

PARTICIPATORY APPROACHES TO WATER SUPPLY, SANITATION AND HEALTH IN TWO VILLAGES UNDER DESERTIFICATION IN SOUTHERN INDIA

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This paper examines participatory approaches to water supply, sanitation and health in Silamalai and Pottipuram villages of Theni district, Tamil Nadu, India under the grip of desertification. The purpose is also to study the efficiency and sustainability with which the village water supply and sanitation facilities have been hitherto used and maintained. The research methods employed are mainly qualitative with a participatory, community-based and gender-sensitive in their approach.

The research in the two villages has found that the water supply and sanitation programmes of the villages are government-provided and supply-driven and traditional customs and practices impact on the community and household management of water supply and sanitation. Without doubt, the village water supply and sanitation facilities are unsustainable, as they are now.

The Village Communities have been, and continue to be, affected by wind erosion that is confined primarily to the southwest monsoon (June – September) with high wind speeds, combined with rain shadow effect and deforestation in particular, causing desertification. Rainfall in the area is lower than what was received in the past, creating a moderate level of water scarcity. During 1999–2008, there was no rain for several months leaving people in great risk of health problems. Besides, the communities use open spaces around the villages for defecation, causing environmental problems. Hence, water supply and sanitation need specific focus, particularly, in the two villages where water scarcity compounds the lack of quality and quantity of water supplied and used.

*So, the present paper focuses on the water supply and sanitary situations in the two villages, namely, **Silamalai** (of Bodinaickanur taluk) and **Pottipuram** (of Uthamapalayam taluk of the district of Theni). Being villages under the grip of desertification for long years, the two are indeed the representatives of such villages along the foothills of the Western Ghats, more particularly of those in the semi-arid tracts of Tamil Nadu. The cultural practices and norms of the people greatly impinge on the sanitary and health practices of the two communities and the study thus offers a case of academic as well as practical significance.*

The researchers, by adopting participatory approaches to learning, understanding and generating workable strategies, attempts to provide a case study, which can

usefully inform policy. The study also uses questionnaire survey and key informant interviews to reach definitive conclusions on the water supply, sanitation and health question.

The paper discusses the water supply and sanitation issues of rural India as a backdrop for the study, and takes the two villages to recount the participatory appraisals and planning activities carried out in the villages for about four years, with the researchers living and working with the community people, who have their co-researchers as well as primary stakeholders in the study. Results from the transect walks, social and resources mapping, story-with-a-gap, picture card discussions and three-pile sorting appraisals (participatory) and questionnaire survey from nearly 4,150 men and 3,035 women give a wealth of information, insights and perspectives on the situation existing in the villages.

In Silamalai, 31.5 per cent of people are using water points for their household works. A large majority of 73.5 per cent of the people does not boil the water and as such drink it as it comes; 30 per cent of people report that contaminated water causes sanitation and health; 28.3 percent put their garbage into the drain; and 67.3 percent using open defecation is a major health problem. There has been a major health problem in the village in the past 5 years in which 33.2 per cent of the people have been affected with cholera and 19.7 per cent people died. In Pottipuram, 28.5 per cent of people are using water points for their household works. A large majority of 73.4 per cent of the people does not boil the water and as such drink it as it comes whereas 75.5 percent agree that contaminated water causes sanitation and health problems; 36.7 percent put their garbage into the drain and 75.5 percent using open defecation is a major health problem. These are the major health problems in the village in the past 5 years, with 51.1 per cent of the people affected with diarrhoea, 20.3 per cent by cholera, and 8.2 per cent by small pox.

The major conclusions of the study are that: there is a gap between policy and practice; limited resources have been invested in sanitation; consultation between governments and the community has been absent; social classes and caste-based practices increase the complexity of establishing sustainable water supply and sanitation; people's perceptions affect water supply and sanitation management; communities depend blatantly overtly on government to provide and maintain public facilities; and mismanagement of resources has led to water scarcity.

The paper suggests policy changes and interventions in regard to water supply, sanitation and health in rural Southern India, keeping in view the limited nature of generalization from the two villages for an entire, vibrant region of India. 'There are lessons to be learned from the villages' is however beyond question.