

8 2 2

I N M A 8 6

July '86
5273

RESEARCH CENTRE FOR WOMEN'S STUDIES

LIBRARY
INTERNATIONAL REFERENCE CENTRE
FOR COMMUNITY WATER SUPPLY AND
SANITATION (IRC)

The Social Feasibility Study in
the Role of Women in Rural Sanitation
(Report of the study in Four Villages
of Maharashtra State)

By

Veena Sundararaman

Sponsored by
The United Nations Development Programme

822-5273



THE PROJECT TEAM

Project Coordinator	Ms. Veena Sundararaman
Research Associates	Ms. Mandakini Kirtikar Ms. Raksha Parekh
Research Officer	Ms. Amita Deshmukh
Resource Persons	Dr. Saroja Ramachandran Ms. Rajkamal Potdar
Office Assistant	Ms. Kirti Patel
Consultants	Dr. Neera Desai Dr. Maithreyi Krishnaraj

LIBRARY, INTERNATIONAL REFERENCE
CENTRE FOR CLEAN AND WATER SUPPLY
AND SANITATION
PO. BOX 17, 3720 THE HAGUE
TEL (070) 3 11 41 41/42

ISBN 5273
LO: 822 INMA 86



C O N T E N T

	Page
I. Introduction	1-12
II. Methodology	13-24
III. Interaction in the villages	25-183
Village Chandeeep	25-75
Village Navli	76-129
Village Mazagoan	130-170
Village Khanapur	171-183
IV. Discussions on some crucial issues	184-238
V. Recommendations	239-248.



- 1 -

Foreword

The Technology Advisory Group (TAG) and the World Bank, were looking for an appropriate agency which would undertake a social feasibility study for promoting women's involvement in rural sanitation as part of a low-cost sanitation programme in India during the International Water and Sanitation Decade. The objective was not merely the implementation of the sanitation programme i.e. promoting low-cost latrines, but to explore the possibilities of involving women in the task of rural hygiene. Thus it was a project which had simultaneously both research and action as objectives. The Research Centre on Women's Studies of the SNDT University, which has devoted itself to research on women for the last eleven years, was approached as the most appropriate institution for a research cum action project. We at the Centre were interested in a social feasibility study that would give us better understanding of women's issues in development programmes. When we agreed to the proposal we were **aware of the heavy responsibilities** laid on us, as the project was expected to yield a methodology that would be a model for conducting other social feasibility studies in other areas of the country. The entire exercise spanning three levels, namely research, community participation and action had indeed been a

- | -

FORWARD

As a result of consultations between the UNDP/PROWESS project for "Promoting of the Role of Women in Water and Environmental Sanitation", the Technology Advisory Group (TAG) of the World bank and the Government of India, it was decided to seek out appropriate agencies to undertake social feasibility studies for promoting women's involvement in rural sanitation as part of a low-cost sanitation programme in India during the International Drinking Water and Sanitation Decade. The objective was not merely the implementation of the sanitation programme, ie. promoting low-cost latrines, but to explore the possibilities of involving women in the task of rural hygiene. Thus it was a project which had simultaneously both research and action as objectives.

Rather than undertake social feasibility studies in all four major regions of the country simultaneously, it was agreed to begin with the Western region in the Maharashtra State. The Research Centre on Women's Studies of the SNDT University, which has devoted itself to research on Women for the last eleven years, was approached as the most appropriate institution for conducting the study in Maharashtra. We at the Centre were interested in a Social Feasibility study that would give us better understanding of women's issues in development programme. When we agreed to the proposal we were aware of the heavy responsibilities laid on us, as the project was expected to yield a methodology that would be a possible model for conducting other social feasibility studies in other areas of the country. The entire exercise spanning three levels, namely research, community participation and action had indeed been a challenge. This report describes in detail the research process starting from the formulation of research to the final implementation of the scheme in the selected villages.

A project which combined research and action and spread over different parts of a large state, could not have been completed without the active co-operation and collaboration of various persons and agencies. It may be difficult to mention all those who helped us, but we would be failing in our duty if we do not mention a few who have been really responsible for the completion of critical phases of this project.

We are thankful to the UNDP and the TAG for giving us the opportunity of conducting such a multifaceted rural project. We are grateful to Ms. ^{Sarah} Timpson, project Manager, UNDP/PROWESS, New York, for funding the project. We also record with gratitude the opportunity we got to discuss some of the research questions at a crucial phase of the project with Dr. Lyra Srinivasan during two brief monitoring visits to Bombay. Ms. Jennifer Haslett, Assistant Resident Representative of UNDP at New Delhi helped us with source materials and useful suggestions.

challenge. This report describes in detail the research process starting from the formulation of research to the final implementation of the scheme in the selected villages.

Originally planned to be undertaken in three states, the project was eventually restricted to one state - Maharashtra - for the purpose of evolving a methodology for social feasibility studies. A project which combined research and action and spread over different regions of the state, could not have been completed without the active co-operation and collaboration of various persons and agencies. It may be difficult to mention all those who helped us, but we would be failing in our duty if we do not mention a few who have been really responsible for the completion of critical phases of this project.

We are thankful to the authorities of UNDP and the TAG for giving us the opportunity of conducting such a multifaceted rural project. We also record with gratitude the opportunity we got, by a lucky chance, to discuss some of the research questions at a crucial phase of the project, with Dr. Lyra Srinivasan, who happened to pass through Bombay then. We are grateful to Ms. Sarah Timpson, project manager, UNDP, New York, for processing the grant speedily. Ms. Jennifer Haslett, Assistant Resident Representative of UNDP at

New Delhi helped us with source materials and useful suggestions.

Mr. S.T. Khare and Mr. V.R. Iyer have been instrumental in initiating us in this project. Mr. Khare especially, we continually besieged with various technical and other problems, and he never failed to sort out things for us. We are indeed grateful to Mr. Khare and Mr. Iyer for everything they have done for us. The latrine construction being the focus of the action programme, the role of engineers was crucial. M.H. Shevde, D.K. Bhasale, A.S. Pravid, R.M. Acharya, Kulkarni, L.V. Maradia of the Department of Environmental Engineering have willingly extended us support and we benefited a lot from their expertise. We express our heartfelt thanks to them.

Rural sanitation has to be implemented through the participation of the rural community. The support of the Sarpanch (village leaders) and other officials such as those of the Executive Engineer's office in charge of government guest house accommodation was imperative right from getting minimum facilities like a place to stay to the convenience of a jeep to reach out to far off and difficult places. For providing all these facilities, we are grateful to all of them including Mr. Sakharam, the caretaker at Mazagaon

guest house. We are also glad to record that though some of them in the beginning were a bit sceptical, very soon they thawed enough to give unstinting support.

The linch pin of the study was naturally the research team. The team was ably directed by Ms. Veena Sunderraman who took immense pains to keep a balance between research and action. She was often overwhelmed with one or the other; she also faced various tensions inevitable in managing various responsibilities. We record our appreciation of the way Veena shouldered the task. Her teammates Ms. Mandakini Kirtikar and Raksha Parikh were able supports in field work. They raised issues at the main office after every village visit which enabled suitable revisions in the plan of action. Ms. Amita Deshmukh deserves our thanks for taking up the full responsibility of one of the villages. This village turned out to be also the place which had a full fledged NGO working in the village for a long time. No words of gratitude will suffice to indicate the role played by resource persons, Dr. Saroja Ramachandran and Ms. Rajkamal Poddar. They have been the real links between us and the village community; without their continuous support, involvement and knowhow, we would have found it really difficult to move with the needed speed in the study. We are grateful

to both of them for all their help. Ms. Kirti Patel, the office assistant had the job of not only looking after the administrative details, but also that of managing the finance. We sincerely thank and congratulate the entire research team. There were other colleagues like Ms. Kumud Shanbaugh whose advice and suggestions were freely drawn upon.

When we planned the project we had expected that the report would be completed in a few weeks time. However as the project progressed and the material poured in, filling up diaries, we realised that it would take much longer. We had to have a team of typists who could handle the job with speed and efficiency. Our grateful thanks to Mr. P. Narayanan and Mr. B. Mankodi for taking up the challenge of typing various drafts of the report. Mr. Sunder Pujari's willingness to undertake all errands connected with the project was a source of comfort. Mr. Parikh of Parikh Trading Co. is used to working with us on last minute assignments. We thank him for his help in printing. No words of thanks can adequately convey the painstaking effort of Ms. Usha Lalwani in getting the report ready for final reproduction - the copy editing, the proof reading, the rush between different offices for duplication, and all the nitty gritty details. Her inexhaustible patience and cheerfulness kept up everyone's

morale as each deadline passed. Truly the whole project was the culmination of team work and team spirit.

We also take this opportunity of expressing our deeply felt gratitude to the Vice Chancellor, Dr. Jyoti Trivedi and the University authorities for providing various facilities that lightened our task.

We are presenting this report in the hope that not only will our experience with participatory research cum action with the women of lower classes be helpful to the other researchers but we believe that it may provide some hints to planners and the funding agencies on how important it is to ponder over the structural features of a society before introducing a scheme. For us it was both challenge and achievement.

Neera Desai

Maitreyi Krishna Raj

1st July 1986.

INTRODUCTION

The present study proposes to fulfil three major objectives viz. (i) Examine factors that influence the feasibility of the sanitation programme in the present context, construction of low cost toilets in rural areas; (ii) Provide insights into the potential role of women in rural sanitation, as could be gauged from the actual implementation of a particular sanitation programme and (iii) evolve a methodology for carrying out feasibility studies that centre around the active participation of the community especially women.

It has now been recognized that Development programmes, all the world over, have so far, neglected involving women's participation in action projects. During the International Decade on the drinking water supply and sanitation programme, efforts have just begun to discover ways and means to integrate women into the main stream planning and implementation in sanitation. Such programmes have only touched the proverbial tip of the iceberg. In this background, present study acquires significance. Recognition of the need to involve women in a programme is the first step; however, it is equally important to find out what are the factors that come in the way of women's participation and also facilitate their involvement.

At the beginning of the International Drinking Water Supply and Sanitation Decade (IDWSSD) in 1981, only 0.5 per cent

of the rural population in India had access to sanitary facilities for disposal of human waste. In other words, approximately 522 million people in rural India were defecating in open spaces. Soil and water pollution was widespread. The resultant rampage of diseases ranging from diarrhoea to cholera has been fairly well documented.

During the pre-independence period Mahatma Gandhi had laid immense stress upon improving the state of sanitation in villages of India. An important dimension of his programme involved ascribing dignity to the menial work of cleaning latrines. In the caste structure of Indian society removal of waste like faeces was the task of a sweeper caste known as 'Bhangi'. Because people from this caste did the dirty job, they were considered lowliest of the low and 'untouchable' by upper castes. Gandhiji, amongst his many constructive programmes, made great efforts to raise the status of these untouchables. He gave them the nomenclature of 'Harijan', meaning 'people of God'. Along with his devoted workers Gandhiji tried to remove the stigma attached to this work by making it obligatory for all those who were living in the 'ashrams' - higher or lower caste - to clean latrines. During the pre-independence period as well as post-independence, in India there have been other social workers exploring

health and hygiene issues with rural people. During the last two decades moreover, research on suitable latrine technology and latrine promotion programmes have been given importance. However, no study has been undertaken to understand the socio-cultural belief systems, inhibitions and behavioural practices that influence sanitation in rural India

The Indian rural society is not merely not homogenous, but is a hierarchically organized community. Caste groupings with their strict rules about interpersonal behaviour and interaction are still prevalent. A sanitation project cannot, therefore, ignore the socio-cultural context of commensuality. Furthermore caste and class elements get intertwined, resulting in a pattern where the upper strata of rural society gets major benefits from development programmes. Recognizing this state of social reality special efforts should be made to get the participation of the various groups in rural society. A vital component of involving the diverse rural groups in a sanitation project is the encouragement of women's participation. Besides rigid socio-cultural structure and the persistence of age-old sanitary practices, partial modernisation has brought

with it the phenomena of urban sprawl, rural-rural and rural-urban migration. These have resulted in overcrowded settlements, and shortage of living space.

Absence of the latrine facility in particular is so entrenched both physically and psychologically in a large part of the rural community that the need is very often not even felt. It is a sorry state of affairs when concrete houses in rural India are constructed in this day and age with no provision for latrines!

There is little substantive information available on precisely in what capacity women can be involved in rural sanitation in India. In order to arrive at an understanding of the complex network of factors that affect their participation, rural women must be made part of the research and action process.

Apart from the fact that rural women's attitudes will determine the effective implementation of a sanitation programme, they have a crucial role in inculcating hygienic habits in children and keeping their environment clean. These are women's traditional responsibilities and hence they ought to be major participants in any sanitation project. While the needs and socio-cultural

situation of local people should be an important determinant for a scheme there are three important 'agents' instrumental in deciding the efficiency of a rural sanitation programme that seeks to concentrate on women's involvement. The interrelationship of these three forces affects the degree of local participation.

- A) Government perspective and the power of political groups concerned.
- B) The presence of a Non-Governmental Organization in the project, and its principles of operation.
- C) The involvement of a catalyst or facilitator to liaise between the Government, NGO and village community. Issues that emerge in relation to each of these three determining influences of a viable sanitation programme are dealt with through the course of this report.

Some of the specific issues explored are as follows:

- (i) to obtain some idea of women's attitudes and practices with regard to health and hygiene;
- (ii) priority accorded to latrines as compared to other needs;

- (iii) traditional defecating practices (and cultural beliefs, if any, that especially pertained to women);
- (iv) socio-economic status, education and other factors that could determine response to sanitary concepts and facilities;
- (v) positive and negative local socio-cultural patterns that would support or counter an effective sanitation plan;
- (vi) women's strengths and weaknesses as determined by their roles and status in the family and community;
- (vii) views of the community on various aspects connected to a latrine-construction plan such as voluntary labour, latrine sharing arrangements, maintenance and repairs etc.

Realizing the importance of ensuring continuity to the awareness raised in the community through this study, the possibility of local Non-Governmental Organizations conducting follow-up activities in the areas were also examined.

Selection of the Villages:

Four main criteria determined this selection:

- a) Water supply sufficient to support the promotion of low-cost latrines.
- b) Accessibility in terms of travel.
- c) The presence of possible persons or agencies that could assist in establishing rapport with the villagers and could undertake follow-up work.
- d) Lack of adequate number of latrines in the village.

Three districts were selected - Thane, Sindhudurg, and Pune - to offer a diversity geographically, culturally, and in level of urbanisation.

In Thane district - Chandeep village from Bassein taluka (sub-district) and Navli village from Palghar taluka, were selected mainly for their NGO connection. In Sindhudurg district Mazagaon village from Sawantwadi taluka and in Pune district Khanapur village in Haveli taluka fitted in with the above mentioned requirements to varying degrees.

The National Student's Service League of Ramnarain Ruia college in Bombay (which is an affiliated college to the University of Bombay) has adopted the village of Chandeeep and has been conducting work camps there for several years. They have established a youth organization in the village, which, we felt, be a useful extension agent. Having entered the community through this group greatly facilitated the rapport-building process. Professor Saroja Ramachandran from this college has been actively assisting in the study. In areas surrounding the village of Navli the Nursing college of SNDT Women's University has been engaged in community health camps. The village has given three acres of land to the University upon which a hostel is under construction from where students can conduct multifarious development activities. The relatively easy acceptance of the researchers by the community here as in Chandeeep was wholly due to the contact previously established by the resource person in the Nursing college, Ms. Rajkamal Potdar.

It was initially suggested that atleast one village be considered from amongst those covered under Project No. IND/84/016 (Feasibility Study Based on Demonstration Schemes for Sanitary Latrines in Rural India). This meant that atleast one village of the four in our study would have the guaranteed construction of 7 demonstration and

50 individual latrines. The village Mazagaon was selected from the list of intensive coverage villages provided by the State Government. The fact that this was the home village of the State Government Health Minister Mr. Bhai Sawant also partly motivated our choice. We hoped to be assured of Government support as well as to be able to study Government mechanisms better.

The selection did provide a basis for an interesting comparative analysis of the scope of feasibility assessment strategies in varied situations.

The researchers visited three of seven villages suggested within the original UNDP operation area in Pune district to select what, from our point of view, offered a good choice. But on account of their difficult access and urban influences such as constant influx of 'outsiders' into the village, none of these could be taken up for the study. Khanapur, the village finally decided upon, turned out to be a positive decision as it has an active local voluntary organisation - the Sahyadri Vikas Mandal, run by social workers Dr. and Mrs. Modak. This presented considerable scope for an extended sanitation programme within that community.

Major Features of the Latrine Construction
Schemes Linked with the Present Study

A project on Rural Sanitation sponsored by the Government of India and assisted by UNICEF and UNDP was initiated in June 1984. The executing agency for the Project was the World Bank through its Technology Advisory Group (India). As part of this project, a sanitary latrine construction programme was proposed on a demonstration basis in rural areas of 13 States, as a prelude to a large programme envisaged in the Decade plan. About 3,600 villages in these 13 States were to be provided with 7 demonstration units each. In addition to this, about 240 villages were to be selected out of the project villages for intensive coverage.

About 50 latrines would be given to each of the intensive coverage villages.

Of the demonstration units, one each would be located in the village nursery, Rural Health Centre, Primary School and the Panchayat Office, wherever they existed. These units were to be fully funded by UNICEF. Another three units, which would be constructed in the houses of the sanitation volunteers to be selected for the promotion of the programme, were also to be assisted by UNICEF upto

40 per cent of the total cost of the complete unit (expected to have a cheap superstructure). The sanitation volunteers would be selected from women, social workers, 'Anganwadi' (pre-school centre) workers, health centre staff, school teachers, masons or other suitable and willing persons. The units were to be constructed in their individual houses for demonstrating the actual construction and use. The balance cost of the three units in individual households were to be divided as follows :

State Government	:	50 per cent
Beneficiary	:	10 per cent

In the scheme of 50 additional units in 240 selected villages, once again UNICEF would bear 40 per cent of the total cost of a latrine and the balance 60 per cent would be shared by beneficiaries and State Government as mentioned above.

The present feasibility study was initially linked with the scheme of 7 demonstration units, which were to be constructed as model latrines in the four selected villages.

However, shortly after the study had commenced we requested the technical experts and Government officials concerned to include three of our villages (Mazagan was already in the scheme) in the intensive coverage list. Community

response at the start indicated that atleast 50 units would be required, and hence we made this request. The three villages were consequently each allotted a total of 57 latrines.

SECTION II

METHODOLOGYMethods Used to Conduct the Social Feasibility Study
in the Villages:

The methods selected would have to serve the two-fold purpose of data collection as well as initiating community participation. In other words, the research techniques used must simultaneously elicit information on the community and inform, educate and stimulate the latter into involving itself in the ensuing action.

A combination of methods were used to fulfil these objectives. Certain conditions were kept in mind while preparing the research and communication package:

1. The primary objective was to collect information with community support.
2. The technique should generate interest, provoke thought and allow two-way communication.
3. The top down approach must be avoided as could be manifest in such as heavy handed questioning, talking 'down' to the villagers, and allowing urban biases to interfere.
4. The community must feel comfortable with the medium used. It must not overwhelm them.

Broadly, the methods of data collection and communication were as follows:

- A) Observation
- B) Group discussions with local women, the community as a whole, and officials
- C) Communication aids
- D) Key informant interviews
- E) Puppet shows as a research tool
- F) Household interviews

We experimented with different tools in each village in order that we may emerge with more broad-based recommendations with reference to conducting social feasibility studies. Besides the need for experimentation, the specific techniques used in each situation were also determined by availability of tools and people's response at the time.

A) Observation:

This was one of our main source of information, which supported or verified what we received through other means. From objective observation of village surroundings, behavioural patterns of the community and personality dynamics, to participant-observation, we recorded exhaustively all the material in individual diaries for later analysis.

B) Group discussions:

In our initial visits itself we realized that this would prove to be a major source of information in our entire experience. In women's groups we were able to: learn about their views on various issues, explain features of the low-cost latrine, and arouse curiosity and interest in the subject. We found the women quite vocal. Therefore specific communication aids were employed only (i) to break ice where necessary, (ii) to give focus to the discussion. Most often the groups were divided into small sub-groups of not more than eight women. As researchers we assumed leader and observer roles and spread ourselves amongst the groups.

Apart from thematic considerations, factors that assumed importance in organizing these discussions could be categorized as follows:

- i) preparations required - this would include recruiting local assistance, checking the feasibility of certain times and venues and arranging for tea and snacks.
- ii) Group dynamics - seating arrangements were closely supervised since the presence of

dominating women seated together often silenced the others in the group.

iii) Communication aids

c) Communication aids:

The Needs Assessment Activity

While a need-based survey is a conventional beginning, we undertook it in a rather different manner so as to reveal more than merely the community's needs felt by them or perceived by us. Firstly, it was designed as an activity in which both, researchers and rural women could exchange ideas and provoke thought.

Secondly, in the women's responses to the activity, we hoped to get some understanding of their perspective on life which is often so alien to the urban mind.

Thirdly, and equally important, we got to know each other better. Such rapport-building is a prerequisite for any development programme that encourages feed-back from the intended beneficiaries.

Approximately 34 facilities were illustrated on 3 inch x 5 inch cardboard pieces. These ranged from basic needs to items such as television that may be considered as luxury. Abstract concepts such as

wage Labour and adult education were also depicted on the cards. Colourful envelopes were stuck on a 3 feet x 5 feet cardboard base in four columns. The group first discussed the visuals and then was expected to place the visualised items in the envelopes in order of priority. We expected there might not always be conformity in ideas of priority, which in itself would give us information about the women.

Towards the later phase the frame with the envelopes was abandoned and we used instead the cards spread out on plain ground to generate discussion.

The posters and flash cards were primarily on the themes of health and hygiene. They were colourful and had no written matter on them to avoid confusing those who could not read.

Songs were used primarily to create a relaxed atmosphere in the group.

Folklore and open-ended stories were widely used to bring forth responses as well as communicate educational messages.

Through role plays and street theatre we attempted to depict various scenarios from the community setting,

such as the conflict between a mother-in-law and daughter-in-law and discuss these.

A miniature model of a village - with straw, sticks painted as persons, water resources, and a variety of other items - were used with local women in a group to depict their current lifestyle and their visualization of a model village.

D) Key informant interviews:

Informality was the key in obtaining information from individuals. Since group discussions have a momentum of their own all questions do not necessarily get answered. This technique therefore necessarily goes hand in hand with group discussions. Besides persons in the community, our targets included Government officials and NGO spokespersons.

E) Puppet shows:

These were used in 6 hamlets of Mazagaon as an attempt to experiment with the medium as a research tool as well as motivational technique. These were performed by a duo from the folk theatre department of the St. Xaviers Institute of Communication in Bombay. The troupe is experienced in designing scripts

and performing in a variety of rural and urban settings and had prepared this script after visiting the village informally.

The chief puppeteer learnt that people were very superstitious in Mazagaon and some of their beliefs influenced their sanitary practices. The script of the puppet show depicted villagers' blind belief in traditional healers. A young girl from a city visits her parents in Mazagaon. When she has gone to defecate in the dark something makes her scream. The next day she falls sick, in reality due to travel weariness. But her anxious mother sends her father to call the village sorcerer who, under the pretext of exorcising the evil spirit out of her, beats the girl unconscious. The distraught father blames his wife for this unhappy state of affairs and promptly rushes to fetch the doctor. The doctor cures the girl and mildly rebukes the parents for not taking quicker action. Many villages have a traditional healer and we did not want to antagonize anyone thus in Mazagaon, or make the community defensive. Hence the emphasis on blind beliefs was portrayed indirectly in the show. As the girl in the show takes leave of her parents

while returning to the city, she urges them to obtain sanitary facilities so that such traumas could be prevented.

After a couple of shows we felt that the focus on sanitation was too direct. It resembled family planning propaganda, which had left negative impressions in the minds of the villagers. The remaining shows thereafter left the end of the story open. No one knows what frightened the girl at night and she makes no mention of sanitary facilities. Post-show discussions were held to get the audience's immediate impressions and to probe into the messages with them.

Considerable humour had been injected into the show and so it had entertainment value for the villagers. We hoped that the medium would evoke responses that we had hitherto been unable to obtain, such as on their belief systems and traditional rituals. We also expected that the show would serve to make the community feel more involved in the project after they had participated in the discussions. Naturally, such an event would leave an impact on their minds and perhaps influence their association with the project.

The dialect of the show was local as were the scenario, to maximize the community's identification with the themes.

The 20-minute shows were held in the evening. The discussion that followed right after incorporated themes such as unity in the hamlet, economic independence for women, and saving schemes.

E) House to house interviews:

These were focused on women who were selected to represent a cross-section of various castes, classes, occupations and even religions. We tried to include both, households with and without latrines. These were not meant to provide quantitative data but to give more insight and support or contradict information gained through group discussions. It was our experience that certain questions such as those on social interaction patterns of the village could not be determined clearly in group discussions. Questionnaires were thus used purely to supplement and verify data received through other sources. Moreover, since we worked with small groups of women, we wanted to be reasonably sure we were receiving reactions that were representative of the hamlet.

The interviews were conducted only after some rapport had been built with the community so that the questionnaires may give rise to conversation rather than monosyllabic replies.

Time Frame for Field Work:

This study was taken up in September 1985. Our programme in the four villages is depicted below:

INITIAL VISIT CHANDEEP	-----*								
INITIAL VISIT NAVLI	-----*								
INITIAL VISIT MAZAGAON	-----*								
STUDY VISIT COMPLN CHANDEEP	-----*								
STUDY VISIT NAVLI	-----*								
STUDY VISIT COMPLN MAZAGAON	-----*								
STUDY VISIT COMPLN KHANAPUR	-----*								
FOLLOW-UP VISIT CHANDEEP									
FOLLOW-UP VISIT NAVLI									
FOLLOW-UP VISIT MAZAGAON								*	
FOLLOW-UP VISIT KHANAPUR									
	SEPT.	OCT.	NOV.	DEC	JAN	FEB	MAR	APR	
					1985	1986			

Our Broad Approach:

We made either brief periodic visits or 10 day intensive trips to the villages, depending upon the presence of a responsible NGO, convenience of the community, response of the community, availability of accommodation, distance of the village from Bombay, and specific purposes to be accomplished. The pay offs from the varied approaches were different, which are highlighted in the final discussion. After completing the main study, we continued visiting the villages, especially Chandeeep and Navli, to monitor implementation of the latrine construction scheme. These visits continue as this report is being prepared.

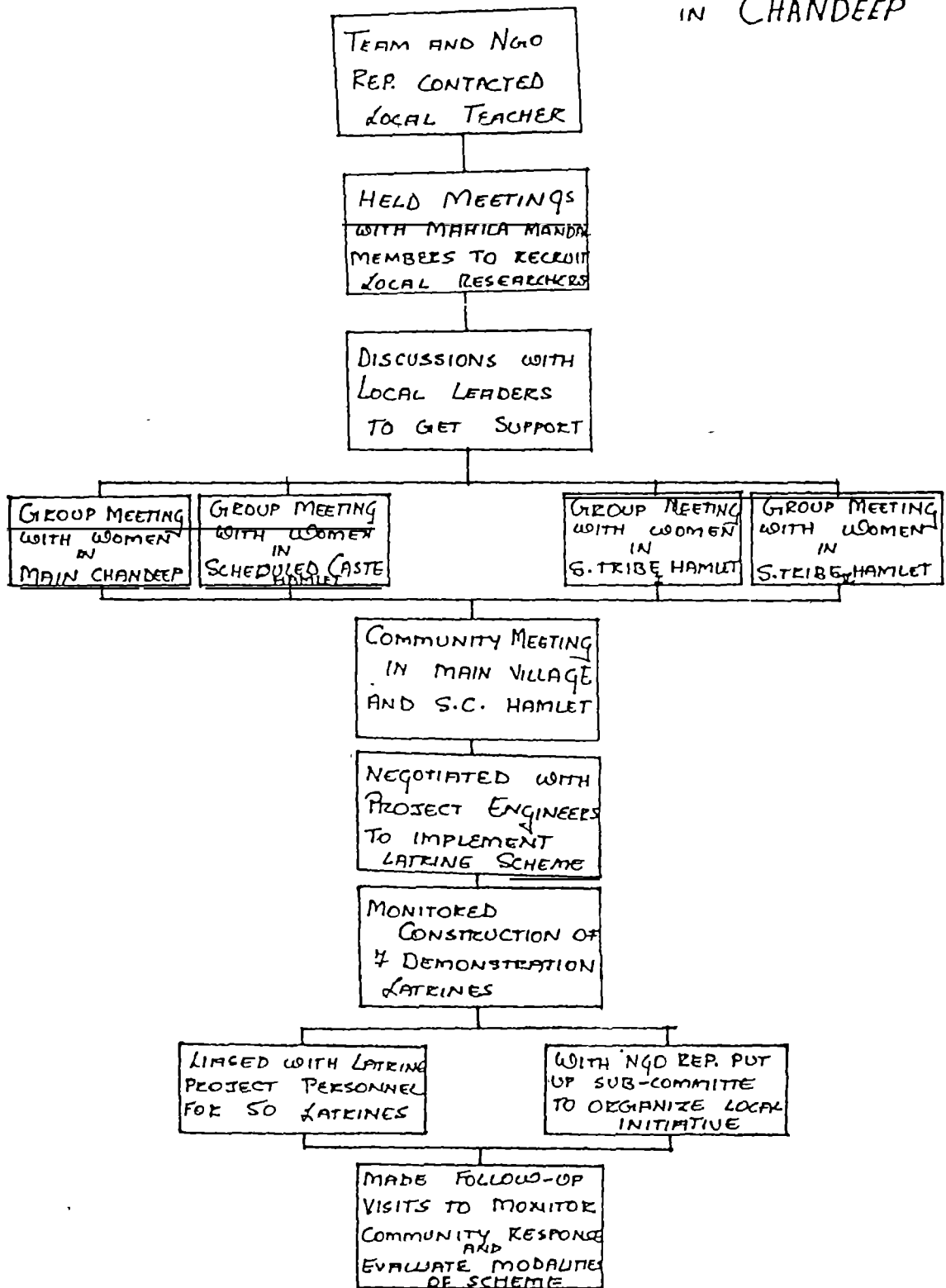
The availability or otherwise of an NGO was one major factor that determined the approach in our study and in action. The type of NGO, where present, was another predominant influence upon the method in which we conducted the study as well as the effectiveness of the scheme implementation. In three of our villages studied, the different nature and location of each NGO largely contributed to distinctly varied results in programme implementation. For instance, whether the NGO was

locally based, close to the village, or in a relatively distant location had a bearing on the kind of responsibilities they were able to take charge of. Moreover, whether people's participation was encouraged in the action or not depended on the NGO's philosophy.

Section IIIINTERACTION IN THE VILLAGES

As we have discussed in the previous sections, one of the major objectives of this study was to recommend a mode of strategies for conducting a research-cum-action study on rural sanitation with community participation as a central theme. The methodology we used evolved from trial and error experience with the villagers NGOs and government officials. Our approach and procedure differed in each of the four villages. The process in itself is as important as the results. Hence we have described the process in some detail. The format and style in each village section is varied, to reflect the diverse experience. Often the findings were similar in the villages; we have made an attempt to highlight the differences only bringing in the similarities where necessary.

PROCEDURE ADOPTED FOR CARRYING OUT RESEARCH AND ACTION
IN CHANDEEP



CHANDEEPVillage Profile:

Location : District Thane, Taluka¹ Vasai
Population : 1278
Number of
Households : 252
Distance from
Bombay : 83 kms
Distance from
nearest town-
ship Vasai : 23 kms

Geography:

This picturesque village is spread over three scattered hamlets (cluster of houses known locally as 'padas' or 'wadis'). A main road divides the village into two portions with the main village on one side and Donger pada and Tabela pada on the other. The latter two are nestled in the interior of the hilly area about one to two kms away from the road and are separated by expanses of fields and not easily accessible during the rainy seasons.

The houses in the main village are located close to each other and there is little open land around most of them. Beyond the hilly hamlets however, there is not only vast open space with fields and few forests, but some of the

1. Sub-division of a district

houses grow fruits and vegetables in the land around them (part of a development project earlier introduced).

Demography and social composition:

Main Chandeeep	135 Agri households
	19 Adivasi households
	17 Nav Buddha households
Dongerpada	30 Adivasi households
	6 Agri households
Tabelapada	30 Adivasi households

The affluent community in this village, most of whom are agricultural landlords are the Agris. The main village includes a separate hamlet inhabited by the Nav Buddha or Neo-Buddhist² community. The two hilly hamlets are occupied primarily by Scheduled Tribes or Adivasies.

The main occupation here is agriculture - about 70 per cent of the population is involved in it. There are however no large land holdings. The remaining 30 per cent of the population are mainly in the service sector. Considerable number of young men commute to nearby urban areas including Bombay for employment.

2. Some of the untouchables who got converted into Buddhist faith, under the strong influence of Dr. Babasaheb Ambedkar, an untouchable himself. The conversion was carried out, as unlike in Hinduism, there is no caste system in Buddhism.

Many Scheduled Tribe men and women are labourers on the farms of Agri families. Some men work in the nearby Government Forestry office, while some women work in brick kilns. These kilns have developed over the last few years, where the skilled and supervisory labour is obtained through migrants from the neighbouring state of Gujarat. Women from Nav Buddha households weave cane baskets for a living. Some of them make earthen vessels.

There are a few traditional artisans like masons and carpenters.

There are two cement pipe and grill making units where the majority of workers are migrants, who live within the unit premises. There is also a cottage industry unit of steel utensils buffing in the village.

We observed that liquor was brewed on a large scale amongst both higher and lower class households, presumably for internal consumption.

Infrastructure:

Water and sanitation facilities—Behind the main village flows a river, the water of which is brackish at this portion as it mingles with the sea at high tide. It is

consequently not used either for domestic purposes or agriculture.

There are 14 private wells out of which 4 are used for irrigation, and 7 community wells in the entire village. Two borewell handpumps in doubtful working order are also present.

There appeared to be very few latrines. The village suffers from a lack of irrigation facilities.

Other Facilities:

Education - There is one primary and one high school, with local language instruction given in both of them. Donger pada the Schedule caste hamlet has a nursery (locally called 'anganwadi') which was started by the NGO with which our study was associated. A small library located in the Gram Panchayat³ office and initiated by a religious mission is available to the community.

Other facilities include a bank, a police station and a forestry office which is about $\frac{1}{2}$ km away. There are no medical facilities in Chandecp itself. The nearest PHC at Mandvi is about two to three miles away.

3. Local elected governing body of a village.

Transport and communication - Maharashtra State Transport buses connect the village to several major railway stations. The frequency of these buses is limited. There is a post-office but no telephone facility.

Local organizations - There is a youth group with some political affiliation and a Mahila Mandal or women's organization.

Our approach:

This village was, in a sense, our ground for experimentation. It being the first village we took up to initiate the study in, the experience here was the basis upon which we designed further strategies. Hence we proceeded in a linear fashion from one meeting to another, one hamlet to another. Since the village is near Bombay, we made periodic visits of four days each, spread over two months. Thereafter contact was consistently maintained with the village to monitor the latrine scheme implementation. Although the research and action aspects were closely intertwined, for purposes of clarity we present research data as Phase I and action as Phase II.

Post Script

Some significant facts revealed in follow-up visits to two villages monitor the latrine construction scheme in the four villages.

CHANDEEP

Implementing officials had informed us that this village will not be able to receive the 50 latrine scheme because firstly there were 43 applicants, and secondly no contractor was willing to take up the work. After showing apathy for a couple of months, the local headman decided to take action. As the construction deadline approached he engaged a contractor on his own initiative. What followed is unheard of in the case of contractors. This person gave the implementing officials Rs. 15,000 which was the cost of the required total individual contribution for the entire village - so that the work could begin immediately. This amount is now being leisurely collected from the individuals concerned. After encountering several hurdles in Chandeeep in the beginning of the project from poor construction of the model latrine to lack of communication with officials, the work is presently progressing smoothly. The people that the NGO organisation met expressed great enthusiasm that the project had finally come about.

PHASE - I RESEARCH

The emphasis in our approach at this point was several-fold:-

- * To inquire into the lifestyles of rural women, particularly into their state of health.
- * To observe the problems faced by women in finding suitable place for defecation.
- * To demonstrate the need for improved sanitation facilities as necessary for the good health of mainly the mother and child.
- * To encourage women to share their views on this theme and discuss their needs in relation to it.

Involving the Community especially the women in the research process was one of our main interests. We planned to create an atmosphere within which the women could be assisted in analyzing their own present situation with regard to sanitary practices and beliefs. Based upon this analysis we hoped to emerge with an understanding of their views upon the subject while together we examined sanitation in the context of their lifestyle.

With these flexible outlines in mind, we used mainly posters and flash cards on health and sanitation.

Our NGO here was the Nirmiti Youth Foundation, (henceforth referred to as NYF) a body formed by past and present students of the NSS (National Service Scheme) organisation of Ramarain Ruia College, Bombay. They had adopted this village, wherein they had a rented room and conducted various activities like starting a nursery in Dongerpada the tribal hamlet, and organising a Mahila Mandal (Women's Association). An ardent worker of the NYF was part of our research team in Chandeeep from start to finish. As past-co-ordinator and active worker in the college NSS body, she has had a long contact with Chandeeep and guides the NYF students in their activities there. As we walked around various hamlets and introduced ourselves to the interested villagers, it was clear that 'Ruia College' was the magic word that paved the way for us.

Until we explained our connection with NYF to men and women they were suspicious, withdrawn and reticent. But once they identified us with NYF, their demeanour changed noticeably.

What We Learnt From Our First Main Contact - The Teacher

Our main contact in the village at this point was a high school teacher who was held in high regard by the community. She was different from the rest of the community as was evident from the fact that she used only the school latrine - half a Km away. On week days she controlled her system until she reached the school at 8.00 a.m. On Sundays and holidays when the school was closed, she said she just did not defecate and was consequently often constipated. She also expressed great fear of going to defecate in the bushes or behind trees because of snakes and insects. We were told that the Principal of the school had narrowly escaped a snake bite in the fields and since then Shakuram Bai⁴ used only the school Latrine. In her view Latrines were a dire necessity in the village particularly for women.

A few years ago the Government had apparently started latrine construction in Chandeeep, but had left the construction incomplete, for reasons we were unable to find out. Repeated requests by the Gram Panchayat had brought no results, were told. This experience led some of the villagers such as Shakur Bai to become rather pessimistic

4. All names used in the village sections are fictitious,

about having a latrine construction scheme implemented. She did, however, feel that if we adopted an approach of encouraging the community's involvement, such a scheme would be more socially feasible.

Shakuram Bai was co-operative and she assured us that she would perform her role in initiating community involvement through women. She was told not to give them any promises of latrine construction at this stage, but to get information on whether it was their need to have such latrines which they would utilise and maintain.

Search for Local 'Researchers'

A visible institutional base is a women's organization and we therefore felt that the newly established Mahila Mandal (literally meaning Association of Women)⁵ with its 63 members would be an effective entry point to reach the village women. Using established infrastructure, particularly human resources would prove advantageous over

5. Under the rural development programme, organized after Independence, basically three institutions were considered to be core institutions viz. the Village School, the Village Council and the Women's Association. It was felt that these are the institutions which will help build up rapport.

starting afresh in rural areas. We would expect such organised women's groups to provide a potentially viable channel through which action could be undertaken for other community women.

All efforts were thus concentrated during our first few visits on establishing rapport with these members, especially the office bearers of the Mahila Mandal.

After discussions on our project objectives and plans in some detail with the teacher, she recommended selecting four women from the Mahila Mandal to talk to the women in each hamlet, gather certain information and share their views with us during our next visit. The women were the teacher herself, the treasurer of the Mandal, the teacher of the Primary School in Dongerpada and her assistant.

In selecting these women we were hoping to have each geographical section of the village covered by one of them. No one was available from within the tribal hamlet of Tabelapada and the teacher agreed to carry out the research there herself.

A list of questions were given to Shakuram Bai and it was decided that she would orient the other three women into

collecting this information as informally as possible (for instance by talking to women when they gathered at the well).

Through these questions we sought to learn about their behaviour and practices related to water and sanitation such as any change in defecation places during their menstrual period. We gave the women approximately three weeks to gather the data. It was also specified to Shakuram Bai that although we were linked with a latrine construction scheme, we were interested in much larger issues related to women and sanitation. She seemed to grasp this perspective well, perhaps due to her background as a teacher. We came across this same receptivity to our ideas in most teachers from the other villages too.

The same set of questions were taken to Tara Bai the teacher of the NYF-run nursery in the hilly hamlet of Dongerpada. While she and her assistant seemed to agree with the objectives of the study, they appeared doubtful about being able to themselves gather the required data from the women. Tara Bai felt that since she had lived in this hamlet for many years before she recently moved out, she would be expected to know the habits of the

community. Therefore, if she questioned the women on their health and hygiene practices, they might refuse to respond and might even ridicule her.

On the other hand as we discussed the issue with her, we felt that our being 'outsiders' to the village, might inhibit the women from expressing their views freely. Accepting this argument, Tara Bai and her assistant Parvati Bai agreed to collect the data for us by our next visit. Parvati Bai who lived near the primary school is of a lower social status than the teacher, but nevertheless seemed to command high regard in her hamlet. From her house moreover, we got the impression that she was economically better-off than other members in Dongerpada. In the long run Parvati Bai proved to be quite helpful in mobilising women from her hamlet for group discussions. This brief introduction to the key women involved in the study in Chandeeep should serve to highlight possible sources of assistance in involving the community at various socio-economic levels.

On The Lookout For Assistance In The Tribal Hamlet

During our first visit to Tabelapada we tried to identify a woman who could serve as our contact person in that

hamlet. We walked around talking to any woman we saw. This part of the village was isolated in distance as well as in socio-economic status from the main village. There were no proper roads and we could only approach it by walking over the narrow Ledges between fields. The few women we addressed hardly responded. They seemed very hesitant, as we were strangers. Compared to the other hamlets this one was more stark and both, the women and children looked poor in dress, cleanliness and health. One woman responded to us warmly and invited us to her house. Her house was clean though small and both she and her mother were hospitable and courteous. We tried to learn from her about life in the hamlet including when women might be willing to meet us, what the predominant occupation was in the hamlet and so on. We learnt that it was difficult to meet the women since they had a busy daily schedule. They either went to the fields or to the forests early in the morning to collect firewood and other forest products like tamarind. Our contact, Dharmi came to Bombay once a month to sell tamarind. She therefore appeared to have had some exposure to urban ideas. With her warm vocal nature and urban exposure Dharmi impressed us and we believed she could help us communicate

with the women in her hamlet. However, quite to our surprise, she said the other women in the hamlet did not talk much to her and consequently she would not be able to get us the information we wanted. No amount of coaxing seemed to work in enlisting her help. Our NGO felt that the woman was in reality reluctant to take up this responsibility for perhaps the same reasons as Tara Bai in Dongerpada. Dharmi did nevertheless also affirm that the women would not respond to us directly as we were strangers. But her advice was that they might come together if the teacher Shakuram Bai accompanied us, since everyone respected her.

We were in a dilemma. What does it take to involve local women in the process of research? We were hoping to involve the women in research and in action so as to carry the community participation approach throughout the project. But the local women thus far did not express willingness to assist in the research aspect - while they did not openly refuse to do it either.

People in the villages, we learnt, will rarely refuse to help or co-operate - whether they be men or women, local officials or the community. But their acquiescence

will not always be followed up by action. They are often too polite to disagree, express doubts, ask questions or reject requests for help or even beg excuse. Their behaviour must therefore not be taken on its face value.

This is more true of local officials like the Sarpanch.⁶ One should try to sense their enthusiasm to involve themselves in action and if no specific measures are forthcoming from them or several avoidance tactics are used, one should attempt another source of assistance. It must be kept in mind, however, that in order to drop their reservations, project personnel or agency personnel must coax them into believing in the viability of the project.

Problems In Using Local Women In Research

There seemed to be a puzzling contradiction between the teacher's understanding of the issues involved and her undertaking action. It should be realised that while the rural community may comprehend and agree in principle with a certain issue, if it calls for a change in their behaviour a few dialogues are hardly sufficient to motivate them to go beyond their customary practices.

After the quest for a female representative to act as local researcher in each hamlet we decided to assess this approach

6. Village 'Chief' head of Local administrative unit.

on the basis of the information we would receive from the four Mahila Mandal members. The data collected during our next visit revealed the gulf between them and us. Where we had asked a question on what they do during their menstrual period, meaning what they use and where they defecate, their answer was to the effect of 'we wash our clothes, change and go back to work'. It was not clear how representative their response was. Had most of the women in all the hamlets said the same thing? Did all the four women actually visit the designated hamlets and talk to women? Shakuram Bai told us that these set of answers were the sum total of all responses received. The set of questions we had given them had been changed by Shakuram Bai (we suspect) according to her understanding of the whole issue and so the answers were accordingly not what we could use. Moreover, the answers were too pat and general to give us much insight into their life situation and attitudes.

Gradually it became evident that Mahila Mandal members who lived in or around the main village, as well as Shakuram Bai, were very unwilling to trudge to the two tribal hamlets, especially in the rains. Few people from any other area of the village had ever been to Tabelapada, the remote tribal hamlet. We were urged not to go there ourselves.

than us insisted that we made no such move on our own and that it would give rise to unhealthy expectations. The women would co-operate without incentives because she was asking them to do so and therefore at this point one need not bring in the matter, she told us. It would also, we realised, create a precedence which would affect all future projects in the area.

More about the Character of the Mahila Mandal at Chandeeep

The few office bearers we met were well-dressed and clearly upper-class women who had considerable urban exposure. Their houses were spacious, one of them had a one-storey building (but no latrine). "All women are invited to our functions, but the Adivasis only come for the bowl that they get as a token gift for attending the ceremony. Give them something like a glass as an incentive and they will attend ; ... group discussions", one of them told us. The group celebrated functions like 'Mangal Gaouri'⁷ and other prayer ceremonies where they sang, danced and prayed together. Neither the consciousness nor the desire seemed to exist for the group to take

7. A Hindu religious function and social event celebrated by married women.

up action for social causes and betterment of their community.

Our probing and conversations with these women served to highlight the existence of a very definite hierarchy amongst rural women. This hierarchy was based on caste and class divisions operative in the rural societies.

Though one knows that there would be caste-class differences, concrete experience of this hiatus was very revealing. We found it extremely difficult to mobilize the upper caste women to participate in an action that would involve and benefit the lower class women. We decided it would be unwise to rely solely on the Mahila Mandal.

The alternative strategy was to directly approach the women, holding meetings in each neighbourhood separately. So as not to estrange the higher caste women, meetings exclusively for them were planned too.

First Hand Experience : Did It Help?

In order to experience to some extent the situation women are in, we stayed in the village overnight the first couple of visits. Early in the morning as was the women's

practice, we took the usually used two-litre cans and went into the open fields looking for a suitable defecation area. As we searched for cover and tried to keep a look out for men and insects, the kind of discomfort these women stoically bore could not be dismissed lightly. Our efforts to 'participate' thus in community life brought much amused teasing from the women we were in touch with like Shakuram Bai. We also realised what difficulty they must face if they needed to defecate at night. Going into these fields in the dark was no easy matter, as we experienced.

FIRST MAJOR CAMP

Several group discussions were held with the women in each hamlet, since each one is distinct from the other in terms of social, economic and natural characteristics. The separate group meetings were also to avoid class domination as would occur in a combined meeting.

Group discussion with Mahila Mandal Members

The first meeting with the women's group brought in about 30 members and was held in the classroom of a nursery school. These women were from the main village. While the discussion had been announced for 2.00 p m., by the time the

women collected it was nearly 3.00 p.m. This is a characteristic feature of the rural sense of timing. Where women are concerned several factors seem to contribute to what appears like a time lag in getting together. Women's priorities are very understandably their household duties and responsibilities. Group discussions take a lower preference in their daily chores. We also presume there is some hesitation in coming to such meetings since outsiders are involved. The women therefore seem to wait until few people make the first move. We found it necessary to move around personally talking to the women and inviting them for the meeting. At whatever time the meetings are held with the community in a village, planners should allow at least one hour for the people, both men and more so women, to assemble.

Several large colourful posters which included themes like the source of ring worm, tape worm and the importance of village sanitation, were displayed around the walls of the room. We asked the women to take a look at all of them after which we would all discuss what they had viewed. As we began with self-introductions, some of the women were too shy to introduce themselves. This lack of self-

confidence was seen even in women from the Mahila Mandal who constituted the upper caste in the village.

Most of the rural women have hardly had the opportunity of getting together with women from urban areas at all. To be in a situation where they are asked to share their views about various issues is even more of a rare experience. In their own life situation most of these women are traditionally relegated to a secondary position in society. Their roles and status do not allow much scope for voicing opinions upon miscellaneous issues. They lack the self-confidence that accompanies bold assertion of personal ideas. Hence it is very important to gently encourage these women to expose ideas, and not to overwhelm them during group discussions.

To break the ice one of us burst into a popular Marathi lullaby and asked the women to join in. As every one gradually started singing and clapping hands, the group visibly relaxed. With the way thus paved for free discussion we split into three groups with one team member in each group. While talking about what the women had derived from the posters we found that in small groups they were

more articulate. Although they understood what the visuals said, the women did not seem to feel the messages were relevant to them since such illnesses were not very common among their children and grown ups. Illness in itself did not constitute a major problem to these people in the village. The link between good health and sanitation would not be an effective motivating factor towards promoting a latrine scheme. One of the posters showed the consequences of unregulated defecation by children. Women reacted by saying "Where else can the children be made to defecate?" Normally they defecate near the house. Although women agreed that the children should not be made to sit near the house, this does not point to any significant inclination to change their behaviour.

In Indian households, whether they be rural or urban, children's faeces is traditionally not considered 'dirty'. Where latrines are absent perhaps it is considered practical for the woman to allow the child to defecate within the vicinity around the house or else she would have to accompany the child and this would be an extra burden on her already time-pressured day. Sometimes mud or ash was

used to cover the area and often not. The knowledge that certain behaviour was harmful is no guarantee that the behaviour would be changed. External researchers have to understand the reasons for that particular behaviour and suggest equally acceptable alternatives. "Do your children suffer from stomach ailments?" we asked the women, knowing that diarrhoea was very prevalent in many rural areas. They responded that the children did get stomach upsets, but not frequently and at the times when they did, they took treatment from either the hospital or the Primary Health Centre⁸ in adjoining villages or from Community Health Volunteers (CHVs).⁹

Women's Priorities

The issue of water came in for discussion and the women said that there was little problem until the onset of summer.

8. Primary Health Centres are attached to a cluster of villages, there are sub centres in a few villages.
9. As part of a Government venture, women are taken from within the rural community, given brief training and Rs. 50 per month as honorarium. They are expected to visit hamlets and give basic health care advice and medicines.

During this time for two months or more most of the wells dried up. They had to wake up at 3.00 a.m. to collect water from those few wells which still had some water left in them.

Borewells were not dependable they said, because hand pumps were not working most of the time. We would like to draw special attention to this view of handpumps since it came from the community's experience, and as we shall subsequently see, was reiterated in all hamlets having borewells. International efforts being currently on to promote this technology, its effectiveness in the rural context deserves closer scrutiny. During our trips to Chandeeep over a period of six months we ourselves found that the two borewells hand pumps were not functioning. According to the women once the hand pump broke down, it did not get repaired for two months or more. Where this was the only source of water supply women had to walk to other hamlets, often at a great distance to fetch well water. This is an example of alternate technology - devised without taking into account social problems, follow-up action and maintenance services to support the technology. None of the women knew who was responsible for maintaining the pump and

no action was taken to initiate repairs. They were eager to have piped water supply and said that much of their sanitary problems and difficulties in fetching water would be solved if piped water supply were available. Some women exclaimed with their faces alight "Ah ! How nice it would be to have a tap in the house and get water by merely turning the tap on !"

We were also informed that men never shared this burden of fetching water, not even if the wife was ill. Neighbours and female relatives helped during such circumstances. Fetching water is a woman's responsibility. If a man does try to get water from a well, both he and his wife are ridiculed by men as well as women. One reason for this could be because women are congregated near the well and if a male goes there to fetch water, he feels embarrassed and more importantly, the women and people in general suspect his motives for going to a place where women are congregated. Another reason may be that it is looked upon as a demeaning task for a man to perform.

Women's Role in Decision-Making

In one of the meetings a female member of the Panchayat

was present. When the suggestion was made that she raise this issue of water in the Panchayat meeting, she replied that no one would pay any heed to it. This typifies the lack of power women usually command in the Gram Panchayat. Stipulated by law, women and Scheduled Castes or Scheduled Tribes are made members of this local governing body. However, we found that the women were not always called for meetings; the meetings were often held late in the evening when women find it safe or convenient to attend; and from what these women members told us we got the strong impression they were figure-head representatives and their views were not sought by the male members. That is to say, the male-dominated social interaction pattern extends itself to the Panchayat and all decisions are thus in all likelihood to be male-oriented in perspective.

Women's Awareness of Sanitation Needs

Women were aware of the need to keep the precincts of the well clean. But many people in the village, according to these women, washed clothes near the well and the washed clothes were kept dripping (to dry) on the parapet wall of the well. The village extension workers amongst others asked the people to refrain from such polluting ways but not much heed was paid to such requests.

As far as defecation ground was concerned the women said they did face problems. Some places provided cover but they were now filthy since such convenient spots were few. Fields were also used for this purpose - except during the rains when they were under crop. In the rainy season the risk they faced from snakes was also high. During this time moreover, women faced great difficulties in finding suitable place for defecation.

The increasing scarcity of suitable areas for defecation was a major difficulty in main Chandeeep. Outsiders (mostly from Bombay) were buying up land and fencing it. So the community's access to the usual nearby places was restricted. Specific areas had traditionally not been used for defecation, such as the 'bunds' or narrow elevated pathways between fields. They were not supposed to be used because people had to walk on them to go across fields. The women remarked that these days even these 'foothpaths' were dirtied by human defecation and it was difficult to walk on them.

In considering women's needs in sanitation projects, harassment by men had always been considered a prime reason for giving them the facility. No women in Chandeeep however complained about such a problem. There could be no

molestation because everyone in the village knew each other, they said, and in a small village the culprit would be identified, censured and severe action taken against him.

From Discussions in The Hillock Hamlet

Meetings were held in the 'anganwadi' with Parvati Bai who went around asking the women to assemble. The group had about 25 women and adolescent girls. Parvati Bai (teacher's assistant) was vocal, agile and active. Although she was a member of the Mahila Mandal, she seemed to have a good relationship with her hamlet women. It struck us that the young Tribal women were in six yard nylon saris and not in the traditional nine yard cotton saris (both of which are draped very differently). The change in clothing was one of the most evident signs of urban influence in these three villages. The fact that even in a predominantly tribal hamlet, women were adopting 'modern' modes of dressing perhaps tells us that they were not as 'backward' as made out to be. Here we started the discussion by inquiring about their home, children, work, and such that would be of direct interest and relevance to them. The best way to reach out to mothers is often through their children and here they all became very relaxed and communicative.

Charts were demonstrated to see whether the reactions of

*Who
economic
lessons?
(classical
- but how?)*

these women differed from those of the Mahila Mandal in the main village. Some of the charts brought forth giggles, perhaps because the illustrations of defecation were graphic and embarrassing. While they were all seen with interest (the women rarely get to see any colourful pictures), none of them made any comments or observations about what they saw.

Posters as a medium of communication are non-participatory in rural settings. We had to prompt the women with key questions to gain some insight into their reactions. It was very clear that they did not fully grasp the visual messages displayed. Regarding health, the responses were similar to those of earlier groups. The women's concept of 'illness' was becoming clearer. If they were able to work, they considered themselves healthy. They might be suffering, but unless incapacitated, they did not consider themselves 'sick'. Ailments such as diarrhoea were not considered significantly major health hazards. Visuals showing cause-effect relationship between sanitation and diarrhoea, therefore, did not have much impact upon them.

With regard to sanitation practices the women said that they and their men went to the jungles which were on the higher slope of the hills. They did not experience any kind of

difficulty and so did not think a latrine was essential. Children, as elsewhere, defecated near the home. As there was no well in this hamlet, the women were not disturbed by the chart showing a child defecating near a well and polluting the water. This is another pointer towards the use of posters since the symbols and messages, unless prepared with specific reference to the particular area and pre-tested, often leave a superficial impression and do not provoke dialogue.

When questioned about priorities the women reiterated the observation of the other groups as regards: (a) water, (b) borewell; (c) illness. They had to spend a long time waiting in queue to collect water from the borewell by turn. Much time was wasted, they said and there were a lot of fights over whose turn came after whom. They clearly stated that they did not like the borewell. Preferring open wells, they said many of them could draw water at one time and unlike a pump, a well did not go out of order. When their existing pump disfunctioned, the women had to go down to a private well for water.

Upon sharing with officials these views of the women on wells and borewells, we were told that open wells were unhygienic and borewells were a hygienic alternative.

Should not appropriate technology for water supply look to other elements besides hygiene, such as the supply of water itself, as well as convenience for the women? While there is the distinct possibility of wells drying up as mentioned by other women, it is time scientists weigh the effectiveness of the two and design improvements to tackle the disadvantages. To promote hand pumps as a panacea for thirsty villages is to ignore its possible technological and social inefficiency in the rural context.

Nav Buddha pada meetings:

Although situated within the main village, most women from this hamlet were not members of the Mahila Mandal. We were thus far trying to conduct discussions in a neutral place, but in absence of such a place here we had to use the verandah of a house.

One of us sang a song to announce the meeting and attract the women's attention. One by one they assembled. Choosing a more direct approach after we showed them the posters and flashcards on health, hygiene and sanitation, we immediately brought up the question of the necessity of latrines.

Being within the main Chandeeep area, the women said they faced the same problems that were brought up in the Mahila

Mandal meeting; such as monsoons and fenced off land. They were eager to have latrines and even suggested some uncultivated fields for their construction.

Where the need is great, we found that the community can be a good programme planner in terms of outlining difficulties, identifying obstacles, suggesting solutions and means of implementation most suited to their locale. External agencies or individuals would serve their own purpose better by involving the community at these levels in the project and encouraging their views especially in a social feasibility studies of any kind. It is a glaring misconception that external agents, technically more qualified, know the best mode of project implementation in rural areas. Our experience has been convincing that exchanging ideas, sharing information, and technical knowhow is one formula for its social and technical success.

Meeting in Tabelapada (The Scheduled Tribe Hamlet)

As earlier mentioned this was the farthest hamlet and had only Adivasis or Scheduled Tribes living in it. As we entered their cool shady hamlet, an elderly Adivasi man asked us to sit under a large tamarind tree and said that he would ask the women to come there. The hierarchy here was very

different from that of the other hamlets we visited. The old man was considered the 'head' of the hamlet and everyone acted according to his decree. It was the only place a man collected the women to meet us and it was also the one hamlet of the three in the village which seemed least exposed to urbanisation.

The hamlet was small. Official records showed 30 households while the women told us there were only 15 households. We found that relying completely on official statistics for baseline data would not give us correct information. For various reasons including the fact that many changes have occurred since the 1981 census was taken, data requires to be cross-checked from several sources official and unofficial to obtain relatively accurate figures.

The women came for the meeting with babies in their arms, some even suckling their babies. Women in rural areas, particularly from lower economic classes, expend incalculable energy between the three-fold chores of wage-work housework and caring for children. Between these three priorities they find it difficult to spare time or energy for any other activity whether it be group discussions or project assistance. This vital characteristic of these women's lives

must be taken into consideration when designing a programme for them which seeks their involvement. Discussions will be fruitful only if held according to their convenience and with themes of their basic interest. Project personnel must also accept, if what we found is representative of villages in general, that the project goals will always be second priority for the rural women. If her own duties and responsibilities call her, she will not allow project involvement liabilities to draw her away. Periodically we found girls and women suddenly walk off mid-discussions because it was time to get water or look for the returning husband, after which they returned if the discussion interested them. Using aids like street theatre often held their attention most.

During the discussion in Tabelapada, men too came and stood around the group. Many of the women had gone to work in the poultry farm in a nearby village. Many others were working in the fields. An important facet of their life was that most of the women from this hamlet went to the forest at about 3.00 a.m. to collect firewood. After a few hours, they went to the market (by about 7.00 a.m.) to sell the wood. They did not, therefore, return home until 8.00 or 9.00 a.m. Was promoting latrines here necessary? Did we

expect the women to come back to the hamlet to use the latrines and go back to work? Their work timing was such that they did not find latrines practical. A major factor influencing their disinterest in the facility was, as they said, that there was no dearth of place. There was plenty of forest area around. The people did not see any need for the latrine. Both men and women did not think the whole issue was of any importance. Another important element brought up was that their financial situation was so poor that more basic needs needed to be satisfied with the limited money they had.

Regarding water, once again we heard loud criticism of the borewell. Instead they wanted an open well that had collapsed to be reconstructed.

After monsoons for three to four months every year a small rivulet served them. During other times they had access to a well some distance away from the village.

Practically all of them had Government allotted land of about 2.5 acres. But due to the poor quality of the land most of them could not cultivate anything. Whether this land was originally of poor quality given away merely as the token implementation of a Government scheme or whether

this community sold the top soil to brick kilns themselves could not be established. We were given to understand both these causes were feasible.

These women considered cough, cold and diarrhoea as 'natural' to childhood. They said that these ailments were not seen frequently with their children. For medicines they too visited the Mandvi dispensary.

The theory that tribals resort to traditional healers and witch doctors must be questioned in the light of villages being exposed to increasing urbanisation. This was one issue none of the villagers really opened up and talked about, but in all the villages they did tell us that they visited the nearest PHC or doctor and no longer went to 'bhagats' (traditional healers). We believe on the basis of cumulative impressions that the women often resorted to traditional healers in times of crisis when modern medicines either failed or were inaccessible.

Since rural people and women in particular are often considered superstitious, the fact that many of them no longer followed traditional practices blindly is an indication of their changing perspective. This ought to be looked upon as a strength in the women.

Blind beliefs can directly influence sanitation practices as we shall subsequently see in the section on Mazagaon, hence it becomes important to analyse the women's attitudes towards such beliefs.

The tribals were the least literate group we had in Chandeeep. As expected, the posters did not evoke any reaction from the women. They clearly did not understand the themes presented therein. We used pointed questions to guide the conversation, being careful not to project our own notions or biases into the questions. There was a marked difference perceived in them between our asking 'do you face any problems when you go to defecate?' and 'what problems do you face when you go to defecate?'. The latter presupposes that the women do face problems and their answers are likewise influenced. We found that the first style of framing the question allowed the women to answer in the negative, while the latter made them conjure problems to answer us where there were none. Our wording in discussions therefore had to be careful.

In one of the posters children were defecating near a stream. Here as in other hamlets children neither went to the hills nor to the stream. They sat near the house to defecate. Irrelevant messages again turned out to be ineffective.

Next to water, their felt need was a road from the hamlet to the main road near proper Chandeeep. There was at present no pathway nor even a narrow road, and the villagers had to cross fields on the 'bunds' to get to the highway which was particularly inconvenient during monsoons.

State of Health in The Community as Gathered From Medical and Official Sources :

The incidence of diarrhoea and similar stomach-related ailments has declined in this area over the last five or six years. The most common illness today here was fever. A private doctor told us that he did not think any major health problem prevailed in the area. Perhaps the incidence of waterborne diseases has declined since well water was now purified with liquid chlorine once a week. As we observed however, there was no proper drainage system particularly around water sources. Garbage was not disposed off safely either. This usually accumulated beside or behind the house. In a few places the heap was periodically burnt.

Lack of Previous Attempts at Latrine Construction:

Although the need for Latrine was strong in main Chandeeep the issue had apparently never been raised at the local level. There were no attempts made or plans devised to

obtain this facility even though some part of the community could afford the entire construction costs. One could attribute this inaction to several causes :

- (i) The subject is culturally sensitive and does not lend itself to discussion in official meetings.
- (ii) Women face more problems than men and they do not voice these difficulties.
- (iii) It is often easier to continue with habits that have been in practice for generations than to make the effort to gain the new knowhow required to construct a suitable latrine.
- (iv) Most of the rural community cannot afford to bear the entire cost which could be anywhere from Rs. 3,000 to Rs. 5,000 - per latrine.

In the area comprising Chandeeep most land was privately owned. There was hardly any land under the Panchayat's control. What was not privately owned was under the Forest Department. To obtain land for either model or community latrines may become a problem in such cases. A model latrine or community latrine can only be built upon land owned by the Gram Panchayat. This body would have to obtain land from private owners in Chandeeep for

the purpose - which is a doubtful proposition considering the high value of land in the area today.

PHASE II - ACTION

Here we present data specifically concerning the latrine construction scheme. In about five visits we had received broad feed-back from the community about their needs and views regarding sanitation and related facilities. In spite of their expressed need, there were few indications of the community mobilising itself to act. From the local officials to the community at large we encountered (what appeared to us like) a kind of lack of commitment which came across in the form of avoidance of meetings. At one time we had fixed up a discussion with women in main Chandeeep for 3.00 p.m. The women had gone to the field for harvesting the crop- which we had not been told about earlier. The Sarpanch, who turned out to be very co-operative decided to take charge and he made arrangements for transport and escort so we could hold the meeting at 9.00 p.m. when the day's work was over for the community.

When local influential people got actively involved in the project, even if it be at the primary level of gathering

the community for discussions, goals can be met both more quickly and with more social approval. All the group discussions thus held with local initiative brought in more men and women than ever before.

The traditional announcer beat on his drums to gather the people and this was our first major community meeting involving men, women and youth in Chandeeep. About 25 women, 30 youth and a few men attended. Having realized that no strategy would work as well as providing model latrines to establish our credibility and bring out questions and ideas, two sample latrines were constructed in main Chandeeep.

They were also meant to give an idea about the type of latrine to be popularised. These toilets were near completion when we made our major visit of Phase II. In between group meetings we met many women informally in their home and discussed the two models. They were asked to spread the word so that all interested persons could congregate and discuss the issue. The two latrines created the base for our meetings.

In main Chandeeep the meetings with Mahila Mandal members and the local youth group turned out to be very exciting.

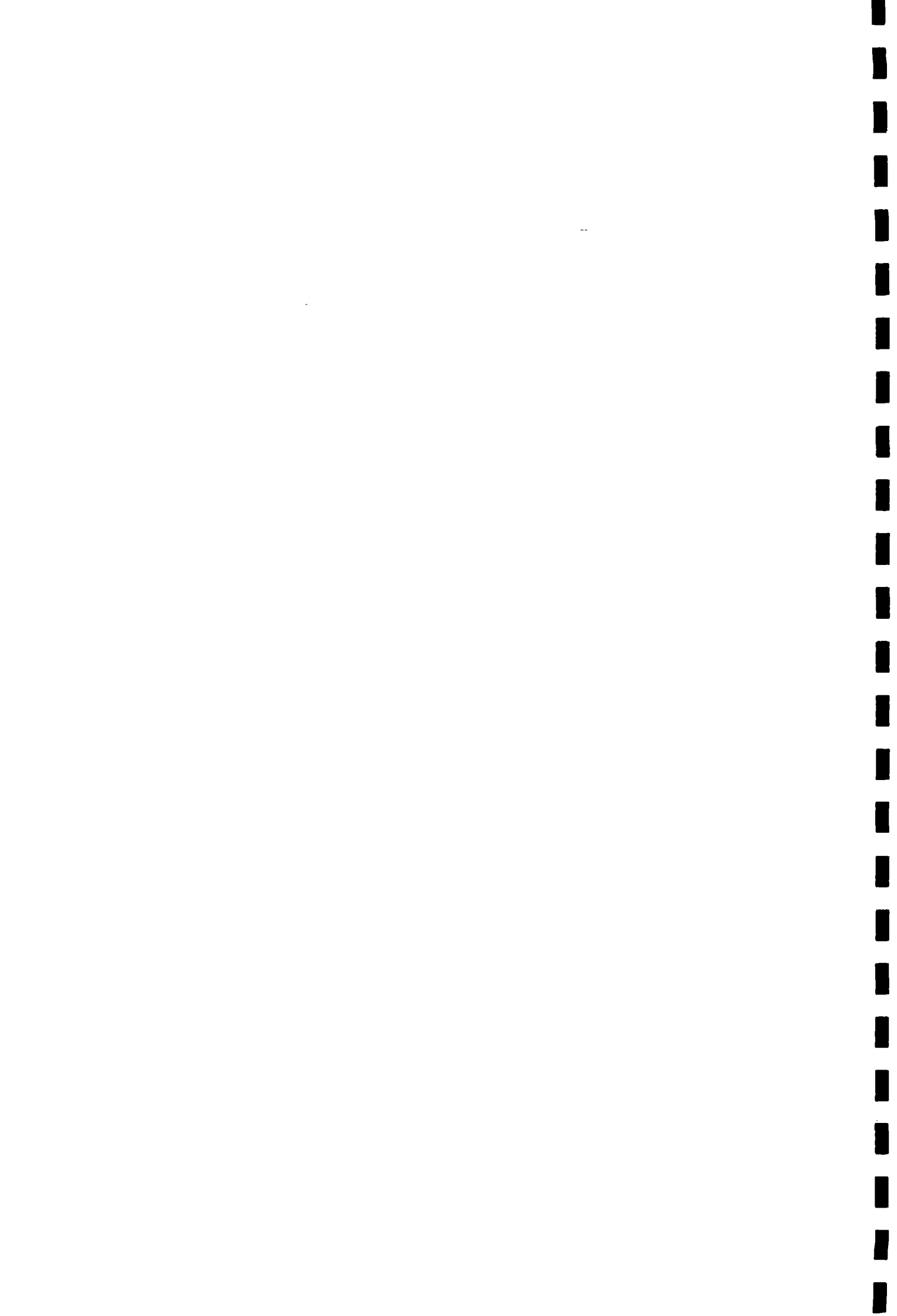
This was our first encounter with the youth mandal and they came across as intelligent, energetic and helpful. Although

some of them had political affiliations, they said it did not interfere with their community work.

Between our previous meeting with the women and this one, they had discussed the scheme with their menfolk as we had explained it. As a result they expressed willingness to contribute about Rs. 200/- for a private latrine. These were people who had space behind their houses for the construction. Women who did not have such space were willing to go in for a semi-private latrine (a facility shared by three to five families). Such members said they would contribute about Rs. 50/- each. The total cost as told to us by Government officials in the beginning of the project was likely to be Rs. 2,000/- per latrine, 10 per cent of which was to be the individual contribution. But the officials were not certain about these figures until much later.

As regards land, the members sharing the latrine said they would suggest place to the Sarpanch, who accepted this proposal. They were also agreeable to contributing labour, and perhaps thus reducing the cost of construction.

At this point of our study no definite information had been given to us about the following :



- (A) The exact cost of one latrine.
- (B) The money villagers would save if they contributed towards labour, for example digging pits etc.
- (C) Mode of payment acceptable to the concerned Government body (such as lumpsum payment or instalments).
- (D) If the villagers requested other ideas for super-structure types (as officials had encouraged us to find out), whether the latrine model promoted by this scheme could be changed at all.
- (E) Whether local bricks could be used and local masons and carpenters involved - all indicators of community participation, decreased cost for latrines and additional employment.

Implications :

At this stage we were encouraged to explore the feasibility of all the above mentioned issues and not to rule out any possibility. What is wrong with such an approach is that if not followed up with action, it is likely to destroy the community's faith in the project personnel and endanger the position of the involved NGO. To give an example, during the major community meetings the youth group was enthusiastic about building pits for ~~the~~ latrines (both private and

semi-private) throughout the village

Contributing labour was volunteered in all hamlets. As this was supposed to reduce costs according to officials, the community not only welcomed but seemed committed to the idea. Eventually when the latrines were sanctioned for Chandeeep we were told : that using local labour, whether it be skilled or merely digging pits, was not possible since the contractor would not lower his charges; the Government officials did not want to deal with co-ordination problems they assumed would arise; the contractor usually used his own team; the ground in Chandeeep was rocky, so one might have to abandon digging a pit and start in a new place and who would issue appropriate instructions to the local people in such cases? It is obvious that none of these above objections were raised by the community and when we had to turn down their offer to participate thus, their enthusiasm inevitably diminished. This not only reduced the number of applicants (since many could have afforded the scheme only through such concessions) but due to this set back the momentum built in dialogue petered out.

The original cost estimates given by officials turned out to be lower than required. When families who had opted for

the scheme were informed of this increase, it caused considerable agitation.

This was not only reason for the sudden deflation we encountered in Chandeeep in follow-up visits, but no doubt it was an instance of the lack of influence a social feasibility study would have if not empowered to bring about some changes in the official system that has existed thus far in construction project. The fact that all the recipients constructed their own pits in Khanpur is proof that local labour could be organised if allowed. It was revealing that once the community came together and major issues related to sanitation and the scheme were outlined, they took over and started bringing up vital questions with no prompting from us. For instance, one person brought up the question of responsibility for repairs in the model toilets. Would the Gram Panchayat provide funds for such? The sharing members would bear the cost of minor repairs in their toilet. The villagers felt it would be better to use local artisans in the construction, so that they would learn the technics involved and could also see to it that no malpractices occurred like mixing cement with sand. Further, if anything needed repair these artisans would always be available.

Perhaps the fact that hand pumps broke down so often and no local person knew how to repair it could have led to their apprehension of latrines breaking down.

The women said that cleanliness of the latrine would be their responsibility and were willing to take care of this. One of the members of the youth group suggested that the outer walls of the latrine should be plastered so as to ensure durability and others agreed. Some of the youths were also heads of their household and they volunteered to bear the additional plastering cost. We had planned a role-play for this main meeting in Chandeeep. But the people were articulate and eager to have toilets, so no communication aids were found necessary.

At the end of this meeting we asked the community members to register their names for latrines with the Sarpanch, giving him details of available place and which families would be sharing a toilet, if any.

We have given here details of conclusive meetings in main Chandeeep. Similar meetings were held in Dongerpada and Tabelapada, which were attended on a smaller scale. Although some of the women on Dongerpada had seen the demonstration

latrines, they did not show enthusiasm for having one in their own hamlet.

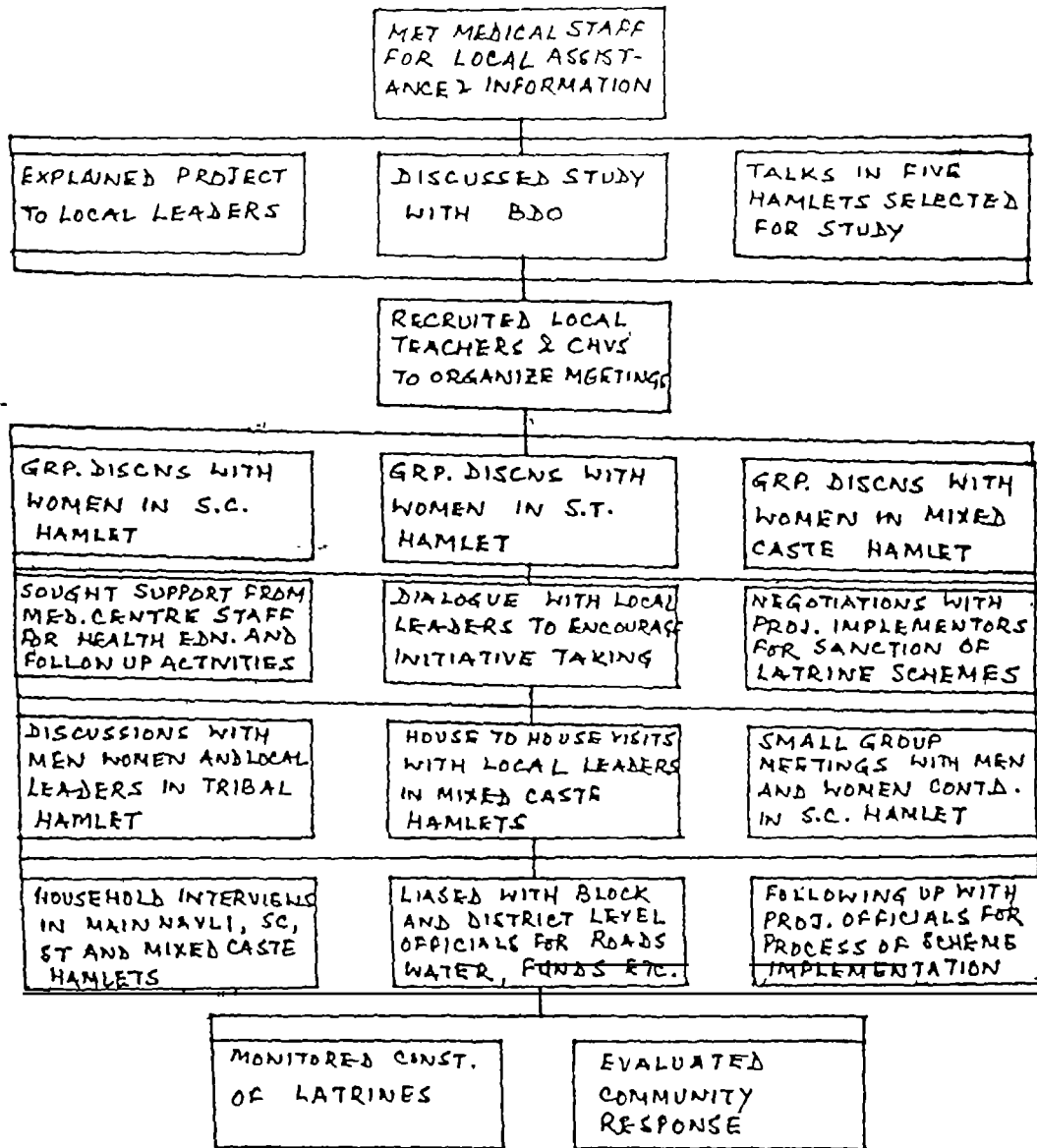
Once again, they stressed their priority for wells. In both Dongerpada and Tabelapada we discussed with them convenience for pregnant women, the old and the sick. They appreciated the need for one latrine for such people in the hamlet and agreed to provide labour but did not come forward to contribute money.

Some Final Observations

- As a number of young men commuted to urban centers like Palghar, Virar and Vasai and even Bombay for employment, main Chandeeep in particular seemed to be influenced by some modernisation as was reflected in the clothing and ideas of young people.
- The fact that private land buyers from Bombay were fencing pieces of land in Chandeeep also contributed largely to the need for latrines.
- Women of the land-owning community worked on their own farms during transplanting and harvesting seasons, due to shortage of labour. This seemed to indicate that upper class rural women did perhaps drop

requirements of their status if they were forced to adapt to changing situations. Even women who had studied through high school worked in the fields.

- The youth in this village were eager to do work that benefited their community. They present a powerful source of local initiative, talent and energy, which should be used in an organised scheme.
- There was a marked difference between the appearance and demeanour of women in main Chandeeep and those in the two hamlets. The latter were not literate, mostly engaged as hired labour or in collection of firewood from the forests and were not as articulate as the women from Chandeeep.
- In both the tribal hamlets the old people looked very sick and invalid while the youth and children presented a picture of fairly normal health.



APPROACH AND METHODOLOGY USED IN NAVLI
 THROUGH PERIODIC VISITS AND INTENSIVE CAMP

N A V L IVillage Profile :

Location : District Thane, Taluka Palghar
 Population : 3568
 Number of
 Households : 429
 Distance from
 Bombay : 84 kms
 Distance from
 nearest urban
 centre; Palghar : 4 kms

Geography:

Navli has 617 acres of land distributed between six hamlets which are not contiguous and have a distance anywhere from 1 to 5 kms between them. Farthest from Palghar are the two Scheduled Caste hamlets of upper and lower Bhagol pada. These are located amidst hills and forests and their pathway is very rough so that most means of transport cannot travel the entire way. Coming down towards Palghat station is the main village adjacent to which and rather hidden from view is the Harijan pada or Scheduled Caste hamlet. About 3 kms away from main Navli beyond fields and buildings one suddenly comes across the beginning of Scheduled Tribe dominated hamlet - Lokmanya pada. At an angle between main Navli and Lokmanya pada

beyond one storey buildings and offices is the sprawling mixed caste settlement of Moha pada. Except for the two hill hamlets the village lies in the plains

Social Composition and Demography:

Main Navli	70 households
Harijan pada	12 households
Upper Bhagola pada	23 households
Lower Bhagola pada	46 households
Moha pada	247 households
Lokmanya pada	31 households

The Kunbi community which predominates in Main Navli consists primarily of agricultural landlords or those who work in the service sector. They are economically at a higher level than people of the other hamlets and by virtue of their caste they command a higher social status. Many men from here commute to work in Bombay which is an approximate two hour train journey.

As in other villages the occupation of the Scheduled Caste families is to make cane items such as baskets and winnowing trays which they sell in the weekly bazaar at Palghar. While a few families here appear to be financially secure, the rest eke out a marginal existence. Socially, this

community is no longer visibly segregated from the main village but there are subtle signs of discrimination manifest in such as that they are not encouraged to use the same well as others in main Navli.

Residing in the Upper and Lower Bhagol padas are Scheduled Tribe communities. We were unable to ever visit the upper hamlet on account of its being on a hill. But the lower hamlet community seemed both financially and socially degraded. The people keep mostly to themselves and earn their livelihood by selling firewood which they gather from the forests on the hills.

Lokmanya pada is the other Scheduled Tribe hamlet, but the community here is not as under-privileged as the hill hamlets. Homogenous in its cultural composition, the women of the hamlet work either as domestic servants or daily-rated labourers while some men are employed in industries in the vicinity.

Most complex in its caste composition is Moha pada. The hamlet which is rapidly spreading has brought in migrant workers employed in organisations like CIDCO.¹ Scheduled Tribes from the state of Gujarat and Maharashtra, Marathas

1. City Industrial Development Corporation

(higher class community), some Muslims and families from the states of Bihar and Andhra Pradesh are now settled here. The occupations are as varied as the cultural groups.

Infrastructure:

Water and sanitation facilities - much of the affluent community has latrines but the exact number could not be gauged.

The village has 12 taps, 12 open wells and 2 borewells.

Near Navli are factories, schools, cinema theatres, medical facilities, Government offices and so on. That is to say, all the facilities that come with an urban centre are within reach. The hamlets, however, are secluded within themselves.

Other facilities:

Education - within the village there is a nursery located in the Scheduled Tribe hamlet - Loknanya pada, and two primary schools near the main village. For higher studies villagers have to go to Palghar.

There is also a bank, a co-operative society and there are several small businesses in the hamlets.

Transport and communications - reaching Palghar is convenient, but because of the rough roads to the hamlets, access to these is very difficult. During the monsoon season particularly, some of the hamlets are totally cut off from any transport. We had to rely at other times either on the availability of Government jeeps or more often we were at the mercy of horse drawn carts with reluctant drivers.

There is a post office and telephone connection in the local leader's saw mill in main Navli, but nowhere else.

Local organisations - one Mahila Mandal was registered in the logs but we found out that it was inactive.

Our First Efforts and Why We Had to Change Strategy:

During the first two months, like in Chandeeep, we made four day visits with gaps of one to two weeks between the visits. However, at the end of two months we had not made much headway in terms of eliciting positive involvement of the community at large. Local leaders too did not take much initiative in mobilising community meetings. While informal discussions with the women continued, the link between dialogue and action was missing. Besides, talks in a couple of hamlets brought forth either negative reactions or indifference. Harvesting and heavy rains combined, our

efforts to involve the community bore little fruit.

Perplexed by what we felt were subtle obstacles, and unable to pinpoint the reason, from intermittent visits we tried a different approach and went into a concentrated effort through an intensive camp. A combination of methods used therein served to tie together the phases, build momentum and allow a co-ordinated programme to emerge.

One possible reason for the severe reluctance we faced initially almost amounting to hostility in one hamlet is that the Palghar area around Navli has a history of political action.² Various political parties have propagated schemes to the people which were not fully implemented. In some of the hamlet people belonged to three different political parties.

If our camps were to have proved unsuccessful in building the community's faith in us and in the project, Navli would have been excluded from the study. But a multi-level approach during one intensive camp did work in penetrating the community's defences. Significant research and action

2. The Palghar Taluka has a history of tribal revolts against the landlords. Political parties particularly Communist Party of India (CPI) as well as CPM (Marxist) have strong base here. There have been inroads from various reformist organizations.

took place during the intensive camp. Since both occurred simultaneously, the results cannot be presented in two distinct phases.

Selection of Participant Groups:

In Chandeeep our aim had been to study all the communities and then concentrate upon those who needed sanitary facilities the most. In Navli we decided to change direction and take the project not only to those who needed toilets but also to those who would not be able to obtain the facility without assistance. That is, we realised from our previous experience that unless special efforts were made to involve Scheduled Caste and Scheduled Tribes - both of whom are socially and economically disadvantaged, schemes such as the one we were promoting would reach only the affluent section in the village.

Our preliminary visits to the hamlets brought out certain features of each community which determined the selection of three hamlets out of six for the study. The hamlets we took up eventually were decided upon after initial discussions with women and men therein.

The criteria were the villagers' expressed need, economic status, and approachability to their hamlet in terms of distance

and transport. We finally conducted the study in the Scheduled Caste hamlet Harijan Basti; the Scheduled Tribe hamlet Lokmanya pada; and the mixed caste composition hamlet Moha pada. The process of selection is outlined here.

Having initiated the project during the monsoon season, some of these hamlets could not be reached for quite a while. We had limited time at our disposal, during which we also had to avoid planning community meeting at the time of festivals and harvest months. All the local officials and medical personnel in the area advised us against taking on the study of the entire village and suggested we might achieve better results if we were to concentrate on a smaller population.

In the main village, the Kunbi community appeared from their occupation and houses to be fairly affluent. We felt they could afford to build latrines for themselves, and though we informally interacted with them and conducted a few in-depth interviews, we left out their hamlet from intensive study.

A couple of visits to the upper and lower Bhagol padas revealed that the people were too poor to afford any contribution and that more importantly, latrines were low on their priority list. They had a lot of land and foliage around

their hamlet to serve as defecation ground and it did not seem feasible to alter their entrenched behavioural pattern in such a short time. Their dire need was clearly water. The women were very reticent and we felt that building rapport would require considerable sustained effort. The main factor influencing our decision to leave out this hamlet was that the community expressed lack of interest in the facility.

The NGO Representative:

As Head of the Department of Community Health Nursing, SNDT University, our NGO representative here had worked in various villages in Palghar for the past 10 to 15 years. Her long association with local influential persons around Navli proved very useful.

Moreover, as the SNDT hostel was being constructed on three acres of land donated by the village, she had been visiting the area regularly. Because she was familiar to the community as a person, as a nurse, and as a representative of SNDT University it paved the way for us to meet local officials, medical officers and key informants, we cannot emphasize enough the value of entering a village through such a person or organisation known to the people. Her credibility

had been established with the officials, which was essential in enlisting their support.

Our Initial Interaction With Medical Personnel and Local Leaders:

There are (unusually for a rural area) two medical units side by side near Navli with their responsibilities overlapping to some degree. These two units are Government Primary Health Centre and a Health Unit attached to one of the oldest hospitals in Bombay. Our NGO representative had been working with this staff over the years. So our first contacts before we met the community were medical personnel. Amongst the specific persons whom we apprised of our study and sought response from were, Senior and Junior doctors, nurses, a sanitary inspector, a health inspector and Community Health Volunteers (CHVs).

Our Objective in Establishing Connections With All These Persons Were:

- i) to get their view on how to conduct the study, since they were established in the area and might be familiar with the community;
- ii) to assist us in arranging meetings in the hamlets through their respective staff already working there;

- iii) to obtain baseline data on issues such as the health status of the community;
- iv) to informally gather information about the area, the people in Navli and the interactions between these persons and the medical persons;
- v) to check out their infrastructure for possible follow-up action.

The medical unit co-operated with us and arranged for housing and transport during these visits and we went to the hanlet with the Sanitary Inspector.

Local leaders in the Gram Panchayat are usually employed in regular service or have their own business, apart from administrative responsibilities. This often makes it difficult to meet them and get them to organize hanlet-wise meetings. Taking into account the convenience and availability of local leaders, women and men in the hanlets, medical staff and government officials, constituted one of the main determinants in co-ordinating our work-plan. While in the initial visits we planned activities sequentially, the intensive camp necessitated simultaneous action on several fronts.

*Hyed.*Communications Aids Used in Group Meetings:

Corresponding to the experience in Chandeeep, we found discussion the most effective method of data collection. Other tools used however, did serve to give focus to the particular meeting and as a take-off point of where reactions arose to lead into dialogue. Participant observation was of natural and vital means by which we learnt about the community. The two specific techniques we used in each hamlet were (i) the needs assessment activity (described in the section on Methodology), and (ii) behavioural data maps which included some general layout like housing pattern in each hamlet. Apart from these two constant tools, we used different media in each hamlet such as mythological role plays, a street play, visual aids on sanitation related diseases and on personal and environmental hygiene. An effective technique incorporated into the discussions by our NGO representative was the use of culturally familiar proverbs and analogies drawn from traditional folk as well as ancient epics to illustrate and emphasize a point.

We had originally proposed to avoid using conventional interview schedules and primarily use more participatory modes of information collection. After the discussions in Chandeeep, however, we decided to try using questionnaires in household

interviews, not to provide any quantitative information received in group meetings, but as a means of cross-checking the group reaction in order to gauge how representative they were of the community. Also, answers to attitudinal questions may not be voiced in groups and we needed to fill in the gaps. Discussions moreover, often tend to ramble, so all the questions we had did not get an answer such data we sought through interviews.

Findings From The Scheduled Caste Hamlets

In one meeting we broke into two groups and a young girls' group spontaneously emerged . . . versus an adult women's group. We worked around the needs-based activity. The priorities in the two age groups were different. Each sub-group had one research member leading the discussion and one observing the women's reactions and group dynamics.

Why Were We Delving Into Women's Needs?

It must be emphasized at the very outset that there are several reasons why the various 'wants' expressed by these women become important. It is not because they constitute a different species; it is not because they are 'different' from urban women. It is because their requirements stem from their life situation and have a rationale behind each

of them, that this discussion assumes greater import. It is because it reveals the stark reality of their daily existence, which programme planners and implementers too often ignore, that we ought to pay attention to what they feel. These were women whom other communities of higher rank refer to as 'backward' and 'ignorant'. The more we were exposed to their views, the more we learnt that the ability these women had in dealing with the severe constraints of their conditions proclaims a practical intelligence which cannot be ignored.

This activity was also an attempt to learn about how the women perceived sanitation and good health in relation to their other needs.

It is well known that unless a target community's major felt needs are given some consideration, they will not respond in full measure to a development programme that introduces other facilities. Since we were studying the feasibility of a facility, this feature becomes relevant.

Women's Priorities:

Although there were four columns showing a gradation of priorities, the women tended to divide the cards into two parts, those that were 'needed' and others 'not needed'.

With one voice the older women said that water was their most urgent need. Navli, as the other villages, was selected on the basis that it had sufficient water supply to support a sanitation programme. But talking to the people brought out details to the contrary. The visuals had depicted a tap, borewell and an open well. They did not want the borewell, since there was no mechanic nearby to repair the hand pump soon, once it got out of order. A source of water located near their hamlet which would supply water throughout the year, was what they asked for. At present they were forced to walk long distances to fetch 20 to 25 large metal pots of water every day, as they had only one well in the hamlet. As mentioned earlier, social taboos were still in practice not permitting them to draw water from every well.

Spread over sloping ground, the hamlet had winding, rocky and uneven paths leading to the main village where the road was good. Walking up and down these paths with heavy vessels of water so often in a day, the women said they were very prone to foot injuries. Their concern was that this would prevent them from accomplishing their manifold jobs effectively. A good road was therefore high on their list of needs.

That food is a basic necessity was taken for granted and not discussed. In order to cook this food, fuel wood was necessary. As one woman laughingly put it, "without fuel how can you cook? And without food how can you defecate? So then who needs latrines?" Saying this she took the three corresponding illustrations and firmly placed them in the top priority column, while all the other women joined in the fun and supported her.

Young Women Strongly Feel the Need for Latrines:

The women were aware of the purpose of our study and about the latrine provision scheme. We had briefly discussed it in the first meeting. There were no latrines in the hamlet. People used the ground behind their hamlet for defecation purposes. Both men and women had a separate allocated area as was prevalent in most hamlets that we saw. But they were not far from each other and the path to where they converged. it was awkward for women when a man used the area. Devu, a young girl said, "if a man is not good, he will deliberately take a long time to move away from the defecation area so that the women would have to proceed anyway and keep their faces lowered". As we heard in Chanddeep, during the monsoons these women too had little place for defecation - most areas were flooded. This was one problem rural men

too and was a factor motivating their need for latrines. The women avoided going to defecate in the day time, so they had to discipline their system and go only at dawn or night time. The young girl said if they had the urge to go in the day, they used an umbrella to hide themselves. They were particularly afraid of defecating in the open during their menstrual phase. Sick persons here followed the same pattern. We observed that the older women, whilst encountering the same situation in this respect as younger ones, seemed to accept the situation as status quo. Younger women and teenage girls on the other hand expressed more difficulties and also more eagerness to avail of an alternative. In this hamlet particularly, the girls were vocal and some of them educated, so their ideas showed a definite 'modern' influence.

With national efforts in progress to spread education throughout the villages of India, it may be expected that the younger generation will become increasingly aware of necessities and conveniences available to the urban population as can be seen even now. Their need for sanitary facilities could increase and find expression. Project planners might do well to initiate inquiry into the special needs and possible involvement of this population, for it is they who will be dictating rural requirements very soon.

Will Education Improve the Women's Lives?

Perhaps on account of the meetings being held outside a teacher's house (for want of a common space), education was discussed in more detail than in any other hamlet. A couple here went beyond the confinement of their underprivileged status and achieved what is rare in their community - they took advantage of a scheme, providing them education and were now serving as teachers in the village school. This upgraded their social standing and appears to have created an aura around the process of education for them. The young girls' sub-group placed education at the top of the 1st priority column while the adult women gave it little importance. The girls explained to us that without education "nobody could understand anything". With the adult women it was the reverse. They saw no need for adult education, but they felt that one should at least know how to sign one's own name. To give an instance of how their own situation directly determined their perspective, a lady said that to her education was not important since she had no children to educate. While speaking in a large conceptual frame of reference, yes, education was important. But within the present situation of this woman, it understandably held no practical value.

Adult education classes had been started in their village but had 'failed' because the women were too tired after the day's work to attend these classes in the evening. Moreover, it must be realised that neither were such classes a pleasurable activity for the women, nor were they going to have an immediate beneficial impact upon their condition. This is not an argument against educating the rural masses. It is a suggestion that instead of uniformly imposing formal education, the need and situations of the community be considered. A few key persons of the community may be given some educational exposure, who could then disseminate knowledge locally. The teachers in this hamlet had a small newspaper library which a few community members read out to the others who were not literate. They also possessed a television set and apparently other villagers came there to view the better programmes.

The women's views on educating the young highlight the defects in a system which provides 'free' schooling in terms of fees, but which makes no allowances for the lower income families who cannot provide uniform, shoes and books. One educated woman in the group told us that people in the hamlet were envious of educated families only because they were more affluent. "They did not want to take the trouble to get educated, nor did they want to exert themselves for their own progress",

she said. This view is subject to question, especially since it exemplifies the superficial judgements the educated tend to make. We came across a family in this village where the mother could not send her younger son to school because the elder son had exams and taken the only slate board that they possessed to school.

The need for health and hygiene education to support a latrine promotion programme is very great in the villages. Nevertheless in designing such communication support projects the women's attitudes regarding both, health and education - especially formal education, must be kept in view. These values will affect their interest and participation in such programmes.

The Women's Views Devoted Clear Need Fulfilment:

Some of the houses had no electricity in the Scheduled Caste hamlet. They used kerosene lamps. Yet the women did not ask for electricity in their houses. Facing more problems as they walked in and out of their hamlet, they wanted street lamps more urgently. This is a sign of how they often cope with limitations (as in their house) and voice a desire for only those facilities which would make a major difference to their actuality. The discussion took an interesting turn

when one woman asked if there would be light in the latrine. "How will we go in the dark?", she asked. An official who heard this remark dismissed it lightly saying that these women went in the dark at present in any case. A counter-reply we gathered from the women was that they often had moonlight, starlight or illumination from buildings nearby to guide them to some extent. In a closed latrine it would be pitch dark. This view that electricity in the 7 model toilets is essential was reiterated by women in several places.

In the absence of electricity in the home, they discarded all the cards depicting electrical gadgets such as television. The younger group on the contrary placed television, radio and film in the list of required items. The generation gap was becoming gradually evident.

Some other facilities that they felt were either not required or not feasible were transport such as bus, since they preferred walking; improved agricultural technology like a tractor, as they were landless labourers; and a 'nori' (small arrangement in the kitchen which also serves as a bathroom) since they did not have sufficient space for it in their house. For bathing and washing purposes some of them had built a small shed of sorts made of leaves and grass behind their huts.

The women's priorities were very rational choice. Their needs had an immediacy that one must acknowledge. Their requirements were specific to their situation today, not the future. Their potential interest in sanitation facilities would therefore have to be adjudged against the difficulties they faced in other phases of their lives.

We experienced an extension of this present oriented perspective of the women in our group meetings. A few of them would suddenly depart without saying a word to attend to their needs of the moment. Sometimes they would reappear later saying they had gone to wash clothes or perform some similar household chore.

Sex And Age : Determinants of Authority:

Discussing their regular heavy workload some women said rather bitterly that their husbands would never acknowledge this effort. "The husbands will not say, 'you have done so much work'. They (the men) feel it is our work and we have to do it." That was all there was to it as far as men were concerned as she conveyed. The role relationship and power hierarchies within the rural society would bear a vital influence on a sanitation programme

What is true of male domination patterns internationally is perhaps more rigid in rural societies, as is indicated by the distinct segregation of type of jobs for men and women. While the women usually accepted this situation unquestioningly it is apparent that some were not entirely resigned to it.

Age is revered in traditional Indian culture. To approach the community through elders is an effective way to get accepted, provided they are convinced of one's sincerity. Throughout our discussions in this hamlet, the teacher's invalid mother-in-law who was sitting on a cot nearby articulated her opinions, which carried weight. At one time we noticed that the lady teacher always remained standing in our presence as some of us sat on chairs talking to her. Young married women did not sit in the presence of elders. Over the years she was thus used to standing and talking. "Old habits die hard", she told us. So that although there was no restriction when we were around, she was not comfortable seated.

It has been found that elderly rural women are usually more averse to change, particularly with regard to defecation practices. They will have a say in whether a programme is acceptable or not. If younger women are to be involved the

co-operation of the elders is essential.

Findings From The Scheduled Tribe Hamlet - Lokmanya pada

The specific aids we used in the meetings here apart from the needs assessment activity were :

- i) a mythological story which had relevance in the present age;
- ii) a role play based on health and latrines;
- iii) a small street play incorporating women's positive and negative reactions to a sanitation programme;
- iv) songs, flash cards, posters on various health, hygiene and sanitation themes;
- v) open-ended stories and experiences from other villages.

Our key contact here was an active nursery school teacher whom the women liked and respected. The local CHV assisted to some extent initially, but never showed up subsequently, perhaps on account of a conflict posed by the higher intellectual standing of the teacher. Many of these meetings were held on Fridays, the community's weekly holiday.

Working as domestic servants, on farms and in factories, these tribal women came across as intelligent, aware, active, warm, hospitable and co-operative people. The discussions,

once the ice was broken, were dynamic and insightful.

Substantive Information Related to Sanitation:

Echoing women in the Scheduled Caste hamlets, fuel wood, a strong house and electricity were their prime necessities.

This Scheduled Tribe hamlet until recently was isolated from other buildings and from interaction with other communities. The appearance of industries nearby had blocked the open space that people had used for defecation. They were beginning to experience various shortage of land for this purpose. As a result, and also perhaps due to their exposure to urban amenities, the need for latrines was expressed from the very start and the women were willing to co-operate in their use and maintenance once constructed.

Their present practices included allowing sick persons to defecate in the hamlet and the excreta was thrown out in paper in a suitable place, while the area was thoroughly washed. Children, as everywhere else, defecated near the houses. An umbrella or a plastic sheet was used to protect the women's privacy.

Usually a female escort always accompanied one who went to the defecation place behind the hamlet. Reacting to an

open-ended story about a girl in another village who panicked while defecating in the dark, the women here insisted that the girl must have had a psychological reaction to some other experience. The older women supported younger ones to go fearlessly for this purpose in the dark. If someone was too nervous to go by herself, the elder women did not let her go alone. Hence they were unwilling to admit that the girl in the story was frightened by something in the dark.

Internal Unity Influences Community Involvement:

A girl in Mazagaon got molested and beaten up as she went out thus in the night. When we recounted this to the women here, they said that while they might fight within themselves facing an outsider they did unite. So no girl could in reality get troubled here. "If anyone is in trouble all of us will collect to help," they said. But their predominant feeling was that in all other respects internal co-operation was lacking. "It is for this reason," one lady told us, "that sharing latrines and contribution is not feasible." "Why not?" we queried. "Five of us may contribute and share a toilet, but the two besides us who do not do so will envy us and even break it down - such are the people in our village", she replied.

Unity in the hamlet or the lack of it, we discovered, made a striking difference to people's involvement in the programme from acceptance of the programme to action in working out convenient solutions while implementing the scheme. Within most of the hamlets in all the villages women said there was no co-operation. Organising themselves to understand their problems and improve their own situations seemed a difficult proposition to them. There were exceptions in some hamlets such as this tribal one, where women showed more solidarity than men - a point in their favour. Where such characteristics are visible in any village, women ought to be taken up in a plan of organised support.

Communications: Patterns and Decision-Making in the Family:

While women expressed their need for sanitary facilities, they were also doubtful about the financial aspect - whether they could afford to contribute money and whether their husbands would agree to do so. Our NGO representative related a story from Hindu mythology about five renowned women who simultaneously played the roles of counsellor, administrator and devoted wife. The message communicated was that we, as a group, should be able to co-operate and participate in the latrine construction scheme by motivating

husbands to dig pits so that the individual's cost would be less than the required 10 per cent. We discussed the need for such internal motivation in each household so that men would begin to recognise difficulties faced by their women in defecating in the open fields, especially during pregnancy, after childbirth and during menstruation. As a result, the women agreed to discuss the issue with their husbands.

The extent to which these women communicated with their husbands on the delicate issue is difficult to gauge. From the vague feedback we got we suspect they might have merely mentioned that a latrine scheme was being offered. The next time we met them, they suggested that either the primary school teacher or our team talk to the men directly. This could mean that either they were unable to broach the topic or that the men reacted negatively since latrines may not be on their priority list. Whichever the case may be, we found that unless the men were addressed directly no active commitment was forthcoming. Men made the financial decisions even though women were also earning members.

During a general community meeting in this hamlet, while some aids were displayed showing sanitation related illnesses

like worms, the men were clearly least interested. They formed a separate circle around the local leader who was present and discussed pros and cons of the scheme - mostly the financial angle. Women on the other hand exhibited keen interest in the visuals displayed, stories told and activities conducted.

Consciousness of Cleanliness and Hygiene:

The Scheduled Tribe women exhibited sanitation consciousness that was remarkably stronger than in any other lower class hamlet we had seen. A story depicting individual's dirty habits brought forth spontaneous exclamations like "how uncouth". A coughing woman kept her mouth covered and turned her face aside when she coughed. A child came by with his nose leaking and the mother instantly grabbed him, scolded him for not wiping his nose and promptly did it herself. We used a humorous illustration about a woman's sari being put to multiple uses, from wiping her hands or cleaning her child's nose to wiping utensils. This got the women laughing and they responded saying "one should use a washed cloth for cleaning vessels."

Accepting their own role in teaching their young ones good habits. the women said that if a child did not use the latrine

properly, they would not mind cleaning it and they would toilet train the children.

It is relatively easy to plan hygiene education for rural people assuming they have little awareness of its importance. It is very difficult to carry out such plans in an encounter that puts the researcher at almost the same level as the community, such as occurs in participatory action. In other words, we were entering their territory to learn about them by interacting on an equal footing. Where did the top-down approach of giving 'instructions' on cleanliness fit in? Such 'education' we felt was more presumptuous since the women we met were, in their own manner, particular about cleanliness. In some villages awareness creation of basic hygiene habits may be necessary, particularly in conjunction with a latrine scheme. We would advocate that such be undertaken with a sympathetic attitude, acknowledging the observable positive traits of the community and not merely delving into their lack of sanitation consciousness.

In our discussions on common illness connected to lack of sanitary habits, the connection between the two seemed remote to the women. In the section on Chandeeep we discussed the absence of their awareness the germ-theory. This phenomenon

can be taken as true for most villagers. This does not mean however, that the two - i) absence of illnesses and ii) clean habits, taken separately were not important to the community. Both men and women in this hamlet advocated healthy practices. Maintaining cleanliness did appear to be more applicable to the role of women rather than men. In a community session some men said they wanted their women and children to be taught cleanliness and the proper use of latrines. In order that maintaining latrines does not become the exclusive responsibility of women, absolving men of their accountability, separate discussions on the issue focussed on men would be essential.

Once in a while someone would express scepticism about the rural community's ability to sustain a clean environment. Reacting to a skit we performed with local medical personnel, a local woman said, "one child may use the latrine and not throw water. When another child goes in, the mothers will start fighting over who is responsible for the dirt". According to her, while these women in the meetings agreed upon the value of sanitary habits, everyone in the community may not feel the same way. All the people therefore, she felt, should be made to understand the importance of such habits. This discussion stemmed from the idea of sharing

latrines between families. Such doubts confirmed that hygiene consciousness was not uniformly present or absent in a hamlet. In one meeting the women were found grumbling to us about "the dirty person" who had washed the cloth they use as sanitary napkin and dried it on the parapet of the common well.

A departure from the tendency to use modern medical facilities that we found elsewhere was the fact that women here were reverting to some traditional practices. The system of modern medicine represents the curative aspect of good health and not the preventive aspect. Where efficient medical services are available, villagers prefer to use these. It is to the credit of the Government that awareness of modern medicine has spread through most rural areas. Unlike what is conventionally believed that they prefer traditional 'healers',² rural communities seek modern facilities, for their curative elements hold attraction. The tragedy lies in inadequate delivery mechanisms and impersonal treatment, which force them to return to their old systems.

2. 'Bhagats' as they are known in local parlance use methods that are more in the realm of black magic or witchcraft.

In Lokmanya pada, the Scheduled Tribe hamlet, some women said they stopped visiting the health centres in Palghar because of poor post-natal care. Those who had no kith and kin nearby to assist them at this time would have to rely on the administrations of the nurses, whom they found uncaring and unconcerned. Instead of paying more money and getting such treatment these women felt that they preferred the old time 'dai' or midwife who cost less, and more importantly, gave personal attention to the mother for 10 to 30 days after the delivery. Human considerations often meant more to these women than remote issues like hygiene (dais are said to be using unhygienic methods of delivery). Regarding common illnesses, where modern medicines failed, they went to the traditional healer.

Often, unanswered questions and misconceptions turned women away from clinics. For instance, one woman indignantly told us that the doctor squirted out half the medicine while injecting her and she felt that since she was paying for it, it did not seem 'right'. Believing that the doctor was not qualified enough, she stopped going to him for treatment. Her anxiety over the situation was evident. Totally disproving theories propounded by most of the men we met - both official and within the community, women grasped concepts behind the

low-cost latrine and brought forth questions which deserve to be answered . Just as these women rejected a health system which did not fulfil their needs and give importance to their questions, they are likely to act in the same manner in a sanitation scheme that ignores their opinions.

An Emotionally Charged Community Meeting:

We earlier dealt with the belief that a child's stools were not considered 'dirty', which could give rise to indiscriminate defecation. In order that the children in this hamlet would get into the habit of using toilets from a very young age, one free model was allotted for the only nursery in the Scheduled Tribe hamlet. The teacher was clearly aware of her role in training the children to use it properly. Such children could influence the thinking of their parents in due course of time

Issues and ideas revolving around the model toilet such as site and land, were thrashed out in our meeting with the women. And yet it was as though we were starting all over again when the first community meeting was held where men were directly involved for the very first time. They had to be slowly and carefully explained features of the scheme and it appeared as if the women had not shared much of our

discussions with their men. The men forcefully expressed negative sentiments about the entire scheme. Their hostility, though, seemed to stem more from their disbelief that such facilities would truly accrue to them than from any criticism of the scheme itself. From the joint meeting we could now safely assume that the lack of active involvement we were constantly coming up against could be due to the men's discouraging attitude with the women.

Bringing Leaders to the People:

We had insisted that local leaders join us in the hamlet - something they were clearly not accustomed to doing. Most of the people appeared overwhelmed by their presence and the leaders admitted that these were their first visits in some of these areas. As the local leaders, technical persons, medical staff, our research team and a few women surveyed the area where the model latrine was proposed to be built. One by one men came up and loudly criticised our arrival. "Everyone comes, talks and goes away without doing anything. First you show us action, then only shall we see about our contribution", said a couple of men. These villagers have had considerable experience of being promised benefits by political factions and ultimately not receiving them. Some of the men were drunk. Their usual custom was to relax on

their weekly day off by getting together and drinking local liquor. So their bitterness was unbridled. The local leader present explained to them that he was ready to help but that he needed their co-operation. He could not do much alone, he told them. Throughout our community meetings both here and in Moha pada (the mixed caste hamlet), it was stressed that unless people and leaders met halfway, the sanitation scheme could not become fruitful. Constant emphasis on unity, co-operation, self-help and similar themes seemed to have an effect on the community. In subsequent meetings the men, especially in Lokmanya pada, were very co-operative. The who had abused us came and apologised for their behaviour, explaining that they had thought this venture would be "like the rest of them". What significantly added credibility to our intentions for the leaders and the community was their recognition that since we were not representing the Government, we could have little vested interest in promoting the scheme. The local leaders urged the people to support the project. They often told the community "these ladies have come specially to our village to improve it. We have been selected out of so many other village to get these latrines. Let us take advantage of it". It took considerable time and effort before these leaders were themselves convinced

of the above. But when their faith was established towards the last intensive camp, their support was phenomenal.

Important Points Raised in Discussions With Men in Scheduled Tribe Hamlet:

- i) As men suggested the site for this model latrine, we had to intervene since it was not appropriate in view of what we had learnt from the women. Questions were raised about whom the land beside the nursery belonged to, (only Government owned land could be used for the latrine constructions).
- ii) If the toilet was built near any house, the men felt that the foul smell expected would inconvenience that family. They suggested a faroff place, which would defeat the purpose of convenience in the monsoon. Children would have to trudge through the rain, making it unsafe for them. The men had to therefore be explained how the low-cost model would not smell if properly maintained. We learnt here what was confirmed in other villages, that by and large rural people felt that a latrine per se was 'dirty' and should be far from the main house.
- iii) The contractor pointed out positive and negative technical features of each proposed site such as would affect

construction as well as maintenance. His presence was useful.

iv) The teacher did not voice her doubts before the men, but talked to us privately and we in turn communicated her concerns to men. She wondered whether they would contribute labour to clear the path to the proposed latrine of bush and thorns and lay cement or similar slabs for the children to walk upon. The men readily agreed to this idea.

During the meeting the local leader spent time talking aside with the men explaining the scheme while we, along with the team of medical workers simultaneously enacted a street play for the women. Thereafter we discussed sharing arrangements, finance, maintenance, and co-operation. Bringing the leaders and the community together to voice their views proved the binding and motivating force for both parties. Men and women agreed to give whatever help was required such as digging pits, carrying material, and sharing construction costs within three to five families depending on capability. They could not afford private latrines.

Local Landlords as Potential Donors:

The Scheduled Tribe hamlet came into being through what one may call a patron client relationship. A big time landlord

in Palghar who was known for his welfare activities donated the land and huts where this community now resides. Our informal interactions during the long camp included meeting a few of such landlords. They expressed interest in the scheme and felt that health and hygiene education ought to accompany a latrine construction programme to make it 'useful'. One of them told us, "people are so used to sitting out that latrines will remain unused if the people are not given proper education." Whatever truth or biases this points to, what is noteworthy for programme persons is that these men were willing to contribute money for such education. Their families have over the years undertaken welfare programmes for people in Palghar. While they present a potential source of funds and local organisation, we have reservations in recommending them since they employ the tribals in Navli on their fields and such aid could empower them to dominate the community. Besides, a welfare approach leaves little scope of people's participation and women's views may not be considered at all. These reflections were part of our search for a means to obtain funds enabling lower class communities to obtain latrines which they often could hardly afford themselves.

Moha Pada (the Mixed Caste Hamlet)

Initial visits to this hamlet were more in the nature of casual chats, getting acquainted with the women and building rapport before we became more focussed in our interactions. This deliberate attempt to introduce a range of topics into the discussions was because in the very first meeting with the women we were greeted with "give us water pipes; give us latrines; we want roads..." Word has preceded us that we were connected to a toilet team and this provoked both their need for other amenities and their negative response to the scheme. What we explained to the women at this stage in a sense formed the recurring theme through all our communication with them. We were not there to 'give' them anything on a silver platter. Together we could try to explore their circumstances, available assistance and then perhaps attain some goals of theirs. Seeking solutions together was the keynote address in this hamlet more than in any other hamlet. Until the very end while individuals were warm and co-operative, this community as a whole remained uninvolved.

The Community's Experience With Government Schemes:

When schemes do reach the people they are oriented towards treating the latter as recipients rather than participants.

The rural community on its part expects to receive the benefit of programmes without doing much to involve themselves in these designs. The attitude prevalent amongst all the villagers we met can be gauged from the commonly voiced "we don't get anything." Our NGO representative constantly confronted this attitude and tried to help the community realize that they too had a responsibility in getting facilities for themselves, that they must make some effort and not foster apathy or criticism within themselves. This was an effective strategy which subdued their militancy to some extent. Many of our discussions in Moha pada consisted of the women airing grievances against the local leaders and politicians who did not heed their requests, they said.

While such complaints were strong in all the hamlets in Navli, this group was the most difficult to calm down. It became clear as the study progressed, that one of the most momentous roles our research team played in the project was that of liaison agent between the community and local leaders.

The justification for their being disgruntled was illustrated through the experience women said they had with schemes such as the one where the local administrative body provided stones for constructing a road in the hamlet. These were reportedly dumped in front of houses but no action was undertaken to do

the needful. Some of the stones were thereafter stolen by the villagers while others now lay where they were dumped. The roads in the hamlet were in fact extremely rough and it was much more in the rains when the sharp stones were not visible that the women and men suffered a great deal. For this they were understandably bitter.

The blame, if one were to attach any, could be partly placed on the people here. Belonging to different political groups, castes and socio-economic status, there was little indication of co-operation amongst the community members. External influences with vested interests have instigated factions in Moha pada, creating wider rifts. They also seemed unwilling to volunteer labour for any scheme. These general characteristics of the community had great influence on our study in terms of obstacles in the process of research itself as well as the results. We earlier explained the cultural diversity here within natives and migrants. A medley of languages too added to the diversity and influenced our interactions with them. If we spoke in Gujarati, the Marathi speaking women would show disinterest.

From Group Meetings to Individual Contacts:

We found several more dominating women here than was usually the case in our meetings so that group dynamics were directly

determined by their presence. The quieter women rarely got an opportunity to talk and we saw that they were often not pleased with the drift of the discussion. The only way to interact closely with more women was for us to walk around the hamlet personally. We also found this necessary since women of one group like the tribals from Gujarat residing in one section of the hamlet would not attend meetings held in the Marathi section. We used any opportunity to learn about the community at the well in the morning, or amidst several households in the evening when women returned with firewood from the forests. One more reason why informal individual talks became important to our research was because the women did a variety of jobs both inside and outside the home so that to find a suitable time where most of the women could get involved was very difficult.

Sanitary Practices and Needs:

This community's need for sanitary facilities was perhaps more severe than other hamlets since the road leading to the recently constructed industrial buildings runs near the hamlet, making for lack of privacy. The hamlet is very spread out and people from most parts face some difficulty or the other such as new buildings, a cemetery, or new roads. A 10 minute

walk away behind the hamlet was a stream we were told, which the community used regularly for defecation.

For bathing and washing purposes, outside each house was a small enclosure made of bamboo poles and covered sometimes with leaves, sometimes with plastic and for visiting urban people with a sheet of cloth.

Signs of cleanliness consciousness were less visible.

Although the women said it was important to them, we observed that their children were dirty and so were most surroundings. They viewed with interest the flash cards we used to stimulate thought upon issues related to hygiene. But no reactions were forthcoming. Cultural diversity could have contributed to a lack of identification with the space in the hamlet and so there may have been less urge to maintain cleanliness. In some respects this hamlet was a micro version of a large urban city. Many people lived their own private lives and did not interact much socially except with their immediate neighbours.

A relatively new phenomenon we came across here which was one of the few signs of socialisation, was a weekly spiritual get-together locally called 'swadhyay'³ which literally means

a spiritual study of the self. A prayer meeting was held in someone's home with about 10 to 15 women regularly attending it. A woman from a neighbouring village belonging to a wellknown religious group in Bombay came here and sang devotional songs. The women in our discussions were very enthusiastic about the experience of receiving lessons on human values through the songs. In complex communities such as Moha pada, these prayer meetings which inculcate values such as inner strength, mutual support and practical means to worldly crises, could be explored as a potential source of spreading messages such as 'cleanliness is Godliness'. They said they had learnt a lot of about Godly virtues through these classes.

Official Liaison in Navli:

A social feasibility study attached to action cannot strictly remain within the area of studying women's roles in sanitation. We expended equal energy on talking to women as to various Government officials and non-governmental persons, Nobody was certain about whether the existing water supply could be sufficient for their maintenance of latrines. Drinking water was itself in short supply in the village. Our first interaction at an official level therefore consisted of seeking out possibilities of funds being allocated for

constructing wells or some alternative facility in each hamlet. This included visiting the hamlets with officials concerned so that they could judge for themselves the feasibility of such a scheme. We learnt that borewells could be dug in the hamlets and they would cost less than regular wells. One high level official told us that contractors refused to dig less than 300 feet underground because then they would not make any profit. In Navli however, below 300 feet the water was salty and useless to the people. All we could do was put local leaders in touch with the Water Supply Board of the Government and see that they received information on how to apply for the 'Emergency Water Supply Scheme'.

Notwithstanding bottlenecks with contractors, it was clearly evident that difficulties were also caused on the official end by a marked difference in perception. While in every hamlet we visited the community tried to tell some officials who accompanied us about the problems they faced, these persons were not convinced that the people needed extra water facilities. They seemed to believe that access to one well wherever it was located, was sufficient. They refused to acknowledge the fact that in summer these wells yielded little water.

The officials told us they could supply drinking water but not water for latrines - why then were the people still suffering from lack of drinking water? We also tried to explore possibilities of getting the roads repaired in the hamlets. Local leaders had funds for the purpose but these were limited and were to be diverted apparently to greater needs. Taluka level administrators expressed interest and willingness to allocate some of their resources for the purpose. Papers were exchanged and meetings held with no result. The NGO representative here now plans to push matters gradually.

Our next move was to investigate whether any of the various Government bodies could combine some of their funds to provide the 10 per cent individual contribution for a few latrines in the lower class and caste hamlets. Some of them made it clear they were rather perturbed about not being officially notified about and involved in the scheme. They wanted to know which department of the Government was spending the 40 per cent of the total latrine cost. Perhaps funds for most schemes came through certain offices at the district, taluka or block level. If a departure has been made as in this sanitation project (where the Water Supply and Sewerage Department is directly implementing the scheme),

the respective officers in other offices such as BDO ought to be notified.

In fact we ourselves were not clear either about who all were supposed to be involved in the implementation except the Water Supply and Sewerage Board personnel. We could get no information on what relationship in the scheme was (if any), between this body, the Block level administration and the Zilla Parishad³

At first, when we approached the local leader with the study and the scheme, he said he would have to get permission from the Block Development Officer. Since we had not been informed that this would be necessary, we were not sure what steps to take next. At a later stage we learnt that the BDO was not supposed to be in the picture at all. But local leaders insisted that for certain issues such as repossession of land for construction, they could not take action without the BDO's permission. If the Block Development Office thus has to be involved, more specific instructions would have to be issued to the said body.

3. District level administration office

Interaction With Some Potential Sources of Assistance:

One of the most plausible agencies we felt that would be able to do follow-up action was a health unit attached to a reputed hospital in Bombay. Initially the officials expressed reluctance to get involved having had previous experience of a sanitation project with an international agency where their views differed and led to the medical officers withdrawal. However, they strongly felt that the community required toilets and simultaneous health and hygiene education. During later visits interest was expressed in perhaps conducting post-construction user-benefit survey especially to find out changes in incidence of diarrhoea. Because the unit is not an independent organisation and its priorities depend upon the parent body, scope for its long-term involvement is limited.

The Primary Health Centre:

Personnel were also very much in favour of the focus of this study. With regard to their offering specific assistance it was found more difficult. Their paramedical workers went regularly into the community in several villages near Palghar for childcare, medicine distribution for tuberculosis and leprosy patients, family planning motivation and to hold vasectomy as well as tubectomy camps.

If our visits into Navli could be arranged so as to coincide with theirs, the Chief doctors said they could help us. They could not, however, be sent to help us at other times.

An ex-district level workers and currently professor in a nearby college was one of our hopeful contacts since she used to be an active welfare worker. She shared her experience with toilet construction that took place for the Scheduled Caste community near her college in Palghar.

Having to pass by filthy roads near the Scheduled Caste colony as she went to college, she decided to do something about the situation. About 6 or 7 community toilets were constructed in a row for them which got clogged up after some time. The people reverted to open air defecation. Our contact was therefore sceptical about the success of our project. The exact difficulty in the earlier project was not clear, but it had certainly biased her so that involving her was not feasible.

People Outside Navli-Expressed Interest:

In a short while after the project, momentum increased in Navli and word spread that a toilet scheme was available. The Sarpanch of a nearby village tried hard to get the scheme into his village.

SHE

]This was beyond the scope of our work. There is a Lion's Club outside Navli and its members approached us to construct latrines in the Dandekar College in Palghar. We were, on the contrary, exploring possibilities for their assistance in organising health education camps in Navli at a later state. A couple of points emerge here; both, the Lion's Club and the college can command sufficient finances to construct latrines for themselves. They should not have access to special schemes for this purpose. The fact that a full-fledged college has only one or two toilets (as we were told) is a matter for concern. With regard to this group as potential source of assistance, if one looks to the specific sphere they have been serving in like eye-camps and youth speeches, one gets the picture of high-profile activities which may not fit in with educational camps. Moreover, their system requires that following correspondence about the activity, the matter is taken up in general body meeting and then they decide whether the programme can be included in their yearly budget. This appears like a long-drawn procedure for involving them which may not be suitable for the short notice assistance that would be required in sanitation research-cum-action projects. However, being a voluntary organization with human financial resources they should nevertheless be tried out as an NGO who could ensure local assistance.]

NAVLI

For some time after the study started the number of applicants for the scheme stood at 36. Immediately after our intensive camp, the number rose to 86 applications. Amazingly, about 30 people had applied from scheduled caste and scheduled tribe families. With the assistance of the NGO representative, a sub committee was formed with a representative in each hamlet, to take charge of the applications there. The applicants personally went with these representatives to pay their contribution in the government assigned office so that no malpractice would occur.

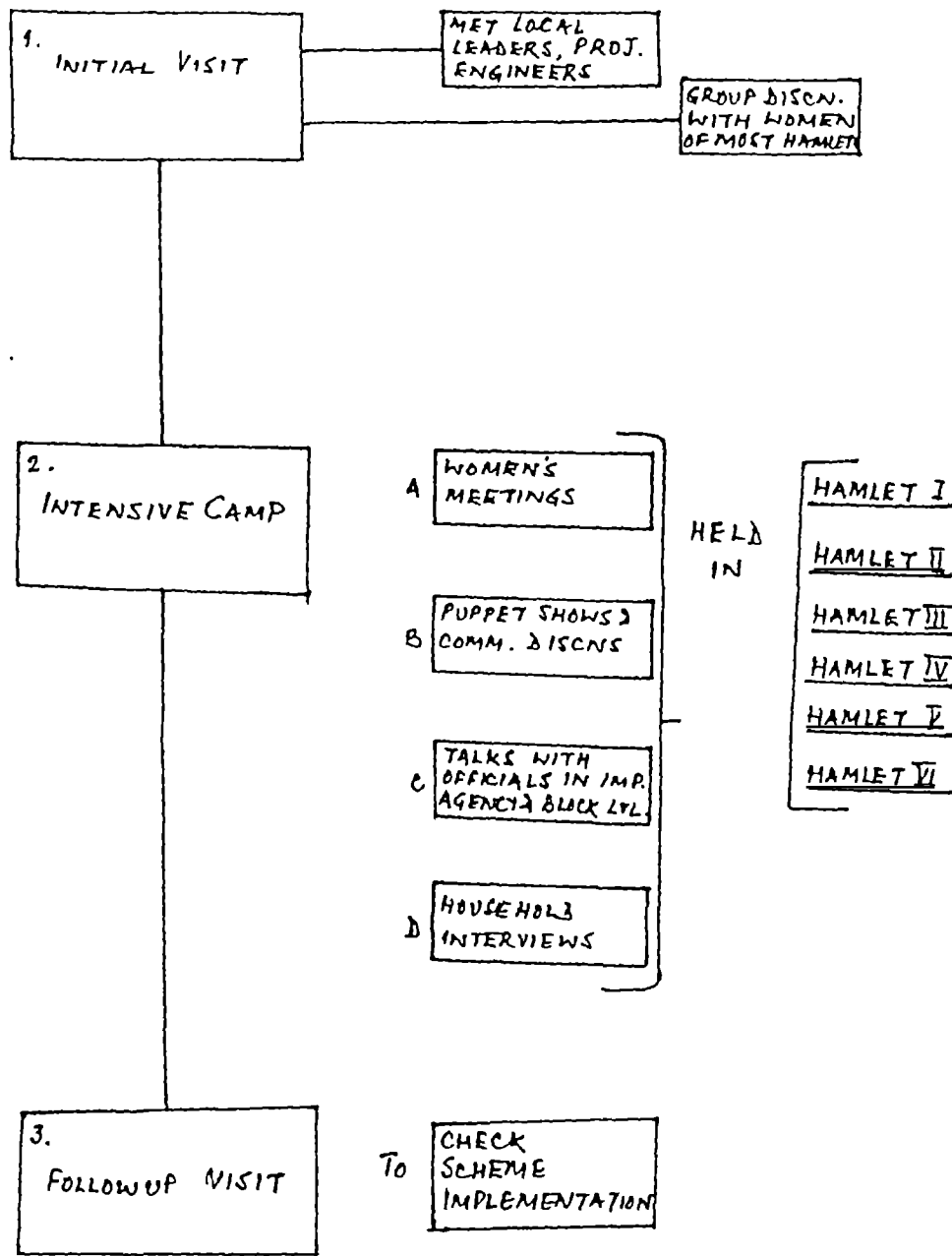
In the scheduled caste hamlet, men and women got a small cement tank constructed next to the model latrine. They had the facilities whitewashed, built a step outside the latrine, inscribed the date of initiation and hung a garland on the door! All this was done at their own expense. In the tribal households people added tiled flooring to the unit.

Not many had applied from the mixed caste composition hamlet where we had found people very hostile. In a recent visit some of them said, "we wish we had believed you. Is there any way you can get us latrines now?"

Women and men here were ecstatic. They said they had never dreamt they would get the facility. Women told us in our

latest visit. "Now you can come and stay with us any-
~~time~~ - You will always be welcome".

This village had been the most difficult to conduct the study in (see section on village experience.) It is therefore all the more heartening to observe such results of participatory research and action techniques.



THE PROCESS EVOLVED IN MAXHAON

M A Z A G A O NProfile of the villagePhysical Features

Spread over 40 sq. kms. Mazagaon is a very picturesque village located in the midst of mountain and lush greenery. Its 16 hamlets are considerably spatially dispersed making it difficult to reach all of them. The surrounding area used to be densely forested. However, with wood being used as fuel by villagers, signs of deforestation are apparent. Saw mill agents too contribute to this phenomenon. Within hamlets there is a wide variety of foliage from coconut palms to cashewnut trees.

Social Composition and Occupation:

The level of education, urban exposure and economic status in the 16 hamlets covered a very wide range, from the Scheduled Caste community who lacked proper housing to the higher class Sawants who conducted business in Bombay to the Christians who had migrated from Goa 300 years ago and settled in Mazagaon. In other words, the village represented the entire gamut of socio-economic status with all its rural-urban influences.

The Sawants, who are an intermediary caste group of Hindu Marathas¹ generally cultivators and fairly prosperous, are the predominant group in Sawantwadi. The other communities in Mazagaon comprise of landless labourers, caste-linked traditional artisans groups such as cobblers, bangle-sellers, bamboo workers and 'bidi' (local cigarette) rollers; professionals such as teachers and those working in the modern sector, such as industries. In fact many of the hamlets derive their names from the traditional occupation of their inhabitants even though this linkage has been loosened in recent years.

Infrastructure:

Sanitary Facilities:

There are 53 private and 25 community wells here as well as 1 borewell. Work on the Konkan Reservoir Scheme is in progress to assist people in the dry summer months. By the time this study was completed, piped water supply was being arranged for the village, providing private connections and community stand-posts. There already are 74 private taps here and 33 community ones. Scarcity of water for sanitation should not pose a problem in programme implementation.

1.

The village had 108 private latrines prior to the scheme implementation and no community ones.

Other Facilities:

Sawantwadi, only 1½ hours away, is a developed small town. Therefore most major facilities such as clinic, hospital, college, bank and post-office are within reasonable distance from the village. The road between Bombay and Goa runs through. So transport, although infrequent, is available. There are 10 small scale industries within Mazagaon, and 7 schools. The two telephones are at the minister's house and the high school.

Human resources infrastructure include two active Mahila Mandals and a youth organisation.

Despite easy access to important facilities, the hamlets retain a distinctive rural character, even those where affluent communities reside.

The Broad Approach:

The long distance between Bombay and Mazagaon, made it very difficult for us to make frequent visits with short stays there. The harvest and grass cutting season spread

over a couple of months, necessitated cancellation of our plans to go there a couple of times. Our strategy in this village was one very brief visit to gather a profile of the people and the place so as to plan a future camp, and a long intensive visit few months later. On account of the vast distances to be covered between hamlets in Mazgaon, total population, wide cultural diversity and limited time at our disposal, we decided to conduct various aspects of the study in about 10 hamlets. These were selected to represent a variety of castes, classes, economic status and occupations. During our intensive phase we held group discussions with women, conducted household interviews and presented puppet shows. The Public Works Division (PWD) officials were constantly available to lend technical assistance. Dialogue with various government personnel as in Navli, occupied a substantial portion of our efforts. This was the one village where we did not have much interaction with local men. The only time we could have met them was in the evenings or on a weekend, when we had organized our puppet shows. No general community meetings were held there. In other words, our participant - audience in the hamlets consisted primarily of women and youth.

If we were to hold our meetings at a central venue such as in the first brief visit to the Gram Panchayat office we

suspected only higher class women would attend, especially those who lived in the nearby hamlets. Therefore, in this village too we held women's meetings as well as puppet shows separately in each hamlet.

Absence of NGO:

As earlier discussed this village was selected amongst the 'intensive coverage' villages primarily because of its well-established political set up being the village of a minister. With considerable development in Sawantwadi, we presume that we would find a locally based agency to get involved in programme implementation. The one organization that did show interest was the National Social Service group of the college at Sawantwadi. A professor associated with the college was willing to get involved in the study. But the presence of a man was certain to affect our meetings with women, so we were unable to work with him. Despite all over research, until the very end not one suitable NGO would be found to monitor the latrine scheme progress in Mazagaon.

*Who made it
Killed?
has been
done.*

Initial Brief Encounter:

We made a very short visit to the village in the month of October 1985. The local governing body was informed of our study before we arrived there. They had sent word to the

hamlets through their four Community Health Volunteers (CHVC) and Multi-purpose workers (MPWS).² A teacher in one of the village primary schools was also involved in the arrangements. The CHVs informed women to come for a meeting on our scheduled day, and simultaneously they collected some baseline data for us and handed it to the Sarpanch. The entire process of getting ready basic information on the village, as well as organizing our group discussion, was prompt and efficient.

It was raining very heavily the day of the meeting and we expected low attendance. About forty women representing a cross section of the village came to the Gram Panchayat office in the rain. We had not anticipated such a good response in terms of attendance, in view of our initial experiences in other villages.

As the Panchayat persons, engineers from the PWD and all of us women sat in the office, we learnt that the villagers had already been informed about the latrine construction scheme. We might recall that Mazagaon was selected out of the State Government's list of intensive coverage villages for latrine construction means that 57 latrines were allotted prior to our study, so that studying the feasibility of a sanitation scheme alone was rather redundant here, we felt

at first. The distribution of the 50 latrines would have been done on a purely quantitative basis if not for the intervention of our study team. In other words, the allocation and selection of latrines would have been according to population in each hamlet and not based on any information of the community's needs and views.

A few applications had come in from those who had heard about the scheme. Since our study would be futile if the construction preceded it with a fixed plan, we appealed to the implementing agency to postpone their project until our research was complete. To the credit of this department, their plans were stalled so that we had an opportunity to encourage the community to participate.

The village women were silent until we suggested moving out of the presence of the official men and into the schoolroom next door. Everyone visibly relaxed and the conversation thereafter was loud and expressive. The earlier seating arrangement where chairs had been put out in rows was changed since it inhibited comfortable dialogue. In the school room we researchers spread ourselves out and all of us sat in a circle, which enabled us to talk more as equals with the villagers, man to man or woman to woman.

The focus of the discussion was the need for latrines since

in their minds we represented the latrine. We made efforts to move into related areas of health and hygiene and also tried to find out the possibility of using their assistance in our main camp. The dominating women were enthusiastic, supportive and friendly. The teacher asked us to write to her in advance about our next trip and she would take care of meeting arrangements.

Here, as in Chandeeep, we had given a list of questions for women to collect information in our absence. Several women took up the responsibility under the teacher's supervision. They themselves wrote down the issues as they understood them - we merely discussed the questions. When we returned for our major visit a few months later no work had been done in this respect. We did not question them much on the reasons for their inaction. We came to the conclusion that unless there is continuous communication between the local women and us the catalytic agency, they were not motivated to collect information. Beside the process of gathering data was itself new to them.

This meeting served to lay the base for future interaction. The Marathi dialect in this village is very different from what is spoken around Bombay and this meeting made us realise that communication aids would have to be designed accordingly,

just as we too would have to familiarize ourselves with the intonations. The themes we were interested in exploring with them in our next visit were clarified with the women.

A few upper-class women tended to dominate the meeting in answering our questions. Some of them exhibited deep understanding of the perspective of our study. Only one Scheduled Caste woman was present who, despite the prompting of others, remained silent throughout.

We established contact with Government offices as well as the nearby college in Sawantwadi for future assistance

The Major Intensive Visits:

Within group discussions the specific communication aids we used were the needs assessment activity, flannel board with pictures, stories, flash cards, role playing and creation of miniature model village.

The Value of Local Assistance:

During the first few visits to the hamlets CHVs, multi-purpose workers and a teacher accompanied us. They personally called the women out of their homes and introduced us. This was very useful once we were total strangers to each other and moreover, we were unfamiliar with the geography of the

area. Distances involved in walking around in the hamlets and from hamlet to hamlet, were very great. The difficulty in having these para-professionals present during our meetings (particularly in the Scheduled Caste hamlet) was that they tended to dominate the discussions and prompted the hamlet women to answer our questions. For instance, once in the needs assessment activity discussions turned to whether a CHV was necessary to them at all and before the women could answer, some of the CHVs said to them loudly "come on, tell them how often we visit you". As we eventually learnt in most of the hamlets CHVs were not seen very often, particularly in the Scheduled Caste area. Later as we broke up into two small groups in order to facilitate more free discussion, the women revealed that the only time such people visited them was to promote birth control. In fact, when we first entered the hamlet to fix a time for getting together many of the women hid behind half-closed doors, we spoke from a far and few of them replied. Later they told us that since we were there with persons usually associated with family planning promotion, they were apprehensive about our purpose for being there. Some elder women said they had to hide their younger women since some of them had only one child and they were pressurised into getting operated upon. These family planning motivators being in the room clearly

inhibited our research process and we had to gently convey to these women that we needed to know the ideas of the hamlet women for our study so that if they kept intervening by prompting or replying for the women, it would prevent us from understanding the specific group. Understanding our purpose they thereafter did stay silent.

But within some of these persons power struggle created tensions so that we often felt caught in the midst of local politics which affected their willingness to assist us. Observing that their presence was often more a hindrance, we decided to approach and gather the community on our own. Perhaps on account of this subtle avoidance on our part, the main women assisting us were henceforth never available. We continued taking the help of less dominating CHVs.

While the group discussions thereafter were definitely less constrained, we found it very hard to mobilise women ourselves for the meetings. The value of having basic arrangements taken care of by local people should not be underestimated. At the same time some strategy ought to be devised whereby the biases of these persons do not determine the arrangements. Persons who demonstrated both interest and co-operation and did not overwhelm other women in a group were the teacher's assistants both here and in Chandeeep. Their regular income

was low but association with us seemed important to them, motivating them to help.

The Local Announcer:

It became imperative for us to find a local channel of communication. This ought to be the first step in one's plans to exchange views with the community. Spreading the word, we learnt from Government officials assisting us that there was a traditional announcer for the area of Sawantwadi. In his navy blue baggy shorts, pink shirt, flamboyant hat, striped socks and Kohl in his eyes Kaku Padthe was apparently a very familiar sight, travelling on his bicycle with a microphone around his neck and loudspeaker at his side. He was usually hired for election campaign, announcing festival get-together and entertainment shows. This was exactly the kind of channel we had been on the look out for. Getting Kaku to announce our puppet show-cum-discussions in each hamlet proved invaluable. People naturally came out of their houses when they heard Kaku's whistle on the megaphone. Children congregated around him and then spread the news in their area.

We may safely conclude that appropriate local assistance is very necessary in eliciting response from the community as whole, especially women.

The Community Had Heard of Latrine Schemes:

This village has had a history of latrine schemes that were not totally effective in terms of adoption and use. We were told about a Government scheme implemented here which consisted of providing Rs. 80 plus toilet pan to the individual. Constructing a superstructure was the individual's responsibility. The next scheme in 1980 was similar in that it provided Rs. 100 for the superstructure along with the pan. In both these cases some affluent people got the latrines made. But we met many persons who had either bought pans, which were now lying around or they did not go in for the scheme at all.

Some of the reasons for this community's lack of interest include the fact that it cost the individuals more than Rs. 80 or Rs. 100 to build a superstructure. Officials had been urging the use of cheap structure. But the villagers were against this because of the heavy onslaught of rains in their area. They said they would rather pay more and get stronger structures or not get one at all. Some of them felt with regard to the previous scheme that once they accepted the money they would be forced to construct the latrine even if it meant extra expenditure of their own, which they could ill afford. Such families did not participate in that scheme even though they felt the need for latrines.

Information about development scheme, we found if disseminated in villages at all is sketchy. About the previous toilet scheme we got the impression that sufficient details were not given to the villagers on how to go about constructing the superstructure. Little effort seems to have been made to motivate them to do so either. Propaganda of a scheme does not lie in merely reaching information to the people (which itself is lacking) but in simultaneously instructing and assisting the people to avail of the benefits of the scheme.

We were unable to gather more details about the previous toilet schemes in Mazagaon. But our discussions in some of the middle and lower class hamlets brought out several points clearly. People were to some extent vague and pathetic on account of their ignorance of scheme details : the schemes do not seem to have considered both social and financial factors carefully; people were unhappy with the schemes.

Leaflets As a Mode of Communication:

In spreading the news about the low-cost latrine scheme that our study was connected with, the local governing body had distributed printed handbills or leaflets in the village. Three very different programmes had been mentioned in them

together : the provision of piped water supply, toilet and electricity. Specific matter on such as who was sponsoring these three schemes, what involved to take their benefit (costs etc.) and what the schemes were actually providing was either totally missing or unclear. Women in one hamlet who had seen the leaflet told us they thought the latrines were once again being provided along the lines previously done and therefore did not apply.

When we arrived in Mazagaon 20 applications had been received by the Panchayat. We enquired with both men and women during discussions, informally and at the puppet shows whether they were aware of the latrine scheme and whether the leaflets has reached them.

Most of the men and women that we met in all the hamlets had not seen the leaflets. The circulation of information was supposed to be done through hamlets representatives in the local governing body. We were hardly able to meet these representatives. None of them appeared to be interested in meeting us. A good part of our energy was consequently directed to showing the miniature toilet model that we were carrying around to explain pros and cons of the latrine type, through the use of posters we attempted to answer the community's questions with regard to financial and technical

matters. We found that such a personal approach gave rise to a lot more interest and enthusiasm, compared to the response evoked by the distribution of leaflets.. The same direct approach could be used by hamlet representatives, prominent persons and CHVs with perhaps greater effect than what we as external communicators could command.

Factors That Influenced This Community's Need or Lack of It For Sanitary Facilities:

At the time that we were in Mazagaon women did complain of water scarcity as one of their difficulties affecting sanitation. However, plans are now under way to construct pipelines through various parts of the village and community standposts were to be provided on the basis of one per 200 people. We believe the additional water supply will have made a definite improvement to the community as a whole.

As in the other villages we studied scarcity of land leading to lack of privacy for the women was a major reason they wanted latrines. Reasons for this lack of space for defecation varied from the Christian hamlet where many people had migrated to Bombay or Goa and fenced in their land left behind, to Tambal Gotta (traditionally brass vessel makers) which suffered from being too close to the Bombay-Goa Highway. Visually one would not suspect the people in these hamlets

had any shortage of convenient ground to defecate, but probing in our discussions with women revealed a host of issues connected to the vast space we observed.

Where less land was available for the purpose, no demarcations were made for men and women's defecation areas. Both, adult women and young girls said they faced great embarrassment in such cases. Prior to our study we did hear of one girl who had gone out in the evening for the said purpose was molested and beaten up. Such occurrences do not, however, seem to be very prevalent. Where privacy was ensured to the women, their paramount motivating factor was the monsoon season. The situation here, with 100 inches of rain fall for three months, was much like Chadeen or Navli in this respect. Having been in the village during the rains, it was easy to discuss with the women the unpleasant prospect of using slushy slopes of bullocks, flooded fields or slippery forests, often a kilometre away from their residence. Diseases are found to spread rapidly under such circumstances.

It must be emphasized that not all the women will voice their difficulties easily when approached by project planners. These are practices that have survived for generations and many rural adult women have accepted it as a fact of life. They are afraid of even admitting to themselves that they

face problems, for there is no alternative for those who cannot afford it. Hence it is very important to bring out the women's feelings about the issue only if one is able to offer them a definite solution.

In Christian wadi we came across a rather novel situation, which we believe is not peculiar only to that hamlet. Many families had relatives in Bombay or Goa, some of these were from nearby joint households. In recent times apparently these relatives stopped visiting Mazagaon on account of the absence of sanitary facilities. A couple of families told us that they had latrines at home exclusively for guests, while they themselves still used the open fields. Migration for employment from Mazagaon to Bombay has taken place in several upper class families in different hamlets. It could be expected that sons returning on vacation to the joint households may insist on this basic facility. Our puppet show, which we shall discuss at a later stage, was based on this exact theme.

Amongst those in village young girls and boys (between the approximate ages of 15 and 25), many of whom had exposure to latrines in school or college, seemed to express their need for the facility more than the older generation. This could have induced the young men to assist us in organizing meetings as enthusiastically as they did.

Since the hamlets comprised of both affluent and poorer families, our group often had women from both sections, Irrespective of the inconveniences women faced, their financial situation determined the intensity of their desire for the facility. Where needs that were more important for their family as a whole were concerned, sanitary needs occupied a lower position on their scale of priorities. For instance, in the Scheduled Caste hamlet leaky roofs were their main difficulty. Although there is a Government scheme providing tiles for the roofs of Harijan houses, due to bureaucratic bottlenecks these families were unable to avail of the scheme. Finding a dry spot in their houses to lay their child's bed or to cook food during the monsoon was a major concern to these women. Moreover, they lived hand to mouth existence, so a source of earning for their men and themselves was most important to them. Although they recognised the need and importance of latrines, this was less important in their present circumstances.

While rural women do face more problems than men through lack of proper sanitary facilities, it is a cultural characteristic that they will never put their own needs above those of their family. It is in this psychological context that women's involvement should be explored. The Indian

women is traditionally self-sacrificing and self-effacing. It is a new experience for rural women with this type of a mental frame-work that has come down the ages, to look at their own needs and acknowledge them. This is understandably more difficult for women of the lower classes, who are so busy between earning and taking care of their family that giving themselves attention is a rare concept. While promoting a sanitation programme some assistance could be given to these women. This could take the form of providing a local creche so that they may have the time to participate in the programme, or even involving them in construction if feasible, to add to their meagre income. Such additional features incorporated into a project could give a considerable boost to the social success or broad development objectives of the programme.

Strong objections to introducing a latrine scheme in the village came from men in the Scheduled Caste hamlet. They feared that they would be called upon to clean the latrines in other hamlets, thus forcing them to go back to a demeaning profession they had been finally been able to escape from in recent times. This fear of their needs to be given serious attention because in some upper class hamlets when the question of maintenance arose, women said 'bhangis' or latrine cleaners of the Scheduled Caste would be required.

The low cost latrine promoted in the present scheme is supposed to be 'bhangi-mukti' which means it aims at freeing traditional latrine cleaners by facilitating easy self-maintenance. The concept and practice of having these people come and clean one's latrine is so entrenched that education on self-maintenance must be a necessary adjunct of a sanitation programme. Otherwise, the development programme may likely bring back a social evil the Government has attempted to remove completely.

Some of the lower class and caste men and women were hesitant in their reaction to the scheme because they felt it might be another source of taxation. They had been through experiences where initially they were asked to pay a small fixed amount for a facility and subsequently as taxes they found themselves paying far more than they were given to believe at first. Since these people live a very poor existence, such tactics cause a big burden on them. Such experiences with the local governing body had made the economically disadvantaged groups in Mazagaon very suspicious of now accepting any scheme offered to them.

Factors That Affect People Being Able to Avail Themselves
of the Latrine Scheme

Women in the higher caste and class communities felt that the 10 per cent individual contribution of about Rs. 230 in Mazagaon was very low. For women of the Scheduled Caste communities there was no question of being able to afford even semi-private latrines at this cost. We explored the possibility of providing their hamlet with two community latrine for those in dire need, through Gram Panchayat and Block level office funds. Officials of both these bodies agreed to provide the required 10 per cent cost per latrine. During our last follow-up visit attempts were under way to declare the official contribution in writing. Until then, no implementation could be guaranteed. A suggestion came up that perhaps individual donation from well wishers could be pooled by an NGO or catalytic agency such as ours, for the construction of a few models in low income group areas of the village.

Harjens?

A number of issues were raised in connection with the availability of land for latrine construction. A teacher in one of the hamlets had, a few years back, got two latrines built, for her landlord and for her own family. Her latrine was built behind her house. The landlord owned considerable

land around the building. Apparently, the latter got both latrines demolished saying that their family deity of the land would get angry with the pollution caused by the latrine. Others in the village interpreted this action differently : the landlord may have suddenly learnt about tenancy rights where land used consistently by the tenant for three years would become the tenant's property thereafter. Fear of losing their land thus may have prompted the owner's action. As a result, the teacher who wanted the facility urgently and could afford to pay for it was unable to obtain it. It appears her family owned the piece of land on which the house stood. She had a fairly large verandah made of cow dung, so we suggested she get the latrine constructed in a corner. But the landlord's paddy was customarily spread outside the verandah and he would not allow the paddy to be thus 'contaminated'.

A large number of families owned only the land upon which their house was built. Either there was insufficient room in the house to add a latrine or people could not bring themselves to accept the idea of having a latrine in the house. But in Mazagan we found the latter was less manifest than in the other villages, perhaps because of more exposure to modern thinking. In some cases, the only land available for construction was quite far from the house. We noticed

this peculiar feature in Navli too, where individual B's latrine was beside individual C's house where C's own latrine was away near individual B's house. Since these were private facilities, they were kept locked.

The joint family system in rural areas appears to be changing into an arrangement between this system and the nuclear family. We came across several situations where nuclear families had their own private living section in one large joint household. They cooked and slept separately but came together for combined work and pleasure. At times this division of families took place along with the physical structure. In other words, the sons and their families would live in a separate house next to the original one, on land of joint ownership. All these living patterns greatly affect the feasibility of a latrine scheme. In some hamlets all the small units of large family wanted private latrine. But when only 50 are provided to an entire village, it is not recommended that several latrines be given to families that could share one since they are in reality one large family. In areas where several families had decided to share a latrine in this manner, we found them searching for common place which would be convenient to their living and housing patterns. Where programme implementers assist the community by suggesting ways and means specific to the situation that

they encounter it will give rise to additional support from the community where such concern was shown to the community in our experience, it generated substantial enthusiasm for the programme.

Some Criteria That Can Be Used To Determine Selection Of Applicants:

After the initial slow start, interest and momentum grew as we moved from hamlet to hamlet talking to women, explaining the scheme, listening to problems, exploring questions, and putting up puppet shows. By the last day of our intensive visit, applications for latrine had arisen from 20 to 208 and people had to be sent back from the Gram Panchayat office where a group was present to collect the money. Since only 57 latrines were scheduled to be constructed in this village, a large number of expectant villagers could not avail of the scheme. Since there was no local NGO to monitor the selection of the 50 persons, we have little idea on what basis it was done. That internal politics will have a large bearing on this selection is unfortunately true. Only the presence of a discerning NGO or of any external catalytic agent can facilitate the selection by fair process.

We hope that in subsequent programmes, promotion of the latrine are conducted in proportion to the facilities being planned,

if they are limited as is the present case. Nevertheless, certain criteria ought to be pre-determined with regard to the selection process. In order to help the lower income group, we had prompted the semi-private latrine in Mazagaon. In our follow-up visit we found that the few families who had opted for this arrangement were not selected. Perhaps they had applied under one person's name, in which case they could not be identified as a group. Arrangements whereby several families share one latrine is an ideal one between the private and community type. More people can advantage of a scheme in this manner and maintenance is also ensured. Group applications should therefore be first considered.

There are some affluent families in Mazagaon who own houses in different hamlets, perhaps as an offshoot of the earlier discussed joint household pattern. These families had applied for a latrine in each of their houses. The criterion that the official implementing agency had first laid down for accepting applications was simply those who came first with money. People who had applied for more than one latrine or who had latrines through previous schemes, would also fit in with the above requirements. Unless the sanitation programme is clearly for the affluent, in which case it is perpetuating the existing class system and can make no claim about being 'development oriented', special provision

ought to be made to make it available to lower and middle classes.

Traditional Beliefs Often Influence Sanitary Practices:

It was widely believed that a glowing snake with long golden hair hung around certain parts of the villege. Apparently it got annoyed if people defecated in, or dirties, specific areas. We heard that the designated areas were adjoining the houses of higher class families. One might assume, therefore, that this belief was cultivated by the higher castes or classes to prevent their territory from being dirtied. If one were to build community latrines in this village, it would have to be ascertained that the planned venue did not fall within the precincts of the snake.

Some hygienic practices followed by women seemed to be motivated more by their religious belief systems rather than through any sense of health and cleanliness. In all the hamlets women strictly followed the customary Hindu practice of 'sitting aside' for the first three or four days of menstruation. During this time they could not touch or be touched. They ate and slept separately from other members. This practice affords much needed rest to the women from their daily chores. But that is not the reason the practice continues. The concept of 'pollution' is attached to this

time of their life so that if they touched anything in the house, the woman would have committed a sin by polluting the thing and angered their family deity. To avoid encountering others, they used to defecate half an hour later than usual. Their clothes were washed three times a day to get rid of the pollution. Some women stored their clothes in plastic bags. School-going girls had to take bath immediately after returning home if they were with others who had their msnutration. Many adolescent girls objected to such customs since they could not rebel totally because the 'untouchability' was a traditional family discipline.

Such beliefs are the most difficult to learn about since they are deeply entrenched in the culture and secondly they are not easily discussed. Students with short time spans, moreover, do not lend themselves to these type of confidences. And yet every attempt must be made to learn of such beliefs so as to be aware of them while introducing a sanitation programme.

Women and Health:

In reaction to our puppet show, very few people admitted to consulting a sorcerer. The women in the Scheduled Caste hamlet abruptly said they did not believe in 'bhagats' They avoided consulting him because his treatment was

expensive - they had to pay him with hens or money, which they could not afford. During all our discussion we learnt that even if they wanted to use modern medical facilities, they were not always able to do - because of distance and finances involved. For minor illnesses the women used home remedies. They only considered themselves ill if they were unable to go to work. They believed in preserving their health since their meagre earnings contributed vitally to the family income.

The nearest PHC for some of the hamlets is 2½ miles away, at Sawantwadi. One woman went into labour on the way in the bus, which had to be stopped emptied of passengers and the child delivered. Another woman gave birth en route in an autorickshaw. Many who cannot afford transport walk to the clinic and some have been known to deliver on the way.

It is perhaps understandable that most of them prefer the 'dai' or traditional mid-wife. According to them, the dai was quite an expert, at managing deliveries. Under the kind of compulsions these women faced, one could hardly advocate hospital treatment. Community Health Volunteers could be an alternative but some women told us that the area given to CHVs to cover was so vast that they visited one hamlet

once in three months. Although the CHVs assisted us, the community's response to them was often outright negative because they rarely saw them. Their usual responsibilities included giving tablets for common illnesses and subsequent doses for tuberculosis patients, checking immunization of children, and in Mazagaon, a special emphasis was placed on family planning. On the small incentive of Rs. 50 per month what they were doing amounts to social work.

Women of one lower income group were afraid that if the CHV was requested to visit the hamlet more often, they would be called upon to pay more taxes so as to increase her honorarium. Therefore although they felt it was valuable and necessary to have access to medical advice and medicines through CHVs, they could not afford to pay extra, and therefore did not ask for more.

A few years ago evidently 40 children in the village died of dysentery. The experience does not seem to have changed the villagers' perspective on the cause of diseases. There were many family educated women in our group. These women exhibited awareness of germ-linked illness and hygienic practices, but for the most part discussions on good health brought forth lukewarm response. Considerations of privacy and convenience overrode health issues, with regard to the women's desire for latrines.

In rural areas when a child had diarrhoea, elders stopped giving it liquids in the belief that these would aggravate the malady. As a result, children died of dehydration. We used an open ended story in one hamlet (where women were semi-literate) based on this belief but included issues like children's indiscriminate defecation, local medicines, proper health care, toilet-training for children, and such. We used a flannelograph which seemed to catch their interest. They saw the connections between health and sanitation immediately. The link up between sanitation and good health as we see it was relevant only to those exposed to modern education. While the others (including many upper class women) agreed to this messages we were conveying, it was not part of their own inherent perspective.

The lack of association in their minds between sanitation and health does not seem to have any adverse effect on their life situation. Most of the women, as we have stressed in another village section came dressed neat and clean for the meeting. Even the poor women came in old but washed saris. They all had their hair neatly combed and often used flowers to embellish themselves. Meeting thus in a group perhaps a rare occasion for most of them and they were particular about their appearance. Their houses, however poor, were well-kept. How clean the children were varied

from community to community and no generalizations could be drawn in this regard.

A Few Characteristics of Rural Women as Observed in

Mazagaon:

The women of this village may be considered prototype rural women since they represented the entire gamut, of castes and classes one would expect to come across. In analysing their status, strengths and weaknesses, therefore, one can get a fairly representative understanding of women's potential involvement in a sanitation programme.

Similar to the other villages, upon hearing about the scheme women responded with "we 'll have to ask our husbands." Notwithstanding the fact that the Indian rural woman's status in general is lower than that of her male counterpart, we came across variations in the degree of influence she could command. Amongst the Scheduled Caste families and lower income groups women appeared to have an inferior image compared to upper class and caste women. As we walked into one hamlet calling the women for a follow-up meeting, they stood in the shadow of their doorway while men said to us, "Why are you calling our women? They can't understand a thing about this scheme." They seemed to imply that we ought to be talking to the men instead. These women joined us only when their

men gave them the go-ahead signal. The very same women, after initial reservedness in the group, were fairly vocal. In involving women from disadvantaged sections of society, it must be borne in mind that they have led a repressed existence and need some time to feel confident enough to extend themselves to outsiders. Besides, it would be a wise strategy to inform men of all classes in advance that their women's support and assistance is vital to the project.

We had decided not to conduct the study in a particular hamlet, where majority of the active political workers resided. Our reasons were that the population there was too large to work amongst and we did not want to take up more than one upper class, affluent hamlet. Towards the end of our intensive camp, we accidentally encountered a few belligerent women from that place who were clearly very upset at having been left out. "Will you come and talk to our Mahila Mandal (Women's organisation) members this very minute?", they urged.

A meeting was called immediately and much to our surprise about 20 women were ready and waiting 15 minutes later. As an active organisation these women were very offended that they had not been involved in the study. "We heard that you left the hamlet out because we are well-off. Who told you this? We may dress well but we need facilities too!", they

complained. After our experience with Mahila Mandal in the other villages, we had studiously avoided the group in Mazagaon. Besides, the women of the Mahila Mandal here were all from higher class hamlets. In an attempt to appease the group we decided to have an unscheduled puppet show exclusively for their area. We thrashed out issues such as how important their consolidated support would be for a study like ours and in what ways they could participate. A kind of mutual understanding was established between us as they shared their own views on the organisation and we shared our difficulties and concerns pertaining to the study. We got the strong impression that the kind of activities the Mahila Mandal got involved in were determined by a few dominating women. Within the group several women hinted to us that they would like to take up income generating activities such as sewing clothes or making ready food. Yet, they only conducted socio-religious programmes.

These women were told in the sense that they did not hesitate to confront us with the rumours they were hearing. But they were not aggressive enough to seek us out for this purpose. Since we happened to be in their area the doubts were cleared. In other words, the women of the higher classes had the intelligence, courage and capacity to take up issues of

relevance, but they did not seem to have the self confidence required to go out of their way to do so. They felt strongly about a lot of issues such as that local labourers and outsiders ought to be given the work of tarring their roads. But no one had brought such concerns up before the Panchayat body. Their potential power appeared to be latent. With careful motivation and guidance the women could be mobilized to offer active assistance. It was these women who stressed the importance of having food-rests in the latrine since they knew of cases where women had slipped and broken their bones.

The puppet show held in the midst of two upper class hamlets had an attendance of about 100 people mostly women and children. After an active discussion they spontaneously presented a lively programme of dance, drama and song characteristic of their culture.

It was very clear that no matter what the status, very few women would speak up before Government officials. In order to obtain their views on a project plan, therefore, a third party would be required. In this case we served as a link between the two. In the absence of an NGO or a facilitator, few prominent women may be selected as spokespersons for the group.

In a hamlet of agricultural landlords we had an exuberant group of women in our discussions. Through the use of miniature items that make a village, the women had to demonstrate where the commodities should be placed for maximum utilization. Once having got the idea, they enthusiastically got involved. Not only did the women create beautiful, imaginative model facilities out of the given material, but they unhibitedly enacted scenes from their life, such as hiding from forest officers when they went to fetch fuel wood from the forest. The humour, warmth and practical intelligence we came across here was not restricted to this hamlet alone. These were prominent positive traits we observed in women in most of the hamlets. The degree of insight and broad vision evidently differed amongst women depending on their socio-economic status and educational exposure. But even in the poorest families, with some patience and efforts, discussions with women proved both, fruitful in establishing comraderie and revealing of their lives.

Ms. Amita Deshmukh was entrusted with the responsibility of conducting the present study in the village of Khanapur. The following report presents her experience through three months of study -- October to December 1985.

SELECTION OF VILLAGES :

Initially a list of six villages from Pune District was provided to me as a tentative short list by the Government and TAG officials, from which I was to select one for the study

1. Narayangaon
2. Ozar
3. Hivre
4. Sawargaon .
5. Talyachi wadi (Te je wadi)
6. Panchavechi wadi (Pimpat wadi)

All the above villages are from Junnar Taluka.

Initial assessment through field investigations was carried out to understand the following aspects :

- (1) Existing sanitary facilities
- (2) Availability of water
- (3) Presence of an interested NGO
- (4) People's attitudes towards sanitation in general and latrines in particular

Observations regarding each of the villages are as below:

SAWARGAON : People did express the need for latrines.

However, there is a severe water shortage. People were anxious that unless the water availability improves the toilets cannot become functional. Therefore, the present scheme was technically infeasible.

OZAR : This was a 'New' village where persons displaced from catchment area of dams had been rehabilitated. It was a planned village, unlike a typical village from western Maharashtra. Hence a study here would not result in a 'Model case' which was replicable.

NARAYANGAON : It was a large, semi-urbanised village on the main Pune-Nasik highway. A recent spurt in the population and commercial activity had made the residential area very congested. Majority of the households did not have any room to construct latrines. The availability of water was also poor. Additionally, the present scheme provided for only 50 latrines which is a very small number for the large (approximately 15,000 in 1985) population. Earlier experiments in various types of community latrines had failed in the village because of poor water availability, large population pressure and ineffective co-operation.

The people, therefore, were sceptical about schemes for latrines. The scheme for pour-flush latrines had therefore very poor chance of success in this village in present conditions.

In all the three villages, no NGO was apparently in a position to effectively implement the scheme.

Based on the experience gained at this stage the following revised list of criteria were evolved to arrive at a new short-list of possible villages from Pune district :

1. Accessibility
2. Good availability of water, that is a village close to a river or having canal irrigation.
3. A village within the population range of 2000 to 4000.
4. A village without a known history of failure of latrines.
5. Existence of an NGO who has undertaken similar developmental work in the area and has good liaison with the people.
6. Some contacts with the NGO and key persons in the village.

Using the above criteria three villages were identified. They were Bebedonal in Maval Taluka, Wagholi on Pune-Nagar road, and Khanapur in Haveli Taluka. The village of

Bebedonal is on bank of Pavana river and an NGO - Jaya-prakash Gramvikas Sanstha undertakes very developmental activities with people's participation. Wagholi is situated on bank of Mula river and is an active project centre of Bharatiya Agro Industries Foundation. Khanapur is between the two major dams of Panshet and Khadakwasla adjoining the Mutha river. Sahyadri Vikas Mandal is engaged in health care, primary and secondary education and other activities. I first explored the social feasibility of Pour-Flush latrines in Khanapur. My preliminary assessment indicated that the village was suitable for pursuing further efforts. After the experience in Khanapur, I feel that the scheme may prove to be feasible not only in the other two villages in many similar villages which satisfy the criteria mentioned above.

KHANAPURVillage Profile :

Location : District Pune
Taluka Haveli

Population : Approximately 2,500
(1981 Census)

Families : Approximately 500

Area (acres) : 1227

Distance from 22 kms
nearest town Pune : south-west of Pune

Distance from
Bombay : 235 kms approximately

Decadal population
growth rate (%) : 15

Proportion of land
under forests (%) : 9

Proportion of land : 83
under cultivation (%)

Proportion of land
not under culti-
vation (%) : 8

Sex ratio : 850

Proportion of SC
& ST population
(%) : Negligible

Caste Composition:

Marathas (fairly affluent) form the majority of the population here. Others are Patil Marathas who come second in the social status hierarchy. Scheduled Castes; Nav Buddhas and Matangas (also lower caste and class) are about 15 per cent of the village population.

Occupational Pattern in Khanapur: (Figs. in %)

<u>OCCUPATION</u>	<u>MEN</u>	<u>WOMEN</u>
1. Farmers	22	1
2. Farm labourer	6	Neg.
3. Horticulture	3	-
4. Mining	-	--
5. Household industry	1	1
6. Other industries	3	-
7. Construction	1	-
8. Trade	1	-
9. Storage & Transport	1	-
10. Others	15	1
<hr/>		
Total working	53	3
Total not-working	47	97
	<u>100</u>	<u>100</u>

Infrastructure:

Unlike the other villages studied, there is abundant water supply here because of the dam nearby. Except in the Scheduled Caste households, many families have their own tap water supply. Harijan Basti - the Scheduled Caste hamlet has community taps. There are 15 private latrines of different types in the village which have apparently been functioning well for several years.

Other Facilities:

The NGO here - Sahyadri Vikas Mandal - has initiated a camping site which is used by schools and colleges outside the area. A high school is run with assistance from the NGO. Dr. Modak who is the chief of the organization runs a small dispensary. The Poona Municipal Transport Service runs buses through Khanapur which facilitates access from Poona. There is a post-office here and a co-operative society but no shops, petrol pumps or any such commercial establishments.

More About the NGO in Khanapur:

Sahyadri Vikas Mandal, the NGO in Khanapur is essentially a creation of Dr. G.M. Modak, (Founder Member Trustee), a medical practitioner and dedicated Gandhian social worker.

Inspired by the social service ideology of Mahatma Gandhi and programme of Gram Swarajya he entered the tiny village of Khanapur in 1939. He has been working there for the last 45 years in the village for its allround development. Some of the essential needs of the people like the Main Road, Primary School, High School, Primary Health Centre, Temple-cum-Community Hall, Veterinary Dispensary, Drinking Water Facility were fulfilled through the NGO.

Sahyadri Vikas Mandal now has a group of technically qualified, dedicated honorary social workers, such as technologists, agricultural adviser, engineers etc. During the last 10 years it has also received general help from various Donor agencies in India and abroad and has extended its activities to surrounding areas covering 109 villages.

Interacting With People:

My earlier experience in the village of Narayangaon, Ozar etc. had made me aware that people are generally reserved and are cautious while communicating with an urban woman like me. To overcome this problem in Khanapur, I decided to get myself introduced to the people by active workers of the NGO. Therefore, establishing good working relationship with Dr. Modak and his colleagues was my first task.

Since Khanapur is near Poona and finding a suitable place to stay overnight was difficult, short visits were spread over a period of three months, from October to December 1985. During this time, initially communication aids such as poster campaigns were planned. But these were found unnecessary since the community was eloquent enough in discussing sanitation issues.

Specific techniques of data collection consisted of:

1. Informal interviews of individuals
2. Informal group discussions
3. Intensive interaction with the NGO
4. Discussions with government organizations such as Primary Health Centre

Families were selected for discussions by multiple stratified sampling procedure. The different stratas used were:

1. Geographic location
2. Caste
3. Economic Status

Major Findings:

I found that people were keen to know the exact nature of my work and its objectives. A general discussion about village sanitation and personal hygiene would keep them guessing. They either lost interest or kept on asking leading questions like 'What do you suggest?', 'What do you want us to do?'. 'Are you expecting our monetary contribution?', 'What are you going to do?' etc. I therefore changed my style and started telling them in detail about the scheme for pour-flush latrines, the construction of these latrines, the cost involved etc. Since this was more concrete, men and women came out with their views.

I found that men and women were equally keen to discuss the topic. They had a sufficiently good awareness regarding not only the need to have latrines but the type of latrines they would like to have. Meeting individuals at their home resulted in more person to person interaction and freer flow of information than group meetings. I found that oral conversation was adequately effective and there was no need to use audio-visual aids.

One major constraint that usually inhibited desire for sanitary facilities was absent, since water supply was not a concern here. The well developed urban centre Pune being

a 45 minute bus ride away, people appeared to be attracted to modern ideas such as private latrines. They needed the facility urgently because farmers had lifted water from the nearby dams and canals and built pipelines on the places traditionally used for defecation. The traffic of people around the areas had increased so that it became difficult for the villagers to use these places. Women had to go early in the morning to avoid men.

People were afraid of snakes and poisonous insects. Moreover, being forced to defecate in the dark increased their fear. Very heavy rainfall in the hilly areas of Sinhagad made defecation in the open an extra troublesome proposition especially for children. Some people were allergic to a certain type of grass (Gajar) which grows in the ground. Pune, a nearby town, is well developed. People feel attracted to all the modern ideas including private latrines.

The community was thus enthusiastic about the provision of latrines. At the same time they stressed firm views with regard to the facility. No one was willing to go in for community latrines, including those who did have some space of their own for private construction. This lack of space is the result of a new phenomenon. A formerly undivided household now lived as separate families, but on the same

piece of land. There was no space therefore for these families to have their own individual latrines, although it was what they desired. They did not want portable latrines either.

Discussing the possibility of lowering the cost by using cheap locally available materials such as cane or straw, the community was against the idea. Latrines made of such material, they felt, would be useless in heavy rains when their need for latrine was maximum. In order to learn about the extent to which villagers here were willing to contribute financially, they were not informed at the start about the total extent of subsidy available for the scheme. People from various hamlets, including the Nav Buddhas were prepared to contribute one-third of the cost of a semi-private latrine. People residing in the Upper and Lower hamlets such as blacksmiths and carpenters seemed to have considerable space around their houses for latrines but could only afford to give 10 per cent of the total cost.

Having seen several types of latrines in the village such as aqua-privie, the villagers seemed to be aware of what they required. They preferred the two-pit latrine to others. They were afraid of bad quality tanks since the leakage of such, they felt, may lead to some unhealthy conditions. Their

apprehension in this respect indicated a consciousness of health and hygiene that could probably be attributed to the local NGO. Dr. Modak had been advocating cleanliness and other healthy practices over the past 40 years to the community.

There are several important aspects in Khanapur that an implementing agency should bear in mind to make the sanitation programme socially desirable. For developmental activities such as school, dispensary and bus stop, land belonging to the Scheduled Caste people was appropriated at very little compensation. These people said that they were often emotionally blackmailed with the fact that the activity was for the welfare of the entire village for which they ought to sacrifice their land. Special measures should be taken in such cases to see that no higher caste persons built latrines on the land of the Scheduled Caste community.

In the same context, the villagers had observed that assistance of money and material earmarked for them was often held up due to corruption at the level of the government and implementing organisations. For instance, the construction quality of latrines built by Retaract Club some years ago was very poor because of lot of cement to be

used for the latrines was used by members of the local governing body for other purposes. Strategies ought to be worked out to avoid such misuse in the implementation of low cost sanitation schemes.

Catalyst For Scheme Implementation:

The activists from the NGO were present at most of the discussions with people.. These discussions contributed to increased involvement of NGO activists in the scheme. A stage was now reached where the primary social feasibility study was complete. It was now necessary to get a firm commitment from the NGO and chalk out a concrete time-bound action plan for the people. To get this commitment from the NGO, it was felt that two conditions had to be met :

- (a) The NGO must feel that it was its 'own' activity and not Government activity which was 'worth supporting'.
- (b) Some financial resources have to be made available to the NGO to meet its expenses.

To design an action plan for people's participation, it was also necessary to reach decisions regarding the following aspects :

- (i) Whether community latrines were possible.

- (ii) Which Institutions and individuals would get fully subsidised latrines.
- (iii) What the cost of the latrine would be and how much contribution will be required from each household.

The decision regarding the above points could be taken only in joint meeting of NGOs, people's representatives, and officers of Government, UNDP. Such a meeting was arranged in second week of December at Khanapur. My role was that of a catalyst. I had to convince the NGO and people's representatives that the officers had a concrete scheme which was to be implemented in the near future. I had to convince the Officers that the NGO was capable of implementing the scheme and people felt the need for toilet and their contribution will be forthcoming.

The meeting was successful. It was decided to entrust the task of implementing the scheme to Sahyadri Vikas Mandal. Institutions where fully subsidised latrines were to be constructed were identified. The individual's contribution was fixed at digging of pits and Rs. 250/-. Community latrines were not to be constructed.

The Sahyadri Vikas Mandal then took over. They constructed the prescribed 50 latrines within the next three months. All these latrines are now in use. I was an outside observer during this phase, since my basic work of studying the social feasibility of the programme was over.

As an outside observer, I feel that following factors contributed to speedy implementation of the scheme in Khanapur:

- (a) The people from the village and the NGO were well-motivated before the scheme was taken up for implementation.
- (b) The scheme was suitably modified to meet the local needs and conditions identified through social feasibility study.*

*Note:

1. Khanapur was not included in the original list of selected villages for the scheme. However, the scheme was extended to the village in view of the social feasibility.
2. An NGO was appointed the implementing agency which is 'exceptional' under the scheme.
3. Individual contribution in form of labour for digging leaching pits was accepted.
4. I would have also liked to have introduced flexibility in individual's monetary contribution according to ability to pay. Some households could afford to and were willing to contribute more while some others were finding it difficult to pay the prescribed amount of Rs. 250/-.

- (c) The NGO had a team of competent and dedicated workers and good rapport with people.
- (d) The Government officers concerned ensured timely resource availability so that as soon as an individual dug the pits and contributed Rs. 250/-, work on construction of latrines was taken up.
- (e) The NGO activists and Government officers closely supervised the construction work to ensure quality. This increased the confidence of people in having 'trouble free' latrines.

Some minor problems could be anticipated regarding construction and usage of latrines in the present scheme :

1. The covers for the pits which are presently prefabricated through cast re-inforced cement concrete are too heavy for transport and handling. They may be made from steel/iron sheets similar to covers of Gobar Gas Plants.
2. The slope of the outlet to the pits needs to be increased so that the excreta can easily flow into pits.
3. The valve for switching pits is fixed into the chamber. It will have to be dug open and refixed while switching pits. This will prove to be dirty and cumbersome work. Therefore the valve should be removable from outside.

SECTION IVDISCUSSION ON SOME CRUCIAL ISSUESI. a) Bureaucratic Snags:

Initially it was envisaged that the sequencing of the latrine construction scheme and the present social feasibility be such that construction would follow the study. By the time the research project was given a go ahead signal, State Government authorities had to meet their own deadlines in implementing the latrine construction scheme. Consequently various phases overlapped. The implementing agency and other technical directors of the latrine programme were thereafter not clear on how to adjust the time confusion. As a result, in one case, action on latrine social feasibility was conducted. In another case, action on latrine construction was delayed to such an extent after completion of the study that the villagers' motivation to get involved decreased.

It must be taken note of, that the study was begun with the understanding that each of the four villages would receive 7 demonstration latrines. Mazagaon, moreover, would receive 50 more units since it was part of the original list of villages under intensive coverage for sanitary facilities (which is a separate project). Our first few visits to the other three villages clearly

indicated that 50 units over and above the 7 demonstration latrines would be required there too.

Since there did not appear to be special provision to include these three villages in the intensive coverage group, it proved difficult for the State Government authorities to drop three others at random and take up the three villages studies.

Both the above mentioned bottlenecks appear to be caused by a serious lack of clarity in the overall programme plan which linked the social feasibility study to the latrine construction scheme.

If it is not clear in a project whether specific action is guaranteed to follow a social feasibility study with positive results or not, there may be serious repercussions. For instance, when our explorations confirmed that the villagers' need for latrines was great and that they were ready to contribute both money and labour, we were first told by the officials concerned that three out of the four selected villages could not be given 50 latrines. Subsequently we were informed that only one of them could be sanctioned these units. The community had by this stage been informed, educated and motivated with regard to obtaining and maintaining latrines. This effort had been

done by us on the assurance to us that if community response was positive, they would be given the 50 toilets under the scheme. At such a point, to be suddenly informed that the villages will no longer be participating in the scheme is to put the facilitating agency in an awkward and dangerous position. Should such projects be introduced in future in these villages, in all probability they might invite backlash.

In one village, immediately after the intensive camp the applications that came in for latrines were much more than 50. Was this response not sufficient to justify giving the community 50 latrines? That many people had to be turned away gave rise to sufficient confusion and unhappiness. We did not dare tell this already disgruntled community that all the families might be turned down. It goes to the credit of both, the Non Governmental technical consultants as well as State Government officials that they rose to the occasion and saw to it that ultimately all the three villages were allocated the additional 50 latrines. But we faced considerable difficulty in continuing interaction in the villages until then.

Unfortunately government procedures are known to function very slowly and we were witness to this tendency. These

procedures are tardy, because rules are devised to safeguard against misuse of funds and provisions rather than speed up implementation. Regulations for processing special cases such as the demonstration latrine scheme, which has to operate within the International Sanitation Decade targets, may face immense obstacles. In our experience communication between the different offices of the Government was continuously caught up in transit. The research group as facilitator and the NGO representatives had to constantly intervene and urge officials to expedite matters.

This tag could be attributed to several factors: the rigid set-up of a bureaucratic system; lack of proper information to State Officials on the purpose of social feasibility studies, and lack of perspective on the part of officials and consultants who may have otherwise been inclined to take quick decisions.

b) Lack of Perspective:

If latrine construction were to begin during the time-frame of our study, we proposed to monitor it along with our NGO representative. From the encounters we have had, there were many indications that if we moved away from our role as facilitator, there would be very little, if any, communication between the communities and the scheme

implementing officials. Interaction would occur only between the Government and the prominent or influential local leaders. We found that local leaders were either too overwhelmed to voice their real opinions or did not represent needs of the lower castes and classes. Women in the community suffered most from such communication gaps.

It was not so much that high-handed treatment was meted out by the officials, as that, leaders at the state, district and local level of administration did not have the perspective required to realise the importance of involving the rural community - particularly women - in some dialogue about the project. While we were extended full support from the highest officials and technical consultants, and efforts were made to ensure our comfort and convenience, we were also very aware of resentment from various quarters that women from a University should be participating in the latrine scheme at all.

c. Constraints of the Outer System and Other Conditions that Influence the Need for Sanitary Facilities:

There is a widely prevalent belief that rural women need latrines because they are exposed to the risk of molestation by men as well as to snake bites. On the contrary there

are certain macro problems affecting the rural India of today that influence sanitary needs of these women. From the microcosm of our experience in four villages of Maharashtra, some of these basic issues can be highlighted.

i) Water Supply:

Although the villages studied had been chosen after ensuring that they had adequate water supply, dialogue with the community revealed information to the contrary. Women in all villages (except Khanapur) said that water was their first priority need. We found that hamlets either had one community open well or a hand pump. The better-off families usually had private wells. Tapped water supply was rare.

Women in villages often have to walk quite a distance twice a day, to fill their metal pots of varying sizes. Each woman may fill 7 to 10 large vessel a day with water for drinking, cooking, bathing and washing utensils and clothes. It is a traditional chore, they are resigned to it. But if they are expected to collect additional water for maintaining latrines, will they be motivated to do so? This is a question programme implementers ought to ask in the context of the villages they may select for involving

the community. Women's need for latrines would have to be greater than the burden of fetching additional water.

We were once asked by an official "how much water is considered 'adequate' for a latrine programme?" If each person requires two litres of water per use of the low cost latrine, this could be approximately calculated against the number of people estimated to use a specified number of latrines, times of use per day. If the programme is implemented where water supply is inadequate, lack of proper maintenance is inevitable. The water shortage situation in Maharashtra is most acute during three to four summer months. Supply during this period could be compared with the rest of the months in order to adjudge the feasibility of an effective sanitation programme.

The supply of water is also determined by the technology used. Arguments presented by the communities we met both for and against the open well, hand pump and community tap. The reaction to the borewell handpump was predominantly negative on account of its tendency to breakdown frequently and limitation of serving only one person at a time. We did find that some hamlets having handpumps had inadequate water supply. On the other hand, when wells dry up in the summer, handpumps should provide a practicable alternative.

Whether existing water supply facilities are socially and technically acceptable or not are questions upon which the women in the community ought to be consulted. These issues could have a direct bearing upon the community's desire for latrines as well as their sanitary habits.

ii) Heavy Rainfalls:

While summer months are dry in States like Maharashtra and Gujarat, torrential rains follow soon after. Roads in villages are severely flooded during the monsoon so that people often have to defecate in knee-deep water. This poses tremendous inconvenience to women particularly, besides being a major cause of water borne diseases. The problem is aggravated because very few metalled roads exist in rural areas. Where rainfall is heavy, as in all four of the villages studied, latrines do become a priority need for the community.

iii) Modernization:

New industries that have arisen on the outskirts of many villages are one of the signs of increasing semi-urbanisation in rural India. Accompanying phenomena such as migrating population and construction of highways have led to shortage of land in and around these villages. Open space available

for defecation is decreasing. Land yet unused for various construction is being bought up at a rapid rate by people within and outside the village. Fences around these land demarcate private property and prevent villagers from using them. Some of these land appear to have been the traditional defecation ground.

The lack of space has deprived the community of privacy. Many women told us that they felt very embarrassed in this new situation. The women carry umbrellas or plastic sheets to hide themselves from prying eyes.

Apparently higher class women seem to experience more awkwardness than lower class women. While the environment dictates their need for latrines, the latter are influenced by their awareness of 'Modern' concepts. The latrine is a status symbol. From the villagers viewpoint, only modern urban people are supposed to possess one. To acquire this facility is, therefore, to raise one's own status. This could be the reason why several higher class rural families have a latrine only for guests who come in from the city. They themselves continue to defecate in the open.

Our experience has been that, young people - both male and female - are the most affected by modern ideas. The increasing emphasis on education in rural areas could be

partly responsible for this change. In relatively better off families the youth seemed quite conscious of their dress and personal appearance. Mass media such as film and television having entered the villages also contribute to the spread of urbanized thinking. Whatever the status, traditional modes of dress has given way to modern outfit. Synthetic fabrics have replaced cotton in villages that are near cities. These are indications that parts of the rural community are becoming aware of modern concepts like private space that a latrine affords. The change in girl's clothing from saris to dresses (as they were school uniforms) must also make defecation in the open more uncomfortable.

iv) Deforestation:

Foliage - bushes and trees - usually serve as cover for women who go into the forest to defecate. The cover is becoming less effective not only with the spread of buildings but on account of the destruction of forests. With population growth, the requirement of fuel wood has increased and so has the illegal chopping of trees. While at present this phenomena does not seem to be so widespread as to pose an immediate concern, in the near future it could prove to be an important factor influencing sanitary needs.

v) Roads:

In an indirect manner, rough roads in the villages seem to intensify the difficulties people face with regard to sanitation. As mentioned earlier, water floods the roads in the monsoon season. Sharp stones and other harmful items like broken glass are not visible. Finding a safe place to defecate is a major difficulty. Where the roads are metalled, the problem appears to be less severe.

vi) Special Circumstances:

Rural women before, during and after pregnancy, and during menstruation face extra difficulty through lack of sanitary facilities. People who are sick and old also require latrines near the home more than others. A common practice during all such conditions is to defecate in the house on paper, a winnowing tray, or a bucket with sand or ash which is subsequently cleared.

The suggestion came up in our group discussions with the villagers that instead of motivators, one or two demonstration latrines could be given to a hamlet for use during these particular times. Even the tribals who had said they did not want the facility seemed to welcome the idea.



d) Attitudes to Sanitary Practices:

Villagers, particularly women, perceive 'good health' in a different manner than urban people. To them if one is able to work, one is healthy. Illness that could stem from insanitary habits such as diarrhoea, unless incapacitating, do not seem to assume much importance. The 'germ theory' of diseases, moreover, is a modern concept that is as yet alien to the rural way of thinking. So the fact that good health is promoted by hygienic habits is not a factor motivating rural people's desire for latrines.

In most of our encounters we found women very conscious of cleanliness and neatness with regard to themselves and their home. The women never came for group discussions until they had taken care of their appearance - no matter what caste or class. Their homes and verandahs were spick and span and their vessels always shone. There is little doubt that both good health and cleanliness are important to rural women as separate conditions. The connection between the two, as between the fly that sits on dirt and pollutes the food is remote to their minds.

Perhaps it is partly for this reason that the environment around houses, in the villages we studied, was most often

dirty. Pools of stagnant water could be found in many areas. If one is to employ health and hygiene education to impress upon the rural community the importance of latrines, it would have to be done on a sustained basis, over a period of time, for it to influence their consciousness.

e) Patterns of Work:

This factor especially pertains to women of Scheduled Tribes and lower Castes. They are engaged in essential wage labour as well as household chores for a large part of 24 hours. They often seem to work at 'odd' times in order to keep up with the pressure. As we found in one village, women left home at 3 A.M. to gather fuel wood and sell it at the market. Since they returned home only after 8 A.M., at the time they would require a sanitary facility, they would be away from home. Similarly, agricultural labourers work long hours in the peak harvest season. Only facilities provided near the fields they work in would be convenient to them.

If women are to receive benefit from sanitation programmes, their type of work both inside and outside the home should be closely examined.

f) Community's Access to Sanitation Facilities:

Land ownership and tenancy rights are dominant factors that decide whether a family can have a latrine or not. The family's need may be great and they may be willing to pay even half the cost, but unless the two factors allow it, they cannot avail of the scheme. As pointed out in the village experiences, land ownership patterns in rural areas are a little peculiar compared to cities. Since these houses were constructed without provision for latrines (even if they would allow it), there is no space in the house for the amenity. Land around the house often belong to someone else. We found hardly any one was willing to contribute their land for the purpose. Tenants have even greater difficulty in obtaining the facility since landlords are apprehensive of the former's permanent residence and eventual appropriation of their land.

The magnitude of the impact that rules of Landownership and tenancy have on a latrine scheme is immense. The villagers we met, contemplated all kinds of alternatives before they gave up, dispirited. The 7 demonstration latrines and any community unit would have to be on Gram Panchayat land. Often this land has been used up for

community temples etc. Unless this body has the authority to reallocate land in the village or finances to buy up more land from private owners, it seems doubtful that such a scheme will achieve its potential purpose.

g) Priorities:

We have discussed issues that influence the community's attitude, need and access to sanitary facilities. But one should weigh these against their overall life situation. Sanitation does not appear to take on the importance of a basic need. While it may be rather hasty to generalize on the basis of one study, there are signs that women are interested in the facility only after their families primary needs such as employment, shelter, food and fuel are satisfied to some extent. Rural people seem to be just beginning to become aware of the need for latrines. It may be a few more years, before they recognise it as necessity on their own without the intervention of external agents. Until then it could remain a secondary need, along with education for children. The priority accorded to latrines by men could differ from that of women. In one village men complained that the bad roads made their journey to work every day on bicycle hazardous. They did seem to realize that the absence of sanitary facilities was equally dangerous for their women.

In another case the men were clearly more concerned about their employment and showed complete disinterest in the latrine programme. But once communication was established with the men on their other needs versus sanitation and their women's plight, they did, to all appearances, accept the value of the scheme.

Since in all the villages studied, it was the men who went to the Gram Panchayat with their contribution, it may be safe to assume their other needs are relatively rigid. Except for young men, however, factors that affect women like privacy, did not seem to concern the rural men much.

h) Outreach of Government Schemes:

It is a well known fact, unfortunately, that in spite of good intentions, Government sponsored schemes rarely reach the people they are intended for. For instance, there is a programme that provides tiles for the roofs of Scheduled Caste houses. In one village, this community bemoaned to us the sad fate of their housing. Most of the houses leaked during monsoon, leaving little dry place to spread a child's mattress or to cook. Repeated requests by these people seem to have brought no results. Apparently they are asked to first remove

their old roof, after which the tiles would be supplied. One family that followed this instruction received the new tiles after 4 years. Others did not, understandably want to take such a risk.

There is a Government sponsored scheme that provides tiles for roof of Harijan households. Yet why are these people suffering leaky roofs? Such well-intentioned schemes are plentiful in the Indian Government's five year plans. Until the pattern method and system of reaching these schemes to the people is closely monitored, with provision for feedback to the Central authorities, their effectiveness cannot be ensured. Corruption enroute is an open secret whereby fund allocated for the poor are diverted. Besides people from lower caste and class groups in rural society will rarely attempt to avail of the facilities earmarked for them. This is partly because it involves repeated visits to Government officials which are too often in vain, since this community commands little influence. They do not have the time to spend on such fruitless efforts. We heard examples galore, where people had applied for some scheme and never received any response. This can be partly attributed to lack of clarity in the procedures involved as well as lack of official interest in explaining these rules. Such information has particular bearing upon the

present study since it too propagated a scheme. As sanitation projects are carried out with growing zeal to meet IDWSSD's target the Government might find it worthwhile to enforce precautionary measures if these programmes are not to suffer the same fate as others.

i) Costs and Local Involvement:

1) In the villages studied the communities were willing to do 'shramdan' (giving voluntary labour) for digging pits. But implementing officials turned down the idea saying that there was no one to co-ordinate the effort. Giving labour instead of total monetary contribution can assist low income families a great deal in availing of the scheme. In one village this was possible through the local NGO. Many rural women we met wondered why, in most Government schemes, 'outsiders' were brought in to work when local people were suffering from lack of employment opportunities. If local people are involved in construction, they will not be dependent on others in case of repair, duplication or remodelling.

2) The suggestion to put up the latrine with cheap locally available materials, has been very often recommended. Technically speaking, a cheaper superstructure is not practical in areas of heavy rain. There have been many

instances of such latrines collapsing in Maharashtra.

Women have to apply cowdung on the huts supported by bamboo poles after every 4 days so that they will not break. It is highly unlikely they will have the time or inclination to do the same for latrines. When the idea was mooted in the villages studied, the communities forcefully rejected the idea. They said they would rather have a strong latrine or not have one at all.

3) Instead of a fixed 10 per cent contribution per head, if people are asked to contribute money according to their capacity (with a stated minimum), the higher classes may contribute more money. We found that many of them could afford and were willing to pay up to 25 per cent of the total costs. The total implementation costs may thus be divided leading to less pressure on the lower class groups. One could approach people who are willing to make donations for these communities provided there is no chance whatsoever that the community will be obliged to the donor and exploited.

j) Role of NGO as Change Agent:

Non-Governmental Organizations (NGO) have been given substantial significance in various developmental programmes. Though the development schemes are formulated

by the Government, they need to reach out to the people; hence the NGOs have been looked upon as transmitting and delivering development agents.

The concept of bringing social change through the voluntary agencies is not new to the country. In the pre-independence period, much of the reform work and village reconstruction work was done by the voluntary organizations having dedicated workers. Social work was not considered as a paid profession requiring training. With independence came the notion of a welfare state. The government has to extend its responsibilities, beyond merely looking after law and order of the country. For implementing welfare projects and successfully carrying out the community development programmes (CDP), the NGOs were thought of as vehicles to reach out to the masses. With the growing demand for inputs for the improvement of life of the weaker sections, and the fact that many programmes of the government automatically do not reach out to the poorer people - women particularly - NGOs have been looked upon as functional. The funding agencies both domestic and foreign, have played a major role in reviving the significance of the NGOs. All these features have proliferated the number of NGOs in the country.

Today many developmental programmes for women are being dovetailed through women's organizations (Mahila Mandals) and women's co-operatives. A very serious point which needs to be considered is that whether NGO per se can be deliverers of justice, equality or relief? Many a times when the NGOs get grants from the government for their activities they are immersed in routine stereotype activities. In fact it is frustrating to see some of the earlier dynamic NGOs vegetating in a rut.

Hence while recognizing fully, the role and significance of the NGOs as facilitators of the development activities, . very great care need to be taken to see that the NGOs have their roots in the area, have commitment to the programme and are concerned about the needs of the weaker sections. Further if the development programmes are truly to change oriented then the participation in real sense must be provided to people of this strata. Development programmes have to be participatory not only in terms of determining the implementation but in terms of identifying the needs. In short, the right kind of NGO has the potentiality to becoming the change agent, but in absence of this, the programme would be on paper or will reach out to only a very small section of the community.

Issues Specific to the Scheme:

(a) Criteria for Effectiveness:

(1) The criteria for selection of the villages in a sanitation programme should be clearly defined and tested. This is so that appropriate villages may be selected from a large number of villages which satisfy the necessary conditions. In the government's list we were surprised by the inclusion of villages where there is severe water shortage.

(ii) The exact monetary contribution expected from the beneficiary ought to be fixed at the start if the extent of possible contribution is not going to be decided based on a field assessment people's ability and willingness to contribute. Beneficiaries, inevitably wanted to know, "How much will I have to pay?"

(iii) Whether the project advocates private or community latrines should also be made explicit. The project literature encouraged investigation on the community's preference, but officials rejected the option.

iv) In introducing a sanitation scheme therefore, the Government should first define its primary target group. Once the group is decided, the implementing agency's approach must be clear. If word is spread to a limited

Issues Specific to the Scheme:

(a) Criteria for Effectiveness:

(1) The criteria for selection of the villages in a sanitation programme should be clearly defined and tested. This is so that appropriate villages may be selected from a large number of villages which satisfy the necessary conditions. In the government's list we were surprised by the inclusion of villages where there is severe water shortage.

(ii) The exact monetary contribution expected from the beneficiary ought to be fixed at the start if the extent of possible contribution is not going to be decided based on a field assessment people's ability and willingness to contribute. Beneficiaries, inevitably wanted to know, "How much will I have to pay?"

(iii) Whether the project advocates private or community latrines should also be made explicit. The project literature encouraged investigation on the community's preference, but officials rejected the option.

iv) In introducing a sanitation scheme therefore, the Government should first define its primary target group. Once the group is decided, the implementing agency's approach must be clear. If word is spread to a limited

number of people in a large village then there is the possibility that applicants may fall within the recognized limit of fifty. Instead if such a programme is promoted with great fanfare amidst a population of say, 3500, considerable antagonism and ill feelings could be directed to the favoured applicants.

(b) Question of Land:

The Government law that determines that the land on which a rentee builds a latrine becomes his/her three years may be allowed modification. There could be an agreement in writing, legally enforceable, that if the landlord permits the tenant to participate in such a scheme, provided of course that land is available, the latrine and the land on the pathway leading to it do not become the tenant's property at any time and neither can the owner evict the tenant in order to obtain the facility for himself.

The tenant and owner can share the contribution so that both may take advantage of the scheme - one immediately and the latter in the long run.

The cultural attitude that latrines are dirty, is widely prevalent in rural areas and so is always conceived to be far from the main house or atleast not attached to it. The idea of using a corner portion of the verandah, for the

..... g

purpose space permitting, can be explored with the people. Wherever we brought up the idea, it was clear that it provoked thought on the part of the community and not negative reactions. If it is the poorer section of rural society that the government seeks to focus upon, the question of land to build toilet upon should be given serious consideration.

(c) The Role of a University:

The presence of a catalytic body is very essential in a peoples participation project, more so where women are the core participants. In view of the backing that a University can offer and the diverse infrastructural support, there are definite advantages to engaging this institution as a facilitator. There can be little doubt that a channel is required to exchange information between the community and project implementer of the Government. The present system of programme implementation allows no scope for dialogue. University linked groups can provide the aspect of social study to an otherwise technical implementation. A catalytic force of this sort can also monitor to some extent the NGOs involved so that the latter's vested interests might not come to the fore. At the same time the facilitator researcher's own approach to the project could depend on

the type of NGO it may be associated with,

They may find it easier to work through a facilitator group rather than interact with the community themselves. During these meetings the project planners ought to explain about the sponsors and dimensions clearly and unambiguously. Next, the advantages or limitations ought to be spelt out. The third stage involves feedback from the community. The atmosphere should be such that the community believes (1) they have all the facts; (2) they are free to ask questions; (3) their suggestions for improvement according to local conditions and culture will be appreciated; (4) their contribution to the project is important; (5) it is their decision whether to opt for the scheme or not, and this decision is based on facts they have received.

This might appear either unrealistic or simplistic to project persons who are used to carrying out a study or implementing a scheme 'from above'. But in our experience it worked in eliciting very positive response from the community.

(d) Need for Demonstration:

A demonstration latrine is given by the scheme authorities free of charge and particular to low income group areas,

as a model for the community. We realised after the very first meeting with the community that a model toilet was essential for the following reasons:

1. It establishes faith in the communities that the project offers concrete facilities and not merely ideas.
2. Many villagers have not seen a latrine. If constructed in a public place they have the opportunity to inspect it.
3. The actual construction brings up questions and doubts that may not have been considered while theoretically discussing the latrine technology.

For instance, after the construction was over it was found that foot-rests ought to have been provided in a latrine since the floor will become very slippery in the monsoons.. In other words unanticipated problems can be brought to light, which may not be easy to visualize in planning of the scheme. This allows scope for actual improvement in the proposed sanitation programme. For example, in one village the model latrines were misused badly, reportedly by 'outsiders'. The village headman had himself cleaned them twice, but to no avail. It was decided by the villagers that the facilities should be kept locked. However, the technical design of the doors were such that a lock could not be applied. This was improved upon in subsequent

constructions. We found that where no motivator existed, demonstration latrines were allotted as a community facility. In such a case the concept of mere demonstration is lost and questions of maintenance assume greater importance. In one of the sprawling hamlets studied no one was interested in obtaining the two demonstration latrines. They resentfully asked us, "two toilets for so many people? It is better you do not give us any latrines".

The idea that it will serve to motivate the villagers who will go and see it, has little basis in rural society. If the model latrine is in one hamlet, people from the other hamlets rarely make the effort to go to see it. When the first models were being constructed in a school in one village, we found that very few people were aware of them and we had to urge the leaders themselves to take a look at the unit.

(e) Importance of Flexibility:

The fact that only a fixed number of latrines will be given has created major problems in some of the communities we studied. There is a curious discrepancy between the objectives of our study and the action we design. It had been communicated to us researchers time and again that we were to go into the community with an open mind as we explored the people's needs and potential participation and assess what

possibilities emerged for introducing a latrine construction scheme.

Researchers expected to be flexible, as they attempt to get community's views on latrine type, feasibility of private or community unit, modes of payment (including contribution in instalments) and number of persons willing to apply for the scheme.

In one village, because the population that could afford it was limited the total number of applicants for latrines were less than 50 persons. Implementing authorities informed us that unless there were requests for 50 toilets, the village would have to be dropped. The community here was motivated and the youth were ready to dig pits for all the latrines. In terms of dire need for women, ability and willingness to pay and eagerness to contribute labour, this community was the right candidate to make the scheme socially feasible. However, a technical matter of not providing a fixed number of applicants was apparently sufficient to invalidate all above. Unless sanitation programmes implemented through the Government can incorporate some changes in such special situation, people's need and involvement are explored to no purpose.

In another village, applications were four times more than the specified allotment. Unfortunately, the momentum generated by the study had to be deflated since neither the funding agencies nor the Government could sanction additional financing to consider applications beyond the number of fifty. We would strongly caution against using villagers as guinea pigs in an experimental project that seeks to assess the response to sanitation. In areas where land is getting scarce, the people's need, especially that of women, is great. With some assistance many of them can afford toilets. If the right sympathetic approach is used, people are likely to come forth and voice their needs. A latrine promotion scheme should consider these facts and commit themselves to action accordingly.

(f) Providing Information to Women:

Unless directly questioned by the villagers, implementing officials seemed to make few attempts to explain special features of the latrine during construction itself. We received ample evidence that men and women take serious interest in the construction, action, but will not on their own approach officials, to get more information.

For instance, in a follow trip we met a latrine recipient who thought that the gaps were left in the brick structure

of the pit because the Government did not have sufficient finances to provide enough bricks. He had therefore decided to obtain extra bricks at his own expense and cover the gaps between the bricks. This would have been quite disastrous as the 'gaps' are essentially deliberate. The honeycomb structure in the pits is a necessary and special feature of this particular type of latrine. Filling in the gaps would have prevented the formation of manure, and a foul smell would have emanated with no way for the faecal matter to decompose. A vital advantage of the latrine would have been rendered useless. In other villages too we came across similar misconceptions.

(g) Clearing People's Doubts:

Engaging in discussion on matters which concern villagers often gives rise to new data and action. Both, women and youth in the villages were apprehensive about the walls of the latrines being able to withstand heavy rains, since they were not plastered outside with either paint or cement. After we discussed the issue with local and higher officials, specific instructions were issued to give the latrines a cement wash in some places. In one village the local NGO appeared to have taken the additional responsibility of having them painted. The gleaming blue toilets are a

pleasant sight around the village. We found that such aesthetic issues are important to many villagers.

It is very surprising that as important an item as foot-rests in the latrine were not part of the technical design. In the villages both men and women said that the floor of the latrine would become very slippery during the rains and would be dangerous particularly for children. A woman in our village cited a case where a relative of hers slipped thus in a latrine and broke her arm. When such experiences are shared, the negative reaction of the community spreads like wild fire. The latrines are supposed to facilitate hygienic habits in children. It is safe to assume that may not allow them to use the latrines if the latrines are dangerous.

We learnt towards the latter part of the study that some well-off individuals were getting foot-rests put in at the additional cost of Rs. 100. This matter ought to be given serious consideration since it is exactly the type of technical issues which have social implications and will influence acceptability of the model as well as use.

In all the villages, we were asked if gober gas attachments were possible with the model and the cost estimates.

Senior officials did not express much interest in giving either us or the community clear information. In fact, in front of us, in one village an official told a villager it could be attached and the same official shocked us by saying the opposite in another village.

If a facility is seen by a villager as having several advantages, it could be an added incentive for obtaining it and ought to be highlighted by officials. Once villagers are convinced that they can avail of the facility (unlike many of the government schemes which do not reach them). We found that they are very interested in details of the scheme.

(h) Role of Community Health Volunteers:

Their para professional experience would have been useful local assistance in a sanitation project. But perhaps no account of their low honorarium, their motivation to get actively involved is low. The government might have to introduce some incentive to mobilise their support. However, care ought to be taken in planning these incentives, that their presence does not force the volunteers to meet sanitation 'targets'. How the stress on reaching quantitative targets in the Indian family planning programme .

has led to backlashes on the community is well known.

Spiritual groups such as the 'Swadhyay' (see section on Navli), could present a novel and influential medium for spreading sanitation related values. 'Cleanliness is Godliness', for instance, is an ancient adage and might well be more easily imbibed through an organised spiritual instruction programme.

3. Methodological Issues:

a) Participatory Research in a Social Feasibility Study:

Classical participatory research and action are primarily subjective. Difference in the present study is that the researchers got involved with the community in the process of research and action and then detached themselves from the scene of activities in order to make an objective assessment of what to place. In this sense it is also a departure from conventional social science research which maintains a distinctly separate space between the researcher and the subject. To be collective, social feasibility studies ought incorporate some element of involvement by the researcher with the concerns of the community concerned. There may be more likelihood, then, that the community is inclined to participate actively in the action that follows.

This dual approach of identification with the rural objective community and simultaneous objective assessment of their overall situation will reflect itself in the perspective and methods used throughout the study.

(b) Communication Aids:

Specific techniques of communication and research, in this type of a study, should be selected to assist interaction between researcher-participant and villagers. In the present study, it was found that group discussions in themselves were very effective in eliciting information and building rapport. Women of most castes and classes were warm and vocal. Initially of course, it may be difficult for the dialogue to be honest and lively. Suspicion, mistrust of the researchers motives, and apprehension often seem to inhibit, in particular, rural women. Sanitation moreover, is an especially difficult subject to initiate conversation. It is sensitive and is attached to deep-rooted cultural attitudes and practices in rural areas. Communication aids in a social feasibility study seeking community participation take on a slightly different dimension than in communication support projects. In other words, the media will be effective if it allows two-way communication. Audio-visual aids used in development

projects often tend to inform or educate the people. Rarely are they conceptualised to stimulate thought between the two parties.

In the present study attempts were made to experiment with a wide range of communication techniques. Several objectives had to be fulfilled by the media from information to inquiry. Emphasis, however, was placed on assessing their scope as research tools.

One of the major media thus tried out was the puppet show. Plans had included involving the villagers in conducting show but time did not permit the ~~training~~ that would be required. The script and scenes were prepared on the basis of actual environment in the village. Use of the local dialect also added authenticity.

The puppet show becomes a one-way channel of information unless discussion follows immediately after the show. Key questions may be put forth to the audience on larger issues related to the show. In our experience the following points came to light:

- 1) A sensitive subject like sanitation does not lend itself to discussion after the show in a large male-female group.

- 2) Rural women are more reserved in voicing their ideas on the show in such a group.
- 3) It is an excellent medium to arouse interest, build momentum and spread messages. In our shows themes such as positive thinking, unity in the community and self-help created a visibly powerful impact on the women. Its entertainment value is very high and therefore adds novelty to the project.
- 4) As a research tool it needs to be very carefully planned from a thought-provoking script to having female facilitator leading discussions in small groups.
- 5) It may be more effective not to have lines in the script that are direct propaganda. We found it tends to turn off the women for whom the sanitation scheme is not feasible and also limits reflections on broader issues.

It could be kept in mind while using puppet shows in such a study., that its primary aim is to increase the researcher's understanding of the rural community.

Researchers may use communication aids to help create a relaxed atmosphere in group discussions with rural women - such as folk songs. Aids like posters and miniature models

may be useful in explaining sanitation technology to the women and in receiving their feedback. The needs assessment activity (used in the present study) provided the stimulus to many new ideas. While it is a challenge to design participatory research media the danger of too much pre-occupation with such techniques ought to be guarded against. They are a mere means to the end of learning about the rural community and not an end in themselves. Honest dialogue with men and women in villages appears to be quite effective in itself.

One of the most exciting techniques in this study was the use of a model village. In one group discussion a large range of miniature items that could make up a village - from railways to huts, from animals to toilets - were placed before the women. Once they got the idea that they were supposed to create what they perceived as a model village, they got whole heartedly into the act. The women fashioned beautiful, intricate household items like the traditional grinding stone and the pulley well out of clay. As the enthusiasm increased in the group, some of them got up and enacted scenes from their lives such as when they hid from forest officials who came upon them suddenly as they collected fuel wood. The experience is an example of how a communication technique can encourage womens involvement and draw out information.

Making communication aids is time-consuming. If one technique fails to elicit responses from a community meeting one must have others ready to substitute it. In a project of this nature where time is short, one could either employ aids that are easily available and usable or stay with informal discussions and open ended interviews. Using some of the techniques with the women (like having them use puppet or act out a play) has shown us that they require some training. One needs to work with them and make them comfortable with the techniques so that they lose their inhibitions and are able to experiment with their ideas and creativity.

If women are to be involved in media programmes that last more than three hours, the programmes will have to be arranged at a time when all the household chores of women are done. Creche of sorts for the day could be set up to take care of their children. Food may have to be organised for the families of the hamlets. A 'camp' can be set up, enabling women to participate.

The importance of a suitable mode of communication with women in a sanitation research and action project should not be underestimated. This is true of projects carried out by facilitators, NGOs or the Government. A few basic ground

rules may be followed in organizing discussions to encourage community participation and to bring out data more realistic to their life situation:

- i) Talking 'down' to the women should be avoided. Interacting as equal participants is possible to some extent between researchers and rural women. This could be reflected in attitude, tone of voice, dress and seating arrangements.
- ii) The best locally-accepted channel may be used to disseminate information.
- iii) Suitable local women may be employed as intermediary assistants. Their background, caste and class should be given here.
- iv) A direct approach is suggested of placing facts of the project before the women.
- (v) Care should be taken to avoid prolonged association with women of higher caste and class and political workers. This can create resentment among the rest of the community.
- vi) Allowance may be given for the fact that most of the rural women have not had exposure to organised group discussion. Their initial inhibitions, awkward silences and such may be treated gently and with understanding.

vii) The researchers ought to prevent any preconceived assumptions that might have from affecting the communication process.

(c) Encouraging Community Participation:

Research projects that have predetermined goals and are sponsored by agencies external to the village can hardly be classified as 'participatory research' in the classical sense of the term. The issues explored in such cases have not emerged out of the community's reflection upon its own needs. They have basically been guided by the need of the project and the researchers' own frame of reference. The present study had a predetermined goal viz. a low cost latrine construction scheme. In this sense the need was not articulated by the community. However, once the community recognised its own need for the facility, the element of participation entered.

If a social feasibility study is expected to involve research and action with community participation, the degree to which it allows participatory research should be analyzed. In the present study, within the defined boundaries rural women were encouraged to share their views about the defined programme. Dialogue was sought with them. Attempts were made to involve the women in the research process. Rural

men were involved in the logistics of the construction scheme. The participatory research and action in this context relate to the following:

i) It necessitates a perspective that looks upon the rural community as a potential source of intelligent and co-operative group not as an ignorant group that will not know what is good for them. Such an agency may be a research institution interested in action or a local NGO.

ii) Taking off from such a perspective, methods of research may be then designed which seek to involve the people in the process of enquiry. In our study of rural women, there might have been two broad ways of carrying out the research. We could have conducted random sample surveys and administered questionnaires, by which we would have received data on such things as: how many women wanted latrines and how many were willing to contribute money or labour. It is doubtful whether the women would have revealed their beliefs with regard to certain sanitary practices, on the basis of which we could have gauged their positive or negative approach to participation in a sanitation programme.

iii) If a set of specific questions need to be asked within a limited time span, the community cannot be given a totally

free hand in determining the course of discussions. But, having established some rapport with the villagers or with trained local assistants, one is likely to obtain information from women that is relevant, open and insightful.

iv) Giving the men and women their due importance by explaining one's project purpose to them and encouraging their views on it, serves to facilitate their assuming responsible role. This becomes particularly important when action follows the research. In a sense the research experience where community and researcher interact freely also becomes communication support for the action project.

v) In our view a sanitation project that aims at implementing a scheme based on the needs, views, attitudes and final involvement of the people will be effective only if there is a suitable agency in the picture to liaise between the villagers and the Government. Such an agency may be a research institution interested in action or a local NGO. The presence of such an agency which could operate as mediator between the community and the government officials may be considered imperative.

This need for a mediator becomes all the more urgent where rural women are concerned. As we saw in our study, except for a couple of extremely powerful political figures, rural

women were relegated to the sidelines whenever the scheme implementers or other officials came to the project site. In one situation no local women were consulted when decisions were taken with officials about how the scheme ought to be implemented and in what way finances can be mobilised. In another place, when local leaders and Government personnel visited the latrine pits being dug in the hamlet, none of the women voiced their doubts about the location of the latrines while local men spoke without reference to women's needs. In a third characteristic example, during the construction men made no efforts to explain to the women what the main features of the latrine were, so that we were greeted with doubts when we met them. Some officials said they would have an explanatory session with the men who could subsequently communicate the information with their women. In our experience communication on such delicate matters does not always occur between husbands and wives in the villages. In some areas we found local men saying, "What do our women know?, why do you want to bother explaining anything to them?". Sometimes this is due to feelings of embarrassment. At other times it is due to the males' limited perception of their women's intelligence. In one village women had apparently not been involved at any stage by the NGO. In a visit following the construction of the latrines, women told us

that the scheme had been propagated "to their men folk".

vi) If a social feasibility study has an action programme attached to it and if it has positive results, it is much more likely to generate enthusiasm but research as such may not be successful. When we explored broad areas of health with women it did not provoke much response. When we were able to tell the women that they could get a concrete facility provided they wanted it and would agree to assist us, their participation increased noticeably.

d) The Purpose of a Social Feasibility Study Ought to be Made Clear to Project Officials:

In our experience, the very concept of a social feasibility study seemed very alien to Government persons, technical officers, medical personnel and local leaders. These men perceived us as propagating care and maintenance of latrines. To a lesser extent they also saw us promoting latrines as a problem solver for women. In other words, we were perceived as doing work that falls totally within the realm of communication support.

Officials at various levels were of the opinion that cleanliness and maintenance would be a major concern in a latrine provision scheme, for which health and hygiene education was a must. They felt lack of proper maintenance

would create more problems than the absence of latrines did. They also had serious doubts about the ability of lower classes to use the facility correctly.

While the points raised are valid in a social feasibility study, the view that this alone was our role excludes the broad scope of the present research. In a manner, this could constitute a subtle barrier to their active assistance (as happened in our experience), since education and motivation are considered 'pure-software' : a woman's department. A social feasibility study such as the present one allows and in fact necessitates technical input or 'hardware' elements. Exchange becomes essential between technical experts and researchers on technological features of water supply and sanitation facilities. This question of lack of perspective has been referred to earlier. But the point needs emphasizing in view of the import it has for project personnel. Unless scheme implementing persons grasp the significance of dialogue between technical and social agents as vital for the effectiveness of a research and action project, social feasibility studies on women may bear little fruit.

Such an understanding can only spread if it begins at the top level of planning and operation. Very recently an

influential Non-Governmental authority involved in the sanitation programme quipped, "Is your report going to be all about women or will we (technical people) have anything to read in it?" If high rank persons of authority have the narrow perspective such a question indicates, can we hope for any change among the lower rank?

4. The Underlying Philosophy:

a) Target Population:

It may be relatively easy to introduce a development programme in a village by involving influential men and women who are usually from the upper classes. They are more vocal in their views and naturally more willing to contribute finances. The extent to which such a project will encompass other strata of society will depend to a large extent on the relationship between the influential persons and those of the lower castes and classes. It is very likely that the scheme benefits will remain with the upper strata if such an approach is adopted. Issues of equity and justice arise here.

Some vital questions programme designers might ask themselves in this respect are: 1) Is the scheme focussed on the upper social strata in the hope that there will be a 'fitter-down' effect in course of time? 2) Is the scheme focussed on

socially and economically disadvantaged groups? 3) Or, is the scheme open for anyone who can afford it? Planners might do well to give much thought to these questions prior to embarking on a latrine promotion scheme. Each of the above questions is thought provoking.

(1) If the programme is based on the first assumption, it should be questioned. As described earlier, villages are composed of clusters of households which are anywhere from 1 km to a mile or more from each other. They are also divided in their class-caste composition. People from one class or caste rarely cross customary barriers and interact with others.

Short term community participation projects will have to operate within the cultural system of interaction. To bring about fundamental changes in such systems in the short time span that is allocated to such projects may be unrealistic.

Because of the rigid social segregation, the fritter down theory appears a very remote possibility. The lower classes and castes will no doubt hear of the new developments in the hamlets if it is a relatively small village, but we found that they will not make a move to go and inquire about it. Hardly any woman from the two tribal hamlets in one village went to check the model latrine constructed near the area

where higher class families resided.

(2) With regard to the second proposition, we feel that it is imperative to provide sanitary facilities to those who need these urgently and cannot afford it without subsidy. Scheduled castes and tribes fall into this low income category.

We encountered a general notion from officials that these groups are too set in their traditional habits, and too poor to afford the 10 per cent contribution. Our experience refutes such generalizations.

Women and men from these groups may initially express their reservations about the need, financial ability and likely involvement. But with extended discussions they have been known to actively contribute ideas, money and labour to the programme. If the community is given an opportunity to reflect upon the value of the scheme and helped to become more aware of its own situation, it goes a long way in enlisting their support. Where the scheme is not feasible, this fact becomes quickly established through open discussion.

(3) If the programme is designed to provide a fixed number of latrines the third question could become rather .

impractical depending on the population of the village. If one adopts a community-involvement approach, the response is likely to be positive. In densely populated villages we feel that more than 50 families are likely to be eager applicants for the facility. There should be certain criteria on the basis of which families are considered eligible for the scheme. In one village apparently the local authorities tried to stem the unprecedented response by announcing that applicants will be selected on a first come first served basis. All 208 applicants were, however, ready with the money. So providing a scheme for a target as nebulous as 'any one who can afford it' could create additional problems for programme implementers, besides creating dissent in the community.

b) Community, Private and Semi-private Arrangements:

In all the villages where women expressed their desire for latrines they spoke strongly against community facilities. They felt that care and maintenance would be a problem and the issue would create quarrels amongst the people as they would blame each other for any lack of cleanliness. There were few indications of the possibility of collective responsibility in care and maintenance. Such assurances were given in a few lower class areas where only community

latrines would have been affordable. But the statements were clearly not voiced with conviction. Arguments against community latrines are presented below:

1. Since the latrines is bhangi-mukti* people have to keep it clean themselves. This sense of responsibility can only be guaranteed with personal property.
2. Some Harijans turned Nav-Buddhas+ felt that providing community facilities might result in their being forced to return to the profession of their forefathers which they have finally escaped. from. There is sufficient evidence from talks with upper class women that the Nav-Buddha men's fears were justified.
3. As it was suggested to us, providing a few community latrines to a large village could give rise to more problems within the community. Maintenance is the main issue here.

* The low-cost latrine is designed so as to make maintenance easy and free the traditional sweeper class from this work.

+ Neo-buddhists

Women in one tribal hamlet appealed to us, "we have to fight with each other every day to get access to the limited water available although we do not like to fight. Please do not create more problems for us by giving limited latrine facilities". An exception could be made in providing a few latrines which are to be used only by the elderly, the sick, and women or girls who find it difficult to go in the fields.

In all our group discussions as the women weighed their need for latrines against other needs and expressed doubts about their capacity to pay, the idea of sharing a latrine was greeted with great enthusiasm by both men and women. From the community discussions with us it appeared as though there would be more applications for these semi private latrines than any other type. This arrangement is also an alternative to the problem of having insufficient land around the house for each family. However, in our follow-up visits to the villages, we found that except for a few families in one village, the applications were all for private individual latrines. One reason for this change could be that during the time gap between our community meetings and proposed phase II consisting of action in the scheme, people must have reflected over the pros and cons

of semi-private latrines and come up with the conclusion on deeper thought that it was not feasible, although it sounded good at first. What the men and women told us during follow-up visits points to some truth in this theory. They said that today five families living next to each other might share a latrine amicably being on good terms with each other. "But what happens a few years hence if there is some dissent?" many of them asked us. The person on whose land latrine is constructed will have the most right to it and others may not be able to prevent such monopoly. This fear has apparently stopped most people from applying for the semi-private arrangement. No amount of persuasion from our end changed the views of the community on this matter.

Discussion with the Sarpanch and his colleagues in one village brought up some possibilities for Government initiative. If the Government is going to advocate 50 latrines or some such limited fixed amount, advocating the semi-private arrangement would fulfil the need of more families. However, if this is promoted a few factors may have to be worked upon:

It will only be 'successful' (in the sense of community acceptance, involvement and responsibility to keep it clean)

if there is some unity in the hamlet within groups of households. Such a scheme could not work where there is little interaction between the households. This was the case in one instance, where though households were near each other the castes were different. Even if a few families in adjoining households have kinship ties, this does not mean they are necessarily compatible.

Naturally, programme implementers cannot be expected to look into the patterns of social interaction of all the families in a village in order to be aware that this arrangement will not work in all rural situations and must leave the decision to the community instead of imposing it upon them. A couple of group meetings in each hamlet is sufficient (if one is really hard pressed for time) to get a feel for the co-operation or lack of it in a hamlet. In heterogeneous hamlets one can expect some lack of unity. In homogeneous hamlets with conflicting political party representatives wielding influence, one should expect resistance.

Another obstruction in advocating semi-private units is that houses are often scattered even within hamlets, so that in some cases it is futile to ask five families to share one toilet.

It is clear from our experience that the rural community prefers individual latrines for each family over any other arrangement.

With regard to the question of land as a prerequisite for private latrines there are many dimensions to it :

- people who are living in a rented house may be willing to contribute money but the landlord may not allow it;
- people may not be willing to contribute since it is not their own house and they feel they might move on to another village;
- there may be landlords who are willing to contribute finances as well as land to have the latrine unit for the tenant. We came across all such examples but the last one we suspect is a rare case.

The possibility that rentees may be potential recipients should not be ruled out because in villages near urban areas where job opportunities are increasing, the migrant population may be sizeable and they may not leave the hamlet soon. The general reaction of project officials in our experience was to rule out the following as potential recipients.

1. rentees;
2. those whose houses are not on their own land;
3. scheduled castes and tribes.

We would merely like to caution against such a prior decisions, for each of these three categories can be assisted into acquiring latrines. Project officials should be made aware of what alternate action is possible if more people are to receive the benefit of such schemes - especially those who live in crowded hamlets and need the facility.

SECTION VRECOMMENDATIONSa) Planning and Implementing a Latrine Programme:

The first four categories that the 7 latrines scheme is offered to, includes schools. Providing this facility in educational institutions requires special attention, if it is expected to inculcate hygienic habits in the children from a young age. It must be remembered that the project's objectives are not latrines per se but improved sanitation. To fulfil this wider objective, proper maintenance will have to be ensured. From our experience the following suggestions include some of the ways in which sanitary habits can be encouraged in schools:

I. Colourful, simple visual instruction boards should be put up in each of these toilets, carrying instructions on how to use the latrine, how much water to pour and what precautions to take so as not to block it. Financial provision ought to be made for this in the scheme and senior officials should stress its importance.

II. The school should make provision either through the government providing funds or from elsewhere, to have a metal drum, an earthen vessel or ideally speaking, a small cement tank attached to the latrine. These have to be

covered (snakes are known to settle at the bottom of such containers), and arrangements can be made to keep the container filled with water.

We saw very dirty latrines in some schools where wells were situated only a few feet away. One of the reasons for this, we surmise, could be that the children were not using sufficient water. If a vessel of water is placed right outside the latrine there are more chances of proper use. Logistics of who will collect the water will have to be dealt with according to specific situations. Programme planners may also reflect upon this issue if advocating community latrines since there is severe water shortage for three to four months and the latrines may become unusable.

III. The ventilator especially in school toilets should be given attention. We heard that if it is not high enough it can facilitate stone-throwing or other children may peep in.

Whether rain water will flood the toilet (the toilets are always located outside the house) through the ventilation must also be given thought by technicians. Such questions were raised in the communities. In Khanapur arrangements

were made on each roof for a sloping ledge to prevent rain water from entering the toilet.

IV. If only one latrine is to be allocated for a high school, it should be used only by the females of the school. In the scheme of 7 latrines, instead of providing 3 for persons who may be motivators, these may be considered for institutions where more facilities are necessary. Where the latrines are given for both males and females they must be located in separate corners.

V. When the construction of school latrines is going on, some lectures and discussions could be organised around health, hygiene and sanitation, so that the children realize the importance of the facility. We found teachers in all villages enthusiastic and receptive to the idea of such an educational programme. They do however need well-thought out guidelines and instruction sheets on how to give children knowledge and motivation regarding care and maintenance of toilets and the right perspective on sanitation.

Such education will be communication support attached to the project providing a facility. The Gram Panchayat should also be convinced of the importance of such education for their community. In one village we found the toilet near a school being used and misused by officials whose office

was located near the school. The teacher therefore preferred to let the children use the land around the school. There is tremendous scope in this channel for improving rural sanitation. We heard this story of how the principal of a school had motivated all the children to pick up old shoes, stones and broken glass around the village, and deposit them in three pits at school. In course of time the pits filled up. The trash items were sold for recycling and the school bought a water cooler for the children with the money.

VI. It may be necessary to keep the latrines locked to prevent misuse by persons other than the recipient. The catch of the door must be such as can be easily locked. After initial difficulty, a variety of catch arrangements were adopted in the villages studied. The strongest of these (which could be investigated in follow-up) may be adopted.

VII. In high school latrines designated for females, female teachers could be involved in making arrangements for some manner of waste disposal. A dust bin could be provided if there are ways to empty and destroy the garbage. There could become very necessary for disposal of menstrual wastes and preventing blockage of the latrine.

VIII. All 57 members of the community (including those in institutions) who have received the facility ought to have a session where technical persons explain various features of the latrine and encourage questions to clear the villagers' doubts. We cannot emphasise enough how important it is, to involve men and women in such dialogues.

Women especially seem to want to know everything about the latrine. We witnessed great excitement, concern and interest in the villages as soon as the latrines were obtained. This should be sustained with proper information and education while the momentum is high.

b) Forging Links Between Research and Government Action:

No study that combines social feasibility and community's active involvement can be carried out effectively if it is not linked to action in the form of a facility or programme. The scheme which promised a definite facility with a clearly stated subsidy amount was therefore a necessary adjunct to the present feasibility study, especially since we had to include emphasis in our research design on motivation and education. The back up of the Government is necessary to support any rural work by a social research agency. The facilities the government can provide such as transport and

housing are vital to conducting the research with the least obstacles and also to save time. Moreover a word from government officials helps considerably in getting the attention of local leaders. Such a link may have to be a policy if it is to ensure smooth operation of a sanitation project. Unless it is determined at the topmost government level concerned, that action would follow research with regard to water and sanitation needs, we would recommend that such studies are not undertaken. Women researchers need support from the highest authorities in the form of written authorisation. Only then will they have the authority to ask questions relevant to the project and have power to make suggestions at the project site on the basis of their experience and insight into the community. The government implementing agency too can benefit from this link where the researcher is in the role of a facilitator.

c) Organising Local Labour:

Efforts can be made to reduce latrine costs and induce local involvement when (1) the Government has agreed upon a stipulated reduction in costs with contractors prior to construction, (2) the community shows willingness to organise labour. For instance, a local sub committee can be organised to oversee construction in each hamlet. In our present

project there was no time for this plan to be tried out. Using local masons and carpenters as well as local transport service if available to cart material will not only lower cost but create additional employment and involvement.

d) Promoting Involvement of Women and Other Groups:

Local women can help external project personnel in appraising the priority needs of the area.

They can assist in charting out a map of the hamlets with regard to water sources and washing and defecating practices.

From elderly and upper class women, outside agents can get an idea of the socio-political and cultural background of the village which is particularly essential for a sanitation project.

Women could be involved in selecting latrine designs, but as we could not offer them any other alternative but the UNDP- T A G selected model, we have no data on their ability to choose. Even if they had an alternative model we were not in a position to back it up with action.

Women in the villages should be consulted for when presented with a scheme, they can foresee obstacles they might face like that of land use conflict between tenants and owners; financial constraints etc.

Male and female teachers are suitable for planning and executing support programmes like educating school children on personal hygiene and cleanliness. They nevertheless, have to be guided on systematic well laid out plans in terms of how such education fits into the regular curriculum; to what extent non-formal methods of education can be introduced here; the finances that can be provided for such team and more.

Rural youth, both boys and girls could be a tremendous potential source of action. Young girls are educated up to a certain age and not employed for various socio-cultural reasons. Some of the mothers, we found, were anxious that their girls be occupied with some work like in a home industry. Plans involving these girls from each hamlet can be introduced. This can make their contribution substantial. In fact girls are a source of ideas and energy. They may be easier to meet in groups while adult women have very little time. They are more influenced by urban ideas, especially where television has made its entry. They show signs of being more progressive than adults in some areas.

We found that many male youth were educated and unemployed. In rural areas for the educated, employment connotes a regular 'office' job. They are reluctant to do seasonal

and manual work even though these side incomes are useful to the family. After studying their work patterns, these youth may be organised into one work force and given systematic duties by the implementing or overseeing agency. The key to mobilising this work force would be in organising them. Care must be taken that political youth groups do not disrupt the process.

Belonging to a mahila mandal seems to be a sort of a status symbol. These groups themselves participate mainly in semi-religious-cum-social functions, as they are constituted at present. Mahila Mandals have little potential in consciousness-raising activities. Again, since established practices, social relationships and subtle inbuilt power structures have a major influence in these mandals; involving them would require not only planned incentives but schemes which are based on an understanding of their social background. But these women from our experience do not seem inclined to break social barriers of caste and class to implement any programme.

Involving women in a village sanitation programme should entail a multi-pronged approach that is directed to women of different socio-economic groups rather than rope in the most visible, high profile women and women's groups. At the same time each of the potential sources of action should be

given specific tasks in a programme. This may ensure that:

- (1) all sections in the village are covered;
- (2) the programme gets implemented within the socio-cultural and political patterns existing and hence has more scope of succeeding;
- (3) various phases and objectives in the programmes can be simultaneously executed.

All the multi-directional strategies might be effectively integrated into one programme and tied together.





