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Participation of Rural Peoples in Hygiene Programme (A Study from Nanded Districts)

Abstract

The important features of the Indian social structure are predominant rural habitation in small village, multi-religious and multi-caste social identities and important role of family in the social life. The concept of sanitation broadly includes liquid and solid waste disposal, personal and food related hygiene and domestic as well as environmental hygiene. Community participation and support have been identified to be crucial for the successful implementation of the programme. In addition, the interventions should be gender sensitive wherein the different socially defined needs, roles and responsibilities of men and women need to be considered to make the initiative sustainable and effective. Under TSC, the involvement of rural people has been seen not only as target groups but also as informed consumers, clients and managers who are capable of making informed choices. The sanitation campaign is considered as an entry point for achieving overall development of the villages. It is achieved through effective facilitation and the use of Participatory Rapid Appraisal (PRA) methods such as transects walks, mapping and community discussions. Sanitation improvements have immediate health benefits which quickly demonstrate to householders the success of their collective action in improving their personal and community wide wellbeing.

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Introduction

The Indian rural society has undergone considerable change in the recent past, particularly since the Independence as a result of a series of the land reform legislations that have accelerated the pace of this change. India has a rich cultural heritage and is a land of diversities. The diversity in social life is reflected in multi-social, multi-lingual, multi-religious and multi-caste nature of the society. The important features of the Indian social structure are predominant rural habitation in small village, multi-religious and multi-caste social identities and important role of family in the social life. According to A. W. Green, 'A rural community is a cluster of people living within a narrow territorial radius who share a common way of life.'

The Central Rural Sanitation Programme (CRSP) was launched in 1986. In 1999, as part of reform initiatives CRSP was restructured and renamed as Total Sanitation Campaign (TSC) as a demand driven and people centered programme. The Rural Sanitation campaign has the following as its objectives:

1. Accelerate sanitation coverage in rural areas.
2. Generate a push from the people to get facilities rather than expert the Government to do it.
3. Focus on intensive education and awareness campaign to ensure that people understand the need for safe sanitation.
4. Take the scheme beyond rural households to rural schools and nursery schools. Here again the emphasis was placed on promoting good hygiene practices.
5. Promote cost-effective and appropriate technologies.
6. Through all the above, improve the health and quality of life in rural areas.

The concept of sanitation broadly includes liquid and solid waste disposal, personal and food related hygiene and domestic as well as environmental hygiene. Most of the rural people still defecate in the open space, most of the villages lack waste disposal and drainage systems and

many in the villages are ignorant about the consequences of poor sanitation and unhygienic conditions. As a result, many people suffer and even die of diseases caused be unhealthy practices of personal and environmental hygiene. Rural sanitation is a state subject. The state governments implement the rural sanitation programme.

In India, 36.4 percent of total population and 21.9 percent of its rural population had latrines within or attached to their houses. Out of this, only 7.1 percent households had latrines with water closets, which are the most sanitized toilets. This idea was prompted by the result of a survey done on the extent of use of sanitation facilities built by the government. The survey revealed that between 1997 and 2000, of the 16,61,000 toilets that were built in Maharashtra at a cost of Rs. 456 cores, only 57% were in use. The following can get the Nirmal Gram Puraskar (a) Gram Panchayats, Blocks and Districts, which achieve 100% sanitation coverage in terms of 100% sanitation coverage of individual households, (b) 100% school sanitation coverage (c) free from open defecation and (d) clean environment maintenance. (e) Individuals and organizations, who have been the driving force for effecting full sanitation coverage in the respective geographical area.

Community participation and support have been identified to be crucial for the successful implementation of the programme. In addition, the interventions should be gender sensitive wherein the different socially defined needs, roles and responsibilities of men and women need to be considered to make the initiative sustainable and effective. The current situation in sanitation places differential burden on not only man, but also women in rural India. They suffer from lack of privacy and dignity and need to walk long distances to find a suitable place for defecation in the absence of suitable household toilet facilities. This walk in the dark poses the fear of risk of sexual harassment and assault. In several cases the women have to wait till early morning or night before venturing out into the open leading to discomfort and health problems. It is assumed that a woman's perspective can contribute a great deal to improve planning, functioning and utilization of the sanitary facilities. Under TSC, the involvement of rural people has been seen not only as target groups but also as informed consumers, clients and managers who are capable of making informed choices. This case study describes the roles and responsibilities of rural people in TSC implemented in Nanded district of Maharashtra state.

Objective of the Study

The present research study is so important to achieve the following objectives:

1. To understand the total sanitation campaign.
2. To study the role of rural peoples in Total Sanitation Campaign in rural area.

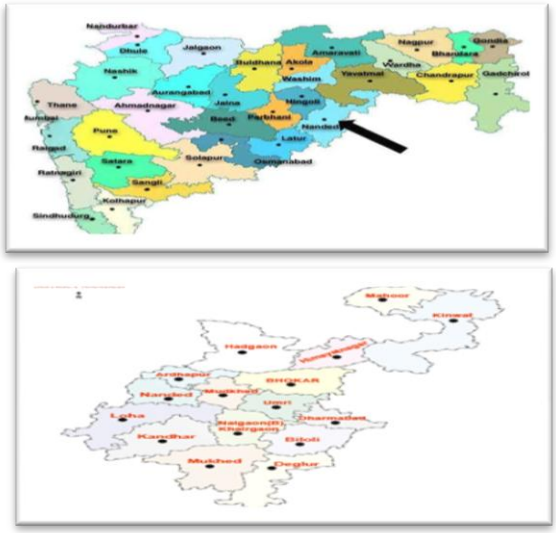
Use of Methodology

This study was conducted Nirmal Gram villages (Nanded Districts) by simple random sampling technique using the lottery method. Quantitative and qualitative techniques were used to conduct the study. Interviews were conducted with rural peoples in the campaign. The transect walk was conducted along with rural peoples in the villages. The current state of the facilities was observed and the role of rural peoples was discussed. All the information was analyzed.

Area of the Study

The districts of Nanded lies between 180 15' to 190 55' North latitudes and 770 to 78025' east longitudes. Nanded is a very ancient city. Nanded is situated at longitude 77.7 to 78.15 E and latitude 18.15 to 19.55 N. The principal rivers of the district are the Godavari, Penganga, Manjra and Manar. Godavari flows for 140 kms and Manjra meets it in the central part. The climate is dry except during the southwest monsoon when humidity rises. It covers area of above 10,332 sq. Km. The total area under forest in the Nanded districts is 1275.523 km.

Maharashtra State and Nanded District Map.



Role of Rural Peoples in Hygiene Programme

Studies all over the India and experience have shown that rural people play a significant role in influencing the family's sanitary habits particularly as it affect on family and society. The family did not have to face any embarrassment when guests visited them. In addition the village had won an award and they felt proud and honored for achieving the goal. During the focus group discussions the benefits of the campaign narrated by the people were: At an individual level, all people reported a sense of security, privacy, comfort and dignity. They had overcome the embarrassment, shame, fear and anxiety of going to the open fields. It ensured comfort and safety for the pregnant women, menstruating girls, old women's and adolescent girls. At the family level, latrines were reported to be safe for the elderly. They also provided an alternative for hygienic disposal of the children's fasces which was otherwise dumped in the open. They also felt that the burden of diseases had reduced in the villages. When the not only rural people but also women were asked to enumerate the diseases prevented by eliminating open field defecation, they mentioned diarrhea, typhoid, jaundice as well as malaria and dengue. Such misconceptions can create a false sense of security and neglect of other aspects of environmental sanitation like silage and solid waste disposal. The

misconceptions regarding diseases prevented by achieving open defecation free status should be corrected by incorporating relevant messages in IEC campaigns. In an evaluation report the benefits accruing to rural people were an influencing factor in the decision to construct toilets in respect of one-third of the households studied. (Rajiv Gandhi National Drinking Water Mission 2005). It has been noted that the problems of people are readily realized by the people specifically and the community in general.

A majority were located outside the house, within the courtyard. A majority were water seal type latrines. A few toilets were constructed with septic tanks. Variety of superstructures tins, cement and bricks, plastic sheets, jute sacks etc. Soap and water kept outside the latrine in some houses. In others hand washing facility in the bathrooms adjoining the latrines. A majority of the latrines were partly clean. Rural Women were usually responsible for cleaning the latrine. The embarrassment of walking to the open fields ,the fears of sexual harassment, animal bites, the need to stand up and hide oneself when a passerby arrives, the anxiety of children left behind in the homes were expressed in their contributions in the form of songs, slogans and posters. The men folk were also targeted for neglecting the problems of the people and also women.

Rural Women as Resources

Women had become more vocal, were attending and voicing their thoughts in the Gram Sabha (village level meeting) and asserting their opinions and needs. They had become a part of the decision making process. At home they were convincing their husbands to construct the latrines. In a patriarchal setup where male members dominate the decision making process, programmers which are expected to mainly benefit the women may be overlooked and take a backseat. During this intensive phase of the campaign the women played a key role in sweeping the roads and courtyards, digging pits for latrine etc. Some of the women rural provided money from their savings for construction of IHHL (Individual Household Latrine) in their homes. Women from rural in some villages took up the responsibility of keeping a watch on the villages in the early mornings and in the evenings to check for open field defecation. They blew whistles and alerted the villagers if any such episode was noticed. During our study it was noted that there were no Rural Sanitary Marts (RSMs) and production Centers (PCs) in the villages. The main aim of having a Rural Sanitary Marts (RSMs) is to provide materials and guidance needed for construction of different types of latrines and other sanitary facilities, which are technologically and financially suitable to the rural areas.

Role of Rural Men and Women in the Post TSC Phase

An evaluation study reported that the burden of cleaning the toilet falls on the women of the house in 30% of households. Women in only one village had taken up some initiatives for village development in the post TSC phase. They were running a vermin composting unit and maintaining a community garden on silage water successfully. In the remaining four villages during the transect walks it was observed that no new initiatives were taken up by the community and women had gone back to the household chores. The sanitation campaign is considered as an entry point for achieving overall development of the villages. It is achieved through effective facilitation and the use of Participatory Rapid Appraisal (PRA) methods such as transects walks, mapping and community discussions. Community led Total Sanitation is a highly effective entry point as it mobilizes community members towards collective action and empowers them to take further action in the future. Sanitation improvements have immediate health benefits which quickly demonstrate to householders the success of their collective action in improving their personal and community wide wellbeing.

Conclusion & Suggestions

Rural Men and Women have worked important and varied roles in the TSC. Their active involvement has contributed towards achievement of the goal of open defecation free village. Rural Men and Women have not only been one of the main beneficiaries but also participants and targets of government support, training, monitoring, supervision and internal factors. In addition they have been motivators, initiators, surveillance workers, fund raisers and decision makers of village. The maintenance and cleanliness of Rural Men and Women Sanitary complexes needs to be strengthened. In the post TSC phase there was attrition of interest and involvement of the community in general and rural women in particular in any village development activities. Once the goal of Nirmal Gram was achieved the external forces also shifted focus to newer villages. The rural women all the work related to village sanitation can be clubbed together and handed over to a SHG through a contract at the Grampanchayat level. The successful implementation of Total Sanitation Campaign gives an opportunity to the villagers to prove their capacity to implement interventions for the benefit of the community. In the process, local self government, community members and government agencies develop confidence, belief and faith in one self as well as other rural person.

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