Naveen Shodh Sansar (An International Refereed / Peer Review Multidisciplinary Research Journal)
RNI No.- MPHIN/2013/60638, ISSN 2320-8767, E- ISSN 2394-3793, Scientific Journal Impact Factor (SJIF)- 8.054,
January to March 2025 E-Journal, Volume I, Issue XLIX, ISO 9001:2015 - E2024049304 (QMS)

Assessing Rural Sanitation Progress through Individual Household Latrine (IHHL) Implementation: A Case Study of Four Villages in Sidhi distt. (M.P.)

Aman Singh Gaharwar* **Dr. Kumud Shrivastava****

*Research Scholar (B.A. hons. Economics) Govt. T.R.S. College, Rewa (M.P.) INDIA
** Professor (Economics) Govt. T.R.S. College, Rewa (M.P.) INDIA

Abstract: This paper presents findings from a primary field survey on rural sanitation conducted in four villages as part of the Swachh Bharat Mission–Gramin (SBM-G) initiative. The survey included 120 respondents (30 per village) and focused on the construction, usage, benefits, and challenges associated with Individual Household Latrines (IHHL). The study reveals that while infrastructure development under SBM-G has improved access to sanitation, persistent challenges such as water scarcity, cultural resistance, and poor maintenance continue to impact sustained toilet use. The research highlights key perceived benefits, especially for women, and offers policy recommendations to enhance future sanitation interventions.

Introduction - Sanitation remains a critical development challenge in rural India. The Government of India launched the Swachh Bharat Mission–Gramin (SBM-G) in 2014 to achieve universal sanitation coverage and eliminate open defecation. Among the key components of SBM-G is the promotion of Individual Household Latrines (IHHL), which aims to provide every rural household with a functional toilet facility.

This research investigates the real-world implementation of IHHL in four selected villages using primary survey data. It evaluates sanitation behavior, perceived benefits, and existing constraints to inform future sanitation strategies.

Objectives:

1. To assess the reach and effectiveness of IHHL in the selected rural areas.
2. To analyze the perceived health, social, and economic benefits.
3. To identify constraints in usage and maintenance of toilets.
4. To provide policy suggestions based on grassroots findings.

Methodology

Study Area: The study was conducted in four villages (Mawai,Tikhat,Duara,Dadhiya), representing different socio-geographical contexts (tribal, flood-prone, semi-urban, and agrarian).

Sample Size and Tools:

1. 120 respondents (30 per village)
2. Tools: Structured questionnaires, in-depth interviews, and observation checklists

Grampanchayat-Mawai (LGD-152356) Village-Mawai (LGD-502484)

IHHL(Phase 1)	IHHL (Phase 2)	Total IHHL(including Selffunded)	
511		58	569

Total population of Mawai village is 3363 as per 2011 censes and no. of houses is 599 out of them 569 toilets constructed under SBM-G.

Grampanchayat-Tikat Kala (LGD-152394) Village-Tikat Kalan (LGD-502482)

IHHL(Phase 1)	IHHL (Phase 2)	Total IHHL(Phase 1 + Phase 2) (Including Selffunded)
398	56	454

Total population of Tikatkalan village is 3452 as per 2011 censes and no. of houses is 694 out of them 454 toilets constructed under SBM-G.

(LGD-4023)| Gram Panchayat-Duara (LGD-152226) | Village-Duara (LGD-502480)

IHHL(Phase 1)	IHHL (Phase 2)	Total IHHL(Phase 1 + Phase 2) (Including Selffunded)	
194		38	232

Total population of Duara village is 2,087 as per 2011 censes and no. of houses is 350 out of them 232 toilets constructed under SBM-G.

GD-4023)| GramPanchayat-Dadhia (LGD-152223)| Village-Dadhiya (LGD-502478)

IHHL(Phase 1)	IHHL (Phase 2)	Total IHHL(Phase 1 + Phase 2) (Including Selffunded)	
235		124	359

Total population of Dadhiya village is 1143 as per 2011 censes and no. of houses is 373 out of them 359 toilets constructed under SBM-G.

Sidhi district in Madhya Pradesh has 1092 villages. These villages are spread across 8 tehsils and 400 Gram Panchayats. There are also 5 JanpadPanchayats and 5 Revenue Sub Divisions within the district.

Total IHHL beneficiaries in sidhi distt. is - 168281

Key Indicators Surveyed:

1. Toilet construction status.
2. Usage patterns.
3. Health and hygiene behaviors.
4. Funding and subsidy awareness.
5. Benefits for women and vulnerable groups.

Results and Analysis

As per my own primary survey raw data was collected from authorities and presented in this research paper.

Pictures showing the reality of Rural sanitation infrastructure IHHL in Villages covered during survey.

Toilet Construction and Usage

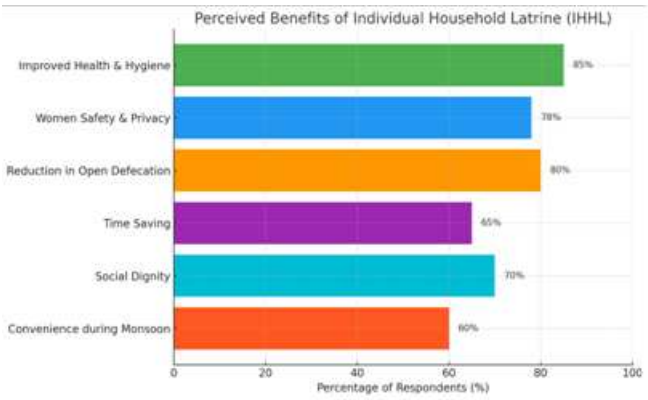
Village	Households with IHHL(%)	Households using IHHL(%)
MAWAI	100%	98%
TIKHAT	85%	70%
DUARA	60%	45%
DADHIYA	75%	65%

*Village A demonstrated near-universal adoption.

*Village C showed poor usage due to cultural beliefs and infrastructure issues.

Perceived Benefits

1. **Health**: 68% of respondents reported a decline in waterborne diseases.
2. **Women's Safety and Dignity**: 74% of female respondents felt safer using IHHL.
3. **Economic Benefits**: Reduced healthcare costs reported by 59% of respondents.
4. **Social Status**: 62% noted an increase in dignity and social inclusion.



Constraints Identified

1. **Water Scarcity**: Reported by 38% of respondents.

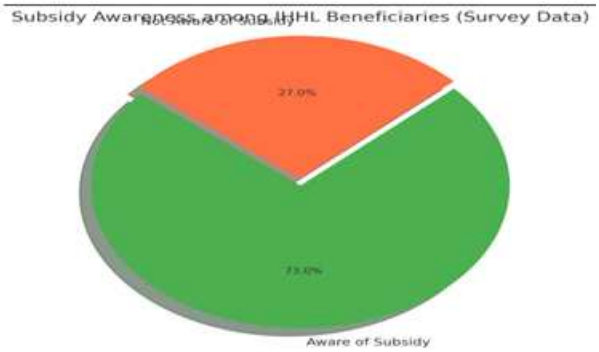
2. Irregular Subsidy Disbursement: 27% did not receive full SBM-G incentives.

3. Lack of Awareness: 22% unaware of hygienic toilet maintenance.

4. Cultural Barriers: Noted significantly in tribal Village C.

Discussion: The findings indicate that IHHL under SBM-G has significantly improved rural sanitation conditions, particularly in terms of coverage. However, behavioral change, infrastructure maintenance, and access to water remain critical barriers. Socio-cultural resistance still impedes adoption in remote and tribal areas.

As per govt. record these villages have achieved 100% Open defecationfree certified



Policy Recommendations:

1. Strengthen local governance and monitoring to ensure subsidy delivery and toilet maintenance.
2. Introduce behavioral training via schools, self-help groups, and local influencers.
3. Ensure water availability through micro-infrastructure like rainwater harvesting.
4. Tailor IEC (Information, Education, Communication) campaigns to local cultural contexts.
5. Aware illiterate community regarding health impact of using toilet.
6. Size of toilets should increase so that it will be used by all family members.

Conclusion: While SBM-G has achieved substantial progress in sanitation infrastructure, the success of IHHL depends on continuous community engagement, behavior change, and systemic support. The research emphasizes that future sanitation programs must integrate health education, cultural sensitivity, and reliable service delivery to ensure long-term sustainability.

1. Improved health & hygiene was reported by 85%. Women's safety & privacy was recognized by 78%.
2. Reduction in open defecation was noted by 80%.
3. Time saving and convenience during monsoon were also significant.

References:-

1. Ministry of Jal Shakti. (2023). SBM-G Annual Report.
2. WHO/UNICEF JMP. (2021). Sanitation Progress Report.
3. UNICEF India. (2021). Sanitation Behavior Change in Rural India.
4. NSSO. (2019). 76th Round Survey on Drinking Water and Sanitation.
5. Field Data from Four Village Surveys (2025).
6. Raw data from gram panchayat's.

****