

Original Article

A sociological study on toilet hygiene in villages

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Manuscript ID:
BN-2025-020703

ISSN: 3065-7865

Volume 2

Issue 7

June 2025

Pp. 14-20

Submitted: 10 June 2025

Revised: 20 June 2025

Accepted: 09 July 2025

Published: 31 July 2025

DOI:
[10.5281/zenodo.16901174](https://doi.org/10.5281/zenodo.16901174)
DOI link:
<https://doi.org/10.5281/zenodo.16901174>

Abstract

In the social structure of india, a majority of the population resides in villages, where the focal point can be termed as the place where primary agriculture began. Agriculture provided community stability to humans and the settlement based on this stability faces many problems in village. In which the problem of cleanliness is also one. Villagers used air, throw garbage in the open air, throw garbage in the open air, spread dirt on public places and prevent cleanliness.

Despite having toilets in villages, not using them and still lacking proper sanitation facilities. Moreover, there is an insufficient quantity of safe and hygienic toilets. Additionally, there is an insufficient quantity of safe and hygienic toilets. due to various challenges and obstacles, people continue to use open spaces for their needs during morning and night.

This study emphasised the importance of further rehabilitation and raised public awareness of the need to improve living conditions in village.it promotes a methodical strategy for enhancing both group and individual activites for development in village communities. In order to improve living conditions in village, sanitation that promotes not just improved health but also dignity as well as hygiene education are required.

Key words: sanitation, awareness, hygiene, rural sanitation, community toilets.

Introduction

Inadequate sanitation has direct effect on health of individual, family, communities and nation as a whole. Simply, having sanitation facilities increases health well- being and economic productivity. Sanitation includes use of latrine, personal hygiene, clean surroundings, proper disposal of solid and liquid wastages and hygienic behaviour. Toilet is taken as an essential and basic indicator of health and sanitation worldwide. Proper sanitation is a necessary prerequisite for improvement in general health standards, productivity of labour force and good quality of life. these areas are appearing increasingly frequently over time. These areas lack access to clean, drinking water, bathrooms, and drainage systems. They bathe and urinate outside since there aren't enough bathrooms. As a result of unhygienic living conditions. Unhygienic, unpleasant, and deficient village sanitation systems particularly affect some categories of people. Women also experience a range of uncomfortable situations, a lack of conveniences, and an unsanitary environment in public restrooms, just like men do. The studys findings will aid in our understanding of the situation on the ground and offer recommendations for improving the poors access to sanitation.

By educating people, creating awareness, and employing a variety of teaching techniques to instruct children and the community about sanitation and hygiene, sulabh is doing a great thing. Using two separate trash cans for biodegradable and non-biodegradable waste, creating short films that convey the need of personal hygiene, and having students and teachers promptly clean the restrooms at schools are just a few examples. It encourages a safe, clean society with sustainable growth because human health and hygiene are indicators of a nations progress.

Objective:

The present study was undertaken with the following objective:

1. To study the hygiene facilities in rural area.

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How to cite this article:

Pandit, S. K. (2025). A sociological study on toilet hygiene in villages. Bulletin of Nexus, 2(7), 14–20.

<https://doi.org/10.5281/zenodo.16901174>



Quick Response Code:



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To study about hygienic and safe sanitation for village women.

Review of literature

Tanushree Venkatraman (2020) lack of community toilets in Shivaji nager slums pose greater covid risk. The lack of community toilets forces people to stand in long queues or resort to open defecation. People with disabilities, pregnant women and senior citizens find it more difficult to access the toilets. in the last one and a half to two years, BMC has given approval for 25-30 community toilets in every electoral ward, but the work has been very slow. now, the lockdown and monsoon have further affected the work.

Anjali Lukose (2015) women in slums forced to defecate in open, say community toilets are unsafe at night .12.5% women defecate in open despite BMC making a provision of R.s. 5.25 crore for pay-and-use toilets. the country richest civic body has made a provision of r.s. 5.25 crore for pay-and- use toilets in the city this year, but women in Mumbai slums defecate in the open. As many as 85 percent of those surveyed recently said they perceived community toilets as unsafe at night.

James rice (2008) made a research on " urban slums and children health in less- developed countries" , the study was on the direct effect of urban slum prevalence on national level measures of under -5 mortality rates over the period 1990 to 2005. They utilized data on 80 less developed countries, the results illiterate increasing urban slum prevalence over the period is a robust predictor of increasing child mortality rates. This effect obtains net the statistically significant influence of gross domestic product per capita, fertility rate, and educational enrolment.

Statement of the problem :-

The goal of the current study is to understand the sanitation facilities that are offered in village area and the difficulties that they encounter, with a focus on womens hygiene and sanitation facilities in village. Additionally, authorities do not adequately

pay attention to village; this study focuses on evaluating the difficulties and opportunities faced by rural area.

Research methodology:-

The examination and critical evaluation of primary data form the basis of the study. The inhabitants of rural area are included in the main source. A study is conducted in the sampled area to determine its effects, and a thorough interview-schedule was used to conduct in-depth interviews with a particular source of primary source for the researchers guidance. The questionnaire was used to conduct in-depth interviews with a particular source of primary data to better understand their opinions, attitudes, and perspectives in order to provide the researchers with any necessary recommendations. The questionnaire was processed using statistical tools like tabulation, grouping, percentage, growth rate, average, etc. primarily to analyse the opinions of karotwa rural area through a questionnaire.

The research also draws from secondary data. The data had been extracted from various sources like research articles, publications from WHO, sulabh international organization websites.

Study area and sample :-

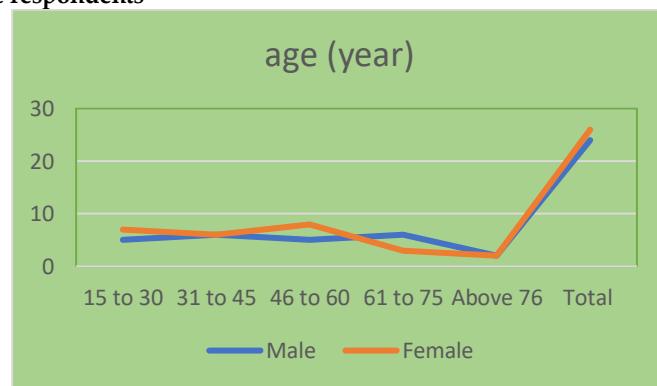
The present study has selected Darbhanga district of bihar state to collect information to supplement the research. For the study, 50 respondents were selected from karotwa , kusheshwar asthan. Simple random sampling method is adopted for the study.

Analysis and interpretation of the data:-

About 64.13 per- cent of the total population in india lives in rural areas. Since most of the villages are unable to meet the growing needs of the poor, basic facilities, garbage disposal, electricity and transportation facilities. These poor end up living in slums where their living and working conditions lack basic infrastructure facilities which makes their life vulnerable.

Age – wise and gender- wise distribution of the respondents

Age (year)	Male	Female
15 to 30	05	07
31 to 45	06	06
46 to 60	05	08
61 to 75	06	03
Above 76	02	02
Total	24	26

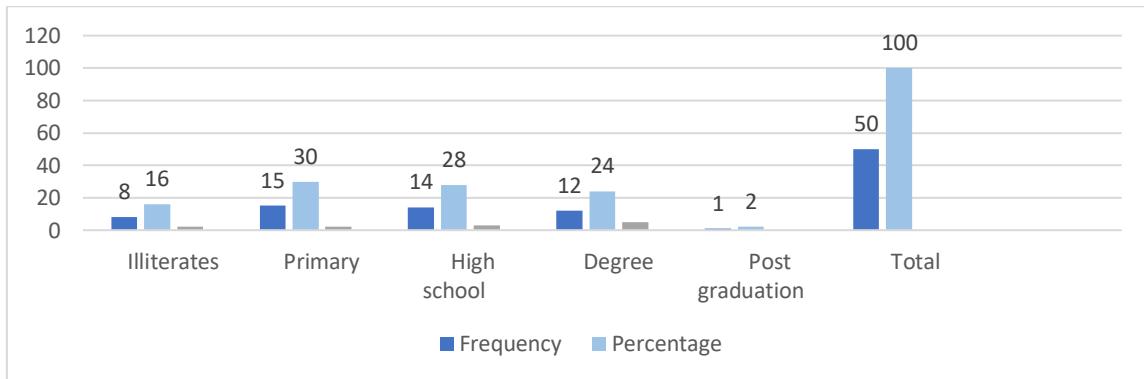


Every survey or study needs a specific age group and a gender- based study because we can see inequalities in gender and age restrictions in society. On this basis, the survey was conducted with respondents who were between the ages of 15 and above 76. Those between the ages of 15 and 30 made up 24 % of the population, those between the

ages of 31 and 45 made up 24 % of the population, those between the ages of 46 and 60 made up 26 % of the population, those between the ages of 61 to 75 made up 18 % of the population, those between the ages of above 76 made up 8 % of the population. When it comes to gender, 52 % of the people are women and 48 % people are men are responded.

Educational level of the respondents

Educational level	Frequency	Percentage
Illiterates	08	16
Primary	15	30
High school	14	28
Degree	12	24
Post graduation	01	2
Total	50	100

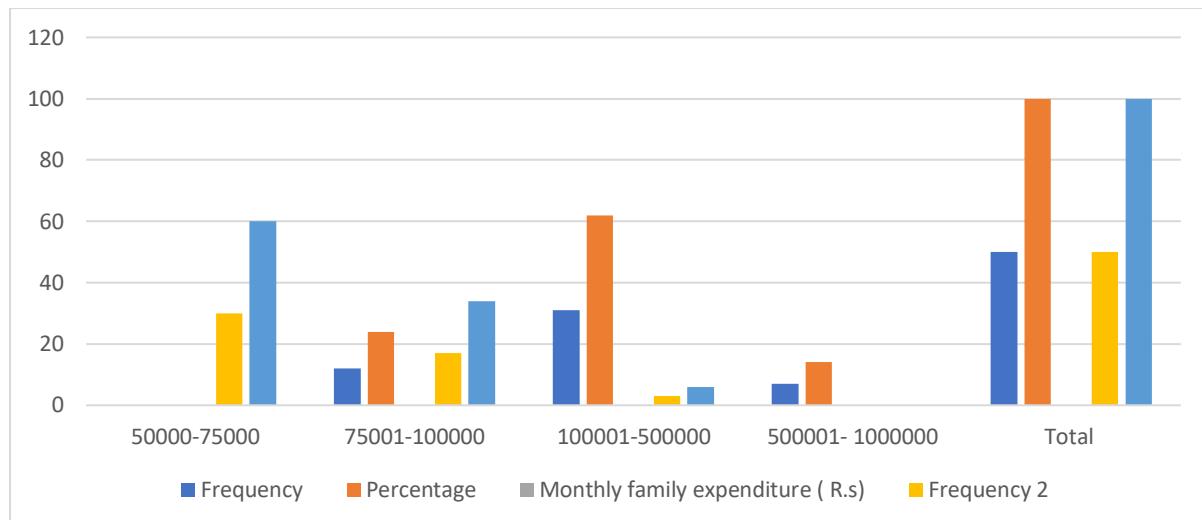


Education is also a fundamental tool for human development, but in villages, the literacy rate was extremely low, with only 30 % of residents having started higher education and 28 % completing their high school education. In addition, 24 % had finished their degrees, and 2 % had completed their

post- graduation. According to research findings, the majority 30 % of respondents had completed elementary school. However, they are unaware of sanitization instruction. They must receive training and instruction on sanitation and hygiene.

Yearly income and monthly expenditure of the respondents

Yearly family income (R.s)	Frequency	Percentage	Monthly family expenditure (R.s)	Frequency	Percentage
50000-75000	00	0.00	5000-10000	30	60.00
75001-100000	12	24.00	10001-15000	17	34.00
100001-500000	31	62.00	15001-20000	03	6.00
500001- 1000000	07	14.00	20001-25000	00	0.00
Total	50	100.00		50	100.00

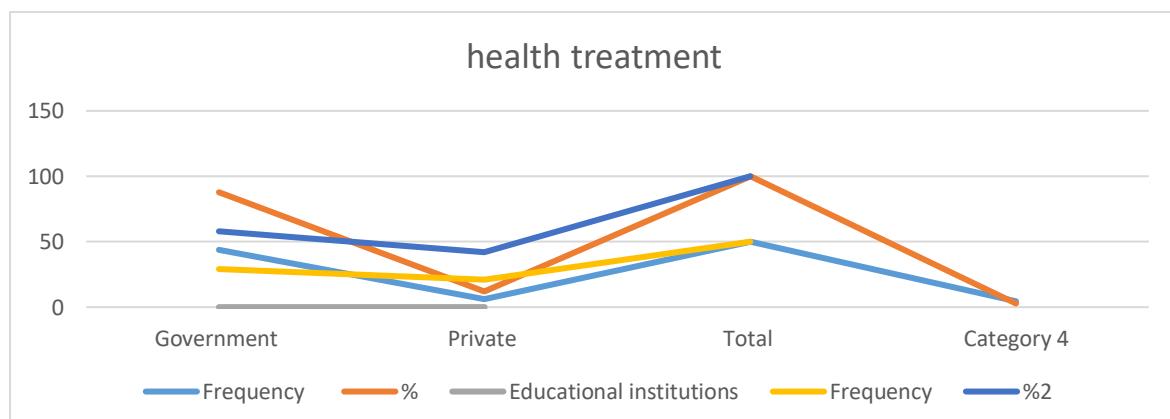


Villages' yearly income is likely to be low due to a lack of employment ; 24 % had an income between 75001 and 100000, and 62 % had an income over 100000. However, their monthly expenses were between 5000 and 10000 for 60% of the population and between 10000 and 154000 for 34%. According to the statistical information in the table above the majority of respondents -62%- have annual family

incomes of between R.s 100001 and R.s 500,001, and the majority -60%- have monthly family expenditures between R.s. 5000 and 10000. Here we can see that their income, which explains why they frequently refuse to use or pay for public restrooms and they prefer open urination and open defecation as well due to unhygienic facilities of public toilets

Educational institutions and health institute usage

Health treatment	Frequency	%	Educational institutions	Frequency	%
Government	44	88	Government hospital	29	58
Private	06	12	Private hospital	21	42
Total	50	100		50	100

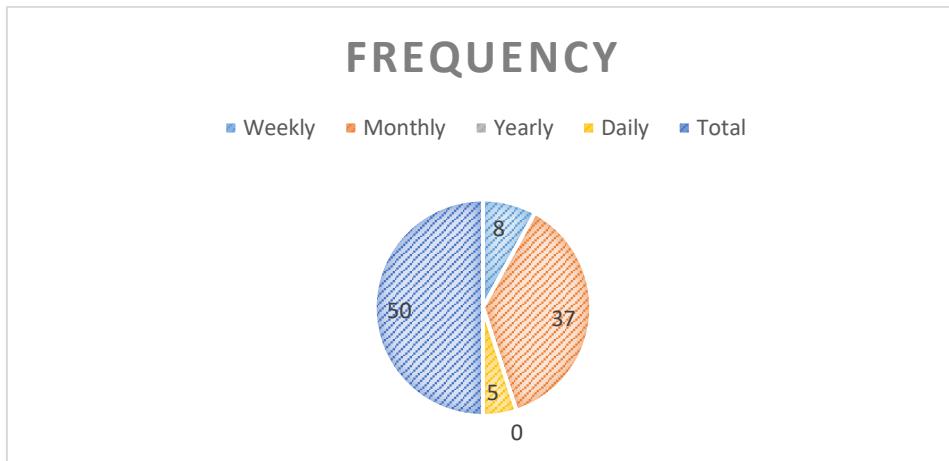


In this survey, 88 % of the village population reported using government health care facilities for their medical needs. However, the status of these facilities is very poor and the response is very poor due to the village , economic disadvantage, which makes it difficult for them to provide health

services. Despite this, they strive to provide their children with a high – quality education. Majority 88% of people living in village receive health services from government health care facilities, while 42% receive care at private hospitals.

Health deteriorating details of the respondents

Health deteriorating	Frequency	Percentage
Weekly	08	16.00
Monthly	37	74.00
Yearly	00	00
Daily	05	10.00
Total	50	100

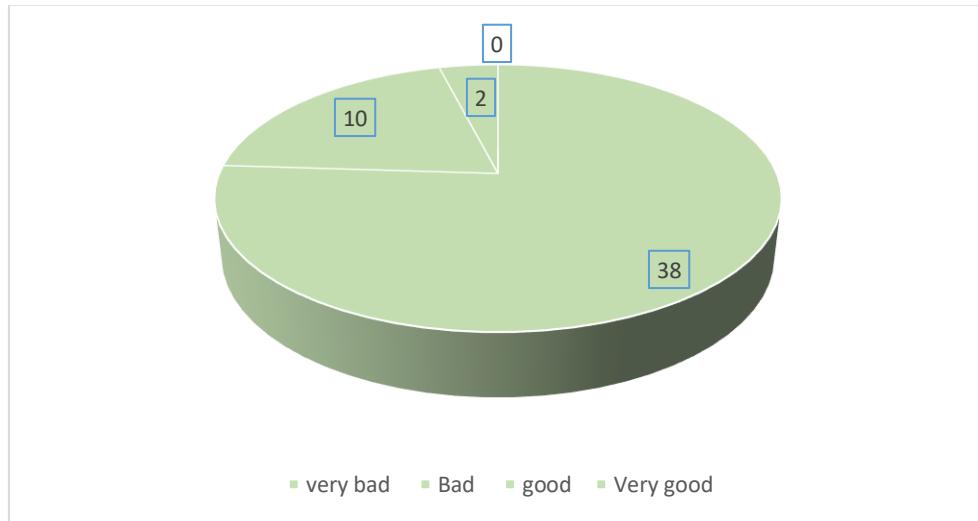


For human development health is very important aspect but in village we can see poor health conditions along with poor infrastructure facilities, in between this due to pollution all their health keep effecting with many health issues with infection, viral fever, dengue, tuberculosis,

breathing problems skin allergy etc. a high of 74% of the population health is monthly deteriorates and 16 per cent of the population will suffer weekly and 10 percent of the population health deteriorates daily.

Toilets status

Toilets status	Frequency	Percentage
very bad	38	75.00
Bad	10	20.00
good	02	05.00
Very good	00	00
Total	50	100.00



Above the table shows that the condition of the public toilets are very bad, it is fully lack of infrastructure facilities also it was not maintained good, even some were opined that few publics only won't use in good manner like not slashing and splitting on toilets walls etc.

Findings

- those who using public toilets were sad about the hygiene and sanitation facilities in public toilets and inequalities in gender found in public toilets.
- according to research findings, the majority (30%) of respondents had completed elementary school. However, they are unaware of basic health and sanitation awareness.
- health care facilities is very poor and the response is very poor due to the village economic disadvantage and village have housing facilities without private toilet facilities and they use on toilet for 2 houses.
- 74 percent of the population health monthly deteriorates due to unhygienic sanitation facilities and village public toilets are not maintained well and not properly organized with all needful equipment.
- they prefer open urination and open defecation as well due to unhygienic facilities of public toilets and 76% of the population still uses public restrooms, many of which are in poor condition and lack of infrastructure facilities.
- most of the public toilets are not safe for women to use in their menstrual periods and even there is no refreshment place for lactating mothers.

Conclusion

these issues are brought to light through the research on this subject. In this nation, there are numerous societal issues. The primary concern for development, however, is the village, which is one of them in terms of social issues. With regard to village, we initially associate them in terms of social issues. We initially associate them with an unsanitary setting and a lack of sanitary amenities, which results in unhealthy routines. We are behind because of issues like property, a lack of infrastructure, a lack of knowledge and awareness, a lack of shelter, poor sanitation, diseases, alcoholism, and other issues. Not only do village have a problem with it, but our entire nation suffers as a result.

Building toilets is necessary, as is spreading knowledge about basic sanitation practices and leading clean lives. It is necessary to build toilets and promote more reasonable ideologies regarding women's safety, and hygienic practices. As a result, the government is not the only one who has a duty

responsibility here. Every citizen is accountable for it. By interacting with them and providing social education for village, the public may educate them. These folks must be accepted and educated by society. In order to encourage people to live gratefully, the government should provide them with the needs of life.

Suggestions

Based on the above findings, following suggestions were made:

- the state government can provide housing facilities along with good toilet facilities. Rural governance raising funds to increase the number of public toilets based on the village population.
- the state government can make campaigns to literate the people over there which gains awareness and knowledge on health, sanitation and hygiene. It can conduct by NGOs, creating programs by village board, lecturing camps, etc.
- awareness should be given about their self-hygiene as well as their surroundings. Awareness can be created through NSS camps and public. Concerned bureaucrats should also facilitated proper drainage system for their hygiene.
- public toilets should focus on women safety measures and have to facilitate with good infrastructure facilitates. Therefore, women also feel secure from hygiene.

Acknowledgment

I take this opportunity to express my deep sense of gratitude to my supervisor, faculty members, and the Department of Sociology, Lalit Narayan Mithila University, Darbhanga, for their valuable guidance, constructive suggestions, and constant encouragement throughout the course of this research.

I am sincerely thankful to the respondents of Karotwa, Kusheshwar Asthan, Darbhanga district, who generously shared their time, experiences, and insights, without which this study would not have been possible.

I also acknowledge the support of various institutions, libraries, and online resources that provided access to important data, reports, and reference materials relevant to sanitation and hygiene studies.

Finally, I extend my heartfelt gratitude to my family and friends for their encouragement, patience, and unwavering support during the entire period of my research work.

Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper

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