CHAPTER - IV

DATA ANALYSIS, INTERPRETATION AND DISCUSSION OF FINDINGS

4.1.0. Introduction

This chapter presents a careful analysis of the entire data collected from different categories of respondents in order to address the different objectives set for the present study. Collected data have been analyzed following suitable qualitative and quantitative techniques (as mentioned in chapter III under Section 3.7.0. through Table - 5) keeping in view the objectives of this study, which are as follows:

1. To study the level of awareness about the basic sanitation practices among rural women
2. To review the prevalence of diseases among women as a consequences of not using sanitary latrine
3. To explore the role of women in promotion and management of rural sanitation, particularly at the household-level
4. To find out the factors affecting the success of rural sanitation programmes
5. To explore the scope of intervention for social work profession in promoting rural sanitation and suggest policy measures for ensuring better implementation of rural sanitation programme

4.2.0. Analysis and Interpretation of Data

4.2.1 Level of Awareness among Rural Women about Basic Sanitation Practices

Based on collected data, the following analysis and interpretation has been done, keeping in view the first objective of this study i.e. to study the level of awareness among rural women about basic sanitation practices, which are as follows:

In order to find out whether there is any significant difference in the level of awareness about the basic sanitation practices among the women from the three blocks of Birbhum district of West Bengal i.e. Nanoor, Bolpur-Sriniketan and Labpur - 'F' ratio was calculated (Table 6, Figure 10). While comparing the calculated 'F' value with the table (critical) value it was noticed that the calculated value (.417) was not greater than the table value (3.03 & 4.68 at 0.05 and 0.01 level of significance). So in this context, the researcher comes to the conclusion that there is no significant difference among women belonging to the three selected blocks of Birbhum District,

as far as their level of awareness about the basic sanitation practices is concerned. Therefore, it can be concluded that the women belonging to these three different blocks have equal level of awareness regarding basic sanitation practices.

TABLE 6

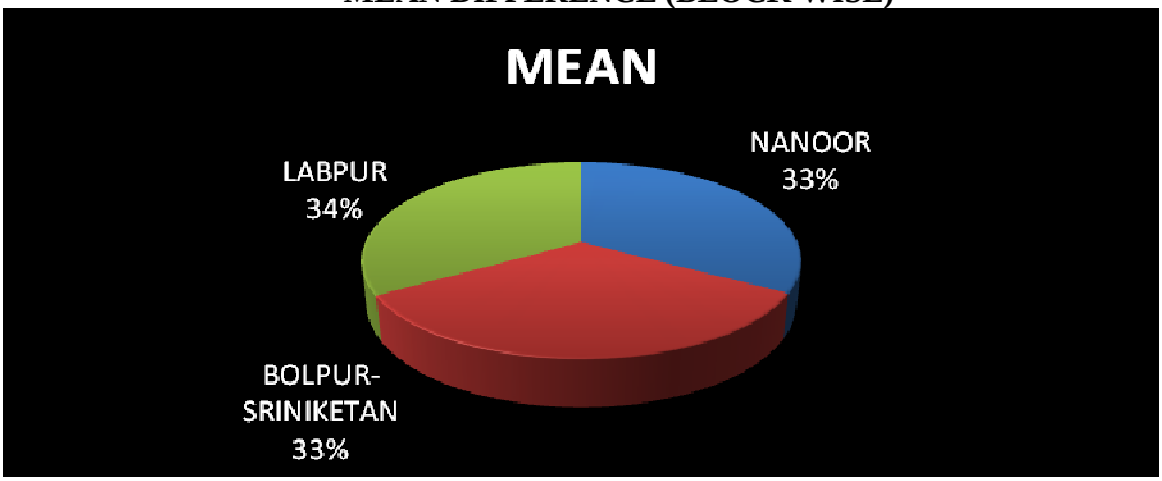
Summary of 'F' test (ANOVA): Difference in the level of awareness about the basic sanitation practices among Women (Block-wise)

Name of the Blocks	N	Mean	Std. Deviation	Std. Error
Nanoor	100	132.11	11.996	1.200
Bolpur-Sriniketan	100	132.70	9.229	.923
Labpur	100	133.54	11.954	1.195
Total	300	132.78	11.113	.642

ANOVA

Source of variations	Sum of Squares	Df	Mean Square	F	Sig.	Remarks
Between Groups	103.287	2	51.643	.417	.660	Not significant
Within Groups	36825.630	297	123.992			
Total	36928.917	299				

FIGURE 10
MEAN DIFFERENCE (BLOCK WISE)



While exploring whether there is any significant difference in the level of awareness about the basic sanitation practices among women pertaining to their level of education i.e illiterate, primary and HSC - 'F' ratio was calculated (Table 7, Figure 11). While comparing the calculated 'F' value with the table (critical) value it was perceived that the calculated value (2.094) was not greater than the table value (3.03 & 4.68 at 0.05 and 0.01 level of significance). So, the researcher comes to the conclusion that there is no significant difference in the context level of awareness about the basic sanitation practices among women, pertaining to their level of education. Therefore, it can be concluded that the women belonging to these three different levels of educational background have equal level of awareness regarding the basic sanitation practices.

TABLE 7

Summary of 'F' test (ANOVA): Difference in the level of awareness about the basic sanitation practices among Women (Educational Status-wise)

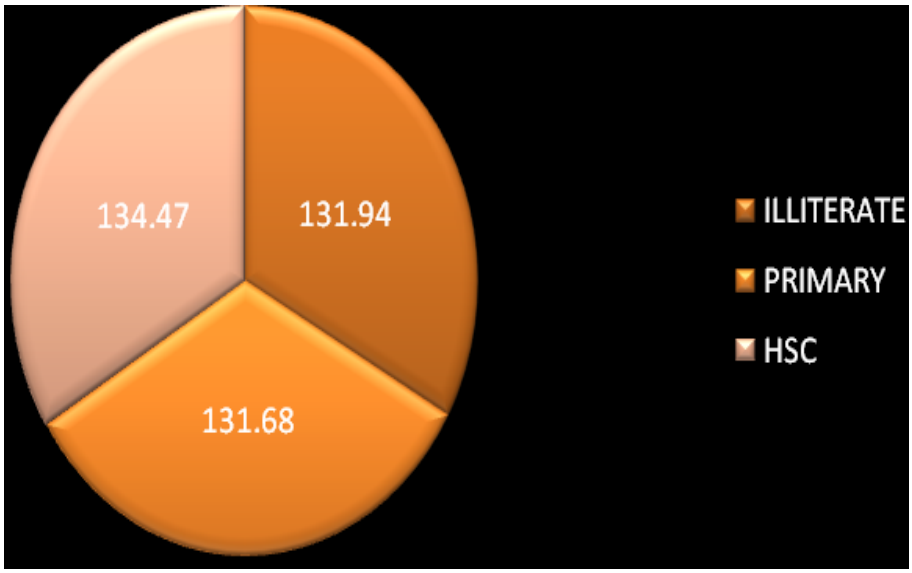
Educational Level	N	Mean	Std. Deviation	Std. Error
Illiterate	70	131.94	9.776	1.168
Primary	118	131.68	11.234	1.034
HSC	112	134.47	11.646	1.100
Total	300	132.78	11.113	.642

ANOVA

Source of variations	Sum of Squares	Df	Mean Square	F	Sig.	Remarks
Between Groups	513.463	2	256.731	2.094	.125	Not significant
Within Groups	36415.454	297	122.611			
Total	36928.917	299				

FIGURE 11

MEAN DIFFERENCE (EDUCATIONAL STATUS-WISE)



While asserting whether there is any significant difference in the level of awareness about the basic sanitation practices among women belonging to General, ST, SC and OBC category - 'F' ratio was calculated (Table 8, Figure 12). While comparing the calculated 'F' value with the table (critical) value it was observed that the calculated value (4.062) was greater and equal than the table value (3.03 & 4.68 at 0.05 and 0.01 level of significance respectively). Therefore, the researcher comes to would like to conclude that caste-wise there is a significant difference among women regarding the level of awareness about the basic sanitation practices.

The post-ANOVA result referring to the difference in the context of caste-wise level of awareness about the basic sanitation practices - indicates that significant difference exists in between 'general' and 'SC' category women as well as in between 'general' and 'OBC' category women; whereas no significant difference is there among women in between 'general' and 'ST' category, in between 'ST' and 'SC' category, in between 'SC' and 'OBC' category and in between 'ST' and 'OBC' category in respect to their level of awareness about the basic sanitation practices.

TABLE 8

Summary of 'F' test (ANOVA): Difference in the level of awareness about the basic sanitation practices among Women (Caste-wise)

Caste	N	Mean	Std. Deviation	Std. Error
General	145	131.03	11.998	.996
SC	41	136.34	11.676	1.823
ST	81	132.56	8.630	.959
OBC	33	136.64	10.197	1.775
Total	300	132.78	11.113	.642

ANOVA

Source of variations	Sum of Squares	Df	Mean Square	F	Sig.	Remarks
Between Groups	1460.171	3	486.724	4.062	.008	Significant
Within Groups	35468.746	296	119.827			
Total	36928.917	299				

Homogeneous Subsets

Score

Duncan[a,,b]

Caste	N	Subset for alpha = 0.05	
		1	2
General	145	131.03	
ST	81	132.56	132.56
SC	41		136.34
OBC	33		136.64
Sig.		.468	.067

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 54.101.

Score

Duncan[a,,b]

Caste	N	Subset for alpha = 0.05	
		1	2
General	145	131.03	
ST	81	132.56	132.56
SC	41		136.34
OBC	33		136.64
Sig.		.468	.067

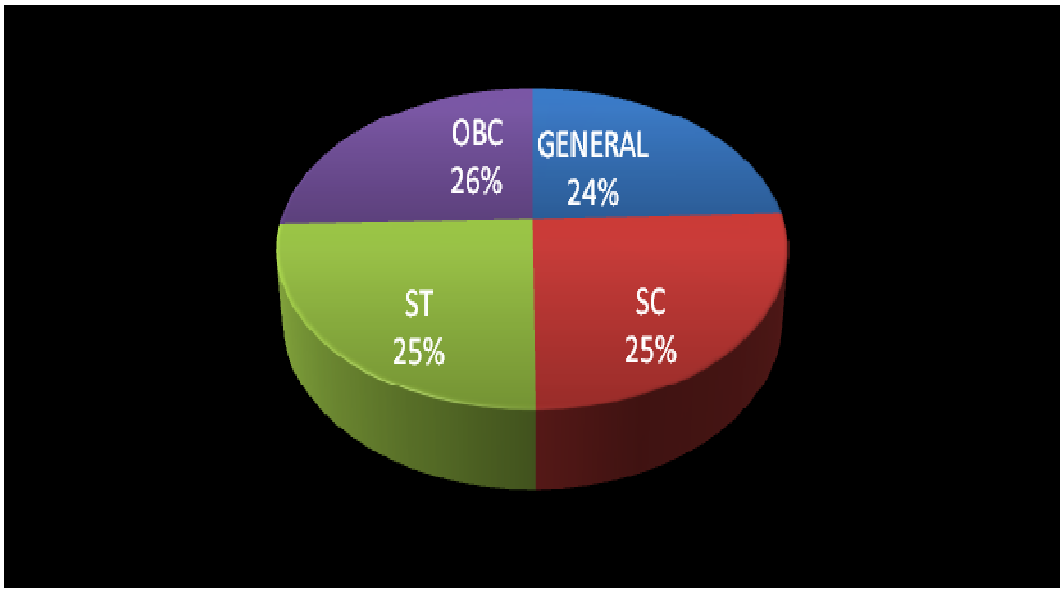
Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 54.101.

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

FIGURE 12

MEAN DIFFERENCE (CASTE WISE)



In order to find out the level of awareness about the basic sanitation practices among women from APL and BPL listed families,'t'-test between the mean and standard deviation of APL and BPL listed families' women were calculated (Table 9, Figure 13) and the result obtained showed

a ‘t’ value of .743 which is not significant at 0.05 and 0.01 level. Further the table and figure - reveals that the mean value of APL as well as BPL listed families’ women is same. Therefore it can be said that there is no significant difference between women of APL and BPL families, in the context of their level of awareness about the basic sanitation practices.

TABLE 9

‘t’-Test Result: Difference in the level of awareness about the basic sanitation practices (Family Economy-wise)

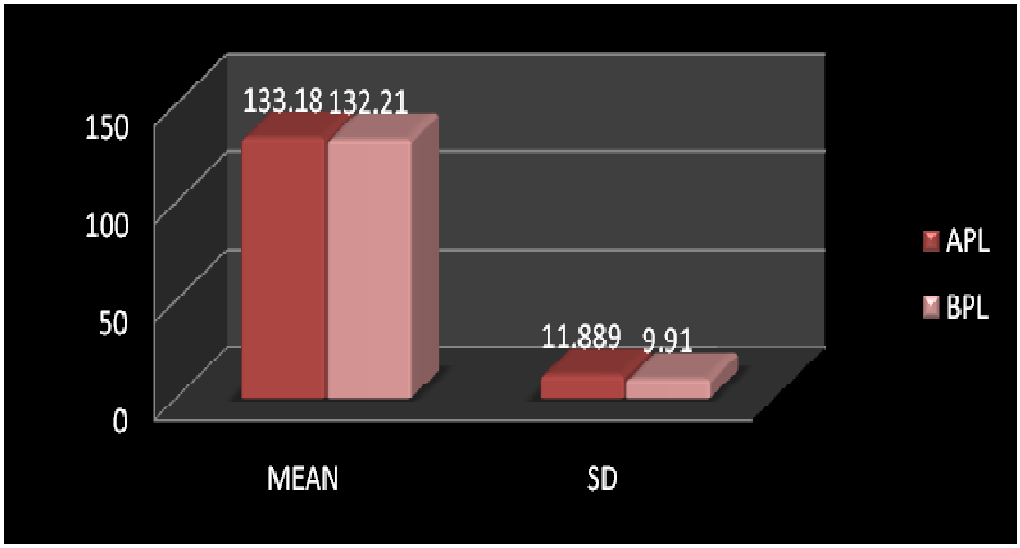
Variations		N	Mean	SD	‘t’	Remarks
Economic Status of the Family	APL	177	133.18	11.889	.743	Not significant
	BPL	123	132.21	9.910		

df=298 at 0.05 level ‘t’ value:1.97

0.01 level ‘t’ value: 2.59

FIGURE 13

Comparison of level of awareness about the basic sanitation practices between Women belonging to APL and BPL Families



While exploring the level of awareness about the basic sanitation practices among women on the basis of their age i.e. lower and higher – 't'-test between the mean and standard deviation of higher and lower age were calculated (Table 10, Figure 14) and the result obtained showed a 't' value of .184 which is not significant at 0.05 and 0.01 level. Further the table and figure - reveals that the mean value of lower age group and higher age group is same. Therefore it can be said that there is no significant difference between higher and lower age group women regarding their level of awareness about the basic sanitation practices.

TABLE 10

't'-Test Result: Difference in the level of awareness about the basic sanitation practices (Age-wise)

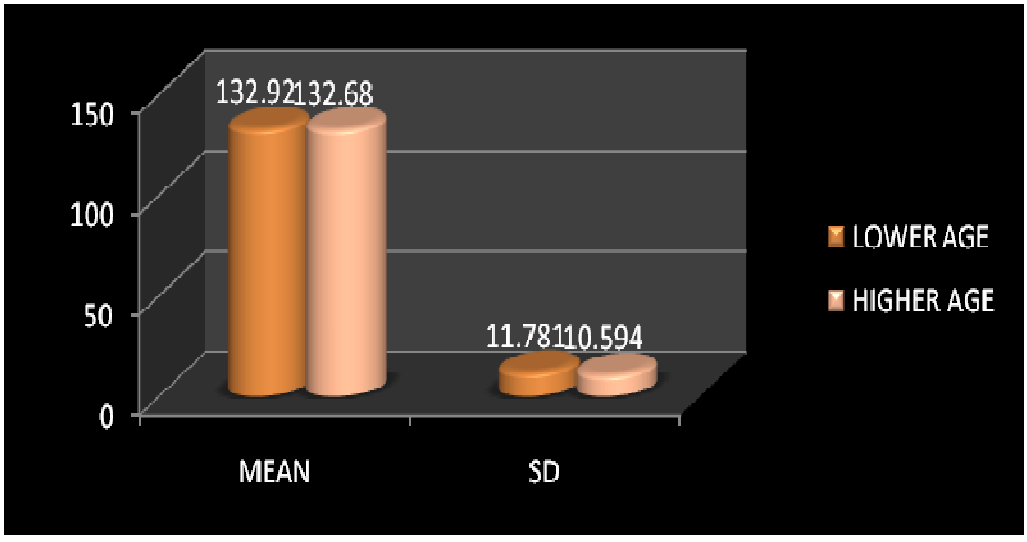
Variations		N	Mean	SD	't'	Remarks
Age Group	LOWER	132	132.92	11.781	.184	Not significant
	HIGHER	168	132.68	10.594		

df=298 at 0.05 level 't' value:1.97

0.01 level 't' value: 2.59

FIGURE 14

Comparison showing level of awareness about the basic sanitation practices between women of lower and higher age groups



While determining the level of awareness about the basic sanitation practices among women on the basis of their marital status i.e. married and unmarried - 't'-test between the mean and standard deviation of married and unmarried were calculated (Table 11, Figure 15) and the result obtained showed a 't' value of .833 which is not significant at 0.05 and 0.01 level. Further the table and figure -reveal that the mean value of married and unmarried is same. Therefore it can be concluded that there is no significant difference between married and unmarried women in respect to their level of awareness about the basic sanitation practices.

TABLE 11

't'-Test Result: Difference in the level of awareness regarding basic sanitation practices (Marital Status-wise)

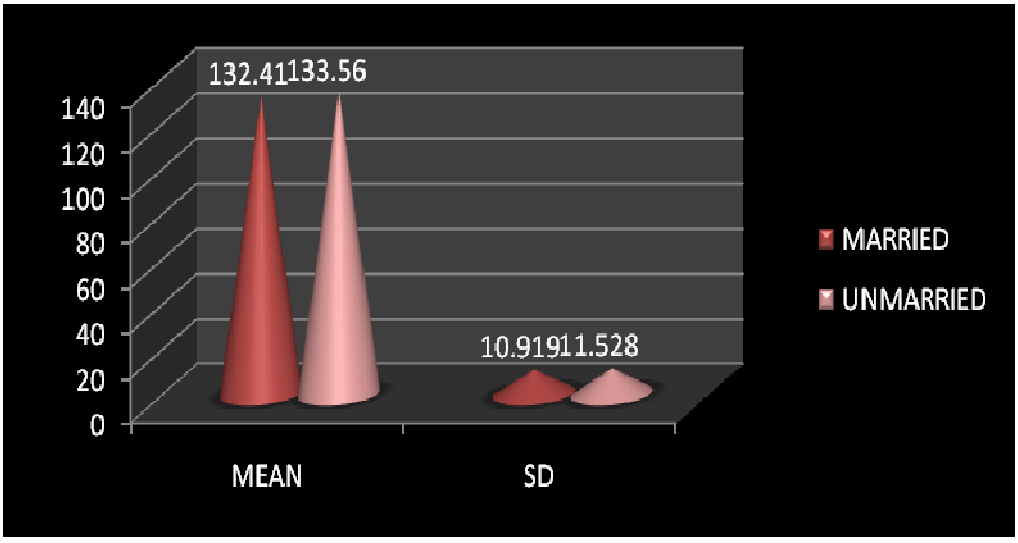
Variations		N	Mean	SD	't'	Remarks
Marital Status	MARRIED	203	132.41	10.919	-.833	Not significant
	UNMARRIED	97	133.56	11.528		

df=298 at 0.05 level 't' value:1.97

0.01 level 't' value: 2.59

FIGURE 15

Showing Comparison between married and unmarried in respect to level of awareness about the basic sanitation practices



Findings:

After collecting necessary information keeping in view first objective of this study i.e. studying the level of awareness among rural women about basic sanitation practices – the researcher has explored the following findings:

- ☞ Block-wise there is no significant difference among women in the context of their level of awareness about the basic sanitation practices
- ☞ As far as educational status is concerned, there is no significant difference in the context level of awareness about the basic sanitation practices among women
- ☞ Caste-wise there is a significant difference among women regarding the level of awareness about the basic sanitation practices.
- ☞ The post-ANOVA result referring to the difference in the context of caste-wise level of awareness about the basic sanitation practices - indicates that significant difference exists in between 'general' and 'SC' category women as well as in between 'general' and 'OBC' category women; whereas no significant difference is there among women in between 'general' and 'ST' category, in between 'ST' and 'SC' category, in between 'SC' and 'OBC' category and in between 'ST' and 'OBC' category in respect to their level of awareness about the basic sanitation practices.
- ☞ Keeping in view the economic status of the family, it was found that there is no significant difference in the context of their level of awareness about the basic sanitation practices between women of APL and BPL families
- ☞ Taking into consideration the age-group, it can be asserted that there is no significant difference between higher age-group women (i.e. women aging between 31 years to 44 years) and lower age group women (i.e. women aging between 15 years to 30 years) as far as their level of awareness about the basic sanitation practices is concerned
- ☞ Comparison on basis of marital status of the respondents reflects that there is no significant difference between married and unmarried women in respect to their level of awareness about the basic sanitation practices

Discussions:

Now, after exploring necessary findings from the present study in the context of level of awareness among rural women regarding basic sanitation - the researcher would like to draw attention towards the following discussions where findings and results of some of the studies conducted in similar direction, have been reflected:

From the present study it was felt that as far as the awareness of basic sanitation practices are concerned, traditional practices and knowledge-base prevalent across the community or locality play a crucial role in determining the hygiene behaviour of the rural women. Keeping in view, the interaction with the key respondents as well as the male members of the rural families as well as the grassroot dynamics of sanitation across the villages of rural Birbhum - the researcher realizes that regardless of age-group, education, marital status and family's financial condition – every woman carries the required knowledge and information regarding the basic sanitary practices for the following reasons:

1. Being involved in different household chores since childhood, rural girls and women use to get trained and necessary information from their mother or grandmother or other elderly persons of the family

2. Frequent home-visits by village level health workers like VLWs, Anganwadi Workers (AWWs) of Integrated Child Development Services Scheme (ICDS) project, Accredited Social Health Activists (ASHA) workers of National Rural Health Mission appear to be quite effective in providing women the basic required information regarding 'how to practice and maintain safe sanitation' at the household and community level – which use to strengthen girls' and women's information-base regarding significance of ….having safe drinking water, …keeping food covered, …taking bath regularly, …washing hands before taking food and after defecation etc.

3. As per the opinion of the respondents as well as the resource persons of the selected villages - the Non-Governmental Organizations (NGOs) like Child in Need Institute (CINI), United Nations Children's Emergency Fund (UNICEF) etc., Community Based Organisations (CBOs) and Civil Society Organisations (CSOs) which are working across the rural parts of Birbhum district, were always found to be quite active and effective in promoting safe sanitation behavior at the household and community level through organizing awareness camp, distribution of IEC (Information, Education and Communication) materials within the community. These organization also use to counsel the adolescent girls and women of rural families regarding the significance of safe sanitation and also guide them to promote sanitary practices among other members of the families;

Generally due to the above-mentioned reasons, rural women use to gain and carry the required information regarding basic sanitation norms irrespective of their educational background or age-

group or marital status or economic status of the family, which becomes evident when somebody will look into the findings of the present study.

Similar kind of findings observed in the study conducted by Jha (2006), Mukherjee (2004) and Desai (2003) across Indian villages. While studying the awareness level among the rural – it was found that there is no significant difference in level of sanitation awareness and water management among women irrespective of their educational qualification, family background and marital status. Rather he found that in some instances, illiterate women were found to be more knowledgeable and informative than educated women (who studied at least upto primary level) due to their rich experiences and expertise in traditional practices regarding sanitation management. From his in-depth study, he explored that the information regarding the sanitation and water management generally transfer from grandmothers to mothers and then from mothers to their daughters; and educational qualification, family background or marital status do not have any direct influence on this 'knowledge-transferring process'.

In another study conducted by UNICEF (2008) in rural parts of Medinipur district of West Bengal – found that rural women traditionally bear the basic knowledge regarding safe sanitation to be practiced at household level. Since childhood, girls and women of villages gain mastery over sanitation related activities and water resource management due to their engagement in such activities in their respective families. For this they do not require any formal education or training. They develop expertise in sanitation management observing their mothers as well as need based guidance from the elderly members of the family especially women. It was also notice that women from higher social strata or caste use to carry better knowledge of sanitation than that of women belonging to relatively lower caste.

Some other studies conducted in similar direction i.e. assessing the level of sanitation awareness among rural women, conducted by Sen et al. (2008), Khurana et al (2007), Mohanty (2006), Srivastava (2003) found that women or girls basically carry better knowledge regarding safe sanitation than male members of the respective families. Further analysis of these studies shows that for acquiring the basic knowledge regarding sanitation, women and girls find - the existing family practices, societal tradition and culture, need-based guidance by elderly women of the family, effective functioning of local NGOs and community based organizations working in sanitation sector, effective sanitation campaign by ram Panchayat, proper functioning of village level sanitation and health personnel etc. as useful source for extracting necessary information. It was also found from these studies that in comparison to boys, girls use to develop the basic skills and knowledge regarding personal hygiene at a very early age.

4.2.2 Prevalence of diseases among women as a consequence of not using sanitary latrine

In order to find out the percentage of women using sanitary laterine, necessary data were collected from the selected sample of 300 women from 300 households. After going through the analysis of collected data, it was traced that women from 137 households i.e. 45.66% of the selected sample size still practice open defecation and rest of the 163 women use sanitary latrine comprising of 54.33% (Table 12 and Figure 16).

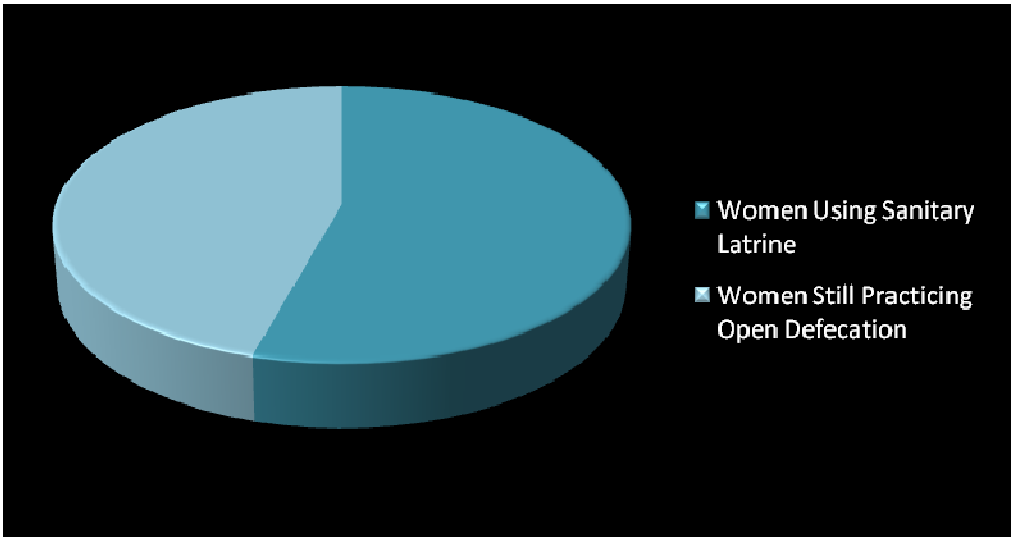
TABLE 12

Usage of Sanitary Latrine among Selected Women

Total Household surveyed	300	100%
Women Using Sanitary Latrine	163	54.33%
Women Practicing Open Defecation	137	45.66%

FIGURE 16

Usage of Sanitary Latrine among Selected Women



Later, in order to find out the prevalence of diseases among women in last 2 years as a consequence of not using sanitary latrine, further analysis explores that - out of the total no of women practicing open-defecation, women from 66 households i.e. 48.17% of them - suffered from 'soil transmitted diseases' (i.e. hookworm infections) and remaining 71 women i.e. 51.82%

of the total number of women who still practice open-defecation, have not suffered from any kind of diseases (Table 13 and Figure 17).

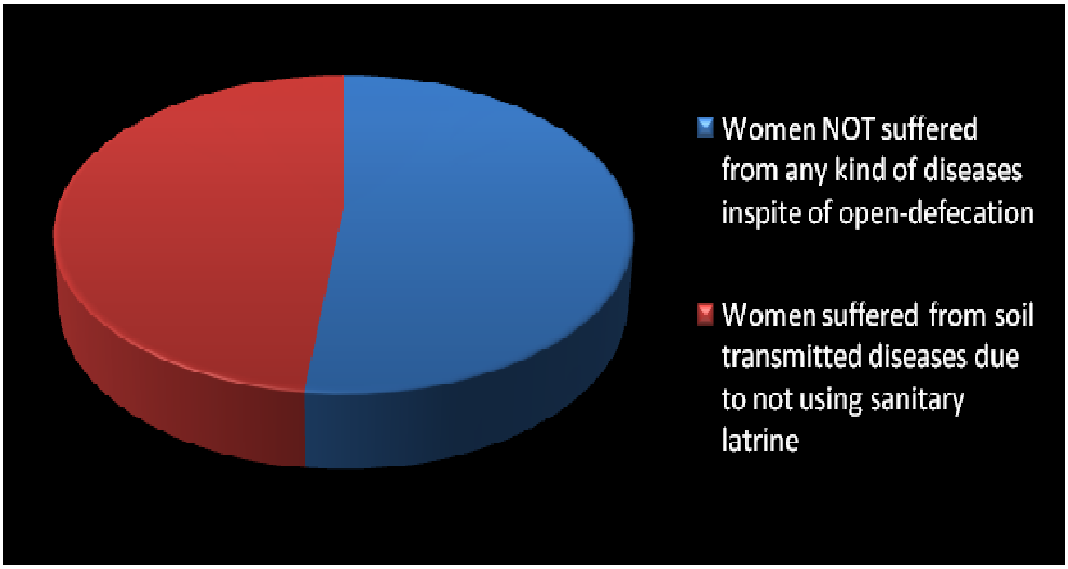
TABLE – 13

Prevalence of Diseases (i.e. hookworm infections) among women in last 2 years as a consequence of NOT using Sanitary Latrine

No. of women Practicing Open Defecation out of the selected sample	137
No. of women NOT suffered from any kind of diseases inspite of 'not using sanitary latrine' in last 2 years	71 [51.82%]
No. of women suffered from soil transmitted diseases (i.e. hookworm infections) due to 'not using sanitary latrine' in last 2 years	66 [48.17%]

FIGURE 17

Prevalence of Diseases (i.e. hookworm infections) among women in last 2 years as a consequence of NOT using Sanitary Latrine



Further analysis on the basis of age-group in this context, indicates that the practice of open-defecation is more prevalent among higher age group women (31 – 44 yrs.) as 51.19% of them still practice open-defecation while comparatively the prevalence of not using sanitary latrine is less among lower age group women (15 – 30 yrs) as 38.63% of them go for open defecation (Table 14, Figure 18). Further analysis in the context vulnerability towards soil transmitted diseases, keeping in view the age group of the respondentsexplores that - higher age group women, practicing open defecation were found to be much more prone (59.30%) towards soil transmitted diseases than lower age group women (29.41%). (Figure 19)

TABLE – 14

Women practicing open-defecation: A Comparison on the basis of age-group

Age-wise	No. of Respondents	No of women practicing open-defecation	No of women suffered from each category
Lower Age Group Women (15 – 30 years)	132	51 (38.63%)	15 (29.41%)
Higher Age Group Women (31 – 44 years)	168	86 (51.19%)	51 (59.30%)

FIGURE – 18

Women practicing open-defecation: A Comparison on the basis of age-group

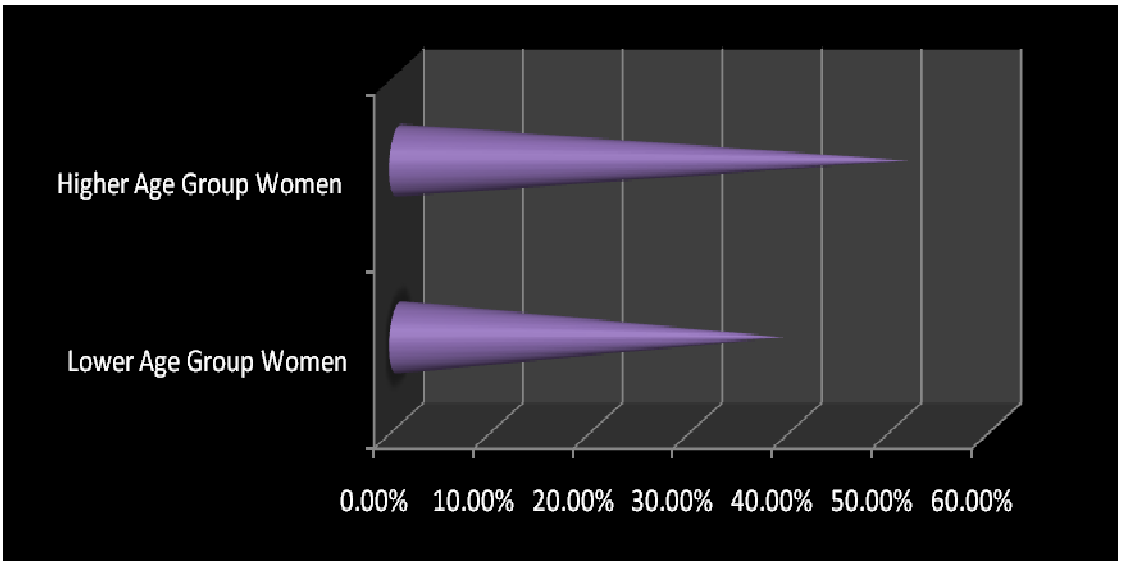
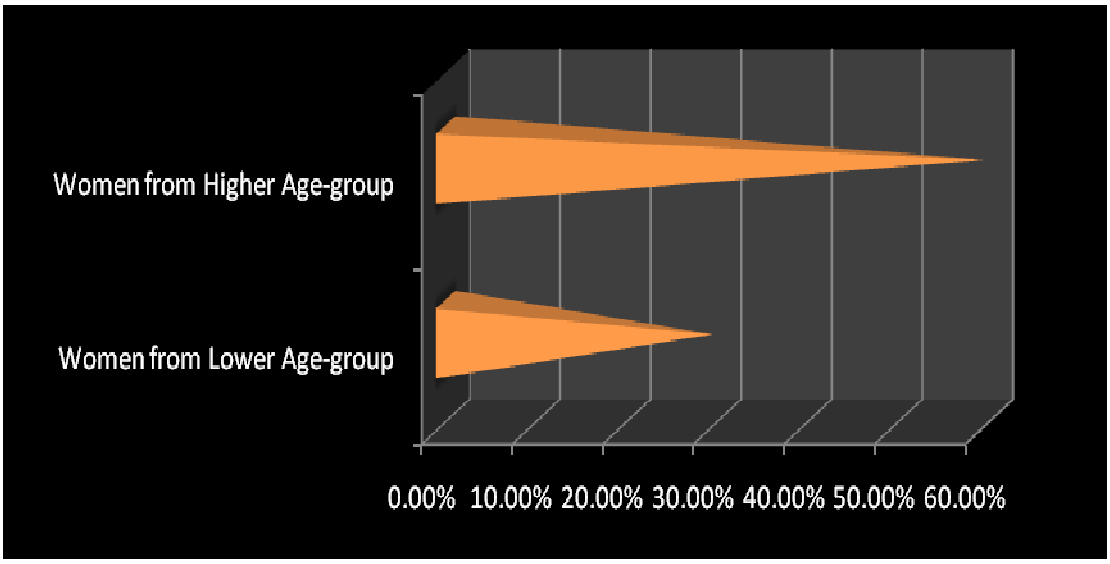


FIGURE – 19

Vulnerability towards soil transmitted diseases among women practicing open-defecation: A Comparison on the basis of age-group



Keeping in view the context of the present study, while comparing the extent of open-defecation among women of the three selected blocks i.e. Labpur, Nanoor and Bolpur Sriniketan Block, collected data were analysed. After a careful analysis, it was found that from Nannor Block 48% of women, from Bolpur-Sriniketan Block 26% of women and 63% of women from Labpur Block still do not use sanitary latrine and practice open-defecation. (Table 15, Figure 20)

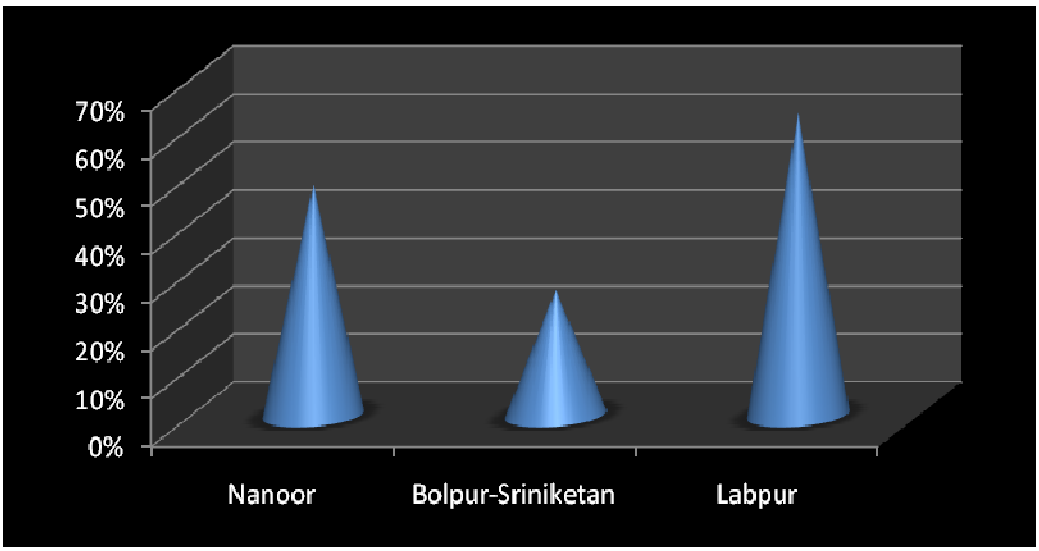
TABLE 15

Block-wise Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine

Name of Blocks	No. of Respondents	No. of Women suffered from each category	Percentage
Nanoor	100	48	48 %
Bolpur-Sriniketan	100	26	26 %
Labpur	100	63	63%

FIGURE 20

Women Practicing Open-defecation i.e. Not Using Sanitary Latrine (Block-wise)



In order to compare the extent of open-defecation among women in the context of the present study, taking into consideration their educational status, it was explored that the practice of open-defecation is highest i.e. 68.57% among illiterate women followed by the women who are educated atleast upto Primary level (55.93%) and the phenomena of open-defecation is least prevalent i.e. 20.53% among women who have completed their stuy atleast upto HSC-level. (Table 16, Figure 21)

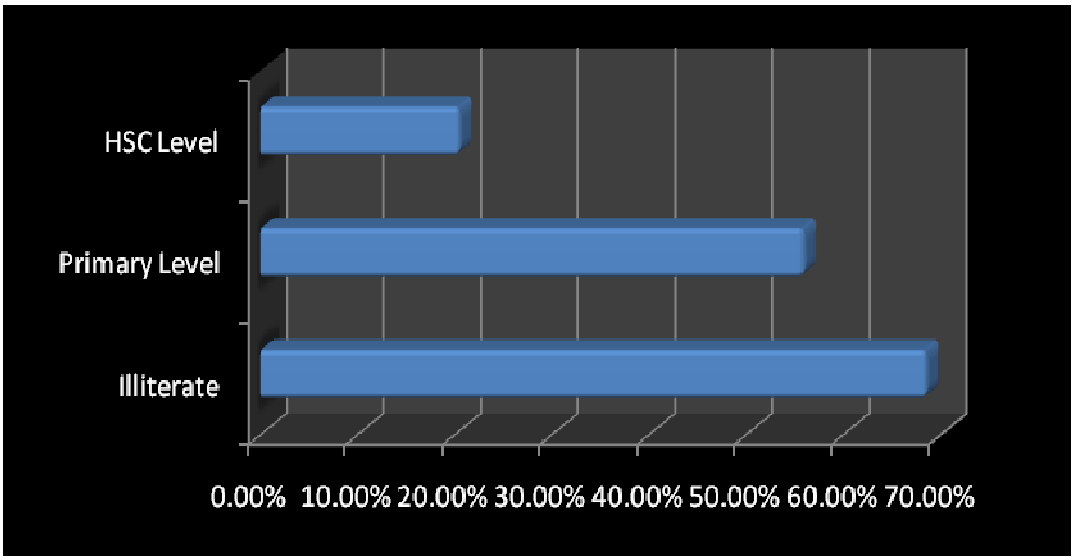
TABLE 16

Educational-level wise comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine

Educational Status	No. of Respondents	No. of Women Not Using Sanitary Latrine under each category	Percentage
Illiterate	70	48	68.57%
Primary Level	118	66	55.93%
HSC Level	112	23	20.53%

FIGURE 21

Educational-level wise comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine



In order to compare the extent of open-defecation i.e. the practice of not using sanitary latrine, among women in the context of the present study, taking into consideration their caste i.e. General, SC, ST and OBC, it was explored that the practice of open-defecation is highest i.e. 60.49 % among ST women followed by women belonging to OBC category (57.57%) and General category women (42.75%) and the phenomena of open-defecation is least practiced among SC women which is found to be 41.46% (Table 17, Figure 22).

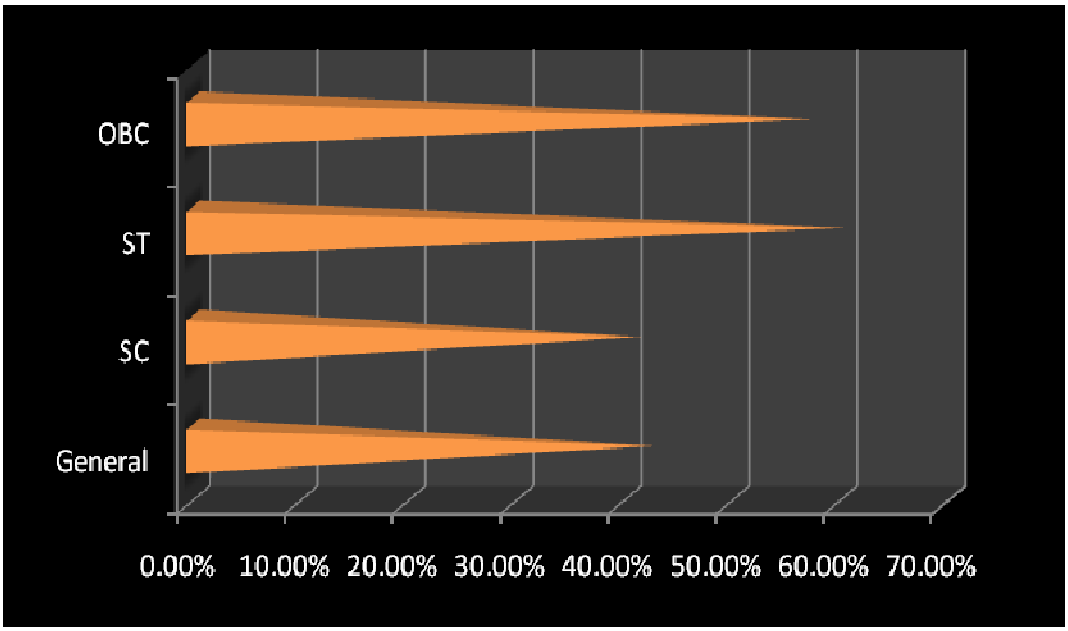
TABLE 17

Caste-wise Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine

Caste	No. Of Respondents	No. of Women Not Using Sanitary Latrine under each category	Percentage
General	145	62	42.75%
SC	41	17	41.46 %
ST	81	49	60.49 %
OBC	33	19	57.57 %

FIGURE 22

Caste-wise Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine



Keeping in view the context of the present study – while comparing the extent of open-defecation (i.e. the practice of not using sanitary latrine) among women on the bais of economic status of their family i.e. APL and BPL - it was found that the practice of open-defecation is much higher among women from BPL families i.e. 78.04% than what is perceived among women from APL families i.e. 23.16% (Table 18, Figure 23).

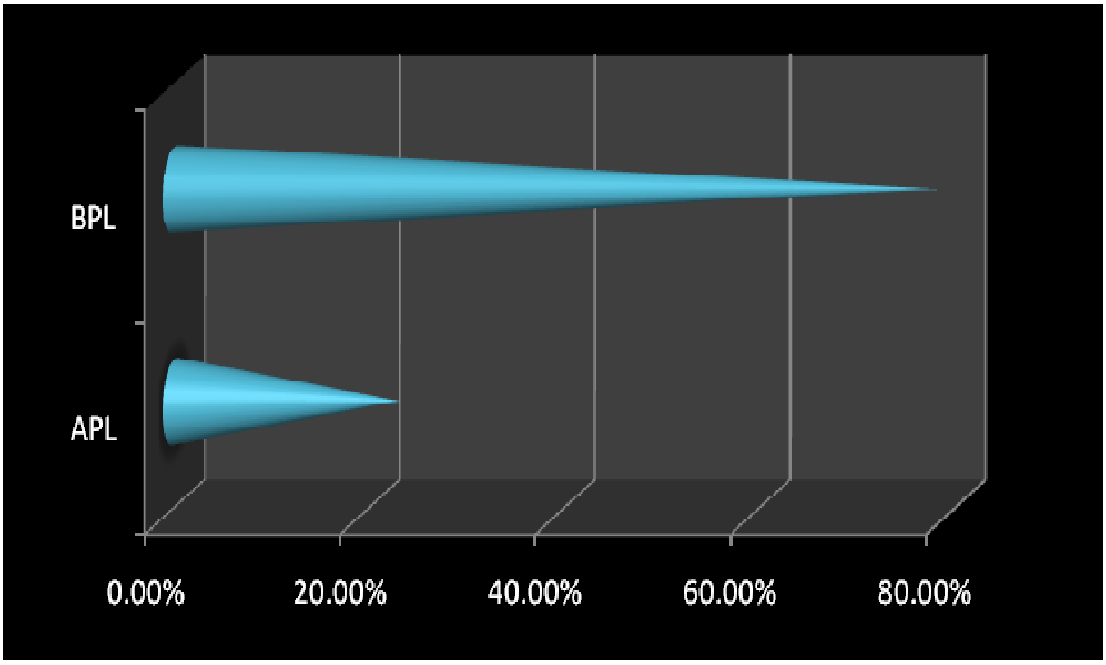
TABLE 18

Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine Based on their family-economy

Economic Status	No. of Respondents	No. of Women Not Using Sanitary Latrine under each category	Percentage
APL	177	41	23.16%
BPL	123	96	78.04%

FIGURE 23

Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine Based on their family-economy



Keeping in view the context of the present study – while comparing the extent of open-defecation (i.e. the practice of not using sanitary latrine) among women on the bais of their marital status i.e. married and unmarried - it was found that the practice of open-defecation is much higher among married women i.e. 51.23% than unmarried women i.e. 34.02 % (Table 19, Figure 24).

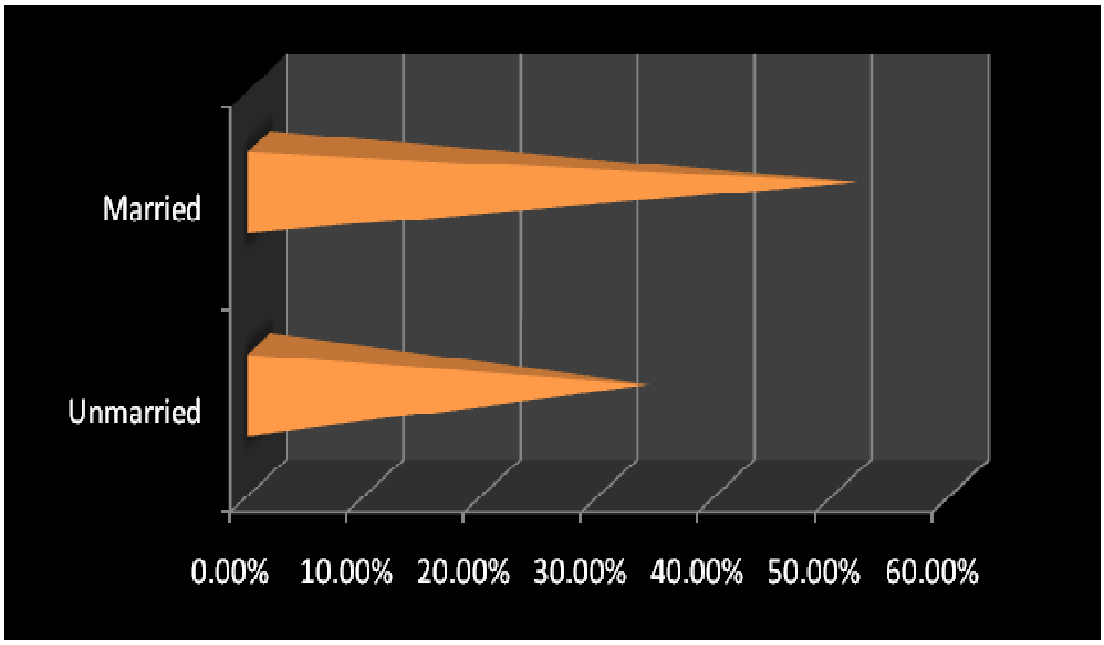
TABLE 19

Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine Based on their Marital Status

Marital Status	No. of Respondents	No. of Women suffered from each category	Percentage
Married	203	104	51.23%
Unmarried	97	33	34.02%

FIGURE 24

Comparison among Women Practicing Open-defecation i.e. Not Using Sanitary Latrine Based on their Marital Status



Findings:

Taking into consideration the analysis of collected data pertaining to the second objective of the present study i.e. to review the prevalence of diseases among women as a consequence of not using sanitary latrine - the researcher has explored the following findings:

- Almost half of the women (45.66%) from the selected rural households still practice open defecation and rest of them use sanitary latrine
- The practice of open defecation is more prevalent among higher age group women i.e. in between 31 – 44 yrs. (51.19%) than lower age group women i.e. in between 15 – 30 yrs. (38.63%)
- Out of the three selected Blocks, the practice of open-defecation is highest among the women of Labpur Block (63%), followed by Nannor Block (48%), while the rate of practicing open-defcation is found lowest (26%) among the women of Bolpur-Sriniketan Block
- Keeping in view the educational status of the respondents, it was found that the practice of open-defecation is highest (68.57%) among illiterate women followed by the women who are educated atleast upto Primary level (55.93%) and this trend is found to be least prevalent (20.53%) among women who have completed their study atleast upto HSC-

level

- ☞ Caste-wise the practice of open-defecation is highest (60.49 %) among ST women followed by women belonging to OBC category (57.57%) and General category women (42.75%) and the phenomena of not using sanitary latrine is least observed among SC women (41.46%)
- ☞ As far as the status of family-economy of the respondents is concerened, the practice of open-defecation is much higher among women from BPL families (78.04%) than what is perceived among women from APL families (23.16%)
- ☞ Comparision based on the respondents' marital status shows that the practice of open-defecation is much higher among married women (51.23%) than unmarried women (34.02 %)
- ☞ Out of the total no of women practicing open-defecation, almost half of them (48.17%) have suffered from 'soil transmitted diseases' (i.e. hookworm infections)
- ☞ Further analysis in the context vulnerability towards soil transmitted diseases (i.e. hookworm infections) keeping in view the age group of the respondents, explores that - higher age group women, practicing open defecation were found to be much more prone (59.30%) towards soil transmitted diseases than lower age group women (29.41%).

Discussions:

Now, after exploring necessary findings from the present study in the context of health impacts of poor sanitation - the researcher would like to draw attention towards the following discussions where findings and results of some of the studies conducted in similar direction, have been reflected:

Lack of sanitation and poor hygiene cause water-borne diseases, such as diarrhoea, cholera, typhoid and several parasitic infections. Moreover, the incidence of these diseases and others linked to poor sanitation – e.g., round worm, whip worm, guinea worm, and schistosomiasis – is highest among the poor, especially school-aged children (WHO, 1997). These diseases have a strong negative impact on women as well as on the children's state of health, their nutrition and their learning capacities, and contribute to significant absences from school (Nokes & Bundy, 1993; Miguel & Kremer, 2003). More than 2.2 million people in developing countries, most of them children, die each year from diseases related to lack of access to safe drinking water, inadequate sanitation and poor hygiene. The social and environmental health costs caused by ignoring the need to address sanitation are, thus, far too great.

While aiming to explore the impact of poor sanitation on women's health Sinha (1998) in his study found that in rural and interior villages of Jharkhand, especially women who do not have the accessibility to use a sanitary latrine at home, nearly 50% among them have suffered from either hookworm infection or guinea worm infections. (Sinha, 1998). While in another study, conducted in rural villages of Africa, by Gordon (2002) - experienced similar kind observations while assessing the impact of not using sanitary latrine on women and children. Out of the 500 women who were taken as a sample of this study, 173 among them have suffered from hook worm infections. (Gordon, 2002). Jana (2003) in his short-term research, in order to assess the impact of open-defecation on health, observes that people of rural Bankura (a district of West Bengal) who are used to in open-defecation, majority of them (71%) have suffered from worms infecting humans that are transmitted through contaminated soil: *Ascaris lumbricoides* (sometimes called just "*Ascaris*"), whipworm (*Trichuris trichiura*), and hookworm (*Anclostoma duodenale* and *Necator americanus*) – which are sometimes having very severe and adverse impact on human health.

At the same time, one should have more or less similar kind of impression as reflected from the present study-findings - while going through the very comprehensive and in-depth review by Esrey et al. (1991) published in 'Bulletin of World Health Organisation' –in order to examine the impact of improved water supply and sanitation facilities on Ascariasis, Diarrhoea, Dracunculiasis, Hookworm infection, Schistosomiasis, and trachoma. Researchers reviewed 144 water and sanitation interventions conducted in various developing countries and in the US to look at the effect improved water supply and sanitation facilities had on ascariasis, diarrhea, dracunculiasis, hookworm infection, schistosomiasis, and trachoma. This review showed that improved water supply and sanitation facilities resulted in substantial reductions in morbidity of diarrhea (26%), ascariasis (29%), guinea worm infection (78%), schistosomiasis (77%), and trachoma (27%). Only 1 study of hookworm infection was not flawed and it demonstrated only a 4% reduction in incidence. Moreover accurate studies demonstrated a median reduction in diarrhea specific mortality of 65% and 55% in general child mortality. The researchers supposed that those studies that demonstrated reductions in morbidity for at least 1 disease did not give water and sanitation their complete due in improving health, especially those where 1 disease was prevalent in the intervention area. Some studies revealed that chemotherapy combined with improvement in water and sanitation prevented infection rates of some parasitic diseases from returning to pretreatment levels. Further the duration of infection fell 50% of the incidence or prevalence, e.g., ascariasis, schistosomiasis, and hookworm infection. Moreover, studies revealed reductions in childhood diarrhea and overall mortality were greater than diarrhea

incidence or prevalence. Interventions which included improved excreta disposal and water quantity resulted in greater impacts than improvements in water quality. The review concluded with recommendations which included providing water as close to the home as possible to encourage use of large amounts of water for hygienic practices and hygiene education being integrated into water supply and health programs.

4.2.3. Role of Women in Promotion and Management of Rural Sanitation

For seeking necessary information regarding the third objective of this study i.e. to explore the role of women in promotion and management of rural sanitation, particularly at the household level – three (3) Focus Group Discussions (FGDs) have been conducted among randomly chosen 150 women (1 woman per household) out of the selected 300 key women respondents, taking 50 women from each of the three (3) selected blocks; simultaneously in the same way - three (3) FGDs have been conducted among 150 male members from the same 150 households (1 male per households) taking 50 male from each of the three (3) selected blocks. Based on six FGDs conducted among 150 women as well as 150 male members - the responses from both the categories of respondents (i.e. women and men) with reference to women's contribution in sanitation promotion and management particularly at the household-level - can be presented through the following tables (Table 20 – Table 25):

TABLE – 20

FGD Session – 1:

Conducted 50 Women (randomly chosen from the sample) of Bolpur-Sriniketan Block

- ☞ Women use to spread the awareness among all the family-members especially among children regarding the significance of using safe drinking water citing examples the adverse effects of different water-borne diseases
- ☞ Women use to train the children regarding basic sanitary practices like washing hands before taking food, not to take uncovered food, taking bath regularly etc.
- ☞ Women and girls use to collect drinking water for their families
- ☞ Mothers use to provide toilet training for their children
- ☞ Women not only use to keep the house clean but also use to encourage all the family-members to maintain cleanliness within households
- ☞ Women are found to be more knowledgeable than male members of the family about the economical use of available water at home and proper storage of safe drinking water
- ☞ Mothers use to provide all the necessary information to their adolescent daughters regarding maintenance cleanliness during their menstruation period

- ☞ Use to clean/dispose the excreta of the children
- ☞ Very often women use to collect necessary information regarding the proper sanitary practices at the family from TSC personnel and they use to spread the same among their family-members as well as sometimes among their neighbours

TABLE – 21

FGD Session – 2:

Conducted among 50 Male members from the same households of Bolpur-Sriniketan Block

- ☞ Female members of the family use to ensure the availability of drinking water for the entire household
- ☞ Women use to keep the houses clean
- ☞ Basically female members of the family use to clean the sanitary latrine as well as household toilets
- ☞ Use to teach children to wash hands before having food and after defecation
- ☞ Use to ensure proper drainage facilities by cleaning the garbage
- ☞ They use to carry the drinking water from the nearest available drinking water sources like tube-well, wells, hand-pumps etc.
- ☞ Use to clean/dispose the excreta of the children
- ☞ Women are found to be more knowledgeable than men regarding the location of safe drinking water resources within a village/locality
- ☞ Use to teach children regarding the usage of sanitary latrine
- ☞ Sometimes they use to boil the water for its purification as instructed by ASHA workers
- ☞ Sometimes women use to communicate the concerned authority of the Gram Panchayat whenever the community drinking water sources get collapsed
- ☞ In absence of a sanitary-latrine at home, women use to motivate the male members of the family to set-up sanitary latrine at home highlighting the awkward situations as well as sufferings they use to experience in absence of the same

TABLE – 22

FGD Session – 3:

Conducted among 50 Women (randomly chosen from the sample) of Nanoor Block

- ☞ Women use to keep the entire house clean
- ☞ Women use to take care of the requirement of safe drinking water for a family
- ☞ Female members of the family or girls also use to take care of the family-members who suffer from diarrheal diseases
- ☞ Women use to clean toilets/bathrooms/latrines
- ☞ Women use to teach their children how to use toilet at the initial level
- ☞ Female members of the family use to take care of drainage facilities
- ☞ Use to teach children regarding basic hygiene education
- ☞ Women use to control wastage of water and also encourage economical use of the same as most of the time they need to tackle the water-crisis at household-level
- ☞ Mothers use to provide all the necessary information to their adolescent daughters regarding maintenance cleanliness during their menstruation period
- ☞ Sometimes they use to suggest other family-members regarding how to take precaution from different water-borne diseases, taking necessary information from health personnel of village sub-centres
- ☞ Sometimes women use to motivate the earning-members of the family to purchase low cost water-filters for their families
- ☞ Women sensitize the family members regarding the significance of safe sanitation
- ☞ Women negotiate with their neighbors for access to water supply, evaluate water sources, analyze supply patterns, and launch protests trough SHGs against local Gram Panchayat authorities when water availability reaches dire levels

TABLE – 23

FGD Session – 4:

Conducted among 50 Male members from the same households of Nanoor Block

- ☞ Female members of the family use to ensure availability of drinking water at home
- ☞ Female members use to take care of the household toilets/latrines
- ☞ Though in most of the incidences, women prefers a sanitary latrine at home but whenever

family faces water-crisis, women use to encourage their children for open-defecation

- ☞ Female members always use to maintain household cleanliness
- ☞ Women are found to be more knowledgeable than male members of the family about the economical use of available water at home and proper storage of safe drinking water
- ☞ It is the exclusive responsibility of the mothers to impart proper toilet-training to their children
- ☞ Female members are more conscious of basic sanitary practices in compared to their male counterparts
- ☞ Women are found to be more interested in taking part in different hygiene and sanitation awareness programs being organized within the village by Gram Panchayats/UNICEF and found equally eager to spread the knowledge gained through such awareness camps among other family members
- ☞ Whenever the family faces water crisis, it is the women who use to manage the situation by negotiating necessary water with neighbouring families
- ☞ Very often women are found to be more knowledgeable than men regarding the location of safe drinking water resources within the community
- ☞ Women always encourage other family members to keep the household and specially the toilets and latrine clean

TABLE – 24

FGD Session – 5:

Conducted among 50 Women (randomly chosen from the sample) of Labpur Block

- ☞ Women are mostly responsible for cleaning sanitation units; and often do so quite conveniently without any guidance from rural sanitation personnel
- ☞ Women encourage or discourage, teach and supervise young children regarding the usage of sanitary latrine; many mothers are fearful of their children using pit latrines because of the size of the hole.
- ☞ Every woman play a significant role as toilet-trainer of her child
- ☞ Traditionally in rural areas women are still regarded as the key care-takers of the entire household level sanitation
- ☞ Women and very often young girls use to bring drinking water for their families sometimes even compromising their schools/classes
- ☞ Mothers use to provide all the necessary information to their adolescent daughters

regarding maintenance cleanliness during their menstruation period

- ☞ Sometimes women provide useful suggestion regarding the probable location or size of the sanitary latrine to be installed at home
- ☞ Women suffers from indignity and embarrassment while practicing open-defecation, so whenever family financial status permits they use to insist the head of the families for installation of sanitary latrine at home
- ☞ Women are found to be more conscious about the economical use of available water at home and their proper storage
- ☞ Children of most of the rural families get introduced to basic sanitary practices from their mothers
- ☞ Whenever the drinking water sources of the community collapse, it is the women who become more active in tackling the crisis by intimating and negotiating with Gram Panchayats
- ☞ Sometimes women are found to be more knowledgeable than men regarding the location of safe drinking water resources within the community

TABLE - 25

FGD Session – 6:

Conducted among 50 Male members from the same households of Labpur Block

- ☞ Women use to bring drinking water for their families
- ☞ Sometimes young girls use to bring drinking water for their families sometimes even compromising their schools/classes
- ☞ Women use to clean drains/latrines
- ☞ Women encourage their husbands for setting up sanitary latrine at household level
- ☞ Women are found to be more aware than men about the economical use of available water at home and proper storage of safe drinking water
- ☞ Mothers use to teach their children regarding safe food-habits
- ☞ Female members use to spread awareness regarding safe sanitation practices among other family-members
- ☞ Female members are found to be more active in sanitation activities than male members of the family
- ☞ Women are found to be more curious than male-members in tracing information regarding maintenance of the safe sanitation at the household level from health workers/ASHA

workers/sub-centre staff

- ☞ Women use to search for suitable places for safe disposal of children excreta so that it should not pollute the surroundings or the environment
- ☞ It is the women who due to too much involvement in sanitation/water related activities – very often suffer from fever and other chronic diseases

Findings:

Keeping in view the analysis of collected data pertaining to the third objective of the present study i.e. to explore the role of women in promotion and management of rural sanitation, particularly at the household-level - the researcher has explored the following findings:

From the experience and information drawn from the six (6) FGD-sessions conducted among 150 men and 150 women covering the three selected Blocks as reflected from the above tables, the researcher has realized that women and men usually have very different roles in water and sanitation activities; these differences are particularly pronounced in rural areas. Women are most often the users, providers, and managers of water in rural households and are the guardians of household sanitation and hygiene. If a water system breaks down, women, not men, will most likely be the ones most affected, for they may have to travel further for water or use other means to meet the household's water and sanitation needs. Women have a strong incentive to acquire and maintain improved, conveniently located sanitary latrine facilities, since they often have to search for safe location in a very distant place while going for open-defecation helplessly. In some instances they use to control the urge of defecation till evening or night with the hope that they can overcome the fear of being seen while defecating in darkness. Sometimes while defecating in darkness, women of Nanoor and Labpur block experienced deadly insect-bite as well as snake-bite also. Hence, women and girls tend to benefit most when household sanitation quality improves. When the water quality at home improves, they tend to take shorter trips carrying heavy containers, so that they may have more time to spend for income-generating activities and more time to spend in school. Given their long-established, active role, rural women usually are very knowledgeable about current water sources within their own locality, their quality and reliability, and any restrictions to their use. They are also appeared to be the key-players in implementing innovative and improved hygiene behaviors at household level. So, keeping in view rural women's potentiality in promotion and management of household-level sanitation, the researcher is having the following observations from this study:

- ☞ Traditionally in rural areas women are still regarded as the key care-takers of the entire household level sanitation
- ☞ Every woman play a significant role as toilet-trainer of her child
- ☞ With the experiences gained from traditional practices and culture - in a rural family women tend to play the role of hygiene-educator pro-actively
- ☞ Women, and to a lesser extent children are primarily the ones who draw water for household use, transport it home, store it until it is used, and use it for cooking, cleaning, washing, and watering household animals.
- ☞ Women negotiate with their neighbors for access to water supply, evaluate water sources, analyze supply patterns, lobby relevant authorities, and launch protests when water availability reaches dire levels
- ☞ Women are found to be more knowledgeable than male members of the family about the economical use of available water at home and proper storage of safe drinking water
- ☞ On an average in rural woman spend up to 3-5 hours a day for collecting safe drinking water from nearby wells or tube-wells provided the Gram Panchayats offices
- ☞ Many infectious diseases are associated with poor water quality. Women bear the primary burden of caring for the sick in most societies.
- ☞ While men participate in the decision making around the type and building of the toilet, its maintenance is seen as the responsibility of women since cleaning the house and toilet are not regarded as work for men
- ☞ Women encourage or discourage, teach and supervise young children regarding the usage of sanitary latrine; many mothers are fearful of their children using pit latrines because of the size of the hole.
- ☞ Women can best decide the location of the toilet/latrine where family members will find comfort in its usage. It has also been realized from this study that the location of the latrine can be a major determining factor in women's use of the facility for reasons of security and privacy.
- ☞ Women are mostly responsible for cleaning sanitation units; and often do so quite conveniently without any guidance from rural sanitation personnel
- ☞ Women were found to be more interested than men in seeking suggestions from ASHA workers and other health personnel of village sub-centre regarding betterment of basic sanitation practices at household-level

From the information collected from FGDs, it is realized that rural women's lives are closely connected to and affected by sanitation as well as the use of and access to water resources. In rural areas, women have primary responsibility for management of water supply, sanitation and health at the household level. Water is necessary not only for drinking but also for food production and preparation, care of domestic animals, personal hygiene, care of the sick, cleaning, washing and waste disposal. All these activities are – in most cultures – largely undertaken by women. It is women who are often the caregivers for those who fall ill, who have to fetch and manage water for both the family and productive purposes, and who have the greatest need for private and safe sanitation facilities. Because of their dependency on safe water, women have accumulated considerable knowledge about water resources, including location, quality, and storage methods. They are often the most motivated to ensure that water supply and sanitation facilities are in good order, as they know from experience the vital contribution that both water and sanitation make to their well-being.

Apart from that, existing literature shows (as evident from literature review chapter) that despite global commitments made in the areas of water supply and sanitation, and recognition of women's concerns, the equitable divisions of power, work, access to and control of resources between women and men are hardly ever addressed. Rather, in efforts to improve management of the world's finite water resources and extend access to safe drinking water and adequate sanitation, the central role of women in water management is often overlooked. But from this study experience as well as from the responses received from the respondents, it was felt that in order to make rural sanitation system to be truly effective and sustainable at the grassroot level, it is crucial to mainstream gender perspectives not only into any community or household-level sanitation initiatives but also into sanitation policy-designing for ensuring that the specific needs and concerns of women and men from all social groups have been taken into consideration with due importance.

Discussions:

Now, after exploring necessary findings from the collected data in the context of significance of women's role in promotion and management of rural sanitation - the researcher would like to draw attention towards the following discussions where findings and results of some of the researches and studies conducted in similar direction, have been reflected:

Women and sanitation are linked in several ways, an important linkage being their role in water management. Lack of water and sanitation access disproportionately affects women; they are responsible for collecting water, have particular needs for sanitation and often are caretakers for

family members sickened by unsafe water. The burden is large: the World Health Organization (WHO) estimates women and children in Africa spend 40 billion hours collecting water each year (Wodon and Blackden 2006). Women and young girls often collect water for their families, a task that is argued to reinforce gender inequalities in employment and education (UNDP, 2006). In armed conflicts, the civilian population – above all women and children – are the first to suffer from the disruption of water supply. In areas that are not secure, women and children face the risk of rape and abduction. A gender perspective is not only important for achieving equitable (and secure) access to WASH services, but is also important for the effectiveness and sustainability of services (UNDESA, 2005).

With regard to water supply, there is ample evidence that including both women and men in the planning and management of schemes increases sustainability. For example, a study from 88 community-managed schemes in 15 countries showed that gender-sensitive and DRA approaches resulted in more reliable supply, better resource protection, higher coverage of recurrent costs and higher levels of access for the poor (Gross et al, 2001 in: WELL, 2006). In situations of armed conflict, female involvement in scheme planning and management is particularly important as men may be absent from their communities for extended periods of time (e.g. Southern Sudan). Regarding sanitation, gender perspectives are less clear but there is consensus that latrines near the homestead ensure privacy, dignity and security for women and girls as they no longer need to travel in the dark to relieve themselves (UNDESA, 2005). Moreover, studies have shown that sanitation facilities increase girls' attendance at schools. A UNICEF study found that school sanitation in Bangladesh boosted girls' attendance by 11% (UNICEF, 1999).

With regard to hygiene education, studies found a need to include men as well as women in hygiene promotion. According to UNICEF (in WELL, 2006), men do not attach the same importance to sanitation and hygiene practices, and yet they are not the target groups of hygiene education.

Traditionally, and almost universally, regarded as domestic water managers, women's role is neither limited nor static. It is known that women also play a substantial role in food production, although it varies regionally and from country to country. In Africa, women produce over 70% of the food, while in Asia, the figure stands at 60% (Aureli and Brelet, 2004). This makes women the primary water users and managers in agricultural and industrial sectors (Brismar, 1997; van-Wijk, 1985). Over the last few decades, there has been an overwhelming emphasis on enhancing women's involvement in the water sector from mere 'users' (beneficiaries) to

‘managers’ (actors), with increased choice and voice in the water resources management processes.

Global policies over the last three decades provide a framework for understanding women’s changing role. First came an official recognition of women as domestic water managers at the UN Water Conference, in Mar del Plata, Argentina, in 1977. That prompted the UN to declare the decade of 1981-1990 as the ‘International drinking water supply and sanitation decade’ (IDWSSD), which aimed to better facilitate women in their domestic water provisioning tasks. These global policies promoted women’s involvement in the operation and maintenance of water supplies and the sanitation infrastructure of local communities (Elmendorf and Isely, 1983; Kalbermatten, 1991). This was further expanded to acknowledge the role of women in other spheres of water use and management, as well as deepen their stake in the sector to promote their participation in sanitation as well as water resources management as a whole (ICWE, 1992; UN, 1992).

Studies across the globe make it is evident that women and girls are deeply affected by the lack of access to safe water, sanitation and hygiene promotion, mainly due to the gendering of home making and care giving. Making a difference in the lives of women and girls can have a multiplier effect across whole households and communities. Access to safe, clean water, improved sanitation and hygiene promotion enables women and girls to take control of their lives. (Mengistu, 2012) In the present study also, it was found and realized by the researcher, that rural women are the caretakers of children’s hygiene, the guardians of family health and well being, and frequently appear to be the managers of household water resources. In some parts of rural Birbhum, where families still lack clean water and adequate sanitation, women invariably have to ensure that the family has enough water to fulfill the basic necessity of every family member. Despite their significant roles and responsibilities as well as involvement in sanitation-linked activities, still it is found that women often have had no voice and so no choice in decisions about the kinds of services like water supply, sanitation, health - that are provided to protect their family’s well being. It is also observed that while men are usually more concerned with water for irrigation or for livestock, women are more anxious in securing the daily requirement of safe drinking water for their families. Women are often more direct users of water, especially in the household; men traditionally may have a greater role than women in public decision-making.

Besides that, several studies explore that the number of hours women spend fetching water from unsafe sources, the additional hours they spend in queues and the long journeys they undertake

through insecure environments, exposed to violence, to provide water for their families is an infringement of their right to healthy, secure and dignified lives. The water and sanitation sector remains fundamental to women's development and integral to achieving a number of other Millennium Development Goals (Mengistu, 2012). During the present study also, it was experienced and realised that women in rural areas are primarily responsible for the use and management of water resources, sanitation and health at the household level. Over the years, women have accumulated an impressive store of environmental wisdom, being the ones to find water, to educate children in hygiene matters and to understand the impact of poor sanitation on health.

At the same time, women and girls are often obliged to walk many hours every day fetching water, while men are rarely expected to perform such tasks. In this context the researcher would like to cite the example of a study conducted by UNICEF in 2002 which was conducted among the women from rural women households of 23 sub-Saharan African countries. It found that a quarter of the selected women spent 30 minutes to an hour each day collecting and carrying water, and 19 % spent an hour or more (ITFGW, 2004). With closer water comes greater self-esteem, less harassment of women and better school attendance by girls – three things spontaneously mentioned by people in Ethiopia, Ghana, Tanzania and India in a different study. (The Washington Post, 2004)

The cost of girls and women missing school or work creates an economic toll on not just women, but the entire community from stymied development and wasted aid resources. On the individual scale, analysis of Organization for Economic Co-operation and Development (OECD) data found that each additional year of school can increase a girl's income by 10 to 20 percent. Regionally, a 2007 United Nations Social and Economic Survey of Asia and the Pacific found that the region's barriers to female employment cost society up to $47 billion a year (Plan UK 2009).

It is not surprising then that Klasen and Lamanna (2008) found that gender inequality in education and employment can cause a significant lag in achieved economic growth. Excluding women from water and sanitation decisions may lead to further economic stalling through wasted aid and philanthropy resources, if the exclusion leads to poor siting of taps and latrines or inappropriate selection of water and sanitation technology. Brittany Young, founder and president of the water charity A Spring of Hope, told a story in a 2011 presentation that illustrates the point. She spoke about a broken carousel water pump that was installed in a village they work in. The women and children explained they had quickly tired of the tedious and labor-

intensive “play” required to pump the water. The parts were not replaceable locally and when the carousel fell in disrepair, it was not able to be fixed. Gender mainstreaming in upstream development decisions can help alleviate this kind of waste and lead to more efficient aid investment. The gains could be large: as much as 10 percent of the global disease burden could be alleviated through investing in water and sanitation (Prüss-Üstün et. al 2008).

The water and sanitation access crisis blocks women and children around the world from realizing their rights. This issue will only escalate in importance because without intervention, the burden of water collection and lack of sanitation on women may only worsen due to increasing water scarcity from population growth, climate change impacts and conflicts over water. As water becomes more scarce, women are forced to spend more hours collecting, and protecting the water supply from pollution becomes more important. In spite of all these study-based evidences of active involvement of women in sanitation related activities, from across the Globe – the researcher through this present study has experienced that still across villages of Birbhum district, very often decisions about the design and location of water facilities are made without the involvement of the female users, who have most at stake in this regard. Globally, women are systematically excluded from decision-making processes on water and sanitation despite being the most affected by it (National Network of Environments and Women’s Health 2009). Despite their number and their prominent roles and responsibilities in relation to water and sanitation, women often have no voice and no choice in decisions about the kind of services they need or are receiving.

4.2.4. Factors Affecting Success of Rural Sanitation Programmes

For the fourth objective of this study i.e. ‘to find out the factors affecting the success of rural sanitation programmes’, need-based data have been collected through conducting six (6) FGDs among randomly chosen fifty (50) officials/members/personnel/employees who are associated with health and sanitation wings/departments in the selected Gram Panchayats/Blocks/Zilla Parishad offices as well as members/officials of Non Governmental Organisations (NGO)/Voluntary Organisations (VOs)/Community Based Organisations (CBOs)/Civil Society Organisations (CSO) - working in sanitation sector of Birbhum district. The kind of responses received from the respondents in the context of factors affecting success of rural sanitation or responsible for the poor status of rural sanitation - have been presented through the following tables (Table 26 – Table 31), followed by further discussion.

TABLE 26

FGD Session -1

Responses Received from Gram Panchayat Officials in the Context of Factors Affecting Success of Rural Sanitation

No. Respondents – 10	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
FGD conducted in Thupsara Gram Panchayat Office of Nanoor Block	☞ Ignorance of the beneficiaries; they fail to realize the significance of the usage of safe sanitation in daily-life. They are also unaware of the possible adverse health impact due to lack of proper sanitation ☞ Insufficient motivation on the part of beneficiaries to receive sanitation-services ☞ Ensuring success of rural sanitation initiatives in villages, located in a geographically isolated area – appears to be a bit difficult due to lack of proper communication ☞ Mobilizing the illiterate villagers and tribal people is tough job – so inspite of comprehensive efforts some of the rural areas where such people live in, use to remain backward in the context of sanitation ☞ Village people are not interested to invest for ensuring sanitation at their household level; in most instances, it is found that they prefer to invest their money for buying a mobile/bi-cycle rather than in setting a sanitary-latrine or building toilets in their houses ☞ Villagers, specially the male, prefer to defecate openly as they are used to such practices traditionally ☞ Some of the positions of allotted sanitation personnel are still lying vacant ☞ After initiation of any sanitation program like TSC, training/capacity-building of the concerned Gram Panchayat officials has not been done properly ☞ Some of recently introduced sanitation technologies by UNICEF/Govt. creates discomfort for rural people in usage of sanitary latrine as the villagers think they lack simplicity in usage ☞ Gram Panchayat officials are over-burdened with work-load especially after the introduction of MGNREGA, so they are incapable to provide time separately for rural sanitation initiatives

TABLE 27

FGD Session -2

Responses Received from Block Officials in the Context of Factors Affecting Success of Rural Sanitation

No. Respondents – 09	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
FGD conducted in Labpur Block Office	☞ Sometimes the allotted fund for TSC seems to be insufficient to cover the targeted operational area or to ensure due benefits to the huge targeted population ☞ Village people are not interested to invest for ensuring sanitation at their household level ☞ Block officials are over-burdened with huge number of programs, so it is not possible to provide time equally to every program; apart sanitation there are other important programs to be focused upon like MGNREGA, IAY etc. ☞ Too much political interference sometimes affect the implementation process of rural sanitation programs ☞ Women's voices are being ignored in the sanitation-related decision-making process at the household-level as well as community level which ultimately hampers the over-all progress of rural sanitation initiatives at the village-level ☞ Lack of political will towards promoting sanitation-level across the villages ☞ Often Govt. employees engaged in sanitation sector being instructed by the local MPs/MLAs to focus only on their respective constituencies, ignoring the other parts of the project-area ☞ Villagers, specially the male, prefer to defecate openly as they are used to such practices traditionally; they find awkwardness in defecating in a confined building, so initiation of any sanitation program promoting the usage of sanitary latrine cannot fully ensure change in such traditional practices over night ☞ Gram Panchayat officials, responsible for the implementation of rural sanitation program are often not given proper orientation regarding their assigned tasks; at the same time the issue of arranging need-based

	capacity building of the personnel engaged in rural sanitation sector has not been provided adequate attention by the Policy-makers at the national level so far ☞ Mobilizing the illiterate villagers and tribal people is tough job – so inspite of comprehensive efforts some of the rural areas where such people live in, use to remain backward in the context of sanitation

TABLE 28

FGD Session -3

Responses Received from Volunteers/Social Workers associated with NGOs/ VOs/CSOs in the Context of Factors Affecting Success of Rural Sanitation

No. Respondents – 07	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
FGD conducted in "Jagarani Sangha" a Youth Club, situated in Ruppur GP of Bolpur-Sriniketan Block	☞ Before designing/implementing/introducing any rural developmental initiatives or any kind of health/sanitation initiative, often the process of proper need-assessment in operational area is being ignored which fails to ensure community participation in sanitation initiatives ☞ Apathy of the Government towards the issue of rural sanitation ☞ Corruption among the Government officials ☞ Due to inefficient Govt. officials and corrupt political leaders the benefits of rural sanitation programs are not reaching to the targeted beneficiaries ☞ NGOs/VOs are not being provided enough space to participate in the implementation process of rural sanitation programs ☞ The Govt. adopts an uniform approach for targeted areas be it rural, tribal-dominated or Muslim-dominated; lack of a culture-bound approach or area-specific strategy fails to ensure success as anticipated ☞ Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities ☞ Lack of political will towards promoting sanitation across the villages

	☞ Lack coordination among the concerned Govt. departments/line agencies ☞ ASHA workers recruited under NRHM responsible for ensuring health services at the household-level, lacks proper knowledge of sanitation and also found inefficient in most of the incidences, in rural mass mobilization towards adopting better sanitation and hygiene practices ☞ More involvement of women in sanitation project is required as they carry better knowledge than men in the context of sanitation-management and hygiene-education ☞ Ignorance of the beneficiaries/target population ☞ Inability of the Government Policy-makers to develop suitable monitoring mechanism for rural sanitation program at the village level ☞ The Government fails to build proper stakeholder ship among the rural people in the context of implementation of rural sanitation programs

TABLE 29

FGD Session - 4

Responses Received from Volunteers/Social Workers associated with NGOs/ VOs/CSOs in the Context of Factors Affecting Success of Rural Sanitation

No. Respondents – 08	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
	☞ Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities ☞ Corruption among the Government officials ☞ Inefficiency among Government officials often creates obstacles in proper implementation of sanitation programs ☞ Lack coordination noticed among the concerned Govt. departments/line agencies while implanting sanitation program ☞ Very often need-assessment in sanitation/water-supply sector is

FGD conducted in community hall of a Govt. Primary School, situated in Charkalgram GP of Nanoor Block	done without proper consultation with Gram Sabha members; it is often imposed by the ruling party leaders/MLAs keeping in view their vote-bank ☞ Due to corrupt political leaders the benefits of rural sanitation programs are not reaching to the targeted beneficiaries ☞ Lack of political will towards promoting sanitation-level across the villages ☞ Inspite of women being the sole care-taker of the entire household, still the Govt. fails to ensure enough impetus on gender-mainstreaming while framing/implementing any rural sanitation program ☞ The tendency of the Government to avoid new technological or implementation approaches and apply conventional water and sanitation interventions, without community involvement, over and over again even when they are inappropriate for the specific environment and community needs ☞ Ignorance of the beneficiaries; they fail to realize the significance of the usage of safe sanitation in daily-life as well as the impact of poor sanitation on health ☞ Sometimes it is also seen that villagers prefer to buy a mobile/cycle than investing the same amount for a better sanitation facilities in their houses ☞ Govt. fails to generate enough interest towards the issue of promoting safe sanitation among the rural villagers which sometimes becomes very evident from the less participation of the villagers in the community-level rural sanitation initiatives ☞ NGOs/VOs are not being provided enough space to participate in the implementation process of rural sanitation programs ☞ ASHA workers recruited under NRHM responsible for ensuring health services at the household-level, lacks proper knowledge of sanitation and also found inefficient in most of the incidences, in rural mass mobilisation towards adopting better sanitation and hygiene practices

TABLE 30

FGD Session -5

Responses Received from Gram Saba members in the Context of Factors Affecting Success of Rural Sanitation

No. Respondents – 08	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
FGD conducted in Sattore Gram Panchayat Office of Bolpur-Sriniketan Block	☞ Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities ☞ Lack of conceptual clarity regarding sanitation and ambiguity regarding the different issues/agendas of sanitation does not provide enough motivation to rural mass to actively participate in the Govt-sponsored sanitation initiatives ☞ Villagers seeking sanitation-services from Block/Panchayat offices, often experience hostile/indifferent attitude from the Panchayat/Block officials – which sometimes discourages village people from availing sanitation services from the concerned Govt. authorities ☞ Apathy of the Government towards the issue of promoting rural sanitation ☞ Govt. fails to generate enough interest towards the issue of promoting safe sanitation among the rural villagers which sometimes becomes very evident from the less participation of the villagers in the community-level rural sanitation initiatives ☞ Corruption among the Government officials ☞ Very often need-assessment in sanitation/water-supply sector is done without proper consultation with Gram Sabha members; it is often imposed by the ruling party leaders/MLAs keeping in view their vote-bank ☞ Except school sanitation, issue of household-level sanitation have never been a priority either in Gram Sabha half-yearly meetings/Gram Panchayat monthly meetings ☞ It is better to invest for a mobile/motor-bike/bi-cycle, than investing

	the amount for building a sanitary-latrine or a toilet ☞ Hostile attitude of the Government officials discourage people to seek information regarding sanitation from the Block/Panchayat office ☞ Some of recently introduced sanitation technologies by UNICEF/Govt. creates discomfort for rural people in use as the village people think they lack simplicity in usage

TABLE 31

FGD Session - 6

Responses Received from Village Resource Persons/Community leaders in the Context of Factors Affecting Success of Rural Sanitation

No. Respondents – 08	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
FGD conducted in "Tarun Samity" a Youth Club, situated in Jamana GP of Labpur Block	☞ Rural people are used to in open-defecation they feel comfortable to defecate in open field where they can also enjoy the gentle breeze instead of confining within room/building ☞ Women's role should be promoted as they are the manger and care-taker of sanitation related activities; they are not encouraged properly. ☞ Apathy of the Government towards the issue of promoting rural sanitation ☞ Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities ☞ Villagers seeking sanitation-services from Block/Panchayat offices, often experience hostile/indifferent attitude from the Panchayat/Block officials – which sometimes discourages village people from availing sanitation services from the concerned Govt. authorities ☞ Failure of the Govt. to conduct evaluations of water and sanitation interventions to determine whether they are successful and

	sustainable or not ☞ Very often need-assessment in sanitation/water-supply sector is done without proper consultation with Gram Sabha members; it is often imposed by the ruling party leaders/MLAs keeping in view their vote-bank ☞ Due to inefficient Govt. officials and corrupt political leaders the benefits of rural sanitation programs are not reaching to the targeted beneficiaries

Findings:

Based on responses received from different categories of respondents while conducting several FGD-sessions as reflected from the above mentioned tables (Tale 26 – 31), the researcher's findings in the context of factors affecting the success of rural sanitation have been presented through the following table (Table 32) along with further:

TABLE 32

Factors Affecting Success of Rural Sanitation Programmes

(Based on Compilation of Responses Received from Six FGDs)

Categorization of Respondents	Opinion Expressed regarding factors affecting the success of Rural Sanitation programmes
Panchayat & other Government Officials	☞ Ignorance of the beneficiaries; they fail to realize the significance of the usage of safe sanitation in daily-life. They are also unaware of the possible adverse health impact due to lack of proper sanitation ☞ Insufficient motivation on the part of beneficiaries to receive sanitation-services ☞ Too much political intervention at the village level sometimes affect the implementation process of rural sanitation programs ☞ Sometimes the allotted fund seems to be insufficient to cover the targeted operational area or to ensure due benefits to the huge targeted population ☞ Ensuring success of rural sanitation initiatives in villages, located in a geographically isolated area – appears to be a bit difficult due to lack of proper communication

	☞ Lack of political will towards promoting sanitation-level across the villages ☞ Often Govt. employees engaged in sanitation sector being instructed by the local MPs/MLAs to focus only on their respective constituencies, ignoring the other parts of the project-area ☞ Villagers, specially the male, prefer to defecate openly as they are used to such practices traditionally; they find awkwardness in defecating in a confined building, so initiation of any sanitation program promoting the usage of sanitary latrine cannot fully ensure change in such traditional practices over night ☞ Among villagers certain stigmas are associated with human excreta which discourage them to discussed openly or seriously about the issue; since the issue is often being avoided from discussion so problems related to the issue are also being ignored ☞ Gram Panchayat officials, responsible for the implementation of rural sanitation program are often not given proper orientation regarding their assigned tasks; at the same time the issue of arranging need-based capacity building of the personnel engaged in rural sanitation sector has not been provided adequate attention by the Policy-makers at the national level so far ☞ Mobilising the illiterate villagers and tribal people is tough job – so inspite of comprehensive efforts some of the rural areas where such people live in, use to remain backward in the context of sanitation ☞ Village people are not interested to invest for ensuring sanitation at their household level; in most instances, it is found that they prefer to invest their money for buying a mobile/bi-cycle rather than in setting a sanitary-latrine or building toilets in their houses
Volunteers/ Social Workers associated with NGOs/CBOs/ VOs/CSOs	☞ Apathy of the Government towards the issue of rural sanitation ☞ Corruption among the Government officials ☞ Inefficiency among concerned Govt officials ☞ Lack coordination among the concerned Govt. departments/line agencies ☞ Inspite of being the sole care-taker of the entire household-level sanitation, women's voices are being often ignored in the sanitation-

	related decision-making process at the household-level; which ultimately hampers the over-all progress of rural sanitation initiatives at the village-level ☞ Still the Govt. fails to ensure enough impetus on gender-mainstreaming while framing/implementing any rural sanitation program ☞ In some cultures, excreta are taboo, and viewed as a disgusting and/or dangerous nuisance not to be discussed openly or seriously ☞ The tendency of the Govt. to avoid new technological or implementation approaches and apply conventional water and sanitation interventions, without community involvement, over and over again even when they are inappropriate for the specific environment and community needs ☞ Ignorance of the beneficiaries; they fail to realise the significance of the usage of safe sanitation in daily-life as well as the impact of poor sanitation on health ☞ The Govt. adopts an uniform approach for targeted areas be it rural, tribal-dominated or Muslim-dominated; lack of a culture-bound approach or area-specific strategy fails to ensure success as anticipated ☞ The Govt fails to build proper stakeholder ship among the rural people in the context of implementation of rural sanitation programs ☞ Sometimes it is also seen that villagers prefer to buy a mobile/cycle than investing the same amount for a better sanitation facilities in their houses ☞ Govt. fails to generate enough interest towards the issue of promoting safe sanitation among the rural villagers which sometimes becomes very evident from the less participation of the villagers in the community-level rural sanitation initiatives ☞ Inability of the Govt Policy-makers to develop suitable monitoring mechanism for rural sanitation program at the village level ☞ ASHA workers recruited under NRHM responsible for ensuring health services at the household-level, lacks proper knowledge of sanitation and also found inefficient in most of the incidences, in

	rural mass mobilisation towards adopting better sanitation and hygiene practices ☞ Before designing/implementing/introducing any rural developmental initiatives or any kind of health/sanitation initiative, often the process of proper need-assessment in operational area is being ignored
Village Resources Persons/ Community Leaders/ Beneficiaries of Sanitation Program	☞ Apathy of the Government towards the issue of promoting rural sanitation ☞ Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities ☞ Villagers seeking sanitation-services from Block/Panchayat offices, often experience hostile/indifferent attitude from the Panchayat/Block officials – which sometimes discourages village people from availing sanitation services from the concerned Govt. authorities ☞ Among villagers certain stigmas are associated with human excreta which discourage them to discussed openly or seriously about the issue; since the issue is often being avoided from discussion so problems related to the issue are also being ignored ☞ Lack of conceptual clarity regarding sanitation and ambiguity regarding the different issues/agendas of sanitation does not provide enough motivation to rural mass to actively participate in the Govt-sponsored sanitation initiatives ☞ Rural people are used to in open-defecation; they prefer to defecate in open field where they can also enjoy the gentle breeze, rather than doing it in a confined room/building ☞ Village people are more interested to invest for a mobile/motor-bike/bi-cycle, rather than for a sanitary-latrine or building a toilet ☞ Failure of the Govt. to conduct evaluations of water and sanitation interventions to determine whether they are successful and sustainable or not ☞ Some of recently introduced sanitation technologies by UNICEF/Govt. creates discomfort for rural people in use as the

	village people think they lack simplicity in usage ☞ Due to inefficient Govt. officials and corrupt political leaders the benefits of rural sanitation programs are not reaching to the targeted beneficiaries ☞ NGOs/VOs are not being provided enough space to participate in the implementation process of rural sanitation programs

With a further analysis of the responses collected during six FGD sessions in order to find out the factors affecting the success of rural sanitation - the researcher has divided the entire range of responses into two categories which are as follows:

1. Major factors/ Issues affecting the progress of rural sanitation program (identified by any two or more categories of Respondents who took part in FGDs, like Gram Panchayat officials, Block Officials, NGO Professionals, Community Leaders etc.)
2. Other Minor Factors affecting the success of rural sanitation (identified by any one category of Respondents who took part in FGDs)

4.2.4.1. Major factors/ Issues Affecting the progress of Rural Sanitation

- ☞ Due to inefficient Govt. officials and corrupt political leaders the benefits of rural sanitation programs are not reaching to the targeted beneficiaries
- ☞ Before designing/implementing/introducing any rural developmental initiatives or any kind of health/sanitation initiative, often the process of proper need-assessment in operational area is being ignored which fails to ensure community participation in sanitation initiatives
- ☞ Inspite of women being the sole care-taker of the entire household, still the Govt. fails to ensure enough impetus on gender-mainstreaming while framing/implementing any rural sanitation program
- ☞ Insufficient motivation on the part of beneficiaries to receive sanitation-services. Village people are not interested to invest for ensuring sanitation at their household level in most instances, it is found that they prefer to invest their money for buying a mobile/bi-cycle rather than in setting a sanitary-latrine or building toilets in their houses
- ☞ Among villagers certain stigmas are associated with human excreta which discourage them to discussed openly or seriously about the issue; since the issue is often being avoided from discussion so problems related to the issue are also being ignored
- ☞ Lack of political will towards promoting sanitation-level across the villages

- ☞ Village people are not interested to invest for ensuring sanitation at their household level; in most instances, it is found that they prefer to invest their money for buying a mobile/bi-cycle rather than in setting a sanitary-latrine or building toilets in their houses
- ☞ Govt. fails to disseminate necessary information regarding the different benefits of a rural sanitation program which have exclusively been designed for the rural people, across the rural communities
- ☞ Ignorance of the beneficiaries; they fail to realize the significance of the usage of safe sanitation in daily-life. They are also unaware of the possible adverse health impact due to lack of proper sanitation
- ☞ Govt. fails to generate enough interest towards the issue of promoting safe sanitation among the rural villagers which sometimes becomes very evident from the less participation of the villagers in the community-level rural sanitation initiatives
- ☞ Corruption among the Government officials
- ☞ Inability of the Government Policy-makers to develop suitable monitoring mechanism for rural sanitation program at the village level
- ☞ Apathy of the Government towards the issue of rural sanitation
- ☞ Mobilizing the illiterate villagers and tribal people is tough job – so inspite of comprehensive efforts some of the rural areas where such people live in, use to remain backward in the context of sanitation
- ☞ Villagers, specially the male, prefer to defecate openly as they are used to such practices traditionally; they find awkwardness in defecating in a confined building, so initiation of any sanitation program promoting the usage of sanitary latrine cannot fully ensure change in such traditional practices over night
- ☞ Gram Panchayat officials, responsible for the implementation of rural sanitation program are often not given proper orientation regarding their assigned tasks; at the same time the issue of arranging need-based capacity building of the personnel engaged in rural sanitation sector has not been provided adequate attention by the Policy-makers at the national level so far
- ☞ Block/Gram Panchayat officials are over-burdened with huge number of programs, so it is not possible to provide time equally to every program; apart sanitation there are other important programs to be focused upon like MGNREGA, IAY etc.
- ☞ Often Govt. employees engaged in sanitation sector being instructed by the local MPs/MLAs to focus only on their respective constituencies for protecting their vote-bank, ignoring the other parts of the project-area; sometimes such political interference affect the implementation process of rural sanitation programs

- ☞ Villagers seeking sanitation-services from Block/Panchayat offices, often experience hostile/indifferent attitude from the Panchayat/Block officials – which sometimes discourages village people from availing sanitation services from the concerned Govt. authorities

4.2.4.1. Other Minor Factors Affecting the Success of Rural Sanitation

- ☞ The Govt. adopts an uniform approach for targeted areas be it rural, tribal-dominated or Muslim-dominated; lack of a culture-bound approach or area-specific strategy fails to ensure success as anticipated
- ☞ Lack of coordination among the concerned Govt. departments/line agencies responsible for implementation of rural sanitation programs
- ☞ Ensuring success of rural sanitation initiatives in villages, located in a geographically isolated area – appears to be a bit difficult due to lack of proper communication
- ☞ Positions of some allotted sanitation staff are still lying vacant
- ☞ ASHA workers recruited under NRHM responsible for ensuring health services at the household-level, lacks proper knowledge of sanitation and also found inefficient in most of the incidences, in rural mass mobilization towards adopting better sanitation and hygiene practices
- ☞ Some of recently introduced sanitation technologies by UNICEF/Govt. creates discomfort for rural people in use as the village people think they lack simplicity in usage
- ☞ Sometimes the allotted fund seems to be insufficient to cover the targeted operational area or to ensure due benefits to the huge targeted population
- ☞ NGOs/VOs are not being provided enough space to participate in the implementation process of rural sanitation programs
- ☞ Inefficiency among concerned Government officials
- ☞ The Government fails to build proper stakeholder ship among the rural people in the context of implementation of rural sanitation programs
- ☞ The tendency of the Government to avoid new technological or implementation approaches and apply conventional water and sanitation interventions, without community involvement, over and over again even when they are inappropriate for the specific environment and community needs
- ☞ Lack of conceptual clarity regarding sanitation and ambiguity regarding the different issues/agendas of sanitation does not provide enough motivation to rural mass to actively participate in the Govt.-sponsored sanitation initiatives

- ☞ Except school sanitation, issue of household-level sanitation have never been a priority either in Gram Sabha half-yearly meetings/Gram Panchayat monthly meetings

Discussions:

After exploring findings from the present study in the context of factors affecting the progress of rural sanitation, the researcher would like to draw attention towards the results of following studies which were also conducted in similar direction:

A very significant lesson learnt from different studies, conducted across the Globe that access to latrines does not necessarily ensure usage. Behaviours related to sanitation are particularly difficult to understand and change. The private nature of sanitation undoubtedly accounts for some of this difficulty, as does the fact that sanitary control and disposal of excreta may not be viewed as a problem in villages surrounded by substantial open space. Despite an investment of more Rs. 6 billion and construction of over 9 million latrines in rural areas, rural sanitation grew at just 1% annually throughout the 1990s and the Census of 2001 found that only 22 per cent of rural households had access to a toilet, with combined rural and urban coverage as 36.4 %. (UNICEF 2008)

There are many factors contributing to the low coverage (see Table 33); it is now widely recognised that community participation was insufficient in this conventional, supply-driven, subsidy-oriented, government directed programme. The result was that toilets were constructed but remained unused or were used for storage purposes such as for firewood and fodder. There were many reasons for this, for example participation of community members was virtually non-existent, there was a lack of post-construction communication on use and maintenance, and a near absence of hygiene education, much of which was due to the misplaced notion that technology was the driving force and the top-down approach of government directives was insufficiently persuasive. (Hazra, 2011)

TABLE - 33

Major Barriers to Progress of Sanitation

The national policy barrier	Sanitation seldom features prominently on national political agendas – even within countries that have had success in expanding access to water such as South Africa and Morocco.
The behaviour barrier	Research shows that people attach a higher priority to water than sanitation. People often see sanitation more as a public rather than

	household issue e.g. the health benefits of building a latrine may be compromised by excrement in nearby streets.
The perception barrier	Health is not the primary motivation for people seeking improved sanitation: factors such as prestige and convenience often rank above disease prevention. This makes sanitation less likely to be viewed as a public good.
The poverty barrier	Even low-cost technology will be beyond the reach of the 1.4 billion unserved people who live on less than $2 a day. This is borne out in Vietnam, where rapid progress on rural sanitation has left the poorest households far behind.
The gender barrier	Evidence suggests that women place a higher value on sanitation than men – yet women tend to have the weakest voice within the household and outside, hence demand remains low.
The supply barrier	The oversupply of inappropriate technologies, or products that are difficult to maintain, is a problem.

Source: UNDP (2006)

A study was undertaken by WSP Indonesia in 2010 to identify factors associated with achieving and sustaining behaviour change by communities to become ODF in East Java. This showed that communities that achieved ODF status within two months of triggering achieved markedly higher access gains. Factors associated with 'quickly' ODF communities include high social capital, high-quality Community Led Total Sanitation (CLTS) triggering, access to latrine supplies, easy payment terms, absence of external subsidy packages to a few households out of all, and regular monitoring; since 2007, WSP has been undertaking Enabling Environment Assessments (EEAs) in program countries that have 'Scaling up Rural Sanitation' as a core business line. These assessments analyze the programmatic and institutional conditions needed to scale up, sustain, and replicate the total sanitation and sanitation marketing programmatic and service delivery approaches. EEAs are undertaken at two points in time: a baseline assessment at the start of WSP's intervention in a country/province and an end line assessment at the end of the intervention. (Singh et al., 2013)

While exploring the factors responsible for low progress in rural sanitation - Jaiswal et al (2001), Madhavan (2007), Sharma (2009) - found that major factors like ignorance towards sanitation, lack of political will, inability of the village people to realise safe sanitation as

'priority', absence of proper supervision and monitoring at project sites across the villages, inefficiency of the Govt. officials, corruption etc. somehow directly or indirectly affects the smooth progress of any rural sanitation program.

Reddy (2006) in his research conducted in 5 villages of Bihar, with an aim to explore the factors affecting the progress of rural sanitation – argues that it is not only the Government officials who are to be blamed for the low progress of sanitation in villages, in some instances it is found that the taboos and stigmas associated with different sanitary practices are responsible to keep villagers away from using a sanitary toilet at home.

At the same time, the study conducted in six Gram Panchayats of Murshidabad district of West Bengal in similar direction, conducted by Ghosh (2005) and his team experienced that lack of political will, corruption among Govt. officials, biased political attitude and over-interference of political leaders during program implementation, insufficient motivation of the villagers towards promoting sanitation at household and community level etc. are the major bottle-necks in success of rural sanitation.

4.2.5. Scope of Social Work Intervention in Promoting Rural Sanitation

In order 'to explore the scope of intervention for social work profession in promoting rural sanitation', the researcher made a concerted and successful to accommodate fifty (50) social work professionals i.e. professionals with Bachelors/Master in Social Work (BSW/MSW) degree – engaged in sanitation sector and working with different Government organizations like Block Development Offices, Offices of Public Health Engineering Department as well as Non-Governmental Organizations (NGOs) like UNICEF, Water Aid, UNDP, Water for People and CINI, in a single FGD session only. Perhaps this was possible as the researcher attended the National Conference on Sociology of Sanitation, organized by Sulabh International Centre for Action Sociology in collaboration with Sulabh International Social Service Organisation, which was held on January 28 and 29, 2013 at Mavalankar Auditorium, New Delhi – where around hundred (100) social work professionals participated. The responses received from professional social workers pertaining to the scope of social work intervention in sanitation promotion and management have been presented under 'findings & discussions' head as mentioned below.

Findings & Discussions

The scope of social work practice is remarkably wide. Social workers practice not only in the traditional social service agency, but also in elementary schools; in the military; in business,

factories, and offices, in federal, state, and local government agencies and legislative bodies; in private practice as individual, family, and marriage therapists; in hospitals and in mental health facilities; in courts and correctional settings; in home health care; and in services to the elderly. In fact social workers can be found anywhere and everywhere there are people who need the help of a professional to alleviate personal or social problems. (Gibelman,1995). In this context, most probably this research-findings through Focus Group Discussion (FGD) and relevant literature review, would be able add a new horizon i.e. social work intervention in promoting rural sanitation - to the fields of social work intervention.

4.2.5.1. Applicability of Social Methods in Promoting Rural Sanitation:

Social Case Work

Social Case work is a method employed by social worker to help individuals find solution to problems of social adjustment which they are unable to handle in satisfactory way by their own efforts. (Hollis, 1964) Study, assessment, intervention, termination and evaluation are the main divisions of the social casework process. They are the threads of the process that will continue to be interwoven throughout the social casework process. (Hamilton, 1940). If these processes are followed properly then, trough a systematic analysis of the causative factors or mental hindrances, the Social Case work method will be instrumental in inculcating 'Behaviour Change Communication' (BCC) by providing a strong message regarding the significance of safe sanitation and hygiene education as well as the adverse effect of poor sanitation; through necessary counselling and motivation, the unaware and ignorant families can be encouraged towards the usage of sanitary latrine and other safe sanitary practices at household-level. Social Case work method will be instrumental in changing the stigmatised mind-set and overcoming the cultural backlog, especially of the people who are living in rural areas - towards a positive direction in the context of sanitation practices, as in some parts of rural India it is often noticed from different studies that the practice of open defecation has appeared to be a matter of choice than compulsion.

Social Group Work

Social Group Work is a method of social work which helps individuals to enhance their social functioning through purposeful group experiences and to cope more effectively with their personal, group or community problems. (Konapka, 1963) Keeping in view the basic values of Social Group Work, different group activities like street-theatres, skits, road-shows bearing a strong message regarding the adverse impact of poor sanitation, can be carried out by the professional social worker across

communities and societies, as a part of awareness campaign towards safe-sanitation. Different women Self-Help-Groups (SHGs) can be trained on safe sanitation principles and then may be mobilised to motivate the rural households towards the usage of safe-drinking water, sanitary latrine, taking hygienic food etc. For this purpose the professional social worker may form groups of youth, children, community resource-persons within the targeted community itself; educate them with fundamental knowledge of sanitation and hygiene education and with help of such resource groups by adopting culture-bound approaches – may intensify the process of awareness-generation regarding significance of safe sanitation among community people. This process will also be useful in creating a peer-pressure across the community.

Community organization

In a comprehensive way, one of the core Social Work methods, Community organization has been defined as "process by which a community identifies its needs or objectives, gives priority to them, develops the confidence and will to work at them, finds resources (internal and external) to deal with them, and in doing so, extends and develops co-cooperative and collaborative attitudes and practices in the community." (Ross, 1967). Keeping in view the responses of professional social workers, collected through FGDs, the researcher after completion of this study, feels that professional social worker may design an effective model for implementation of sanitation-promoting programs/initiatives compiling both the responses of the professional social workers as well as clues from this widely accepted definition of 'Community Organisation' as shown below through diagram 2:

DIAGRAM 2

A Model for implementation of sanitation-promoting initiatives

(Based on the Results of FGDs conducted among Development Professionals)

Identification of project area/ rural community where rural sanitation program will be implemented

⇓

Survey of the identified rural community for collecting information regarding the current status of sanitation in that particular community as well as data regarding the area-specific sanitation-related emerging issues and challenges - prior to implementation of the program, with the help of following approaches:

- ☞ Collection of necessary data from Panchayats/Block Development offices

or

☞ Local NGOs/Community Based Organisations (CBOs) may be assigned for this task

⇓

Analysis of the collected information in order to explore the emerging needs of sanitation sector

⇓

Prioritisation of identified needs in the context of sanitation

or

Identification of the 'felt-need' of the community in the context of sanitation

through

Conducting PRA (Participatory Rural Appraisal)/ PLA (Participatory Learning and Action)

⇓

Identification of the community resource persons like Panchayat members, school teachers, *Anganwadi* workers, Health professional like Accredited Social Health Activists (ASHA)/ Self-Help Group leaders, elderly persons of the community etc.

⇓

Rapport-building with community resource persons and discussion about the need of the sanitation program to be implemented within the community

⇓

Making community people aware/conscious about the need of the particular program and necessary publicity of the program -

☞ through identified resource persons

or

☞ through adoption of appropriate IEC (Information-Education-Communication) strategy like miking, postering, leaflet distribution etc. among the targeted population/beneficiaries of the community etc.

or

☞ through adoption of culture-bound approaches like folk-songs, cultural events etc.

bearing the message regarding the potential benefits of the proposed sanitation initiative for the community people

or

☞ through organization of street-theatres, skits, road-shows with the help civil society members or school children in rural market areas, schools, Anganwadi centres etc. bearing the messages related to the significance of safe sanitation as well as the different benefits (for the community people) of that particular sanitation-promoting initiative

⇓

Through the application of PRA/PLA methods - identification of the resource institutions within the particular community like Anganwadi Centre/Primary Health Centre (PHC)/Primary School/youth clubs/SHGs/local NGOs which bear a strong potentiality to influence/catalyse the process of sanitation-program implementation

⇓

Initiation of the program-implementation process, ensuring an optimum utilisation of the identified community resources as well as active involvement of the community resource persons

⇓

Developing suitable monitoring-mechanism at the village-level for time-to-time supervision during the program implementation phase to ensure proper implementation of the program as well as for collection of community-feedback in regular intervals for need-based modification (if required) in the existing program-approaches; which will be instrumental for the sustainability of any sanitation-promoting initiative

Besides that, while implementing any sanitation program – the professional social workers with their expertise knowledge-base of 'Community organisation' method will be found effective in the following assignments as and when situation demands:

- *Problem Analysis* – One of the major tasks of the community organiser is to assist the people in arriving at a solution to the problem. The organiser is capable of identifying the problem and making the people also to identify, analyse, give priorities, select an appropriate priority, mobilize resources, make a plan of action, implement, monitor, evaluate, modify and continue.

- *Resource Mobilization* – Any problem of the community while working out the solution requires resources. The resources may be in terms of manpower, money material and time. On the one hand the organiser is aware of the availability of the resources within the community or outside the community and on the other makes the people to identify the sources of resources and the way to tap such resources.
- *Conflict Resolution* – Problems of the community involves the people affected by the problem and the others who are the causes for the problem. Therefore there could be a conflict between these two groups or between the people and the system. The organiser is equipped with the skill for identifying the conflicting situation and making the people to understand the conflict and then work out the ways and means to find solutions to the conflict.
- *Organising Meeting* – Communication within the community and between the community and the organiser is most important. There needs to be transparency in the dealings for which formal and informal meetings have to be organised and information shared. The sharing of information enables sharing of responsibility and decision making.
- *Writing Reports* – Documentation of the events for future reference and follow up is absolutely essential. Any communication or any written representation and the report of the dealings have to be recorded. This task is either done by the community organiser or delegated the task to someone else.
- *Networking* – In a community while working with the people the participation of the people strengthens or increases the power of the people. At times support from like-minded people or organisation has to elicit so that a pressure is built against the oppressive force. This helps to create pressure and increase the bargaining power for which networking with other people and organisations is done by the community organiser.
- *Training* – Capacity building of the people and the personnel of an organisation is important while working with the community. In the process of capacity building the community organiser has to be a good trainer. The community organiser has to use his training ability and skills in this regard.

Social Action

Social action is an individual, group or community effort, within the framework of social work philosophy and practice that aims to achieve social progress, to modify social policies and to improve social legislation and health and welfare services (Friedlander, 1963). In other words it can be said that Social Action is a

process of bringing about the desired changes by deliberate group and community efforts. While aiming at promotion of the usage of safe sanitation and to raise voice against the age-old malpractices of open defecation, the knowledge-base of the method of Social action will be instrumental in mobilizing masses in order to bring about structural changes in the societal norms and traditions, with the rapid spread of proper hygiene-behaviour, breaking the traditional stigma and taboos associated with the usage of sanitary latrine. Literature shows that some of the social problems like dowry system, destruction of natural resources, alcoholism, poor housing, health, etc. can be tackled through social action; so likewise if this method is practised in its true spirits, then a movement can be initiated against this century-old deadly malpractice of open-defecation. This argument can aptly be justified by citing the example of legendary personality of sanitation sector Dr. Bindheshwar Pathak, who is known as the father of 'Sulabh Sanitation movement'; Dr. Pathak is the founder of Sulabh International Social Service Organization (1970) – which is working exclusively for the promotion of safe sanitation.

Taking into consideration this research-experience and going by the arguments made by Gabriel Britto (1984) while attempting to identify the strategies in the Gandhian model of mobilization for action - the researcher strongly feels that while carrying out the movement for the betterment of sanitation-situation at the household as well as at the community level, the skills of the professional social worker will be found effective while framing the following strategies:

- ***Credibility-building*:** This implies building of a good public image of the leadership, the sponsors and the participants based on cherished social values.
- ***Legitimization*:** Promoting the movement's objectives as being morally right, and therefore the action is legitimate and permissible socially and morally.
- ***Dramatization*:** This implies mobilizing the population into action through emotional appeals, soul-stirring speeches, management of the media, novel procedures of drawing support, catchy slogans, processions, protest marches and such other techniques.
- ***Multiple strategies*:** This implies a concerted programme of action involving advocacy, education, persuasion, facilitating actions, pressure tactics etc.
- ***Dual approach*** which implies building a counter system as an alternative or reviving a system which is declining, or has declined, but which is perceived to be beneficial. A constructive counter action plan is proposed is in opposition to an existing system which is perceived to be unjust, exploitative or undesirable.

- ***Manifold programme*:** This implies developing social, economic and political programmes which would facilitate mass mobilization for social and economic reconstruction and political independence.

Social Welfare Administration

Gulick and Urwick (1937) in their edited book 'Papers on the Science of Administration' have made a comprehensive attempt to describe the process or function of Social Welfare Administration with his 'POSDCORB' formula – which signifies Planning, Organizing, Staffing, Directing, Coordinating, Reporting and Budgeting.

Social Work Administration is concerned primarily with the following activities (Sarri, 1971):

- Translation of social mandates into operational policies and goals to guide organizational behavior
- Design of organizational structures and processes through which the goals can be achieved
- Securing of resources in the form of materials, staff, clients and societal legitimation necessary for goal attainment and organizational survival
- Selection and engineering of the necessary technology
- Optimizing organizational behavior directed towards increased effectiveness and efficiency; and
- Evaluation of organizational performance to facilitate systematic and continuous problem-solving

So keeping in view the content and theoretical knowledge-base of 'Social Welfare Administration' method as well as the information gained through several FGDs with professional social workers, the researcher feels that while running any sanitation related project/scheme - the knowledge of Social welfare administration will help the social worker in...

- formation of comprehensive and systematic plan for project-implementation
- need-assessment and need-prioritisation
- establishment of good governance
- initiation of a transparent administration
- proper resource-planning which will ensure an optimum utilisation of allotted resources of the project
- properly guiding organizational behavior

- better human resource management
- need-based capacity-building/conducting training of the personnel/project staff
- development of suitable monitoring mechanism
- maintenance of effective public relations and proper co-ordination with the other concerned agencies involved in sanitation sector which will be instrumental in ensuring a concerted effort in program implementation avoiding over-lapping of the same
- accurate evaluation of the total outcomes in relation to established purposes
- proper documentation and record-keeping during the entire project-phase

Social Work Research

Social Work research is the systematic, critical investigation of questions in the social welfare field with the purpose of yielding answers to problems of social work, and of extending and generalising social work knowledge and concepts. (Friedlander, 1957) With the help of the theoretical knowledge-base in social work research, the professional social worker will be able to –

- explore the emerging issues and challenges of sanitation sector
- detect the factors, affecting proper implementation of sanitation program
- suggest suitable policy-measures for intensifying the process of program implementation
- assert alternative intervention for the success of sanitation programs/schemes
- show the scope and future areas of research in the sphere of sanitation
- manifest the scope for social work intervention or applicability of social work knowledge and skills in sanitation sector
- influence and reframe the existing sanitation policies towards a positive direction, intensifying the process of goal-achievement

4.2.5.2 Applicability of Social Work Skills & Techniques in Promoting Rural Sanitation

The responses received from the different FGDs conducted among the professional social workers, engaged in health and sanitation sectors, suggest that apart from the above-mentioned core social work methods, with proper utilisation of skills and techniques of social work profession, the social work professionals –

- may assist the Govt./NGOs in identification of suitable community resources through proper resource-planning – which will ultimately ensure an optimum utilisation of community-resources during implementation of any sanitation program

- may serve as a broker by connecting the rural poor, who are suffering due to non-availability of proper sanitation with suitable resource agencies
- may plan, develop, and evaluate strategies for rural sanitation program
- being part of NGOs/VOs may develop proposals for fundraising in sanitation sector
- may monitor, analyze, and evaluate public and social policy which are related to sanitation-promotion
- may properly coordinate activities of the NGOs/GOs/VOs, working in sanitation sector - to achieve the agency's goals
- may develop IEC (Information-Education-Communication) materials for spreading sanitation-awareness across rural and urban communities
- with adequate knowledge of different societies/communities like Muslim, Tribal etc. – may frame appropriate culture-bound strategies for a better reach to the beneficiaries of different sanitation programs, leading to successful implementation of every sanitation-promoting initiatives

In sphere of overcoming the bottle-necks of sanitation promotion, the analysis of human behaviour/mass attitude is often becomes essential for framing effective strategies, which is a complex process as human behaviour/mass attitude is influenced by so many factors like physical, social, temperamental, psychological; but this task can be taken care of by the professional social worker comfortably, since as a part of Social work course curriculum, they are having suitable theoretical as well as practical exposure in dealing with the complexity of human behaviour. Besides that, the following social work skills like:

- Rapport-building
- Planning
- Counselling
- Motivating
- Encouraging
- Interviewing
- Resource-mobilisation
- Use of professional-self
- Listening
- Observing
- Questioning
- Supporting

- Explaining
- Informing
- Advising
- Reviewing
- Reinforcing
- Confronting
- Clarifying
- Reporting
- Record-keeping
- Monitoring and supervision
- Guiding
- Educating
- Situation-analysis

...will be quite useful and effective at the different stages of implementing sanitation initiatives across rural parts of our country. The researcher feels that the social work skills mentioned above, will be instrumental not only in proper implementation and management of sanitation policies and programs but also will be significant in proper evaluation and need-based monitoring of any sanitation initiative at the grass-root level which is essential for a smooth progress and functioning of any venture. Taking into consideration the growing fields of intervention, we must say that in recent years, Social Work has grown as a matured profession not only across the Globe but also in India. Adding some more dimensions to its fields of practice, the findings of the present study advocates that social work professionals, with the proper utilisation of their rich knowledge-base and skills can ensure a quality contribution in the sphere of sanitation promotion and management.

Keeping in view the current context of discussion i.e. the suitability and space for social work intervention in sanitation promotion and management, the researcher would like to quote Reamer (2006) which reads as follows:

> …Even within social work's brief history as a formalized profession, the changing perception of values is evidenced by four distinct periods of ethical practice. Each period, with its unique social milieu, necessitated social workers to emphasize new and changing values and priorities to guide their fields of practice. The morality period, characterized by a paternalistic preoccupation with the poor, aimed to "strengthen their morality or rectitude." During the latter part of this period, signified by the Great Depression, social

workers realigned their priorities to address the need for structural social reform to address problems related to “housing, health care, sanitation, employment, poverty, and education” (Reamer, 2006: pp. 5).

The fact that there is enough scope and opportunities for the social workers to use their professional expertise in sanitation promotion and management becomes quite evident when the researcher during this study finds that a huge number of development professionals with a degree or diploma in Social Work are currently engaged in sanitation sector and working with organizations like Water for People, UNICEF, Water Aid etc. which work exclusively in the sphere of sanitation promotion. While conducting the several FGD sessions with the selected professionals – it was realized that the experience and knowledge-base drawn from the theoretical understanding of Social Work and training exposure as a field work - have provided a strong base of skills and capabilities to the social work professionals to perform their role effectively whenever they are given any assignment as a project coordinator, program officer, project assistant, program director, consultant, research officer of a sanitation program or project.

4.2.6. Suggestions for better Implementation of Rural Sanitation Program

At the end of the study, with the experiences and knowledge gained from the responses of the respondents, reviewed literature and observations during the study, the researcher would like to place the following suggestions for better Implementation of rural sanitation program:

- ☞ Sanitation must be given a higher profile and catered to as equally as water supply services. Water and sanitation utility managers and local authorities need to be trained in gender issues; and gender sensitive strategies need to be mainstreamed within the norms and standards of their work.
- ☞ Gender issues should be more considered in all rural sanitation programmes and the Awareness Raising, Advocacy and Information Sharing component will be critical to integrate gender sensitive messages, and disseminate the achievements - best practices and lessons learned from rural sanitation programmes.
- ☞ Tools, handbooks and guidelines can be developed to support the work of Gram Panchayats and WATSAN (Water and Sanitation) utilities. Publications will be disseminated widely to communicate best practices and lessons learned to be able to support the establishment and implementation of pro-poor, gender sensitive water and sanitation policy and legislative frameworks.

- ☞ High level policy consultations can be organized to facilitate a broad based discussion of the experiences of the Gender Mainstreaming Strategy Initiative. The consultations should seek to influence national economic and development policies and processes such as the Poverty Reduction Strategy Papers, and national water and sanitation policies and sector reform processes to be more gender-sensitive. These consultations should seek to commit national governments to plan for systematic policy support for gender mainstreaming in water and sanitation utilities.
- ☞ From an epidemiological point of view, sanitation is the first barrier to many faecally transmitted diseases, and its effectiveness improves when integrated with improved water supply and behavior change. However, improvement in hygiene behaviors alone can result in disease reduction and can serve as a valid programme objective.
- ☞ Sanitation comprises both behaviors and facilities, which should be promoted together to maximize health and socioeconomic benefits.
- ☞ From an implementation point of view, sanitation should be treated as a priority issue in its own right and not simply as an add-on to more attractive water supply programmes. Sanitation requires its own resources and its own time frame to achieve optimal results.
- ☞ For sanitation programmes to be effective, political will at all levels is necessary. Communities are more motivated to change when they know political will exists.
- ☞ Communities are bio-cultural systems. A sanitary environment is a successful interaction of the key parts of that system: the waste; the natural environment with its unique physical, chemical, and biological processes; local cultural beliefs and practices; a sanitation technology; and the management practices applied to the technology.
- ☞ Sanitation programmes should be based upon generating demand, with all of its implications for education and participation, rather than on provision of free or subsidized infrastructure. Government should be responsible for the protection of public health. Government sanitation policy should be one of creating demand for services; facilitating and enhancing partnership among the private sector, NGOs, (community)-based organizations, and local authorities; and removing obstacles in the paths of each of these and of households in the achievement of improved sanitation.
- ☞ Sanitation programmes should equally address the needs, preferences, and behaviors of children, women, and men. Programmes should take a gender-sensitive approach but, learning from the mistakes of other sectors, should guard against directing messages only to women or placing the burden of improved sanitation primarily upon women.

- ☞ Sanitation programmes should be approached incrementally, based on local beliefs and practices and working toward small lasting improvements that are sustainable at each step, rather than the wholesale introduction of new systems.
- ☞ User ownership of sanitation decisions is vital to sustainability. Empowerment is often a necessary step toward achieving a sense of ownership and responsibility for sanitation improvements.
- ☞ Good methods of public health education and participation, especially social marketing, social mobilization, and promotion through schools and children, exist to promote and sustain sanitation improvements.
- ☞ Sanitation services should be prioritized for high-risk, under-served groups in countries where universal coverage seems unlikely in the foreseeable future. Hygiene promotion should be targeted to all.
- ☞ Latrines are consumer products; their design and promotion should follow good marketing principles—including a range of options and designs attractive to consumers and therefore based upon consumer preferences, affordability, and suitability for local environmental conditions. Basic marketing research and participation in design will likely be necessary to good programmes. Market forces are best understood by the private sector.
- ☞ As in all other public health programmes aimed at preventing disease, the promotion of sanitation should be a continuous activity. This continuous promotion is necessary to sustain past achievements and to ensure that future generations do not become complacent as diseases decrease.

4.2.6.1. <u>Focus must be given to</u>

- ☞ shorten to distance to water sources and to offer water at affordable charges in order to relieve the most poor and vulnerable groups particularly women and children travelling long distances to fetch heavy loads of water and to search for sanitation.
- ☞ allocate specific financial resources for capacity building and training of local authorities on pro-poor, gender sensitive governance, gender budgeting and in collection of sex-disaggregated data in water and sanitation utilities
- ☞ promote the integration of income generating activities in water and sanitation services and utilities so as to empower communities to generate and manage operation and maintenance funds

- ☞ associate civil society into planning, coordination, implementation, monitoring and evaluation of water and sanitation services in cities to ensure ownership and sustainability
- ☞ encourage pro-poor tariffs and specific allocations for the provision of water and sanitation services to vulnerable groups such as the disabled, elderly persons, and people living with HIV/AIDS.
- ☞ promote locally-based cooperatives for provision of materials for water and sanitation infrastructure
- ☞ develop and disseminate standardized guidelines for the management, operation and maintenance of public water taps and sanitation services in poor communities.

4.2.6.2. Suggestions for Policy Makers at National Level

- ☞ Give attention to sanitation as an important, stand alone need service and not to be submerged under water or environment, as is often the case.
- ☞ Ensure that water and sanitation services are accessible and affordable to all in the community, particularly the urban poor both women and men. A focus on accessible and affordable sanitation should be on women and girl-children in the poorest urban areas.
- ☞ Explore potential areas of entrepreneurship, micro-credit and income generation opportunities in water and sanitation services especially for the most poor both women and men.
- ☞ Promote the design of separate public cost-effective sanitation facilities taking into account the needs of women, men, children and disabled people.
- ☞ Promote the design of separate sanitation facilities in schools.
- ☞ Consult stakeholders in the selection of pro-poor water and sanitation technologies, and promote those which are appropriate and affordable.
- ☞ Promote value based water and sanitation formal and informal education for children, mothers and fathers.
- ☞ Provide hygiene education and raising awareness to local officials, utility and municipal actors to help to achieve better environmental sanitation programmes
- ☞ Promote gender budgeting in water and sanitation services and provide services for the safe and hygienic disposal of menstruation waste materials.

- ☞ Organize inventory of sanitation operators in rural villages and a regulatory framework specifically for rural operators
- ☞ Allocate specific resources for sex-disaggregated data on rural sanitation services

4.2.6.3. Suggestions for Policy Makers at Village Level

- ☞ Support the rural poor to get access to water supply and sanitation services in order to meet their demand.
- ☞ Promote cost-effective design of public water supply facilities particularly for women and children.
- ☞ Promote pro-poor tariff to assist the poor to raise per capita water consumption levels in order to meet their basic water consumption and sanitation requirements.
- ☞ Collect sex-disaggregated data and acquire information that can help to evaluate the impact of rural sanitation programs focusing on the interests of villagers in terms of the participation, benefits, and costs.
- ☞ Undertake in-depth research on existing traditional knowledge technologies and practices on water and sanitation from both women and men.

Increasing sanitation coverage in rural areas would require more clarity of the issue and understanding of the rural sensibilities. Building toilets is just one half of the battle; the other half is to make people use them. The number of villages winning Nirmal Gram Puraskar may be inspiring only if uncovered villages are not taken into count. For the future the following strategies or measures can be effective for ensuring total sanitation coverage:

Targeting gender issues in communication strategy helps in focussing on the needs of the women and yields considerable success. A focus on gender differences is of particular importance with regard to hygiene and sanitation initiatives, and gender-balanced approaches should be encouraged in plans and structures for implementations. Given the importance of gender issues in sanitation and hygiene, specific institutional arrangements are necessary to ensure that gender is considered an integral part of efficient and effective implementation of projects and programmes. Access to adequate and sanitary latrines is a matter of security, privacy and human dignity, particularly for women. Women are mostly affected by the absence of sanitary latrines:

- Fear of being sexually assaulted or attacked, while going for open defecation
- School attendance of adolescent girls are being hampered due to lack of proper sanitary facilities in the school

- Poor condition of public/open defecation areas enhances the risk of getting infected to worms and other water-borne diseases.
- When women have to wait until dark to defecate and urinate in the open areas, they tend toward less water-intake during day-time, resulting in all kinds of health problems such as urinary tract infections (UTIs)

To ensure long term sustenance of water supply and sanitation schemes in rural areas, representation of women in village water and sanitation committees is a must since they are the ones who collect and store water at the household level. Making women and children aware of the benefits of clean water, hygiene, and related health benefits would ensure long term sustainability of the resource. Organizational reforms, promoting an integrated approach and including changes in procedures, attitudes and behaviour and the full participation of women at all levels need to be encouraged. Awareness generation campaigns about water conservation measures both in rural and urban centers need to be supported and strengthened. (Hazra, 2011)

Merely building latrines in a community will not ensure environmental sanitation or the reduction of water-borne diseases as survey indicates only 17.5% of rural population are using latrines (54^{th} round of National Sample Survey).It must be combined with hygiene education which is designed to encourage changes in people's personal behavioural pattern and outlook as well as to block the faecal-oral transmission route and reduce the spread of diseases. Therefore sanitation programme without accompanying hygiene education will have little impact on community health, unless...

- Ensure proper usage and maintenance of latrines
- Water sources are protected
- Water is purified before consumption
- Hands are being washed with soap at least after defecation and before taking or cooking food

The sanitation programs should not be confined to construction of latrines only. Awareness of sanitation standards and health impact of unsanitary conditions must be spread widely. It should be promoted as a total package consisting of safe handling of drinking water, scientific disposal of waste water, safe disposal of human excreta including child excreta, solid waste management, domestic sanitation and food hygiene, personal hygiene and community hygiene. (Hazra, 2011)

Local institutions like Non Governmental Organisations (NGOs), Civil society Organisations, women self-help-groups (SHGs), Voluntary Organisations and other community-based-organisations – should properly be mobilised to support the sanitation programme, especially for

- supervision,
- monitoring,
- organising need-based training programmes,
- generating awareness about the importance of sanitary practices at the grass-root level/community level/village level
- developing innovative IEC (information education communication) materials for the campaign
- framing culture-bound approach and strategy (use of rural folk etc.) for promotion of the program

A suitable provision for the participation of these organisations in the sanitation program should be made in the project costs. The program will have to ensure active involvement of Village Panchayats and other local resource institutions like schools, primary health centres, Anganwadi centres taking into consideration the availability of affordable as well as culturally-accepted sanitary technologies especially when rural population are being addressed.

Community management of services, backed by measures to strengthen the capacity of local institutions in implementing and sustaining water and sanitation programmes is essential. The focus of state and Central governments should not be to only augment supplies or install additional systems in sanitation and water supply. Instead, equal or greater attention must be paid to critical issues of institutional restructuring, better and more equitable service, managerial and efficiency improvement particularly of Panchayats.

In order to strengthen the socio-economic conditions of India, mere administrative decentralization may not be enough. Urban and rural sector reforms could play a major role in adoption of demand-responsive and adaptable approaches based on empowerment of local people to ensure their full participation through a decision making role in the choice of project design, control of finances, and management arrangements. This would also mean a shift in the role of Government from direct service delivery to that of planning, policy formulation and providing partial financial support. Monitoring and evaluation of projects could be done by NGOs and other independent bodies. (Hazra, 2011)

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