

Quality of life in a Maoist infested area: A study of access to basic amenities in Jangalmahal region in West Bengal

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Abstract

Level of development and prosperity in a region is intrinsically linked with the availability and type of basic amenities and infrastructure to the people on a sustainable basis. Abject scarcity of these facilities in a region adversely affects the efficiency of the people in their economic pursuits, thereby retarding the growth and development of the region as a whole. Not only this, a longstanding deficiency of basic amenities and infrastructure in a region and a neglect on the part of the policy makers eventually alienates people from the mainstream. Forced to live in sub-human condition people tend to rebel against the system. Growth of Maoists and naxalites in certain parts of the country is a testimony to this linkage between persisting under development and absence of basic facilities, on the one hand, and prevailing social and political crises, on the other. One such instance of this nature can be seen in Jangalmahal region of West Bengal. With a predominantly rural base, the region has a significant concentration of scheduled population. The present paper intends to examine the Quality of Life (QOL) of people in terms of status of basic amenities in the region located in the south-western part of West Bengal. The paper is based on data drawn from varied government publications. It is argued that a longstanding deprivation of the people in the region has only contributed to the growth of Maoist activities. The paper, therefore, underlines the importance of a conscious intervention on the part of policy makers and planners for mitigation of the problem without further losing any time.

Keywords: Rural, Basic Amenities, alienation, Quality of Life.

1. Introduction

Sustainable and balanced regional development has become a fundamental postulate of all the developing nations. A decent standard of living is being proposed as a welfare measure to maximize the well-being of the people. The success of any development strategy depends to a great extent on the provision and delivery of basic amenities to the people on a sustainable basis or as and when required (Mohapatra, 2013) [4]. Basic amenities refer to those requirements which are necessary (although not sufficient) for an individual in his/ her daily life. Just as in most other parts of the country, rural areas in West Bengal are characterised by an acute shortage of basic facilities. Millennium Development Goals (MDG) and Human Development Report (HDR) have rightly emphasised the importance of basic services for the people for enhancement of hygienic and Quality of Life (QOL). It is striking to note that over 12 percent of rural households in the country still do not have access to safe drinking water. Similarly, nearly seven-tenths of the rural households do not have toilet facilities within the premises while 63 percent are yet to be covered by drainage facilities for the discharge of waste water. In the urban areas also the situation is no better. The system for the disposal of waste and rain water is inadequate as a result of which water logging becomes a common sight during the rainy season posing serious health hazards to the people. Besides, lack of proper roads, inadequate sewage system, lack of a proper system for solid waste disposal, absence of electricity, unhygienic types of fuel used for cooking, unavailability of separate kitchen within dwelling premises are other important

issues of concern for the planners (Hassan and Daspattanayak, 2008) [2]. These are some of the main reasons underlying not only ill health and high morbidity levels among the people, but also a low level of economic productivity and poor quality of life in rural areas (Pierce, 2015) [5]. Apart from the deficiencies in basic amenities, the operation and maintenance of infrastructure poses another set of challenge for the local governance. Among the basic services, safe drinking water, waste-water outlet, availability of bathrooms and latrines within the premises, separate kitchen inside the house and type of fuel used for cooking are the most fundamental ones for a minimum decent living.

Jangalmahal area is regarded as the Red Corridor of West Bengal. Located in the south-western part of the state, the region is spread over the districts of Bankura, Purulia and Paschim Medinipur. The region is backward in respect of income, literacy and health. According to the Human Development Report, HDI of West Bengal is 0.625 as compared to 0.52 and 0.45 only in Bankura and Purulia respectively which occupy 11th and 16th rank among the nineteen districts of the state (Sultan, 2014) [8]. 'Junglemahals', literally '*jungle estates*', was a district formed by British possessions (1805-1833) and some independent chiefdom. As the name suggests, major part of this region is covered with forests or *jungle* and is one of the extremely backward regions in not only West Bengal but also the country as whole. Ethnical and social composition of the population is also remarkable. Scheduled castes and scheduled tribes constitute about 27 and 13 percent of the total population respectively. It is a matter of

regret that although the region is extremely rich in natural resources, the government has not paid due attention for the development of the region. In the wake of reckless growth in mining activities and industrialisation the people are increasingly being dispossessed of their lands, language, forests and other natural resources. Strikingly with regard to their problems, the approach of the State as well as Central Governments is identical. It is important here to note that the Maoist activities have dominated these remotely located blocks for quite some time now. With a lack of fertile agricultural lands, most of the locals are landless and suffer from acute poverty. Daily income of the people in the region is abysmally low (Sultan, 2014) [8]. Although the benefits of being 'below poverty line' has been extended to the people, their socio-economic conditions have remained unchanged. However, in recent time Jangalmahal has attracted the attention of academia because of Maoist movement. The Maoist influenced area is spread over the adjoining tehsils – numbering more than 30 – in Bankura, Purulia and Paschim Medinipur districts. The living conditions of the people because of abject poverty and influence of Maoist activities have really become miserable. The Maoist movement in Jangalmahal is, in fact, the consequence of a longstanding economic deprivation, social injustice, persisting indifference of the government towards the local problems as well as political hypocrisy of the national and regional political parties alike (Sultan, 2014) [8]. The political

forces have treated the downtrodden locals only as their vote bank and have literally done nothing for their upliftment. As a result of this, the rural inhabitants of Jangalmahal are forced to live an unhealthy and unhygienic life under sub-human condition without having any access to basic amenities.

The Present Study

The present paper intends to examine quality of life (QOL) of people in the rural areas of Jangalmahal infested with Maoist activities with a particular focus on basic amenities. The study area includes as many as 30 tehsils of three districts of Bankura, Purulia and Paschim Medinipur (Refer to Fig. 1). They are Taldangra, Simlapal, Khatra, Hirbandh, Ranibundh, Raipur and Sarenga (from Bankura district); Jaipur, Raghunathpur-I & II, Arsha, Jhalda-I & II, Baghmundi, Balarampur, Barabazar, Manbazar- I & II and Bandwan (from Purulia district); and Binpur-I & II, Garbeta-I, II & III, Salbani, Jhargram, Jamboni, Gopiballavpur-I & II, Nayagram and Sankrail (from Paschim Medinipur District). Geographically, the study area is located between 21°45' to 23°45' N and 85°45' to 87°30' E. For the present purpose six important basic amenities such as safe drinking water, drainage connectivity for waste water outlet, bathing facility within the premises, latrines within the premises, separate kitchen inside the house and non- smoke producing fuel used for cooking are taken into consideration.

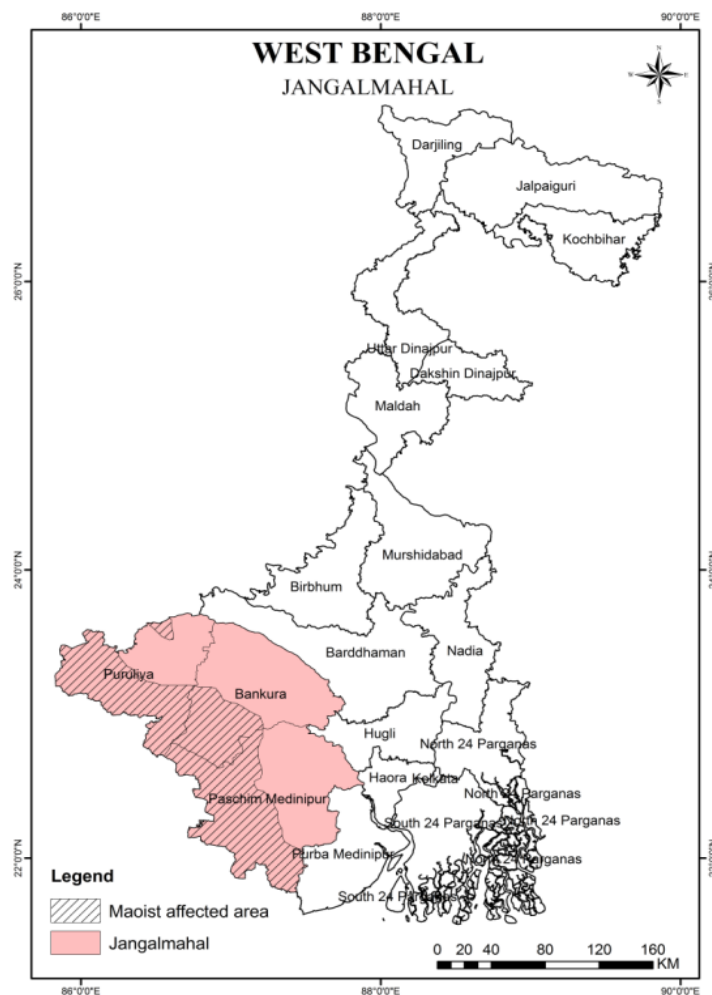


Fig 1: Study Area

Objectives

The main objective of the study is to present a contrast in the availability of basic amenities between the Maoist affected areas of Jangalmahal, one the one hand, and its constituting districts as well as state at the aggregate level.

Materials and Methods

The paper is primarily based on secondary sources of data. Data for the study have been collected from the *Primary Census Abstract* and *House listing & Housing Census* (both electronic format) of Census of India, West Bengal, 2011. In addition, data have also been drawn from *Statistical Abstract* of West Bengal, 2012.

For the present purpose the following indicators have been taken into account:

1. Share of rural households having sources of safe drinking water.
2. Share of rural households having drainage connectivity for waste water outlet.
3. Share of rural households having bathing facility within the premises.
4. Share of rural households having availability of latrines within the premises.
5. Share of rural households having separate kitchen inside the house.
6. Share of rural households having no- smoke producing fuel used for cooking.

All the above indicators are self explanatory in nature. However, as can be seen, two of these indicators need further explanation. The first pertains to 'safe drinking water'. 'Safe drinking water here refers to tap water (both treated and non-treated) along with water obtained from hand pumps. Likewise, 'non-smoke-generating fuel' for cooking here refers to LPG, bio-gas and electricity. In order to assess the status of amenities, a comparative analysis has been done using data on above indicators for the study area as well as the constituting districts. Wherever necessary, state level figures have also been analysed.

Analysis

Drinking water or potable water is a type of water that is safe enough for human use with no or very low risk of immediate or long term harm from health point of view. In the developed countries of the west, water supplied for households consumption or for commercial and industrial uses meets drinking water standards, even though only a negligible proportion of it is actually consumed or used in food preparation. As against this, in much of the less developed parts of the world, the quality of water available for human use leaves much to be desired. People in such areas have not only an inadequate access to potable water but at the same time they are forced to use water from sources contaminated with disease vectors, pathogens or unacceptable levels of toxins or suspended solids. Unsafe drinking water or drinking water that is contaminated is not easily distinguishable from 'safe drinking water' as contaminated water does not always look, taste, or smell differently from safe water. The self purifying ability of the water is lost and water becomes unfit for drinking and other domestic uses. Drinking or using such water in food preparation leads to widespread acute and chronic illnesses and is a major

cause of death and misery in the less developed realms of the world including India.

Table 1 presents a comparative account of availability of select basic amenities in the rural areas of Jangalmahal as well as the state as a whole for the year 2011. According to Census of India, drinking water from three sources – tap, well, and hand pump/ tube-well – are considered as safe drinking water. However, in rural areas wells are generally uncovered and exposed to the risk of contamination particularly during the rainy season, although wells remain a very important source of drinking water for the rural dwellers. In the present study, therefore, wells as a source of water has been excluded from the analysis.

Table1: A comparative account of accessibility to basic amenities in West Bengal and Jangalmahal, 2011.

Amenities	Percentage of rural households with		
	West Bengal	Jangalmahal	
		Non-Maoist Area	Maoist Infested Area
Sources of safe drinking water*	74.32	69.74	44.34
Tap water (treated source & untreated source)	11.43	9.62	9.89
Hand pump	62.88	60.11	34.45
Drainage outlet	15.30	9.64	8.85
Closed drainage	2.22	1.61	1.15
Open drainage	13.09	8.03	7.70
Bathing facility within the premises	19.76	13.28	9.15
Bathroom	11.94	9.48	6.17
Enclosure without roof	7.82	3.80	2.98
Latrine facility within the premises	46.74	35.10	11.23
Flush/ pour flush latrine connected to	18.16	14.41	7.13
Piped sewer system	1.83	1.01	0.68
Septic tank	9.27	8.16	5.48
Other system	7.05	5.24	0.97
Pit latrine	26.97	19.22	3.83
With slab/ ventilated improved pit	22.72	14.97	3.39
Without slab/ open pit	4.25	4.25	0.45
Night soil disposed into open drain	0.41	0.26	0.10
Service Latrine	1.20	1.20	0.17
Night soil removed by human	0.85	0.98	0.05
Night soil serviced by animal	0.36	0.22	0.12
Separate kitchen inside the house	49.03	41.30	36.26
No smoke producing fuel used for cooking**	4.19	3.23	2.31

* Sources of safe drinking water refer to Tap water (treated source & untreated source) and Hand pump.

** No smoke producing fuel used for cooking refer to LPG/PNG, Electricity, and Biogas.

Source: House-listing & Housing Census (Electronic Format), Census of west Bengal, 2011.

Out of all safe sources, tap and hand-pumps are more convenient from the hygienic point of view. The extent of deprivation of the people in Jangalmahal becomes all evident when only tap water and hand pump water are taken into account. As against nearly 75 percent of the people with access to 'safe water' in rural West Bengal, in Jangalmahal only about 45 percent of the villagers get drinking water from these safe sources. In other words, more than half of the villagers still depend on unsafe sources like wells, rivulets, ponds, tanks etc. It may be noted that ground water obtained from shallow deep tube-wells meant for household consumption should not always be considered as safe because the same has become increasingly prone to pollution and contamination due to various point and non-point sources of pollution (Singh, 2013) [7]. In view of this, the concept of 'safe drinking' water as used in the present context continues to be a liberal one even though it is more restrictive than that proposed by the Indian Census.

Availability of drainage outlet facility is another indicator of a minimum decent living. The condition of urban areas with regard to the availability of this facility has been always better than that in the villages. Provision of quality and adequate waste water outlet facility (drainage) in the rural areas should attract the attention of planners and policy makers as it is instrumental in achieving high degree of efficiency in terms of improved health and desired social goals. As far as the waste water outlet facility and its provision is concerned, it features as a state subject which has been elaborated in the constitution and state may entrust its responsibility to their respective *Panchayats* for efficient and effective implementation of the same at the local level. Referring back to Table:1, a wide gap with regard to the availability of drainage outlet facility between the state as a whole and in the study area can still be seen. The un-hygienic condition in which the rural dwellers live is evident from a very low share of households having drainage outlets. As per 2011 census data, despite more than six decades of independence more than 90 percent of rural households in the study area still do not have proper drainage outlet for discharge of domestic waste water. This speaks of the extent of their exposure to health hazards. Remarkably the picture is only slightly better at the state level.

With nearly 70 percent of the population residing in rural areas, West Bengal still lives in its villages. It goes without saying that development of rural infrastructure is important for achieving a higher rate of growth and improving the overall quality of life (Razi, 2013) [6]. Overall quality of life of people in an area can be gauged from the quality of sanitation facility that includes availability of latrines and bathrooms also. The term 'latrine' is derived from the Latin word '*lavatrina*' meaning bath. The word can refer to a toilet or a simpler facility used as a toilet, generally without bowl. Diseases can be spread through users in unhygienic latrines. So it is quite necessary to keep it hygienic and sanitary. Clean toilets reflect well upon a society's hygiene standards and the proper upbringing of its masses. So to clean the toilet is as much necessary as to clean the home. Availability of latrines for the people comes first and then the issue of maintenance and cleanliness arises. Among the rural dwellers of Jangalmahal, latrines within the premises are available to only a little more than 10 percent of the households. In other words, as many as 90 percent people still use open or public spaces for defecation. As compared to this, the situation at the state level is far better although it needs to be further improved.

The 2011 Census has classified latrines in four types viz. flush latrines, pit latrines, night soil disposed into open drain and service latrines. Flush latrines are basically sanitary water flush latrines connected to a septic tank or an underground sewage system. Such latrines are more convenient and suitable ones from hygienic point of view, and they do not require removals of human excreta by scavengers. A higher percentage of households with 'Flush' latrines, thus, indicate a better standard of living. Here again the picture of Jangalmahal is far worse than the state average.

Sanitary systems are built to protect public health but badly managed sanitation can become a serious health hazard, leading to potentially serious outbreaks of waterborne diseases. Due to high operational and maintenance costs, a sanitary system is not really affordable in backward region like Jangalmahal. Septic tank systems are also expensive and require large volumes of water for flushing. However, as there is shortage of drinking water in most of the rural areas of Jangalmahal, water has to be conserved. Other problems associated with septic tanks are the need for periodic cleaning and disposal of sludge. Effluent disposal is also a potential source of foul smells, mosquito breeding and health hazards if not properly dealt with.

Access to bathing facility within the premises is another component of quality of life of people in any area. As can be seen, in case of bathroom also, the situation in Jangalmahal is much worse than the rural scenario of the state as a whole, although in the case of the latter there is much to be desired. In Jangalmahal, only a little more than 10 percent of the households reported bathrooms within the premises. It is true that providing bathing facility within the premises to such a large population is an enormous challenge. The state is also characterized by non-uniformity in level of awareness, socio-economic development, education, poverty, practice and rituals which add to the complexity of providing bathing facility within the premises.

Availability of a kitchen in the household is still another yardstick of quality of life of people. A kitchen is a room or part of a room used for cooking and food preparation. How good and decent the life is, depends very much on availability and type of kitchen within dwelling premises. In the study area, a majority of rural households are based on single room. It is observed that nearly 65 percent of the households do not have separate kitchen within the house. In such households people either cook in the verandah or in the common passage of the house. In some households where space is a greater constraint, cooking is done even in the living rooms. The pressure on the living rooms is rather high in these households because, the living room is used for both living and cooking purposes. The situation becomes really pathetic when efficient and non-smoke generating fuel for cooking is not available to the households. In such cases the prevalence of respiratory diseases particularly among women and children is higher leading to an enormous pressure of diseases on rural households, especially the poor households which are unable to afford these amenities. Huge amount of public and private spendings on medical treatment by the rural households can be saved if all the households have access to no-smoke producing fuel (Singh, 2013) [7].

In the foregoing discussion, the contrasts in the status of basic amenities available to rural households in the study area as well as West Bengal have been highlighted. It is important to note here that this contrast in the quality of life can be seen even at a lower level of analysis. As already mentioned, Jangalmahal is

spread over parts of the three districts of Bankura, Purulia and Paschim Medinipur. It is, therefore, quite pertinent to examine the magnitude of contrast in the availability of the amenities at district level. Table 2 summarizes the gaps in the levels of amenities between Jangalmahal area and non-Jangalmahal area of each of the three districts.

Before we proceed further, it is worthwhile to highlight the level of overall development of the three districts in the context of state as a whole. Available statistics indicate that Bankura, Purulia and Paschim Medinipur form one of the most backward regions in the state. As per Census of India 2011 figures, level of urbanisation in the state is 31.87, while barely 11 percent of the population in the three districts reside in the urban areas. Among the three districts, Bankura ranks vary low in terms of

level of urbanisation where more than 90 percent of the population lives in villages. In fact Bankura enjoys the status of the least urbanised district of the state. Although primarily based on agriculture and its allied activities, the region is characterised by very low levels of productivity. In terms of industrial development also the region lags far behind the average performance of the state. With as much as 14 percent of the population of the state, the region reports only 3 percent of the registered factories. Scheduled castes and scheduled tribes account for 39 percent of the population in these three districts as against the corresponding figure of 35 percent for the state as a whole. The study area reports a larger share of scheduled tribes in its population as compared to West Bengal as a whole.

Table 2: Contrasts in access to basic amenities between Maoist Infested and Non-Maoist Areas of Jangalmahal, 2011.

Amenities	Percentage of rural households with given amenities.					
	Bankura		Purulia		Paschim Medinipur	
	Non-Maoist	Maoist Infested	Non-Maoist	Maoist Infested	Non-Maoist	Maoist Infested
Sources of safe drinking water	65.40	58.95	53.57	38.54	77.07	41.68
Drainage outlets	15.47	8.38	7.72	7.06	6.22	10.56
Bathing facility within the premises	15.92	8.49	6.88	4.85	13.22	13.02
Latrine facility within the premises	19.01	9.44	7.54	5.12	53.49	17.16
Separate kitchen inside the house	38.16	32.15	39.22	37.47	44.00	37.37
No smoke producing fuel used for cooking	3.94	2.93	2.57	1.25	2.93	2.86

Notes: As in the previous table.

Located within an extremely backward region of the state, Jangalmahal area is characterised by glaring deprivation as compared to its surrounding. The magnitude of deprivation in the study area is particularly glaring in case of accessibility to safe drinking water and availability of latrines to the rural dwellers. On the other hand, in case of drainage outlets and fuel used for cooking the contrast between Jangalmahal and the rest of the parts of the constituting districts is not that prominent. The other important point that emerges from the table is the fact that of the three districts, it is Paschim Medinipur that displays the most glaring contrast in the availability of these amenities. Apparently the reason behind the poor basic services is the backwardness and historical deprivation of an ethnical group. The existing situation has led to a feeling of mistrust and unrest among the people under the influence of Maoist activities. The movement is now gradually turning into a social conflict against the better off segments of the population who have historically enjoyed the patronage of the establishment. The recent tug-of-war of the political parties in West Bengal has made the situation more critical (Bhattacharyya, 2009) [1]. Any sincere effort for the solution of the problem must involve non-political agencies including the academia. The spread of Maoist activities can only be curtailed by bringing the people to the mainstream which would mean extending all the basic services and amenities to the people in the region which the better off people elsewhere are enjoying. As already noted above, scheduled tribes in the study area account for a markedly higher share as compared to the average of the state. They fall an easy prey to the ploy of Maoist in the wake of extreme deprivation. Without their cooperation, the problem of Maoist activities cannot be solved. Up to now, the government has not been able to win their confidence. To start the developmental works in the tribal areas it is necessary for the government to acquire their confidence.

Conclusion

Quality of life in an area is the function of various social, economic, cultural, and environmental factors (Singh, 2013) [7]. The role of the state becomes of paramount importance in providing a minimum level of decent living to its citizens. Public investment in strengthening basic infrastructure and amenities will not only improve the quality of life of disadvantaged groups living in marginal areas but will also enhance their economic status. Lack of proper and adequate sanitation and access to safe drinking water are an enormous drain on the economy. This article has focused mainly on the status of such amenities as safe drinking water, sanitation including drainage outlets, latrines and bathroom along with availability of separate kitchen inside the house and type of fuels used for cooking in the Maoist affected region of West Bengal. In the wake of a lack of adequate sanitation and proper ventilation system, the burden of water-borne and respiratory diseases is higher in rural areas than urban areas. Inadequate and insufficient delivery of these basic amenities in Jangalmahal puts enormous burden of diseases on rural households, especially the poor households who are not able to afford to have costly infrastructure. Huge amount of out-of-pocket expenditure on medical treatment by the rural households can be saved if all the households have access to safe drinking water and proper sanitation. In this regard, rural community should be made aware of the tangible and non-tangible benefits of having ‘no open-air defecation’ and covered drainage system. Health benefits of the improved sanitation and drainage system would be optimised when the entire community adopts the system. Studies have found that, some funds have been allocated to raise the standard of living as well as hygienic quality of life for rural population of Jangalmahal (Hazra, 2014) [3] but there has not been corresponding improvement as far as the quality of life of the

people is concerned. The problems of widespread rural poverty, growing inequality, rapid population growth and rising unemployment rate- all find their origins in the stagnation of economic life in rural areas of Jangalmahal. So keeping in view the current dynamics of rural development, it can be argued that that while aiming at improvement in quality of rural life we must strive for rural growth with a human face that is equitable and regionally balanced, where all the sections of rural population will get an equal share of the fruits of the economic development.

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