THOUGHTS AND IDEAS ABOUT LATRINES

case studies from Pakistan

Annette Slokker, October 1998

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Additional remarks

As a supplement to the report "THOUGHTS AND IDEAS ABOUT LATRINES" -case studies from Pakistan- a few remarks about discussions held after finalising the report.

At page 129 in the final conclusion I made the following remark:
"As can be seen within this research a lot of people are working towards a more hygienic Balochistan I believe that the positive intention of a lot of people behind their work will be able to solve every problem. The struggle is to go on and on and to be free to see mistakes and to learn from them."
Some people disagreed with the statement I made because they believe that people can badly harm others with the best intentions. Others did not find this an appropriate statement within a scientific report. I on the other hand still stand by my statement.

This report and its conclusions are a baseline study about the situation of sanitation facilities in Balochistan. I would like to highlight in this additional remark possible directions for the project and their promotional activities. Because the study is just a baseline study I can only give possible directions because promotional activities need to be well-substantiated by extensive research.

1. The ideas of the interviewed women about *purdah* and latrine-use are not consistent. Most of them think that an improved latrine is better for *purdah* (village men cannot see them going to relieve themselves anymore). But a few think that an improved latrine is bad for *purdah* (compound men (in extended households) can then see them going). (see interviews)

2. Water and sanitation are inextricably bound up with each other. Without enough water it is not possible to let the people use the improved latrine hygienically. (too little water to clean and rinse, and too little water being the reason not to let everybody in the compound use the latrine). Without proper sanitation facilities no hygienically sound household can be led. (see page 120)

3. Because latrines are unknown to the inhabitants of very rural Balochistan it is still very difficult to change hygiene behaviour. In areas of low population density one possibility could be not to install improved latrines but to give only hygiene education about sanitation (burying excreta for example).

4. The Islam is a frame of reference to some of the interviewees when talking about sanitation. Islamic texts can be used for promotional messages. But I think this needs an ethical discussion first, the Islam is also "used" to restrict all the women of Pakistan. (see interviews)

5. Most reasons mentioned by the informants as arguments to take a latrine are practical reasons and not hygienic reasons When hygienic reasons were mentioned it seemed to be "giving back" the messages of the project that visited these households before. Practical reasons seem to be more near to the thinking pattern of the interviewee's. But in the often heard answer "with an improved latrine we no longer have a bad smell in the compound, it reduces dirt in the compound and we have fewer flies because of it", the dirt and fly reducing is in the interviewee's own words a link towards hygiene. (see page 121 and the results on page 84, 93 and 108)

6. The right place of the latrine is a very important item for the households that are going to install an improved latrine.
- not near to (or attached to) the living room.
- women must be able to go easily, also when men are in the compound.

It must be an convenient place to go to. (see page 120)

Because of my short stay in this interesting part of the world I, as an outsider, could not get grip on everything I saw and heard. The following texts of Syed Nawab Haider Naqvi and Nashra M. Shah, respectively Director of the Pakistan Institute of Development Economics and Pakistani consultant and senior researcher, show in short some striking things about the area wherein this research takes place. These texts are from 1986, some time ago, but at least in case of Balochistan, the most undeveloped province of Pakistan the message in it still counts. Every reader can bear this in mind when reading this report....

..."the typical Pakistani woman grows up in a fairly sheltered environment. Most decisions affecting her life are made by others." These "others" are, of course, men -the fathers, the brothers and the husbands. Don't forget the notorious mother-in-law, who sometimes provides a convincing (though false) argument to those who assert that women may be their own worst enemies!
Possessing little or no education, getting married mostly against her wishes at the age of 16 or 17, having to bear about seven children, and enjoying a life that cannot be called respectable by any standards. Her situation is much worse in the rural areas, where under the unbearable burden of the daily routine, the surrealist beauty of a village girl gets destroyed by the streaks of a premature old age furrowing her honest peasant face."
..."What should be done then to wipe off this shame from the face of our society, which keeps in bondage about half of its population? *everything*, should be our answer. As a matter of their fundamental human right, and not as an act of charity on the part of some male philanthropist, the Pakistani women should get literally everything that distinguishes human beings from animals. They must be able to exercise the basic human faculty of making decisions about themselves and about what is best for them.
Those who talk about women's place in an Islamic society should know that the fundamental Islamic axiom of human freedom based on Free Will does not distinguish between men and women but extends to all human beings..."
Syed Nawab Haider Naqvi

..."While a beginning toward improving the situation of the Pakistani woman has been made, a great deal remains to be done. Striking changes will be very difficult to achieve without overall development of the country, however."
Nasra M. Shah

PREFACE

Enough text has already been written down for this thesis. This preface will be short. To write this thesis has been an experience that I wanted to learn from and certainly I did in all aspects of life. My stay in Pakistan was hectic and interesting.
I want to thank the interviewed women in Pakistan for their openness and hospitality. I would especially like to thank Sadia Yacoob, my counterpart and my companion during all the waiting and finally our field-trip. I am thankful to the Bruwas-project for giving me the opportunity to join them. Taraqee has been a great help for my research and its workers still have a special place in my heart.

I am grateful towards my supervisor in The Netherlands, Carja Butijn, I enjoyed all our discussions very much! And I learned from them!
The last person that I want to mention is my dear housemate Max, who never hesitated to correct my English spelling.

Annette Slokker

CONTENTS

SUMMARY

Introduction

This research is done for the Balochistan Rural Water Supply and Sanitation Project (Bruwas) of which one of its overall objectives is improved health and living conditions of the population of rural Balochistan. Background of the research is the question of the Bruwas-project to know more about the underlying motives of the inhabitants of Balochistan regarding the decision whether to construct a latrine. To answer this question semi-structured interviews and general observations were held in different villages of rural Balochistan. Because of constraints with entering the rural areas of Balochistan, interviews also were held in the urban *kachiabaddies* of Quetta. Next to these interviews, interviews with field-workers and policy makers were held.

Background information

Most areas of Balochistan are amongst the most inaccesible and underserved of all regions in Pakistan. The forced seclusion of the people into small pockets of population due to the difficult terrain and scarcity of water, blocks the inflow of modern benefits and progressive ideas except to the urban centres, which are well connected with other parts of the country. About 7 million people are living in Balochistan. The women's role in Balochistan is predominantly seen as a reproductive and a domestic one. Balochistan has a tribal society, the traditional *Baloch* and *Pasthuun* family set-up prevails throughout the province. Both these cultures are oriented towards male dominance.
In the arid conditions characterising much of the province, the majority of the population of Balochistan is without access to safe drinking water supply and without adequate sanitation facilities. This leads to a number of health related problems linked to the consumption of contaminated water, rudimentary hygiene practices and unsanitary living conditions. Diarrhoeal disease is a significant contributing factor to the high rates of infant mortality in the province.

Human behaviour is an important factor in the transmission of water and sanitation-related diseases. Hygiene behaviours, such as the use of a hygienic latrine and the frequent washing of hands, help to reduce disease transmission. Behavioural changes are influenced by a number of factors other than health considerations. The main incentives tend to be affordability, making life easier and solving a felt problem. Well constructed, conveniently functioning facilities, accessible to all, are more likely to be used in the desired way. Latrine construction seemed to be easier to achieve than latrine use, therefore special emphasis in sanitation improvements is needed in hygiene education and motivation.

Findings of this research regarding the research-questions

In short the answer on the first research-question: 1) What is the current behaviour concerning relieving oneself of the household members in the research areas ? found within this research was this: As seen in all rural areas almost all the improved latrines are not used by all of the household members, especially in extended households. The different reasons found why not everybody is using the improved latrines were: children go in the field when they are playing outside the compound; children are not allowed to use the latrine because they make it filthy and there is too little water to clean it; men do not use the latrine, they work in the agricultural fields and go there; a lot of people have to use the same latrine; women are not allowed to use it, because the men use it and they believe that "men and women can not use the same latrine". It was remarkable to see a few times that the women did not use the improved latrine but the men. Even while the men were not at home during the day and even while there were two improved latrines available.These women behaved in the traditional pattern of going in the fields to relieve themselves. Pasthu households are overall more traditional than Baluch households, they more often request for two latrines. Within nuclear families the idea that men cannot use the same latrine as women is not predominant. In all places we visited lack of enough and easy accessible water was a

problem. Water shortage blocks hygienic latrine use, especially when PFL's are installed in areas with water shortage. People (children) are prevented to use the latrine especially in extended households.
The second research-question: 2) What are the attitudes of the members of the households regarding an improved latrine? Is answered through this research with the following answer (within the research the question of attitude has been limited to two determinants, namely status of women and norms of behaviour according going to the latrine). As could be seen from the interviews the place of a latrine is very important, because of the extreme taboo of going to the latrine in front of others especially in extended families. This feeling of shyness, seen in almost every interview, is a major blocking factor in convenient latrine use. It plays a role for men and for women. Some people ascribe this feeling to their religion others just see relieving yourself as something that is "not done". A latrine must not be attached to the living room (in extended families). People do not want to be seen when going to the latrine, but on the other hand others very clearly emphasise that they go because nobody will disturb them when they go. A corner of the compound where women are allowed to come (when men -guests- and women are not allowed to mingle) seems to give fewest problems. By others going in the fields is seen as something natural and then the women do not feel shy to go when they need. Most probably they quite freely go during daytime when the men are away (at work), but when men are at home they do not go when they need to and feel bad pains in their belly's. In the *Kachiabaddies* a trend was seen that informants in nuclear households loose their feelings of shyness to go to the latrine when the husband or wife is around.
Many women do not seem to be aware of the severe limitations that surround them through the traditional rules and actions of men. At least no action was seen to change their situation. No woman complained that she was not allowed to do the daily shopping herself or that she felt pain because of not going to the latrine when she felt a need.

3) What are the arguments of men and women for and against an improved latrine?, the third research question was answered by means of a lot of arguments of men and women for and against an improved latrine. It has not been possible to find the most important argument for an improved latrine.
Within this research the following health considerations were mentioned as reasons to install an improved latrine: that there were less illnesses because of the latrine and that a latrine is hygienic. The reasons to install a latrine according to this research that make life easier, are the following: a latrine is easy and an honour for guests, it gives no dirty shoes and dresses anymore like after going in the field, it is less scary to go during the nights, it is easy when somebody is ill, pregnant or old, it gives less dirt in the compound, it is easy to clean, people can go when they want and it gives fewer flies and mosquito's. The reasons that the informants gave for why the latrine solved a felt problem are these: that there are almost no fields available, that a latrine is better for *purdah*, that it gives privacy, that it is safe for the children, that it gives protection for the weather and that there is no bad smell anymore in the compound. Other reasons they mentioned were: being used to a latrine before, feeling more respected with an improved latrine and that a latrine shows self respect.
The overall answer for the reason not to install a latrine was: "we are too poor to install a latrine".

Out of the interviews a trend can be extracted that because of the coming of a sanitation project the people take the step to install improved latrines. They make an arrangement within their small budgets and they change priorities in their expenditures. Some people have to economise on food and clothing because of the expenses on the improved latrine.

How does the decision-making proceed between men and women (within the households) concerning the construction of a latrine (research-question 4)? The decision-making has not been researched on a deep level. The first reaction of the women often was that "men decide" but when it was tried to let the women talk a bit more about decision-making sometimes they told more. Probing in second visits is necessary to get more detailed information than was got within this research. Mothers-in-law have

decision power, especially after their husbands' death. Women do discuss when they are together with their own husbands the fact that they really want an improved latrine. The women have a say, but the final decision seems to be with the men when it concerns a topic like the installation of an improved latrine.

Here the fifth research-question about which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most influence is treated. In rural areas the *Zardar* is still the important person in the community. It was tried to find out what the channels were that could be used to bring change. What was seen was that the people in the rural areas, at least the women we talked to, did not have much contacts outside the villages themselves, but only with their men or with visiting family members. On the question who has respect in your community, and the second question who, whatever he says, will you listen to? No other answer than the *Zardar* was given. By the women the mother of the *Zardar* was mentioned a few times to be the (only) important woman to listen to in case of problems of different kinds.
As seen in the urban areas different opinions are coming in the picture. People say that the *Zardar* must not interfere in their personal affairs, that it is good when he helps them with certain matters (for example vaccinations, practical things for which he has the money), but they are not prepared to listen to whatever he says. The trend towards people feeling their own responsibilities is set, at least in the urban areas. It seems that this also has to do with the fact that the people have the opinion that the *Zardar*s in the urban areas do not fulfil their tasks as they should do. The people become more emancipated, they ask more things from the *Zardar*, but he cannot fulfil all their requests and the next step is that the people are going to solve their problems themselves.
In the urban areas the Taraqee employees were the communication channels through which the people had heard about their project. Other people also heard about the project through mouth to mouth promotion. Another interesting trend was found that the women workers from Taraqee were seen as important persons to listen to also regarding other subjects than water and sanitation. The informants told that they respected these women because they told them things they could learn from. This is a first step in a new attitude, not following power but following valuable information. No other information has been gathered about important others within this research.

The information found in this research on illnesses (the sixth research-question) is not on such an explaining level that it can be really said what kinds of diarrhoea and other illnesses the informants discern. What was found was that the informants often know a few diseases, like diarrhoea, cough, and cholera but that they do not know the causes. Some people ascribe diseases as coming from God, a few others know about the possible infections caused by dirty water, while others believe that water is healing, whatever the source may be. The influence of television on awareness of diseases was seen in the urban areas of Kuzlag. In the average *Kachiabaddies* of Quetta not many televisions were seen. The only time that most informants had heard anything about hygiene and diseases was from the project or Taraqee. The people go to a doctor when one of the children is ill. People do not hesitate to spend a lot of money on medical help especially when the health of one of the children is in danger and often they are prepared to borrow money from others.

LIST OF DEFINITIONS, GLOSSARY AND ABBREVIATIONS

GLOSSARY

Killi	= village, also used by naming parts/area's of towns
Baluch	= tribe
Brahui	= one of the Baluch tribes, with an own language (Brahui)
Chokidar	= servant
Izzat	= shame
Kacha	= mud, non-durable, unfinished
Kachiabaddies	= non solid settlements, or sub-standard urban settlements
Lota	= a small container often used for ablution after relieving oneself
Malik	= common term for head or chief of community unit
Mullah	= Muslim religious leader of a mosque
Naam	= roti = bread
Pasthun	= tribe
Pukha	= brick
Purdah	= seclusion, Purdah is a Persian word, literally meaning "curtain", which describes a whole range of cultural practices, uses of space and code of dress, relating to women's seclusion and enforcing high standards of female modesty
Roti	= kind of flat bread
Vulvur	= money that the family of the groom is paying for the bride (this gives the groom family the traditional right to treat the daughter in law as a servant)
Wazzu	= washing hands, face and feet for prayer
Zardar	= local chief

ABBREVIATIONS

AD	= Assistant Director
BRUWAS	= Balochistan Rural Water Supply and Sanitation Project
DGIS	= Directorate General International Co-operation (The Netherlands)
FCO	= Female Community Organiser
HE	= Hygiene Education
HP	= Handpump
HHL	= Householdlatrine
LG	= Local Government
LGRDD	= Local Government and Rural Development Department/Balochistan
NGO	= Non Governmental Organisation
PFL	= Pour flush latrine
UCS	= Union Council Secretary
UNICEF	= United Nations Children's Fund
VIP	= Ventilated Improved Latrine
W&S	= water and sanitation
W&SS	= water and sanitation section

DEFINITIONS

Sanitation = is the process of keeping places clean and hygienic, especially by providing a sewage system and a clean water supply

When the word *office* is mentioned in the text the Water and Sanitation section of the Local Government & Rural Development of Balochistan and their co-operation with Iwaco and Agri-Bi-Con is meant. The Local Government staff is widely present at field level in Balochistan and at policy-level in the office. Iwaco (Dutch) and Agri-Bi-Con (Pakistani) are the consultants of the project for (technical) assistance.

When the word *project* is mentioned in the text the BRUWAS project is meant.

When the word *Local Government* is mentioned the staff of the Water and Sanitation Section of the Local Government and Rural Development is meant.

The words *informant* and *interviewee* are both used in this report regarding the interviewed people.

When the word *improved latrine* is used a PFL or VIP is mentioned. Both latrines are hygienically sound when properly used.

CHAPTER 1

1 GENERAL INTRODUCTION

1.1 Water and Sanitation in a global perspective*

The connection between poverty and underdevelopment on the one hand and lack of potable water and sanitation on the other hand is so obvious, that heavy investments are made in waterpumps, wells, latrines and sewer systems. Globally one billion people don't have safe drinking water and two billion people lack proper sanitation.
Eighty percent of all the illnesses and one-third of the deaths in the world are caused by the drinking of infected water. Only because of diarrhoea three to four million children die each year.
Heavy investments are made in the water and sanitation sector. Especially when the United Nations declared the period of 1981 - 1990 "The International Decade for Water and Sanitation". By the end of this decade the whole world population should be provided with enough drinking water and safe sanitation. "Water for everyone" was the slogan. This would have needed investments of about three hundred till six hundred billion dollars. In the end more than 130 billion dollar has been invested in water and sanitation, two-third of this amount was paid by the developing countries themselves and the other part was paid by international organisations and bilateral donors.
A lot of people got access to safe water facilities and sanitation facilities but the world population grew considerably within the same time. The ideal "Water for everyone" has not been achieved.
Official numbers state that at the end of the water-decade, in 1990, 68% of the people had access to safe drinking water and 51% of the people had access to sanitation. These official numbers don't take into consideration all the facilities that are out of order, not maintained or simply not used.

The opinions in the water and sanitation sector have changed considerably. Previously the emphasis was on digging as many wells as possible. Especially in rural areas sanitation was not a priority. The inhabitants of the rural area's didn't attach great value to proper latrines and sanitation. The inhabitants and the governments gave high priority towards safe drinking water. But more water means more waste water and if waste water cannot go anywhere, it becomes a source of infections. Slowly the realisation dawned upon the people that the installation of drinking water must not take place without sanitation measures. For a real improvement of health of the population hygiene education is also indispensable. And later on it was realised that investments in water and sanitation always had to take into account the availability of water and the effects on the environment. The most important change has taken place in the involvement of the users by installation and maintenance of the facilities. Not the experts tell how everything has to be done but they ask the inhabitants what they want, a user's perspective. By involving men and women, the users, from the beginning till the end, from the planning and also with the installation and with maintenance, projects prevent building systems that are against local customs, physical circumstances and the people's purse.

In Dutch development policy poverty alleviation is the first aim. Poverty declines when people's productivity increases. That is only possible when people have enough food, follow education, have medical care in the neighbourhood, have safe drinking water available and live in hygienic circumstances. The Dutch Government put twenty percent of their budget for development assistance into this kind of basic facilities. More than seven and a half percent of this budget goes to investments in water and sanitation.

*(Based on the publication by the Dutch Ministry of Foreign Affairs: "Ministerie van Buitenlandse Zaken: Drinkwater en Sanitatie en Ontwikkelingssamenwerking, 1998)

1.2 Background of the Research

The Balochistan Rural Water Supply and Sanitation Project (BRUWAS) and its co-operation with the Local Government and Rural Development Department (LGRDD) of the Pakistani Government went through the same sequence as roughly sketched above. In the past years the project put the emphasis on installing handpumps. Latrines were installed but it was not a first priority. From now on this has to get more attention. Hygiene education, promotion and social marketing are the central concepts for the coming years.

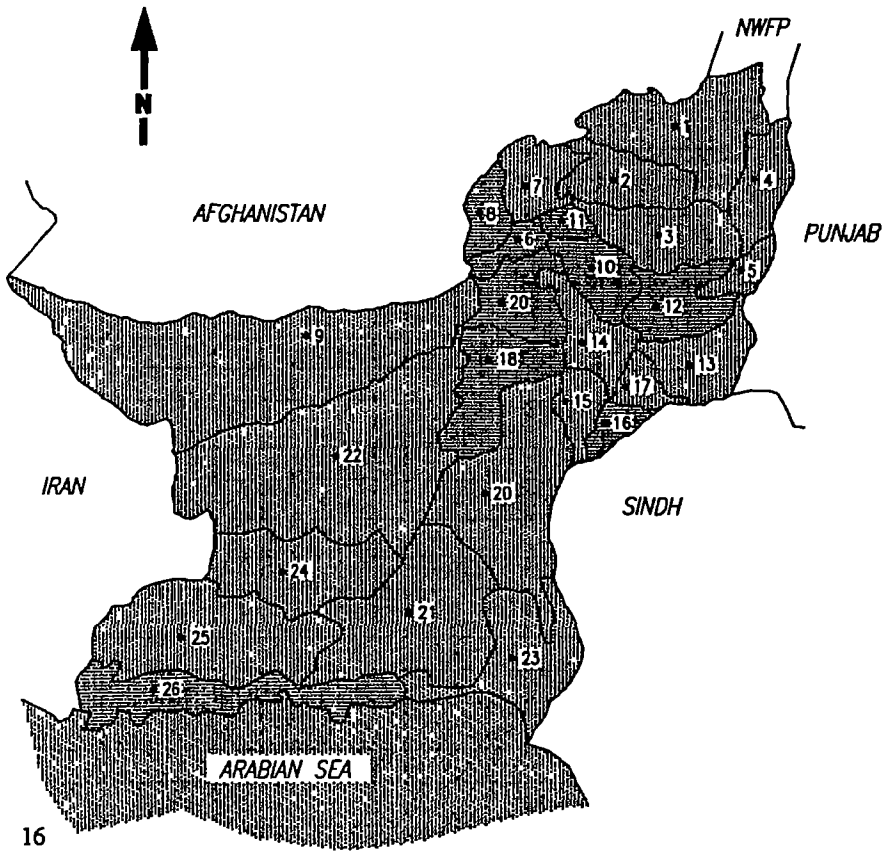
The project has some ideas about the underlying motives of the people to decide to take a latrine or not. But they need better information about the reasons and resistance's in order to be able to develop the right messages in their promotion campaigns and hygiene education.

1.3 Research Objectives

This research is done on request of the Balochistan Rural Water Supply and Sanitation (BRUWAS) Project which approached the University of Wageningen to send two students to do field-research in rural Balochistan for two months.
The main objective of the research was to conduct a study on the underlying motives of the villagers to decide to or not to construct a latrine. This was done to provide in depth-information for the project about the ideas, arguments and practices concerning eventual construction and use of latrines.
The other objective of this research was for the student to gain research experience and collect data for a thesis.

Figure 1.1: Operational area of the Bruwas-project

OPERATIONAL AREA OF THE W&S SECTION



DIVISION	NO	DISTRICT
ZHOB	1	ZHOB
	2	QILA SAIFULLAH
	3	LORALAI
	4	MUSAKHEL
	5	BARKHAN
QUETTA	6	QUETTA
	7	PISHIN
	8	QILA ABDULLAH
	9	CHAGHAI
SIBI	10	SIBI
	11	ZIARAT
	12	KOHLU
	13	DERA BUGTI
NASIRABAD	14	BOLAN
	15	JHAL MAGSI
	16	NASIRABAD
	17	JAFFARABAD
KALAT	18	KALAT
	19	MASTUNG
	20	KHUZDAR
	21	AWARAN
	22	KHARAN
	23	LASBELA
MAKRAN	24	PANJGUR
	25	TURBAT
	26	GAWADAR

1.4 The BRUWAS Project*

The Balochistan Rural Water Supply and Sanitation Project is carried out within the framework of the development co-operation between the Government of Pakistan and the Government of The Netherlands. This project is in its second phase lasting from July 1996 until June 1999. The executive agency for the project is the Local Government and Rural Development Department (LGRDD), and more specifically the Water and Sanitation Section within LGRDD. Technical assistance is provided by two consultancy firms, namely IWACO (The Netherlands) and Agri-Bi-Con (Pakistan).
The overall objectives of the project are:
1. Improved health and living conditions of the population of rural Balochistan
2. Contributing to community development processes and initiatives in rural Balochistan
The project aims are:
1. A self reliant and capable Water & Sanitation Section established within the LGRDD, able to plan, initiate, co-ordinate, implement, supervise and monitor community based rural water supply and sanitation programmes in Balochistan.
2. Access to adequate and sustainable water supply and sanitation facilities provided to the population living in rural areas of Balochistan.
3. Enhancing the role of Local Government in community organisation, supply, installation and maintenance of facilities partly transferred to the private sector.
The LGRDD is one of the departments of the Provincial Government. Provincial Governments in Pakistan are working indepently form the National Government (like in the United States). The project is financed by The Netherlands, The Worldbank and Unicef in Quetta.

In the plan of operations BRUWAS phase 2 it is emphasised that the women in the community form the main target group of the program (dealing implementation of handpumps, latrines and hygiene education)as they are most concerned with the water and sanitation facilities.
The second phase will implement the water and sanitation facilities according to the demand driven methodology as developed during the first phase. The methodology stands for a contribution from the community, an active involvement of women and integration of hygiene education on proper use and maintenance of the facilities (communal waterpumps and improved household latrines). At the moment the methodology is being revised again.
Main themes for the hygiene education are:

* proper use of the handpump
* proper use and storage of water
* proper use of latrines
* proper handwashing

(See for more specifications of the used methodology of the project appendix 3).

The implementation at field level is executed by existing Local Government staff. The LGRDD staff at District level is being complemented with Female Hygiene Promoters. Gradually the activities of promotion, hardware supply, installation and maintenance will be handed over to the private sector.

* The contents of this section are primarily based on the Plan of Operations BRUWAS phase 2

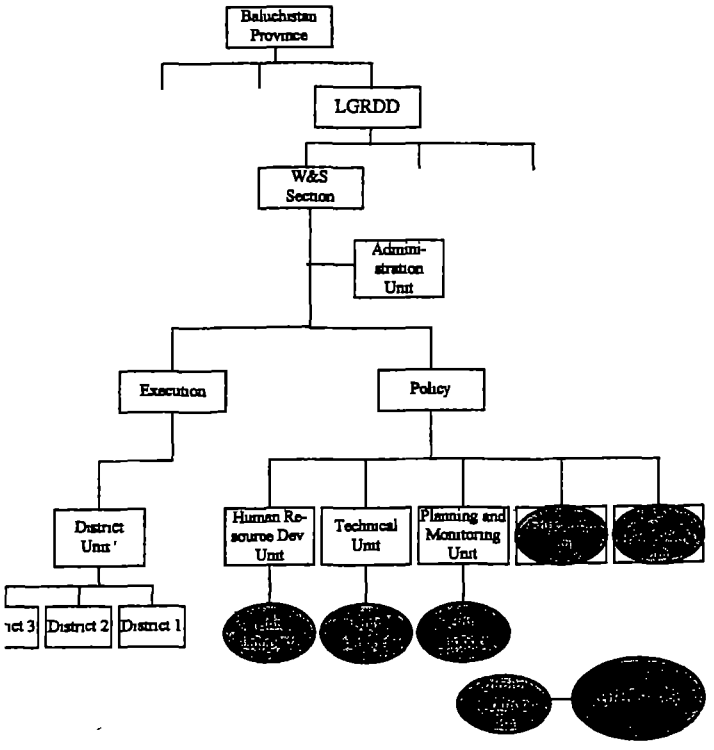
1.5 Method of working of the Bruwas-Project

The BRUWAS project supports the Water and Sanitation section of the LGRDD which is one of the sections within the Local Government Department of Balochistan. BRUWAS is one of the two projects within this section. Unicef has the other project. Unicef 's project is financing training's (executed by LG and Bruwas staff), hardware (handpumps and latrines) and vehicles (cars and motors).

The Water and Sanitation (W&S) section supports the Local Government in the W&S program carried out by its field-staff in the districts. The consultants are the advisors in the project but Local Government rules.
The Bruwas project works as follows; when a village or community in the rural areas is interested in the program (to install waterpumps and latrines) then the District staff reacts on the demand of the community and starts with the implementation method. A field-team will go from Quetta-office to the area and talk first with the Local Government staff at District level. During meetings with other Government Departments, NGO's and activists the concept of the sanitation program is explained and promoters and female hygiene educators are selected. After this they hold a meeting with about 10/20 men of that interested area. A special women's meeting is also organised, women talk with women (usually about ten women show up). In the men's session not much is talked about the arguments to take a latrine, the procedures and the technical requirements are the main items. There is less hygiene education in the men's meetings. Next a survey is conducted to assess the feasibility for improved latrines. Then the promoters and hygiene educators are trained and they promote the latrines. The interested households have to dig the pit first and then get the hardware for free from the LGRDD. Less hardware is given to the implementers to prevent misconduct. The procedure is that the implementer gets a few pieces of hardware and after installation has been checked he gets other hardware to divide again. Because of the situation in Pakistan the project is not always operational. There are several reasons for this. A first one is that the Government not always honours its financial commitments. A second one are organisational problems, e.g. that there are too few cars and high officers that must sign it can take days/weeks to get new hardware. In places were there are active promoters in the field it is not possible to follow up all the requests.
The Monitoring and Support Teams of the W&SS (also composed of project staff) supports and monitors the execution of the W&S program by the District LG staff. They visit the areas where latrines and handpumps are installed. They check the local situation and give hygiene education on the spot when necessary. When the local staff needs training they send a training team to that area.
Within the townships, the urban areas, the project is working in a different way.

Yearly the project installs about 800 handpumps and 6500 latrines (Market survey for HP and HHL, 1997).

Figure 1.2: Organogram



Due to several constraints, which will be explained later in this report, the researcher was not able to completely fulfil her research within the scope of the Bruwas-project. Taraqee, a local NGO in Quetta, kindly offered the researcher the possibility to join them during their work and gave the possibility to do interviews in their working areas in Quetta.

1.6 Taraqee

"No fixed things (blue prints), everything is evolving" Amjad Rasheed, Taraqee

Taraqee is a local (Pakistani) NGO in Quetta with about ten employees. They started in 1994 under the guidance of Johan Stofkoper. Their working area is the *Kachiabaddies* of Quetta. They work in the water and sanitation sector and they have credit programmes for poor women following to the Bangladesh Grameen Bank method.
Taraqee is very eager to work as participatory as possible. When they enter a new area to work in, they first want to know what kind of problems the people of the area see themselves. They want to be flexible and give an answer on the people's first needs. This can give rise to conflicts when the money of the foreign donors has been given with restrictions.

Their first target was to install 5000 latrines in two years. The first year they installed 2200 latrines and at this moment more than 300 latrines each month are installed.

Taraqee is propagating ten rules especially in their credit scheme:
1. We talk with each other with love and affection.
2. We will keep our children, streets and houses clean.
3. We will try to admit our children to schools.
4. We will put at least one tree in our compound and we will grow vegetables.
5. We will always be ready to help each other.
6. We will not make our children marry in early ages.
7. We will not give dowry with our daughters marriages and we will not take *vulvur* from the groom's family.
8. We will respect each other and try to organise ourselves in groups.
9. We will try to have less children, we will raise our children in a good way and we will look after them with care.
10. We will try to obey the principles of Taraqee trust credit scheme and we will try to save our money.

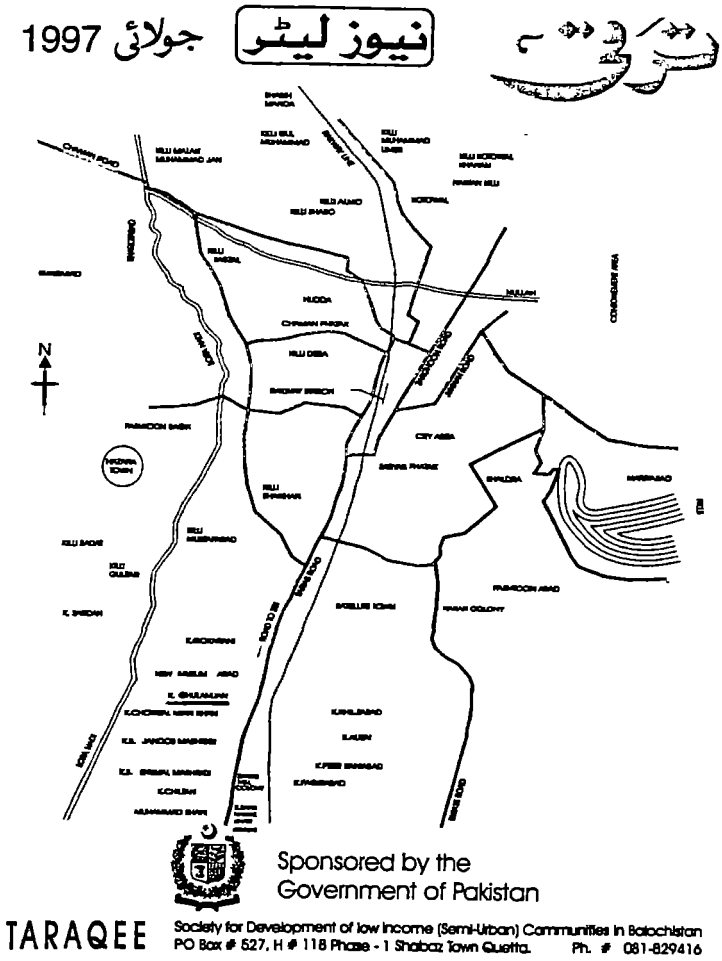
Taraqee was working in about five *Kachiabaddies* in Quetta at the moment that the research was carried out. Because the emphasis of this research was on water and sanitation, an explanation will be given about the sanitation sector of Taraqee.

When Taraqee enters a new area for installing latrines for a start they go with a team of two people (a man and a woman) from door to door. Taraqee tries to get a dialogue with the people in the *Kachiabaddies*, they give them education and talk to them about sanitation. They promote their latrine program and come back the next day to hear if the household wants a latrine or not. During the day men are normally not in the compound, so the promoters talk most of the time to women. The women have to tell their husbands about the programme. They do this normally after dinner when the men relax a bit. This way of working is empowering women. They have to make the next step after being introduced with the program, discuss with their husbands the need of an improved latrine. One of the workers of Taraqee: "In our society the women are very backward, they make no decisions. But in the latrine business they make a step, they say to their men that they want it."

For the credit programme Taraqees workers personally make sure that they are reaching the poorest of the poor, in the sanitation programme they do not differentiate between the poor and not poor. The reason behind this is that richer people are also not aware of the hygiene benefits of a latrine.

It is not always possible to go from door to door everywhere. When Taraqee installs latrines they put a Taraqee number-plate on the gate. People see this and the windpipes of the latrines and come to the local office of Taraqee to ask for the hardware of a latrine.

Figure 1.3: Quetta: Operational area of Taraqee



1.7 Research Questions

The main objective of the research was to conduct a study on the underlying motives of the inhabitants of villages and (semi-)urban area's of Balochistan regarding the decision whether to construct a latrine. This was done to provide in depth-information for the project about the ideas, arguments and practices of the construction and use of latrines. This information was needed to provide basic information to be able to make well based promotion and education material.

For this research six research questions have been formulated. These general research questions have been split into sub-research questions. These sub-research questions (see appendix 2) were mainly used as a check-list and interview guide during the semi-structured interviews. The emphasise of the research was on the first three research questions. Within the given research period of two-and-a-half months not all the subjects could be covered with the same depth and with the faced research possibilities it has not

been possible to analyse the subjects on a deep and explaining level. The research questions were formulated according to the requests of the project:

1) What is the current behaviour concerning relieving oneself of the household members in the research areas ?
2) What are the attitudes of the members of the households regarding an improved latrine? (divided in households with an improved latrine and households without an improved latrine)
3) What are the arguments of men and women for and against an improved latrine?
4) How does the decision-making proceed between men and women (within the households) concerning constructing a latrine?
5) Which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most impact?
6) What information is there on household level about illnesses and how are illnesses treated?

1.8 Reading guide

In short the structure of this rapport is as follows. It starts with an introduction of the subject, the visited project and the research area (chapter one and two). Then a literature review is given about relating subjects (chapter three, four and five). Chapter six and seven are more scientific with the conceptual framework and the methodology. Chapter eight, nine and ten deal with the research results and in chapter eleven the discussion and conclusions are given.

The first chapter has given a general introduction to this study.
The second chapter is about the research area. This chapter also gives information about the social, cultural and economical facets of this area.

In the third chapter a literature review is given about hygiene behaviour regarding to water and sanitation. In the end of that chapter women and hygiene are discussed as well as gender issues like the women's community roles, *purdah* and finally gender and decision-making.
The next chapter is a literature review about participation in development.
The fifth chapter deals with the different disposal systems used in the research area by the inhabitants of Balochistan. Also the ideas, drawn up from project literature, that live among the project employees about the behaviour of inhabitants of Balochistan, regarding relieving oneself, are discussed in this chapter.

In the sixth chapter the conceptual framework of this research is presented. Out of two models, the "old" household ecological model of Hardon-Baars and the "new" model of Curtis about determinants of hygiene behaviour, a new combined model is presented.
The seventh chapter is about the research methodology: it deals with all the constraints faced within the research and why the proposed methods not could be followed. Quite some literature is used in order to give a strong foundation to this chapter.

Chapter eight gives the results of the fieldwork done in the project area. First the most important fieldinterviews done in *Killi* Gerazi are dealt with. An introduction about the interview area is given. The eleven interviews are worked out in detail according to the relevant items of the conceptual framework. This is quite some text, but for the interested reader it is very important. The almost literally elaboration of the interviews is put within this study to explicitly show what is said by the inhabitants of Balochistan themselves. All chapters dealing with results are being concluded with a summary and discussion. The other interviews done within the project area, while pretesting and during other short trips, are also elaborated within this chapter. They have their own introduction and only the interesting cases are elaborated literally.

Chapter nine gives the results of the field-interviews done with Taraqee in the *kachiabaddies* of Quetta in the same manner as done in chapter eight.
Chapter ten deals with the results of the interviews done with field-workers and policy makers. The most important pronouncements of the interviewee's are written down.

In chapter eleven the final discussion is set and conclusions and recommendations are drawn within the text.

Further can be mentioned that appendix one is about the own story of the researcher. This story puts the whole rapport in a wider perspective and it shows clearly how difficult the research circumstances were.

CHAPTER 2

2 GENERAL INFORMATION ABOUT THE RESEARCH AREA

2.1 The Country: Pakistan

2.1.1 Geography

Pakistan is situated between the Middle East and Asia. It borders with Iran, Afghanistan, China and India and on the south with the Arabian Sea. Pakistan occupies about 887,700 sq. km, a third of the size of India.

Figure 2.1: Pakistan

2.1.2 Population

An estimated 140 million people live in Pakistan (McCarry, 1997). Temporary residents include over 3,5 million Afghan refugees and up to three million Kashmiri refugees.
The population growth is over 3%, one of Asia's highest.
At least two-thirds of its people are farmers, but the trend is moving from the farms and into the biggest cities. It seems impossible to define Pakistanis racially. Owing to its position on old trade and invasion routes, Pakistan is a kaleidoscope of people and languages. More than 50 languages are spoken in Pakistan. To unify the country, the government has tried to encourage the use of Urdu, the national language, but only 8% of Pakistanis consider Urdu their primary language. The provincial borders only poorly reflect ethnic divisions, but native language suggests five major groups: Punjabi, Pasthun, Sindhi, Mojahir and Balochi. What nearly all have in common is Islam. Over 97% are Muslims (mostly Sunnis (77%), Shiite (20%) and next to this 2% Christians).
Pakistan is one of the only four countries in the world where the life expectancy for women is lower than for men (60 years).

2.1.3 Political history

Pakistan has only existed as a political unit since the partition of British India in 1947. Created as a "homeland" for India's Muslims, it has had an uphill struggle, with a medieval agricultural system, widespread illiteracy, an anaemic economy and a civil service afflicted with corruption and lethargy. Most of its short life it has spent under martial law.

Mohammed Ali Jinnah became Pakistan's first governor-general. The newly established country ended up with few natural resources, little manufacturing capability and relatively little of the Raj's old administrative-commercial infrastructure. But its most serious problem was simply that there were two Pakistan's (West and East), separated by 1600 km of hostile India. After Jinnah's dead in 1948, Liaquat Ali Khan became prime minister, when he was assassinated in 1951 Pakistan headed towards chaos. In March 1956 Pakistan finally produced a constitution, becoming the Islamic Republic of Pakistan, with a parliamentary form of government. But President Iskander Mirza abrogated the constitution, abolished political parties and declared martial law in 1958.
In 1962 President Ayub presented a new constitution. Despite limited political freedom, economic growth was vigorous. In March 1969 an ill President Ayub handed responsibility over to his own commander-in-chief, General Agha Mohammed Yagha Khan, and resigned, who imposed martial law again. Political activity was legally resumed in 1970 and general elections for a civilian government were scheduled for December. The elections turned Pakistan on its head. The charismatic Z.A. Bhutto and his Pakistan's People Party won a majority of West Pakistan seats in the National Assembly, but Sheikh Mujib's Awami League won nearly all of East Pakistan's seats, giving it an overall majority. But Bhutto refused to allow the easterners to form the government. In March 1971 civil war broke out. The Bengalis declared themselves the independent state of Bangladesh in 1972.
Faced with demoralisation and imminent economic collapse, Bhutto undertook major judicial, agrarian, health and educational reforms, aiming at greater social equity. But there was again martial law in 1977 when General Zia ul-Haq staged a bloodless coup. Bhutto was hanged in 1979. In 1988 the Bhutto's came back, Benazir Bhutto became the first ever elected woman leader of a Muslim country. Pakistani politics being more about power than principles, her opponents hammered away at her. The biggest thorn in her side was Zia protégé Mian Nawaz Sharif, then Chief Minister of the Punjab. In 1990 Bhutto was dismissed, accused of corruption, nepotism and abuse of power. In the election of October 1990 Nawaz Sharif became Prime Minister. In1992 after Pakistan's worst floods in a century resulting in massive crop losses that caused a heavy blow to the economy, Sharif (who in the midst of the disaster went off on a pilgrimage to Mecca) took a battering for slow inadequate relief efforts. In March 1993, general chaos and fear of a military take over finally led to both Nawaz Sharifs and Ishaq Khan's resigning. In October the PPP won a narrow majority and formed a coalition government, and Benazir Bhutto once again became Prime Minister. On 5 November 1996 President Leghari dismissed Benazir on charges of corruption and nepotism, and her political career almost certainly came to an end. In February 1997 Nawaz Sharif made his comeback as his Pakistan Muslim League Coalition won a thumping victory (King and St Vincent, 1993).

2.1.4 Government

Since its founding, the Republic of Pakistan has mutated among parliamentary, presidential an martial law forms of government. Presently, it has a parliamentary government. Parliament has two houses, the Senate and the National Assembly. The Senate is mainly advisory; the Assembly does most of the work, and has sole responsibility for fiscal bills. The President appoints a Governor for each province, and each Governor appoints a Chief Minister. Each province has a directly elected assembly, members of which are called MPA's. Authority devolves down through provincial sub-units: Divisions headed by a Commissioner, Districts headed by a Deputy Commissioner, Subdivisions or tehsils headed by an Assistant Commissioner, etc.
In reality much of Pakistan is governed in the old ways. In most rural areas people do not go to their MPA but directly to their *Zardar* (landowner) or tribal chief to get problems sorted out. If something needs to be settled officially, he will pass the matter onto the relevant MPA -if he is not one himself- who will most probably have relied on feudal patronage to get elected in the first place (King and St Vincent, 1993).

2.2 Balochistan

2.2.1 Geography

Balochistan which is Pakistan's South-Western province, stretches over an area of 3,476,190 sq. km, almost 44% of the country's total area. Balochistan is the least populous part of the country. Some of Pakistan's earliest known inhabitants tended goats and sheep here in the 4th millennium BC, and things have changed little since then. Most areas of Balochistan are amongst the most inaccessible and underserved of all regions in Pakistan, having poor road infrastructure, comparatively less power supply and other basic facilities. The forced seclusion of the people into small pockets of population due to the difficult terrain and scarcity of water, blocks the inflow of modern benefits and progressive ideas except to the urban centres, which are well connected with other parts of the country.

Figure 2.2: Balochistan

2.2.2 Demography

According to the last Population Census of 1981, Balochistan's population stood at 4.3 million. More recent estimates place the population around 7 million, around 5% of the country's total population. The population structure of Balochistan reflects a young population (50% at or below the age of 15) living mostly in rural areas.

The 1981 Census also shows a male:female ratio of 112:100 for the total province, with a higher ratio of 121:100 for the urban centres. Females outnumber males only in the 0-4 age grimp, and this bias has been attributed to both lower life expectancy of women as well as possible Census omissions in conservative areas. Anyhow this shows the threats and hazards to the life of females in the province.

Another distinct feature of the population distribution of Balochistan is that almost 6.7% of the total population is migrant. This pattern of moving from summer grazing in the highlands to the lowlands in the winter has been practised for centuries.

The population growth rate is officially estimated at 3.1% based on an estimated crude birth rate of 4.3 % and a death rate of 1.2%. Given the continuing high birth rates, a noted decline in mortality rates, and with 50% of the population below 15 years of age, the population growth is not expected to stabilise before the middle of the next century. The total fertility rate of women in Balochistan at 5.8 - 6.5 children per women is much higher than the national average of 5.4.

The literacy rates for Balochistan, especially for women are well below the national levels. The literacy rates among men in Balochistan currently appears to be 40% and for the women about 9%. The literacy rate among rural women remains very low (2% to 3%).

(Regional Study Balochistan, 1996)

2.2.3 Socio-cultural context

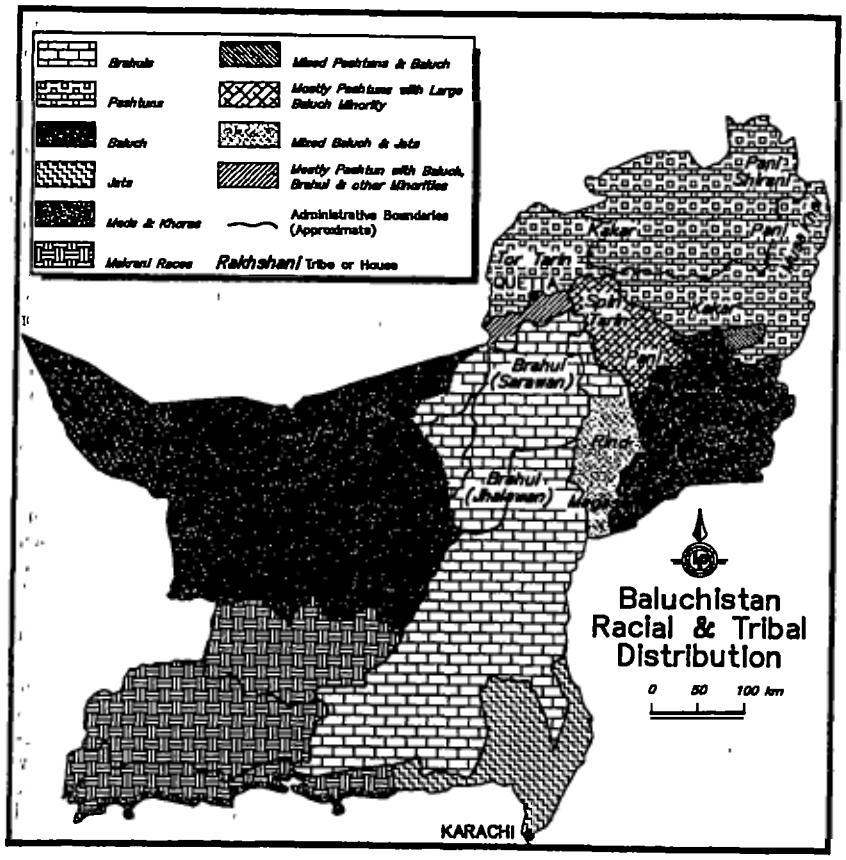
The population of Balochistan consists of a mixture of various social, linguistic and ethnic groups. The tribal nature of the population is a significant feature of the province. This has strong influences on social organisation, power distribution, distribution of natural resources, justice, politics, social and economic development as well as governance. With increasing urbanisation/settlement, new forms of governance are emerging (Regional Study Balochistan, 1996).

There are three main tribal groups:

- Baloch; they are predominant in the south-western part of the province. The people speak Balochi.
- Brahuis; They are found in the central part of the province. Their language is called Brahui.
- Pathans; They live in the northern parts of Quetta district. They speak Pasthu.

All three main tribal groups are organised into tribes, each having many sub-divisions, clans and lineage's.
(Market Survey on HP and HHL, 1997 -based upon the inception report Bruwas phase 1).

Figure 2.3: Balochistan racial and tribal distribution



In Pakistan, a woman's status is affected by a variety of customary practices, religious injunctions, Sharia law, civil laws and ordinances, which place women in a subordinate position relative to men. These restrictions are imposed more stringently on women in the prominently tribal society of Balochistan. The woman's role is predominantly seen as a reproductive and a domestic one. Patriarchal tradition split social life into "public" and private domains, and cultural codes of honour and shame have led to various degrees of control and seclusion of females. The result is that many women continue

to be dependent, are hampered to realise their full potential and are limited in their participation in social and economic development and in access to the benefits thereof.
(Regional Study Balochistan, 1996)

The traditional Baloch and Pasthuun family set-up prevails throughout the province. Both these cultures are oriented towards male dominance. This is due to the predominantly male control on means of subsistence, which include both the vital productive resources and monopoly of all jobs concerning trade and services, whereas the jobs which remain in the purview of women are mainly processing and preparing related to agriculture, fish farming and livestock, e.g., looking after the herd or sorting out fish. By doing such work they equally contribute to the economy of their family, but the control of subsistence and economic earning is in the hands of men. The male household head is the one who has the sole right to allocate or deny the share of family resources to its members. The woman has to ask him for a share, even if she has participated equally in the earning process. (Profile of women in Balochistan Unicef, 1990).

2.2.4 Agriculture

The agricultural sector accounts for about 60% of the provincial gross domestic product and employs about 65% of it's total labour force. The total cultivable land in Balochistan is estimated at 18% of the total area of 35 million hectare, of which 4% is cultivated. About 78% of all farmed land is owner-operated, 7% is owner-cum-tenant operated and 15% is cultivated by tenants. There is a relatively high frequency of large (greater than 60 hectares) farms. Tribal authorities control communal land, which are mainly rangelands (Regional Study Balochistan, 1996).

2.2.5 Water and sanitation

In the arid conditions characterising much of the province, the majority of the population of Balochistan is without access to a safe drinking water supply and without adequate sanitation facilities. This leads to a number of health related problems linked to the consumption of contaminated water, rudimentary hygiene practices, and unsanitary living conditions. Diarrhoeal disease is a significant contributing factor to the high rates of infant mortality in the province and gastro-intestinal illnesses are a cause of morbidity in adults. The work of government institutions responsible for the provision of public water supply is constrained by a number of factors, including limited financial resources, inadequate technical means, and a shortage of trained staff, particularly of women. The links between water supply and hygiene education have not always been highlighted in activities in the sector, and low priority has been accorded to the implementation of sanitation schemes. Community participation in the design and operation of water and sanitation facilities has been minimal, leading to a lack of long-term sustainability. Moreover, the important role of women as both users and managers of these facilities has generally been neglected. Water and sanitation is a significant component of the Social Action Programme in the province. Plans for the eighth five-year plan period (1993-1998) include a focus on the rural zone, enhanced community participation through the organisation of village-level user-groups, and increased attention to hygiene education, especially for women (Unicef Quetta and Government of Balochistan, 1995).
The majority of the rural population uses water from open wells, ponds or streams for domestic use. An estimated 90% of the rural population has no safe sanitation facilities and uses the open field, corners of the compound or traditional pit latrines for defecation. No detailed data on the health situation is available, but it can be assumed that this low coverage of safe drinking water and sanitation facilities is a major cause for the high infant and child mortality in the province. UNICEF/Health estimates that 22% of the children born in Balochistan die before reaching their 5th year (Implementation methodology W&S section, 1997).

Sanitation coverage figures for Balochistan are even lower than those for water supply, 14% (Market survey on HP and HHL, 1997) of the population is using a Pour Flush Latrine or a Ventilated Improved Latrine. Urban figures are significantly higher (estimated 30% in 1988) than rural figures. Expansion of sanitation schemes has been minimal due to a number of factors, including lack of attention by both government and donors, inadequate water supplies in many regions, and cultural attitudes limiting demand. Generally it has been found that the need for adequate sanitation and drainage is not felt until the problem of water supply is satisfied. Human waste disposal techniques remain rudimentary, and the importance of linking hygiene education to water and sanitation schemes has frequently been neglected (Unicef Quetta and government of Balochistan, 1995). This is exactly the work area of the BRUWAS-project.

2.2.6 Pollution

Biological pollution due to lack of sanitation, sewerage and sanitary waste disposal is regarded as the most serious urban environmental problem in Balochistan as it has a detrimental effect on health. Air pollution is pronounced in Quetta, due to very high emissions of motor vehicles and in places due to brick kilns emissions. The mining of coal is also a source of pollution due to lack of modern mining technologies. Excessive use of fertiliser and or pesticides has reached pollution levels in certain area's (Regional Study Balochistan, 1996).

CHAPTER 3

3 HYGIENE BEHAVIOUR (literature review)

3.1 Human behaviour and water and sanitation-related diseases

Human behaviour is an important factor in the transmission of water and sanitation-related diseases. Hygiene behaviours, such as the use of a hygienic latrine and the frequent washing of hands, help to reduce disease transmission. Water and sanitation related diseases include various types of diarrhoea, worm infestations, skin and eye infections and vector-borne diseases.

Steven Esrey highlights in Waterlines Technical brief no.52 the relative impact of interventions on the reduction in Diarrhoeal diseases (table 1). From this it can be seen that water quantity has a greater effect than water quality, and also that good hygiene and sanitation practice have even greater impacts.

Table 1: The effect of interventions on the reduction of Diarrhoeal diseases

Intervention	**Reduction in diarrhoea (approx. %)**
Water quality	15
Water quantity	20
Hygiene	33
Sanitation	35

(Esrey, 1996)

Over the years many studies have been carried out to increase our insight into prevention of the transmission of these diseases (Esrey et al. in Boot and Cairncross, 1993). These studies indicate that, dependent on the type of disease and local circumstances, the preventive measures listed in Box 1 are particularly helpful in interrupting disease transmission:

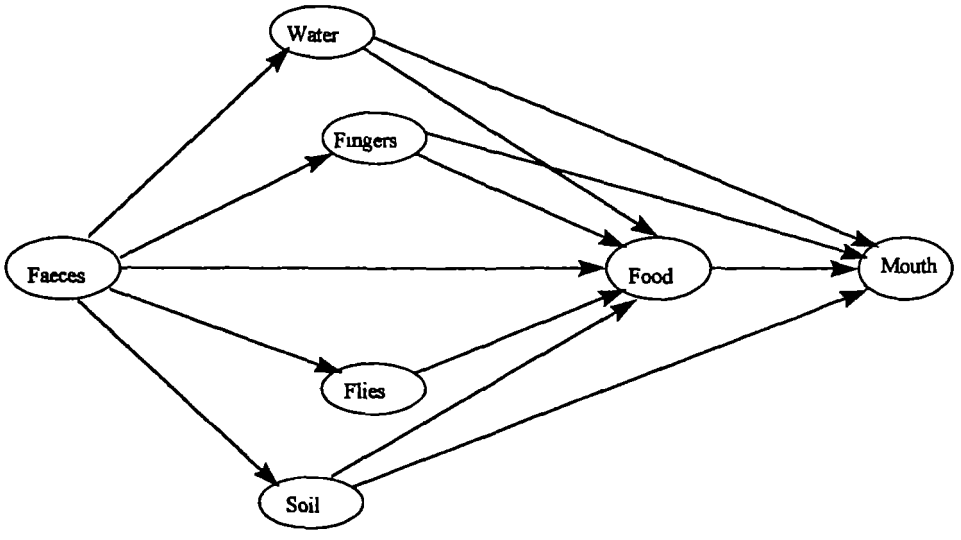
Box 1: Major preventive measures

- **safe human excreta disposal**
- **personal hygiene**
- **domestic hygiene (and animal management)**
- **food hygiene**
- **water hygiene/consumption of safe water**
- **safe waste water disposal and drainage**

Faecal contamination of water, fingers and hands, and the environment sets the stage for transmission of disease to a new person. Contaminated water may be ingested directly; it may be used in the preparation of food, leading to contamination; or it may be used to wash utensils, drinking and water storage vessels, as well as foods themselves, thereby contaminating drinking water or food. Contaminated fingers and hands may lead to faecal-oral transmission of diseases through direct contact with the mouth, through contamination of drinking and cooking water, contamination of foods, and contamination of cooking utensils and vessels for drinking water and water-storage. Contaminated soil and surfaces are also links in the transmission chain. Flies may contribute to the transmission of diarrhoea as they frequent both faeces and food (Bateman in Boot and Caincross, 1993)

A diagram providing a simplified illustration of the various routes of faecal-oral transmission is presented in figure 1, the so-called F-diagram.

Figure 3.1: F-diagram



(Bateman, 1991)

At the time as this research was conducted in Balochistan, a more quantitative study was done about community responses to sanitation risks. Its focus was on children. The study found that building latrines had an impact on diarrhoea (only in rural summer zone of Balochistan): a child from a household that does not have a latrine or that uses boundary wall latrines is 30% more likely to suffer from diarrhoea compared to a child from a household that has a latrine. If it were possible to build latrines for households that do not have one, 30 cases of diarrhoea per 1000 children could be prevented. In Balochistan, each child has an average of five episodes of diarrhoea per year, this means that building latrines could prevent 150 cases of diarrhoea per 1000 children per year. Such investment should first be concentrated in the rural summer zone if its impact is to be noticed on diarrhoea risk. The cost of a latrine -a one time investment- is almost the same as the amount spent on treatment of diarrhoea in each household per year (CIET International, 1998).

The construction of latrines may not be enough to make people use and clean them. Household interviews and focus group discussions revealed that many people do not use the facilities, even when they are available. The main reasons put forward are the lack of awareness and local traditions. Insufficiency of water and large size families were additional reasons given for not keeping the latrines clean (CIET International, 1998).
Another finding is the lower risk of diarrhoea among children from communities considered as "clean" by SCS field workers: a child from such a community is 60% more likely not to suffer from diarrhoea compared with a child from a community considered as "dirty". If a hygienic enhancement campaign focused on successfully on urban areas, 400 cases of diarrhoea per 1000 children per year could be prevented (CIET International, 1998).

In Pakistan, diarrhoea kills about 250,000 children under five years of age each year, accounting for 35% of all child deaths in the country. There are several aspects that change diarrhoea, which everyone suffers from at some time, into a cause of death. Children in unsanitary conditions might suffer more infections; they might have diarrhoea of longer duration; they might have more severe forms, like

dysentery; or they may have reduced resistance, associated with malnutrition or parasitosis (CIET International, 1998).

3.2 Hygiene behaviour

Hygiene behaviour is likely to be related to fundamental issues about cleanliness that are incalculated and absorbed at a very early age so that one of the first things that small children are taught is the distinction between what is clean and what is dirty. This knowledge becomes almost instinctive and it may therefore be hard for people to be aware of their own patterns of behaviour (Zeitlyn and Islam in Boot and Cairncross, 1993)

Irrespective of bio-medical evidence, everybody has notions about what is good and what is bad for our health. Also everybody has notions about what is clean, hygienic, or pure, and what is dirty, unhygienic or polluting. These notions may differ per family, local community, nation, or religious, socio-economic or ethnic group. What these notions have in common is that they influence our daily practices and hygiene behaviours.

Purity can be defined as a state of ritual cleanliness, whereas cleanliness itself refers to a physical state. In the Moslem world, concepts of clean and dirty and purity and impurity are well developed and have a strong effect upon personal and household hygiene. In the Moslem world, ritual impurity is the usual state in which one is found. Purification involves washing of one's hands, face, and feet before prayer (*Wazzu*), and taking a complete bath after sexual contact, menstruation, and childbirth. Purity is not the same as cleanliness. For example, a person can observe purity rites and wash hands before prayer, but not do this before eating (Boot and Cairncross, 1993).

The cultural perceptions about causes of water and sanitation related diseases result in behaviour for the prevention and treatment of these diseases that may differ from behaviour based on a biomedical perspective. It is also possible that some behaviour that we consider as hygiene behaviour may be practised for quite different reasons. Like using an improved latrine because of convenience and privacy instead of reduction of diseases.

3.3 Health and hygiene education

Health education is commonly defined as: "any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conductive to health" (Green et al., 1980). This definition shows the two basic characteristics of health education:

* Health education is a planned activity. It must be properly designed and conducted if it is to be effective.
* Health education is based on voluntary participation. Only if people want to change, can adaptations in behaviour be expected; forcing will not help and health education without participation runs the risk of being rejected because it is felt to be propagandistic, politically directed, or threatening (Green et al, 1980).

In case of "awareness-raising" the excuse to act is the exhibited behaviour of the target group. The educational promotion needs to be in line with the expectations, experiences, needs, knowledge, wishes and possibilities of the target group. To be able to do this it is necessary to know the current behaviour and the environment in which the behaviour takes place. But first it is important to know whether there is a relation between the signalised problem and the behaviour. If the behaviour is hygienically sound you cannot do anything with educational promotion (Damoiseaux, Van der Molen and Kok, 1993).

It is widely recognised that hygiene education and hygiene behaviour change are essential if water and sanitation programmes are to achieve maximum health benefits.

In order to develop and carry out hygiene activities it is necessary to properly understand the Socio-cultural context and the existing hygiene practices of the population. Studying hygiene behaviour, however, is recognised as being a difficult task. It often deals with people in intimate and private circumstances where it is difficult to gather information (Van de Korput and Langendijk, 1995).

The cumulative evidence from decades of research in education and other fields tells us that the durability of cognitive and behavioural changes depends on the degree of active rather than passive participation of the learner. In addition, there are practical and strategic reasons to emphasise the voluntary nature of health education. It helps to avoid public resistance or reaction to programs that might be perceived as propagandistic, manipulative, coercive, politically or commercially directed, paternalistic, or threatening. But when the goals of the program are urgent enough or important enough to the community, some of the non-educational features of health promotion are justified and acceptable (Green,1991).

3.4 Behavioural change

Behavioural changes are influenced by a number of factors other than health considerations. The main incentives tend to be affordability, making life easier and solving a felt problem. Well constructed, conveniently functioning facilities, accessible to all, are more likely to be used in the desired way. Changes in behaviour may be brought about by incentives such as time gain, economic gain, increased status. Rewards and punishments are also reported to have influenced people to adopt certain practices, usually not for long, however. Further, the success of a hygiene programme depends on the extent to which it builds on existing cultural values, and on the practical understanding of health and disease transmission of the target group (Burgers et al., 1988).

A number of projects report that latrine construction is easier to achieve than latrine use. Therefore special emphasis in sanitation improvements is needed in hygiene education and motivation. There is also a need for hygiene education to stimulate proper use and maintenance of sanitation facilities. An extensive study in seven countries showed that latrines may have a negative health effect if not properly used and cleaned. Also adequate disposal of the faeces of infants and small children calls for particular attention. Contrary to popular belief, the level of disease organisms is higher in the faeces of infants than adults (Burgers et al., 1988).
Community and family health can only be improved if everyone has access to and make hygienic use of water supply and sanitation facilities. This means that the entire community needs to be involved in activities to improve environmental hygiene. Theoretically, the target group for hygiene education is the entire population in the program area. In reality, communities or audiences are seldom homogeneous. Economic, religious and ethnic differences in roles and responsibilities of men and women and other variations, require clear definition of the target groups and the objectives and methods appropriate for each group. Many hygiene education programmes fail to make such distinctions and thus run the risk of reaching firstly and foremostly those with a higher income, more education and with wider external contacts. Hygiene education programmes tend to reach higher status households because they have more means for improvements and easier access to sources of information. Members of these households are more likely to belong to voluntary associations and/or have leadership positions. As a result they are better informed and are more easily involved in hygiene education programs. Similarly, membership of women organisations is higher for those in higher income groups. Poorer families often have little time for hygiene education as they have to spend as much time as possible on providing for their households. There are additional socio-cultural reasons for their exclusion, varying from not having the appropriate clothes to attend meetings to belonging to minority groups. Neglect of the poorest and those at highest risk is further aggravated by the fact that extension workers themselves often focus on the higher socio-economic groups. This is partly because they cannot bypass influential

community members and partly because social distance with the upper village classes is less and therefore communication is easier (Burgers et al., 1988).

3.5 Women and hygiene

The literature on women and hygiene that is cited here is a bit outdated (1985). However, it is still appropriate, because women still fetch the water and they are the main persons responsible for household hygiene. On the other hand, the project has the policy to give men hygiene education as well. This is done because of four reasons:

1. Men have to agree that the women adopt new or "abnormal" (according to traditional norms) behaviour because of hygienic standards;
2. Men have to pay for the necessary materials needed for hygienic behaviour (soap, buckets, covers);
3. Men have to adopt hygienic behaviour themselves;
4. Men are role models for their children.

Most hygiene education programmes focus largely on women. The main reasons given for this are firstly that women have the major responsibility for water, sanitation and family health and for educating and care for children. Secondly, women have a much greater role in transferring health knowledge and managing water sources and sanitation in their community than has been previously realised. In formation on health and hygiene often spreads through informal networks which unite women through family ties, similar interests and or activities. Thirdly, data on the incidence of water related diseases identify women as a particular risk group. Their close association with children and their work in water collection, and washing and bathing increases the risk of schistosomiasos, anchocerciasis and injuries from falls on slippery paths to and from the water source. Many hygiene education programmes do not make use of women's knowledge about water and hygiene and their active role in spreading such knowledge. Studies on women's work in segregated cultures, for example in Pakistan, report that women have less leisure and opportunities to meet outside the house than men, who may meet solely for the purpose of communication. Women tend to combine meeting and communication with their work, for instance at laundry places. From the age of about six years, girls begin to help with the daily task of fetching water. In societies in which women are not permitted to be seen in public, young girls may contribute quite substantially to water collection.
Review of literature has indicated many aspects of the traditional involvement of women in water supply and sanitation which have implications for projects and programmes designed to improve these provisions. Their traditional involvement demonstrates that women have a potential role to play in such projects, which will benefit both the project and the women themselves. Women as domestic managers, decide where to collect water for various purposes and in various seasons, how much water to collect and how to use it. Much of the informal learning about water and sanitation takes place through interpersonal contacts between women. Thus, their opinions and needs have important consequences for the acceptance, use and readiness to maintain new water supplies and for the ultimate health impact of the project.
In sanitation, demand for privacy of women is a determining factor in latrine acceptance by men and women alike, especially in densely settled communities. Women also maintain latrines and supervise maintenance by children, provide handwashing facilities, take care of excreta disposal and hygiene of young children, and assist and educate them in correct latrine use. Factors influencing latrine acceptance and use which have emerged from a review of a large number of publications are the desire to avoid visibility, cost, acceptable arrangements for sharing, status, location, appropriateness for children, and ease of operation and maintenance (Van Wijk-Sijbesma, 1985).

3.6 Women's community roles and *purdah* in Balochistan

Women's community roles are limited to a significant degree by the latitude they have for social interaction outside the immediate household. This is in turn conditioned by the practice of *purdah*. The

practice of *purdah*, encompassing varying degrees of seclusion of women, has been related to the socio-cultural complex of "honour" and "shame" depicted by many analysts of the Islamic world and Middle East. This complex is seen to stem from a cultural ideology in which it is the responsibility of men to control possible sources of "shame" arising from the behaviour of their women in order to protect their own male "honour". While other aspects of male honour, such as valiance in war and the taking of revenge against crimes committed on one's kinfolk are also important, the control of women -and particularly the sexuality of women- remains central to the ideology. The control of women is expressed in its most extreme form through the imposition of physical mobility and restriction to the private domain, but it also appears through various degrees of veiling of features designed to render women "invisible" in the public domain. The term *purdah*, meaning veil of curtain, in its largest sense may be seen to embrace both forms of seclusion, though it is often taken to mean the first. Women's proper behaviour as sheltered persons is an important measure of the status of their protectors: thus total seclusion of women in some societies is often an ideal set by the elite who can afford to support a purely dependent population in this manner. Observance of *purdah* has been effected by historical trends, and it also varies by age and ethic group. A study of domestic organisation of Quetta, for example, detected differences in the degree of seclusion observed by Pasthun women on the one hand, and by Baluch, Brahui, and Hazara on the other. The former, particularly women, hardly ever left the house. On the rare occasions older married women were allowed to go out, they would wear a burqah or cape which covered the entire body and face. The latter would leave their compounds more frequently, covered only by a shawl and head covering (Unicef Quetta, 1995).

3.7 Gender and decision-making

Gender analysis begins with the recognition that the household is not an undifferentiated grouping of people with a common production and consumption function, that is, with shared and equal access to resources for and benefits from production. Rather, households are themselves systems of resources allocation (Guyer in Feldstein and Poats, 1988). The pattern of decision-making varies from one place or culture to another. In some places, households fit the standard model of a single decision maker or benevolent dictator. In other areas, household decisions are shared, consultation takes place between particular members or all members. In other places, the degree of participation of some household members in enterprises controlled by others results from internal bargaining (Jones in Feldstein and Poats, 1988). Thus within a given system, individual household members may share some goals, benefits and resources, be independent on some, and be in conflict on others. In short, the form of the household and patterns of decision making cannot be assumed. What we face is complexity, not homogeneity. Gender analysis focuses on differences in the activities, resources, and benefits of different members within the household and on patterns of obligation, co-operation or conflict between household members (Feldstein and Poats, 1988).

Not much literature was found on decision-making in households in Balochistan. An article about decision-making that is indirectly related to this research, was found. However it will be summarized below.

In the literature about (labour)migration, the men's departure is often supposed to increase the woman's importance in the decision-making process because of her new role as head of the household. The example of Pakistani villages shows that nuances have to be brought to this general assumption. Although one also finds there female-headed households, the woman's new independence is still limited by the villagers' ideology of honour. The foreign remittances have not transformed but instead strengthened the people's cultural values, including their perception of gender relations. The results of an anthropological research show that the saving made from foreign remittances is not used on productive investments but on the financing of social ceremonies and religious festivals. In analysing the budget of the landowner's households with migrant, the researcher noticed that the wealthiest amongst them only spends double as much in monthly expenditures than the poorest households without

migrant while their income is 4.5 times higher. Their economic choice is closely related to the village ideology. Their actions are primarily determined by the wish to increase the social status through respecting the cultural norms and the symbolic life of the community. A type of rationality different from the western economic rationality. The Pakistani society is a society of honour (*izzat*) and shame. Honour is a dominant value in the villagers' perception of the selfhood and the reality. Without *izzat* the individual is nothing. A central element of the villagers' rationality is thus the importance given to the maintenance of the kinship ties. These are strengthened again and again by the celebrations of the life-cycle ceremonies because they are the occasion to display respect for the ancestors' traditions and consequently for the ancestors themselves. The more respect somebody has for the patrilineage and its customs, the more honour is obtained in return from the villagers. They are just following the strategy which is most adequate within a society where the state does not provide any forms of social security. There does not exist any alternatives to the use of kinship ties in case of hardship. The villager's poverty prevents them from following what they consider to be a correct Muslim behaviour, i.e. to limit the women's activities to the domestic tasks and to the rearing of children. Villagers feel sorry not to be able to live up to their ideal and one aim behind the man's wish to improve the economy of the household is to provide the economic basis for a satisfying practice of *purdah*. This phenomenon has also been noticed among the urban middle-class families which use *purdah* as an external sign for displaying their economic improvement. The women's participation to the decision-making process is determined by the in-law's compulsory chaperonage to safeguard the familyhonour. In both social classes, the structure of the household is again relevant in this matter. In an extended family, the decisions concerning the production process, the economy and the social questions are taken by the senior members of both genders. It is within households with nuclear family that one could expect the most important transformations of the woman's traditional role in decision-making. The economy is there in the hands of the husband since he is responsible for the purchase of consumer goods in the bazaar so as to prevent his wife from interfering in male-dominated sectors of the economy. Lefebvre saw that before going abroad, he puts his family under protection of his father and/or brothers. Thus, even if his wife becomes then the head of the household and decides for herself and children, she does this under the restrictions imposed on her by her in-laws. The gender relations play an important role in the political-economy of honour. The identity of each gender is defined by specific norms and behaviours which are accepted by both men and women, and a woman's non-respect of these values brings a collective shame, while it is not the case for a man's wrong behaviour. The conclusion is that the remittances strengthen the customs instead of transforming them. It is more important for the villagers to adopt traditions, which are elements of their cultural identity, instead of economic changes than to drop the traditions and become alienated (Lefebvre, 1989).

CHAPTER 4

4 PARTICIPATION (literature review)

4.1 Participation in development

In recent years, there has been an increasing number of analyses of development projects showing that "participation" is one of the critical components of success in irrigation, livestock, health, water, sanitation and agriculture projects (World Bank, 1994). All the evidences points towards long-term economic and environmental success coming about when people's ideas and knowledge are valued, and power is given to them to make decisions independently of external agencies. Although the result has been the adoption of the term "people's participation" as part of the normal language of many development agencies, including NGO's, government departments and banks, this has created many paradoxes. The term participation has different meanings for different people. The term has been used to build local capacity and self-reliance, but also to justify the extension of control of the state. It has been used to devolve power and decision-making away from external agencies, but also to justify external decisions. It has been used for data collection and also for interactive analysis. But "more often than not, people are asked or dragged into participating in operations of no interest to them, in the very name of participation" (Rahnema, 1992 in Pretty et al.,1995). There are basically seven ways that development organisations interpret and use the term participation, ranging from passive participation, where people are involved merely by being told what is to happen, to self mobilisation, where people take initiatives independently of external institutions (see next page in Box 2).

The dilemma for authorities is that they both need and fear people's participation. They need people's agreement and support, but they fear that this wider involvement is less controllable, less precise and so likely to slow down planning processes. But if this fear permits only stage-managed forms of participation, then distrust and greater alienation are the most likely outcomes. This makes it all the more crucial that judgements can be made about the type of participation in use. In conventional rural development, participation has often centred on encouragement of the local people to sell their labour in return for food, cash or materials. Yet these material incentives distort perceptions, create dependencies, and give the misleading impression that local people support externally-driven initiatives. This paternalism undermines sustainability goals and produces results which do not persist once the project ceases. Few have commented so unequivocally as Roland Bunch (1983, 1991 in Pretty et al. 1995) on the destructive process of giving things away to people, or doing things for them. He suggests five major problems:

-give-aways blind people to the need for solving their own problems;
-people become accustomed to give-aways, and come to expect them;
-give-aways are "monstrously expensive";
-give-aways hide people's indifference to programme efforts; and
-give-aways destroy the possibility of there ever being a multiplier effect.

Despite this, development programmes continue to justify subsidies and incentives, on the grounds that they are faster, they can win over more people, the people cannot help themselves, or that the people are just so poor that justice demands they are given one chance. As little effort is made to build local skills, interest and capacity, local people have no stake in maintaining structures or practices once the flow of incentives stops. (Pretty, 1995)

4.2 Typologies of participation

Box 2 A typology of participation

Typology	Characteristics of each type
Passive Participation	People participate by being told what is going to happen or has already happened. It is a unilateral announcement by an administration or project management without listening to people's responses. The information being shared belongs only to external professionals.
Participation in Information Giving	People participate by answering questions posed by extractive researchers using questionnaire surveys or similar approaches. People do not have the opportunity to influence proceedings, as the findings of the research are neither shared nor checked for accuracy.
Participation by Consultation	People participate by being consulted, and external people listen to views. These external professionals define both problems and solutions, and may modify these in the light of people's responses. Such a consultative process does not concede any share in decision-making, and professionals are under no obligation to take on board people's views.
Participation for Material Incentives	People participate by providing resources, for example labour, in return for food, cash or other material incentives. Much on-farm research falls in this category, as farmers provide the fields but are not involved in the experimentation or the process of learning. It is very common to see this called participation, yet people have no stake in prolonging activities when the incentives end.
Functional Participation	People participate by forming groups to meet predetermined objectives related to the project, which can involve the development or promotion of externally initiated social organisation. Such involvement does not tend to be at early stages of project cycles or planning, but rather after major decisions have been made. These institutions tend to be dependent on external initiators and facilitators, but may become self-dependent.
Interactive Participation	People participate in joint analysis, which leads to action plans and the formation of new local institutions or the strengthening of existing ones. It tends to involve interdisciplinary methodologies that seek multiple perspectives and make use of systematic and structured learning processes. These groups take control over local decisions, and so people have a stake in maintaining structures or practices.
Self-Mobilisation	People participate by taking initiatives independent of external institutions to change systems. They develop contacts with external institutions for resources and technical advice they need, but retain control over how resources are used. Such self-initiated mobilisation and collective action may or not challenge existing inequitable distributions of wealth and power.

Source, Pretty (1995), adapted from Adnan et al. (1992)

CHAPTER 5

5 DISPOSAL SYSTEMS

5.1 Different disposal systems

Within this research different disposal systems are discerned:
1 Open defecation;
2 Surface latrines;
3 Traditional pit latrines;
4 Ventilated Improved Pit Latrines (VIP);
5 Pour-flush latrines (PFL).

Open defecation

Open defecation means defecation in the fields that are available near the villages. People go for a short walk and defecate behind bushes or hills. In the more urban area's there is not enough space anymore for open defecation. Men use the fields when they are working in the fields.
Women never go alone, mostly they go in a group at certain times in the morning and evening. Stones or mud-lumps are used for anal cleansing or water for ablution.

Hygiene related problems with open defecation
The following risks of open defecation were identified (van de Korput and Langendijk, 1995):

Contamination of drinking water. Defecation in open fields may pose a health risk if faecal matter is washed into water channels during rain or irrigation, and when people use the channels for anal ablution and washing hands. The water from these channels is used for drinking.

Faecal matter into the house. Faecal matter nearby houses may pose a risk of pathogen transmission particularly through shoes or bare feet, animals, flies and hands.

Contamination of Lota. The use of a *Lota* for anal cleaning is positive as it indicates that the water channel will not be used for this purpose. Nevertheless it was observed that using a *Lota* may not be safe as it can be a transmission route for faecal matter to the mouth. It was found that some *Lotas* were taken from the house, placed on the ground near the defecation place and then used again in the kitchen to take water from a storage container to drink from.

Animals eating faeces. Open defecation will very likely lead to animals eating faeces from the animal sheds or the fields, particularly in the winter when they are hungry. On itself this is positive as faeces around the houses is disposed of. There is a risk however, if the faeces is contaminated with eggs of the tape worm they develop in the tissue of cows. If the meat is not properly cooked the tape worm can develop inside the person that eats it. Also the dung of animals can spread different pathogens to people through drinking water and through direct contact causing various diarrhoeal diseases.

According to the Market survey for handpumps and householdlatrines in Balochistan from 1997, 17% of the people is going out in the fields to relief themselves.

Surface latrines

Surface latrines are mostly corners in a compound were people defecate behind a wall. Just on the surface. The sun dries the excrement's and they will be thrown behind the compound-wall or used as

fertilisers on the fields. 25% of the people is using a surface latrine (market survey demand for HP and HHL, 1997).

The risks identified for open defecation are also relevant for defecation in surface latrines and traditional pitlatrines. Even when the improved latrines are not properly used these risks occur.

Traditional pit latrines

Traditional pit latrines are wooden slabs on a big hole in the ground. Mostly behind a wall in a corner of the compound. They are often poorly built and dangerous to use. These are very dangerous to fall in when the wood is old. The hole is often big and children can fall in it. Beside this they are very difficult to clean properly.

Only 2% uses a pitlatrine with septic tank (market survey demand for HP and HHL, 1997). There are no numbers in this survey about traditional pitlatrines.

All these three means for defecation usually smell badly and they attract flies and other disease carrying insects that breed in the pits or on the open excrement's.

Ventilated Improved Latrines

These latrines are technical improved pit latrines. They have a cement slab that is offset from the pit and a tall, vertical vent pipe with a fly screen. The vent pipe is responsible for both odour and fly control. When constructed correctly, it is free of odour and flies, clean and durable. In dry areas with less water supply the VIP latrine is the best solution. It does not need to be flushed with water after use.

Pour-Flush Latrines

A pour flush latrine consists of a pan, a trap, a 4" PVC connection pipe and one or two pits. It looks more civilised than a VIP latrine. After using it can be flushed with the water of one *Lota* (less water is necessary to flush the latrine). The project helps to build single and double pit PFL's.

14 % of the people in Balochistan use a PFL or VIP (market survey demand for HP and HHL, 1997).

Summarised: according to Market survey for demand of HP and HHL (1997) about 15% of the people in Balochistan is presently using a PFL or a VIP latrine. 60 - 70% of the people is not using any toilet facility, they use an open space in the compound or go out in the field to relieve themselves. It has been assessed that 20 - 30% of the people use a non-flush facility such as a surface latrine.

5.2 Ideas of the project

In 1995 the project stated in an occasional paper on Latrine promotion: "Messages and Slogans", that the experience gained during the past two years indicates that the divergence between water supply and sanitation coverage will only grow. Hand pumps are a popular item for most of the villagers, because handpumps are considered more convenient and people are aware of the necessity of safe drinking water. The demand for handpumps exists throughout the province which is in strong contrast to the demand for latrines. One factor which contributes to this rather restrained and limited demand is the low status which is related to latrines (W&S/LGRDD, 1995). Another factor is that latrines and relieving (sanitation) are a taboo-subject for a lot of people, this is for the district staff but also for the village people.
Both LGRDD staff and village men are easier motivated to put effort into the construction of handpumps than of latrines. However, there exists a remarkable difference between the sexes regarding the motivation for the latrine programme (W&S/LGRDD, 1995).

A woman spends most of her lifetime within the four walls of her compound. In many areas, she is not allowed to go outside to relieve herself during the day. Either she has to wait until it is dark, or she has to use a corner in the compound. It goes without saying that both options are very uncomfortable and unhealthy. No wonder that women are extremely motivated to have latrines. Nevertheless, they lack the decision making power and the money to get one (W&S/LGRDD, 1995).

In general men are very reluctant to invest effort and money in latrines and they do not value the advantages of having a latrine. Most of the time men are working in the fields, where it is easy to relieve oneself (space and privacy). Moreover, men do not feel at ease when women can watch them going to the latrine (socio-cultural acceptability).
For these reasons it is difficult for the LG district staff to promote latrines to rural men. Nevertheless in many cases it is also used as an excuse by the LG staff, because they do not like or are not interested to deal with latrines. Therefore it is necessary that before the latrine promotion campaign will start the LG staff is convinced about the need for latrines, that they realise it is part of their mandate and are therefore motivated to support the latrine promotion programme. (W&S/LGRDD, 1995).

CHAPTER 6

6 CONCEPTUAL FRAMEWORK OF THE RESEARCH

6.1 Introduction

The human activities regarding water and sanitation are mostly taken care of by the members of the household and within the householding. Household and Consumer Studies is an applied science and deals with problems of the householding and the household group. Householding can be defined as activities of members of the households to satisfy material needs and creating conditions for the satisfaction of immaterial needs in the domains of food, clothing, housing, health, care and leisure. Hence both human and non-human resources need to be included in the definition and can be viewed as a system in relation with the environment (Hardon-Baars, 1994).
The household as it is used in this report consists of the people that live together between the boundaries of a single compound. In Pakistan however, the definition of a household is a complicated matter. The distinction can be made between nuclear families and extended families. A nuclear family is the simplest level. It includes a man, woma(e)n and their offspring. The extended family constitutes of a number of joint families. This can take the form of parents, their children with their families, living together in one compound. An extended family can therefore cover several generations. In Pakistan when people marry, the women will become part of the family of the husband and they will live in his families compound or a nuclear family compound (patrilinear system).

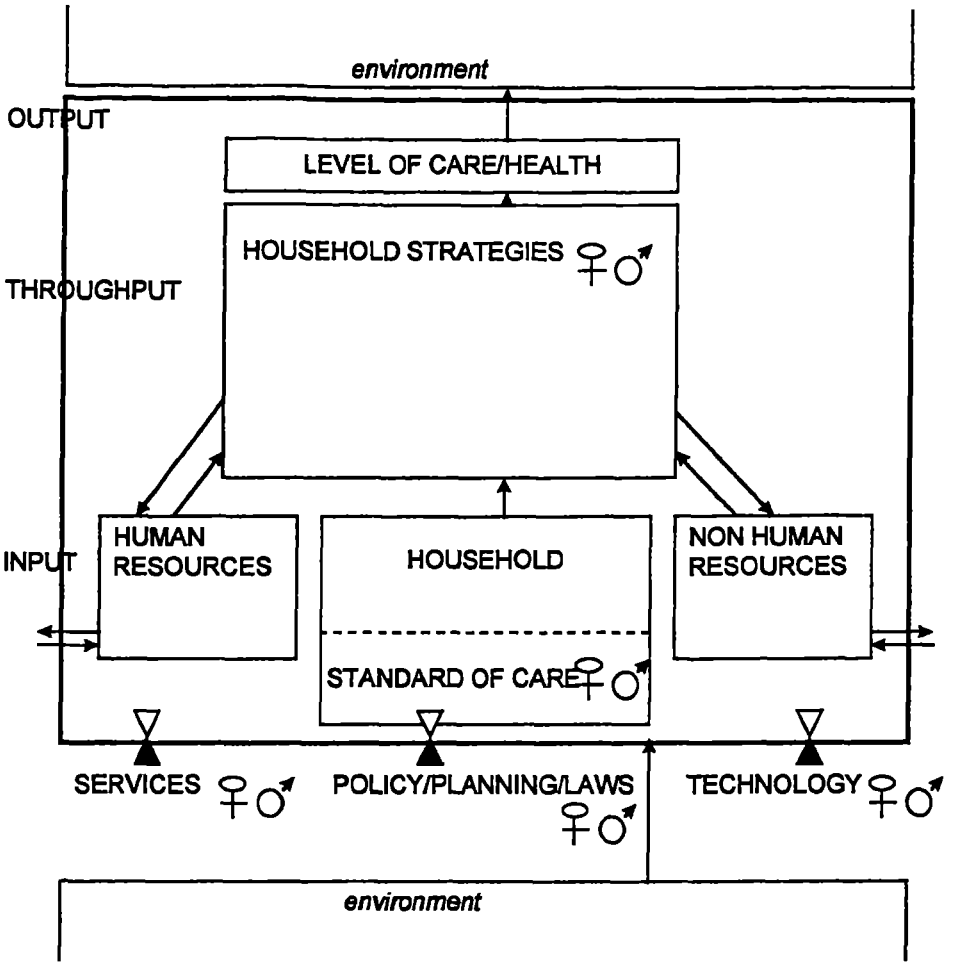
The fulfilment of a need is called a function of the household. Within the actions of the household three elements can be distinguished: the definition of the goals based on the needs of the members of the household group, the planning and organisation of household actions, and their performance. The relationship between the household and the environment is twofold: through the resources available to the household group and through the values and norms guiding the household actions (Zuidberg, 1978).

In the definition of householding resources were mentioned as a vital key to the satisfaction of the material and non-material needs of a household. This definition refers to family resource management, in which resource allocation is viewed and studied specifically as the means for goal attainment in every managerial problem, with the household or (extended) family unit as the central concern (Baker and Nelson, 1987). In case of the construction of a latrine decision making within households and resource allocation are important.

6.2 An analytical framework of householdstudies

A frequently used analytical framework within Household and Consumer Studies is the analytical framework of Hardon-Baars (Hardon-Baars, 1989). This ecological household model presents factors influencing the situation of households and brings them into a system approach with the following components: household strategies (throughput); household characteristics; standard of care; human and non-human resources (input) and level of care (output). The influence of the social environment is analysed on the input side and consists of policies, services and technology.
Central in this analytical framework are the activities and groups of people that fulfil the activities. According McC.Netting et al (1984) households perform five groups of activities: production, distribution, transformation, reproduction and living together.
Understanding of the householdsystem and the interaction with the environment, can help to order knowledge, to collect data and to direct interventions from outside.

Model A: The household ecological model of Hardon-Baars (1989)



Within a system we can distinguish five elements: components (clusters of factors), interactions between components, borders, inputs and outputs (Fresco in Hardon-Baars, 1989). Within the household system we assume an open interaction with the environment; the degree of interaction depends on the social context. The environment is input and output. The function of the system is determined by the way inputs are processed to outputs (throughput). Not the definition of the system is important but the concept. Within this research the system will be used on the individual level and on the compound/household level.
How people live in developing countries is dependent on internal factors, activities and resources of their household. The external factors like, access to water and sanitation facilities, credit, work and information, are dependent on the social context and are more of varying importance.(Hardon-Baars, 1989).

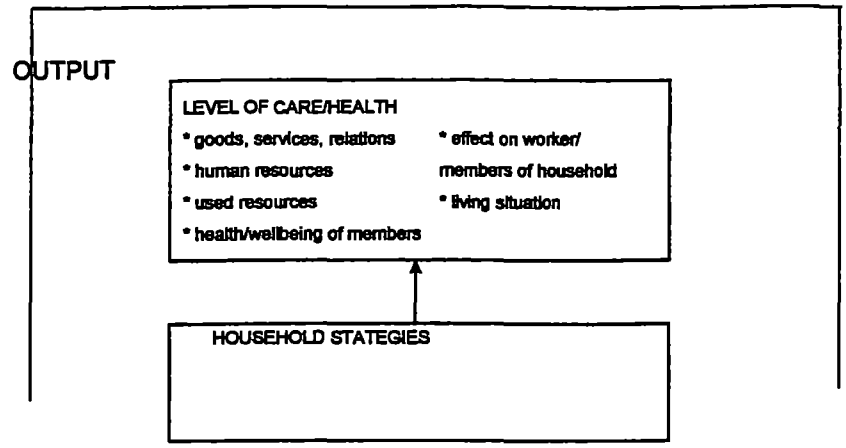
For the elaboration of the household ecological model has been made use of the elaboration of the "habitat" model of Hardon-Baars (Hardon-Baars, 1989). The habitat model and this model for water and sanitation on household level use almost the same determinants.

Model B1: Elaboration of the household ecological model (Hardon-Baars, 1989)

INPUT

Human Resources	Household	Non-Human Resources
* Labour * Knowledge * Time * Skills * Attitude * Relations * Access/Right of say	* Size/Composition * Gender role * Social and Economical position * Life cycle Standard of Care * Needs/Demands * Norms, Values, Habits	* Money * Information * Goods * Services * Fields/space * Shelter * Access/Right of say

Model B2: Elaboration of the household ecological model (Hardon-Baars, 1989)



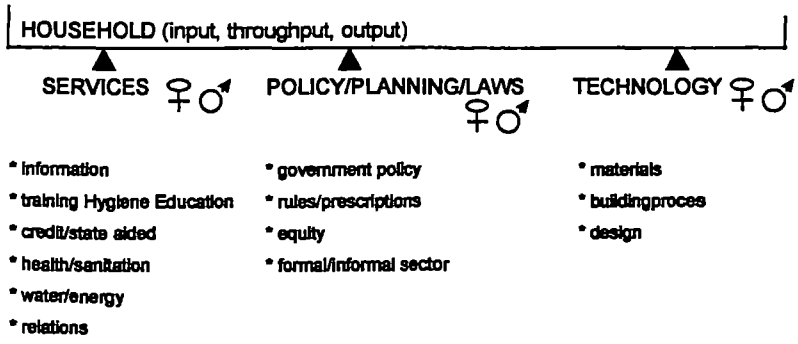
THROUGHPUT

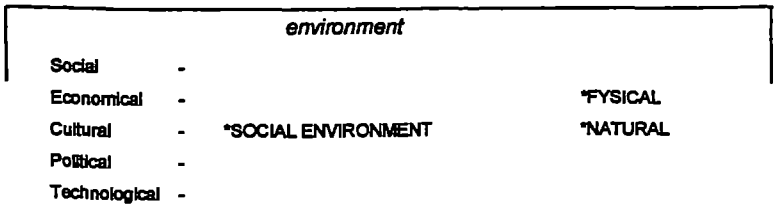
HOUSEHOLD STRATEGIES

Function activities:
* obtain resources (p.e. earnings)
* allocation of resources (p.e. income spending)
* production -
* maintenance - of goods, services, relations
* consumption -
* distribution
* reproduction of human resources

PROCES activities:
* decision making -
* planning/organisation - who is doing what
* execution -
* technical processes

CATEGORIAL activities
* food
* living
* clothing
* care
* leisure/recreation
* hygiene/sanitation





6.3 Model of determinants of hygiene behaviour

Curtis et al. made a model of the cultural, psycho-social and infrastructural proximate determinants of hygiene behaviour. (Curtis et al, 1995). She stated that while there is evidence that improved water supplies and sanitation can substantially reduce the incidence of childhood diarrhoea in developing countries it is increasingly held that improvements in such infrastructure are a necessary, but not sufficient condition for a positive impact on health. Cairncross has suggested that the health benefits which do arise stem largely from the changes in hygiene behaviour which are made possible by improvements in water and sanitation (Cairncross in Curtis et al., 1995). Evidence of an association between hygiene behaviour of child carers and the incidence of childhood diarrhoea has been provided by a number of studies. In Papua New Guinea higher rates of child diarrhoea were recorded in compounds were stools were observed on the ground (Bukenya, 1991). A study in Bangladesh found that diarrhoea incidence rates were inversely related to disposal of children's faeces combined with the use of handpump water and maternal handwashing (Alam et al. in Curtis et al., 1995) Findings from Curtis study in Burkina Faso suggested that there is a 30 - 50 % increase in the incidence of child hospitalisations with diarrhoea when mothers disposed of child stools other than in a latrine. The risk of diarrhoea was about 35% higher for children living in compounds where human stools were observed on the ground.

The increasing awareness of the role that hygiene behaviour plays in the occurrence of childhood diarrhoea has encouraged policy makers and donor agencies to call for increased resources to be made available for the promotion of safer hygiene practices, in parallel with programmes to improve water supply and sanitation infrastructure. Effecting change in human behaviour is a complex and uncertain process. However, the chances of success are likely to be greater when programme planners have an understanding of what inhibits or enables the adoption of specific protective behaviours.

Model C: **Determinants of hygiene behaviour (Curtis et al., 1995):**

Social and Physical environment		Individual factors		Hygiene behaviour
economy		income		
political policy on:		living standards		
employment		habitat		
water supply and sanitation		availability of:		
health services		water supply		personal hygiene
education	➡	sanitation	➡	
town planning		health services		domestic hygiene
culture		knowledge		
norms of behaviour		psycho-social:		food hygiene
status of women		beliefs		
climate		priorities		
demography		independence		
		"self efficacy"		
		time use/availability		

One conclusion, among others, of Curtis' research was that the husband's occupation, the number of attended health education sessions and family ownership of certain valuable objects all played a role in predicting the hygiene behaviours of mothers. These factors are likely to be related and to be, to some

extent, proxies for the real determinants of the mothers behaviour. She proposed this model of cultural, psycho-social and infrastructural proximate determinants of hygiene behaviour. Data from focus group discussions suggested that the main purpose of hygienic behaviour is to conform to existing norms of social etiquette (Curtis, 1995).
Curtis model gives the (proximate) determinants that influence hygiene behaviour while the household ecological model emphasises what is happening on the household level. This research wants to combine these two subjects. What is happening on the household level regarding water and sanitation? What are the determinants of the hygiene behaviour of the household members in the research area?

6.4 Combination of the two models

A combination of these two models will be used to order the material gathered within this research. This new model can also be used to formulate new research. It can help to order the lack of knowledge about the research subject. Two models will be presented on the next pages:
Model D: The Curtis in frame household model (Curtis determinants are **bold**) and
Model E: The Curtis and elaborated household ecological model together (the overlapping issues of both models are ***Italic*** and **bold**, the issues from the household ecological model are plain Arial and the issues from Curtis model are just **bold**).

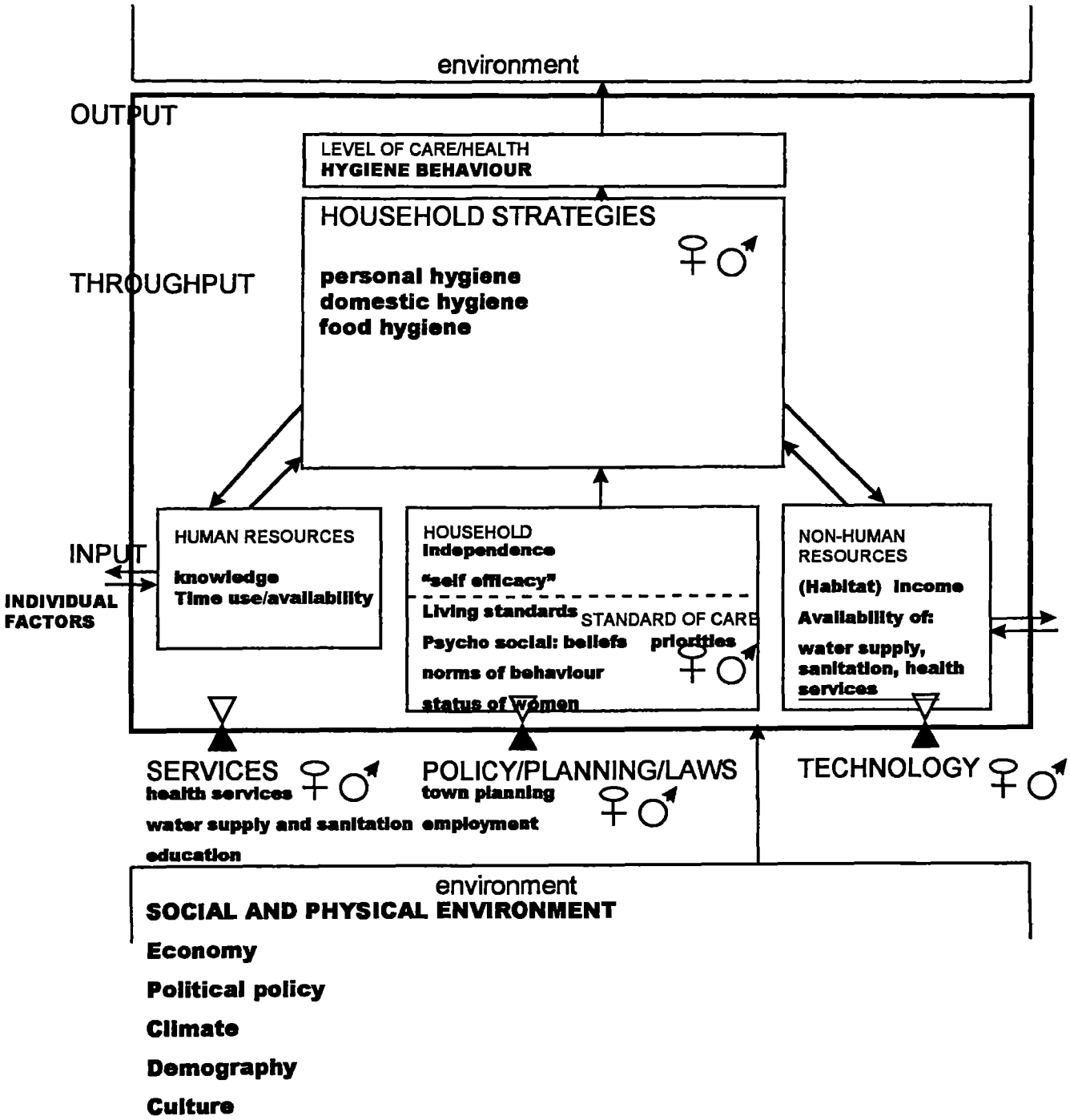
The elaboration's of the household ecological model are on a different level, more practical and less abstract than the Curtis model. The combination of these two models helps to face Curtis determinants on a more practical, less abstract way.

It is obvious that on the OUTPUT level the two models have different outcomes and no overlappings. Curtis' model aims at a certain level of **hygiene behaviour** and the household ecological model strives for a certain level of care.

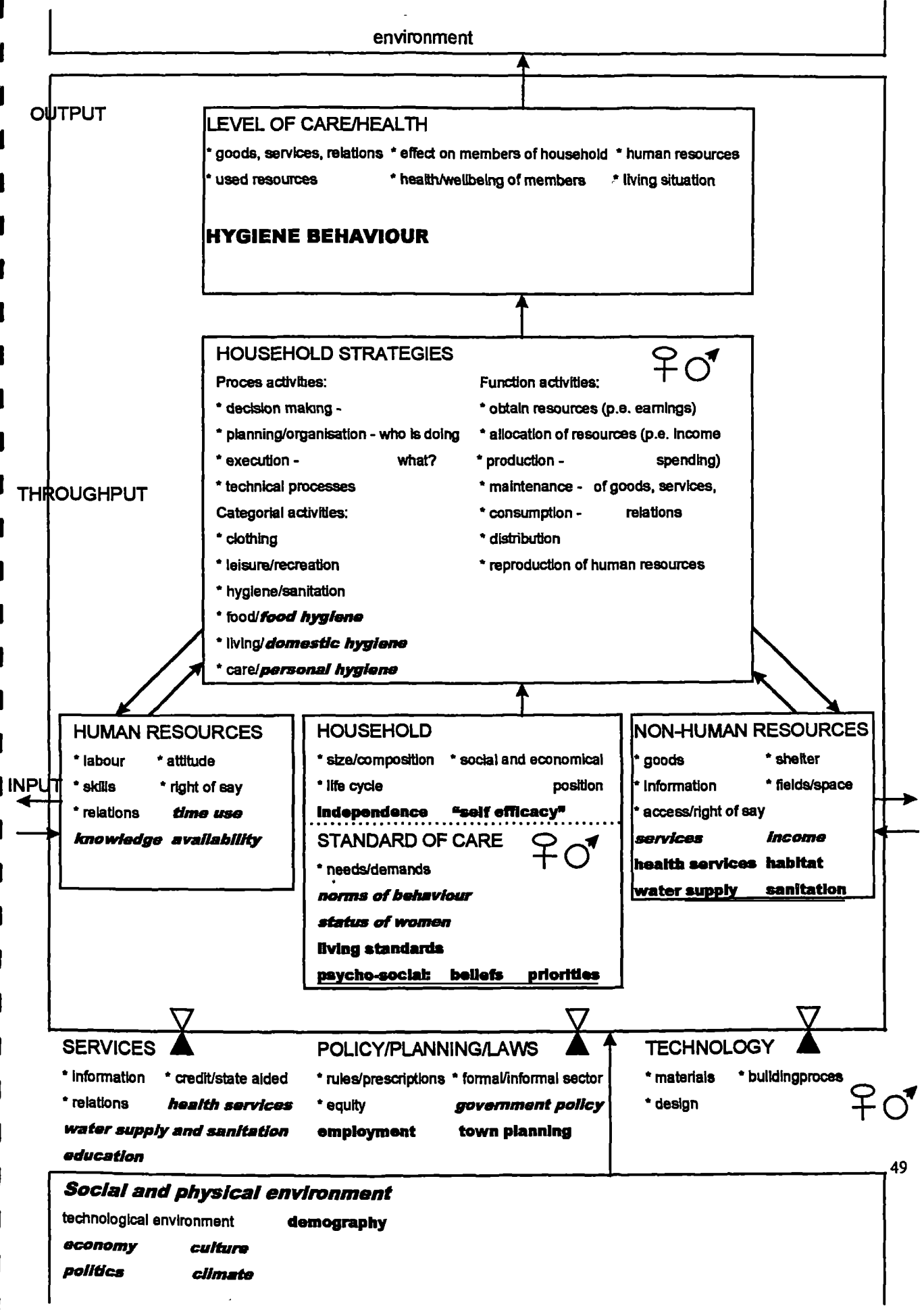
In Curtis model the THROUGHPUT level, the Household Strategies lack. Curtis model is not elaborated on this level. As a solution in the researcher point of view the throughput level of Curtis model can be seen in the three discerned hygiene behaviours (food hygiene, domestic hygiene and personal hygiene). These can be put in Hardon's terminology under Categorial activities. Food out of Hardon's model is broader than **food hygiene**, living is broader than **domestic hygiene**, and care is much broader than **personal hygiene**. But there is an overlap between these items and in case of water and sanitation for example personal hygiene is more important to this research than care. (The category of hygiene/sanitation under Categorial activities is added by the researcher in Hardon's model.)

At INPUT level there is more overlap. At Human Resources **Time use** and **availability** is quite similar to time and access/right of say. Both models acknowledge *knowledge*. In Standard of Care, there is a similarity between *norms of behaviour* and *status of women*. Normally "gender role" (Hardon) is not exactly the same as status of women (Curtis), but as can be seen in the literature (see paragraph 3.5) women have huge influence in handling water and sanitation-practices. Therefore the researcher decided to use "status of women", also because almost only women were interviewed within this research. Especially in Pakistan the status of women has much influence on the Standard of care in the households. The women are the ones that clean the latrines, that take care of the water availability and source and way of storage and that raise the children. The women are also the ones that almost never got any education. In rural areas the literacy rate is two to three percent. Ideas about women education change slowly. It is still a problem when there is no separate girlschool for the daughters. School-enrolment for girls is (a rough estimate, due to absence of a recent census) 27% in Primary Education, for boys this is 71% (SAP 1993 in Unicef Quetta, 1995).

Model D: The Curtis model in the frame of the household ecological model (Curtis determinants are **bold**)



Model E: The Curtis model and the elaborated household ecological model together (the overlapping issues of both models are *Italic* and **bold**, the issues from the household ecological model are plain Arial and the issues from Curtis model are just **bold**).



At Non-Human Resources the availability of *services* is an overlapping item. **Habitat** from the Curtis-model has overlaps with the Non-Human Resources from Hardon especially with the items services, fields/space, shelter and information. Habitat can be defined as the combination of housing and infrastructural facilities in residential areas and the physical facilities that make employment, education, health care and recreation possible, i.e. premises that are adequate and easily accessible (Muller, 1990).

At Services, Policy/Planning/Laws and Technology level, *health services, water supply and sanitation, education and government policy* are overlapping items. The items from Hardon's model are interesting additions in this respect. At Services it is helpful to discern whether the services are state aided or not, whether there is enough information about the government rules and prescriptions to get (in this case) the hardware for sanitation is and what the technical help regarding to the building-proces of latrines consists of and what different materials can be used etc..

The outer environment in the model is described a bit differently in both models but has a lot of overlapping. For example in Curtis model **demography** is seen on a higher level, while in Hardon's model this is on the household level, in Household/Input discerned through size/composition and life cycle. The other items like *social and physical environment, economy, politics, culture and climate* are the same.

6.5 Working area of Bruwas within model

In this respect the working area of the Bruwas project can be seen at the Services, Policy/Planning/Laws and Technology level. It is a level that has direct influence on the household. There is an interaction between Local Government staff (supply- with a demand driven methodology) and the demand of the household (at village level). At ***Services*** information of the government about their water and sanitation project is important for the household. When there is a demand from the household or village, Hygiene Education is a service to the household. Very important for the household is whether (safe, drinkable, enough) water and energy are available. At ***Policy*** the government policy regarding water and sanitation, in this case giving the hardware under specific conditions (rules/prescriptions and hardware state-aided) when there is a demand, is an important factor for the households. The equity used when dividing the available hardware is another factor that has its influence on the individual households. At ***Technology*** the materials and the technical assistance when building the latrine are the interacting factors between the household and the project. Next to this direct interaction between the household and its environment a higher level of environment can be discerned. The Pakistan Economy and Central Government with its policies (on which the LGRDD is dependent) and the Country Culture and the Climate all have their influence on the behaviours and the outcome (Level of Care/Health) of the individual households.

Interesting for this research is what is happening within the households. Good Hygiene Education and promotion of improved latrines can only be given when it is known what the ideas, beliefs, priorities and the available human and non-human resources are. With Hygiene Education the Input (knowledge) will be changed and it will be attempted to change beliefs about what is right hygiene behaviour. With the given hardware the availability of sanitation services will be changed. These changes aim to influence the throughput and the output of the households.

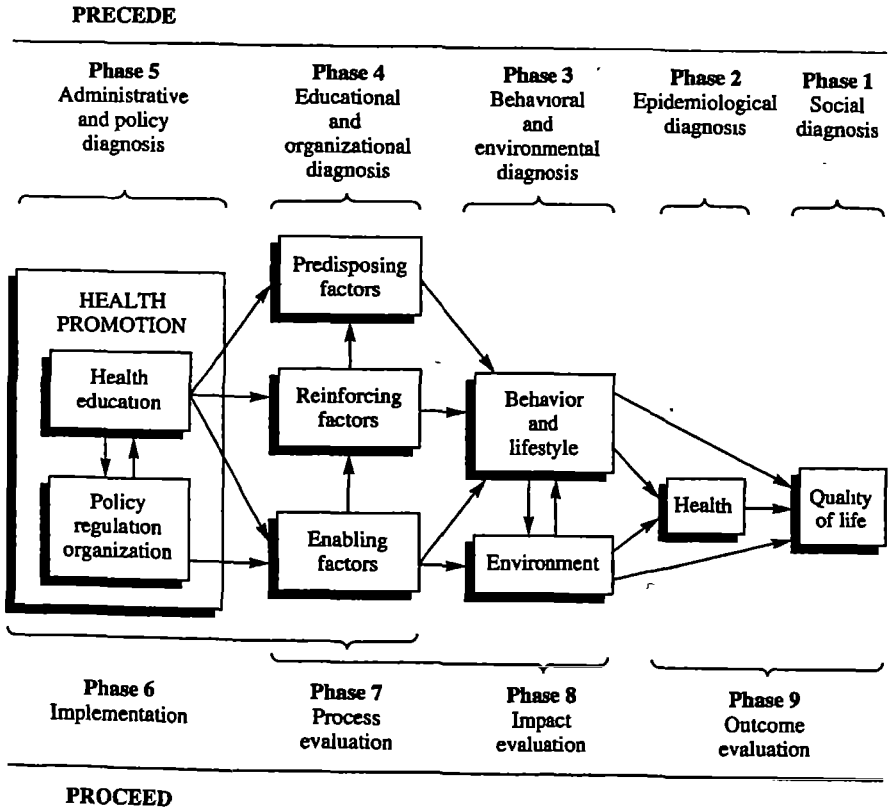
6.6 Precede/Proceed model for Health Education

This third model is used within this conceptual framework because it gives one extra dimension that is missing in the other two model's. In one of the phases of this model the emphasise is put on "reinforcing factors". This part is particularly useful within the scope of this research. Green tried with his PRECEDE/PROCEED model that has been revised in 1991 to present the total scope of the broad framework in which health education has its place. PRECEDE is the abbreviation of "predisposing,

reinforcing and enabling constructs in educational diagnosis and evaluation" and it concerns predominantly health education. PROCEED is the abbreviation of "policy, regulatory and organisational constructs in educational and environmental development", this implies the broader scope of health promotion.
Hygiene education is a specific form of the wider health education. Whereas hygiene education is solely confined to water and sanitation-related health problems, health education concerns all activities that promote health and reduce health risks (Boot, 1991).

The framework includes nine phases and starts from the "outcome" end: first it has to be decided where to go, before a proper combination of learning experiences can be designed. The more the phases are carried through with full participation of the men, women and the children in the target population, the greater the change of successful health education .
The nine phases of Green's model:
Phase 1: Social diagnosis
Phase 2: Epidemiological diagnosis
Phase 3: Behavioural and environmental diagnosis
Phase 4: Educational and organisational diagnosis
Phase 5: Administrative and policy diagnosis
Phase 6: Implementation
Phase 7: Process evaluation
Phase 8: Impact evaluation
Phase 9: Outcome evaluation

Model F: The PRECEDE-PROCEED model for health promotion planning and evaluation (Green,1991)



Many health professionals have the task of developing a program assigned to them after someone else (with or without having employed the systematic procedures of Phases 1 and 2) has concluded that a particular health promotion is needed (Green, 1991).
In our western eyes it is clear that people need latrines and safe water to decrease illnesses. The rural people of Balochistan are mostly not aware of these linkages.
Health professionals bring their own perception of the importance of health. They must consult the people who are the intended target of health programs to determine their perceptions of their needs, problems, and aspirations concerning quality of life. If professionals do not take this vital step, health policies remain sterile, technocratic solutions to problems that may not exist or that hold a low priority in the minds of the people (Green, 1991).
Green's model is particularly useful as it enhances the understanding of the complexity of factors that influence the way people behave. It has grouped the factors that influence people's behaviour into three categories that are called; predisposing factors, enabling factors and reinforcing factors.

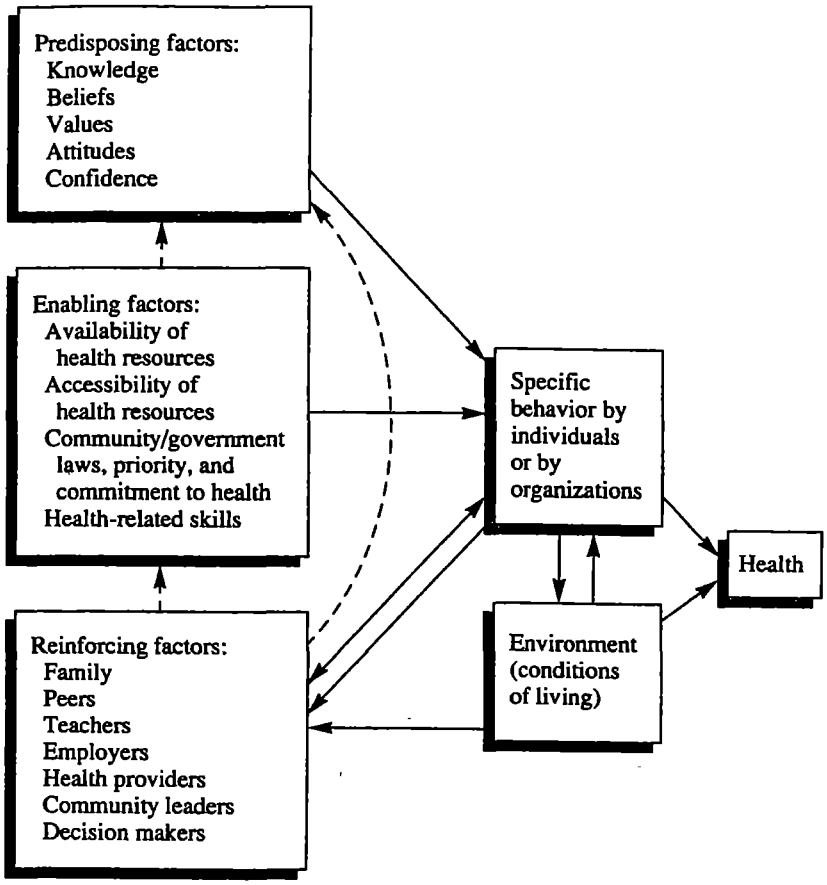
Predisposing factors
Predisposing factors are mainly present in the minds of people. Examples are knowledge, attitudes, beliefs, values and perceptions. In addition, socio-economic status, age, gender and family size belong to this category.

Enabling factors
Enabling factors are often conditions in the environment that are required to perform a certain behaviour. These include personal skills, the presence of resources like community organisation, and primary health care, but also resources like time and money. It is important to investigate these enabling factors for developing a health education program, because it is, for example, impractical to expect that people will construct pour-flush latrines if there is a water shortage in the village.

Reinforcing factors
Reinforcing factors are related to the approval and disapproval of a certain behaviour by people who are important to us in our surroundings. In the context of this research an example of a reinforcing factor is that women do not go to relieve themselves when they feel the need. They feel ashamed to go when men are around. The person(s) that are significant in encouraging or discouraging behaviour may differ from one target group to another. Influential people may also include the uncle, eldest brother, mother-in-law, health workers, teachers, mullahs, *Zardar*.

The items under predisposing and enabling factors already have their place in the combined model. The reinforcing factors are a new factor influencing the behaviour in the household. They concern the standard of care and with the norms and values and beliefs of people. This factor emphasises how much these are influenced by others.

Model G: Three sets of factors influencing behaviour (Green, 1991)



CHAPTER 7

7 RESEARCH METHODOLOGY

7.1 Introduction

Within this chapter it will first be explained what questions the project has proposed for this research. Then it will be explained what the used methods were in the research and which practical constraints were faced during the research. Some methodological background is given by the used methods. The validity and reliability of the research will be discussed. Further the proposed methods for the research will be described, because of all the constraints these differ rather from the used methods. Next the general constraints and difficulties of the research will be discussed. Finally the accountability and demarcation of the interview guide is described.

Questions from the project

The research objective of this research was to provide information on the underlying motives of the villagers to decide to or not to construct a latrine. This was done to provide in depth-information for the project about the ideas, arguments and practices of construction and use of latrines.

Therefore a research by two female Dutch students and two Pakistani students, for a duration of minimal two months was proposed by the project in order to carry out an in-depth survey amongst rural population and find out more about:

***the concept of hygiene and its relation to diseases**
***the motivation for (non) acceptance of a latrine**
***check whether the messages adopted by the project are still valid (including the financial argument: "a latrine safes money")**
***internal decision making within the household**

Above-mentioned points are to be specified for men and women, for rural and semi-urban areas (as proposed by the project in a fax).

The draft research proposal was approved by the project and the different supervisors. The draft proposal was elaborated further in Quetta. During elaboration's of the interview guide with different employees (head of the HRD team, Dutch supervisor) and field-workers of the project new questions arose and the questions were made more appropriate considering to the knowledge-level and specific circumstances of the target group (the rural and semi-urban population of rural Balochistan).

7.2 Methods

The methods that were used in this research are:

A: * semi-structured interviews
B: * observations during the interviews
C: * literature study

7.2.1 Interviews

Ad A: interviews

Interviewing

The interview is a strategy for getting people to talk about what they know. The problem for the researcher is to be able to understand what his informants know (Southwold-Llewellyn, 1996). "Culture... refers to the acquired knowledge that people use to interpret experience and generate social behaviour". Culture cannot be observed directly; but rather through inferences. This is the way members of a society absorb their culture and the way the researcher begins to understand the culture

of others. Culture is learned through inference made from what people say, the way people act, and the artefacts people use (Spradley in Southwold-Llewellyn, 1996).
What people say depends on language. Language is a means of communication about reality. More fundamentally, it is a tool for constructing reality. It helps us to categorise our knowledge. What we are able to see and describe reflects our knowledge and the language we use. Similarly, the informants will have learned to see the world differently than the researcher does. We cannot assume that they share the same concepts or that "direct" translations will give us significant understanding of what the informant means.(Southwold-Llewellyn, 1996)

Types of Interviews
There is a continuum of interview situations based on the amount of control the researcher tries to exercise over the responses of his informants. Bernard makes distinctions between four different types: informal, unstructured, semi-structured and structured (Bernard, 1988).

Informal interviewing is represented by casual conversations, during which the researcher does not try to control the conversation; but he may try to steer it to topics that interest him. This type of interviewing is essential during the first part of research.

Unstructured interviewing is not informal in that the interviewer and the informant know that it is an interview. Therefore, notes are often taken in front of the informant. The interviewer has a plan of topics in his mind; but he has minimum control over the informants responses. He tries to get people to open up and express themselves in their own terms at their own pace.

Semi-structured interviewing is almost the same as unstructured interviewing but an interview guide is used. The interview guide is a written list of questions and topics that need to be covered by each informant. It may also include instructions on particular things to look out for. The advantages of this type of interviewing are fourfold: a) the informant can express himself in his own terms; b) the interviewer can follow up any leads that arise during the interview; c) the data from the interviews is comparable because the same topics have been covered with each informant; and d) the data can be analysed statistically if those interviewed have been selected using the principles of probability sampling. The answers are written down in the presence of the informant.

Structured interviewing involves exposing every informant in a sample to the same stimuli [i.e. the same questions asked in the same manner]. The idea is to control the input that triggers informant's responses so that the output can be reliably compared. The most common form of structured interviewing is the questionnaire. Here, we are concerned only with questionnaires that are administered in person and the answers are recorded on a form, often with codes (Bernard in Southwold-Llewellyn, 1996).

For this research semi-structured interviewing has been chosen. The interviewer always had her interview guide (appendix 2) next to her (on the floor where they were sitting), but the questions were never asked literally or in the same order. The interview guide was used as a kind of checklist. The interviewer tried to let the conversation go as free as possible within the scope of the subject. Together with the interpreter, the interviewer tried to let the interviewees talk about all the different subjects. Because of the interpreter the advantage that the informant can express herself in her own words fell away. The interpreter used her own ability of English to explain what the informant/interviewee said. Interviews were often ended by the interviewees because of their workload and there disinterest and/or feelings of shame/discomfort with the topic. Because of several practical constraints faced during the execution of the research the principles of probability samples have not been met.

For many reasons – fear, prudence, ignorance, exhaustion, hostility, hope of a benefit – poor people give information which is slanted or false. For these and many other reasons, conventional questionnaire surveys have many drawbacks if the aim is to gain insight into the lives and conditions of the poorer rural people. Other methods are required, either alone, or together with surveys. (Chambers, 1983)

7.2.2 Observations
Ad B: observations
"Interviewing people gets at information about their attitudes and values, and what they think they do. When you want to know what people actually do, however, there is no substitute for watching them or studying the traces their behaviour leaves behind" (Bernard, 1988).

Observation is critical to any research no matter what is the topic or academic subject.

Different observations can be made within qualitative research.
- general Observations – record in Field Notes
- participant Observation – stay with person or household all day or for many weeks
- systematic Obtrusive Observations

The observations made in the research are general observations, recorded in the Field Notes.

Problems with observations:
a) bias of observer
* what is the observer able to see and what is superimposing his views
b) reflexity towards own experience/personal concerns
* limited to what can be seen i.e. what is going on at that time
* the observer/researcher influence behaviour of observed

Two strategies for observing behaviour:
1. direct observations
- obtrusive = obvious and reactive = people know you are there, this may alter their behaviour/ they show you what they want you to see
- unobtrusive = nonreactive = people do not know you are there, this can give ethical problems

2. participant observations
- obtrusive; but once you have built up a rapport and trust in fieldwork situation, people are less likely to change their behaviour when you are around
(Bernard, 1988).

7.2.3 Literature study
Ad C: literature study
Reports from the project were used and other information that was available about the research region.

7.3 Practical research constraints and departure from proposed methods

The project proposal included more methods to be used in this research. Due to different constraints the researcher has not been able to do this research in an ordered way. The following practical constraints were met during the research period. No NOC (No objection permit from the government) has been given to the foreign researcher, necessary to do research in the tribal/rural area's of Balochistan. Because of strict safety precautions of the government research in Quetta (urban area's) was also not easy and possible all the time. Due to organisational reasons within the office and the local

government it was not possible to perform a consistent research within the permitted research scope. The team-members the researcher had to work with were all very dependent on each other. Apart from these restrictions it also seemed that the team-members and the supervisors never completely understood what the aim of the study was in the eyes of the researcher. This can be drawn out of the fact that every time the researcher specified the criteria for the interviews (such as: semi-urban area, where the project installed latrines about one year ago), the team went elsewhere (for example having lunch with a government official and due to this, little time was left over for an interview in an area that did not meet the specified criteria for the interviews). The researcher was dependent on the knowledge of the Pakistani supervisor and consultant about the research areas. They decided where to go after requests with specific criteria of the researcher. The whole of Balochistan was the research area (15 times The Netherlands). At first the Pakistani supervisor guided the research strongly later (after the debacles with the NOC) he did not give it any attention anymore.

7.4 Overview of interviews

7.4.1 Introduction

In spite of everything the researcher tried to go on with the research and did ten interviews within the project, with field-workers and policy-makers. Also twenty-three field-interviews were held within the scope of the project (including the pretesting). Eleven of these were done in one *Killi* (*Killi* Gerazi). There the researcher finally got, in the last week of her stay, the opportunity to do fieldwork in rural Balochistan for three days. This was done without the necessary NOC. This meant that if the researcher would have extended her stay she would not have been able to do more research. Fourteen interviews were done with a local NGO, Taraqee (two with field-workers and one with the boss and eleven with semi-urban households). And three interviews were hold with Unicef/Ciet, they were doing a thorough study on the same subject (simultaneously). The researcher spoke with their field-workers and with the boss of this specific project. In total fifty interviews were done.

Table 7.1: division of interviews

Interviews with field-workers and policy-makers			**Field-interviews (including pretesting)**	
BRUWAS-project	Taraqee	CIET/Unicef	BRUWAS-project	Taraqee
10	3	3	23 (11 *Killi* Gerazi)	11

7.4.2 Field-interviews

The interviews done in *Killi* Gerazi were the only part of the research that could be done with a sample, because there were three days for interviews at one place. The households were selected in a a-select manner. Every ninth household was interviewed. There was no map of the village. The researcher, the interpreter and the FCO decided together how to count.
When interviewing in the *Kachiabaddies* with Taraqee, the Taraqee employees brought the researcher to households that could be interviewed. Afterwards the researcher asked them to what kind of households they had brought her. They told the researcher that they had brought her to average households as she had asked. They said that they had not brought the researcher to friends only.
The interviews done with the project were at places where the Pakistani consultant had brought the researcher. It often seemed to be places where he had been before or where he had to work soon and had something to arrange anyway.
The interviews done with the project, except from the interviews done in Kuzlag, were all in rural areas. The interviews done with Taraqee were all in Quetta, urban areas.

In *Killi* Gerazi there were errors due to non-response. One very poor household did not want to co-operate. They even had no boundary wall. These low status people presumably thought that their

opinions were not important. We had to skip three other "ninth" houses after which we took the next house and started to count to nine again after that house; One where an old very sick man was staying, one where a "crazy" woman was living according to the FCO and one where the FCO had very bad experiences when going there earlier while working. These people had bought latrines themselves and were very angry with the project that came a while later and gave the hardware for free.

7.4.3 Interviews with field-workers and policy makers

The interviews done in the project were done with those that were available to talk with at the time that there was no other work to do for the researcher. These were with field-workers that were not in the field but temporarily at the office. For example not all the heads of the units were interviewed, but informal talks were held with these persons. In case of Taraqee talks were held with the boss and two field-workers. In case of Ciet/Unicef the researcher talked to the boss of the project about "community responses to sanitation risks in Balochistan". And a focusgroup discussion with all the field-workers of this project was held and also an interview with one of these field-workers personally.

7.5 Qualitative research

7.5.1 Introduction

A study of health related behaviour requires a well-designed methodology. It was planned to do a qualitative research, because qualitative studies produce more insights into why people think and behave as they do than quantitative studies. Within qualitative research cross-checking is possible. With different methods of research, interviewing and (different forms of) observations it is possible to identify real (what people do) versus ideal behaviour (what people say they do). Qualitative research gives the possibility to reveal attitudes of the research population and sensitive topics can be explored in context. Qualitative studies are also open-ended, i.e. any factors affecting a problem can be observed. More negative points of qualitative studies are that random sampling is not possible and little statistical testing of the data can be done. Due to small samples there are problems generalising data for a larger proportion of the culture. It takes time to do thorough qualitative studies. And there is also the problem with the data-collector bias (see paragraph 7.2).

7.5.2 Emic and etic

If a researcher wants to understand with his own etic perspective and logical framework what the emic ideas are of the people he is investigating he needs to stay at least a few weeks in the place he wants to understand. Emic statements refer to logico-empirical systems whose phenomenal distinctions or "things" are built up out of contrasts and discriminations significant, real, accurate, or in some other fashion regarded as appropriate by the actors themselves. An emic statement can be falsified if it can be shown that it contradicts the cognitive calculus by which relevant actors judge that entities are similar or different, real meaningful, significant, or in some other sense "appropriate" or "acceptable". Etic statements depend upon phenomenal distinctions judged appropriate by the community of scientific observers. Etic statements cannot be falsified if they do not conform to the actor's notion of what is significant, real, meaningful, or appropriate. Etic statements are verified when independent observers using similar operations agree that a given event has occurred (Marvin Harris, 1971).
Within this research this opportunity has not been present. There were no possibilities to go back to interviewed households and to go deeper than a first talk. In the research proposal this opportunity was explicitly made, different methods were proposed to try to get an in-depth analysis of the research-population and their thoughts and behaviour around latrines.

7.6 Validity and Reliability

7.6.1 Introduction

In general, qualitative research methods are acknowledged to be more accurate in terms of validity. Quantitative methods are considered to be better in terms of objectivity/reliability of the research methods.

7.6.2 Different kinds of Validity

* Internal validity

- Data validity. The validity of data are tied to the validity of used instruments. If questions asking people to recall their behaviour are not a valid instrument to get insight into informants' past behaviour, then the retrieved data by those instruments are also not valid.
- Finding validity. Assuming that the data are valid, the question remains whether the findings and conclusions from those data are valid too.
- Explanation validity. Assuming that the data are valid, and the findings are valid also, then the explanations that are offered to account for the findings cannot automatically be assumed to be valid too.

* External validity

- The extent to which the conclusions of the research have real importance for the outside world.

7.6.3 Reliability

Reliability refers to whether or not you get the same answer using an instrument to measure something more than once.
(based on college-handouts from Southwold-Llewellyn and on Nooij, 1990)

7.6.4 Validity and Reliability of this research

The reliability of this research is not high. By using the same interview guide again with a different interpreter and a different researcher in the same households but at another time most probably other results will be held. But these do not have to be essentially different results. This a normal phenomenon in qualitative research. Hopefully new researchers will have better possibilities to do their research more thoroughly and with cross-checking.
It is not easy to determine the validity of this research. Considering the constraints faced during the research it was not feasible to do a statistically representative research. The external validity is quite high. The casestudies described in this research have enough meaning and importance for the project because show points of reference for the project. The Data validity is quite low, because there were no real cross-checkings. Only the observations done during the interviews can be used as a kind of cross-checking.
The Finding validity was up to the researcher back in The Netherlands. It would have been better to have worked out the research data in Quetta because then it would have been possible to check the findings with local experts. This was not feasible because all the supervisors left Quetta for one month directly after the fieldwork of the researcher (due to the December holidays). The researcher visa expired at the end of that month and it would have been difficult to extend that visa.
Not much explanations can be given within this research because of the basic nature of the data. Because of the amount of constraints faced during the research more emphasis within this report has been put on the project and their workmethods.

7.7 Pretesting

During the pretesting not all the questions/subjects of the checklist were put to every household. The most important thing we wanted to know was the reaction of the interviewees towards the questions. The reaction to this difficult subject was surprisingly good. Because the constraints met during the interviews done after the pretesting, the researcher decided to use the pretesting interviews within the research, because the interview data will be used mostly as case material. The biggest constraint of this

research was the time available for interviews. Often there was not enough time to do thorough interviews (see own story , Appendix 1) in other cases the women with their heavy workload stopped the interviews.

7.8 Proposed methods

Regarding the researchquestions a qualitative study turned out to be the best methodology. It would be an explorative and descriptive study because there is little or no structured knowledge about decision-making and the ideas in households concerning latrines in the work area of the BRUWAS project, Balochistan.

It will next be explained what kind of research was planned to be performed.
To answer the following six research questions the two researchers proposed to do both six weeks of field-research.
1) What is the current behaviour concerning relieving oneself of the household members in the research areas?
2) What are the attitudes of the members of the households regarding an improved latrine? (divided in households with an improved latrine and households without an improved latrine)
3) What are the arguments of men and women for and against an improved latrine?
4) How does the decision-making proceed between men and women (within the households) concerning the construction a latrine?
5) Which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most impact?
6) What information is there on household level about illnesses and how are illnesses treated?

We planned that each group (consisting of a Dutch student and a Pakistani student) would visit a small rural village and a bigger village/semi-urban area. In each village we planned to stay for three weeks. One group would visit the Pasthu area and the other the Baluch area. We would differentiate between households that already had made the decision to construct an improved latrine and households that had not made the decision to construct an improved latrine yet. Another plan was to distinguish between the richer and the poorer households. It was planned to interview the most important man of the household and the most important woman, we kept in mind that this could be more than one woman.

The main objective was to describe and explore the situation in the field to get a view of all the aspects of the researchproblem. After collection of the data an interpretation and explanation would be made.
Methods for research:
a semi-structured interviews (of about one hour) with different household members in order to find basic information as an orientation of the research objectives
b general observations of the household combined with the interviews to give an impression of the circumstances of the interviewed household
c general observations made during a walk through the village of the village/semi-urban area in order to give an impression of the general facilities and characteristics of the village
d informal talks with informants (teachers, health unit, mullah's, community based organisations) to get more information about the habits of the inhabitants
e structured observations (of about nine hours) in a small number of the interviewed households to deepen the understanding of the basic information
f focus group discussion to deepen the understanding of specific issues gathered through the interviews and the structured observations
h literature study
Out of this set of methods it can be seen that a thorough research and cross checking of the data were planned.

7.9 Other difficulties and constraints met during the research

Are there unique or special problems that arise in collecting and analysing census or survey data in developing countries? A good case could be made for the belief that the problems encountered in those countries are not so much unique as more frequent, more severe, and more intractable than those elsewhere.

7.9.1 Counterpart and interpreting

The researcher did not speak any of the three languages (Pasthu, Brahui or Baluchi) used during the interviews so it was necessary to work with an interpreter. The interpreter was the counterpart from Balochistan University. It had to be a woman, because otherwise it would not have been possible to interview women in these tribal areas. The interpreter was a newly graduated student social work from Balochistan University. She saw herself as the assistant of the researcher. The co-operation went very well after some initial problems. During the interviews it was obvious that she had another social-economical background than the interviewed people. Now and then she had some arrogance in her behaviour, one of her behaviours was chewing chewing gum during the interviews (chewing gum is something that the interviewees could not afford normally). But overall she had a good personality and was very helpful for the research. It was obvious that she "grew" within the research. In the end she was very attentive to all the subjects being included in the interview. The counterpart spoke Pasthu and a bit Baluchi, but no Brahui. In Brahui and Baluchi speaking households a second interpreter was necessary. It was not possible in the limited time to find Brahui and Baluchi translators whose English was good enough. In case of the Taraqee interviews the second translator was always one of the Taraqee employees. In *Killi* Gerazi this was the FCO. With two translators it was not possible anymore to find emic terms in the data.
Many researchers caution against "leading" an informant. Lofland (Lofland in Southwold-Llewellyn, 1996), for example warns against questions like "Don't you think that" and suggests asking "What do you think about".. He is, of course, correct. On the other hand any question an interviewer asks leads an informant. (Southwold-Llewellyn, 1996). Now and then the researcher heard in the voice and of the interpreter that she was leading questions and giving possibilities for answers in open ended questions. This was corrected as much as possible.

In Pakistan, due to attitude about female seclusion among the Pashtuun, it is difficult to find a Pasthu speaking woman, who also knows English, who would be permitted by her elders to act as an interviewer. Those who can are often viewed with suspicion. (Southwold-Llewellyn, 1996)

7.9.2 Delineation of the research

The more multi-disciplinary the team, the greater the questionnaire's potential for growth. (Chambers, 1983). In this case the team was not multi-disciplinary but the supervisors and advisors of the project were. They all came with different questions and subjects that had to be included in the research, as can be seen also in paragraph 7.1. No less than four subjects were given to be included in a research of two months. All these subjects could have been one research itself, for example the decision-making within households. Within this research it has been tried to limit this subject to decision-making regarding the construction of a latrine. As a conclusion it can be said that the specifying of the research was not done correctly. Too many subjects in too short a time were tried to be covered within one small research.

7.9.3 Notes

Bernard argues that members of the research population usually will not be offended that the researcher is writing her/his notes in front of them. (Bernard, 1988). This has been the case with this research. The researcher noted the translations of the interpreter during the interview on a big scratchpad. Just in a few cases the informants seemed to be a bit suspicious why the researcher wrote things down. They

were afraid of government countings for taxes or other things that could be detrimental to their well-being.

During the interview-days with Taraqee there was normally no time left to work these notes out. It was tried to do this the next day or as soon as possible. The fieldwork-notes from the interviews in *Killi* Gerazi (three days) were worked out in The Netherlands. It was of no use for the researcher to stay any longer in Quetta, because no real research possibilities could be given to her anyway.

7.9.4 The subject

Talking about relieving oneself is not an easy subject especially in a strict Islamic country with a lot of taboos on the physical body. Women don't have the freedom to decide where and when to go and what to do with their life. They live with specified rules and within boundaries. Most of the time the women were interested in talking with the researcher and the interpreter. It seemed they liked the idea of having a visitor (especially a white one) and they liked to talk. Some women became angry about the subject, asking why somebody came from far away to talk about shit? Now and then they were too busy with daily work to have a long talk. Sometimes they stopped the interview because of the workload and most probably also because they did not want to discuss this topic any longer. With basic questions about the number of children and grown-ups in the extended household people often became suspicious and were afraid of a kind of government check. Because of this these questions could not be asked first and because of interviews being cut short these basic data are not complete. This made a thorough analysis difficult.

7.9.5 Interview situation

The interviewing situations in extended households were always semi-public. It was impossible to control who would be present during an interview. This was partly due to the lack of understanding of the concept of research, and partly due to cultural norms about privacy. It was not possible to choose who was interviewed of the women in the households, mostly during the semi-public interviews two or three women talked and others were quiet and gave remarks now and then. When a mother-in-law was present during the interviews she was always one of the talkers. Inter relational power within the households most probably determine who were the talking persons. The information given must have been influenced by who was present apart from the interviewee.

The women of extended households that were present during the interviews were normally the mother-in-law and her daughters-in-law and their un-married daughters and sometimes some female neighbours. Presumably they gave social desirable answers while sitting in a group and talking to an outsider. For example in one of the interviews a woman said that she saw a drop in illnesses since the family had the improved latrine (for one year). This is not really possible.

The interviews were mostly held in the living/sleeping room, sometimes (in richer households) in a guest-room or they were outside on a blanket. Inside there were only women and children. In very limited number of cases when the interview was outside the house a man (of the compound) came by to interfere in the interview. They were curious and checking were was talked about. We took advantage of these circumstances and did unstructured interviews with these men. During daytime most of the men were not in the compounds because of work elsewhere. Due to this it was not possible to talk to men often (only two unstructured field-interviews were done).
Often about ten/fifteen children were around while interviewing. It was interesting that they did not block the progress of the interviews. In nuclear households more peaceful interviews were held. Nuclear households were more often found in Quetta. These interviews were with one woman at the time and no "watchers".

7.9.6 Seasonality

Another constraint of this research is that seasonality was unobserved. The interviews were done in November and December which is autumn in Balochistan. The weather then is not terribly hot like during summer (till 45'C) nor terribly cold (up to minus 10/15'C) with snow like during winter. Under these circumstances other behaviour can be expected.

7.10 Accountability of interview guide

7.10.1 Introduction

The basis for the interview guide has been made within the project proposal with the help of literature. In the office at Quetta the list has been revised several times with the different supervisors and others involved in the project (field-workers). The interview guide has also been translated from English to Urdu and Pasthu and back. The interpreter and counterpart did the translations from English to Urdu and Pasthu, the reverse translations were done by employees of the project. These forth and back translation showed the interpreting mistakes. These were corrected.

The experience of the field-workers with the very specific area of research made the list useful for the research area. Questions like "How often are you going to relieve yourself?" are important because they show if the women are free to go when they need to go or showing if they still use the traditional pattern of going twice a day on settled times with a small group of women, early in the morning and late in the evening or if they have more freedom now and are free to go when they feel a need. These assumptions were checked with other questions like "Do you need permission to go to relieve yourself?", "When you are not going to relieve yourself during the day what kind of feelings/problems do you have?". After pretesting most of the questions turned out to be answerable. Specific interview guides were made for four groups; for women and for men, and the second distinguishing criteria was whether households had an improved latrine or not.

After pretesting one question turned out to be too direct: "Which are the cleaning materials you use after relieving yourself?" The biggest problem in this case were the interpreters, they did not feel comfortable enough to ask this direct question. But out of their behaviour can be assumed that the question was too embarrassing for the informants too. After pretesting this question has been changed into: "Do you always take a *Lota* with water with you in the field?" and in case of a negative answer: "What do you use to clean yourself?" This question in two parts was usable, but question-technical it is a leading question.

As said earlier, in this research has been chosen for semi-structured interviewing. The interview guide was used as a kind of checklist. The interviewer tried to let the conversation go as freely as possible within the scope of the subject. Together with the interpreter, the interviewer tried to let the interviewees talk about all the different subjects. The interviews done in the office were done with the same checklist in order to get information about the thoughts of the office employees about the behaviour of the people in rural and urban areas. The interviews done with Taraqee were equally well done with the same checklist. The questions that were not appropriate in that case were not asked (for example "how the informants came in contact with the project").

7.10.2 Demarcation of questions

The interview guide itself is long and with a lot of specific questions (see appendix 2). The delineation of the research has not been methodologically perfect (see paragraph 7.9.2). It was intended to include all the aspects of the subjects (of course within a certain demarcation). In this way the researcher clearly had the scope of the questions in her mind and freely asked questions about the research-topics depending on the informants answers. Because of the detailed questions in the list and the many times that the list was revised, the researcher had the questions freely accessible in her mind.

Next the scope of the questions will be considered.

7.10.3 General questions

There was a general observation and interview guide (appendix 2) with questions about the number and sex of people living in the compound. There were questions about the education and the jobs, the water supply, the compound inventory etc. It turned out to be difficult to ask these basic questions. When starting the interviews with this questions people felt interrogated and threatened and did not want to talk for a long time with us. It was tried to gather all these answers in between the different topics. Because some interviews were ended halfway this information is not complete for every interview.

Research question 1

1) What is the current behaviour concerning relieving oneself of the household members in the research areas?

The scope of the questions asked to answer this research question was from a first question like "which options do you use for relieving yourself?" till "Do you wash your hands after relieving yourself?" and a following question "with soap or without?". Seasonality was one of the questions and another was "how often are you going to relieve yourself" (explained above). A question about the baby excreta and questions about "Who is allowed to use the improved latrine?" and "when do the children use the latrine and when don't they?".

Research question 2

2) What are the attitudes of the members of the households regarding an improved latrine?

Here the question was put "Can a man sit on the same latrine as a woman?..why?." This question was asked to see whether the latrine was used either by men only or by women only, or if they used one latrine together. At the same time this question was asked to see what the thoughts were about this subject. Another question was "Do you think that other people, when they have an improved latrine, will always use that latrine when they relieve themselves? (e.g. the men, the women and the children)". Sometimes it is easier to answer questions about others, especially when it is about a difficult topic, this will give more freedom in the answer and this shows how the people think.

Research question 3

3) What are the arguments of men and women for and against an improved latrine?

Questions like "What was the most important argument to construct an improved latrine?" were asked. Questions like "What were the arguments against construction you were considering before you decided to construct the improved latrine?" did not work out well. It was difficult in a first interview with an informant to get answers on this level. It seemed that the informants (mostly women) were not sufficiently involved in the decision-making that they could answer this question. On the other hand it might be supposed that they did not see negative arguments against construction (except for costs). But that was not what they said, the informants found it difficult to give a reply on these questions. It may be that the questions were put wrongly by the interpreter. Another question was "Do you think an improved latrine will help you in segregation/*purdah*?" and if they could tell what *purdah* meant for them. This question was asked to see how the message from the project "an improved latrine will help you with *purdah*" was interpreted by the informants. The question "What is the first thing you would like to improve at your compound?" was asked to see what the priorities were of the informants themselves.

Research question 4

4) How does the decision-making proceed between men and women (within the households) concerning constructing a latrine?

"Who in the family started talking about the purchase of an improved latrine?", "What was the occasion for this?", "Who took the ultimate decision to construct the latrine?", "How long did the decision process take?", "Who paid for the latrine?". All questions that could be answered straightforwardly. And a question for the women: "For what do you have to ask permission?". Sometimes it was tried to ask more questions about decision-making in households in general, but this seemed to be a difficult to open area in the minds of people. In a first talk it was not feasible to get a grip on this matter.

Research question 5

5) Which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most impact?

General questions like "Who has respect in your community/village?" and "Whatever he says, will you listen to him/her?" were asked to see which persons were important in the eyes of the people. Beside this was asked "How did you hear about the project?".

Research question 6

6) What information is there on household level about illnesses and how are illnesses treated?

"What kind of diseases do you know?", "What diseases are most frequent (and to whom and when)?", "Do you know some causes of diseases?", "How often did you go to see medical help since last month?" and "what were the costs?". All are basic questions, asked to see what kind of medical facilities the informants used and to see how much money they spent on this item. Another question was "People told you that by using an improved latrine and clean water, you and your family would be less ill, can you support this?". "Do you think a latrine saves money?" These question were asked to see whether and how the message of the project "A latrine saves money" (because of being less ill) was accepted by the informants.

7.10.4 The Relationship between the combined model (E) and the questions

(the items out of the model will be discerned with a line (-) before the item)

The results of the research are on household level. Especially the results from the field-interviews have this focus. The aim of the research was to collect data on this level, therefore most emphasise will be put on these data.

The current behaviour of the interviewees concerning relieving oneself can be put in the model under Household Strategies (research question 1). It is a Categorical activity, -hygiene/sanitation, -personal hygiene.

The current behaviour is dependent on earlier decision-making, on whether the household or one of its members has decided (Process activity, -Decision-making) to obtain and allocate resources (both Function activities) for an improved latrine or not (research question 4).

The decision-making has to do with arguments for and against improved latrines (research questions3) and the attitude regarding latrines (research question 2). Arguments in this case have to do with INPUT, -knowledge, -attitude, -availability. The -size of the household will play part and so will the social and economical position and the independence of others.

At Non-Human Resources relevant aspects are; -income, the availability of -fields/open places (for relieving), -goods (that prevail before the purchase of an improved latrine), -information (about the project), and -services (from the LG), all important general information.

The attitude regarding an improved latrines has mostly to do with the Standard of Care of the household, what are the -beliefs and -priorities, the -norms of behaviour, -needs/demands of the household. More difficult to investigate, is the -status of women in the households. The Standard of

Care has also to do with the question, what the household members want as an output; this is never the same as the real output.
With regards to the attitude question Green's model has an interesting addition. What do interesting others find? and how much does this influence the household (or its members) (research question 5)?
The interaction with the Input makes other features of this research open. At Human Resources -labour of the women (for example to get the water, to clean the latrine) has its influence on the domestic hygiene and personal hygiene.
-Knowledge (about hygiene, or illnesses) gives and answer on research question 6.

In short the following items of the combined model are touched upon and worked out in the next chapter of the research-report. After every item the width of this item within the research will be given in the form of the most significant and usable question asked about the topic within this research.

Human Resources
- labour; *what are the jobs of the men in the households?*
- attitude; *what is the attitude of the informants towards an improved latrine/ are the women respectively the men ashamed to go to the latrine in front of the other sex?*
- relations; *what are the respected people the informants listen to?*
- knowledge; *what education do the informant and the household members have and what is the knowledge about illnesses?*

Household
- size/composition; *how many members does this household consist of (women, men, children)?*
- life cycle; *is this an extended household or a nuclear household?*

Standard of Care
- needs/demands/priorities; *what are the first wishes of the informants regarding the improvement of the compound?*
- norms of behaviour; *answer to the statement: can a man sit on the same latrine as a woman?*
- status of women; *for what do the women need permission of their husbands/ purdah ?*
- beliefs; *only the beliefs that were spoken out during the interview, not specifically looked for*

Non-Human-Resources
- fields/space; *is there enough fields/space for relieving?*
- income; *what is the income of the earners in the household?*
- information; *where did the informants get the information about the project?*
- access/right of say; *who is allowed to use the improved latrine?*
- goods; *what are the goods/inventory of the households?*
- water supply; *where does this household get water from?*
- sanitation; *what is the current behaviour regarding relieving oneself and what kind of latrine is present in the compound?*

Household strategies
- decision making; *how did the decision making proceed within the household regarding an improved latrine?*
- planning organisation; *how long did the decision-making regarding the improved latrine take?*
- domestic hygiene; *who is cleaning the latrine and how? and were there any striking unhygienic circumstances in the compound or housing facilities (like human or animal excreta on the floor)?*
- allocation of resources; *how much was spent on the latrine, how much was spent on illnesses?*
- hygiene sanitation; *what is the current behaviour of the informants regarding relieving oneself?*
- personal hygiene; *do the informants wash their hands after relieving/with soap or without?*

At environment level there is the fact that the Pakistani Government has a Water and Sanitation project within its Local Government Rural Development policy. The place of the project within the model has been explained in paragraph 6.5.

7.11 Conclusion

In spite of all the constraints a considerable amount of data were still collected within the fifty interviews. As a conclusion it can be said that the results of this research are of a different worth. This does not mean that they are worthless. During the interviews specific things of interest came up, but no generalisation whatsoever is possible. Only casestudies can be described and indications can be given of possible hypotheses for further research.

CHAPTER 8

8 RESULTS OF THE FIELDINTERVIEWS DONE WITHIN THE BRUWAS-PROJECT WORKING AREAS

8.1 Introduction

In this chapter the field-interviews will be described in detail and the outcomes will be discussed of the interviews from *Killi* Gerazi. Secondly the other field-interviews done with the project (including the pretesting) will be discussed. The results will be ordered with the help of the items out of the combined model (model E, paragraph 6.4) and a summary and discussion will be presented. The field-interviews from *Killi* Gerazi will almost be described literally. This is a lot to read, but for the policy-makers that do not have much possibilities to enter the households and talk to the women in their working areas this is very important material to read. These are the basis interviews from this research. While doing this part of the research the best interview-circumstances were met. From all the other interviews done within this research only the interesting (and adding to this basis material) cases will be described in detail (also in chapter nine and ten).

8.2. Field-interviews from Killi Gerazi

8.2.1 Field-trip to *Killi* Gerazi

The researcher, her counterpart and interpreter, and the Pakistani consultant stayed in Nushki in the private guest-house of a high political official. Three field-days were available, Tuesday evening the "research-team" arrived in Nushki. Wednesday morning first a visit was planned to the AD (Assistant Director, a Local Government official). We drank some tea with him and had a chat. Together with the AD it was decided to which village the team would go for research. For security reasons the team was not allowed to go to villages more than 12 miles out of Nushki. The request of the researcher was to go to a village where the project installed latrines around a year ago, and the researcher wanted to visit one village for three days. The Pakistani consultant and the AD discussed the researcher's wishes and came to a suitable solution, *Killi* Gerazi in the Kisanghi area, about 20 kilometres out of Nushki in the direction of Quetta. A village, just aside from the main way, at the edge of a small hill. The Female Community Organiser of the district Nushki would accompany the researcher and her counterpart as an introduction to be able to enter the households and to fulfil the role as second interpreter. She had been in the village before and knew most of the people.

8.2.2 *Killi* Gerazi

Killi Gerazi has about 200 inhabitants according to the UCS and FCO. The researcher's own estimate is higher, there are about 90 compounds with on average about six or seven household members. There was no village map or other written material available about the village. The houses are all made of mud. There is no poor or rich part in the village. A few (lower) middle class people are living in this village, others are just poor. The overall appearance of the village is not very dirty, the houses and compounds are in a good condition. By comparison with Nushki, *Killi* Gerazi is backward. Nushki is a small town and has facilities, *Killi* Gerazi has just one very small shop with basic needs like sugar and eggs. Especially at the outside of the village dirt is lying in the streets. Chickens, rabbits and donkeys are wandering around. In the village there are special buildings for animals. According to the FCO, the people are not too poor, but not rich. She said that this is an average village. Brahui and Baluch people are living here mixed together. They marry with each other.

The team (researcher, counterpart and FCO) started with a village-walk. Two men came along and asked the FCO for hardware. She could not promise anything. Earlier, people of the villages would not listen to the messages of the FCO and the UCS, but now they come themselves when a team enters the village. The houses in the village are placed quite randomly, but all near to each other. In about half an

hour we saw the whole village, all compound-walls with houses inside, sometimes with small paths between the different compounds, sometimes with more space between the compounds. The water supply for the village is a tubewell with an electric pump, when there is no electricity then there is no water available out of that well. This tubewell is located at one end of the village. The nearest water supply when the tubewell is not working is an old well outside the village, about half an hour walk from the village.
The team started the interviews at one end of the village, from there the team took every ninth compound for an interview. Four times (see paragraph 7.4.2) the team could not interview in the ninth compound, in which case the team took the tenth.

8.2.3 Circumstances concerning interviewing
Every interview-day started with the same procedure: breakfast in the host's kitchen, a short drive to the AD, tea with the AD at his office and taking from there two Levi's with us that had to join for security reasons (because of the researchers white skin). Next the team had to pick up the FCO and the UCS. Finally the team could go to *Killi* Gerazi.
Friday morning, the third and last interview-day, there was just the morning to do interviews because of the weekly religious ceremony around one o' clock at Fridays. That day the women were all very busy preparing and cleaning, there was less anima for interviewing.
During her stay the researchers host got a letter from the Government that it was not allowed anymore for foreigners to go in the tribal areas in the interior of Balochistan. He did not mind much because the research was for three days, but it was obvious that it was not possible to do more research at that time.
The FCO that joined as a second interpreter was seen by the Pakistani consultant as the best FCO ("very active") in the whole of Balochistan. This must have had influence on the implementing of the latrines in *Killi* Gerazi and the level of hygiene education. This will probably mean that in *Killi* Gerazi the implementation went better than in other places where the government is working. According to the Pakistani consultant more than thirty latrines were already installed.
On Friday morning just one informant/compound without an improved latrine was interviewed. The researcher decided to find, for the last two interviews that could be done, compounds without improved latrines. This turned out to be difficult! This seems to indicate that the implementation grade of latrines in this *Killi* is quite high.

During the interviews, the Pakistani consultant stayed in one house with some men. The men told him that they want the latrines especially for the women, so that the women do not have to go out anymore and also that a lot of people are already quite relaxed using their latrine, they see the comfort. More and more people are demanding latrines. The men told him that they were very well aware about the use of the latrine and hygiene and cleaning. They asked for thirty latrines extra.

8.3 Elaboration's of the interviews from Killi Gerazi

All interviews that were done in *Killi* Gerazi are worked out in the following texts. .
-everything that is said literally by the informants (translation from the interpreters) is put between brackets
-when "we" is used, women talk

Household 1:
Household members: 3 women, 3 men, 4 girls, 1 boy.
Goods: no electricity.
Big square compound
Place of the latrine: very visible in one of the corners of the square compound
Current hygiene related behaviour:

-Sanitation (-fields/space)
This household has a PFL, no surface latrine. They are using the latrine, but the children go relieve themselves in the fields. The women tell us that they have less water, and therefore just allow the elder women to use the latrine. They avoid to go outside because of the few fields around, there is a lot of agriculture. They always take a *Lota* with water with them to the latrine, "how can we possibly go without"?
Regarding to the baby excreta: the women wash the dirty cloth in the compound and afterwards throw away the water outside the compound.

-domestic hygiene
Whenever somebody uses the latrine, they clean it straight away. They never clean the latrine with soap. They just wash it with water.

-access/right of say
The women go to the latrine whenever they want, also when men are around, "we do not feel shy to go". The children are not allowed to use the latrine because of less water, when they use the latrine they make it very dirty.

-personal hygiene
They wash their hands with soap after relieving, "because the FCO gave hygiene education".

-allocation of resources -needs/demands -priorities
"We have always enough money to buy soap for washing clothes, hands and body".
The women tell that they are poor, the latrine is without a door or a roof. After the harvest they will be able to buy something to fix this.
After the question -what is the first thing that need to be improved at the compound- the answer is: "we do not think about that", but an old women says that she wants to have a lot of things, telephone, electricity, TV, "but we do not have the money".

Decision-making:

-decision-making
"In our family the male members decide, mostly the elder man, when he is not here the elder son decides."

arguments for/against latrine:

-beliefs -priorities -knowledge -services -income -climate
"When we had no latrine we faced a lot of problems, when it was dark it was difficult to go in the fields, we were scared, in summer and winter the weather is worse, heavy rains gave problems. Now we feel very comfortable".
"When we installed the latrine we found it good for *purdah*. This is a small village, everybody knows who you are, there are too few fields around, everybody sees you, they talk about you, that is very bad for us."

Attitude:
-status of women
about *purdah*:
"It is bad to go to the bazaar as a woman, we are Brahui, we never go to the bazaar. We can visit the neighbours, here we are relatives, then we have no need to take permission, all relatives live near. When somebody is born or dies in this village we all go there."
Interaction with project:
-information
"When the program/project came we were not in the village, the majority of the village women went to the meeting. When we came back the UCS talked to my husband. The *Zardar* brought 25 latrines in his car. I saw the latrines and I discussed this with my husband. I told my husband to go to the *Zardar*'s house and bring the latrine. And I also said to my husband to prepare a pit. "I discussed with my husband our problems, especially when we are sick/pregnant. After this talk he understood our problems".
"We needed the help of LG otherwise we were too poor to install the latrine".

Additional remarks about the interview:
During the interview the women started a private talk with the FCO. It was a request for more latrines. The FCO told them that they had first to complete this latrine with a roof and a door, after this they could get another one.

When comparing the statement of the woman about decision-making and when she talked about the interaction with the project, it is obvious that she has a kind of decision-making power. The men decides but (behind this) she also has a say.

Children were not allowed to use the latrine, because of their unclean behaviour and water-shortage.

Household 2:
Household members: 1 man, 1 woman, 4 girls, 4 boys.
Goods: electricity, radio cassette player.
Husband's job: "agriculture department, he cuts trees".
Small compound.
The latrine was installed one year ago.
Price latrine: "The room was there, we bought two bags of cement and some bricks. It was 500 rupees for digging the pit and 500 rupees for labour (mason-work). I think it was 1500 rupees for the attached latrine. My husband paid."
Place of the latrine: The PFL is in the house, attached to the living room that is used in winter.
Current hygiene related behaviour:
-sanitation (-fields/space)
This household has a PFL. "We had too few fields to go for relieving." "We all use the latrine, the children also go in the fields when they feel a need". "During the night the children use the latrine because they are scared for the darkness in the night, otherwise they would prefer to go outside."
-domestic hygiene
There is a donkey in the compound.
The latrine looks clean but used. There is a piece of soap near the latrine. They clean the latrine every three/four days with "Surfpowder" and a brush. The woman of the house is cleaning the latrine and sometimes one of the elder daughters.
-water supply
"we take water from the tubewell, it is groundwater, the water is good and we don't get ill from it."

-personal hygiene
"We always take a *Lota*, we wash our hands afterwards (after relieving), the children also. We wash our hands with soap, because after using the latrine a bad smell comes on our hands."
Arguments pro/contra latrine:
-beliefs -priorities -knowledge -services -income -climate
"We were used to live in Quetta and we knew the benefits of a latrine".
Attitude:
-going to the latrine
"We really feel ashamed to go to the latrine in front of men, we cannot go then. When we are really desperate we tell the men to go outside and then we go to the latrine. In summer we have no problems, but in winter when we use the room where the latrine is attached to, we face this problem." "Men are also shy to go when we are around, they are very ashamed, when they need to go they go outside."
Interaction with project:
-information
They heard that they could get hardware without payment from the LG, "from the *Zardar*'s house". "Because the *Zardar* took the latrines."
Important others:
"We have respect for the *Zardar*, whatever he says we listen to". Question: is there an important woman too? "The *Zardar*'s mother is respected. whenever we have a problem, when we want to go to another village, we ask her for permission. First we need permission from our husband and then from her."
Diseases:
"I don't know any disease. When somebody is ill we bring them to the doctor. There is a small hospital in this *Killi*. The doctor is a diploma-holder. They charge no fees, it is a government doctor. Whenever we feel ill we go there and he checks us, when he doesn't know what is wrong, then he sends us to Nushki or to Quetta. He gave us the medicine for free. Otherwise we buy them in Nushki bazaar. Two Months ago our children (3) had measles, we went to Nushki, it cost us 1000 rupees. The doctor never talked about latrines, just about medicines."

Additional remarks about the interview:
The clothes of these people were not very clean.
These people attached the latrine to the living room because they were impressed by the city people and their attached latrines. In the end this turned out not to be the best suitable place for a latrine. In winter when the attached living room is used it is difficult to use the latrine because of the feelings of shame to go to the latrine in front of each other.
Interesting is that they said that they took the hardware from the *Zardar*'s house and they said "we have respect for the *Zardar*", "whatever he says we listen to". This seems to indicate that (first the fact that the *Zardar* has the latrines from the LG), that the people have respect for the *Zardar* and listen to him and therefor took the latrine and installed it.

Household 3:
Household members: 1 man, 1 woman, 3 girls, 3 boys.
This household had the latrine for 8 months, a PFL.
Place of the latrine: The latrine is made in the house in a side room.
Current hygiene related behaviour:
-sanitation (fields/space, -goods) Everybody in the household is using the latrine. But when the children are playing outside they use the fields. In the morning the men first use the latrine, then the woman and then the children.
-domestic hygiene Sometimes the woman cleans the latrine and sometimes her daughter. They clean it one time a day with "Fenil".

-personal hygiene
"We wash our hands after relieving because we are Muslim. We always have soap in our house. The children also wash their hands after relieving." When the researcher looked around everybody had clean hands.
Decision-making:
-decision-making
"My husband came home after the meeting with the *Zardar* and told me that we could get the hardware, we discussed it and we installed the latrine." They discussed for two or three weeks.
Arguments pro/contra latrine:
-beliefs -priorities -knowledge -services -income -climate
The main reason to build the latrine were the problems they were facing in the fields, no *purdah*, few fields, when they were ill/pregnant they had big problems and problems because of the dirt. The fields were so scarce that a lot of excreta were lying there. When they had to go during the night they felt very scared, but they were helpless, they had to go. The reason to install was that there would be less dirt in the compound, no bad smell anymore and less illnesses.
Attitude:
-going to the latrine
The women feel ashamed to use the latrine, when men are around. Then they do not use it. When the women are in the compound the men go to the fields. "Sometimes the men use the latrine when we are in the rooms (in the house)."
Interaction with project:
-information
The *Zardar* told them about the project. The secretary of LG came, the *Zardar* called all the men for a meeting.

Additional remarks about the interview:
The women was getting angry with us during the interview, she started yelling, "why do you ask all these questions?" She became angry with the FCO, first the FCO told her to be hygienic and install the latrines etc. and now the FCO is coming and asking her about it. Finally this women ended the interview and wanted to start making bread.
Very fast and secretively the woman covered excreta with some sand in the compound.

Household 4:
Household members: 1 man, 1 woman, 3 boys, 2 girls.
Husband's job: The man is educated, he is working in the hospital as a non-medical employee.
They have their PFL latrine for one year.
Compound is small, inside the village.
Place of the latrine: attached room in a corner of the compound.
Current hygiene related behaviour:
-sanitation (fields/space, -goods)
Because they had few fields around they sat (relieving) near the house, outside the compound, that gave a very bad smell inside the compound. Less people go relieving in the street.
-domestic hygiene The latrine is quite clean. The woman cleans the latrine every week, she has no elder daughter.
"The baby excreta I wash in the bathroom, and put the water in the latrine."
In the corner of the compound there is a pile of dry excreta, the compound is all swept properly.
-water supply
They get their water from the tube well, "I know it is not very clean, many diseases come from the water, but we are helpless, we cannot do it differently."

-access/right of say
The children don't have to ask permission to go to the latrine.
-allocation of resources -need/demands -priorities
"It was a big expense to install the latrine, I don't know exactly, my husband knows. We had to skip other things because we installed the latrine. We have one salary, not enough space to save money. We eat very cheap meals and didn't buy clothes for the children."
Arguments pro/contra latrine:
-beliefs -priorities -knowledge -services -income -climate
The reasons to install the latrine were that there were few fields outside, the latrine would give less dirt in the compound, and no bad smell and they would have fewer illnesses. Question: After installing the latrine were you and your children less ill? "We installed the latrine, but we are short of water, we can't clean the latrine properly, therefore we cannot say that we save money, we do not have enough water, the children are still ill."
Attitude:
-status of women
"When I really need something, then I tell my husband."
"Wherever I want to go or whatever I want to do, I always ask permission from my husband."
-going to the latrine
She is not shy to use the latrine when her husband is around, "he is my husband". He also uses it, also when she and the children are around.
Important others:
All the neighbours have a latrine.
Diseases:
"When the children get ill we don't know the causes. We go to the doctor whenever the children are ill, we go to the doctor in Nushki. A few days ago this child was ill. When I am ill, I go to the doctor in this *Killi*. When he tells me to go to Nushki, then I go there. They charge no fees, these are civil hospitals."

Additional remarks about the interview:
Two children went to school, one boy and one girl, the others were too young to go.
This women was also working when we entered the compound. It was in the morning about 11.30 hour, not the best time to interview. She was making naam.
She had to make naam when we were still interviewing, the researcher went sitting next to her on the roti-pit. The children were disturbing the interview, there was not enough rest to talk, and the women had to work. We stopped interviewing prematurely.

Household 5:
Household members: 4 women, 1 man, 1 girl (The informant is the mother in law, the other women in the household are two unmarried daughters of her and her daughter in law.)
Husband's job: The man is educated till the seventh grade/class. His job is cleaning the road, BNR.
This is a bigger compound, but looks poor.
These people have no latrine.
Current hygiene related behaviour:
-sanitation (fields/space, -goods)
"We have nothing in the compound (for relieving), we are helpless, we have to go in the fields." The researcher asks the woman if she is facing problems now, she starts yelling: "How big are our problems, I am old (the mother-in-law, she has no teeth in her mouth), I have problems with my knees and my back, for me it is a very big problem to go in the fields. When my sister in law was pregnant she faced a lot of problems. The fields are less, when we sit somewhere boys and men pass, we feel very shy.... And the girl is still young she also faces problems. Within the compound they have a

boundary where they pass urine. During the night we just go outside to relieve ourselves if we need to, we are not afraid to go."

-domestic hygiene

There is no curtain or door at the entrance of the compound. Chickens are walking in the yard and sheep and goats.

The unmarried daughters are doing the homework and when they have free time they do embroidery.

The water-bottles are covered.

-water supply

"The water we get from the tubewell. When we need water we go there, 5 or 6 times a day, the women and the children get water there."

Decision-making:

-decision-making

"For important decisions, like going to Quetta for my knee and constructing the latrine, we discuss together and take everyone's argument and then the final decision is with the man, my son. The mother in law and the son are equal in decision power. He obeys what I say."

"We discussed one week to take the latrine or not".

Attitude:

-status of women

Question: "Do you need to take permission from your son to leave the compound?"

"His wife has to ask permission but I just discuss with him. We are not used to go to the bazaar in Nushki, but when we go to Quetta then we go to the bazaar."

"I go to visit the neighbours, they are all relatives, then we don't need *purdah*."

Interaction with project:

-information

We built the pit, but now we covered it, we put soil in it again, the sheeps and goats could fell in it. We asked LG for the hardware, but LG gave all the hardware to the *Zardar*. The *Zardar* distributed the hardware. I don't know why the *Zardar* didn't give us the hardware.

They have a big pile of stones in the compound, also there to make the walls of for the latrine. We did not have enough money to buy the hardware ourselves.

Diseases:

"For my knees I went to the doctor in Quetta, that was very expensive, 7000 - 15000 rupees, but we had to pay, my knees were very ill. The doctor wants us to come back within four days, we booked a car for 800 rupees, we stayed one month in Quetta, we had a flat on rent, it was a lot expense. Health is everything for us. We never had any health education before the FCO came."

Additional remarks about the interview:

The decision-making part of this interview was interesting: "The mother-in-law and the son are equal" was the first thing the mother-in-law said but later she said "he obeys what I say". This did not sound totally equal.

During the interview the informant asked a question to the FCO: "Tell me where we can get the hardware and than we will get it!" answer FCO: "I work for two years in this *Killi*, this woman attended the first meeting, she really was enthusiastic and wanted the hardware, the problem is that we cannot distribute the hardware ourselves. The problem is that the LG doesn't provide them any vehicle. When the *Zardar* came we loaded the hardware in his car and when the *Zardar* gets the hardware he decides who get it. Our problem is this, the well-of people get it and the poor don't get it."

These are poor people, the dresses of the women are old.

Question to the informant: "After waiting so long for the hardware are you and your son still eager to build the latrine?" answer: "Till now we are very much interested, all family members are suffering".

Household 6:
Household members: 5 men (brothers), 4 women (3 married, one mother in law), 3 girls, 9 boys
Case:
This time we had a talk with a young man. The research-team entered the compound and this man asked why we came and we started a talk with him, standing.
"Five months we saved from our budget, more then 800 rupees, we dug the pit ourselves, we saved 600 rupees with that. We are very satisfied with the result (the latrine). The reason to install the latrine was the bad smell outside. Our family is very big. Five brothers are living in this compound, three of them are married, and all the children. One latrine is not sufficient, we asked for more latrines. We want to have one for the men, one for the women and one for the children. One man is sitting there for 10/15 minutes, and then we have to wait. Especially early in the morning, when we have to pray, 9 men want to use the latrine and the females too. Some are late for their prayers because of this one latrine. In the beginning when we just installed the latrine, we were very shy to go, but the time passes and we are less shy. When women are around we don't go to the latrine, because we have one latrine. We can see if the latrine is open or not, when we really have to go when the latrine is occupied we go in the field. We installed the latrine ourselves, nowadays everything is very expensive, we want the children going to school etc.
Question: Do you think it is the duty of the government to help you installing your latrine? Yes, it is the duty of the government, because of the bad rule of the government there is a lot of dirt in the country and a lot of illnesses. If I am ill I cannot work, I can't grow my crops in the fields. I am operator in TNT. When I am ill I can not do my duty. I am not married, I have not enough money to pay the dowry for a girl.
Q: How did you hear about the project?
Daily we go to Nushki, I heard it there. I didn't go to them, they came here (LG). We went to the meeting (organised by the LG).
We have a shortage of water. Local Government gave us only the hardware for the latrine, they didn't give us water. We have a selfhelp-basis built well. It was very expensive. (two lakhs, 200.000 rupees). We, my family (3 houses), contributed our money for it, that we had saved for twenty years. We are with six brothers, one uncle, he started saving money twenty years ago.
Before we built the tube well, we had to get water from very far, we had no latrine, no daily bath. Now we have jobs in Nushki, we have to bath every day. We need more and more water. When we started saving the money it was not for water, it is our tradition to save money for the children, for marriages. We had 70 000 rupees, we took a loan of 120 000 from others, we pay in instalments. We did not take money from other people in the village, they are very poor. We were scared that if we would ask them for money that they would ask it back after six/seven months. We don't have so much money but we suffered a lot, therefore we decided to let the tube well be built. We discussed about it for five years, my uncle took the final decision."

After this talk with the young man we wanted to talk with the women that had been observing us all the time from a distance. When we started to talk with them the young man interfered again: "At the time of the elections members of the provincial assembly came here and promised us water-facilities and latrines, but after the election they can not do anything. They give all the facilities to relatives and put them in their own houses. The province promised but cannot do anything, because the LG does. He asks us why we don't give cement and bricks too, like Unicef did (when the villages got the handpumps for free nobody did take care of them, the project started to take money from every household (200 rupees) now they look after the handpumps and use them much better (according the Pakistani consultant)."

Household 7:
Household members: 2 men, 2 women, 5 boys, 3 girls (We talked to the mother of the children, the mother in law is in the house).
Goods: these people are rich according to the standard of the village, very nice carpets on the floor. (5 goats and 6 sheep).
Husband's job: The father in law worked in Malaysia and is now retired. The other man is shopkeeper in Nushki bazaar. Both men are educated.
This household installed a PFL by themselves three years ago.
Big compound, woman takes us to a separate guest living room for the interview.
Place of the latrine: In an extra room build aside the living room in a corner of the compound.
Current hygiene related behaviour:
-water supply
"We have water shortage, we have to take the water from far away. Behind the compound we dug a well and we contact a water-pump, we get water from this well in the morning, but it is a very small amount. Whatever we have we filter.
We get most water from the tubewell at the other side of the village, 2 or 3 times a day, I or the children get it."
Decision-making:
-decision-making
"Just before instalment the men told us. They installed it because it is a need. The latrine is for all the children, men and the women in the household". "We could not ask the men to install a latrine."
Arguments pro/contra latrine:
-beliefs -priorities -knowledge -services -income -climate
The woman doesn't know the reason why the men installed the latrine. "When we had no latrines we faced a lot of problems, It was very cold in the winter to go outside, very terrible in the rainy season. When guests came they also had to suffer."
Attitude:
-going to the latrine
"We especially faced problems (regarding relieving) when the women were ill."

Additional remarks about the interview:
When we entered the compound men looked at us from a distance, the woman talked with us, but she did not look very eager to talk with us, she did not feel free to talk. It felt like the woman is old-fashioned, and living according to the old traditions.
Remarkable was that guests are also mentioned as an argument for taking the latrine.

Household 8:
Household members: 7 women, 4 men, 5 girls, 6 boys.
Goods: They have quite some furniture. 20 goats and 20 sheep.
Husband's job: One man works as a farmer on own lands, one is shopkeeper and one is government servant (*levi*).
They have two latrines in the compound, one for men and one for female.
One latrine is provided by the project, about one year ago.
Big compound, but empty.
Place of the latrine: one (the self-purchased latrine) is near the guest-room in the house, the other is in the compound in a corner.
Current hygiene related behaviour:
-sanitation (fields/space, -goods)
"We go still in the fields, when we are ill or when the weather is rough then we use the latrine. One reason is that the fields are near to our house and the second reason is that we don't use the latrine

because we have no water. The children always go in the field, only when they are ill they use the latrine. Only the men use the latrine every time. We are happy to go in the field, it feels relaxed. During the night we never go relieving ourselves. Because we are going in the fields we are not shy to leave the compound in front of the men.
If the weather is bad, or when we are ill, then we use the latrine in the other side of the compound, then the men don't see us. We don't take a *Lota* with us in the field, we use stones to clean ourselves."
They told us first that the men use the guest-latrine and the women the latrine in the compound. After asking another time an explanation about who is using which latrine, they told us that with rough weather the women use the compound one and the men the guest one. Under normal conditions, the men use the LG one, the guest one is not used and the women go in the field....
-domestic hygiene
We clean the latrine everyday, early in the morning. The latrine in the compound was clean, the water filter next to it was almost empty.
The other latrine was a guest one, it was not clean but it looked like it was not much used, only when there were guests presumably.
Doves are sitting on the clean crockery.
-personal hygiene
"We wash our hands after relieving, we are Muslim, we do this with soap."
-allocation of resources -need/demands -priorities
"We purchased one latrine from the bazaar, we installed that one first (in the house, near the guest-room). When the project came we got a second latrine.
If we would have enough water then we would all use the latrine."
Decision-making:
-decision-making
"Within one day we decided to install the latrine. We discussed it together with the men and women and then the men took the final decision."
Arguments pro/contra latrine:
-beliefs -priorities -knowledge -services -income -climate
"We faced a lot of problems without the latrine, we and the children got ill, there were hardly any fields. We had no kind of latrine before, just the fields. We had no corner in the compound to urinate, we went beside the hill."
Attitude:
-status of women
"I don't think an improved latrine is good for *purdah*. We use the fields when the men are not in the village."
-going to the latrine
"It is a need to relieve, when we are ill, or with bad weather, or in the night we use the latrine."
Interaction with project:
-information
"A village men brought six latrines from LG, he said to us "I brought this latrine and you will install it"."

Household 9:
Household members: 6 women and 5 men, 1 child (six years old).
Goods: It all looks quite poor.
They have a latrine from LG for one year.
Small compound.
Price latrine: 250 rupees.
Place of the latrine: The latrine is in the house.

Current hygiene related behaviour:

-sanitation (fields/space, -goods)

They all use the latrine, sometimes the men go in the fields, but the women always use the latrine. The men are going early in the morning to their work and come back in the evening, the women use the latrine when the men are not around. "We just go the latrine when we want, and because the latrine is in the corner, and men are in the rooms in the evening, we also can go then."

-domestic hygiene

Girls are cleaning the latrine every day with surf.

A women is making naam. A lot of flies are around (this was not the case in the other compounds we have been).

-personal hygiene

They always use a *Lota*, and wash their hands with soap. When they come from the latrine they wash their hands in the compound (outside).

-allocation of resources -need/demands -priorities

Question: what is the first thing you want to improve in the compound? "We want a TV, fridge, we want each and everything in the compound, a new building also, we want a good house, we want a doctor, a dispensary and a school. We have a lot of wishes and we want to fulfil them."

Decision-making:

-decision-making

"We decided it very easily. The installation was not the expense, we got the hard ware from LG, my father is a mason, we bought cement and bricks, 250 rupees."

Arguments pro/contra latrine:

-beliefs -priorities -knowledge -services -income -climate

"Guests come and face problems and we feel good now that the women don't have to go outside to relieve. A latrine is positive when people are ill and when it rains. Before this latrine we went outside. Biggest problem was the rain, and it became very difficult not to be seen."

Attitude:

-status of women

"I have to get permission in every matter from my husband. The highest woman has more freedom, the elder ladies have more freedom." Whenever a woman feels that her husband has not given permission she cannot do that.

-going to the latrine

The women feel shy to use the latrine when the men are around, the men are also shy to use the latrine when the women are around (but they use it when the women are around).

Diseases:

"We know diseases and the causes. When a child eats a dirty thing, or when the water is dirty, or when the weather changes then it gets ill."

Household 10:

Household members: 2 women, 6 men, 2 girls and 2 boys.

No latrine .

Place of the latrine: They are digging the pit outside the compound, against the wall of the compound, just around the corner of the gate.

Current hygiene related behaviour:

-sanitation (fields/space, -goods)

"When we need to we go in the fields, 2 times a day. When we feel trouble we go outside."

Arguments pro/contra latrine:

-beliefs -priorities -knowledge -services -income -climate

These people have no latrine because they are too poor. "We are facing a lot of problems without a latrine. We feel helpless, we will purchase that latrine anyhow."

Interaction with project:

-information

"We made the pit but we cannot purchase the hardware from bazaar. From the project we didn't get the hardware. We are digging the pit now, it is under process."

Additional remarks about the interview: The woman we talked to was very busy and did not want to talk with us longer.

Household 11:

Household members: 5 women, 5 men, 1 boy, 3 girls.
No latrine.
Big compound, but empty, it does not look very neat, piles of wood laying around.

Current hygiene related behaviour:

-sanitation (fields/space, -goods)

"For relieving we go in the fields. We do not need to get permission to go in the fields. We have a boundary latrine to pass urine and do our *wazzu*.
When we go in the fields we take a *Lota* with us.
We go for relieving to different places, not to the same place. Wherever there is no one. We always go with two or three women, never alone."
The baby excreta: "we wash the clothes near the tubewell and throw the dirty water there."

-domestic hygiene

Goats are walking around. Excreta of one of the children is laying in the house!! The woman is putting some earth on it.

-water supply

"We get the water from the tube well, very near to their house.
Outside the village there is a well if the tubewell isn't working. The tubewell is not working when the electricity fails. It is a big problem when the tubewell isn't working, the other well is very far."

-allocation of resources -need/demands -priorities

"We have some money, hardware is free, we have five men, they earn enough."

Decision-making:

-decision-making

She discussed about the latrine with the other women and sometimes with her husband.

Arguments pro/contra latrine:

-beliefs -priorities -knowledge -services -income -climate

Why no latrine? "We just shifted here, before we lived in another village.
An improved latrine is good, then we get *purdah* and when we are ill we can easily go. If we would have an improved latrine it would be very clean for us, no dirt in the compound. They have a plan to install a latrine. We will install for the following reasons: when somebody is old, pregnant, ill, rough weather."

Additional remarks about the interview:
The woman we talked to wanted to work she did not want to talk with us. She did not look happy and was very closed. Their compound was in the left front corner of the village, a bit away from the others. It was near the tube well. The woman told that she washes the dirty clothes with baby-excreta near the tubewell and throws the dirty water there. This is of course very dangerous for water contamination. Exactly the place where the whole village gets its water from.

8.4 Summary and discussion of the interview outcomes from Killi Gerazi

8.4.1 General picture

The average number of people in the households is 11 people.
The usual jobs of the men are cleaning the roads in governments service, farmer, shopkeeper, *levi*, "cutting trees" in governments service and one men was working in Malaysia.
The size of a compound did not say anything about the wealth of the inventory. There were smaller compounds with a richer appearance and bigger compounds with almost no inventory. Sometimes there11 were even insufficient buckets to collect water for storage. A house with a richer appearance has a separate guest-room and nice carpets on the floor whereas poor households only have mud floors.
Twice the question about the price of the latrine was answered, in one household they constructed the latrine for 1500 rupees and in the other for 250 rupees. The difference consists of the costs of digging the pit (some people did this themselves) and if an attached room needed to be made.

8.4.2 Current hygiene related behaviour

-Sanitation
Most of the households that were approached had a PFL latrine. Often not all the household members are using the improved latrine all the time. When children are playing outside they still relieve in the fields. Men that are working in agriculture are also used to go in the fields. In general women used the improved latrines (when present) but an exception was seen were women went in the fields and men used the improved latrine.
To clean themselves after relieving people most of the time use a *Lota* with water, in the fields stones are also used.
Around the village there are less fields available with enough privacy.
The place of the latrine is very important, shyness (see attitude) to go to the latrine in front of others is a blocking factor for convenient latrine use. Answers as "when we need we go in the field, twice a day" reflect the traditional way of women of relieving only twice a day. It seems that the women are not aware that going twice a day is according to what they are "allowed" to do and not to what their body tells them.
In extended households the number of people in one household can be 22 people. In those very big households people are very willing to have more than one latrine. It seems that because of income pooling these households have more means to install an improved latrine.
The water shortage in the village is most probably the main obstructing factor in latrine use. The water shortage totally blocks hygienic latrine use. When not every household member is using the latrine, excreta will still lay around near (or even in) the compounds. The F-diagram (see paragraph 3.1) stays in tact. Because of the water shortage children are sometimes not allowed to use the latrine. It is curious that in villages with less water PFL's are installed instead of VIP latrines.
One interesting case is household 8. This household (22 members) had already built a latrine before the LG came. When the LG came they installed another latrine. The first latrine is obviously built for guests. It is attached to the guest-room in a separate part of the compound (most probably because male guests are not allowed to mingle with the women of the compound). The second latrine built with government hardware is in the compound. The women and the children do not use it but the men. Most often the latrines are built especially for the women, they face the biggest problems (for example when they are pregnant and related to *purdah*). In this case the women go under normal circumstances relieving in the fields. Only with rough weather or when they are ill they use the compound latrine. The women say that they are satisfied with going in the fields, "it feels relaxed". And because they are relieving in the fields they do not feel shy to go when they need. Presumably the men use the latrine because they have jobs where there are latrine facilities too. It seems that these men that are better-of (comparatively speaking) have conventional think-patterns and do not encourage their women to use the latrine, even when there are good facilities (two latrines in one compound).

Within the research it was difficult to find households without PFL latrines, it seemed that the latrine-implementation grade of the village was high. The people without latrines faced problems, they felt helpless and were all willing to build one but could not do so without support.

-Domestic hygiene
The overall appearance of the compounds and the living rooms was neat. There was not much inventory in the living rooms. The beddings were piled up mostly on a low cupboard. The floors were empty; carpeted in richer households, whereas poorer households had a plastic carpet or just mud on the floor. The married women all have a chest with their embroidered dresses and other dowry.
All the latrines that the researcher saw were rather clean and in use. Women or elder daughters clean the latrine, sometimes daily, sometimes weekly. Some households use a cleaning detergent (Surf-washing powder, Fenil-antiseptic detergent) and a brush and others just use water.
In one-third of the interviews animals were present in the compound.
Twice fresh children excreta were laying in the compounds covered with some soil.

-Water supply
The basic water supply for the people in the village is a tubewell (see case household 6). The tubewell is situated at the entrance of the village. It works with an electric pump and therefor there is no water when the electricity fails. The water is pumped into an open basin where the people take their water out. The alternative is an old well somewhere outside the village. Informants have different opinions about the water, "it is groundwater, the water is good and we do not get ill from it" but also "I know it is not much clean, many diseases come from the water, but we are helpless, we can not do it differently". (During the interviews the Pakistani consultant discussed, with the men of the village, the purchase (according to project-rules) of a handpump, the village men decided to take one or two and collected the necessary money).

-Access/right of say
Not all the members of a household are always allowed to use the latrine. Water shortage is a reason not to let everybody use the latrine. Children are often the ones that are not allowed to use the latrine, especially in extended households. Children do not seem to know how to use the latrines properly. They have presumably not been trained to use the latrine well. In nuclear families children often use the latrine and do not have to ask permission to go to the latrine.

-Personal hygiene
This item has been focused on handwashing after relieving. All informants that answered this question said that they washed there hands with soap. This can be biased, because of the presence of the researcher and the FCO. One household replied "we wash our hands with soap because the FCO gave hygiene education". At least it can be concluded that the message of the FCO was understood and that these people were not so poor that they could not afford soap. Another reason to wash hands with soap was because of the bad smell of the hands after relieving. The sentence "we wash our hands after relieving because we are Muslim" was said twice.

8.4.3 Decision-making
-Decision-making
The decision-making pattern that is seen most often is that the man and woman discuss important problems together and decide together what the solution must be or that the man takes the final decision after consulting the woma(e)n. In one case the mother-in-law said this: "Important decisions, like going to Quetta for my knee (hospital) and constructing the latrine, we discuss together and take everyone's argument and then the final decision is taken by the man, my son. The mother and the son are equal in

decision power. He obeys to what I say." In this case the husband of the mother did not live anymore, this gave the mother decision-making power. Old age gives respect.
Another pattern is that the male members decide what happens. In one case the woman did not know that her husband had decided to install a latrine. In this case this was a better-of household. The woman also said that she could not ask her husband to install a latrine.
The decision-making process for instalment of a latrine varied between one day and three weeks.
Helpful for fast decision-making is the free hardware from LG. When one of the men of the compound is handy (mason) the latrine can be installed for 250 rupees (Fl 12,50). When the household decides to make a whole new attached room to the house it is more expensive.

-Allocation of resources, needs/demands, priorities
One of the nuclear households told us that they had to balance their expenditures because of the construction of the latrine. They had to economise on food and clothes.
In one of the poorer households, where there was an improved latrine without a roof and door, one of the women said "we always have enough money to buy soap for washing clothes, hands and body". After harvest they should have money to fix a door and roof for the latrine. After the question "what is the first thing you want to improve in the compound? the answer was: "we do not think about that". But an old women said that she wanted to have a lot of things, telephone, electricity, TV, but that there was no money. This respond was heard more often. It shows the dreams of the people. Others also want "a TV, a fridge, each and everything, a new building, a good house, a doctor, a dispensary and a school." No informant came with a reasonable answer on this question. It can be suggested that there is little space in the budgets of people for other than very basic needs, they do not think about improvements in the compound. Presumably women sometimes have no insight in the money available in the household.

8.4.4 Arguments for and against latrines
-beliefs -priorities -knowledge -services -income -climate
The only argument against an improved latrine is that it costs money. With the hardware and help of the LG every household in *Killi* Gerazi could install a latrine. But not every household that dug a pit got the hardware (see interaction with project).
The arguments that were given for an improved latrine:
- fewer fields ("it became very difficult not to be seen", "a lot of excreta where laying in the available fields")
- *purdah* ("this is a small village, everybody knows you, there are fewer fields around, everybody sees you, that is very bad for us", "with an improved latrine women do not have to go out anymore, that is good". There was one remark against this argument "I do not think an improved latrine is good for *purdah*. We use the fields when the men are not in the village")
- scared to go in the fields during the night
- easy when ill (old, pregnant)
- protection for (cold, rough, rainy) weather
- clean, no dirt in the compound
- no bad smell anymore in the compound
- easy for guests
- less illnesses
- used to an improved latrine when living in Quetta

8.4.5 Attitude

-Status of women

The women still have strict rules they have to live with. They see it as bad to go to the bazaar in Nushki "we are Brahui, we never go to the bazaar". When they really need something they ask their husbands for it.

In the village they are allowed to visit the neighbours "here we are relatives". This can also be concluded out of the fact that often more women were around during the interviews than were living in the compound according to the information of the informants. Often the women have to get permission in every matter from their husband "whenever a woman feels that her husband has not given her permission she cannot do that". This sentence implies a lot. Even when the husband is not around the woman thinks about her actions in terms of what her husband would say about it. Elder women have more freedom.

-Going to the latrine

An obstruction in convenient latrine use (going when feeling a need) is the feeling of shame to go to the latrine in front of the other sex. Most of the informants do not go to the latrine when men are around and they tell the researcher that their men do not go when they are around. It does not matter if the informants live in nuclear households or extended households.

In both cases there was an exception "I am not shy to use the latrine when my husband is around, he is my husband" and "we feel not shy to go, also when men are around".

8.4.6 Interaction with the project

The people heard about the project often through the *Zardar*. The *Zardar* has an important role within the work-method of the LG (although most probably not on purpose, at least not mentioned in the implementation methodology). "The secretary of LG came, the *Zardar* called all the men for a meeting". The *Zardar* has much influence on the distribution of the hardware, "because the *Zardar* took all the latrines". The *Zardar* gets the hardware to divide because there are not enough transportation possibilities with the LG means. The UCS and the FCO have no car to transport themselves or the hardware to the villages with a demand for the project. In this village there were people that were present at all the meetings from the LG, followed the rules, dug the pit but that did not get the hardware (see household 5) and were too poor to buy the hardware themselves. This in contrast with the next case "A village men brought six latrines from LG, he said to us "I brought this latrine and you will install it". This is the household (Household 8) where there had been already a PFL latrine for three years made for guests (made without any help of a project). According to this statement these people did not ask LG for hardware, but they got it and installed it but do not use it properly (see sanitation). The poorest people did not get the hardware "we build the pit (around a year ago), but now we covered it, we put soil in it again, the sheep and goats could fall in it. We asked the LG for hardware, but the LG gave all the hardware to the *Zardar*. I do not know why the *Zardar* did not give us the hardware. We did not have enough money to buy the hardware ourselves."

The free hardware is encouraging the people to install latrines. Latrines are often not first priorities in the minds of the village people to spend their money on. Sentences as "we needed the help of LG because we were too poor to install the latrine" show that there are poor people that really need the free hardware to be able to install the latrines.

8.4.7 Important others

The question about important others was not often asked. But as seen by the interaction with the project the *Zardar* is an important person in the village.

One informant said "we have respect for the *Zardar*, we listen to whatever he says".

For the women the mother of the *Zardar* is someone they can turn to when they have bigger difficulties.

8.4.8 Diseases

This question has just been asked four times asked. The informants do not know real causes of illnesses. They go to the doctor when somebody is ill. There is a doctor in the *Killi*. When this doctor does not know what to do the people go to Nushki. These doctors charge no fees, because they are from civil hospitals. Often the medicines are also for free. Health is very important for the people. Overall there is a tendency that when necessary people do not hesitate to spend much money on doctors.

8.5 Other interviews done within the project area

8.5.1 Introduction

Within the project area more interviews were done than the ones in *Killi* Gerazi. For pretesting the questionnaire the field-team (Pakistani consultant, the researcher, the counterpart and a second translator) went to *Killi* Sarang Sai. Later the team went (without the second translator) to Kuzlag and *Killi* Murit. The interviews done in *Killi* Surdub can not really be seen as pretesting, those were done in the second last week of the researcher's stay in Pakistan, nevertheless they were done with a time constraint from "outside" (see own story, appendix 1).
These interviews will be elaborated differently than the interviews from *Killi* Gerazi. The most interesting cases will be described in paragraph 5.3.3 and in paragraph 5.3.4 a summary will be given of the outcomes from all the "other interviews done within the project area". In this summary new facts are also presented because not all the cases are described in full detail. Emphasis will be put on contradicting outcomes.

Table 8.1: Pretesting: number of interviews

VILLAGES	*Killi* Sarang Sai	Kuzlag (town)	*Killi* Murit	*Killi* Surdub
Number of interviews	5	5	0	2

8.5.2 General descriptions of interview locations

Killi Sarang Sai

Killi Sarang Sai is a village with about 35 compounds just a small hour drive from Quetta. It is a Pasthu village. The village is still that near to Quetta that it is under its influence. It is not seen as a really backward area, people are supposed to be more aware than in more rural Balochistan and more talkative. The people from Sarang Sai do not see their village as a real poor village. In one interview the informant told that "there are very few poor compounds in our village".
Before entering the village the team had to go from the road to the dry riverbed and go further on a scary simple stony road on the mountain. The team was invited by the *Zardar* to stay at his place, the biggest and most luxurious compound on one of the mountains that surround the village. The Pakistani supervisor of the research arranged this visit. The son of the *Zardar* accompanied us with the interviews. He introduced us in different households. When the interviews were held with the women he waited outside (a man from another family is often not allowed in the women-quarters of the house).
The houses in the village are made of mud, only the *Zardar* has a brick-made house. There are no improved latrines in the village. No sanitation project has ever been there. Only the *Zardar* has several Pour Flush latrines in his house.
During the day there are fewer men in the village, they are working outside the village. The women do the housework. When we walked through the village we got a lot of attention, the women peeping out the doorways of the compounds.

Kuzlag

Kuzlag is a town very near to Quetta. In the direction of the Afghan border. It is called a smugglers-town. When driving through this town the men in the street looked rough and tough.
The interviews were done in different area's of Kuzlag, not in the centre. The *Killi*'s are semi-urban and even seems rural: mud streets without sewerage systems and mud walls everywhere. The water supply comes from the mountains by old canals. In Kuzlag the project still has projects going on and a few years ago they installed latrines with the help of an NGO. Even after a specific request to the Pakistani consultant to go to a place where the project had installed latrines around a year ago the researcher had not managed to come there.

During the first visit the team (counterpart, researcher and Pakistani consultant) went to a place were the project was soon starting a new sanitation project. First the team had to visit the employee of the Local Government, drink tea with him and have lunch with him and then he brought the team to a compound where an improved latrine was installed a few days ago (without help of the project). The second visit the team went to two households that had latrines through the project (resp. one year and three months ago) and the last visit to Kuzlag the team went to a *Zardar* with 8 latrines, two of them build by the project. That time the team also went to a compound in which a Pour Flush latrine had just been installed by the project, but that also already had a Pour Flush latrine since 1980 (because experience with latrines (working and living abroad)). The five interviews were all done in very different households. They were all Pasthu households.

Killi Murit

Killi Murit is about a two hours drive from Quetta, it is not far behind the mountains that surround Quetta. *Killi* Murit is a Baluch village and a small village in the middle of nowhere with just bare grey hills around. When the team entered the village centre, all the compounds were quite open, without walls totally closed around them, there were a lot of ventilation pipes of the VIP latrines peeping out above the walls. It looked like every compound had its own VIP latrine. In the village centre there was a water-pump of the project. That was not spotless, used, muddy and had cracks in the slab. In *Killi* Murit no real interview was done, the team stayed just half an hour in this *Killi* (because the team had to be back in Quetta before dark for safety precautions). But it happened to be an interesting impression.

Killi Surdub

Another trip organised by the project was to *Killi* Surdub. A rural Pasthu village. Again there was not enough time to stay in this village for thorough interviews, the team was not in this village for more than one and a half hour. The researcher decided to interview the women of the household that was nearest to where the land-cruizer stopped in the village. It was a very poor household. The *Zardar* of the village came to the car and asked why we wanted to interview that poor household. He wanted the researcher to take the poor people to his (the *Zardar*'s) household and interview them there. The researcher did not want or do that.

The houses of this village were all built quite far apart. It seemed that there was not something like a village-centre. The Dutch Embassy delegation that checked the project during the researcher's stay was brought to this village to show the work of the project.

8.6 Interesting cases of other interviews done within the project-area

Case Killi Murit

The visit (of half an hour) to *Killi* Murit showed a very different view than all the other places where the team went.

Instead of doing a short interview, the researcher decided to do a village-walk and look at the latrines. (The interpreter was not available at that moment). When The researcher walked through the village, about fifteen young boys where following her, barefoot and with dirty clothes on. They enjoyed walking behind the researcher very much, making strange noises and laughing a lot. But they brought the researcher quite fast to about six latrines. They were all spotless and without any smell. First the researcher did not understand, but later it became quite evident that these VIP-latrines were not used at all. One of the entrances of the latrines was even blocked with a pile of stones. The defecation holes were quite small and it was not possible that nobody would mess around a bit of shit when using it, especially not when comparing this to the latrines in use (and dirty) that were seen in Quetta. The latrine rooms/buildings were very small and dark (about one meter by one meter), most of the time in corners of the compounds. Supposingly for people that are used to relieve in the fields abundantly available all around the houses, these latrines could not be a very convenient solution, especially

without proper hygiene education. Because of the open scheme of the village everybody could see who is going to the latrine. In search for privacy it is most probably easier for the people to follow the old way and go somewhere in the abundance of fields.

Cases Kuzlag (all Pasthu households)

Household 1
Household members: 3 women, 3 men, 7 children.
PFL latrine, installed a few days ago, without the help of a project.
Decision-making:
-decision-making
"I had to wait for five years for this latrine, I was used to have a latrine at home. First I did not ask, I was to ashamed to ask for a latrine. Later every day I talked with my husband about it. I talked a lot with my husband, but there was no money to build the latrine. And I talked with the other women about it. Diseases were coming from the old latrine, and a dirty smell. Everything was dirty because of the old system. In the rainy season the children were sometimes crying that they did not want to go the surface latrine (without roof) in the rain.
Attitude:
-status of women
"In all affairs we ask permission to our husbands". They need permission to go to their parents' homes and permission to go to the doctor. They never go to a shop. If they really need something they ask their husbands, when he is not there they will ask the father in law. In their free time they make embroidery and dresses. The husband even buys their clothes. Sometimes they ask a cousin to bring a certain cloth that they really would like to have.
Important others:
"in this *Killi* we have *Malik* Nematuli, everybody is listening to him. He is our elder. He never talks about latrines".
Diseases:
"We know from the TV that all diseases come from dirt, and that you have to keep yourself clean". The women do not go to the doctor, they bring the children when they are ill. She does not know how many times. They go to the Ibrahim doctor in the bazaar. "It costs 60 rupees, medicines are 200 or 300 rupees, money is no problem in case of diseases". "The water we use comes from the mountain, water is good for health, nobody gets ill from water". These women never have had any health education, but they are interested in it.

Household 2
Household members: 10 men, 6 women (includes children).
PFL latrine installed by the project and traditional pitlatrine.
Attitude:
-going to the latrine
"It is bad to go to the latrine, not natural, we feel ashamed to go to the latrine. How is it possible that we can go when men are around, because of our religion we cannot do that."
Important others:
"We respect the *Zardar*, but he must not interfere in personal affairs. But when he wants to vaccinate the children then we will listen to him".

Household 3
Household members: 3 men, 4 women, 4 children.
PFL latrine installed by the project.
Cleaning of the latrine after request:

Before cleaning there was shit on the slab. The women flushed a few *Lota*'s with water through the latrine and used a broom. After cleaning it was not clean in our eyes. From behind the husband of the cleaning woman was constantly screaming that she must not use too much water. (The women and the children use the latrine, the men go in the field)

Household 4
Household members: 5 men, 4 women, 10 boys, 11 girls (The household of the *Zardar* in Kuzlag).
8 Pour Flush latrines, two of them were given by the project, the others were already installed earlier.
Current hygiene related behaviour:

-sanitation
Each nuclear household within the *Zardar*'s household has its own attached bathroom with a PFL next to their living room. The whole nuclear family is using this bathroom and there are two general Pour Flush latrines in the compound, one is used by the men and the other by the women and the children. "We have the tradition that when men use the latrine, the women will not use it, we feel ashamed to use the same latrine. But the attached latrines next to the living rooms we use together within our (nuclear) family. That is private."

Household 5
(*Killi* Mughtian)
Household members: 1 man, 1 woman, 6 girls, 1 boy.
Inventory: TV and telephone.
Two PFL latrines, one installed in 1980 and one installed recently with the help of the project.
After the researcher's request to go to a poor household for an interview, after the visit to the very rich *Zardar* with eight latrines, the son of the *Zardar* took us to a compound. Here a nice old man showed his brand-new building, (not attached to their house) a big room with an attached bathroom with a Pour Flush latrine. The latrine was not yet used. They told us that it is a guest-room. It was obvious that the son of the *Zardar* knew these people quite well, he was allowed to enter the living room when the women of the house are also there.
During the interview the man and woman told me that they have had a Pour Flush latrine since 1980. I saw this one later, a very nice and convenient separate room, just outside the living room. The woman is from Sri Lanka where she married this Pakistani man, they were very aware about the practical benefits and the hygiene benefits of a PFL latrine.
This new latrine that came from the LG was laying in their compound for quite a long time, finally they had enough money to build the new building and make an attached bathroom. This cost them 7000 or 8000 rupees (± 350 guilders), they told me that if the LG had not given them the hardware it would have cost them 10000 rupees.

Cases Killi Surdub

Case: Poor nuclear household
Household members: 4 women, 2 men and 1 girl and 2 boys.
The researcher interviewed the woman of this household next to the wood-stove (mud-hole in the mud-floor) in her small living room (also used for sleeping). There was no electricity, no gas and little inventory. It was a rainy day and quite dark in her house. The elder daughters are not allowed to go to school. The other children are too young to go to school. Nobody in the household has any education. The husband and the eldest son of the informant are daily workers.
Current hygiene related behaviour:

-sanitation
They have a PFL from the LG. The latrine is placed in an attached room to the house, but you have to go outside to go to the latrine.

Earlier they went outside to the fields to relieve themselves, in their small compound there was no space for a surface latrine. "I faced big problems, going in the field gave a lot of problems, especially in the rainy season, open area's, snow, wind. In summer it gave a very bad smell." The women are using the latrine, the children are going in the field. The men go in the field when they work, but when they are at home they use the latrine. The women don't use the latrine when the men are around.

-domestic hygiene

"We have to keep the latrine clean. No bad smell, and no flies. I clean the latrine normally. When I am ill my daughter is doing it. We clean the latrine in the morning. The first thing in the morning after getting up at six is going for *wazzu*, then we pray, clean the latrine, make breakfast, clean the crockery, clean the house, make lunch, then we have free time for embroidery, when the men come home we eat lunch, we pray, in summer we go for a sleep, in winter we sit next to the stove and just make embroidery, we pray, do the cooking-work, eat dinner, clean everything and go to bed at ten o clock."

-water supply

"There is a tubewell in the *Zardar*'s house, we have to get our water from there, it is quite far, difficult for us, we do not have much water for the latrine."

-personal hygiene

"We take a *Lota* for cleaning the latrine and ourselves. Whenever I go to the latrine I bring a *Lota*, we are religious so we wash our hands after relieving and before prayer, 5 times with soap (*wazzu*)."

Decision-making:

-decision-making

"My husband discussed it with me, the *Zardar* told him about the latrines. I listened to my husband and agreed with him. I never talked with other women about it."

Interaction with the project:

"Here the *Zardar* brought the latrine, we obey to what he says and we installed the latrine. Everyone in the village obeys to what he says, they made their pits, I don't know why not everyone has installed their latrines yet."

Attitude:

-status of women

"I am not allowed to talk with neighbours, I never talk with other women, I am not allowed to do that, I don't go out the compound."

Diseases:

"I know diarrhoea, cough and cholera, diseases are from God. I think they occur because of dirty water, or when the weather changes, in summer you have more diarrhoea and in winter cough. Whenever we get ill we go to the doctor in Kuzlag by bus. We pay 7 rupees for the bus one way. I don't know the fee of the doctor, 100 or 200 rupees inclusive medicines. I went last month. The latrine saves money, we have had the latrine for one year and the children are less ill."

Case: Interview with the *Zardar* of *Killi* Surdub

After the visit to the poor household in *Killi* Surdub we visited the compound of the *Zardar* of *Killi* Surdub. He lives in a big compound, square, 15 men and 20 women are living there (15 of them are children). We are sitting with some women and the *Zardar* (12 people in total) in the main living room, near to the stove. The *Zardar* is talking to us, he does not let his women talk to us. He is a very active member of his village. He wants himself to be remembered as a social man, with respect, like his father is remembered who was chief before him. But he needs the confidence from the village members. He is progressive in his way, he wants to have a girlschool in his village, but there is none. So he was the first man that sent one of his girls to the boy-school, now more family-members are following his example. He told us that people in the village think that it is bad to educate women.

The *Zardar* does not have a latrine in the compound, only a boundary wall for the women. The men and the children relieve themselves in the field. But he does have the hardware now and when the weather will be better he will install the latrines. He told us that he went door to door to every compound to tell

the people to install latrines, "we convince the people with the message that because of all the dirt in their compounds they will get jaundice and diarrhoea. It is difficult for the people to get enough means and money for installing the latrine, they are poor, labourers. The people are uneducated, if they have money they do not know how to spend it well. I gave them cement and labour charges and then they construct their latrines."

Attitude:

-status of women

After the question if he discusses problems with the women of the household he told this: "The women are very uneducated, they are not well aware about anything, they even take wrong medicines. If you put some questions to these women, you will get the wrong answers, they are not educated. The majority of these women only speak to each other, they do not speak Urdu. In all matters men talk together and solve the problems... When our daughters take good education then they can decide with us... "

8.7 Summary and discussion of interview outcomes of the other interviews done within the project area

8.7.1 Current hygiene related behaviour

-Sanitation

In Sarang Sai two of the five compounds have a surface latrine. The people of the other compounds just use the fields (there is an abundance of "fields" in the mountainous area). In *Killi* Murit every compound has a VIP latrine installed by the project but the people do not use them. In Kuzlag every interviewed household has one or more PFL latrines. In *Killi* Surdub the poor household has a PFL and the *Zardar* has the hardware for a PFL but did not install it yet.

In the Pasthu households there is a demand for second latrines. They mostly prefer to have two latrines, one for the women and the children and one for the men and the guests. Like in Household 8 in *Killi* Gerazi and in Household 2 in Kuzlag the men use the improved latrine and the women the traditional pitlatrine. In Pasthu households more strict ideas seem to rule. The idea that women cannot use the same latrine as men is more predominant than within the other tribes (Baluch/Brahui). But within the nuclear families this idea is not predominant.

The richer extended households already have more than one latrine.

Water-shortage is again mentioned as a factor that hinders latrine use of all family-members.

-Domestic hygiene

The domestic hygiene did not differ much from the domestic hygiene in *Killi* Gerazi. An interesting fact occurred in Sarang Sai where one poor woman cleaned in other people's households (she had to brought up her sons herself).

-Water supply

In Sarang Sai the people use water from the stream from the mountains. In one household the informants were very sure about the cleanliness of the water "It even heals people, people sell it for 5 rupees a litre in bottles". In Kuzlag the same was heard. In Kuzlag water comes often from tabs with water-scheme's made by the government. It is ground water, or the water comes from the mountains, but also through tabs. Nevertheless in the poorer households there is often not enough water. In *Killi* Surdub the tubewell of the *Zardar* is the water supply.

-Access/right of say

In Sarang Sai women can leave the house when they want to relieve themselves, but when men are in the house they do not go and get pains in their stomach.

Again not all the members of the households are allowed to use the latrine.

8.7.2 Decision-making

-Decision-making

Old age means respect in *Killi* Gerazi and in *Kılli* Sarang Sai. One woman brought up her sons herself and she told that she has decision-power, the generation difference giving her the power. "A mother-in-law can motivate her sons to do things" has been said in another interview. In one case in Kuzlag something else was seen, the woman did not dare to answer the questions about decision-making and walked every time to her husband for the answers. The topic seemed to be sensitive and frightening. In other cases the women discussed a lot with their men about the installation of an improved latrine. In one case a woman needed five years to convince her husband to install an improved latrine.

-Allocation of resources, needs/demands, priorities

There is a social network for the very poor in Sarang Sai, informants told that there was one very poor household in the village, "there is one very poor woman, her husband does not work, her compound has bad walls, we help them with money and things".

8.7.3 Arguments for and against latrines

-beliefs -priorities -knowledge -services -income -climate

The most important reason for building a latrine according to the people in Sarang Sai is privacy (said four times), the different reasons are:

- latrines gives privacy (4)
- without latrine people are scared to go out in the night
- in winter it is really cold to relieve outside (2)
- honour to the guests
- nice to have one

arguments against latrines:

- it is too expensive to build one(2)
- there is no need of a latrine (the women of one household didn't see any reason to build a latrine, they had enough privacy and they liked to go outside)

The reasons to build a latrine in Kuzlag were:

- "we bought the first PFL's for the guests, after getting used to it ourselves we bought more PFL's"
- no dirt anymore in the compound
- no smell (2)
- safe for the children
- protection from the weather
- no flies/no mosquitoes anymore
- "we can go when we want to relieve ourselves"
- it is not dirty to clean it
- no dirty dresses and shoes anymore because of going in the fields
- no diseases anymore
- latrine shows respect to yourself
- *purdah*
- already used to a PFL (2) (earlier living abroad or in parents home)
- latrine gives privacy

8.7.4 Attitude

-Status of women

The *Zardar* in *Killi* Surdub did not consider his women for whatsoever and took them for very uneducated ("stupid beings"), "they are not able to answer one question". The other woman in Surdub said "I am not allowed to talk with neighbours, I never talk with other women, I am not allowed to do that, I do not go out the compound". It is difficult to determine if this is true, there were no cross-checkings or thorough enough interviews to found this statement. But also in Kuzlag the women said that in all affairs they ask permission from their husbands.

-Going to the latrine

Sarang Sai: In half of the cases the women don't go relieving themselves when men are around in the compound and the women get pain in their stomachs from waiting, in the other cases the women told us that they go when they feel the need. But even then it can be the case that they go during the day when they feel a need (when the men are at work) but when men are around they do not go that easily. Nuclear families are normally not shy towards each other to go to the latrine in front of each other. Members of extended households do not want to be seen by the other sex when going to the latrine. Sentences as "I never talked with neighbours or relatives about this topic (latrines), it is the duty of the men to talk together" reflect the sensitivity of the topic. Relieving and latrines are not subjects to discuss easily with neighbours or relatives and this woman (although she is very satisfied with the latrine) gave all the responsibility to the men to spread out the news of the latrines.

8.7.5 Interaction with the project

In Sarang Sai there has never been any project but, with some help people seemed to be willing to construct latrines. Without help they will not do it, they do not have the money or see a latrine not as such a priority to spend money on it.

In Kuzlag the project installed two latrines in a very rich household. And one latrine in a household that already had a PFL since 1980. These project latrines will only be used as guest latrines. These actions could be disputable. According to the Pakistani consultant one of the reasons is that *Zardar*'s have power in the area where the project wants to work and they have to help the LG to install and promote the latrines in their area. It seems that the project thinks that they need the *Zardar*'s to help them to enter the areas, the project also chooses for this way of working. When the project makes use of the old feudal systems to help them constructing and distributing the hardware of the latrines then this has its price. As could be seen in *Killi* Gerazi, latrines end up in compounds where the *Zardar* wants them to end up. These are not always the compounds that most need the latrines. On the other hand an active and progressive *Zardar*, like in *Killi* Surdub, can motivate and in a way demand from a whole village to install latrines. His message and power will and could be used. In this case the message of the *Zardar* was a negative one he convinced the people in "his" village of the dangers of a severe illness and that they had to construct a latrine to avoid the illness. He supported the latrine installation by giving cement and wages. Only two household were visited in *Killi* Surdub. The poor household had constructed the latrine ("here the Shahnuwaz (*Zardar*) brought the latrine, we obey what he says and we installed the latrine. Every one in the village obeys him, and made the pits, I do not know why not everybody has installed the latrines yet") but the *Zardar* himself had not constructed the latrine yet. It is incertain in what amount the project has influence with this method of working (for example with the hygiene education, it seemed that the *Zardar* was the demander for the project and not the village people). On the other hand when latrines are installed it is an improvement of the infrastructure and most probably sooner or later they will be used, especially because the people see latrines as an honour to their guests (they will not destroy the latrines) and shall try them themselves sooner or later. To shorten this period and fulfil the aim of the project to improve the hygiene situation in Balochistan a trigger seems to be necessary to spur people on to latrine use.

8.7.6 Important others

The *Zardar* or *Malik* are important persons in the villages. In the rural areas they seem to have more power than in Kuzlag. Responses as "But he must not interfere in personal affairs" show a tendency towards self-consciousness instead of always listening to the *Zardar* to whom "everybody in the village obeys".

8.7.7 Diseases

The informants often know about diarrhoea, cough, colds and cholera. Answers as "We are sometimes ill because of the change of the weather", "we cannot get ill of water", "diseases come from God", "they occur because of dirty water" gave the ideas of the informants about diseases.

It is interesting that in more urban areas (Kuzlag) women know more about diseases because of the television.

Women are more reluctant to go to a doctor for themselves than when the children's health is in danger. This can be due to the costs but it is also possible that they are not allowed to show their bodies to a doctor.

CHAPTER 9

9 RESULTS OF THE FIELD-INTERVIEWS DONE WITH TARAQEE IN THE *KACHIABADDIES* OF QUETTA

9.1 Introduction

Within this chapter the results of the field-interviews done in the *kachiabaddies* of Quetta are described. To avoid writing more about the same only the interesting cases of the interviews will be discussed and elaborated in detail.
After Taraqee invited the researcher to go with them and do interviews in their worker-area's the researcher first had to wait to get permission from the project to go with them. Because of the presumed unsafe situation the researcher was not allowed till the 27th of November (three and a half weeks before the end of the stay in Pakistan) to go to the *Kachiabaddies* of Quetta. After that the researcher joined one of the Taraqee teams whenever possible. It always took quite some time to join them. From the office first had to be travelled to their office (with an office vehicle and a driver, the translator and the personal bodyguard of the researcher) and then Taraqee was joined in the outer sides of Quetta (three quarters of an hour drive). Taraqee worked in the *Kachiabaddies* from about eleven o'clock till one. After having joined Taraqee in the field the researcher went back to the Bruwas office. Because of all the waiting and dependency on others it was not possible to do more than two interviews a day. The employees of Taraqee always introduced the researcher in the households were an interview could be done and acted as second translators (Urdu-Brahui). The Taraqee members were asked to bring the researcher to "average" households. When the Taraqee employee were asked afterwards to what kind of households they had brought the researcher they told that they had listened to the requests and that they brought the researcher to "those houses that were poor and average, not only where we have relationships that are especially good". They didn't bring the researcher just to friends.
Kachiabaddies are not solid settlements, sometimes they are informal and not included in the municipal area's. These settlements normally are without a sewerage (Taraqee installed three sewerage systems with the help of the local people in *Kachiabaddies* but the Dutch supervisor prognoses that it would take thirty years to install sewerage's in all Quetta).
Interviews were done in *Killi* Ghulam Jhan, in this area the doors of the compounds were open everywhere, the people knew each other, they were family-members and they walked quite easily in and out. It is an Baluch area. In *Killi* Shahnuwaz (Sariab area) doors were closed and the lanes between the compound-walls were narrow. According to one of the Taraqee employees the people in Sariab are very active, they have a good motivation for change.

The interviews done in the areas where Taraqee was working are elaborated in the same manner as "the other interviews done within the project area", in paragraph 9.2 the interesting cases will be described and in 9.3 a summary and discussion of the outcomes of all the interviews done with Taraqee will be presented.

9.2 Interesting cases of the interviews done in the *kachiabaddies* of Quetta

Household 1
Brahui people, *Killi* Shahnuwaz.
Household members: one man, one woman, 4 boys, 4 girls.
They had installed a VIP latrine with the help of Taraqee.
Most interesting of this interview was a remark about education: The father is not educated. The boys go to the government school, but the girls are not allowed to go to school. The eldest daughter first went to school but the attitude of the teachers was not good according to the parents and now the daughters are not allowed to go to school anymore.

Household 2
Brahui people, *Killi* Shahnuwaz.
Household members: 6 men, 3 women, 4 girls, 3 boys.
They have installed a VIP latrine with the help of Taraqee.
Decision-making:
-decision-making
This woman discussed after Taraqees' visit with her sister-in-law about the latrine, all the ladies discussed it with their own husbands. They discussed that it would be more comfortable, that they and the children could use it. There would be no flies, no dirt and no smell anymore.
-allocation of resources, -needs/demands, -priorities
"The first improvement in the household would be another latrine. That is more comfortable because the household will grow. We would like to have one for the women and children and one for the men."
Interaction with Taraqee:
"First we did not know that we need soap to clean our hands properly, after Taraqee's visit we know, now we always have soap in the house. We are very thankful to Taraqee that they gave the hardware. But the poorest people still can not afford to construct a latrine."
This woman learned from Taraqee:
"You must clean your house, yourself and make an improved latrine to safe yourself from diseases."
She would like to get more education and she is satisfied with the latrine.
"Taraqee gave the hardware, so they took it. She discussed a lot about the latrine. Labourers dug the pit, all the work was done by labourers. In this *Killi* all the neighbours used labourers to dig the pit. We have no extra money, but the sons did not want to dig, so I felt helpless, my husband gave the money. Only one child in the household has a proper job, he does not give money to my husband."
(It seems to researcher that the people were not rich, I asked an explanation from a Taraqee employee, she told me that these people ask labourers because they do not want to do this work themselves, it is hard work, and this gives the labourers work, it also has a social aspect).
Taraqee gave the technical instructions.
Important others:
"The leader in this *Killi* is Shah Nawaz, everybody listens to him. There is no important woman everybody listen to. But we respect the women-workers of Taraqee, we listen to them. Before Taraqee came there has never been any health education in this area."
Attitude:
-status of women
This woman never has money for herself. Her husband goes for shopping and she can request something. When she wants to go somewhere she first asks permission. Like for a (wedding) proposal for one of her girls.
Diseases:
"Last month we went twice to a doctor, we paid 200 rupees fee and 600 for medicine, we went by bus for 8 rupees. A Big doctor costs a lot of money, I have not a lot of time when I go to the doctor. In the Civil hospital you have to wait too long, so I go to a private hospital. In this *Killi* there is no doctor."

Household 3
Brahui people, *Killi* Shahnuwaz.
Household members: 1 man, 1 woman, 4 boys, 3 girls.
They have a guest-room with a PFL (for one year) and a VIP latrine (for two and a half months) for own use, both installed with the help of Taraqee
Important others:
"When I go to the street and talk with some neighbour-women, I tell them about the hardware from Taraqee, that they have to take it and build the latrine. I tell them that a VIP latrine is easy for the children, it has no bad smell like a traditional latrine and it does not give flies and mosquito's."

Household 4
Killi Ghulam Jahn .
Household members: 1 man, 1 woman, 5 boys, two girls.
They have a VIP latrine for three months made with help from Taraqee.
Salary husband 2500 Rupees (±125 guilders, a "normal (but very low)" salary).
Decision-making:
-allocation of resources, -needs/demands, -priorities
"If Taraqee should also give us the hardware for a PFL, we will make one, that one is for guests (the pit is already prepared). We have the VIP for ourselves, out of respect for guests we want a PFL, but we do not have enough money to make it on our own."
The woman is making dresses and sells them for 500/600 Rupees. "Nowadays everything is expensive, school for the children, their clothes. We can not give them new clothes on Eid day (a public holiday)."
-decision-making
"My husband discussed with me that he wanted a latrine for the guests, but we do not have the money, although the pit is there, we asked God to give it to us. My husband is more interested in the PFL than I am.
I never discussed with my husband about the VIP latrine, he took it and installed it."

Household 5
Killi Ghulam Jahn.
Household members: 1 man, 1 woman, 2 boys, 2 girls.
They already had a PFL but improved the hardware with new hardware from Taraqee.
Current hygiene related behaviour
-domestic hygiene
The woman cleans the latrine every day with soap. She always cleans the latrine, even when she is ill, because she does not trust her children that they will clean it properly. "Here in Sariab a majority of the people cleans their houses, even the poor people."
Decision-making:
-decision-making
"We went to the bazaar and bought all the material (500 rupees) for the PFL. We always go shopping together.
I have a mutual understanding with my husband, we divided the work with that understanding. I do the daily things, shop sometimes alone, buy dresses for the children, I go then without company.
If I have a problem, about the children, then I go without any hesitation to my husband. Sometimes we have conflicts. Example: My daughter wanted to go to a picnic, he first didn't agree, then I conflicted with him and then he gave permission."
Attitude:
-status of women
"I have been living here for two years, I do not go outside, during the day I am alone at home and do all the work (the children are in school)."

-going to the latrine
When men are around she is not ashamed to go (very small household, not extended). "We are educated and well aware it is a basic need to go. Two years ago we lived in a rented house in Quetta, a cemented house, there was a PFL. Then we moved to this house and I decided myself I want a PFL latrine, I said this to my husband and he constructed it."
Important others:
"There are two/three people, *Malik* and Mir, these are very old people, everybody listens to them."
Diseases:
"Because I have blood-group O negative, I didn't give milk to the children, I took an injection. Till the age of three not one of the children has had diarrhoea. I boiled all the water and the bottles daily, I know about germs." (a lot of medicines are present in the household, visible beneath the Te*levi*sion)
Extra remark: This was the cleanest household that I ever saw, the woman had dust allergy and cleaned the whole house everyday. She was very much aware about health.)

Household 6
Killi Ghulam Jahn.
Household members: 5 men, 2 women, 5 girls, 3 boys.
Baluch people.
They have a traditional pit latrine, a boundary latrine and a VIP is under construction.
Current hygiene related behaviour:
-sanitation
"We always wash our hands with soap after relieving. We bring a *Lota* with water with us. When children go and relieve they rub themselves clean with their body (bottom) on the floor and think then that they are clean."
Arguments for and against latrines:
"Our males were interested, but we also, we shared in the discussion and asked the men to build the latrine. Our guests also had to use the boundary latrine. We did not want that, for this purpose we wanted the latrine. When it is dirty we can easily clean the latrine, because it is cemented. Secondly because of the latrine we have *purdah*. The new latrine gives *purdah* because of the roof, and we are secure from rain then, there is less of a dirty smell. Now we sit in the boundary and the neighbour can be on his roof and is able to see us. When we sit in the boundary we have to put all our clothes together, with the new latrine we have more freedom."
Attitude:
-status of women
"I have no right to decide, I have to ask permission to go outside. Sometimes I go outside to buy clothes for the children." Other lady: "I was married thirteen years ago and I never went outside the door, even with four children, once I had a miscarriage and then I went to my father and mother...."
Interaction with Taraqee:
"When Taraqee would not have come then we would not have had a latrine, we were unaware how to make a latrine and there is no shop with hardware here."

Household 7
Household members: 2 men, 2 women, 6 boys, no girls.
Pasthu people.
They have a very good traditional pitlatrine (a pipe has been given to improve it) and a VIP is being made.
We talk with the man of the house, a mullah, he kept an eye on us and send his women inside....
Case
I saw in the city the clean and neat houses with the latrines, when Taraqee came I was very happy and wanted to install a latrine. We have a very small compound, and the smell of the latrine is very bad. Now we got the pipe from Taraqee and that helps! In the city the latrines are so clean that you can sit and eat there... Here that is not possible. Because of the bad smell it was not possible to eat lunch or dinner outside. I installed two latrines, one for guests and the men and one for the women and the children Why? when guests come, a male outsider he has to use the latrine, but that one is in the lady-corner of the compound. Our traditional latrine is good it only needed the windpipe. Then for the guests we have the good one.
When Taraqee came we decided quickly. Without a latrine, the children just sit in the compound, this is much cleaner! There is a lot of population in this area, even men do not go in the fields to relieve themselves. We wash our hands with soap, we are too religious, we teach the children to do that also. We do that for both reasons, because of hygiene and because of our religion. We know that when we do not wash our hands, that we get ill. Taraqee gave us hygiene lessons, because of this lessons we learn a lot.
The children do not go to school. We are so religious we can not let the boys and girls go to school. We give them religious education, the boys go to the madrassa in the mosque and the girls get some education at home. In the whole family there is no educated person.
I am *Mullah*, I have a small shop, were you can buy all kinds of things, sugar, sweets etc. You can say that latrine is our life, the neighbourhood gave us respect because of it, it is a modernisation. Now we can sit in the compound (no bad smell).
Important others:
"We used to listen to the *Zardar*, but that is changing. We go to the *Zardar* and complain about certain things, but he doesn't listen to us, so we don't listen to him anymore. We have three taps for water, but no drip is coming out of it. The *Malik* takes all the water, we complained about it, but he doesn't listen and now we don't listen. In our *Killi* there is no important woman."
Remark: When we asked how many daughters there were in his family the man said nil, but later when we talked about going to school he also talked about daughters. This is happening more often also in censuses, the girls are not important enough to mention.

Household 8
Household members: 1 men, 2 women, 5 boys and two girls.
Brahui people.
VIP is under construction.
This is an interview with a woman that dug the pit herself. There is a very loudly jelling mother in law present. She is interfering now and then, and has a great hold on the interviewed woman. A second women is translating from Brahui to Urdu. It was a very chaotic interview.
Current hygiene related behaviour:
"We have a small surface latrine. The population is too big in the area there are no fields to go for relieving. We have no settled times to go. When men are around we feel ashamed but if we need to we do go. In the morning first the men go, after this the children. I did not know about a VIP before Taraqee came."

Interaction with Taraqee and decision-making:
When Taraqee came the woman and the husband were at home. The husband wanted the latrine more, he started talking about it and asked his wife if she wanted the latrine, she said yes, but the final decision was made by him. "We have a boundary and made a hole there, but the hole is full of dirt and shit, it gives a very bad smell. When Taraqee came we discussed that our house should be neat and clean, that is easy for the children and others."
The woman that dug the hole for the pit herself feels very proud that everybody gives her so much respect because of that. Question: What do you feel? "I am very poor, I cannot feel ashamed that I took the hardware. My twelve-year-old son helped me digging. I am happy. It took me ten days very hard working to dig. I did not think when I was digging. Afterwards I felt I did something. I will feel comfortable with the latrine. I feel proud. All people respect me and are coming. We discussed a lot about the latrine. We were worried about the traditional latrine, there is a big hole and we are afraid that the children will fall in it."
Diseases:
"I know fever, cholera and diarrhoea. I do not know any causes, diseases are from God. We have a water-tap so our water is clean. We cannot get ill from the water. We do not have enough money to go to the doctor. Only when the children are very seriously ill, we go. One of the sons was very ill last month, we paid 10 000 rupees on treatment. We spent this money and he is not getting better. He has a disability in the leg."
Important others:
"There is a *Malik*, he does not listen to us and we are not listening to him. If we feel a real problem, a tribal problem, then we go to him. Sometimes he solves our problem, sometimes he refuses.
If we complain that we have no water and no latrines he does not listen. All the families are now their own *Zardar*. We are all honourable, we don't want a *Zardar*."

Household 9:
Household members: 1 man, 1 woman, 2 girls, 1 boy.
Goods: This is a very poor household, but apparently there is electricity.
Husband's job: these people lived for five years without a regular income. The man not long ago started with some wood work, he makes furniture (chairs, tables and doors). During these five years without income they got money from the *Malik* to survive, because he is an acquaintance of them.
price of their VIP-latrine: nothing, because of doing everything themselves
place of the latrine: They have a boundary latrine in one corner of the compound. The latrine is being made in the back of the small compound.
The woman of this household dug the pit for the latrine herself, her husband turned disabled on his hands after an accident 5 years ago.
Case: Question: Were you able to find time to dig the hole?
"Because I am the only woman in the house, I am always busy. Wash clothes, dishes, children are too young to go to school. I cannot escape there is always work to do. I dug when I was free. I never got a rest. I do not do embroidery, I do not know how. I dug for 20 days, on the moment one child is ill, I could not work for five days."
Current hygiene related behaviour:
-sanitation (fields/space, -goods)
"The children always relieve themselves in the compound, not outside."
-domestic hygiene
It is dirtier in this compound than on average. "I wash the clothes with the baby excreta in the compound, I throw the dirty water afterwards in a hole in the compound. There are Chicken in the compound, even entering the house."

-personal hygiene
"We always wash our hands with soap, the children also."
(These people look very poor, I do not believe this).
-allocation of resources -need/demands -priorities
"Because I got the hardware from Taraqee and I do the labour by myself and my husband make the woodwork, no money is involved in this latrine."
Arguments pro/contra latrine:
-beliefs -priorities -knowledge -services -income -climate
"Without the latrine we had all the dirt outside. With the latrine there will be no bad smell anymore. In summer this will give a better condition regarding to flies and mosquito's, they sit on bread etc. and when we eat it than we get ill. Therefore we make this latrine."
Important others:
"The *Zardar*, everybody listen to him. There is no other persons we listen to, we are used to go to the *Malik* house and listen to him. "
Interaction with Taraqee:
-information
"Before Taraqee came, I knew the VIP latrine. In my aunt's house there is one, she told me about getting the hardware. I talked with my husband about it. He said to me, go to Taraqee and bring the hardware. Next day I went to Taraqee, and within a week they provided the hardware.
Only one neighbour aunti also installed the latrine. I do not know why the other neighbours do not install a latrine. I do not go out often. The neighbours have no problem with money, but they have no awareness. They do not know that Taraqee installs here. Because my children are so young I do not have time to go in the street and talk to them. They know that I dig. It feels like that my house is upgraded, people will respect me more, I am happy with the new latrine."
Diseases:
"If there is a little problem we don't go to the doctor, only when it is serious. Last month we took my son to the doctor, a doctor in the street, his fee is twenty rupees. It was far from here, but we went by foot. This doctor is very cheap, he also gives medicines within this fee."

Additional remarks about the interview:
The *Malik* provided all things for this family because when the man's father died, when he was young, he and his mother lived at the *Maliks* place.

Household 10
Household members: 3 men, 4 women, 3 children.
Brahui people.
Less inventory, poor people.
They have a traditional pitlatrine with a wooden slab and a kind of surface latrine .
The latrines are situated in a hidden corner between the two parts of the big compound.
Current hygiene related behaviour:
-sanitation
"We have a traditional latrine, it is a big hole, we are always scared that one of the children will fall in. Another bad thing is the bad smell in the summer and the flies and the dirt of the traditional latrine. We all use the traditional latrine, nobody goes outside the compound in the field anymore. We face problems in the morning, too many people for one latrine. Who gets up early can use it. We take the young children till three years old to the latrine, and wash their hands afterwards with soap."
-domestic hygiene
The surface latrine is a bit of a dirty place, with some faeces lying around. The traditional pit latrine in a corner behind the surface latrine really looks very dangerous, a big hole with a very old wooden slab. There are also faeces lying around this dirty looking slab/hole.

-water supply
Water comes from the tab, an underground water connection and refined groundwater from a tubewell.
-personal hygiene
"When we go to the latrine we take a *Lota* with us we do not use other cleaning materials. We also go during the night if we have to. After relieving we go to the bathroom and wash our hands with soap."
Decision-making:
-decision-making
"We discussed for two years about installing a VIP latrine, money is the problem because of which we did not construct".
-allocation of resources, need/demands, priorities
"Nowadays we don't have money for a latrine, first my husband must get his salary. My husband works at the Education Department of the Government, he is the school *chokidar*. He did not he get salary the last months."
"Before we heard about the program of Taraqee we knew about VIP latrines, because of lack of money we couldnot install a VIP. It would have cost us about 1500 rupees. My husbands income is 2000 rupees a month, we couldn't afford a VIP. With the help of Taraqee it will cost us 800/1000 rupees for cement and labour."
"If we need something, for example clothes, we will ask our husband. Sometimes I have some own money, because of the embroidery, if the children really need something we can pay for it ourselves."
"The first thing we would like to improve on our compound?? If we would have money we would like to have cups and carpets and some things for the children. I have very little money, I cannot imagine to spend so much money for a latrine, that is not in my reach. The majority of the people is too poor for a latrine. Taraqee gives the hardware, but it still costs too much money."
Arguments for and against latrines:
-beliefs, priorities, knowledge, services, income, climate
"With the traditional latrine, we have a lot of flies, that gives diseases, in summer it is so bad. A VIP latrine is a real need, not a luxury. The biggest problem is that we are always scared when the children go to the traditional latrine that they would fall in the latrine."
Attitude:
-status of women
"*Purdah*: for us it means that when we are going in front of men, we cover our faces, also when somebody knocks on the door. We are not used to go to the bazaar. The men take everything to the house we need. If there is something we want to have we ask the husband. Every morning we tell the husband what to bring."
"I work very hard, I am always in a hurry, I want to save time for embroidery. All my free time I do embroidery. Q: How much do you earn? If I make a dress full with embroidery it will sell for 1000 rupees, children dresses for 100/150 rupees. I can do one dress in a month.
Whenever somebody brings the cloth and the material I make it for them. I cannot purchase it on my own."
-going to the latrine
"I feel shy to go when the men are around, but when I am in trouble I go. People used to make latrines in the corner/outside the boundary, then there is less troubles when men are around, everybody can then easily go without being seen."
Important others:
"The *Zardar* and aged men are important persons to listen to. There is one old woman in this village, all people respect her. Therefor the Taraqee people have the Taraqee-center in her house. When women have different kinds of problems they can go to this lady and talk with her."
Diseases:
"I know cholera, diarrhoea, the causes are dirt and not using a proper latrine. The open channels/sewerage in the streets are also causes for diseases.

If the children are very ill, we take them to Quetta, there is a good doctor. Otherwise we just take them here in the bazaar.
If the husband has money we take this, otherwise we take credit to go to the doctor. We just borrow. That is very difficult, we do it for the children. Sometimes from friends and sometimes from relatives. We also go sometimes to a doctor, but only when we cannot avoid it. Last summer I went."

Household 11
Household members: 2 women, 2 men, 5 children.
Brahui people.
A short interview as it is lunch time, men are sitting next to the wonderfully freshly smelling prepared lunch. We do not come near them, the women manoeuvre us into the women-room/living room behind the curtain. A gun is hanging on the wall and a poster of a AK47. It is a small compound.
They have a traditional pitlatrine, with a wooden slab
Current hygiene related behaviour:
-sanitation
"We are very scared to use the traditional pit latrine, because we can fall in it, and it gives a lot of flies and mosquito's and dirt.
In the morning the men get up early and use the latrine, then when the men pray, the women and the children use the traditional latrine. When we want we go to the latrine."
"The baby excreta; we wash the dirty excreta clothes and throw the water in a hole in the corner of the compound."
Decision-making:
-decision-making
"First the men talked about it, they heard about the free hardware from somebody else. When we talked about it, we told each other that if we would install such a latrine, then we are safe, we won't get ill anymore, no diseases."
-allocation of resources, need/demands, priorities
"After Taraqee came the men and women of the household talked together, we were very interested in a VIP latrine, but our mother in law died. We spent all our money on the funeral."
Attitude:
-status of women "We are Baluch, nobody goes without *purdah* outside..."
-going to the latrine
"In our house 2 men are living. They work, during daytime we are alone. When men are in the compound we feel shy to go. Do you ever feel pain because of not going to the latrine? Yes, sometimes, they don't go when men are around, then we wait." "Because we are Muslim we cannot go openly to the latrine in front of men."
Interaction with Taraqee:
Taraqee can not give this household the hardware, they did not ask Taraqee for it because they do not have enough money to build the latrine. With Taraqee it will cost them 700/800 rupees to build the latrine.
Diseases:
"We know diarrhoea, cholera, because of dirt, dirty houses, dirty streets."
A proper latrine will save money and our children will be less ill then.
I don't know how much money we spend each month on the doctor. When we are ill we go to the doctor, I think that is 4/5 times a month. We try first the doctor in a *Killi* nearby, when it is very serious we go to Quetta. This doctor nearby has a 50 rupees fee, and 300-500 rupees for medicine. There are 3 or 4 doctors, one has a 20 rupees fee and one a 100 rupees fee."

9.3 Summary and discussion of interview outcomes of the interviews done in the *kachiabaddies* of Quetta

9.3.1 General picture

The average number of people in the houses is 10. Five of the eleven households are nuclear households.

The size of the compounds is smaller than those in *Killi* Gerazi.

9.3.2 Current hygiene related behaviour

-Sanitation

Table 9.1: Number and kind of latrines in interviewed households in *Kachiabaddies* of Quetta

VIP	PFL + VIP	PFL	Trad.l + VIP uc	Surface + VIP uc	Trad.l
3	1	1	3	1	2

Trad.l = traditional latrine
Surface = surface latrine
uc = under construction

Of the eleven interviewed households three had a VIP latrine, one household had a PFL and a VIP latrine. In this household the PFL is for the guests and the VIP for the household members. Guests are honoured with the best material. One had a PFL latrine, three had a traditional latrine and were making a VIP latrine, one had a surface latrine and were making a VIP and two just had a traditional latrine. Only two households did not have a proper latrine. These households had both seriously discussed about constructing a latrine. In both cases money was the problem and even with the help of Taraqee they could not afford to install an improved latrine.

In general the traditional pit latrines are dangerous because of the wooden slab. People are very scared that they will fall in the pit, and the women are even more scared that one of their children will fall in the pit. The scarcity of open areas/fields in the *Kachiabaddies* prohibits people to relieve outside the compounds. One latrine can be insufficient for all household members that want to use the latrine, especially in the morning when everybody gets up. A lot of the households request for two latrines, one for the women and the children and one for the men.

Children up to three years old are accompanied to the latrine. In general people use a *Lota* with water to clean themselves after relieving. Children also have customs like rubbing their bottom on the ground after relieving.

-Domestic hygiene

The people were not very eager to show their latrines. Sometimes they told the researcher that the latrine was engaged and that she could not have a look at it. Some latrines were very dirty with excreta laying around. Others were very clean and neat. In general the women told us that they clean the latrine daily. One mother said that every time one of her children goes to the latrine she afterwards cleans the latrine. When we saw that latrine, excreta were laying around the defecation hole.

In three cases there were animals in the compound. In one case the chickens even entered the house and there were a lot of flies in that house.

Not all the slabs were finished neatly. Some had an uneven surface, preventing hygienic cleaning, this may cause problems.

-Water supply

The households all had one water-tap-connection. But there is not always water available.

-Access/right of say
In all households all household members were using the available latrine facilities. One household told about the problems they face when they have male guests because the latrine is near the women-quarters of the compound. They are building a second latrine to avoid this problem.

-Personal hygiene
In general the people said that they wash their hands with soap after relieving. Some people take in account that they do that for two reasons, for hygiene and for their religion. Another informant said that her household members wash their hands just sometimes with soap. The health education of Taraqee stimulated the people to wash their hands with soap.

9.3.3 Decision-making
-Decision-making
The decision pattern that was seen most is that the women and men discuss about the construction of a latrine and that the men decides if it will be constructed or not. In extended households the women often discuss this matter with their own husband. He will most probably have further discussions with the other men in the house and they decide. In one case (nuclear family) a woman had a more even relationship with her husband, they took decisions together (in all matters). In one other case the woman was not part of the decision making regarding constructing the latrine, "my husband took it and constructed it".

-Allocation of resources, -need/demands, -priorities
In two cases there was not enough money to build an improved latrine even with the help of Taraqee. In one case the funeral of a mother took all the money and in the other the husband's salary had not been paid for months. One informant said "The majority of the people is too poor for a latrine, Taraqee gives the hardware, but it is still too much money. My husbands income is 2000 rupees (± fl. 100) a month, we cannot afford a VIP. With the help of Taraqee it will cost us 800-1000 rupees for cement and labour". Because we did not do an at random sample in the *Kachiabaddies*, but were always brought by Taraqee members to the informants this can be true for more households. On the other hand one household was very eager to have an improved latrine and managed to install one without any costs. When informants need to go to a doctor and they do not have own money anymore they borrow it, "That is very difficult, but we do it for the children. Sometimes we borrow from friends and sometimes from relatives".
According to one of the Taraqee employees a lot of women are working in this area, they do embroidery in their free time. A job that they can do at home. Some women are organised together to do this. One women goes to the bazaar, buys a lot of materials, and the others will embroider this, the woman will sell them and brings new material back. She takes a share of the profit. Not all the women are allowed to go to the bazaar, but elder women are more often allowed to go.
Regarding to the question "what is the first thing you would like to improve in your compound?" more reasonable answers than in *Killi* Gerazi were given. One informant mentioned a second latrine because of the growth of the household members. Another informant would like to have new cups or a new carpet. A new latrine did not come to mind, that would cost too much money, she could not imagine herself spending so much money.
The question for second latrines will be discussed in "Interaction with Taraqee".

9.3.4 Arguments for and against latrines
-Beliefs, priorities, knowledge, services, income, climate
Arguments mentioned for an improved latrine:
- no open fields available in the area (2)
- feeling more respected with a latrine in the compound (3)
- more comfortable
- no flies and mosquitoes (3)
- no dirt (4)
- no smell (6)
- fewer illnesses (3)
- safe for the children (2)
- used to a PFL in another house
- hygienic
- for guests (3)
- a family members illness
- easy to clean
- gives *purdah*
- secure for rain/weather
Arguments mentioned against an improved latrine:
- Too expensive

9.3.5 Attitude
-Status of women
Even in Quetta the women live under strict rules. The husbands do the daily shopping, the women ask them to bring what they really need. The women often have to ask permission to go out. Going to the neighbours (often family) is no problem in some areas (but they have to go covered through the streets), in others it is not permitted. The women have a huge workload and few free time, often they try to earn something by making embroidery in their free time. But it is the question if the women can spend this money themselves. One woman mentioned that she spent her money on items for the children. One woman had not come out of the compound for thirteen years but once, after a miscarriage, then she was allowed to visit her parents.

-Going to the latrine
In eight of the eleven cases the women feel shy to go to the latrine when men are around and vice versa. In two other cases the women are not ashamed to go to the latrine when their husband is around (these women are both from nuclear families). One woman reacts: "we are educated and well aware, it is a basic need to relieve yourself, I am not ashamed to go to the latrine when my husband is around". Other expressions were "We feel a very bad pain sometimes, when the men are in the compound all the time and we do not want to go. Then we give the men tea in the room and close the door and then we go to the latrine." and "Because we are Muslim we can not go openly to the latrine in front of men." and "When men are around we feel ashamed but we go if we need to". Still a lot of limiting ideas about going to the latrine in front of the other sex are vivid but some people are acting more freely.

9.3.6 Interaction with Taraqee
The informants know the messages from the Taraqee employees very well as can be seen in the reactions to the questions: "First we didn't know that we need soap to clean our hands properly, after Taraqee's visit we know, now we have always soap in the house." The attitude of the informants towards Taraqee is positive. In the *Kachiabaddies* a latrine is a real improvement of the living circumstances of the people. Like one of the Taraqee employees said "All people in this *Killi* would like to have improved latrines". Informants told that without Taraqee they would not have had an improved

latrine "we were unaware how to make a latrine and there is no shop with hardware here". Telling each other is one of the media Taraqee would like to use as promotion for their sanitation-project. Some women have the freedom to talk (in their minds and their freedom of movement) about the subject of latrines with family-members and neighbours but others still do not. One woman told "When I go to the street and talk with some neighbour-women, I tell them about the hardware from Taraqee, that they have to take it and build the latrine. I tell them that a VIP is easy for the children, it has no bad smell like a traditional latrine and it does not give flies and mosquitoes". This is important information, this is the message that one of the informants gives herself to promote the latrine.
Most informants have never had any health education before Taraqee came.
Another question is the request for two latrines. One household first installed a PFL with the help of Taraqee for guests (because Taraqee uses their guest-room as a classroom) and later installed a VIP for themselves. Another household requested a PFL for the guests but they already had got and installed the hardware for the VIP. They had even already prepared the pit but did not have the money themselves to buy the hardware. Second latrines are asked for different reasons; 1st to spread latrine use and have one for women and children and one for men, 2nd just for guests.

9.3.7 Important others

Two new trends are seen in the "important others". Some people still see the *Zardar* and *Maliks* as important persons to listen to. The first trend is that people increasingly see that they have their own responsibilities "All families are now their own *Zardar*, we are all honourable, we do not want a *Zardar*". An other point of view, with may be a less developed own consciousness is this: "We used to listen to the *Zardar*, but that is changing. He does not listen to us, so we do not listen to him." The second trend is that informants see the women-workers of Taraqee as important others to listen to. They respect these women because they tell them things they can learn from. This has to do with the way of working of Taraqee and above all the warm hearted way of working and thinking with the people in the *Kachiabaddies*.

9.3.8 Diseases

Informants often knew that diseases come from dirt, dirty streets without sewerage's, dirty houses and not using a proper latrine. Two women talked about germs. Some people believe that "diseases come from God". Women avoid to go to a doctor as much as possible, but medical help for sick children is used as much as necessary. Even when it costs much money. "We do not have enough money to go to a doctor. Only when the children are seriously ill we go. Last month one of the sons was very ill, we paid 10 000 rupees on treatment. We spent all this money and he is not getting better, he has a disability in the leg." For medical help people are prepared to borrow money from others.
In general the informants believe in the message that an improved latrine saves money because of fewer illnesses. This message and the believe in it is a bit previous. In the research-areas most of the time no sewerage's were available. Not everyone in each household was using the latrines even when they were available, the F-diagram still stays in tact and besides this illnesses will occur anyway. A strict believe in the message that an improved latrine will save money because of less illnesses is dangerous because of the fact that it is often not true. This can give a disbelieve in the benefits of the improved latrine.

CHAPTER 10

10 RESULTS OF THE INTERVIEWS WITH FIELD-WORKERS AND POLICY MAKERS

10.1 Introduction

Within the scope of this research the interviews done with the field-workers and policy-makers are of secondary importance. Nevertheless it is interesting to know if the field-workers and policy-makers have a clear view about what happens in the field that is comparable to the research outcomes and to hear their opinions about what could best be done regarding water and sanitation in the field. The interviews were not planned, people that were available to talk with at times that the researcher was not able to go in the field were asked to co-operate. This implies that these 16 interviews do not give a complete image of the employees of the project and other concerned people regarding the topic of water and sanitation in Balochistan. The most interesting remarks from the interviews will be summarised in the following paragraph.

10.2 Ideas about water and sanitation behaviour in Balochistan and ways to solutions; different subjects

10.2.1 Interviews with people other than project employees

Out of the interview with the boss of Taraqee and a question related to this interview to a policy-worker of the project it can be concluded that there is a difference in the way they see the future (especially regarding the township problems) regarding sanitation pollution and the best solution for this problem. The boss of Taraqee is in favour of septic tank latrines, even when in most townships there is no sewerage at the moment. He has the belief that pitlatrines (traditional, VIP and PFL) all pollute the groundwater badly. The W&S section thinks differently, they have the opinion that there will be no sewerage system within the coming thirty years. So they do not favour the septic tank latrines, these latrines are linked to the open drains and are therefore very dangerous for public health. The W&S section favour the improved pitlatrines. The boss of Taraqee would like to see that a lot of different NGO's would work together in the same community to solve different kinds of problems at the same time. He is very much in favour of participatory methods of working in the *Kachiabaddies*. In his own words "when you are working with a fixed structure you will never work from the level and wishes of the people, there will be a gap! It is impossible to bring change then. Discuss with the people, find their demand. First spend three months with them in their community, live like they live, then you will know their real problem. Try to get a dialogue with the people, give them education, talk about sanitation. First find out what their first need is and then give an answer and solution for it. Work together and try to make real contact with the people. With donor money and all the restrictions this is very difficult to accomplish." This sounds like *interactive participation* (see paragraph 4.1).

Out of the answers of the informants in the *Kachiabaddies* of Quetta it seemed that all the interviewed women always wash their hands with soap, in an interviews with two employees of Taraqee it was asked what they thought about this: "Yes, the women always wash their hands although sometimes without soap. Everybody always has soap in the house because of their religion. These women also told us that people are feeling less ashamed to talk about their improved latrine then a few years ago (with relatives and neighbours, talking about the sanitation-program). It seems that the people in the *Kachiabaddies* are becoming more aware and talk more easily about the subject of sanitation. After my question how it can be possible that the people of the communities change their behaviour so quickly after Hygiene Education (HE) an employee of Taraqee told me: "HE is not working after one visit, it is necessary to visit three or four times, Taraqee goes daily in each community and spend 30 minutes in one household. People in the communities start to listen more to Taraqee than to the *Zardar* or the

Malik." The feeling of the Taraqee employees is that people are getting more aware and feel less shy about the subject. One of the employees of Taraqee: "When improved latrines are installed in a neighbourhood, the people see themselves the difference with before the installation. There is less dirt, less bad smell, it gives a better living condition. And they feel proud about it, it is an honour to them to show the clean latrine."

From the interview with a high policy-worker of UNICEF/Ciet it can be extracted that the best way to make people in the villages aware about the hygiene benefit of a latrine is to: "be logical!". This man directed a province-wide study on water and sanitation related issues at that time (Ciet International, 1998). On the one hand he says "talk with the people about the costs of soap, about washing hands and using a latrine instead of spending a lot of money on doctors". On the other hand one of the outcomes of his study was that 24 children out of hundred were ill when there was a latrine in the compound, and 25 children out of hundred were ill when there was no latrine. This is a strong argument against the message of the project that "a latrine saves money". His advise was to regularly go to the villages with motivational teams. "Only give technologies according to local circumstances, no PFL's when there is no water to drink. In the more urban areas mass media does its work to make people more aware. In Pakistan we want to see development with the eyes (physical improvements), that is a wrong approach. The emphasise should be on the education of the people, not just installing or making new buildings."

In a focusgroup interview with the field-workers of the Ciet study that went through whole Balochistan it became apparent that many villages they went to had no improved latrines at all. They found that in general the people want improved latrines, but the people are very poor, they say that government and donors must help them. The field-workers reported that the people do not know how to construct an improved latrine. They mentioned the rush-hour in the morning, when everyone gets up and wants to use the latrine and that in villages the idea still lives that men cannot use the same latrine as women. They said also that people in a village said: "going in the field and relieving there is not the problem, that is not the cause of diseases, but the garbage in the streets and not having a sewerage system, the dirty water in the streets is the problem". Aged people told them that they survived sixty years without a latrine, why should they make one? They faced no problems. A seventy year old man said: "I never used soap in my life, why should I? There is no need of using soap, our forefathers were much healthier, cities are bad for the people, there you have illnesses, not here, our area is good. And you can better relieve yourself in the field than bring the dirt in the house". The researchers of Ciet/Unicef found that the power of the *Zardar* was very different in the different districts, from strong to no power any more.

In an interview with one of the field-workers of Ciet/Unicef the following interesting items were mentioned; 1 -when village-people thought that the researchers were from the government they gave bad responses. The field-worker said that the people do not have much trust in the government departments. Arguments for this statement were that the paperwork is lenty, that the government is bureaucratic, that the governments working strategy is bad; 2 -that village people are used to get things from donors. The Americans gave milk, money, oil, to convince people not to go to the Russian block. The people are used to get things from the "white cars"; 3 -after the question why don't you have a better latrine? The people answered that their forefathers did not have one, that they have enough fields, that they are poor and that a latrine takes a room in their compound; 4 -the field-worker said that the change in Balochistan started six or seven years ago, due to education and fieldwork; 5 -In about ten percent of the villages, especially Pasthu villages, local women are not allowed to talk to "strange" women. "The women from outside the village can only bring bad ideas." This interview was ended with a beautiful personal example given by the informant about honour of men. "I would love to help my wife cooking, it would be like being in paradise, but I will never do it, because of my tradition and honour. If a man acts nice towards his wife in front of others, then other men will think that he is under pressure of his

wife; that is bad for your honour. The way of showing honour is to have a strong hold on the family, to not let others be vocal; that is being a man. Beating your wife, or other women in the house is normal; it gives the man honour."

In an interview with a woman researcher of Ciet/Unicef the important fact was mentioned that after a good talk the rural women understand that a latrine is a good thing, but then they say that they have no resources, and ask the latrine for free. They cannot spend money on a latrine. Her solution was that the *Malik* must contribute money from rich people for better water and sanitation.

10.2.2 Interviews with project employees

In an interview done with a member of a monitor support team it was said that the LG staff did not like to talk about latrines at all, but that this was changing. Also because among people in the villages there is a real demand for latrines. For that bigger demand she gave two reasons: 1 –the latrine is something for free, 2 –If the "neighbours" have a latrine the people next door want it too.
Three other project employees (a supervisor of the district staff, a FCO and a member of a township-team) also mentioned that neighbours having an improved latrine motivate others to take one too.
Another remark more often heard in the interviews is that in Pasthu areas *Purdah* is more strict than in Baluch areas. The supervisor of the district staff mentioned two arguments to take a latrine: 1 –like living, bread, lunch and dinner people realise that it is a need to have an improved latrine, 2 –dense population and *purdah*, women are not allowed to go out of the compound.

In an interview with a monitoring officer it was said that when monitoring the implementation of householdlatrines it is obvious that hygiene education is lacking. One reason for this is that there is almost no mobilisation of district-women because there are less vehicles. Because of this no education can be given to the women in the rural areas. Also more time is needed to do hygiene education sessions in the villages.
His solution for better messages to convince people of latrine implementation is to find an example of their own. "People only want latrines when they first see it as a felt need".
"The people in Balochistan spend a lot on health, they see that as natural, being a parent implies doing whatever you can to save a child".

Another monitoring officer mentioned that it is still difficult to let people really use their latrines in the rural villages. In bigger villages people are using them, but in field-areas people still prefer to go outside in the fields. The researcher asked this man why the VIP-latrines in *Killi* Murit were not used. His answer was that sometimes latrines are installed under pressure and without convincing messages. His response on the question who the people are that do not take the latrines? was: "some wealthy enough people buy nicer latrines themselves, other people think that the government has to pay everything and not only the hardware and the poorest people even do not have enough money for food for the coming days. Normally the project pays about 30% and 70% the people have to pay themselves.
The price of latrines:
Paid by the project: the pan 100/200 rupees and the pipe 100 rupees (300 rupees). Paid by themselves: 2 bags of cement 450 rupees, gravel and sand 150 rupees, labour costs of digging the pit 120 rupees, labour costs of a skilled mason for the slab 250 rupees a day, superstructure 600 rupees (1570 rupees). The total amount is 1570 rupees according to this man (300 rupees is 16%).

An FCO told that on her last promotion session in a village with about 200 households, 20 of them were interested in latrines. Men often come to her and the UCS and asked to give them hardware and the bricks and cement. Women often want the latrines at any cost, but men say that they are too poor.

An employee of the township-team said that a great demand for latrines is coming out of the communities. In towns the people often use a surface latrine or a traditional pitlatrine. The high population and the few fields left to relieve are arguments to install a latrine, the people feel that a latrine is a basic need. People also install latrines because white people bring them and people are interested in whatever the white people give. The people are not eager to spend money on a latrine.

In an interview with a consultant who is in charge of the Township Sanitation and the Human Resource Development Unit it was mentioned that during the men sessions of the latrine- and handpump-promotion there is not much is talk about the arguments to take a latrine, but more about procedures and the technical requirements. There is less education in those meetings. The informant himself told that that should be more.

10.2.3 Interview in detail

For the interested reader one interview will be elaborated in detail. The interview that will be elaborated in detail was done with a Hygiene educator of a monitoring team with five years of field-experience. This interview is done in Urdu, the counterpart and interpreter of the researcher did this interview on her own with the interview guide. The monitoring teams often go in the field for 8 to 15 days. They visit the places were handpumps and latrines are installed by the project and monitor the sites of the handpumps and the latrines. When they observe lacks in hygiene education they give education on the spot. An example of a lack is un-proper use of the slab of the handpump (animals drinking right on the slab, cracks in the slab, etc.) or no use of the latrines. If the education given by monitoring support team is not enough they request the training team to go there for thorough hygiene education (to the LG field staff). The interview is elaborated literally. The descriptions written down are her words.

Interview 1

Hygiene educator of a monitoring team:

Current hygiene related behaviour of the people in the field:

-sanitation, -personal hygiene

"Many houses have a surface latrine. When the people do not have an improved latrine all the men relieve themselves in the field and they make a boundary wall in the compound where behind the women can relieve themselves. The women now and then throw the dried faces outside the compound. There is a bad smell coming from these surface latrines. Females go twice a day in small groups to relieve themselves in the fields (women from one compound or with neighbour women), early in the morning and late in the evenings. At these times the men are in the houses. When the women want to go during the day then they have to tell the other women first. When there is a boundary wall in the compound then the women do not go in the fields, they use it in winter and in summer, there is no seasonality. For men there is no difference between day and night, whenever they feel a need they can go and relieve themselves. Females when not in immediate need just go on the settled times. The females suffer from bad pains in the stomach and kidneys. When they pass urine they have pains too.

The majority of the people are used to go to relieve themselves in the fields, they do not have any problems with this. Only when the women are pregnant they face problems.

In the fields they use stones to clean themselves, in the compound they use (a *Lota* with) water. When the people go for Wazzu they always take a *Lota* with water with them in the field. After the messages of the field-staff of LGRDD the people more often take a *Lota* with them. The majority of the people just wash their hands with water after relieving themselves.

The young children relieve themselves in the latrine when there is one. Otherwise they relieve themselves somewhere in the compound, sometimes in the streets and sometimes they join their mothers in the field. The mothers wash the baby excreta with simple water and throw the water in the canals or the street.

Old and sick people relieve themselves in the surface latrine if possible, if not they just relieve in the room where they are staying. After relieving somebody will put soil on the excreta and later throw this outside.
The richer people like *Maliks* and *Zardar*'s have PFL and VIP latrines.
There is a difference in the way the teams from Local Government are treated now. A few years ago people felt very ashamed to talk about a personal subject like relieving oneself, they saw that as a bad thing. Now people are becoming more aware, after all the information that has been given to them.
In Baluch areas the people want latrines and they are aware. They are prepared to pay for the hardware if the government is not giving it to them.
In Pasthu areas the people find it the responsibility of the government to install latrines. They say: "if you give us all the material, we will install it, otherwise we are happy to go in the fields". They are often satisfied with their traditional latrines.

Attitude:

-going to the latrine

"The women do not go to relieve themselves when men are around. They feel ashamed and uncomfortable to go in front of men. When a woman really needs to go an old woman tells the men to go inside the houses and then the woman will go. Men do not feel ashamed to go in front of the women."

Arguments for and against latrines:

"The attitude of the people is positive towards latrines. Their arguments are that it keeps the house clean, it removes the dirt in the house, there is no bad smell anymore and there will be fewer flies. It is easy for the sick and old. Because of the growing population there is not enough space in the fields to relieve oneself without being seen. The most important reason to build a latrine is *purdah*. The explanation for this is that nowadays the population is high and when the women come out of the compound for relieving they do not feel good about it."

Can a man sit on the same latrine as a woman?:

"If there is enough money the people will construct two latrines. One for the women and the children and one for the men. Especially within Pasthun belts, men will not often use the same latrine as women."

Will the members of a household with a latrine always use this latrine?:

"Sometimes people still go in the fields and only use the latrine when they really have a problem."

The characteristics of a rich compound:

"When visiting a village the majority of the houses are "*kacha*" (made of mud) and just one house is "*pukha*" (cemented), and this house's appearance is very good. It has a big gate, a big lawn, all the rooms are carpeted and with attached bathrooms. The bathrooms are luxury, with beautiful tiles, there is electricity, water, a TV, a fridge, a dish antennae, all the facilities for a good life are present there."

The characteristics of a poor compound:

"Poor compounds are "*Kacha*". Although these compounds are big they are mostly in a bad condition. There is cattle present in the compound, rooms are not carpeted, there is a plastic sheet on the floor. And when there is a latrine it is without a roof. If there is electricity in the village all the houses will have it."

Reasons for not constructing:

"Because of poverty people do not construct a latrine. But sometimes they try to collect money from richer people in the village (as a gift) to install latrines."

Decision-making:

"In the majority of the houses the elder men or women start talking about purchasing a latrine. Sometimes the father of the house, sometimes the mother or the elder brother. In a majority of the houses men bring up the issue first. Women can motivate their husbands to build an improved latrine in their compound by giving the disadvantages of the traditional latrines, the bad smell, the mosquitoes

and the flies, that the children do not use the traditional latrine properly (sitting and shitting next to the hole) and the dirt in the compound."
Help for decision-making:
"When women have experienced the advantages of a latrine in their parents home (in the towns) they are very eager to motivate the in-laws. It often takes years."
Important others:
"The *Zardars* and the *Maliks* are respected people in the villages. Sometimes the wife of the *Zardar*. Sometimes educated people. People listen to the *Mullahs* but the *Mullahs* never say a word about latrines, because they think that a latrine is a bad thing. He will say I am here to deliver the message of God, how can it be possible that I talk about latrines."
Diseases:
"People know about diarrhoea and fever. In villages the majority of the people get these types of diseases, but especially children and elder people. The people do not know the causes of diseases. They just say that these illnesses come from God. But when the LGRDD people convey our messages to the people the majority of the people say that because of flies and dirt these diseases occur. But nobody realises that these diseases are consequences of dirty water. They say water comes from high mountains and it passes different stones so this water is very pure." (In Islam running water is seen as pure).
Do latrines save money?:
"A few years ago when we asked this question the answer was negative. They replied that when we get ill we pay 200 or 300 rupees to the doctor, we will be mad to pay 5000 rupees or more for a latrine. But after our motivation they started to realise that a latrine saves money and that they will get less ill."

Hygiene educator's interview in the light of the field-interview outcomes
The Hygiene educator gave a complete overview of all the research subjects. Sometimes she told almost exactly what the informants answered in the field interviews. It can be discussed whether this is because of shortcoming of the translator, that she translated the answers in her own words, but most probably that is not the case. The translator was not a project employee but a student of Balochistan University, her "language" was not "project" language. The translator did this interview in Urdu and made notes during the interview. The informant and the translator-interviewer in this case, could talk easily. After one day the translator worked this interview out in English together with the researcher following the notes.
One important fact that is missing is the current behaviour of the people that have an improved latrine. That is part of her job, to see how these people are using the latrine and see if they need education. She did not tell anything about this. The researcher was not there during the interview and could not ask more thoroughly but it could be that the handpump and its hygienic use gets the emphasis of the Monitor Support Teams. An other saillant detail is that regarding the decision-making and decision to take a latrine the influence of an active *Zardar* is not mentioned. Under reasons for not constructing it is mentioned that poor people sometimes collect money from the richer people to be able to install latrines. This can be a link with the *Zardar*. As can be seen in the interviews the people often go with their problems to the *Zardar* and expect him to solve their problems.
Another interesting factor is at Diseases: "after the messages of the LGRDD the majority of the people say that because of flies and dirt diseases occur. But nobody realises that these diseases are a consequence of dirty water." What was found in the interviews is that in *Killi* Gerazi the people are not aware of causes of diseases (one informant said something about dirty water) in Sarang Sai where people never have had any health education they believe in general that water is pure and healing, in the other interviews done in the project people give different answers like "we cannot get ill of water" and "diseases occur because of dirty water". In the *Kachiabaddies* (after the messages of Taraqee) the people say among others that diseases occur because of dirty water in the streets, because there is no sewerage.

It can be concluded that hygiene education about causes of illnesses is not very clear for the informants in the project areas, or that they never had any proper health education. In the interviews done with Taraqee the messages from Taraqee were more directly present in the minds of those informants.

CHAPTER 11

11 DISCUSSION, CONCLUSIONS and RECOMMENDATIONS

11.1 Introduction

The main objective of this research was to conduct a study on the underlying motives of the inhabitants of villages and (semi-)urban area's of Balochistan regarding the decision whether to construct a latrine or not. In this chapter it will be discussed in what way this research has answered this question. The conclusions will be put within blocks within the text.
An answer was searched for the following six research questions:

1) What is the current behaviour concerning relieving oneself of the household members in the research areas ?
2) What are the attitudes of the members of the households regarding an improved latrine? (divided in households with an improved latrine and households without an improved latrine)
3) What are the arguments of men and women for and against an improved latrine?
4) How does the decision-making proceed between men and women (within the households) concerning constructing a latrine?
5) Which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most impact?
6) What information is there on household level about illnesses and how are illnesses treated?

The results of this research are found in chapter 8, 9 and 10. Partly the results also have been discussed within these chapters, within this chapter, where necessary, results will be brought together and put into a wider perspective and conclusions will be drawn.

11.2 Conclusions and answers of the research-questions

Here every research-question will be answered and conclusions will be drawn within the blocks.
Ad 1)
An answer on the first research-question about the current behaviour was found within this research. As seen in all rural areas almost all the improved latrines are not used by all of the household members, especially in extended households.

In rural areas improved latrines are not used by all household members

The different reasons found why not everybody is using the improved latrines were: children go in the field when they are playing outside the compound; children are not allowed to use the latrine because they make it filthy and there is too little water to clean it (also found by Ciet International, 1998); men do not use the latrine, they work in the agricultural fields and go there; a lot of people have to use the same latrine; women are not allowed to use it, because the men use it and they believe that "men and women can not use the same latrine". Community and family health can only be improved if everyone has access to and makes hygienic use of water supply and sanitation facilities (Burgers et al., 1988). The last example, that women are not allowed to use the improved latrine, asks for more explanation. As seen in the literature (Lefebvre, 1989) Pakistani households with more money tend to be more traditional. This tendency has been seen within this research too.

Households with more means (than the poorest in the poor areas) tend to have a more traditional behaviour pattern concerning improved latrine use

It was remarkable to see a few times that the women did not use the improved latrine but the men. Even while the men were not at home during the day and even while there were two improved latrines available. The women behaved in the traditional pattern of going in the fields to relieve themselves. Every time this was seen it was with better-of people, with men with better jobs (one of the examples within this research was a migrant household like in Lefebvre's study). A traditional idea behind this is

that men cannot use the same latrine as women. Pasthu households are overall more traditional than Baluch households, they more often request for two latrines. Within nuclear families the idea that men cannot use the same latrine as women is not predominant.

In all places we visited lack of enough and easy accessible water was a problem. Water shortage blocks hygienic latrine use, especially when PFL's are installed in areas with water shortage. People (children) are prevented to use the latrine especially in extended households.

PFL's built in areas with water-shortage block hygienic latrine use

Lack of sufficient water is a reason for not letting everyone use the improved latrine

ad 2)

The second research-question: What are the attitudes of the members of the households regarding an improved latrine? (divided in households with an improved latrine and households without an improved latrine) has not been answered completely. Only the part about the informants that have an improved latrine has been answered. Often the informants without latrines that were spoken with within this research were eager to have a latrine and already had had contact with the project or Taraqee. Their answers did not differ from the informants that already had improved latrines. Often they already had built the pit or had the hardware.

Within the research the question of attitude has been limited to two determinants of the combined model E, namely -status of women and -norms of behaviour according going to the latrine. Status of women is only indirectly related to this research question. Norms of behaviour according going to the latrine is discussed first.

As could be seen from the interviews the place of a latrine is very important, because of the extreme taboo of going to the latrine in front of others especially in extended families.

The place of the latrine is very important regarding the feelings of shame of its users towards each other

This feeling of shyness, seen in almost every interview, is a major blocking factor in convenient latrine use. It plays a role for men and for women. Some people ascribe this feeling to their religion others just see relieving yourself as something that is "not done". A latrine must not be attached to the living room (in extended families). People do not want to be seen when going to the latrine, but on the other hand others very clearly emphasise that they go because nobody will disturb them when they go. A corner of the compound where women are allowed to come (when men -guests- and women are not allowed to mingle) seems to give fewest problems. By others going in the fields is seen as something natural and then the women do not feel shy to go when they need. Most probably they quite freely go during daytime when the men are away (at work), but when men are at home they do not go when they need to and feel bad pains in their belly's.

Most women do not go to the latrine when men are around, they face bad pains in their belly's

In the *Kachiabaddies* a trend was seen that informants in nuclear households loose their feelings of shyness to go to the latrine when the husband or wife is around. Next to the fact that the place of the latrine is very important, the space, freedom of movement within the superstructure, and amount of light (when there is no electricity) available is also important for convenient use. The latrine must give a feeling of convenience otherwise people will not change their traditional behaviour.

Many women do not seem to be aware of the severe limitations that surround them through the traditional rules and actions of men. At least no action was seen to change their situation. No woman complained that she was not allowed to do the daily shopping herself or that she felt pain because of not going to the latrine when she felt a need. It was difficult to probe on this subject in a first meeting with the informants.

Ad 3)
A lot arguments of men and women for and against an improved latrine were found, more arguments for latrines than against, but that was due to the nature of the informants (almost all having an improved latrine). It has not been possible to find the most important argument for an improved latrine. As can be seen in the interviews different people said different things. A standard reply was "with an improved latrine we no longer have a bad smell in the compound, it reduces the dirt in the compound and we have fewer flies because of the improved latrine".
Is it better to install the latrine and use it because of convenience and privacy or because it reduces diseases? As heard from the Ciet employee, their study in Balochistan revealed that latrine use did not statistically reduce illnesses for children. This shows the problem with education. When a latrine is not properly used, there is no health benefit. According to Burgers behavioural changes are influenced by a number of factors other than health considerations. The main incentives tend to be affordability, making life easier and solving a felt problem (Burgers, 1998).
Within this research the following health considerations were mentioned as reasons to install an improved latrine: that there were less illnesses because of the latrine and that a latrine is hygienic. Both these reactions can be seen as messages from the project that the people "give back" to the interviewer. When people have installed a latrine for one year it can only be wishful thinking that they already have less illnesses in the family than before. Affordability is necessary to install an improved latrine, more will be said about this item later at "What are the reasons not to install a latrine?"
The reasons to install a latrine according to this research that make life easier, are the following: a latrine is easy and an honour for guests, it gives no dirty shoes and dresses anymore like after going in the field, it is less scary to go during the nights, it is easy when somebody is ill, pregnant or old, it gives less dirt in the compound, it is easy to clean, people can go when they want and it gives fewer flies and mosquito's. The reasons that the informants gave for why the latrine solved a felt problem are these: that there are almost no fields available, that a latrine is better for *purdah*, that it gives privacy, that it is safe for the children, that it gives protection for the weather and that there is no bad smell anymore in the compound. Other reasons they mentioned were: being used to a latrine before, feeling more respected with an improved latrine and that a latrine shows self respect.

About building improved latrines just for guests, an argument often heard from project-employees about the latrines installed in the rural areas, different things were seen and heard by the researcher. In *Killi* Gerazi, a rural place where the project supported the installation of the latrines, the latrines were used, they were not built for guests. In Kuzlag on the other hand, an urban area, second latrines were given by the project to rich people that already had installed latrines by themselves years ago. These latrines were installed for guests. In *Killi* Surdub, a rural area, the *Zardar* already had improved latrine facilities for guests (not within his own compound, but outside near the guest-house) but had not installed one in his own compound yet. This was an example of building an improved latrine just for guests. In the *Kachiabaddies* two households had VIP latrines for themselves and PFL latrines for the guests, both made with hardware from the project. It can be concluded that the tendency towards building latrines for guests is still there, but the people also see that they need good facilities for themselves. In the *Kachiabaddies* the informants solve this problem with honouring the guests with a PFL and installing VIP's for themselves (for which less water is necessary).

Just five interviews (during the first pretesting) were done with informants that had never had any contact with a sanitation project and their messages. Their ideas for and against latrines and the willingness to build latrines were the following. Two household would be interested in improved latrines if they were to get help from the project because they were very poor. There was one household where the people said that they were too poor to build a latrine anyway and one household where they said to be willing to pay for a latrine (this was a richer household than the others). One household was not interested at all, these women were very happy to go in the field, they did not see any problem with

that. The most important reason for building a latrine according to the people in Sarang Sai was privacy. Practical reasons like that it is scary to go out in the night and that it is really cold in winter to relieve outside were also given. Honour for guests was mentioned once.

What are the reasons not to install a latrine?
Overall the answer was: "we are too poor to install a latrine". The informants without improved latrines that were interviewed were all positive towards latrines except one household during pretesting. Of course this is not the case in general. The result is biased because the informants (in the case of Taraqee) or the research villages (in the case of the project) were all chosen by project-employees and were all places where a project had been (except for the first pretesting). The interviewed households that had had contact with a project were all willing to build improved latrines, in Gerazi they had already made the pits but had problems with getting the free hardware. In Surdub the *Zardar* had the hardware but had not installed yet and in the *Kachiabaddies* it was a lack of money (because of high expenditures on traditional festivities) because of which the people could not install an improved latrine even with the help of a project.

Lack of money is the most important reason mentioned not to install a latrine (when people are already interested in latrines)

Out of the interviews a trend can be extracted that because of the coming of a sanitation project the people take the step to install improved latrines. They make an arrangement within their small budgets and they change priorities in their expenditures. As seen in the interviews some people have to economise on food and clothing because of the expenses on the improved latrine. The reasons to install can be because of the hygiene benefits realised through the given education, or the enticement of the free hardware, because the people see the convenience and a solution for faced problems in an improved latrine, because "the white people" bring it or because they feel forced to install latrines for example by the *Zardar*.

ad 4)
How does the decision-making proceed between men and women (within the households) concerning the construction of a latrine (question 4)? The decision-making has not been researched on a deep level. It is a very interesting topic in tribal Balochistan. How much influence does the woman have behind her "curtains"? The first reaction of the women often was that "men decide" but when it was tried to let the women talk a bit more about decision-making sometimes they told more. Probing in second visits is necessary to get more detailed information than was got within this research. Mothers-in-law have decision power, especially after their husbands' death. Women do discuss when they are together with their own husbands the fact that they really want an improved latrine. The women have a say, but the final decision seems to be with the men when it concerns a topic like the installation of an improved latrine.

Women have a say in decision making but men take the final decision regarding the installation of latrines

ad 5)
Here the fifth research-question about which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most influence is treated. In rural areas the *Zardar* is still the important person in the community. It was tried to find out what the channels were that could be used to bring change. What was seen was that the people in the rural areas, at least the women we talked to, did not have much contacts outside the villages themselves, but only with their men or with visiting family members. On the question who has respect in your community, and the second question who, whatever he says, will you listen to? No other answer than the *Zardar* was given.

The *Zardar* seems to be the one who has the information about the project and who organises the village-men when LG people are coming. No comments whatsoever have been given on the addresses of the *Zardar*s in the rural areas. The people listen to the *Zardar*. Through his powerful position he also seems to have the informational position. By the women the mother of the *Zardar* was mentioned a few times to be the (only) important woman to listen to in case of problems of different kinds.

In rural areas the *Zardar* still has his traditional power and seems to be an important communication channel for information about the project towards the village-people

As seen in the urban areas different opinions are coming in the picture. People say that the *Zardar* must not interfere in their personal affairs, that it is good when he helps them with certain matters (for example vaccinations, practical things for which he has the money), but they are not prepared to listen to whatever he says. The trend towards people feeling their own responsibilities is set, at least in the urban areas. It seems that this also has to do with the fact that the people have the opinion that the *Zardar*s in the urban areas do not fulfil their tasks as they should do. The people become more emancipated, they ask more things from the *Zardar*, but he cannot fulfil all their requests and the next step is that the people are going to solve their problems themselves.

In urban areas people become aware of their own responsibilities and do not follow the *Zardar* in everything

In the urban areas the Taraqee employees were the communication channels through which the people had heard about the project. Other people also heard about the project through mouth to mouth promotion. Another interesting trend was found that the women workers from Taraqee were seen as important persons to listen to also regarding other subjects than water and sanitation. The informants told that they respected these women because they told them things they could learn from. This is a first step in a new attitude, not following power but following valuable information. No other information has been gathered about important others within this research.

People start to see others who give functional information as respectable

ad 6)

The information found in this research on illnesses (the sixth research-question) is not on such an explaining level that it can be really said what kinds of diarrhoea and other illnesses the informants discern. What was found was that the informants often know a few diseases, like diarrhoea, cough, and cholera but that they do not know the causes. Some people ascribe diseases as coming from God, a few others know about the possible infections caused by dirty water, while others believe that water is healing, whatever the source may be. The influence of te*levi*sion on awareness of diseases was seen in the urban areas of Kuzlag. In the average *Kachiabaddies* of Quetta not many te*levi*sions were seen. The only time that most informants had heard anything about hygiene and diseases was from the project or Taraqee. The people go to a doctor when one of the children is ill. When the people have less money they go to a cheap doctor ("doctors" that ask 50 rupees (FL. 2,50) for a consult) . Everywhere it was heard that there is medical help for free in the civil hospitals, but sometimes the people do not go there because it is too far and they have to wait too long. Women are reluctant to go to a doctor for themselves. Within this research it has not been probed to find out why, because this subject is an extra topic. People do not hesitate to spend a lot of money on medical help especially when the health of one of the children is in danger and often they are prepared to borrow money from others.

People do not hesitate to spend a lot of money on medical help

In general the people say that they believe in the message that an improved latrine saves money because of fewer illnesses. They repeat this message as a reason to install an improved latrine. This message and the believe in it is a bit prejudiced.

The message "an improved latrine saves money" is disputable because it often is not true

In the research-areas most of the time no sewerage's were available and not everyone in each household was using the latrines even when they were available, the F-diagram still stays in tact and besides this

illnesses will occur anyway. A strict believe in the message that an improved latrine will save money because of less illnesses is dangerous because of the fact that it often is not true. This can give a disbelief in the benefits of the improved latrine.

11.3 Results in the context of the conceptual framework

The results (chapters 8,9 and 10) are ordered, summarised and worked out with the help of different items of the conceptual framework, model E. When looking at the model again after doing the research a few comments can be made. The interaction between the project (or Taraqee) and the household is an important factor within this research. This interaction was not mentioned to be researched as a research-question, but as a result of all the circumstances around this research this item also came above within this research. The way this interaction is proceeding; "Top-down" or "Participatory" has its impact on the outcomes of a project. As seen within this research the government uses a less participatory manner of approaching the households than Taraqee. More is said about this subject in the following text. It seems that the more personal way of working of Taraqee has more impact as the informants knew the hygiene messages much better.
When looking within the households more clarity has been brought in the decision-making process, in the allocation of resources, about the domestic hygiene, about the current behaviour of relieving oneself (all Throughput factors).
The Input-factor knowledge about illnesses (a Human Resource) has been revealed.
Within Standard of Care it has been tried to reveal as much as possible about the norms of behaviour regarding going to the latrine. It has been tried to ask informants about their future priorities, often they came with "dreams" about televisions, electricity and new buildings, it did not seem that they really looked in the future with a first priority to be solved. It may be that in this case the question was not put clearly. It is a pity that within this research the characteristics of all households were not known, especially more clarity about the jobs and incomes in the households could have been useful for better understanding of the socio-economic differences between households. On the other hand, because of the way of working with casestudies, it does not matter that much. A broad spectrum of subjects has been dealt with within this research. This implicates that all the information is still on a general level.
At Non Human Resources the access of the latrine has been researched, the scarcity of fields to relieve in is a fact and the available water-sources have their impact on the latrine use.
What is the output?? The informants still show far from hygienic sound behaviour, in the *Kachiabaddies* one exception of a very clean household has been seen. Education is still necessary to get all the influencing factors on hygiene on a sufficient level.
The Environment-factors, in this case the policy of the government (and donors) in case of education and other projects has a big influence on the progress that can be made. The culture seems to imply such strict rules that people (women) do not have many possibilities to come out themselves.

The integrated model at itself (model E) has proven itself as a very helpful model within this research. The household ecological model of Hardon was on the right level of reflection towards the research objectives (i.e. the reflection on what is happening within the households) while Curtis' model helped within this framework to emphasise the determinants of hygienic behaviour. Often Curtis determinants were almost the same as Hardon's, sometimes the determinants were an addition on Hardon's model, but within Hardon's model they got much more meaning and became very practical to handle. Within the light of water and sanitation and what is happening within the households the integrated model is a very handy tool to oversee all what matters within this scope.

11.4 Critical comments on the research

Doing research in tribal Balochistan is not easy. The constraints this research has faced were big, often probing has not been possible. It was not possible to do the fieldwork in a relaxed way. But still the outcomes of the research are there. The amount of valuable material that has been collected within three

days (*Killi* Gerazi) made the researcher feel a bit depressed. If the researcher had been able to go five times for three days in the field in that way, there would have been wonderful research material, with relevant and well-founded information, which would have been very valuable for the project. This was due to the very open reactions of the informants towards the questions, much more open than expected beforehand considering the difficult topic. The white skin of the researcher could have influenced this, making her a welcome and interesting visitor. The researcher went to do fieldwork in rural Balochistan after a two months stay in Quetta (during which she did fieldwork and pretesting in nearby rural settlements and the *Kachiabaddies*), she experienced that it was necessary to get feeling with the local circumstances and customs around the research subject before being able to conduct a good research.

When looking at the overall question about the underlying motives of the inhabitants of villages and (semi-)urban area's of Balochistan regarding the decision whether to construct a latrine the following critical remark about this research can be made. Of the 34 field-interviews, 11 interviews were done in households without an improved latrine (5 of these were done during the pretesting in a village where there was no improved latrine at all and where a sanitation project had never been). This is not an optimal division when looking at the latrine diffusion in Balochistan (86% of the people in rural Balochistan does not use improved latrines). A recommendation can be done for further research because it is still interesting to do a research about the ideas of the people without (Improved) latrines about sanitation, hygiene and improved latrines. A good base-line study is the best way to (start to) understand the people and use this information for promotional and educational activities. To start with the first step: what do people who have not had any contact with a sanitation project before, think and know about these subjects. This still implies a kind of top-down approach in comparison with a participatory approach (interactive participation). Especially when the informants are not questioned about what they feel as their problems and priorities. That is one of the differences between the NGO (Taraqee in this case) and the Government (the project in this case) where the researcher did her research. This will be highlighted in the researcher's reflection on the project's and Taraqee's way of working in the following text.

Within this research the ideas of informants with improved latrines and the ideas of informants without improved latrines but who had had contact with a sanitation project are made visible. A big advantage of approaching people that had had contact with the project (respectively Taraqee) before, was that it made the entrance for the interviewers in the households much easier. In tribal Balochistan it is not possible to enter compounds as a stranger without a good reference.

This research was done during autumn. An Autumn that was relatively wet, but overall sunny with a pleasant temperature. A time when the people are not facing the most hardship because of the extreme weather. This must have had influence on the interview outcomes, in winter people face difficulties because of the cold, in summer because of the heat and the flies.

11.5 The researchers' reflection on the project and Taraqee's way of working

For a project that works within the Government structure it is much more difficult to work in a real participatory manner than for a NGO. The NGO is smaller, is more flexible and all the employees know each other. A huge government institution does depend on the flexibility of all its members and all the bureaucratic rules and ways of behaving.
When comparing the output of Taraqee (3500 latrines, other sanitation solutions like sewerage's and the credit-program, estimated for a year with the amount of 300 latrines a month as a guideline) and the output of the Local Government (800 handpumps and 6500 latrines a year (Market survey for HP and HHL, 1997)) is it easy to say that Taraqee with its relatively small team has more impact. But even this is a very dangerous conclusion. What is impact? The amount of hardware or the change in people's behaviour?

As the Unicef/Ciet policy employee said: "in Pakistan we want to see development with the eyes..., but the emphasis should be on education". The impact may be that in the whole of Balochistan first steps are being made. People are becoming more aware. Because of the projects people get possibilities to have hygienically sound sanitation and hygiene education, and these are basic needs. After these first steps other steps can be taken.

Taraqee works in places where there is real demand for latrines, where the people are relatively open towards their education and programs. One of the evident things seen by Taraqee was that the informants knew the hygiene education messages by heart. Taraqee also has a different work-method than the project, their method seems to empower women. With going to the households during daytime when the women are at home they achieve that the women are the ones that have to start talking about the subject. If the women are interested they have the task to persuade the men with clear arguments to install a latrine within their compound. The project works with much more employees, a different method and in a much larger area with people (in the rural areas) that are less interested in latrines. On the other hand the project has a second purpose: establishing a self reliant and capable Water & Sanitation Section established within the LGRDD, able to plan, initiate, co-ordinate, implement, supervise and monitor community based rural water supply and sanitation programmes in Balochistan. In the way Taraqee tries to work, to go to a kachiabaddie, "join life" (visit the inhabitants and open a Taraqee office (with hardware for latrines and for education) in the centre of the kachiabaddie) with the inhabitants and ask them what their problems are and try to solve them together, much more participatory aspects are found. In Adnan's typologies of participation Taraqee can be placed under *Interactive participation* with a link to *Functional Participation* (Adnan in Pretty ,1995).

Taraqee works with interactive participation

The project can be categorised under *Functional Participation* and a link can be seen with *Participation for Material Incentives.*

The project works with functional participation

Especially when taking in mind responses like "people take whatever the white people bring". These responses were not heard often, but what was seen in *Killi* Murit and heard from the *Zardar* in *Killi* Surdub showed that the village-members are not always the ones demanding for the latrines.

The village members do not always demand the latrines themselves

In *Killi* Surdub the *Zardar* wanted all his village members to install latrines. He even gave the people money for digging the pit themselves (*participation for material incentives)*. That *Zardar* did not see it as most important to install a latrine for his own women. The poorest households in the village had installed the latrines before he had arranged it in his own compound. This shows a duality in his thinking. It can be questioned what his intention is to get the project to his village. Installing a latrine in his own compound (for his own women and himself) is not his first priority. The hygiene education and messages did not do their work in this case. On the other hand it is positive for the village-members that he is so eager that he is stimulating everyone to install a latrine. The project can use (and does use) these old power structures to install the latrines. Often these *Zardars* are necessary because of the lack of vehicles of the Local Government for the transport of district-people and the hardware to the villages. In *Killi* Gerazi the responses also suggested that the demand for the latrines came from the *Zardar*. This at least can be extracted out of responses as "I did not go to them, they came here (LG)". No inhabitant said that the demand for the project came from themselves (the villagers). That does not matter much because the people in this village are happy with the latrines and are using them. But this way of working is not mentioned in the implementation methodology of the project.

The *Zardar* seems to be the one that requests the latrine-project

The danger of this way of working is that when a *Zardar* is not interested in progress (the sanitation program) his people will not get the opportunity to install hardware and get hygiene education. The outcomes seem to suggest that the *Zardar*'s initiative (towards the district staff) is the reason for the project to go to a certain community or not. Besides this argument it can be said that in this way the

project operates through the feudal structure, the old power network. This is most probably the easiest way to get an opening in the closed society of tribal rural Balochistan but it can be questioned if this is the best way if the purpose is progress for the people. Also when you consider the hygiene education; if the *Zardar* demanded the project how interested are the people then going to be in the hygiene education?

The employees at policy level in the office did not have much contact in the field on household level. This is a problem seen almost everywhere in the world. Policy employees are not in direct contact with the field reality. Solving this problem is not easy in a big organisation but an interesting remark in this direction came from Mullen and colleagues. They found after a meta-analysis that the quality of the planning was the only determining factor for effective educational programs or promotions (Mullen in Damoiseaux, Van der Molen and Kok, 1993). In this case starting to work and make implementation methodologies and messages after having made a good base-line study about the thoughts and realities of the field is more realistic then starting to work from hypotheses and assumptions.
What could be seen in the interviews with the field-workers of Quetta-office was that they had quite a realistic view on reality.

Field-workers have a realistic view on reality, they can be good intermediates between field-level and policy-level

11.6 Is privatising an option?

Privatising is an item on the project-agenda. Privatising means that the hardware will not be given for free anymore. This asks for a discussion. Privatising most probably implies that the poorest households never will be able to install a latrine anymore because of lack of sufficient means to install an improved latrine. The poor rural people by themselves often do not see a latrine as a first need. Whenever there is a system of competition, groups will fall out. A safety net for the poorest is necessary to let them be in the competition too. The question which socio-economic group the project wants to reach with the sanitation project is a central item in the discussion. You can say that the project has to choose between the poorest group or a better situated middle income group. Of course the project can take the decision for privatising but that means that they take a decision against the poorest groups and for a group with already more possibilities.

Poor rural people do not see a latrine as a first need, so privatising might hurt the process of a more equal diffusion of latrines between all socio-economic classes. In short:
- **The poorest do not have the means to install a latrine without project help**
- **The poorest do not see the need to install a latrine without project help**

Another argument against privatising is about hygiene education. It was heard in the corridors of the project that people were only willing to listen to the hygiene education because they got something (the hardware). The need for (hygiene) education can be seen as the most important need of the people in Balochistan. The LG staff on average visits the villages 2-4 times. The impact of the hygiene education can only be limited (implementation methodology for handpumps, latrines and hygiene education, 1997).
However: few have commented so unequivocally as Roland Bunch (Bunch in Pretty et al., 1995) on the destructive process of giving things away to people, or doing things for them. He suggests five major problems:
- give-aways blind people to the need of solving their own problems;
- people become accustomed to give-aways, and come to expect them;
- give-aways are "monstrously expensive";
- give-aways hide people's indifference to programme efforts; and
- give-aways destroy the possibility of there ever being a multiplier effect.

Despite this, development programmes continue to justify subsidies and incentives, on the grounds that they are faster, they can win over more people, that the people cannot help themselves, or that the people are just so poor that justice demands they are given one chance. As little effort is made to build local skills, interest and capacity, local people have no stake in maintaining structures or practices once the flow of incentives stops. (Pretty, 1995).
As stated in this piece of literature improving local skills, interest and capacity is more important than a given piece of hardware. In this research it has been seen that people become accustomed to give-aways, some people expect the Government to help them and give them the whole latrine. But the free hardware also turned out to be helpful for fast decision-making about the installation of the latrines.

The free hardware is encouraging people to install latrines

The whole project is expensive and a lot of donor money is spent. The project is not there forever so what to do when it stops and there is no donor money to pay for the hardware?
A conclusion can be that privatising is only acceptable when very good (participatory) education is the follow up of the current policy of giving free hardware. But on the other hand a piece of very basic infrastructure (a latrine) maybe must not be seen as a wrong give-away especially to the poor. The people have to pay/add the biggest part of the installation of the improved latrines themselves already. Another argument against privatising is that hygiene education programmes tend to reach higher status groups because they have more means for improvements and easier access to sources of information (Burgers et al., 1988). Poorer families often have little time for hygiene education as they have to spend as much time as possible on providing for their households. With the free hardware the poorer socio-economic groups also seems to be able to install the latrines, but even then they sometimes have to withdraw from their wish to install a latrine because of money. Curtis (Curtis et al., 1995) said about this subject that while there is evidence that improved water supplies and sanitation can substantially reduce the incidence of childhood diarrhoea in developing countries it is increasingly held that improvements in such infrastructure are a necessary, but not sufficient condition for a positive impact on health. Cairncross (Cairncross in Curtis et al, 1995) has suggested that the health benefits which do arise stem largely from the changes in hygiene behaviour which are made possible by improvements in water and sanitation. Effecting change in human behaviour is a complex and uncertain process. However, the chances of success are likely to be greater when programme planners have an understanding of what inhibits or enables the adoption of specific protective behaviours (Curtis et al., 1995).

According to the CIET study of 1997 installation of latrines can prevent diarrhoea only in the rural summer zone of Balochistan. According to them 30 cases of diarrhoea per 1000 children can be prevented by improved latrines. Next to this, 400 cases of diarrhoea per 1000 children can be prevented when a community is considered as "clean" (see paragraph 3.1) (CIET International, 1998).This expectation can be seen as a support towards education about hygiene and sanitation next to latrine implementation. But latrine installation is not only about the prevention of illnesses. An improved latrine is an improvement of the facilities of women that live under very difficult circumstances. Women that are sometimes not allowed to come outside the four walls of the compound. Or women that face big difficulties and physical dangers while satisfying a very basic need of a human being, relieving oneself (for example when pregnant).

11.7 Final conclusion

Almost every research is a picture at a given moment. Because of this the historical development and processes of behaviour are often left aside as explanatory factors. For the explanation of processes within households on a certain moment in time, insight in historical development is necessary. As seen in this research the traditions of the informants are very important factors influencing their current behaviour. Why do the people hold on so strictly to their honour, why is sanitation such a taboo, why

have the women so limited a freedom to move where they want? Lefebvre (Lefebvre, 1989) found a kind of answer in her anthropological research on these questions (see paragraph 3.7) but an answer is not a solution for change. As can be seen within this research a lot of people are working towards a more hygienic Balochistan. I believe that the positive intention of a lot of people behind their work will be able to solve every problem. The struggle is to go on and on and to be free to see mistakes and to learn from them.

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Appendices

APPENDIX 1: OWN STORY

Difficulties faced by doing social research in Balochistan
my personal story

Having been in Balochistan for two and a half months I started to see very big differences in power relations and men-women relations between work situations in the Netherlands and Balochistan. Why did not my stay turned out the way I expected it to be? I expected to do a research in a totally different country, with different customs and ideas. I was prepared to do field-research under heavy circumstances. I was eager to learn from this experience. With in the back of my mind the idea that putting myself in a different culture should give me some understanding of the problems people from other cultures are facing in The Netherlands.

Where to start this story?
I only can tell this story from my point of view. For me it is important to put this story on paper. Every day in Pakistan was full of surprises. There was not much time to over-think all what happened. Six working days in a week, Sundays for the social gatherings with the "expats" and living in a big city full of riksha's, donkey cars, bicycles, motorbikes and cars throwing about all the dust, bazaars, Afghan restaurants, one luxurious hotel were you can eat Chinese and some friends.

When I put my personal story on paper it will not be scientific. On the other hand it will be my truth. Doing qualitative research has always subjective sides in it. Knowing more from the researchers circumstances and point of view can give clarity about the outcomes of the research.

My personal story has a lot to do with personal stories of other people. Human people can not live without relations with other people. It will depend on the consent of the people who were close to me in Pakistan if I can make my story public.

I decided once not to be afraid anymore about what is happening in life. Being fair about what is happening and facing it in all depths is giving me "wealth" in life. But I also learned after my Pakistan adventure that honesty of others can feel raw.

I went to Pakistan to do a thesis-research for my study "Household and Consumer Studies - department: non-western households" in a whole new field (for me): Water and Sanitation. After reading articles, books about these matters it got my interest. It is a down to earth subject, regarding the basic needs of human life. In Maslow's theory (1954) it is part of the first step* in the hierarchical set-up of human needs.

I read about Pakistan. Experiencing Quetta was different! But joyful.

To study means (for me) wanting to learn. My stay in Pakistan was not very fruitful for my scientific study. Back in Holland I faced chaotic research material and big problems to make something scientific out of that mess. But as a human being I learned, I faced a lot, I went through a lot, it broadened my horizon.

* Maslow identifies in his hierarchical set up of the human needs five different steps. The first step is about the physiological needs, like hunger, thirst, sex, sleep and other physical needs. Next to this first step he distinguished the need for protection and safety, the need for love, the need for respect and finally the need for self-development (Schouppe, 1989).

The practical side of this research was arranged well by the project. There was a good place to stay, a pick- and drop service to go to the office and a good place to work. But regarding to the content of the research nobody in the office was supervising it, it was difficult to find out what subject the project wanted to be found out exactly. Different people said different things all the time, nobody really took the effort to oversee what I was doing. For the research itself I didn't get any supportive help. There was one person in the office that had the right social scientific background but she was not willing to help with this research because it was not her task (somehow a reasonable argument).
For me this was a strange fact, the project asked for a student-research but they did not think the consequences over properly. The Dutch supervisor ended up being a very good social entertainer rather than as a capable research supervisor.
The biggest problem was the No Objection Permit (NOC), a government clearance necessary to do field-research in tribal/rural Balochistan when you are a foreigner. Before this student-research it was already a well known fact that for the Dutch woman -women in development specialist- of this project it always took months to get an NOC. Where as for other projects in Quetta it never was such a long taking process. For foreign men it seemed to be easier to get one.
This also turned out to be a blocking factor for me.
We planned to go in the field for six to seven weeks, after staying first two or three weeks in Quetta. The Pakistani way of working is with connections, for a foreign student this was difficult to find out and to work with. I expected, in my eyes still reasonable, that the project would take care of the necessary NOC after my apply because they asked for a student-research.
The first period we worked hard on the improvement of the questionnaire with the help of the office-field-staff.

I went with a fellow-student to Pakistan, after one week she got a severe car accident. She had to stay for one week in the hospital, I had to take care of her (with the help of others!). After this week we moved for two weeks to the Chief Technical Advisor's house, a better place for my fellow-student to recover (near to the office). In spite of everything I went away for trying out the questionnaire in the third week and the request for the NOC went to higher government level. The Pakistani supervisor told me that the NOC wouldnot be a big problem and that we could leave soon for the rural area's.
This first field-trip was to a rural village not far from Quetta (a small hour drive from the office). We stayed in the house of a good friend from the Pakistani supervisor.
To give an example of how and with whom I had to work, I will work out the circumstances of this trip. The evening before we went the Pakistani supervisor came to the CTA'S house where I and my fellow-student were staying. He told me that I would do the pretesting the next day. After telling me he also had to tell the Pakistani consultant that he had to go with me the next day. Because of this hasty decision we did not leave early in the morning to *Killi* Sarang Sai for the pretesting. The Pakistani student who was my counterpart and translator for the whole research was in the midst of her final exam for University. She had to leave Sarang Sai the next morning very early. So we needed another translator to go with us for the next day. The other one had to ask permission from her parents and to pack before we could go. We entered *Killi* Sarang Sai when it was growing dark, we did two quick interviews and went back to our host. Just before dinnertime a furious Pakistani supervisor and another boss of the government-side came in, interrupting our quiet sit together. He started yelling at the Pakistani consultant about why we left so late (mostly because of the yelling man's hasty decision) and after this he started interrogating my counterpart about her research knowledge. I was a bit shocked by this unknown and unpleasant visit. For me this had to do with showing power and wanting to have control over everything. They left in the evening after diner. We did some interviews the next day and left in the late afternoon. The Pakistani supervisor advised strongly to do observations and not to ask questions on the difficult topics. I even tried to do that but I did not see that as a possibility. How can you possibly go and sit in the middle of a house of a stranger that never have seen or heard of you before and then looking at the decision-making in households (?!) and the current behaviour of relieving

oneself (?!). I did not have much trust anymore in the research knowledge of this man. But he came back on this topic with the same instructions different times.
Another difficult thing when working between and with the Pakistani people was the language problem. I did not speak Urdu. I did not hear and understand the hidden nuances of communication. Of course a normal fact but in difficult circumstances with big cultural differences it did not make it easier to find the right attitude towards people. When we were away to *Killi* Sarang Sai I was on field-trip with four Pakistani people, their English was good, but for hours they did not speak one word of English, that felt hard now and then.

My fellow students first working day after the accident is also worth telling.
She missed the pretesting in *Killi* Sarang Sai so we would go another time with her. We planned to go to Kuzlag a town with quite rural "suburbs" half an hour drive from Quetta (not too far a drive for my fellow-student with her five broken ribs and a broken scollar bone...). We explicitly asked to go to a place were the project had worked before and were they had installed latrines about a year ago. After leaving the office not before ten we went to a place where a government officer was living. We first had to join for lunch. After our explicit request he brought us to one of his neighbours that had installed a latrine themselves a few days ago. After this interview we again asked the Pakistani consultant to bring us to a place were the government had installed latrines around a year ago. He did not say anything about what we would do next and we went in the land-cruiser and started driving. I expected that we would go to a *Killi* in Kuzlag where the project had installed latrines or back to Quetta, it was already Saturday afternoon, but just before Quetta we went right into the arid area's. After more than an hour drive my fellow-student asked me, in the back of the car, with tears in her eyes from pain for how long we would keep on driving. When I asked this to the Pakistani consultant he answered that we would need just another quarter (it turned out to be more than half an hour). When we entered our destination *Killi* Murit, the Pakistani consultant told us that we had half an hour to do an interview because it was getting dark soon and it was dangerous to travel when dark. After half an hour with a half interview we left *Killi* Murit for another one-and-a-half hour drive back to Quetta. My fellow-student was exhausted when we were home.
It later turned out that even in this half hour visit some valuable information was found. While my fellow-student did the interview, I decided to do a village-walk and inspected the latrines with the help of around fifteen boys that were walking with me. All the compounds in this small rural village in the middle of barren land had a latrine made by the government. Mostly small cabins from mud attached in corners to the compound-wall, with doors, without any light and a very small hole to relieve in. All the latrines were spotless, no smell at all. First I did not understand, later I became almost sure that all these latrines were not used at all. The entrance of one of the latrines was even blocked with a pile of stones. In the interview my fellow-student did came out that the people of that compound never used the latrine because it "was out of order". It was a messy interview. The land-cruiser entered the village, two white women came out and started interviewing in the first house they saw. Not a good introduction. It was dark in the room where the interview was held and it was full of children and interested women. The interpreter did not understand the local language well and a child worked as a second interpreter.

The fourth week of our stay we waited for the NOC. My fellow-student went one day to the field. I was busy with the translations (English-Urdu, English-Pasthu and the other way around) of the questionnaire. We worked again on the questionnaire. Every day they told us TOMORROW you will have your NOC. And then, when we started believing that we would get the NOC Tomorrow, at the 12th of November four Americans were killed in Karachi. Extra safety precautions were installed, we all got a body guard that was following us 24 hours a day, with his big Kalashnikov (Russian machine gun), where ever we went and who slept in our living room. This would go on for a whole month.
At the end of this week the Pakistani consultant told me that he heard between the lines that we would not get the NOC (a shock to me) but the Pakistani supervisor still told us that it would come next

Monday. It seemed to me that the Pakistani supervisor did not want to tell us that it was not possible to go into the field. It looked as if he could not tell us because he would suffer a personnel defeat. His idea, in my view. It would have made it much more clear to me if he had told the truth. We kept on reading and working on the questionnaire in the office they did not offer us anything more exciting to do. There was another Dutch student in Quetta and we joined her on two trips to a carpet factory and a furniture factory. My fellow-student started thinking of going back to The Netherlands, she had to do a thesis research and that seemed to become impossible. The next Monday, after five weeks, she left.

There was a very interesting Non Governmental Organisation (NGO) working in Quetta named Taraqee. Taraqee worked among others in the Water and Sanitation sector. We knew that from the beginning that we were in Quetta but we were told that there were unsolved problems between our Pakistani supervisor and the boss of Taraqee and that our supervisor wouldnot approve if we would join them. I visited Taraqee once before, we had a very interesting talk over there and they were very willing to help us to do research. After my fellow-student left I asked the Dutch supervisor if I could join Taraqee. He said to me, no: wait, the project must approve that first. There were still safety precautions. I started to do some interviews in the office with field-staff members that were in the office. And later (with approval of the Dutch supervisor and the CTA) I started to join Taraqee. I joined also for two days a Drama Workshop about giving messages (hygiene and other) in the field.
In the seventh week I was still waiting for the NOC. A short monitoring and evaluation mission came to the project. The facilitator of the monitoring and evaluation workshops (Dutch woman) got an NOC within two days, they put the Dutch woman -women in development specialist- of this project also on the list, she got an NOC too, but they forgot to put me in. A delegation of the Dutch Embassy was around and there were no problems this time. I started again the procedure for an NOC, still willing to go in the field and doing the research where actually I had come for. The Pakistani men of the project where I had to give in all the concerned papers told me that he would handle it again. Later I heard that he just dropped the papers because he did not see any possibility that I would ever got an NOC after the last rejection. Nobody ever told us about the rejection and why it was rejected, now only vague rumours came up about having a business visa and being a student and a whole list of other reasons. I still joined Taraqee now and then. While going with them in one day it was just possible to do two interviews. It took time to go from our office to their office, cars had to be available, from their office we had to go to the Kill's, there we had to wait till they had time to introduce us in a household to interview. Most of the time a Taraqee member had to join us (me and my counterpart) during these interviews to be the second translator because of the local languages.
In the eight' week the Pakistani supervisor told me that he would arrange one good field-day (especially for me). I was very happy with this opportunity. I skipped the appointment with Taraqee with pain in my hart. But going to rural Balochistan was where I came for. Because of the monitoring and evaluation workshop the Pakistani consultant was not allowed to join us before lunch-time. We were not allowed to go without him so we waited. Then just after lunch they told me that we were not going anyway. The Pakistani supervisor that arranged this trip for me withdrew his approval that the Pakistani consultant could leave the workshop for that afternoon. This felt like an attack. All the time I kept on being positive, I searched for the smallest possibilities to do some research, I skipped my valuable appointment with Taraqee and then I did that for nothing but waiting. Next Monday in my last week the Pakistani supervisor promised me a whole field-day again. I told them that I would like to go to a rural "pasthu" area. We were asked to come early to the office (8 o' clock) and then we would go, again we did not go before 10.30 hour. First we went to Kuzlag (a town near to Quetta), to a very rich *Zardar* with eight pour flush latrines. Not really the place that I wanted to see. After my complaints we went to a rural village. This happened to be the village (*Killi* Surdub) were the Embassy delegation went a week ago. I did not trust that this would be an "average" village, with average circumstances. The week before it was quite obvious that the best consultants were made free to show the Embassy evaluation delegation around.

At the Embassy-diner I had an informal talk with the project evaluator. He had a very different view about the project than I had. The Bruwas project is one of the bigger projects from The Netherlands in Pakistan. He was very positive about it. Who am I to judge? But I saw a lot of things that were not working like they could work. I did not feel to be in the position to tell him my view about the project.

Because of the long drive to *Killi* Surdub and because we had to be back near Quetta before sunset I only got one hour to interview. When we were back in the office I felt disappointed, why did we not just go to *Killi* Surdub, then I would have had time to do some thorough interviews. These arrangements provided so little time for interviewing. The next day in the office I used my connections talked with the CTA and I made myself angry and showed that to others and then I got finally where I came for, three days of fieldwork in rural Balochistan. The Pakistani consultant put forward that I could join him to Nushki, the CTA approved without the consent of the Pakistani supervisor. There I went in my last week (for three days) without NOC but with arranged protection via a high political officer. The Pakistani supervisor seemed to be overruled and angrily he shouted at me that he had to fire the Pakistani consultant because of his irresponsible behaviour and because of our late departure. I almost lost my temper, this man had made my stay difficult enough already. With fire in my eyes I told him in front of others that the delay was mostly because of me. We left quite late because the plan to go to Nushki originated that morning and we all had to pack and I had to prepare my departure to The Netherlands immediately after our comeback from the field. He did not want to understand this because he was overruled and had no control this time. We left that same afternoon after some unnecessary delay because of the unrealistic behaviour of the Pakistani supervisor. He wanted us (three people) to go with two cars while there was a big shortage of vehicles at that moment in Quetta-office. While we had to wait because of this matter he shouted again why we left so late. When we were in the field he phoned and had some slimy talks with the Pakistani consultant, like they were best friends. Difficult to understand as a stranger on adventure.
I learned that it is difficult to work within another culture. I am used to be open and direct. To ask and discuss. To learn from "higher officials" but not to be afraid for them or their power. It is difficult to surpress your own way of working because of other cultural habits of the people you are working with. But going against it is also not a solution, then the whole situation will turn against you and your work. I learned that it is necessary in such a situation to be very stable and very communicative. Lately (back in The Netherlands) I was at a speech of a organisation-advisor. When she told that her way of working and dealing problems (participatory, iterative) was only not possible in a power-based organisation, then I started to understand a little bit why I did not understand the way of working in "our" Quetta office. I never experienced a power-based organisation like this before. It took me more than two months to see that things did not go like I expected them to go. There was an awful lot of gossip in the office, favouritism, and one person that tried to get hold on everything that was happening in the office. Nobody dared to discuss structural faults in the set-up in the field, even the monitoring and evaluation teams, because this man would take you personally responsible. The strangest things happened in the office, people that were not his favourites, but with their own power-network, were office-members but without any job-description. One of these people now and then turned our workroom into a "picknick area". She took her gettoblaster and her potato's to the office, checked my laptop out of the electricity put the gettoblaster in and started peeling potato's chatting with other women right in front of us. Where to work? What to do?

APPENDIX 2: Interview Guide

General observation list (to be used at every interview)
HOUSEHOLD CHARACTERISTICS
Interview/household-number:

Age and sex of the head of the compound
How many males (grownup) are there in the household
How many females are there in the household
How many children are there in the household
What kind of education does the males have in the household?
What kind of education does the females have?
What jobs does the men have?
How many people around during the interview

O cattle yes/no
remarks:
O latrine none/Pit/PF1/VIP...
remarks:
O rent/owner of the house/compound
O landowner yes/no
remarks:
from where do you get your water usually?
O what is the distance to water-facilities?:
water-pump:
well:
stream:
how long does it take to fetch water from your usual source? (round trip)?
Who is getting the water normally?
O compound big/middle/small
remarks:
O cooking places
remarks:
O animals in house: yes/no
remarks:
O animals in yard: yes/no
remarks:
O state of the wall good/bad
remarks:
O inventory less/more
remarks:

VILLAGE CHARACTERISTICS

rural area/semi-urban area
water-pumps
project has visited this place Yes/no
ethnicity's present
woman and men organisations
drawing with rich parts and poorer parts and main facilities

Subquestion-list for households with an improved latrine

WOMEN

What kind of latrine do you have in your compound?

What is the current behaviour concerning relieving oneself

1 Which options do you use for relieving yourself? (cowshed, the field, Surface latrine, chamber pot,.....)

1b When do you use the latrine? And when not? Why?

(When you pass water is that on a different place (do you have a corner in the compound for that?) then when you relieve yourself?) (special field for women and men?)

2 Is there a difference between day and night?

3 Is there a difference in the seasons?

- rainy season mid July till august
- winter season Sept. till dec.
- freezing season Jan. till Feb.
- hot season may till July

4 How often are you going to relieve yourself?

5 Do you need permission to go and relieve yourself?
6 Who in this compound is allowed to use the improved latrine?
7 Does someone need permission to go to the improved latrine?
8 Do you go to relief yourself when men are around, or are you uncomfortable to go?
9 When you are not going to relieve yourself during the day what kind of feelings do you have? (kidney-problems, stomach pain?, ...)
10 (Too direct: Which are the cleaning materials you use after relieving yourself? (hand, stones, water)
11 Do you always use a Lota with water. When not: What do you use to clean yourself?
12 Do you wash you hands after defecation? always?
13 With soap? or without?
14 What are the problems when using your improved latrine?!!!!! (talk about what doing in the night when it is dark... Is the defecation hole big enough... how does other people know that the latrine is in use.... is there a lock inside, who has the key? other problems?)
15 When does the children use the latrine? And when not? Why? (do you go with them when they use the latrine, till what age, and during the night)
16 Do they need to ask permission to go?
17 Where do you leave the baby excreta?
18 Where do the old men relieve themselves? And the old women?
19 Where do the sick people relieve themselves?
20 Where do the pregnant women relieve themselves?
21 Who is cleaning the latrine? How often?
22 Who is doing the job when this person is ill?
23 Do you use the latrine, when your brother or your man is in the compound?

What are the attitudes of the members of the households regarding an improved latrine

statements

1 Can a man sit on the same latrine as a woman?..why
2 Do you think that men are ashamed to go to the latrine in their own compound when you are around?...why?
3 Do you think that other people, when they have an improved latrine, will always use that latrine when they relieve themselves? (men, women, children)
4 Do you think an improved latrine will help you in purdah? How important is this for you and your family?...what do you mean by purdah in your home set-up, can you explain this/example (if family comes, if you go outside, do you have to wear a big chaddor?). And what does purdah meant regarding to the latrine? (be alone in the shed, not to be seen, ...) Do you feel more protected from other people's view when you can use a latrine?
5 What are the characteristics of a poor compound in your village?
6 What are the characteristics of a rich compound in your village?
7 In this view, where will you rank your own compound?
8 What is the first thing you would like to improve at your compound?
9 Is an improved latrine at your compound an improvement, modernisation of your compound?
10 Who decides whether there a new building is to be build on your compound?
11 If you think that there is a need for a new building on the compound, what will you do?
12 What was the latest improvement in your compound? if not the latrine:
13 Who wanted this improvement most?
14 Who decided to do this?
15 Are you satisfied with the result?
16 By having a latrine, is a compound a kind of upgraded in the eyes of people?
17 Is the need for a bathing room more necessary then the need for a latrine? why?

What are the arguments of men and women pro and contra an improved latrine

1 Do you know the latrine program in your area? If yes:
2 Who is doing it?
3 How did you hear about the project?
4 What was the most important argument to construct an improved latrine?
5 What were the negative arguments (against constructing) you were considering before you decided to construct the (improved) latrine?
6 Do you still face these negative aspects? What is the most negative aspect for you?
7 Can you give a list of positive aspects of your improved latrine? (Ranking!)

How does the decision-making proceed between men and women (within the households) concerning constructing an improved latrine

1 Who in the family started talking about the purchase of an improved latrine? 2 Which position does he/she have in the family? What were the reasons?
3 What was the occasion of this?
4 Who took the ultimate decision to construct the improved latrine?
5 Were you part of the decision making? Were you asked for advice? What were your reasons?
6 Who brought up the issue of the latrine most?
7 Did you ever bring up the issue of the latrine yourself? (with your husband/wife, with others?)
8 What kind of topics are you discussing about with the other women in the compound? example
9 What kind of topics are you talking about with your husband?
- upbringing children
- education children (boys and girls)
- daily needs
- sickness of children
10 Which decisions in the household can women take on their own?
- upbringing children
- education (boys and girls)
- household activities (in which order to do what)
11 Who decides which women is going to do the cooking and which women is doing the laundry?
12 For what do you have to ask permission?
13 If you have a need for money, where do you get it from?:
14 On what kind of items do you spend it?
15 Who decides what to spend?
16 What did your "mother (in law)" think about the improved latrine?
17 And what did the other women think about it?
18 Did you talk about it together?
19 Where did you exactly talk about?/ Which arguments did you discuss?
20 Where did you hear these arguments first?
21 How long did the decision-making process take?
22 Who in the household did not interfere in the discussion (decision making) at all (regarding the latrine)?
23 Who paid for the improved latrine?

Which communication channels give the different members of the households information, concerning constructing an improved latrine, and which have the most influence

1 Who has respect in your community/village?
2 What ever he says, will you listen to him/her? ....
3 Is there an important woman in the village you listen to?

To gather information about illnesses/ is the hygiene benefit of an improved latrine clear to the target group

1 What kind of diseases do you know?
2 What diseases are most frequent?
3 Who get these diseases mostly?
4 When are these diseases most frequent?
5 Do you know some causes of diseases?
6 Do you know some prevention methods for diseases?
7 How often did you go to see medical help since last *month*?
8 To whom did you go, why did you go there? What did the visit costs?
9 What were the costs?
- vehicle
- medicine
- the doctor
10 Are the costs always the same? What is the difference?
11 Did the doctor... (the one they go to) ever talk about latrines?
12 If he should tell you that using a latrine is good for your health would you believe him?
13 Do you think you can get ill of water? (the water you use for drinking))
14 Do you think your children can get ill of water? (the water you use for drinking
15 People told you that by using an improved latrine and clean water, you and your family would be less ill, can you support this?
16 Do you think that a latrine saves money, (regarding to the last question)?
17 Did you get any education about latrines or health?

APPENDIX 3: Village implementation methodology of the project

After a village has put in a demand and is selected by LG, the following visits and activities are to be carried out in the villages:

VISITS	♂ ACTIVITIES	♀ ACTIVITIES
INTRODUCTION	1. discuss program package (HP, latrine, hygiene education) 2. discuss program approach stressing communal HP, community contribution and ♀ involvement 3. explain HP design, provide cost estimates and list of materials needed 4. HP site selection 5. discuss add-on options 6. explain HHL designs, provide cost estimates and list of materials needed 7. select HHL option 8. discuss latrine volunteers 9 select HP caretaker and HHL mistry 10 sign contract	1. discuss program package (HP, latrine, hygiene education) 2. Hygiene education on integrated package (HP, water storage, HHL and handwashing) 3. discuss program approach, including communal handpumps, role of women 4. discuss possible pump sites 5. discuss need of add-on options 6. discuss need of latrines and importance of ♀ opinion in siting of latrines 7. stress the need for ♀ to discuss latrines with ♀ and ♂ compound members 8. convey above to ♂ meeting
CONSTRUCTION	1. headworks construction 2. HE on proper drainage of HP and promote add-on options 3. construction of demonstration HHL 4. train mistri 5. HE on hygienic latrine use and latrine maintenance 6. promote construction follower HHL	1. provide hygiene education on water storage, handwashing, cleaning of HP, use and cleaning of latrine
INSTALLATION	1. install HP and demonstrate O&M 2. train HP caretaker 3. do post-installation check 4. promote further latrine construction 5. output monitoring of HP and HHL	1. visit pump site to provide hyg.educ. about proper handpump use and cleaning 2. visit latrine site to provide hyg.educ. about proper latrine use 3. hyg.education about safe water use and storage 4. promote further latrine construction
MONITORING	1. monitor use and maintenance of HP 2. discuss cleanliness HP and proper drainage 3. monitor use and maintenance of HHL 4. promote further latrine construction	1. monitor use and maintenance of HP 2. discuss cleanliness HP and proper drainage 3. monitor use and maintenance of HHL 4. promote further latrine construction 5. review HE

KEY-ELEMENTS FROM THE COMMUNITY APPROACH FOR IMPLEMENTATION OF HANDPUMPS AND LATRINES

- **main social criteria for handpumps:**
  - involvement of women in site selection;
  - handpump installed on communal well with minimal 100 users/ 10 to 15 compounds
  - signing of contract between community and CBO (on behalf of LG) specifying community share in material and labour: see table
  - no financial subsidies will be given to the community

- **main technical criteria for handpump:**
  - no installation nearer than 50 feet to latrine or garbage dump
  - no installation deeper than 150 feet
  - acceptable quality of water (drinkable, sweet)
  - proper soil conditions

- **main social criteria for latrines:**
  - signing of contract between beneficiary and CBO (on behalf of LG)
  - beneficiaries' contribution in material and labour (see table)

- **main technical criteria for latrines:**
  - no closer than 50 feet to a well/water source
  - Pour Flush Latrines for compounds with water supply, VIP latrines for compounds without water supply

- **hygiene education** will be provided to men and women of the village during each meeting on:
  - importance of safe drinking water
  - correct and hygienic use of handpump
  - correct and hygienic water transport and storage
  - importance of safe latrine
  - correct and hygienic use of latrine
  - proper handwashing

Table: showing contribution of community and LG

Contribution of the community (approx.):	W&S Section/NGO will supply:
Handpump	
- sand, stones/bricks - 7 bags of cement - 32 kg steel rods - labour, mason	- handpump plus spare parts and tools - technical guidance for pump installation - training of local caretakers - hygiene education for proper use and maintenance
Latrine	
- digging of the pit(s) - sand, stones - 1-2 bags of cement - labour, mason - superstructure	- latrine hardware material (pan, P-trap, 1 PVC pipe, wire mesh) - technical assistance on construction of latrine - training of local mistries - hygiene education for proper use of the latrine