

CHAPTER – I

INTRODUCTION

1.1 Background of the Study

Nepal is the landlocked and mountainous country with a total land area of 1,47,181 sq. km. located between China in north and India in east, west and south. Nepal is located between latitude of 26° 22' 30" 27' north and longitude of 80° 04' to 88° 12' east. The country looks roughly rectangular with a length of about 885 km from east to west and a width of 130 km to 260 km from south to north. The geographical setting of the country ranges from nearly sea-level lowland found in southern Terai plain between 152 m. to 610 m. above sea-level to large amount of snow covered Himalayas between 4877m. to 8848m. above sea-level including the highest peak of the world the Mount Everest or Sagarmatha.

Nepal is one of the least developed countries in the world with the low per capita income. 38.8 percent of the people are estimated to live below the absolute poverty line (CBS, 2005). Most of the Nepalese people live in rural area who depend on agriculture and work hard to gain only low subsistence so they have been facing various problem in the field of economy as well as health.

Health is important part of human life, so it is said that “Health is Wealth”. But the level of the health of people determined by various ways of treatment against different diseases so we should be very careful to keep our body healthy.

Toilet is the small house where people excrete their urine and stool. Toilet play vital role in human life to safe human from different types of disease like diarrhea, Typhoid and Dysentery etc.

In recently years, Sanitation division and sub division offices have been playing an important role in the O.D.F. initiative in co-ordination committee. In addition there several innovative approaches and advocacy campaign being applied at the national and local level. They include the national sanitation were Global Hand Wash Day, World Water Day, World Environment Day, Community Led Total Behavioral Change in Hygiene and Sanitation; World Toilet Day etc are based on sanitation and hygiene education.

Open toilet may cause various communicable diseases and spread all over the community, so the accessibility of toilet facility are permanent solution for improving

health of the people. People's awareness may be the important means to protect from such kind of problems.

Toilet facility is needed every time for healthy life. Without toilet facility we cannot achieve healthy life. Similarly without toilet facility human life becomes very harmful so we should be creating good environment for toilet facility.

Most of people in the world are affected by many types of open toilet born diseases. Many people pass their excretas and urine at open place yet. Lack of public awareness about sanitation and toilet facility. Most people are affected by many types of open toilet borne diseases like diarrhea, Dysentery, Cholera, Typhoid etc.

Nepal is a small landlocked country sandwiched between great neighbors China and India has been experiencing the rapid population growth. The total population of Nepal is 2, 64, 94, 504 which has growth by 1.5 percent (census report 2068). The total population of Sunsari District is 7, 51,125 where 3,71, 229 male and 3, 92, 258 are female. The total population of Pakali V.D.C. of Sunsari district is 10, 208 where 5, 346 male and 4,862 are female. (V.D.C. profile report 2068)

Toilet is a necessary thing for all human being. Lack of better toilet facility human life is being very troublous. Toilet is not appropriate management of community. Without toilet facility a village people will face many problems like menstrual cycle problem, diarrhea, Dysentery etc.

Human excreta contain to be both harmful and non-harmful organism. It has been estimated that more than 50 types of diseases like diarrhea, Cholera, Typhoid, Dysentery jaundice etc. are can transmitted and spread from the human excreta of infected person to another through various routes.

Toilet facility of the result of 2068 census does not facility for own house family in country as the 38.17 percent. It was 52.5 percent for previous census. Now most of the family has been using safety tank combining toilet as the 33.45 percent. General toilet and public toilet were used as family member as respectively 19.47 percent and 8.27 percent. Others people were not own living house facility of toilet which like as urban 9.69 percent and rural area 45.11 percent. (NCR 2068)

1.2 Statement of the Problem

Accessibility of the toilet facility plays vital role enhancing people's health status. We prevent from many types of harmful microorganism by the properly use of toilet. This thesis helps us to know about the importance of use about toilet.

Public toilet or personal toilet is very necessary for human nowadays. Managing public toilet in the community may help to reduce diseases problem which is increasing day by day due to open toilet. By the help of managing toilet properly we can prevent from various open toilet borne diseases like diarrhea, Dysentery, Cholera, Typhoid etc.

Some of the studies were done previously in Nepal and outside but they all were focused on toilet problem and its impact on health matters. They didn't enter into specific family health issue like NGO/INGO rolls and practice about accessibility and management of toilet facility. Pakali V.D.C. of Sunsari district has composed of majority of Tharu families who are less aware about use of toilet facility. So that the researcher has to investigate such specific issue.

The reviewing the above literature it found that accessibility of open toilet cause disease problem in the world specially in the developing country like Nepal. Lack of required knowledge about toilet and don't use toilet regularly may cause various diseases.

1.3 Objectives of the Study

An objective helps to clarify way research work. General objective of this study is to find out the knowledge and practice about accessibility and management of toilet facility and its impact on health of Pakali VDC ward no. 4 and 5 of Sunsari district.

To find out access of respondents to toilet.

To find out the impact on health of people due to toilet management.

To compare health status between toilet users and non-users.

1.4 Research Question

To fulfillment the objectives of this research the researcher's has based on the following research questions:

Does toilet facility manage well in Pakali V.D.C. ward No. 4 and 5?

Does toilet user is healthier than non user?

Does Awareness program to encourage to people?

Does Toilet is right distance of tubewell?

1.5 Significance of the Study

Significance refers the idea and views that why the research completes the study and what are their important? Significance of the study indicates the use of particular subject that who will be beneficial. This study mainly focuses the accessibility and management of toilet facility and their impact on health of Pakali V.D.C. wards no. 4 and 5 of Sunsari district. The significance of the study are as follows:-

1. This study will be useful for community, government and NGO's support management and practice of toilet facility.
2. This study will be helpful for another researcher students and educator further study on access toilet facility.
3. This study will be helpful for the local people to develop awareness programme towards on accessibility of toilet facility.
4. This study will be find out the accessibility and management of toilet in Pakali VDC ward no. 4 and 5.

1.6 Delimitation of the Study

Behind of every research work there may be some limitation and delimitation. Being concerned to time, financial research and material. The present research has also some delimitation.

1. The study was be limited in Pakali V.D.C. ward no. 4 and 5 Sunsari.
2. The study was covered only demographic and socio-economic characteristic, current health condition and awareness about health.
3. The study was concerned about toilet facility and their impact on health.

1.7 Operational Definition of the key Terms

| | |
|------------------|---|
| Access | - To be available everything everywhere |
| Attitude | - Way of feeling thinking about toilet. |
| Awareness | - Make a consciousness of well-informed toilet Facility and its impact. |
| Behavior | - Personal way to act about toilet use. |
| Community | - Community is a social group within the same degree of viewer. |
| Facility | - To competence the toilet use. |

- Household** - The house hold is defined as a group of people related to blood or adaption. They lived together and joint kitchen.
- Knowledge** - Information, understanding and skill gained through learning and experience.
- Observation** - The power of taking notice collected and record information.
- Pathogenic agent** - An organism causes the diseases.

CHAPTER - II

REVIEW OF RELATED LITERATURE AND CONCEPTUAL FRAMEWORK

The literature review is very significant step in the research process. It gives general guidelines to the researcher. It helps researcher to gain knowledge about related field. A literature review is the presentation, classification and evaluation of what other researchers have written on a particular subject.

2.1 Review of the Theoretical Literature

Accessibility of open toilet causes different diseases in our nation. Nepal has declared ODF police with aims a eradicating open toilet users until 2017 (Sarsaphi Sandesh 2070) There is no prestige of a person who does not have toilet at his / her house. For educated toilet is must important as home and we can live without food for some days but living without urination and defecation is beyond our imagination (khatiwada, 2069)

Within one year 25 % more VDCs will be declared ODF panchthar will declared ODF by 2013, Dhankuta and Ilam will be declared ODF by 2014, Udayapur, Terhathum, morang, taplejung, sulukhumbu, Jhapa, sunsari and Bhojpor will be declared ODF by 2015 and siraha, khotang, saptari, Sankhuwasabha and okhaldhunga will be declared ODF by 2016 (purwanchal bikas chetria khanepani sarsaphai, 2069)

People are becoming increasingly concerned regarding the use of toilet and frequently making plans about declaring their surroundings ODF at clubs, various groups and other meetings (Rai, 2070) although it is embarrassing to practice bowel habits in the open area many people are obliged to do it. Those who used react aggressively at the suggestion to built toilet have started making it themselves now it municipality has made the provision for mobile toilets in order to make ODF programmed more effective (Makalu television, 2070/05/22 at 7:30pm)

At present 68.17% families are using toilet at their homes where as the past data shows that only 25.5% of the families possessed them . The present data shows that 33.45% families are using modern toilets equipped with flush and safety tank like wise 19.47% families are using ordinary toilets and 8.27% families are using public toilets. 9.09% families in the urban areas and 45.11% families in the rural areas do not have toilets (CDS 2013).

2.2 Review of Empirical Literature

Health is one of the most important factors of human life. There is no importance of life without good health. A person who is healthy can perform their any works and tasks without exhaustion and seems always happy. Unhealthy person are just burdens and obstacles for the development of the country. In content people should get rid of diseases and should be able to live a healthy life. Healthy people are foundation to develop nation.

Toilet is a necessary thing for all human being. Lack of better toilet facility human life is being very troublous. Toilet is not appropriate management of community. Without toilet facility a village people will face many problems like menstrual cycle problem, diarrhea, Dysentery etc.

Human excreta contain to be both harmful and non-harmful organism. It has been estimated that more than 50 types of diseases like diarrhea, Cholera, Typhoid, Dysentery jaundice etc. are can transmitted and spread from the human excreta of infected person to another through various routes.

Toilet facility of the result of 2068 census does not facility for own house family in country as the 38.17 percent. It was 52.5 percent for previous census. Now most of the family has been using safety tank combining toilet as the 33.45 percent. General toilet and public toilet were used as family member as respectively 19.47 percent and 8.27 percent. Others people were not own living house facility of toilet which like as urban 9.69 percent and rural area 45.11 percent. (NCR 2068)

The decision to mark World Toilet Day on 19 November was aimed to help the UN raise awareness and mobilize action that can save millions of lives. Some 2.5 billion people lack toilets and poor sanitation is a leading cause of disease and child deaths. Adopting a new resolution, the General Assembly urged UN Member States and relevant stakeholders to encourage behavioral change and the implementation of policies to increase access to sanitation among the poor, along with a call to end the practice of open defecation.

While the government has set 2017 as the deadline for meeting the universal target for access to basic sanitation by all the citizens of Nepal, the present achievement rate has been sluggish. Nepal government has to declare all 75 districts as ODF in four years. But, only 915 VDCs among the total 3915 have become ODF till now, which is only 24 percent of the total VDCs.

Water Aid Nepal together with Federation of Drinking Water and Sanitation Users Nepal (FEDWASUN) carried out an interactive session with political leaders on 29 July 2013. The purpose of this program was to sensitize political leaders on the importance of the roles they play in promoting sanitation in Nepal. The political party leaders were persuaded to commit for sanitation with special regard to ODF declaration seventy five political parties were invited in the interaction. This interaction was also followed by the public launch of the toolkit supporting declaration of the Open Defecation Free (ODF) areas.

Bhandari, Birkha (2068) Accessibility of water supply and Toilet facility and their impact on health in Lalu VDC ward No. 6 and 7 of Kalikot District. He found in his research that 78.57 percent performed arrange marriage (traditional marriage), love marriage 17.86 percent and court marriage 3.57 percent. Similarly, 14.29 percent of the respondent's husband was not at home, 2.57 percent had divorced, 2.38 percent had separated and 2.17 percent of the respondents were widow.

A higher proportion respondent's 76.19 percent replied that they understand to accessibility of water supply however 23.80 percent of the respondent's didn't. A higher proportion of the respondent 77.38 percent replied that they information, 22.61 percent of the respondent didn't yet.

The respondent were further probed if they get information about water borne disease in this regard, higher proportion of the respondent 67.70 percent get information about Diarrhoea, 13.85 percent of the respondent have got information Cholera and 9.29 percent of the respondents had got both Dysentery and Typhoid.

In his research he found that nearly 75 percent of the respondents used toilet and 25 percent of the respondent didn't use toilet. Among them who use own house 53.97 percent of the respondents were using safety tank joint toilet, 36.51 percent were in Khalde, 6.35 percent in other and 3.17 percent in water seal toilet.

The 57.10 percent of respondent's children didn't use toilet and 42.86 percent respondents has use toilet. Similarly, 54.17 percent of the respondents were use open toilet, 25 percent uses Khalde, 16.67 percent were Khola and 4.17 percent were using other.

More than half 52.38 percent of the respondents were not use toilet caused by not habit, 23.80 percent of the respondent were not use by their culture and non-placed to make toilet. 52.38 percent of the respondent were wash hands after toilet and 47.62 percent of the respondents were not wash hands after toilet. Who wash

hand after toilet a significant proportion 52.27 percent of the respondents used to wash hands kharani and 6.87 percent of the respondents used to wash hands with soap water after toilet?

Siddhipur, 23 August 2010 (IRIN)- IN the fight against disease and child mortality, Nepal has been using some unusual tactics to get people to stop defecating in the open. Children blow whistles at offenders and post name-shame flags in fresh, stinking piles.

NGOs help communities turn their waste into “humanure” for crops; and one women’s group “calculated how much waste tainted the food supply.

“We told the community, ‘If we don’t make proper toilets, it’s like we’re all eating our faeces, said Saraswati Maharjam, a member of the sanitation and hygiene education team in Siddhipur village on the outskirts of Katmandu.

“In one year, we’re eating 2 kg. of faeces, and this is if you live far from the public toilet. If you’re near the public toilet, it’s even more,” Maharjam said, referring to the rough estimate her women’s group came up with to scare neighbors into building toilets.

Open defecation is a major problem in Nepal. According to the UN Children’s Fund (UNICEF), only about 46 percent of Nepalese have toilet in their home and in the least developed districts in the west, that figure drops to 25 percent.

“Open defecation cause water contamination and gastrointestinal disease”, said Ravi Kafle, a surveillance medical officer with the World Health Organization (WHO) in the Mid-Western city of Nepalgunj. “The main problem in the hill region is if someone defecates near the river and it rains, then it mixes with the water and people downhill drink contaminated water”.

Madhav Pahari, a specialist in water, sanitation and hygiene for UNICEF in Nepal, said 37,000 under five deaths were reported in 2008-14 percent of which were because of diarrhea, one symptoms of waterborne diseases.

A diarrhea outbreak during the 2009 rainy season caused almost 59,000 people in the mid and far western regions of Nepal to fall ill and claim more than 300 lives, according to WHO.

Despite the “faeces in our food” tactic, until recently, Maharjam’s neighbors still preferred the outdoors over the four filthy public toilets in Siddhipur- a village of 7000 people and 1300 households, 15-20 percent of which did not have toilets. Using

public toilet meant tiptoeing around waste that missed the toilet holes. In the rainy season, people wore knee-high boots to head out when nature called.

With support from Environment and Public health organization (ENPHO), a local NGO, UN Habitat and Water Aid Nepal, a sanitation committee and children's group in Siddhipur decide that the children would run morning patrols. If they saw any committing the "crime", they the offender's name on a bright yellow paper flag and posted it in the evidence for to see. That worked, and Siddhipur was declared an "Open Defecation Free" zone in 2007.

Similarly, in western Kapilbastu District, children blew whistles at the open defecators, said Pahari, of UNICEF. According to World Vision, mothers group were finding offenders in western Lamjung District.

Meanwhile, government offices are also turning up the pressure by asking people who come for public services if they have toilets, said Gopal Prasad Upadhyaya, an engineer for the Mid-Western regional Department of Water Supply and Sanitation.

"When people come for document – such s birth certificates, citizenships or passport papers the Village Development Committee staff ask, 'Do you have a toilet? When will you construct one?'" Upadhyaya said. "We are not strictly stopping services because they have their rights, but just ask them again and again."

Teachers are also asking students in class to raise their hands if they have toilets. Those who haven't constructed toilet yet in their home, return home to pressure their parents to construct toilet in their home Model village?

Every home in Siddhipur now has a personal toilet, more than 100 of which are "ecosan" toilet that separate urine and faeces for use as fertilizer. Still, people continue to defecate in the open.

"Toilet is a big problem. There are some organizations building toilets in houses, but then it (the toilet) is used to store wood to keep it safe from the rain", said Kafle, of WHO. "They say they feel more comfortable outside.

In recently year the water supply and sanitation division/sub-division offices have been playing a vital role in the ODF (Open Defecation Free) initiative in co-ordination with district water supply and sanitation co-ordination committee.

In addition there are several innovative approaches and advocacy campaign being applied at the national and local levels. They include National Sanitation Week, Global Hand Wash Day, World Water Day, World environment Day, Community Led

Total Behavioral Change in Hygiene and Sanitation, World toilet Day, Nepal water Sanitation and Hygiene Campaign, and Water Poverty Campaign.

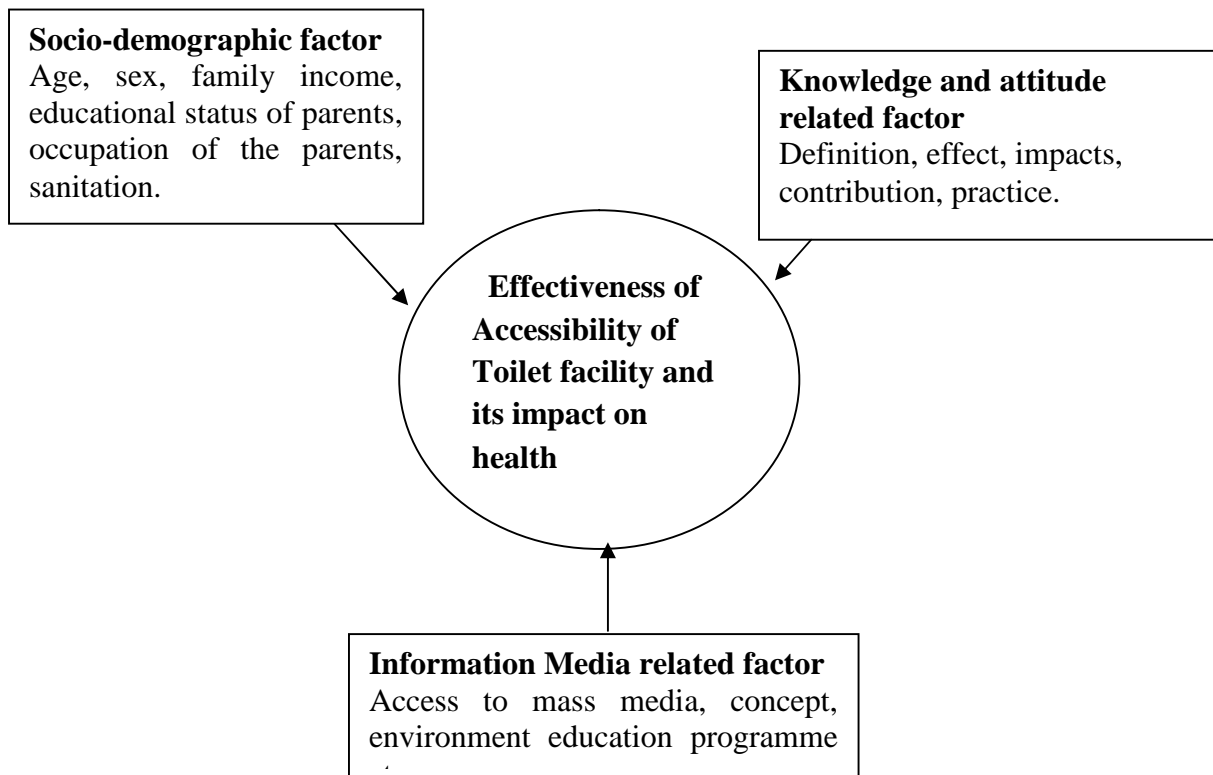
Until the end of fiscal year 2069/2070, 23.8 percent of the Nepalese people were living in poverty. Beside there big gap in the sanitation coverage between the poor 12 percent and rich 80 percent. Hence remains a major factor in the promotion of toilet in the country. Given the widespread poverty in the country their affordability was problem for the community wide promotion of toilet. Due to widespread illiteracy and lack of education there is low awareness about the connection between unsanitary condition and practice and vulnerability to diseases and ill health the fact that human excreta is the main source of transmission and spread of a wide range of communicable diseases.

Nepal is one of the least developed countries in the world with the low per capita income. 30.8 percent of people are estimated to live below the absolute poverty line (CBS 2065).

Most of the Nepalese people live in rural areas that depend agriculture and work hard to gain subsistence, so they have been facing various problems in the field of economy as well as health. The major health problem Nepal are lack of health education, rapid population growth, malnutrition, environment pollution, problem of sanitation, prevalence of communicable diseases, and high mortality rate. Beside these problems of sanitation is also poor in the country due to open defecation free.

2.3 Conceptual Framework

The conceptual framework stems from the theoretical framework and it is usually stated on one section of the theoretical framework which becomes the basis of the researcher's study. The conceptual framework represents the view of researcher that how they fulfill their study and which base line they use for complete their study. Conceptual framework shows the relation between dependent and independent variables, not only this much it gives also clear figure about particular problem which researcher wants to research in their study. Conceptual framework help to identification of possible answer to the research question. Conceptual frameworks cover the main feature aspect, dimensions factor and variable of a case study and their presumed relationship. It helps in communicating ideas about the research therefore it can simplify the preparation of the research proposal and can also make it more convincing.

Figure No. – 1: Conceptual Framework

The above diagram shows that knowledge about accessibility and management of toilet facility among the people of Pakali VDC ward no. 4 and 5 that directly or indirectly effect to use or do not use toilet. Many factors which influence about the knowledge of toilet facility here above diagram clarified socio-demographic factor (age, sex, family income, educational status of parents, occupation of the parents, sanitation), information media related factor (access to mass media concept, environment education programme) and knowledge and attitude related factor (definition effect, impact, contribution, practice) that effect about the use or do not use toilet. If family income is very low they do not make toilet due to poverty. So they go for open toilet. Similarly, because lack of information people are going for open toilet. If people do not know about effect of open toilet or consequence of future problem, it leads to go open defecation.

CHAPTER - III

METHODS AND PROCEDURE OF THE STUDY

This chapter has deals with research method and techniques to be use in the study. In this chapter include following method and procedure

3.1 Design and Method of the Study

This study is based on descriptive type of research design. It is based on quantitative data. The researcher was described the collected data with the help of table, pie-chart and bar-diagram etc.

3.2 Population Sample and Sampling Strategy

The study was covered as Pakali V.D.C. ward no. 4(50 percent of total 70 households) and ward no. 5 (50 percent of total 150 households) in Sunsari district. There are 220 households in ward no. 4 and 5 in total, among them only 50 percent households was selected on the basis of simple random sampling method (Lottery method) which carried 110 households.

3.3 Study Area / Field

This study was covered as Pakali VDC ward no. 4 and 5 in Sunsari district. There are 1500 population total of Pakali (VDC record 2068). Only ward no. 4 and 5 was selected from Pakali VDC as study site.

3.4 Data Collection Tools and Techniques

This study is based on primary source of data as well as secondary source of data had also used. Data were collected by interview schedule and observation form. The interview schedule was contained some close and some open type. Validity of tools was done on expert judgment. Tools (interview schedule and observation form) was revised according to suggestion of supervisor.

3.5 Validation of Tools

First of all researcher was received approval letter from health education department. Then for this study questionnaire schedule and observation form was fill up to primary data. At first the researcher was visited ward and V.D.C. representatives and informed about the purpose of visit. After getting permission at the representative the researcher had visit to the respondent in their household with tool to collect

information and necessary data in the sample area. Before collecting the data, questionnaire and interview schedule were verified by the supervisor. Then these tools were pretested with 20 respondents in Pakali V.D.C. ward no. 3 and modified as per the feedback. After that question included interview schedule was translated into Nepali language during interview and also provided additional information for understanding the question.

The researcher had given introduction and objectives of the study to respondents in brief and request him/her to give information without hesitation. The data was collected from each respondent separately. The question was filled asking with respondents.

3.6 Data Analysis and Interpretation Procedure

The researcher was visited place of different wards for primary source of data and brought the reliable data for research. The entire completed interview schedule was edited for accuracy and completeness. Data analysis was done with the applying computer. The output of data was interpreted statistically with help of the percentage. The output of the data was shows in table, pie-chart and bar-diagram.

CHAPTER – IV

RESULT AND DISCUSSION

Data was collected by interview schedule and observation form. The interview schedule was contained some close and some open type. Validity of tools was done on expert judgment. Tools (interview schedule and observation form) was revised according to suggestion of supervisor. The analysis and interpretation of data should be grouped under following heading:

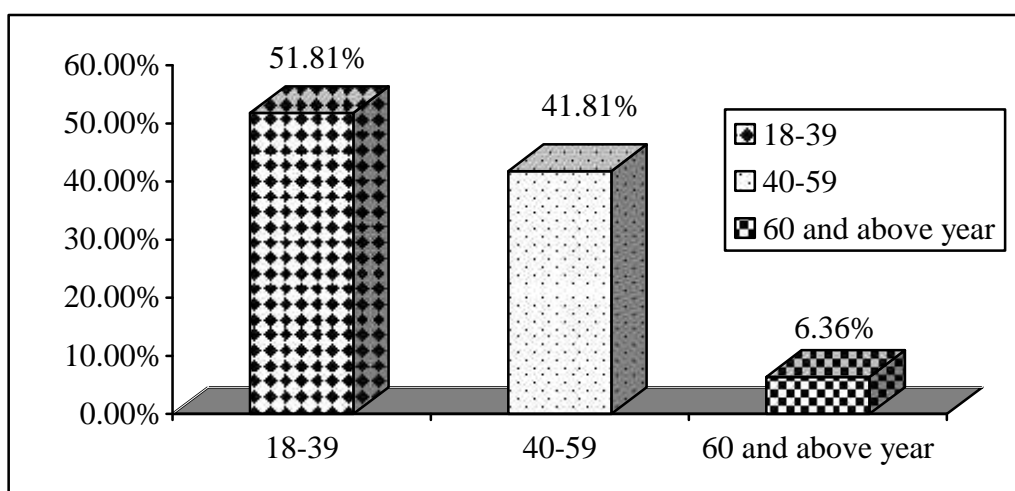
4.1 Socio-Demographic Characteristics

Socio-demographic prefers the social status as well as behavioural practices which influence people daily life. In this chapter includes age structure, types of marriage, marital status, caste distribution, occupational status and education status etc.

4.1.1 Age Structure

In a society there were various men as well as women of different ages. However, the society was formed with the structure of human problems were faced by them in different phases of their age. A man or woman of different age had his or her individual desires, problems, demand and different opinion as well. This study indeed is focused on the issue of toilet facility and their effect on health. Regarding this is the age structure of the respondents has been shows in the figure no. 2.

Figure No. 2: Age structure



The figure no. 2 shows the age structure of the respondents about 51.81 percent of the respondents were in the age group of 18-39 years and 41.81 percent of the respondents were in the age group of 40-59 years and 6.36 percent of the respondents as were 60 and above years.

The data analyzed above clearly revealed that a significant proportion of the respondents fall under the age group of 18-39 years. It indicates that the majority of respondents were adults and those can engaged in some kind of economic, socio cultural and environmental activities.

4.1.2 Types of Marriage

The types of marriage and current marital status of people is the important socio-cultural variables. In our society marriage is taken as universal phenomena that takes place in human life. Marriage was also adopted for the continuation of generation. The table no. 1 shown the types of marriage of the respondents.

Table No. 1: Types of marriage

| Types of marriage | Number | Percent |
|--------------------------|---------------|----------------|
| Love marriage | 27 | 24.54 |
| Arrange marriage | 80 | 72.72 |
| Court marriage | 3 | 2.72 |
| Total | 110 | 100 |

Table no. 1 shows that the 72.72 percent performed arrange marriage (Traditional Marriage) and 24.54 percent followed by love marriage similarly 2.72 percent performed court marriage.

The above mentioned information clarifies that there was trend of love and court marriage except arrange marriage. This can result of early sexual maturity and the lack of sex education.

4.1.3 Current Marital Status

Marriage is a social cultural factor which play vital role to improve economic growth of human life. Below table shows about current marital status of respondents.

Table No. 2: Current marital status

| Status | Number | Percent |
|--------------------|------------|------------|
| Together | 55 | 50 |
| Separated | 4 | 3.63 |
| Divorced | 3 | 2.72 |
| Husband no at home | 42 | 38.18 |
| Widowed | 6 | 5.45 |
| Total | 110 | 100 |

Table no. 2 shows that the highest proportion of couples (50 percent) lived together. Furthermore 38.18 percent of the respondent's husband was not at home, 2.72 percent had divorced, 3.63 percent had separated and 5.45 percent respondents were widowed.

The above information clarifies that 50 percent of the respondents living together which indicate positive aspect of wife and husband and long lasting life will be growing with smoothly for their bright future.

4.1.4 Caste/ Ethnicity Distribution

The Nepalese caste system is complex and continuous the traditional system of social stratification of Nepal. The caste system defines social classes by a number of hierarchical endogenous group than formed as jat. Nepal consists of four social classes or varna Brahmen, Chhetri, Vaisya and Sudra. The caste ethnicity composition of respondents is given below:

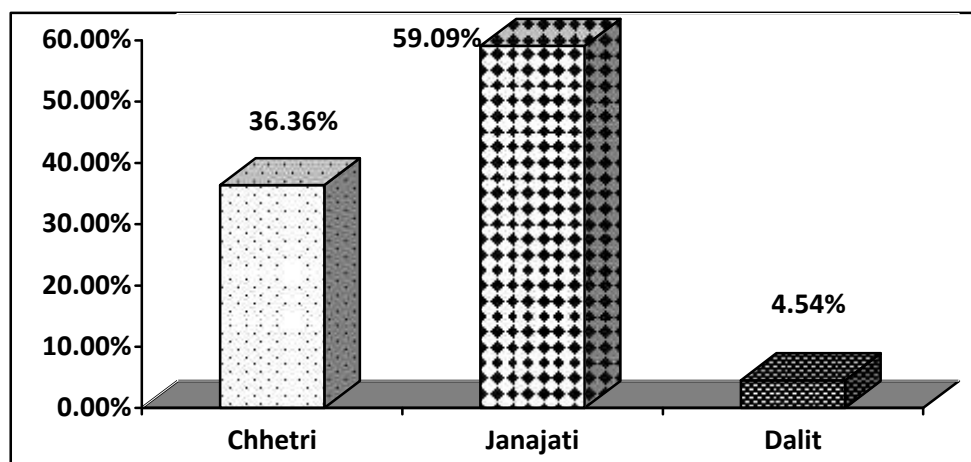
Figure No. – 3: Distribution of respondents by caste

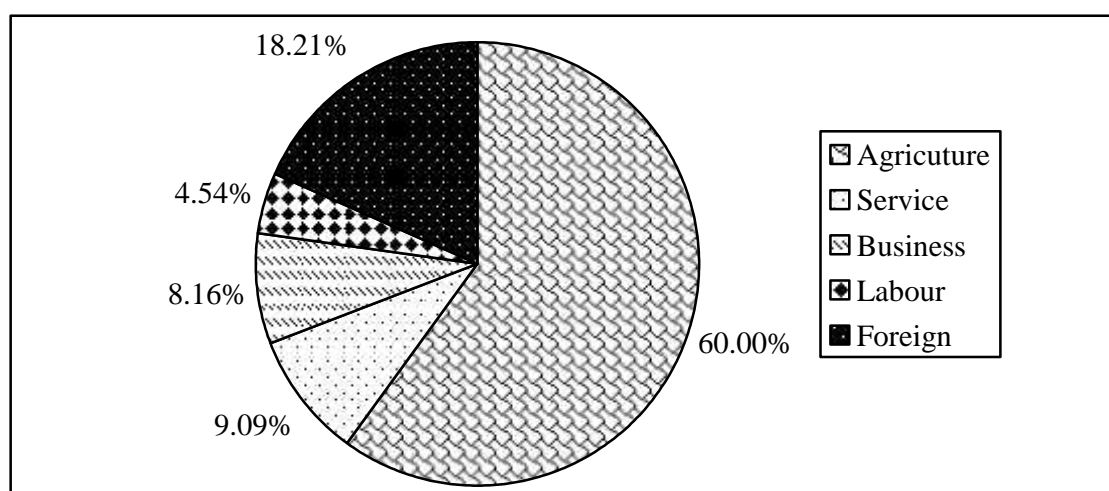
Figure No.– 3 shows that the distribution of respondents by caste/ ethnicity. About one half above 59.09 percent of respondents were Janjati and 36.36 percent of respondents were Chhetri and 4.54 percent respondents were Dalit.

The data analyzed above clearly revealed that Janajati is more than Dalit or Chhetri whose accessibility in local NGO, VDC, Sub-health post, school, college and hospital.

4.1.5 Occupational Status of Respondents

Nepal is agricultural country where 81 percent of total population is engaged in agriculture occupation (NPC 1992) many empirical studies have shown that people who have received higher educational attainment are involved mainly in government service and some kind of business works. Similarly, there who were low-level of education involved in agriculture and labour work.

Figure No. – 4: Occupational status of the respondents



The above figure shows that 60 percent of the respondents were engaged in agriculture. The several largest occupations of respondents was work in foreign country was. Similarly 9.09 percent respondents engaged in service, 8.16 percent respondents were involved in labour and 4.54 percent respondents were engaged in business.

The above information indicates that most of the respondents were dependent in agriculture. They have not permanent source of income. Out of them, some are low paid employees (labour). The researcher also observed that significant number of the respondents busy in unproductive households, low paid jobs and labour etc.

4.1.6 Situation of Education

Education is a third eye of people. Education always plays vital role in all round development in the nation. It is an important indicator of civilizations for society. Literacy means ability of reading and writing. Those who can read and write are called literature. Literacy helps us to attaining social and economical development and of opening the individual the door of innovative ideas and action. Education has been one of the most powerful factors of women empowerment because it enhance the personal, social, economic and political development. The literacy and educational status of the respondents are shows below:

Table No. – 3: Literacy and educational attainment of respondents

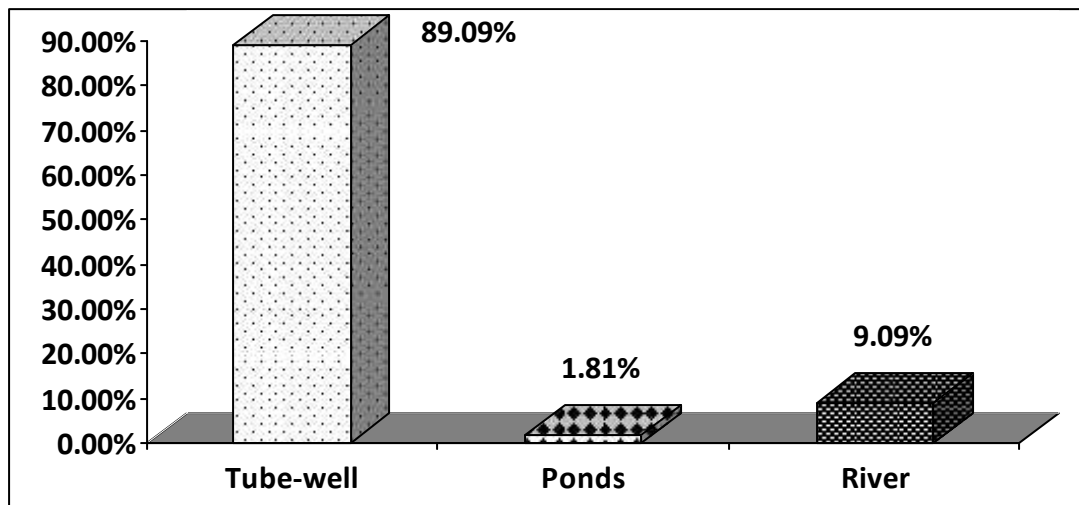
| Educational attainment | Number | Percent |
|-------------------------------|---------------|----------------|
| Literate | 82 | 74.54 |
| Illiterate | 28 | 25.45 |
| Total | 110 | 100 |

The above table shows that majority of respondents were literate which carries 74.54 percent and 25.45 percent respondents were literature. According to above information, we can analyze that half of the above respondents were literate who can read and write easily and maintain their daily life.

4.1.7 Source of Water Supply

Water is very important element of human life. Water gives us energy for living. We need pure water for being healthy. On the other hand it is used in the field to fertilize the food, to cultivate the field and it increases the agricultural development. It is also used in the toilet.

Figure No. – 5: Source of water supply



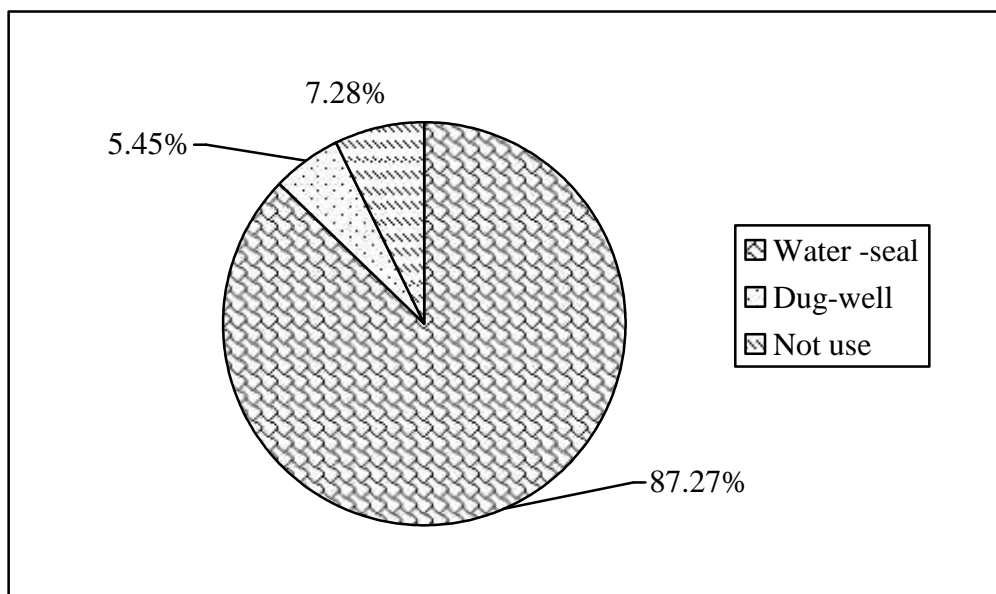
The above figure shows 89.09 percent of the respondents depended in tube-well, 9.09 percent respondents depended in river and 1.81 percent respondents depended in ponds.

The above information clarifies that half of the above respondents had used tube-well which is positive indicator towards the change in behaviour of the society.

4.1.8 Having toilet facility at home

Nepal is a small and poor country. Many people are under the poverty so many people don't have their own toilet in their house. So they use defecation in open places.

Figure No. – 6: Having toilet facility at home



The above figure shows that the number of people who uses toilet were 92.72 percent Out of them 87.27 percent respondents have used water-seal toilet and 5.45 percent of the respondents have used Dug-well toilet in own house. While 7.28 percent of the respondents don't have their own toilet in their houses.

The above figure declare that most of the respondents house had toilet facility, due to literacy, NGO, INGO support, VDC support, are main factor to encourage people to make toilet.

4.1.9 Toilet user and non-user children

Health condition is very different between toilet user and non-user. Regular toilet user's health is very good. The health condition of those people who don't use toilet is very poor. The given table shows about toilet user and non-user of respondents data.

Table No. 4: Toilet user and non-user children

| Description | Number | Percent |
|--------------------|---------------|----------------|
| Yes | 75 | 73.52 |
| No | 27 | 26.47 |
| Total | 102 | 100 |

The above table shows that status of toilet user and non-user children by the respondents. 73.52 percent of the respondents were used toilet their children and 26.47 percent of the respondents did not use to toilet their children.

The data analysis above clarifies that more than half of the above respondents were using toilet.

4.1.10 Places for defecation

Health education is very important factor for human being. It is back bone for living healthy life. Toilet play vital role of human being. Below table shows about places where toilet non-user children go for defecation.

Table No. 5: Places for defecation

| Description | Number | Percent |
|--------------------|---------------|----------------|
| Open place | 17 | 62.96 |
| Field | 4 | 14.81 |
| Khola | 6 | 22.22 |
| Total | 27 | 100 |

The above table shows that 62.96 percent respondents were used in open place, 22.22 percent of the respondents were Khola and 14.18 percent respondents were used field.

The above table clarifies that many children were going open place for defecation, which symbolize the consequences in health related problem like as Diarrhea, Dysentery and Cholera.

4.1.11 Causes not to use toilet

Due to many causes people does not use toilet. Such as economic problem, no habit, causes of culture and no place to make toilet etc. The situation of causes not to use toilet by the respondents is shows below:

Table No. 6: Causes not to use toilet

| Description | Number | Percent |
|--------------------|---------------|----------------|
| No habit | 17 | 62.96 |
| Causes of culture | 10 | 37.03 |
| Others | 0 | 0 |
| Total | 27 | 100 |

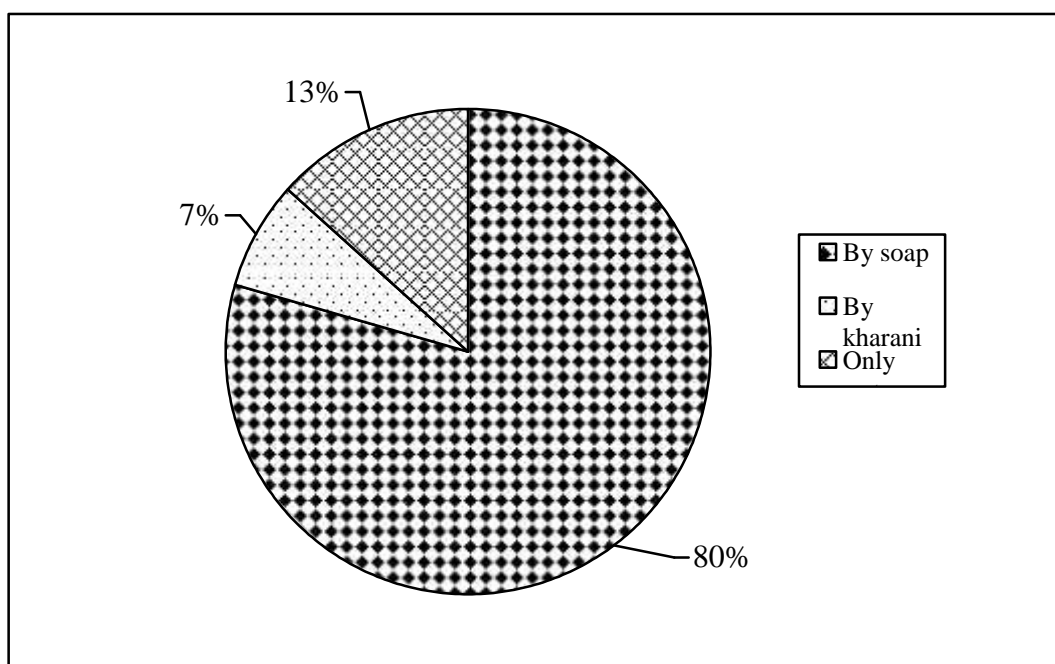
The above table shows that the causes of not to use toilet respondents children. Nearly, more than half percent (62.96) did not use toilet due to not habit. And 37.03 percent respondent did not to use toilet due to causes of culture.

The above table clarifies that many children were not using toilet. It means they were going open place for defecation so they were suffering from Diarrhoea, Dysentery etc.

4.1.12 Wash hands after defecation

We must wash hands after toilet. If we have not washed our hands we were suffering from communicable disease such as Diarrhoea, Cholera, Typhoid etc. The situation of wash hands after toilet by the respondents is shows in below:

Figure No. 7: Wash hands after defecation



Above figure shows that the status of wash hands after defecation. A significant proportion of 77.01 percent of the respondents had used soap after toilet, 14.94 percent of the respondents had used only water and 8.05 percent of the respondents had used kharani after defecation.

The above figure signifies that most of the respondents had used soap after defecation which indicates positive behaviour of respondents and 22 percent respondents did not use soap after defecation which indicate negative behaviour for human activities life.

4.1.13 Information about disease caused by open-defecation

Many disease caused by open toilet like as Diarrhoea, Dycentery, Cholera etc. Disease caused by open-toilet information are given below:

Table No. 7: Information about disease caused by open-defecation

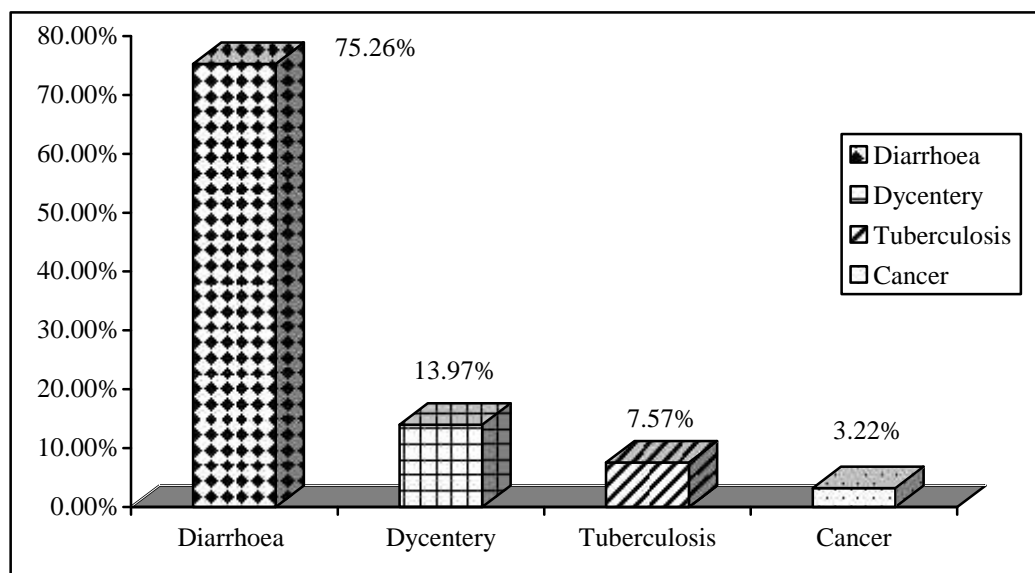
| Description | Number | Percent |
|--------------|------------|------------|
| Yes | 93 | 84.54 |
| No | 17 | 15.45 |
| Total | 110 | 100 |

The above table shows that a large proportion 84.54 percent of the respondents had known about disease caused by open defecation and 15.45 percent of the respondents had not known about disease caused by open defecation.

The above information clarifies that most of the respondents had already known about disease which was caused by open defecation. 15.45 percent respondents had not known about disease caused by open defecation due to lack of education.

4.1.14 Disease caused by open-defecation

Open toilet always harmful for human life. Due to open defecation we were suffering from various types of communicable disease so we should always go toilet for defecation. Below table shows respondents view that disease caused by open toilet.

Table No. 8: Disease caused by open-defecation

The above figure shows 75.26 percent respondents were replied that due to open toilet occurs Diarrhoea. Similarly, 13.97 percent respondents replied Dysentery,

7.57 percent respondents replied Tuberculosis and 3.22 percent respondents replied Cancer due to open defecation.

The above figure clarifies that half of the above respondents had true knowledge about disease caused by open toilet and 11 percent respondents didn't know the name of disease which was caused by open toilet. It signifies the need of awareness program at that community for improve their knowledge related to defecation.

4.1.15 Control the disease by open defecation

Environment and human health status will be clean when we control disease by open-defecation. Then health status of human being is very good when we control the disease by open defecation. The below figure shows that the respondents view that how they control disease by open defecation.

Table No. – 8: Control the disease by open-defecation

| Description | Number | Percent |
|--|---------------|----------------|
| By conducting awareness program | 92 | 83.63 |
| By making a toilet for people by the help of VDC | 18 | 16.36 |
| Others | 0 | 0 |
| Total | 110 | 100 |

The above table shows that the view of respondents that how they control the disease by open defecation. The higher proportion 83.63 percent respondent expressed by conducting awareness programme and 16.36 percent of the respondents expressed by making toilet for the people by the help of VDC.

The data analysis above clearly shows that the higher proportion of the respondents had expressed by conducting awareness programme can control the open toilet. And 16.36 percent respondents had replied that if they get support from VDC they can make defecation.

4.1.16 Learn about awareness program

Every training or programme give us something special knowledge about the particular subject. Those who were involved in toilet training they knew well about the use of regular toilet. The below table shows that what did respondents learn at that program.

Table – 9: Learn about awareness program

| Description | Number | Percent |
|------------------------------|---------------|----------------|
| We must use toilet regularly | 65 | 84.41 |
| We don't use open toilet | 12 | 15.59 |
| Others | 0 | 0 |
| Total | 77 | 100 |

The above table shows that view of respondents which they were learnt at that programme. 84.41 percent respondents were learned about to use toilet regularly and 15.85 percent respondents had learned that don't use open-toilet.

The above table shows that most of the respondents had learnt positive theme about use of toilet due to their broad thinking and long lasting analyzing power related to awareness program.

4.1.17 Co-operation and aspect from VDC/NGOs

VDC/NGOs are help people for many problem about toilet facilities. Many people were not making the toilet because the lack of money and technical support. VDC/NGOs were supported by the people and they make the toilet and they were using regularly. The available information is given below:

Table No. 10: Co-operation and aspect from VDC/NGOs

| Description | Number | Percent |
|--------------------|---------------|----------------|
| Yes | 93 | 84.54 |
| No | 17 | 15.45 |
| Total | 110 | 100 |

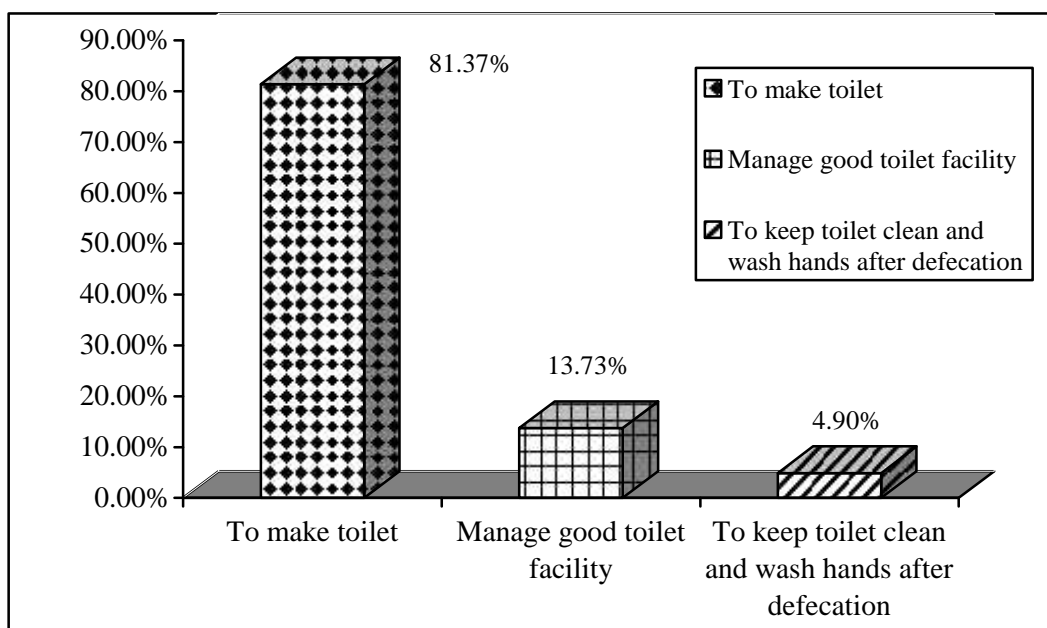
The above table shows the status of co-operation from the VDC/NGOs. A large proportion 84.54 percent of the respondents had expected support from VDC/NGOs and 15.45 percent of the respondents had not expected support from VDC/NGOs support. The respondents had expected from VDC/NGOs support among them some respondents were expressed economic help, some respondents had expressed the technical support and some respondents had expressed given them suggestion.

The above table declares that most of the respondents had expected support from VDC/NGOs because of the poverty. If they had been helped by VDC with economic support I think they maintain their daily life.

4.1.18 Suggestion for other open-toilet user

People can give positive suggestion for another open-toilet user. Open-toilet causes effect on our health and environment. We should always wash hands and use a lot of water after defecation as well as clean toilet daily.

Figure No. 9: Suggestion for other open-toilet user



The above figure shows that the status of positive suggestion for other open-toilet user. The higher proportion 81.37 percent of the respondents had suggested to make toilet, 13.73 percent of the respondents had suggested manage good toilet facilities and 4.90 percent respondents had suggested to keep toilet clean and wash hand after defecation.

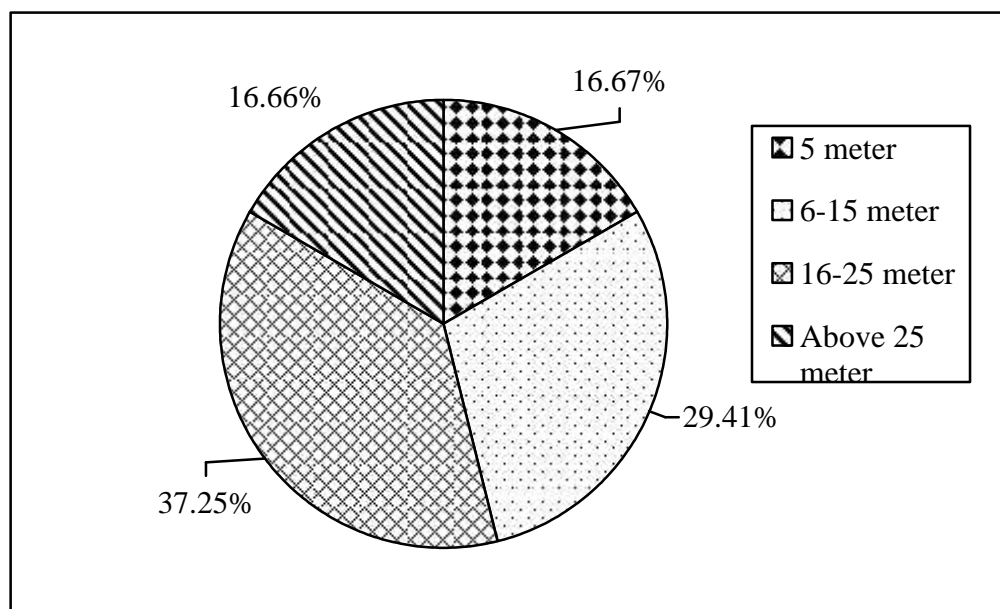
The above figure clarifies that most of the respondents had suggested for other open toilet user to make toilet as well as soon possible. It means respondents were aware about sanitation which is shown by their daily activities.

4.1.19 Distance between toilet and tube-well

Toilet is very necessary things for human life. Similarly, tube-well play vital role to get energy for human life. Tube-well and toilet both are important so some distance may occur among two factor for the human life health condition. If we don't

maintain distance between tube-well and toilet it is going to spread with contaminated water and stool after that we were suffering from many disease. Available information is given below:

Figure No. 10: Distance between toilet and tube-well



The above figure shows that the distance between tube-well and toilet. 16.66 percent of respondents had 5 meter distance between tube-well and toilet, 29.41 percent of respondents had 6-15 meter distance. Similarly, 37.25 percent of the respondents had 16-25 meter distance between tube-well and toilet and 16.66 percent of respondents had above 25 meter distance between tube-well and toilet.

The above figure clarifies that most of the respondents had not maintained well distanced between tube-well and toilet as standard required. So if we do not maintain distance them due to nearest tube-well and toilet had contaminated with each other after that people are suffering from many types of communicable diseases.

4.1.20 Size of land holding

Land is also important factor for human health condition. It signifies good or bad health of particular person or family. If person have a lot of land then he/she maintain the distance between tube-well water and toilet otherwise he/she does not maintain distance and suffering from many health problem due to lack of land. Available information is given below:

Table No. 11: Size of land holding

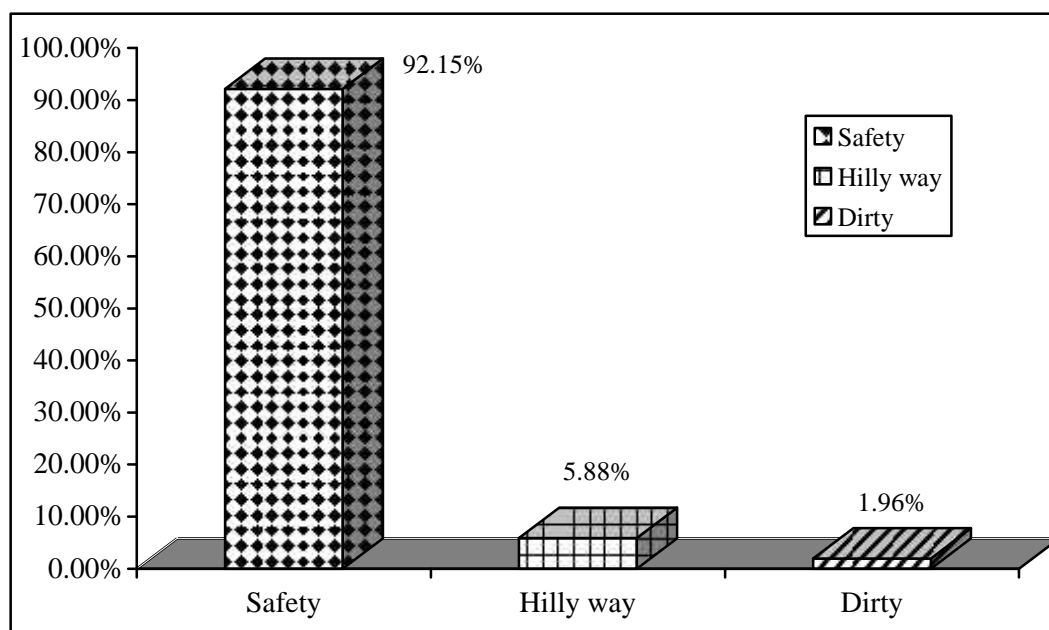
| Description | Number | Percent |
|--------------------|---------------|----------------|
| Less than 20 dhur | 35 | 31.81 |
| 2 to 5 kattha | 25 | 22.72 |
| More than 6 kattha | 10 | 9.09 |
| Sukumbashi/no land | 40 | 36.36 |
| Total | 110 | 100 |

The above table shows the status of land of respondents. 31.81 percent of respondents have got less than 20 dhur land, 22.72 percent of respondents have got 2-5 kattha land, 9.09 percent of respondents have got more than 6 kattha similarly 36.36 percent of respondents had not land means they have sukumbashi. In spite of sukumbashi they were maintain distance between tube-well and toilet.

The above table clarifies that most of the respondents had not enough land to maintain the distance between tube-well and toilet. Only 32 percent respondents had available sufficient land which is required for daily human activities life.

4.1.21 Condition of way to go toilet

Clean and clear environment prefer good health condition. We should always clean or wash toilet after defecation so we need sanitation tools like brush, harpic, phenyle etc. Researcher went to respondents house and observed about it which is given below:

Figure No. 11: Condition of way to go toilet

The above information shows that 92.15 percent of respondents house condition of way safety to go toilet. 5.88 percent respondents house condition of way hilly to go toilet and 1.96 percent of respondents house dirty way to go toilet.

The above figure clarifies that half of the above respondents had safety place to go toilet which indicates positive behaviour but about 8 percent of the respondents had hilly or dirty place to go in toilet which indicate negative health behaviour practice.

4.1.22 Available of separate slipper in toilet

Slipper is also important things for toilet. Separate slipper play vital role to protect from disease. If we didn't use separate slipper it will be harmful for our health so we should always use slipper. Researcher went to respondents house and observed about the available of separate slipper which was given below:

Table No – 13: Available of separate slipper in toilet

| Description | Number | Percent |
|--------------|------------|------------|
| Yes | 37 | 36.27 |
| No | 65 | 63.73 |
| Total | 102 | 100 |

The above table shows about status of separate slipper in toilet. 36.27 percent respondents had available separate slipper and 63.73 percent respondents had not separate slipper. Those who don't use separate slipper of respondents percentage is more than separate slipper user percent.

It signifies that bacteria, fungus or dirty things spread with the help of toilet user's slipper which is harmful for them.

4.2 Major Findings

1. About 51.81 percent of the respondents were in age group of 18-39 years and 41.81 percent of the respondents were in the age group of 40-59 years and 6.36 percent of respondents were in the age group of 60 and above years. A significant percentage of the respondents 51.81 percentage of respondents were in age group of 18-39 years.
2. About 72.72 percent performed arrange marriage, 24.50 percent performed love marriage. Similarly, 2.72 percent performed court marriage.
3. About one half above 59.69 percent of respondents were janjati and 36.36 percent of respondents were chhetri. Similarly, 4.54 percent respondents were Dalit.
4. Sixty percent of the respondents were engaged in agriculture. The second large occupation of respondents was work in foreign country. Similarly, 9.09 percent of respondents engaged in service, 8.18 percent respondents were involved in labour and 4.54 percent respondents were engaged in business.
5. Majority of respondents were literate which carries 74.54 percent and 25.45 percent respondents were illiterate.
6. There were 92.72 percent respondents have own toilet and 7.27 percent of respondents had not own toilet.
7. About 73.52 percent of the respondents children were used toilet and 26.47 percent of the respondents didn't used toilet their children.
8. Nearly more than half percent (62.96 percent) of the respondents had not use toilet due to not habit and 37.03 percent of respondents had not used to toilet due to cause of culture.
9. About 77.01 percent of the respondents had used soap for hand wash after defecation, 14.94 percent of the respondents used only water and 8.05 percent of the respondents had used kharani after use of toilet.

10. Large proportion 84.54 percent of the respondents had known about diseases caused by open defecation, 15.45 percent of the respondents had not known about disease caused by open defecation. Among them 75.26 percent respondents were replied that due to open defecation occur diarrhea, similarly, 13.97 percent respondents replied dysentery, 7.57 percent respondents replied tuberculosis and 3.22 percent respondents replied cancer due to open defecation.
 11. The higher proportion 83.63 percent respondents had expressed by conducting awareness program, 16.36 percent respondents had expressed by making toilet for people by help of VDC.
 12. A large proportion 84.54 percent of the respondents had expected support from VDC/NGOs and 15.45 percent of the respondents had not expected support from VDC/NGOs who were support from VDC/NGOs among them 84.94 percent had expected economic help, 11.82 percent respondents had expected the technical support, and 3.22 percent respondents had expected suggestion support.
 13. The higher proportion 75.45 percent of the respondents had suggested to make toilet 12.72 percent of the respondents had suggested manage good toilet facility, 7.27 percent of the respondents suggested to use a lot water after toilet, and 4.45 percent respondents had suggested to keep toilet clean and wash hands after defecation.
 14. About 16.66 percent respondents had 5 meters distance between tube-well and toilet, 29.42 percent of respondents had 6 -15 meter distance. Similarly, 37.25 percent of respondents had 16-25 meter distance between tube-well and toilet and 16.66 percent of respondents had about 25 meter distance between tube-well and toilet.
- About 92.15 percent of respondents house condition of way safety to go toilet, 5.88 percent of respondents house condition of way hilly to go toilet, and 1.96 percent respondents house dirty way to go toilet.
- About 36.27 percent respondents have available separate slipper and 63.72 percent respondents had not separate slipper.

CHAPTER – V

SUMMARY AND RECOMMENDATION

5.1 Summary

This is study of Pakali VDC of Sunsari district. This study is specially for Pakali ward no. 4 and 5. This study was field based with primary data most of the respondents were found agriculture as main occupation. Economic condition of respondent was medium. Most of the respondent husband was engaged in foreign country and most of the respondents were literate.

In the situation of human development, this study was unique to its own type in its work place and also have enhanced the health promotion of the people. People don't expect proper understanding of toilet use for the community. Their knowledge was also good as per world-wide concept of accessibility of toilet facility. They had some less information about promoting their own health in community. Through they were aware of their own health to be improved. They were known how to utilize the toilet except eight family. Some of the people didn't find their VDC support in making toilet for promoting their health.

There were same healthy practices among many people but in some cases and some family were lack of better health practice and toilet use. Half of the above respondents were educated so this VDC performed as educated VDC. It is conclude that situation of understanding and practice of people in toilet use in this community condition is found to be satisfactory but required some research and proper change of the situation through health village policy and inclusion of community strategies at the village study area.

5.2 Recommendation

Researcher had come with some recommendation to increase awareness program in about toilet used community. Some specific recommendation made are as follows:

5.2.1 Policy related recommendation

1. Awareness plays an important role in accessibility and management of toilet. The awareness level of majority of the respondents was found to be medium. Therefore government of Nepal can play and implement program to enhance the awareness about accessibility and management of toilets and its impact.

2. Dalit community was very low participated awareness programme to make toilet so this thesis mainly focus the government of Nepal to fulfill about the accessibility and management of toilet.
3. Education plays an important role about use of toilet and its good management of the literate person was found to make toilet and its regular use. Therefore, the government should have encouraged people to make a toilet by giving a awareness programme related of toilet. Nowadays, water resources are disappeared day by day. Population is growing rapidly. There was not enough water available easily in community. Government/NGOs should make available tap and tube-well in such community.
4. Occupational status of the respondents were affected in accessibility and management of toilet facility, therefore government should provide awareness program related to toilet facility and its impact.

5.2.2 Practice related recommendation

1. People should be given awareness programme about accessibility and management of toilet use with the help of road drama shows.
2. People should be given the different opportunities. They should reach in decision making levels. They should actively take part in sanitation based activities programme.
3. Government should bring strong law and implement to celebrate national sanitation week practically among the people for the use of toilet and its good result.
4. Local NGOs should organize appropriate training about effects of open defecation.

5.2.3 Recommendation for the further research

1. This type of study should be conducted to find out awareness level about toilet use.
2. This study would be more effective in other community and backward society.

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APPENDIX - I

Effectiveness of Accessibility of Toilet Facility and Its impact on health

Interview Schedule

Name (head of the family):-_____

Name of respondent:-_____

Age of respondent:-_____

Religion:-_____ Education:-_____

Occupation:_____ Sex:-_____ Marital
status:-_____

Address:-District:-_____ V.D.C.:-_____

(A) Status of Toilet Facility of the Respondents

(1) Do you have accessibility of toilet?

- a) Yes b) No

(2) Where is the location of toilet?

- a) within the house b) Outside of the house

(3) Do you know about the toilet management?

- a) Yes b) No

(4) If yes, what do you understand about management of toilet?

- a) How to make toilet b) How to use toilet
c) Both d) Other

(5) Do you know about diseases cause by open defecation?

- (a) Yes (b) No

(6) What should be effort to do O.D.F. in this community?

(7) Do you use a lot of water in a toilet?

- a) Yes b) No

(8) How many times do you wash/clean your toilet?

- (a) 1 (b) 2 (c) 3 d) 4

(9) Do you have separate slipper in your toilet?

- a) Yes b) No

(10) Do you have basin to wash your hands after defecation?

- a) Yes b) No

(11) Do you have tube well / Tap on your house?

- a) Yes b) No

(12) If no, from where do you bring water?

- a) Pond b) River
- c) Neighbour's home d) Other

(B) Health Status Between Toilet User and Non-user of Respondents.

(1) Do you have toilet in your house?

- (a) Yes (b) No

(2) If yes, which type of toilet do you have?

- (a) Borehole (b) Dug well
- (c) Water seal (d) Other.....

(3) Do your children use toilet?

- (a) Yes (b) No

(4) If not, why they don't use?

- (a) No habit (b) No culture
- (c) No plan to make toilet d) No water facility

(5) If no, where they go for defecation?

- (a) Open place (b) Field (c) River side

(6) Do you know effects on your health due to open toilet?

- (a) Yes (b) No (c) Other.....

(7) From which source do you collect water for toilet use?

- (a) Tap (b) Pond
- (c) Tube well (d) River

(8) Do you wash your hands after toilet?

- (a) Yes (b) No

(9) If yes, what do you use to wash your hands?

- (a) By kharani (b) By soap
- (c) By only water (d) Other.....

(10) Do you wash your legs after toilet?

- (a)Yes (b) No

(11) Do you know about diseases caused by open defecation?

- (a) Yes (b) No
- (12) Which one is the main disease caused by open defecation?
 (a) Cancer (b) Diarrhea
 (c) Tuberculosis (d) Asthma
- (13) How to control the disease by open toilet?
 (a) To use regular toilet (b) Don't use toilet
 (c) Use to open toilet (d) Others.....
- (14) What is main occupation of your family?
 a) Agriculture b) Business
 c) Politics d) Other.
- (15) Do you have a loan?
 a) Yes b) No
- (16) How much land do you have?
 a) Less than 20 dhur b) 2 to 5 kattha
 c) More than 6 kattha d) Sukumbashi / no land

(C) Awareness Program to Encourage People about the Use of Toilet of the Respondents

- (1) Is there any programme conduct about toilet?
 a) Yes b) No
- (2) Do you attempt any awareness program for use of toilet?
 (a) Yes (b) No
- (3) If yes, how many program do you have attempt?
 (a) Only one (b) Two
 (c) More than two
- (4)What do you learn at that program?
 (a) We use toilet regularly (b) We don't use toilet
 (c) We use open toilet
- (5) Do you want to join another awareness program for toilet use?
 (a) Yes, of course (b) No, not join
- (6) In your view how to control the open toilet?
 (a) By conducting awareness program
 (b) By making a toilet for people by the help of V.D.C.

(7) Did you have the good co-operation from V.D.C./NGOS to make toilet?

(a) Yes

(b) No

(8) What do you expect from V.D.C./NGOS?

(a) Economic help

(b) Technical help

(c) Suggestion help

(d) Other.....

(9) What do you suggest to other open toilet user?

(a) To make toilet

(b) Manage good toilet facility

(c) To use a lot of water in toilet

(d) To keep toilet clean and wash hand nicely after defecation

(D) Observation Checklist

(1) Distance between tube well and toilet.

(a) 5 meter

(b) 5-15 meter

(c) 15-25 meter

(d) Above 25 meter

(2) Condition of way to go toilet.

(a) Safety

(b) Hilly way

(c) Dirty

(3) Availability of sanitations tools in toilet.

a)

b)

(4) Amount of water used in toilet.

(a) A lot of

(b) Little

5) Available of soap for toilet.

a) Yes

b) No

6) Condition of nails.

a) Clean

b) Dirty

7) Using Slippers in the toilet

a) always

b) Sometimes

c) Never

8) Available of light in the toilet

a) Yes

b) No

9) Available of basin to wash hands after defecation?

a) Yes

b) No

10) Available of separate slippers for toilet?

a) Yes

b) No