the Sant Gadge Baba Gram Swachhata Abhiyan, implemented by the Government of Maharashtra from 2000-2001. This article examines Gadge Maharaj's life and methods through a public-health perspective and discusses their relevance to present-day sanitation programmes, including the Swachh Bharat Mission and Sustainable Development Goal 6. His example demonstrates that sustainable public-health improvement requires infrastructure to be accompanied by community mobilization, social dignity, behavioural change, and visible leadership.

Keywords: Sant Gadge Maharaj, Sanitation, Hygiene, Public health, Social reform, Community participation, Health promotion, Social equity, Maharashtra, Behaviour change

INTRODUCTION

Long before sanitation became a major component of organized public-health programmes in India, Sant Gadge Maharaj travelled through rural Maharashtra carrying a broom and promoting cleanliness through direct action. He did not depend on formal office, institutional authority, or political power. Instead, his credibility emerged from personal example, voluntary poverty, service to marginalized communities, and his ability to communicate social messages in language that ordinary people understood.

Sant Gadge Maharaj, born Debuji Zhingraji Janorkar on February 23, 1876, in Shendgaon in present-day Amravati district, became widely known as a wandering saint, social

reformer, and advocate of sanitation and equality.[1,2] When he entered a village, he commonly began by cleaning roads, drains, or public spaces before addressing the residents. The broom therefore became more than a personal symbol: it represented dignity of labour, collective responsibility, and the inseparability of moral conduct from the physical environment.[1-3] His message extended beyond environmental cleanliness. He opposed untouchability, caste discrimination, animal sacrifice, superstition, alcohol misuse, and wasteful expenditure on rituals. He encouraged education, care for poor people, compassion towards animals, and the productive use of charitable contributions for socially beneficial institutions.[1-3] His work may consequently be understood not merely as religious preaching, but as an early form of community-based health promotion and social reform. This narrative review examines the life and contribution of Sant Gadge Maharaj from a public-health perspective. It also considers how his his methods were consistent with modern approaches to community participation, health communication, sanitation behaviour, and health equity.

LIFE, SOCIAL BACKGROUND, AND AWAKENING

Sant Gadge Maharaj was born into a washerman family in rural Maharashtra and experienced poverty and caste-based social disadvantage. These experiences appear to have shaped his lifelong concern for poor, excluded, and marginalized communities. He eventually adopted the life of a wandering reformer, travelling between villages and using kirtans-a traditional form combining devotional singing, storytelling, humour, questioning, and moral instruction-to address social problems.[1-3] Unlike spiritual leaders who emphasized ritual observance, Gadge Maharaj promoted an action-oriented interpretation of religion. For him, service to human beings, care for vulnerable people, education, and cleanliness were more valuable than ceremonial display. He discouraged expenditure on elaborate religious functions when families lacked food, education, shelter, or healthcare. Donations received during his travels were reportedly directed towards the construction or support of schools, hostels, shelters, dharmshalas, and other institutions serving disadvantaged groups.[1-3] His personal appearance-simple clothing, a broom, and an earthen or metal vessel-challenged the conventional expectations associated with religious authority. His voluntary simplicity strengthened the moral force of his teaching: he asked communities to undertake only those actions that he was willing to perform himself.

CLEANLINESS AS A PUBLIC-HEALTH INTERVENTION

During the late 19th and early 20th centuries, rural communities in India faced a considerable burden of communicable diseases associated with unsafe water, inadequate sanitation, poor waste disposal, overcrowding, and limited access to healthcare. Cholera, enteric infections, dysentery, parasitic diseases, and other sanitation-related illnesses were common. However, scientific health information was often inaccessible to rural populations because of poverty, limited literacy, social exclusion, and weak public infrastructure.

Within this setting, Gadge Maharaj's sanitation work represented an unusually practical form of preventive action. By cleaning village roads, drains, and common spaces himself, he converted an abstract message into an observable behaviour. His approach had several public-health functions: It drew immediate attention to neglected environmental conditions. It demonstrated that cleanliness was everyone's responsibility. It challenged the caste-based assignment of sanitation work. It encouraged collective action instead of passive dependence on authorities. It connected environmental hygiene with individual and community well-being. It created a visible example that could be imitated after he left the village.

Modern sanitation guidance recognizes that safe sanitation is essential for health and that sanitation programmes must address infrastructure, service delivery, behaviour, local governance, and community engagement.[4] Gadge Maharaj's his methods were consistent with this multidimensional understanding. He recognized, through practical experience, that sanitation could not be improved merely by instructing people or providing facilities. Communities also needed motivation, shared responsibility, social approval, and sustained participation.

Nevertheless, historical claims about his effect on specific disease rates should be made cautiously. The sources reviewed do not provide epidemiological evidence of reductions in disease incidence records demonstrate that his campaigns directly reduced the incidence of cholera, typhoid, or dysentery. It is therefore more accurate to state that the practices he promoted-clean surroundings, appropriate disposal of waste, and collective sanitation-are consistent with measures now known to reduce exposure to sanitation-related hazards.[4,5]

COMMUNICATION FOR BEHAVIOURAL AND SOCIAL CHANGE

One of Gadge Maharaj's greatest strengths was his ability to communicate complex ideas through familiar cultural forms. His kirtans combined storytelling, satire, questions, songs, moral reasoning, and examples from everyday village life. This approach allowed him to communicate with populations that had limited access to formal education or printed health information.

His method had features now recognized in effective behaviour-change communication:

Cultural familiarity

He used the local language and a well-established oral tradition.

Audience participation

His discourses were interactive community events rather than one-directional lectures.

Visible demonstration

Cleaning before preaching reduced the gap between message and action.

Moral reframing

Cleanliness was presented as honourable service instead of degrading labour.

Social accountability

Public discussion made sanitation a community concern rather than a purely private choice.

Repeated engagement

Continuous travel and public discourse allowed the message to reach numerous communities.

These methods closely resemble the principle of strengthening community action described in the Ottawa Charter for Health Promotion. The Charter emphasizes community participation in identifying priorities, making decisions, planning strategies, and implementing actions to improve health.[6] Gadge Maharaj practised these principles decades before they were formally articulated in international public-health policy.

A realist review of community participation in water and sanitation interventions in low- and middle-income countries identified community members' ownership, trust, collective action, and responsiveness to local context as important mechanisms influencing programme outcomes and sustainability.[7] Gadge Maharaj's work illustrates these mechanisms in a historically and culturally rooted form.

SANITATION, CASTE AND DIGNITY OF LABOUR

Sanitation in India cannot be discussed solely as an engineering or behavioural issue. It is also linked to caste, occupational hierarchy, dignity, and social exclusion. Tasks involving sweeping, waste removal, and the handling of human excreta have historically been imposed on particular caste groups. This has reinforced discrimination while allowing other community members to distance themselves from responsibility for the cleanliness of shared spaces.

Gadge Maharaj challenged this hierarchy by personally taking up the broom. The importance of this act extended beyond cleaning a physical space. A respected spiritual leader undertaking sanitation work publicly questioned the belief that such labour was inherently degrading or belonged to a particular community. His conduct communicated that labour becomes dignified when it protects health, serves others, and improves the common environment.

This dimension of his work remains relevant. Contemporary sanitation programmes should not promote cleanliness while overlooking the occupational safety, dignity, fair remuneration, and social protection of sanitation workers. Mechanization, protective equipment, safe working conditions, and elimination of hazardous manual cleaning practices must form part of any ethical sanitation agenda. Gadge Maharaj's philosophy supports a model in which responsibility is shared and no individual or community is dehumanized because of the work they perform.

EDUCATION, RATIONALITY AND SOCIAL DETERMINANTS OF HEALTH

Gadge Maharaj viewed education as a pathway out of poverty, ignorance, exploitation, and social inequality. He urged economically disadvantaged families to educate their children and criticized expenditure on rituals when basic educational needs remained unmet.[1-3] His support for schools and hostels demonstrated that his commitment to education was practical rather than rhetorical. From a modern public-health perspective, education is an important social determinant of health. Education can improve health literacy, employment opportunities, decision-making autonomy, use of preventive services, and the ability to navigate health systems. Gadge Maharaj's simultaneous emphasis on education, sanitation, sobriety, equality, and compassion therefore reflected an implicit understanding that health is influenced by wider social conditions.

He also opposed superstition, exploitative religious practices, animal sacrifice, and the attribution of illness or misfortune solely to supernatural causes.[1,2] His approach promoted critical reflection and practical problem-solving. Although he did not employ contemporary scientific terminology, his insistence that communities address observable social and environmental problems represented a rational and action-oriented worldview.

SOCIAL EQUITY AND SECULAR SPIRITUALITY

Gadge Maharaj's spirituality was expressed through service rather than sectarian identity. He opposed untouchability and caste discrimination and emphasized the equal moral worth of all human beings. This position placed social justice at the centre of his public work. The Ottawa Charter identifies equity as a central objective of health promotion and states that people require supportive environments, access to information, skills, and opportunities to achieve their health potential.[6] Gadge Maharaj's work reflected this connection between dignity, social conditions, and well-being. He understood that cleanliness without equality would be incomplete and that

religious devotion without compassion would have little social value. His approach also broadened the meaning of public health. It included not only the prevention of disease but also human dignity, access to education, responsible use of resources, care for vulnerable populations, and freedom from discrimination. These concerns are compatible with contemporary understandings of health equity and the social determinants of health.

INSTITUTIONAL LEGACY: SANT GADGE BABA GRAM SWACHHATA ABHIYAN

The Government of Maharashtra institutionalized Gadge Maharaj's legacy through the Sant Gadge Baba Gram Swachhata Abhiyan, implemented from 2000-2001.[8,9] The programme sought to improve rural health and sanitation while encouraging villagers to participate voluntarily in cleanliness activities. The campaign used village-level mobilization, sanitation activities, public recognition, and competitive awards to encourage Gram Panchayats and residents to improve their surroundings. Its scope extended beyond household toilets to village cleaning, wastewater management, safe water, sanitation in schools and public institutions, personal hygiene, solid-waste management, and community participation.[8-10]

A field study conducted in Maharashtra found considerable participation in activities such as village-cleanliness drives, commitment campaigns, self-cleanliness awareness, voluntary labour, school sanitation, safe-water activities, and freedom-from-addiction initiatives.[10] The study also identified constraints such as lack of time, illiteracy, and gender-related barriers. These findings are important because they demonstrate that a sanitation campaign requires more than infrastructure: participation may vary according to social position, available time, awareness, and decision-making power. The use of public recognition and awards generated local motivation and pride. However, competitive sanitation programmes should also guard against excessive attention to short-term visible cleanliness, ceremonial inspection, or infrastructure counts. Sustainable sanitation requires continued facility use, safe containment and treatment of waste, reliable water availability, maintenance systems, inclusion of disadvantaged households, and long-term monitoring.

RELATIONSHIP WITH THE SWACHH BHARAT MISSION AND SDG 6

The Swachh Bharat Mission-Gramin was launched nationally in 2014 to accelerate sanitation coverage, improve cleanliness, eliminate open defecation, and promote sustained use of toilets.[11] Maharashtra's earlier experience with the Sant Gadge Baba Gram Swachhata Abhiyan demonstrates how regional cultural traditions and respected social figures can support larger public-health programmes.

Gadge Maharaj's approach offers several lessons for contemporary sanitation policy: Sanitation leaders should demonstrate the behaviours they promote. Local language and culturally familiar communication should be central to mobilization. Infrastructure should be accompanied by sustained behaviour-change efforts. Gram Panchayats and community groups should have genuine ownership. Sanitation work must be separated from caste-based stigma. The dignity and safety of sanitation workers must be protected. Community recognition can motivate participation but should not replace objective monitoring. Attention must extend from toilet construction to usage, maintenance, waste management, safe water, and environmental cleanliness.

A systematic review of the Swachh Bharat Mission have reported major progress while also identifying continuing challenges related to toilet use, behavioural sustainability, water availability, local context, monitoring, and inequalities.[12] This reinforces the relevance of Gadge Maharaj's focus on sustained community engagement rather than infrastructure alone. His legacy also aligns with Sustainable Development Goal 6, particularly the goal of equitable access to adequate sanitation and hygiene and the emphasis on strengthening community participation in water and sanitation management.[13]

CONTEMPORARY RELEVANCE FOR PUBLIC-HEALTH PRACTICE

Sant Gadge Maharaj's work remains relevant to public-health professionals, local governments, educational institutions, and civil-society organizations. His model can inform present-day programmes in several ways. First, public-health communication should be locally meaningful. Messages are more likely to be accepted when delivered through familiar language, trusted people, community traditions, and observable demonstrations. Second, leadership must be credible. A person who participates directly in community action can create greater trust than one who merely issues instructions.

Third, sanitation programmes must explicitly address social dignity. No campaign can be considered successful if it improves visual cleanliness while perpetuating hazardous or discriminatory labour practices. Fourth, health promotion should combine practical action with education. Cleanliness drives may attract attention, but lasting improvement requires knowledge, skills, infrastructure, financing, maintenance, monitoring, and community ownership. Finally, historical figures such as Gadge Maharaj should not be remembered only through ceremonial anniversaries. Their ideas should be critically examined, evaluated, and adapted to contemporary public-health problems.

LIMITATIONS OF THE HISTORICAL EVIDENCE

Much of the available material on Sant Gadge Maharaj consists of biographies, government webpages, commemorative publications, oral traditions, and journalistic accounts. Contemporary documentation of

individual events is limited, and different sources sometimes provide varying versions of his words or actions. Consequently, sayings and anecdotes should not be presented as verbatim historical facts unless they can be traced to reliable primary or scholarly sources. Similarly, no epidemiological studies directly quantify the effect of his campaigns on disease incidence or mortality. This article therefore interprets his contribution through comparison with contemporary public-health principles; it does not claim that his activities produced measured health outcomes. Further archival and interdisciplinary research could examine his original speeches, institutional records, correspondence, local histories, and the long-term influence of sanitation movements inspired by him.

CONCLUSION

Sant Gadge Maharaj was a remarkable social reformer whose work integrated cleanliness, education, equality, rationality, compassion, and service. By cleaning public spaces before addressing villagers, he converted moral teaching into visible collective action. His broom represented not only environmental cleanliness but also dignity of labour and resistance to social hierarchy. His methods anticipated important principles of modern health promotion, including community participation, culturally appropriate communication, role modelling, local ownership, and action on the social determinants of health. The Sant Gadge Baba Gram Swachhata Abhiyan carried these values into state sanitation policy, while the continuing challenges faced by sanitation programmes confirm the importance of sustained behavioural and social engagement. Gadge Maharaj's enduring contribution is the reminder that public health is not achieved through infrastructure or official instructions alone. Sustainable improvement occurs when communities understand a problem, participate in solving it, protect the dignity of every individual, and convert shared values into everyday action.

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