

CHAPTER IV

The Viewpoint of Garo and Bengali on: the Possibility of a Self Managed Basic Minimum Needs Approach in Rural Bangladesh

Abstract

In the period from March 8 till March 22, 1996, a rapid rural appraisal was done at the Madhupur *thana*, Tangail District, in Bangladesh, as a preliminary and exploratory inquiry in preparation for a participatory action research.

The research questions to answer were: first, what is the viewpoint of the local people on the basic minimum needs, including main problem areas, causes and constraints in addressing the problems? Second, what is the relative degree of readiness* for participation in community health development within the *Garo* settlement in Madhupur, Bangladesh that was proposed by the local religious leaders?

Among all respondents following of the ten needs presented were considered as most important: access to health care facilities (84% of all respondents graded between 1 and 5), sufficient food (83% of all respondents graded between 1 and 5), education (60% of all respondents

* Isely, 1986: "Finding Keys to Participation in Varying Socio-Cultural Settings". The author described a set of community characteristics to define a relative degree of readiness for participatory approaches.

graded between 1 and 5), income (57% of all respondents graded between 1 and 5) and self care* (46% of all respondents graded between 1 and 5).

The key elements in the outcome of the qualitative inquiry were: that there is a low coverage of health care facilities. The poor can not afford health care and corruption is deep rooted in the Bengali society, including among health professionals. Large segments of the community face a daily pre-occupation to survive. Daily food is a main concern for the land-less rural population. Many people live below the poverty line, daily labor is underpaid, and the power structures in the village facilitate abuse of the poor. Hardly 1/3 of the local population is literate. In absence of sufficient income, education is not an immediate concern for the poor and the social environment does not stimulate education for the poor. Population pressure, scarcity of land for cultivation and lack of industry are enforcing factors. Initiative and participation in self care are experienced as important. The *Garo* people showed a history in self care, while Bengali-Muslims displayed no evidence.

It is important, prior to proceeding with the proposed research, to review the literature on the lessons learned from participatory approaches in Bangladesh. Further would it be very meaningful to have knowledge on the initiatives and programs undertaken in the area by different non-governmental organizations. Clear criteria for the selection of the study site must be defined and justified in terms of leadership, composition, history of participation, motivation and access to resources. Further negotiation with

* Self-care in this context means self management in problem solving, whether on an individual or collective basis.

the *Garo* religious leaders is essential to have a clear understanding of the religious leaders' principle viewpoints on authority, responsibility, resource mobilization and choice of strategy in the proposed research, as well as on the selection of the study site.

Further exchange of views with key persons in the Bengali-Muslim village would be meaningful in order to consider the feasibility of initiating participatory research in this setting.

Having obtained the information mentioned above the researcher should consider carefully all aspects and decide on the strategy, the type of community, the site and so forth.

The Context

1. Rationale

The essential feature of this thesis portfolio is the concept of 'participation'. The concept of participation in the context of this study is being discussed in chapter II.

Based on the concept of people's active participation, this preliminary study is a first attempt to explore the local situation in terms of the problems experienced in relation to the overall quality of life of the villagers. Not the health professional's viewpoint but the common villager's viewpoint is the central theme of this study. In describing the methodology he adopted for working in education among the oppressed, Paulo Freire wrote: "Once the investigators have determined the area in which they will work and have acquired a preliminary acquaintance with it through secondary resources, they initiate the first stage of the investigation" (Cultural Action for Freedom).

This preliminary acquaintance with the culture I obtained through secondary sources as well as direct experience in the past. This study is the next step to a better understanding of the situation from the local people's viewpoint, offering the opportunity to adjust or to refine the proposed research.

2. Research Questions

The research questions to answer are:

- a) What is the viewpoint of the local people on the basic minimum needs, including main problem areas, and their causes and constraints in addressing the problems?
- b) What is the relative degree of readiness for participation in community health development within the *Garó* settlement in Madhupur, Bangladesh proposed by the local religious leaders?

3. The goal

The goal is to collect data on the viewpoint of local community members, within the limitations of time, expertise and cooperation, on the problems related to the overall quality of life, and the scope for participatory approaches in solving the problems within a specific *Garó* settlement.

4. The objectives

- a) Define the viewpoint of the various stakeholders within *Garó* and Bengali settlement in Madhupur *thana* in Bangladesh on the basic minimum needs and related problems.
- b) Define a possible area for participatory action research.
- c) Identify to which extend characteristics related to readiness for participation are present within the selected settlement at Madhupur *thana* in Bangladesh.

5. Ethics

The questions as mentioned above in relation to the *Garo* community are worthwhile to study because of the specific identity of this tribal population. It calls for a cultural tuned approach in problem solving on community level. The specificity of this community does not imply that national policies are not applicable, but it calls for on the one hand, innovative molding of strategies adapted to and addressing the needs of the specific setting, and compatibility with the national development policy on the other.

Methodology

1. Method

Based on the essential feature of this thesis portfolio, participation, the limitations in terms of time, and the exploratory character of this study, I decided to focus this data collection and analysis component on basic quantitative and qualitative social research. Doing so I relate this preliminary study to the major theme of the portfolio component being participatory approaches in community health development. My decision to go for analyzing people's viewpoint in their specific social setting is based on the exploring and supportive value it has towards the proposed participatory action research, and the importance of the human activity system in determining the overall situation.

In consultation with my teachers¹ I decided to apply a rapid rural appraisal, selecting these techniques which are appropriate to answer the research questions. As Aristotle said: "...the user of a house will judge the house even better than the builder..." (Aristotle, *The Politics*, Book III).

Lofland and Lofland (1984) argue on naturalistic inquiry that:

Personal involvement with the issue under study offers creative wellsprings. Starting from personal experience provides the necessary meaningful linkages between the personal and emotional, on the one hand, and the stringent intellectual operations to come, on the other. Without a foundation in personal sentiment all the rest easily becomes so much ritualistic, hollow cant. Methodological and ethical difficulties are a small price to pay for the advantage of being personally interested, involved in the study (p. 10).

2. Approach

2.1 Interviews

The interviews guided by a set of open questions and one closed question were used to collect qualitative and quantitative data, on the viewpoint of respondents related the first objective of the study, from representatives of the various stakeholders namely, health professionals, religious leaders, non-governmental organizations, politicians, representatives of other sectors and last but not least villagers.

The questionnaire consisted out of three parts: first an open question, asked at the time of introduction, on what the respondent considered as the most important need or concern to improve the overall quality of life in the village. Second, a list of ten needs influencing the

¹ Professor Piyaratn P. and Dr. King S., College of Public Health, Chulalongkorn University.

quality of life at the village, which had to be ranked according priority by the respondent. The list of the basic minimum needs used as indicators by the Ministry of Public Health in Thailand were used for this purpose and split up into ten factors or areas of concern. The reason for using this basic minimum needs is the validity it has based on the research done and experience gained in implementing primary health care in Thailand. Finally the third and last part of the questionnaire was an in-depth interview on this factor or need selected by the respondent as the most important one. The main questions in this qualitative part of the questionnaire were: what is your main concern, why is the situation that way, what should be done and who could do it? A copy of the questionnaire is given in the appendix, exhibit 3.

2.2. Group discussion

I used a group discussion, with representatives of a specific village, to collect qualitative and quantitative data, from the communities settled in this village, on their main concerns, and the relative degree of readiness for participatory problem solving .

My option was to go for an open-ended approach. The group had the final authority to generate, summarize, prioritize and select problem areas.

The objectives of the meeting were: (1) Obtain a rough description of the village. (2) Listing of problems seen from the villagers perspective. (3) Come to an understanding of their expectations from the government and non-governmental organizations. (4) Check to which extend the village

community profile indicates an opportunity to initiate participatory problem solving.

2.3. Observation and dialogues

Observation of the physical and social environment of the two communities I visited, the Christian *Garo* people and the Muslim Bengali people, with focus on the kinship and co-operation. Further several spontaneous dialogues with local key persons and the access to interesting literature on sociological studies in rural Bangladesh offered me a better insight in the power structures at work at the rural area. The observations offered me additional information in support of the interviews and group discussion.

3. Sampling

3.1. Sites

Originally it was the intention to focus on a specific *Garo* village within the Madhupur *thana* in Bangladesh. Once at the site, contacts with certain key persons offered me the opportunity to include next to the *Garo* village Jalchatra, the Bengali Muslim village Radhanagar and the remote Dorgachola village with a mixed population. Interviews were conducted with respondents living or working in Jalchatra and Radhanagar village except for some key persons who had their office elsewhere but served the people of both villages. I selected Jalchatra village because knowing the people of this village I could move around freely and had access to any type of respondent I needed. The Bengali-Muslim village Radhanagar was selected

because I do know one family there and have visited the village a few times in the past. This were the keys to have access to a homogeneous Muslim village without causing suspicion or facing the risk of being removed.

The selection of a village to assess on readiness for participatory problem solving was based on the recommendations of several of the religious leaders. Their arguments were that the Dorgachola villagers live in a very remote area in absence of several basic services that is, no health services, poor sanitation and water supply, no electricity, no administrative services, far away from the governing administration and so forth. Besides these factors the religious leaders felt that the *Garo* people living there showed evidence of their willingness to participate actively in improving their situation. A map in the appendix, exhibit 10, shows the location of the villages.

3.2. Selection of participants

Based on the overall goal, the objectives, and considerations on the appropriateness of the data collection, I selected representatives of the various stakeholders, including groups of villagers for interviews.

The intention of this study is not to generalize the findings to a broad population, but to maximize discovery of possible heterogeneous patterns and problems that occur in the specific area under study. Therefore purposive sampling was indicated. The basic decisions in purposive sampling to make are: first to select who and what to study and the second is who and what not to study. In selecting the interviewees I choose the

strategy of maximum variation and to some extent the opportunistic sampling which offered me the required flexibility in the field.

Key persons in a *Garo* and a Bengali-Muslim village for example, villages leaders, religious leaders, public service representatives, non-governmental organizations' representatives, private sector, politicians, employees, farmers, house wives and daily laborers. To ensure a representation of the various stakeholders, I aimed at:

- (1) a 1/1 male-female ratio where feasible,
- (2) about 50% villagers and 50% other key persons,
- (3) for key persons besides health professionals also representatives of sectors which affect direct or indirect community health were selected that is, the administrative, the educational, the political, and the religious sectors.

Respondents among villagers were selected on base of convenience that is, villagers were selected on base of availability during my visits, except for the Bengali Muslim women for which I had to rely on my relationships within the Radhanagar village. For several of the sector respondents there was no question on selecting who, because they were the only representatives for their strata in the area under study.

For the group discussion, my option was to go for a small group with representatives of the different communities living in Dorgachola village, including women whenever feasible.

For the observations and dialogues there was no pre-planned frame.

3.3 Sample size

3.3.1 Interviews

Although there is no rule for sample size in purposive sampling, because in qualitative research one is looking more for quality than quantity, more information richness than volume, I decided prior to the investigation to conduct 20 interviews. My sample strategy of maximum variation offered me at least 10 key* persons and since the concept of participation is the essential feature of this study I am convinced that I could not do with less than 10 villagers. Once at the site, I had to cope with two problems: first the political turmoil in Bangladesh which affected partially my data collection. An ongoing national strike and street violence caused that I was quite limited in traveling. Therefore I could not contact the medical officer in charge of the *thana* health center at Madhupur center. And second, the opportunity to include a Bengali-Muslim village. Finally I decided to include a second group of Bengali-Muslim villagers to examine whether there would be significant differences in viewpoints compared with *Garo* villagers. This brought the total number of interviews to 30. Details on the sample unit and size are shown in the appendix, exhibit 1.

3.3.2 Group discussion

My option was to go for a small group (about 10 persons) to avoid constraints and difficulties in terms of management and commitment.

* Key persons in this context means the representatives of the different sectors direct or indirect affecting community health and selected for this inquiry. An overview of the key persons selected for this inquiry is given in exhibit 1

4. Records

4.1 Interviews

Following records were maintained per interview: (1) an information sheet, (2) a questionnaire and guide sheet, (3) an interview note sheet, (4) a record tape, and (5) a comment sheet. Examples of these records are shown in the appendix, exhibit 3, and exhibit 5. On completion of each interview, a report was made based on the field notes and record tapes (see exhibit 6). Where appropriate verbatim transcripts were made.

4.2 Group discussion

For the group discussion field notes and mind maps were maintained, which were used to compile a detailed meeting report (see exhibit 8). The report was checked by a local observer.

4.3 Observations

The field notes on observations consist out of: (1) mental notes, (2) jotted notes, and (3) full field notes.

5. Analysis

5.1 Quantitative analysis

A descriptive analysis was done by means of simple statistical techniques as frequency and mean calculations on the different key variables and cross-tabulation to examine respondents' priorities with their socio-economic status.

5.2 Qualitative analysis

At first a descriptive analysis of the data was done of the different components of the study. Mind-maps were used to construct the perception of respondents on their priorities and the causal networks of dependent relationships (an example is shown in the appendix, exhibit 7). For the interviews numbering of responses was done and compared with the mind-map diagrams to define the dominant key elements. Taxonomies were used to interpret data from observations and dialogues on the *Garo* and Bengali-Muslim settlements and if available compared with secondary data.

Findings

1. The interviews

1.1 Quantitative analysis

Thirty respondents answered the closed question on grading ten concerns or factors related to the overall well being of villagers.

1.1.1 All respondents

Table 6

Variable Sex RRA

Sex	%	Frequency
Male	60	18
Female	40	12

The Bengali/ *Garo* ratio among female respondents was 5:6, one female respondent was a non-Bangladeshi.

Table 7

Variable Religion RRA

Religion	%	Frequency
Christian	50	15
Muslim	47	14
Hindu	3	1

50% of all respondents were Christian and with exception of the doctor working for a non-governmental organization, who is a Hindu, all other respondents were Muslim. The ratio Christian-Muslim which is almost 1:1 is influenced by the fact that three non-Bangladeshi included in the study were Christian.

Table 8

Variable Age RRA

Age	%	Frequency
20-40 years	50	15
41-60 years	37	11
> 60 years	13	4

The majority (87%) of the respondents were people from the active segment of the population.

Table 9

Variable Ethnicity RRA

Ethnicity	%	Frequency
<i>Garó</i>	30	9
Indo-Bengali	60	18
Non-Bangladeshi ^a	10	3

Note. ^aTwo American missionaries and one New-Zealand doctor working in the *Garó* settlement were interviewed as well as key persons.

The higher figure (60%) of Indo-Bengali among all respondents is due to the fact that no *Garó* people are occupying a public key function and that including respondents from a Bengali-Muslim village strongly influenced the balance in ethnicity as well. If the group of Bengali villagers are left out the balance would be 45% *Garó* and 40% Bengali.

Table 10

Variable Area RRA

Area	%	Frequency
Jalchatra	53	16
Radhanagar	30	9
Madhupur	17	5

From all respondents 57% were villagers and 43% key persons. The respondents were selected from three locations: Jalchatra village, which is a *Garo* village (53%), Radhanagar village which is a Bengali-Muslim village (30%) and Madhupur center (17%) which represent several of the key persons who are posted at the administrative level and offering service to both villagers groups under study.

Table 11

Variable Education RRA

Education	%	Frequency
Illiterate	7	2
Primary	33	10
Secondary	17	5
High school	10	3
Degree	33	10

The fact that among all respondents 33% have a higher educational level (degree) is due to including about 1/3 key persons working in the different public or private sectors. An equal sized group of villagers completed primary school only and could hardly read or write.

Table 12

Variable Concern RRA

Concern	Frequency	%	Concern	Frequency	%
Sufficient food	8	27	Self care/participation	4	13
Proper housing	1	3	Religious values	0	0
Access to HCS	2	7	Care for environment	1	3
Safety	0	0	Education	10	33
Sufficient income	3	10	Human rights	1	3
Family planning	0	0			

When asked what their main concern was related to the overall well being of all villagers, prior to the ranking question and therefore not biased, 33% of all respondents expressed that education was their most important concern, 27% found that sufficient food for each was most important, 13% expressed self care and participation in joint efforts among villagers important and 10% pointed income as the basic condition for well being. Significant is that nobody touched family planning while this is a top priority for the government.

If we compare the outcome on the concerns ranked as the most important one with the introductory question on what they found the most important need to improve the overall well being of all villagers, we see that about 50% changed their priority once confronted with the list while the other half stayed with their original opinion.

Table 13

Summary of Grading per Concern RRA

Concern	% per Grade									
	1	2	3	4	5	6	7	8	9	10
Insufficient food	33	27	13	7	3	3	3	7	3	0
No basic housing	0	7	20	13	3	10	13	13	13	7
No access to HCS	17	17	20	27	3	0	10	3	3	0
Insufficient income	17	13	7	13	7	13	7	10	3	10
Unsafe crime & disast ^b	0	0	7	3	10	3	10	17	23	27
No family planning	3	7	7	7	17	17	10	7	7	0
Lack of self care/part. ^c	3	10	10	3	20	13	10	17	7	7
Lack religious values	3	7	7	10	7	17	3	7	20	20
No care environment	0	7	7	7	13	17	17	10	13	10
Illiteracy	23	7	3	10	17	7	17	10	7	0

Note. HCS^a = health care system, disast^b = distasters, part.^c = participation. Three shading grades in table 8 offer a view on the grading concentrations among respondents.

Comparing the different grading we may conclude that the concern on sufficient food is seen by the respondents as the highest priority (33% graded as number 1) and that education is seen by 23% of all respondents as an important condition to improve the quality of life, while another 24% graded education as a moderate concern. Access to health care services is an important concern as well because 81% of all respondents graded this concern within the four most important issues. Grading of the importance of the concern about income is equally spread over the grading scale, but about 30% do consider income as quite important. The in-depth part of the interview offers a clarification for it. In the agrarian culture of Bangladesh, not cash is the common source of income but land and kettle. One of the respondents stated (verbatim):

“land is very important to survive, in absence of land one might have a job, but the income earned by this is only a fraction of what a family needs”. Nobody ranked safety as a priority. 67% of the respondents even ranked safety as one of the three least important concerns.

Further family planning is seen by 34% of the respondents as a moderate concern. The pattern of the overall grading of family planning indicates that the respondents do find birth control less important than the government (The current 5 year plan of the government of Bangladesh, source: A. Rashid, personal communication, March 15, 1996).

The importance of self-care and participation in joint efforts at village level are more or less equally distributed over the grading scale with a pick of 20% of the respondents grading it as moderate important.

Lack of maintenance of religious values is not seen as a real priority by the respondents.

The grading for care for the environment is more or less equally distributed over the grading scale, with a pick (34%) at the level of grade 6-7. This indicates that care for the environment is not a priority for the majority of the respondents.

The need for education is well seen as important to improve the overall quality of life of villagers. 30% of all respondents give a high priority (grade 1 or 2) to education, while another 34% consider education as moderate important.

1.1.2 Cross tabulations

Comparing the grading given by the different strata we could see some differences. The differences found could offer some evidence for the assumption that respondents are being influenced by their personal position and living conditions. Below a summary is given on the outcome of the comparison between different strata on the variables.

Key persons were grading housing and self-care - participation less important than villagers, while safety and family planning were given more importance than among villagers.

Concern about food, family planning and education were given slightly less importance among *Garo* respondents than among Bengali. While access to health care, self care and participation, and care for the environment were given slightly more importance among *Garo* respondents.

The outcome of the comparison Christians versus Muslim is quite similar with the *Garo* versus Bengali people. Christians respondents graded the concern on food, family planning, and education slightly less important, while access to health care, income, safety and self care - participation were given more importance than among Muslim respondents.

The literate* group graded safety and family planning slightly more important and the concern for food, access to health care, education and self-care - participation was given less importance than among the illiterate group.

* Literacy, in this study, is defined as being able to read. All respondents were checked on their ability to read, this had as result that all respondents, except one, with a primary school education had to be classified as illiterate.

The only relative difference seen among male and female respondents is related to family planning. Men did grade the concern for family planning slightly higher than female respondents.

Garó women do give more importance to housing, access to health care, income, safety and care for the environment, while family planning and education are given more importance by the Bengali women.

1.2 Qualitative analysis

The main part of the interview was reserved for an in-depth questioning on these concerns graded as most important by the thirty respondents. The analysis enables us to describe the respondents' viewpoint on the main concerns, the causes of the problems, solutions and required actions. Numbering of the main ideas was applied to facilitate the analysis as shown in the tables below.

1.2.1 Lack of sufficient food

Table 14

Numbering of Responses on Insufficient Food Question-1 RRA

Insufficient food	Total	Status		Ethnic		Sex	
		K	V	G	B	M	F
What is it?	T						
Lack of income	3	-	3	3	-	1	2
Only 1 meal per day	3	-	3	-	3	2	1
Low nutrition	3	2	1	-	3	1	2

Note. T = total number of responses; K = number of key persons; V = number of villagers; G = number of *Garó* respondents; B = number of Bengali respondents; M = number of male respondents; F = number of female respondents.

Respondents pointed out three main statements on the meaning of insufficient food. It means for them, insufficient income, having only one meal a day or low nutrition. *Garo* respondents relate insufficient food to lack of income, while Bengali respondents stress more the quantity and quality of food. Further key persons among the respondents who were representatives of the health care system focused exclusively on the low nutrition.

Table 15

Numbering of Responses on Insufficient Food Question-2 RRA

Insufficient food	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
No land or job	7	1	6	3	4	4	3
Underpaid	4	-	4	2	2	2	2
Over population	1	-	1	-	1	1	-
Power structures	5	2	3	2	3	3	2
Own responsibility	3	-	3	-	3	1	2
Illiteracy	2	1	1	-	2	1	1
Political instability	1	1	-	-	1	1	-
Deforestation	1	-	1	1	-	-	1
Natural disasters	1	1	-	-	1	1	-

Respondents pointed out that many of the villagers are pre-occupied with the need to survive. Not all segments of a village face this problem, it is mainly the concern of the land-less, the daily laborers and people who end up as beggars. The large families and the low income of many, because they do not possess land or no sufficient land for farming and in absence of other income, causes that they are unable to arrange regular and nutritious food for the family.

Respondents stated that income is used to survive and any other difficulty people face as illness, house repairing, destroyed crops and so forth, forces people to take loans from relatives and the rich in the village against high rents. This makes the poor more dependent and poor and the rich becomes richer and more powerful.

The viewpoints on why it is that way, can be classified in three groups being: first the common causes stated by the poor and the rich segments in the village, second causes seen by the poor but not recognized by the rich and third the causes seen by the rich but not mentioned by the poor.

The common view on causes for insufficient food are: scarcity of land, and lack of job opportunities, family history for example, if your parents were poor you are likely to be poor as well, irresponsible leaders, and illiteracy which makes people more vulnerable in income related problems.

The additional views of the poor on causes for insufficient food are: (1) The loan system which creates more dependence and enforces the patron-client system. (2) Underpaid labor for which they can do little because of the patron-client system. (3) No access to information due to illiteracy, corrupt authorities, business men who misuse natural disasters situations, and the existing power structures in villages. The *Garo* people mentioned especially the factor of deforestation which causes that they are not longer able to live from the forest fruits.

The additional views of the local respondents with 'status' on causes for insufficient food are (verbatim): "Poor people have no habit to

safe money”, and “It is their own responsibility because many of them are lazy and lack initiative”, and “Political instability which is misused by politicians and business men”. For *Garo* respondents some cultural values were mentioned as well for example, (Verbatim): “The habit to spent regular money for rice wine”.

Table 16

Numbering of Responses on Insufficient Food Question-3 RRA

Insufficient food	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Industrialization	2	-	2	2	-	1	1
Self care	7	1	6	4	3	3	4
Improve HCS	2	1	1	1	1	2	-
Education	3	2	1	1	2	1	2
Asst. from patron	2	-	2	1	1	1	1
Ensure basic food	3	1	2	1	2	1	2

The respondents gave a lot of emphasis on self-care. They see self-care as undertaking income generating activities for example, poultry, vegetable gardens, tailoring, saving groups, cooperatives, vocational training initiatives and so forth. According respondents, this income generating activities can be on a personal or participatory base. Next to self-care initiatives importance was given, by the respondents, to improving the education of people. Not only education in the formal way, but also vocational training, health education and other informal initiatives were mentioned to improve peoples understanding of their situation, the underlying reasons for it and actions to be taken. The wish to have basic nutritious food for all was expressed by three respondents as a goal to aim at within the village.

Table 17

Numbering on Responses Insufficient Food Question-4 RRA

Insufficient food	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Who should do it?							
Government	1	1	-	-	1	1	-
NGOs	3	1	2	2	1	1	2
Village leaders	7	1	6	3	4	3	4
Villagers themselves	3	1	2	2	1	2	1

With exception of one respondent, a medical officer, little help is expected from the central government. Respondents do expect a lot from the local leaders as: religious leaders, village leaders, union council members, union chairman and educated people in the area. Next to the local leaders respondents pointed out that non-governmental organizations can play a role in bringing change as well as initiatives from the villagers themselves.

1.2.2 Access to health care facilities

Table 18

Numbering of Responses on Health Care Question-1 RRA

Health care facilities	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
What is it?							
Low coverage	3	1	2	2	1	1	2
Not affordable	5	2	3	3	2	3	2
Corrupt/no dedication	2	1	1	1	1	1	1

Talking about access to health care facilities, the main themes among respondents were: insufficient coverage, services are not affordable

for many villagers and health professionals who are corrupt and not dedicated.

Table 19

Numbering of Responses on Health Care Question-2 RRA

Health care facilities	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Why it is so?							
Corruption	3	2	1	1	2	2	1
Lack of resources	2	1	1	1	1	2	-
Low income villagers	3	1	2	2	1	2	1
Bad road infrastructure	1	1	-	-	1	1	-
Ignorance villagers	2	2	-	-	2	2	-

Respondents do recognize the limited resources available for public health services. Some of the key persons pointed out that this is a factor which stimulates corruption and discourages health professionals. Another factor which influences the accessibility to health services according respondents is the low income of the majority of villagers. Verbatim: "People can simply not afford the cost for health services". One respondent elaborated on the reason why the health care facilities do not meet the villagers as follows (Verbatim): "This costly medical care, together with the traditional rural values, the high illiteracy rate among villagers, which means that simple villagers have their own way of understanding reality, results in a delay of seeking treatment. Many villagers, facing the daily stress to survive, do have other priorities".

Table 20

Numbering of Responses on Health Care Question-3 RRA

Health care facilities	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
What to do?							
Less costly HCS	1	-	1	1	-	-	1
Allocate resources	1	1	-	-	1	1	-
Village health centers	5	2	3	3	2	3	2
NGO initiatives	2	1	1	1	1	1	1

The majority of the respondents stressed the need to increase the health care service coverage. Five respondents want to have a doctor and a basic health care center in the village*. Although respondents recognized the limited resources for public health care services, only one mentioned to redistribute the available resources. Two of the respondents expect assistance from non-governmental organizations in this sector.

Table 21

Numbering of Responses on Health Care Question-4 RRA

Health care facilities	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Who should do it?							
Government	2	1	1	1	1	2	-
NGOs	3	1	2	2	1	1	2
Villagers themselves	2	1	1	1	1	1	1
Local leaders	2	1	1	1	1	1	1

High expectations were expressed by respondents towards non-governmental organizations. Further respondents pointed out that responsibility has to be taken by the government, the local leaders and villagers themselves. Many respondents mentioned that this is a

* Village in this context means actually a *mauza*, a group of villages with an average population of 5000.

responsibility of government and local leaders, but at the same time almost all respondents expressed that they do not believe that government nor local leaders will bring change.

1.2.3 Illiteracy

Table 22

Numbering of Responses on Illiteracy Question-1 RRA

Illiteracy	Total	Status		Ethnic		Sex	
		K	V	G	B	M	F
What is it?	T						
Not read or write	3	-	3	-	3	1	2
No insight/ignorance	5	3	2	-	5	4	1
No access to info	1	-	1	-	1	-	1

For the majority of the respondents illiteracy is more than being unable to read and write. They see literacy as a way to gain insight, understanding, knowledge and skills. Most of the respondents see literacy as a means to deal in a better way with the daily life requirements.

Verbatim: "If some one can read and write and count he will be less dependent from others, abuse and manipulation will decrease etc.". Half of the villagers among the respondents who answered this question see literacy as being able to read and write. The respondents who see literacy as being able to read and write were unable to read or write themselves. While the other respondents who were literate pointed out that literacy is the way to increase understanding and insight.

Table 23

Numbering of Responses on Illiteracy Question-2 RRA

Illiteracy	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Why is it so?							
Low income	7	3	4	-	7	4	3
No stimulation	7	3	4	-	7	4	3
Low school coverage	3	1	2	-	3	1	2

The two main reasons for the respondents were low income of many villagers and lack of a stimulating environment. Seven respondents pointed out that: In case people have insufficient income to fulfill their basic needs, education, especially in an agrarian culture, is seen as a luxury and therefore moves to the bottom line of priorities. With lack of a stimulating environment respondents mean (verbatim): “Illiterate parents are low motivated to offer their children education”. And (verbatim): “The rural Bengali-Muslim culture does not stimulate education for females”. Further (verbatim): “The relationships between the rich and the poor in the Bengali village does not stimulate education for the poor”. Also the quality of the educational system is evaluated by two respondents as poor.

Another factor stressed by three respondents as influencing the literacy rate in the village is: the availability of primary and secondary schools. Verbatim: “Often children have to walk and travel far distances to go to school”.

Table 24

Numbering of Responses on Illiteracy Question-3 RRA

Illiteracy	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
What to do?							
Make policy priority	5	2	3	-	5	3	2
Scholarships & support	4	2	2	-	4	2	2
Motivate villagers	7	3	4	-	7	4	3
Better school coverage	4	-	4	-	4	2	2
Informal training	2	1	1	-	2	-	2

The main emphasis was given to motivation for education.

Seven respondents pointed out that village leaders and elders as well as the teachers and other educated people should play an active role in motivating poor villagers to send their children to school. One of the respondents touched the underlying contradiction in this statement (verbatim):

“Education is good and needed, but who will work on the land if all become educated?”

Respondents feel also that the government need to emphasize more on education. Verbatim: “If education becomes a government priority policy, which will affect primary school coverage as well, and with the help of mass media, the situation might change at the village level”. An important tool to stimulate education as seen by the respondents would be (verbatim): “support of the poor through provision of free books, uniforms and meals”. Further offering scholarship to students from poor families with potential capacities for further study is seen as important.

Two female respondents touched the role of informal education at the village as well. By informal education they mean, adult education, health education, non-governmental organization’s primary schools for the

most poor segments of the community, co-operatives and vocational training.

Table 25

Numbering of Responses on Illiteracy Question-4 RRA

Illiteracy	Total	Status		Ethnic		Sex	
		K	V	G	B	M	F
Who should do it?	T						
Government	5	1	4	-	5	3	2
Village leaders	6	3	3	-	6	3	3
Villagers themselves	4	2	2	-	4	4	-
NGOs	2	1	1	-	2	1	1

Respondents feel that the main responsibility for education is in the hands of the government, the local leaders and villagers themselves. A minor role is given to non-governmental organizations. Such organizations are seen a possible alternative solution for the most poor segments of the community and as a way to establish adult education.

1.2.4 Insufficient income

Table 26

Numbering of Responses on Insufficient Income Question-1 RRA

Insufficient income	Total	Status		Ethnic		Sex	
		K	V	G	B	M	F
What is it?	T						
Low income per capita	1	1	-	-	1	1	-
Shortness to fulfill BMN	5	3	2	2	2 ^a	3	2

Note. BMN = basic minimum needs, 2^a the non-Bangladeshi respondent is not included.

For the most of the respondents insufficient income is: simple not enough income to meet the basic minimum needs. The two main factors mentioned are: (1) no land for farming and (2) a high unemployment rate,

while at the same time wages are low. This situation results for the poor in a daily struggle for life where there is no scope to meet the other basic needs which are affecting health as well.

Table 27

Numbering of Responses on Insufficient Income Question-2 RRA

Insufficient income Why is it so?	Total T	Status		Ethnic		Sex	
		K	V	G	B	M	F
No land	3	1	2	2	1	1	2
Illiteracy	1	1	-	-	1	1	-
Large families	2	2	-	-	1	2	-
Misuse power	2	-	2	2	-	-	2
Inequity in developm.	1	1	-	-	- ^a	1	-
Fatalism	1	1	-	-	1	1	-
No job opportunities	2	1	1	1	1	1	1

Note. -^a The non-Bangladeshi respondent is not included.

The poor economical condition of Bangladesh, the over population, the many land-less farmers and the power structures in the villages were pointed out by respondents as the main reasons for insufficient income. Illiteracy, inequity in development and fatalism were mentioned as other factors which influence the income of a family. Inequity in development was mentioned in terms of (verbatim): “The urban-rural and rich-poor contrasts”. One respondent pointed out that fatalism was not understood in a religious context, but (verbatim): “The cultural end product of poverty, when the real life situation teaches people that they can do nothing to change their situation”.

As seen in the table *Garos* respondents pointed out that misuse of power has a negative effect on income. The *Garos* respondents mentioned their suspicion to Bengali authorities in allocating resources.

Table 28

Numbering of Responses on Insufficient Income Question-3 RRA

Insufficient income	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Industrialization	2	2	-	-	2	2	-
Family planning	1	1	-	-	1	1	-
Education	3	3	-	-	2 ^a	3	-
Joint problem solving	2	-	2	2	-	-	2
Income generation ^b	2	1	1	1	1	1	1
Committed govt.	1	1	-	-	-	1	-
Improve expertise govt.	1	1	-	-	1	1	-

Note. 2^a The non-Bangladeshi respondent is not included, generation^b = income generating activities.

Education is seen by most respondents as a way to improve the situation in long term. Verbatim: “Educated people are less vulnerable for abuse”. Creation of job opportunities, through industrialization, is another important factor seen by the respondents. Income generating activities were mentioned as a ‘mini solution for maxi problems’. The activities of some non-governmental organizations in the area convinced some villagers among the respondents that this is an alternative way to deal with shortness of income for example credit-schemes.

The *Garo* respondents touched the point of joint efforts to cope with the situation of poverty. Further the responsibility of the government was pointed out. These respondents were not happy with the attitude and the skills of governmental officers.

Only one respondent mentioned that family planning could influence the overall economic condition of the family in long term.

Table 29

Numbering of Responses on Insufficient Income Question-4 RRA

Insufficient income	Total	Status		Ethnic		Sex	
		T	K	V	G	B	M
Who should do it?							
Government	3	3	-	-	2 ^a	3	-
NGOs	4	3	1	1	2 ^a	3	1
Local investors	1	1	-	-	1	1	-
Villagers themselves	4	2	2	2	2	2	2
Village leaders	4	3	1	1	2 ^a	3	1

Note. 2^a The non-Bangladeshi respondent is not included.

The main forces at work to change the situation according to respondents are: local leaders, villagers themselves, non-governmental organizations and the government. None of the *Garo* as well as Bengali villagers among the respondents, values the role of the government, they believe in self-care assisted by non-governmental organizations and their leaders. Bengali 'key' persons among the respondents expect the government to take action next to villagers and local leaders.

The following indicators affecting the quality of life of villagers were pointed out by only one respondent as being a top priority, therefore counting has not been applied. Because the outcome could have a significant contribution to the overall study and because quantity is not the main concern in qualitative research, report is given on the outcome on family planning, religious values, human rights and self-care and participation of villagers.

1.2.5 Lack of family planning (one respondent only)

The respondent pointed out that families are too large.

Verbatim: “For the poor there are too many mouths to feed”. His overall impression was (verbatim): “The number of people in our country is constantly growing but the available land does not grow”. Over population has according the respondent an effect on the labor market, because too many people for the limited resources creates a cheap labor market. This affects immediately the income of families. Verbatim: “There is no scope for other needs as education, health care etc., if your daily concern is how to feed the family”.

The main reason according the respondent is that (Verbatim): “Many people are illiterate, the only social security are your children, sons take care for aged parents, and there is little support from friends and relatives for family planning, based on our beliefs, our culture and stimulated by our religious.”

The respondent has the opinion that a national campaign is needed to build awareness among people. He stressed the importance of family support. By family support he means not parents, but elder brothers and sisters or friends. Even after probing, the respondent did not see a role here for health professionals or local leaders. Man and wife have an equal responsibility for family planning according respondent as well as the advisers in the family clan (*gusthi*).

1.2.6 Maintenance of religious values

The respondent was a Muslim. Religion for him is (verbatim):

Islam is a guide for people's life. Allah is everything, he gave people guides and values so build a good society. If people do not maintain the religious values there will be injustice, abuse, corruption, and a bad functioning of the society. This because Satan is present in human beings and Allah offers a way out to become free of sin.

The main reasons way people do not maintain their religious values are (verbatim): "Lack of dedicated teachers and guardians, and the fact that Satan is active among people". Respondent is of the opinion that maintaining the religious values is the responsibility of the individual.

1.2.7 Human rights

According the respondent lack of human rights is (verbatim):

"Injustice, no fulfillment of basic needs, no respect for others, limitations in free choice, no place for happiness". The lack of human rights causes

(verbatim): "Land problems, abuse of the poor, discrimination of minorities, the poor, and woman, fear for suppression, stress due to the struggle to survive". The reasons why human rights are not respected are (verbatim):

A government which is not capable to ensure basic human rights, the power structures in the villages which result in oppression of the poor and woman, the ignorance of the oppressed themselves who have no access to knowledge and the fear of the oppressed which results in fatalism.

The ways to establish human rights for all are (verbatim):

"Education, formal and informal, creating job opportunities, organize villagers to express needs and wants and a re-orientation of the governmental policy. The government should shift from focus on maintaining a power position to focus on protection of the common good".

Further the respondent stated that (verbatim):

The responsibility to establish respect of human rights is in the hands of the government which need to adapt its policies and attract international investors, local investors who could stimulate the private small scale industry and the villagers themselves who do need agents of change to mobilize them.

1.2.8 Self care and participation

For the respondent self-care and community participation means (verbatim):

Building self reliance in education, culture, religion and economic. It creates stability and sustainability. In absence of self care and community participation there will be insufficient housing, a poor health and a poor educational level.

The main reasons for the respondent why people do not participate, not take action themselves are (verbatim):

Discrimination of minorities, colonial paternalistic structures of the government and a population explosion. The government is an identity in its own, its main aim is not serving the country, or protecting the common good, but maintaining power.

Further the respondent stated (verbatim):

The country needs a social revolution, a participatory democracy where development takes place with the peoples participation. Religious leaders could play an important role in this process by mobilizing villagers who should focus on concrete action plans assisted by non-governmental organizations and government.

On the point of whose responsibility it is to change the situation respondent mentioned (verbatim): "The responsibility to bring change is in hands of 'guru' or important charismatic leaders, religious leaders, villagers and non-governmental organizations".

2. Group discussion

2.1 The participants

The Dorgachola village consists out of four different communities being: (1) a *Garo* tribe community, (2) a *Mandai* tribe community, (3) a Bengali-Muslim community and (4) a Bengali-Hindu community. 75% (18 persons) of all participants were *Garo*, next to 16.5% (4 persons) Mandi-Hindu, and 8.5% (2 persons) Bengali Muslim. About 20% (5 persons) of the participants were *Garo* women. Besides the general importance to include women, the matriarchal culture of the *Garo* people was another important reason to have women among the participants. A list of participants is given in the appendix, exhibit 9.

2.2 Conducting the meeting

At the start of the meeting the reason for being together was explained. Following questions were addressed: Why do we meet? What is the intention? Who will benefit? What is the facilitator's role, agenda?

A report of the meeting was given to the religious leader of the area. A detailed report of the meeting is given in the appendix, exhibit 8.

2.3 Report

2.3.1 A rough description of the village

The village exists out of seven *para* (hamlet or settlement) and is located at the border of three *thana* being Madhupur, Phulbaria and Gathail *thana*. The Dorgachola village is situated at high land which was previous a forest area, about 15 km from Phulbaria, 22 km from Madhupur, 35 km

from Gathail and 20 km from Sakhipur *thana* center (see exhibit 10 for a basic map.) The main roads to the three *thana* are under construction and it is expected that these roads will be completed by 1997. This will improve traveling to the centers of these *thana* by cycle, *riksja*, motorcycle and car, but the villagers need still to travel one to three kilometer over small paths before reaching the main road. Only one *para* out of seven has electricity supply from a parastatal supplier Poli-Biduth.

The different ethnic and religious groups settled *para* wise, and *para* are referred to as *Mandi-para* (Garo), Muslim-*para* (Bengali), *Koach-para* (Mandai-Hindu), Hindu-*para* (Bengali-Hindu) and so forth.

The village contains 150-200 *Garo* households (1000-1500 population), 150-200 *Mandai* households (1000-1500 population) 500 Bengali-Muslim households (5000 population) and 150 Bengali-Hindu households (1000 population). The overall population is estimated to be between 8000 and 9000.

All *Garo* households have drink water supply from tube wells, while the *Mandai* and Bengali still face an incomplete coverage. The same for water sealed toilets. The reason for *Garo* people being better off is that their church was very active during the last years with a water supply and sanitation program. *Mandai* and Bengali can apply for a tube well and toilet if they are interested.

The most close union health center (a governmental facility which offers a family planning program and very basic health services without admission) is about five kilometer from the village, but a huge pool

* *Riksja* is the Bengali word for a tricycle taxi.

disconnect the villagers from the health center seven to eight months a year, during the monsoon season.

The village has three primary schools being: one governmental, one missionary and one private primary school, further there is one *Madrassa*^{*} where Islam teaching is given and one missionary high school. The overall impression of the participants is that *Garo* people are better educated than the others. This because of a higher degree of motivation and stimulation, a better quality of teaching and the availability of a high school.

The village has further one Roman Catholic church, three mosques but no Hindu temple.

There are besides one local pharmacy no other health facilities available at the village, nor private doctors. There is a basic post office part-time operated by one villager.

Besides the Roman Catholic church which is active in community development, there are two non-governmental organizations who have some activities in the village: 'Caritas' which organizes income generating activities for certain groups and 'World Vision' which has a scholarship program to promote education. Both organizations have a Christian origin.

2.3.2 Listing of problems seen from the villagers perspective

Possession of land: All participants confirmed that land troubles is a main head-ache. The area was originally forest area, while *Garo* people lived in the forest. After the deforestation, by outsiders mainly,

* *Madrassa* is a school for Islamic religious teaching.

Garo and *Mandai* people started to cultivate the land and many Bengali families arrived to settle as well. Formally most of the land is governmental property and all villagers without exception of ethnicity face problems with the forest police. Regular villagers face court cases and lose their cultivation land, which is the main source of income. The government claims the land for wood production purpose.

Irrigation problems: The area is high land, so irrigation by deep tube wells is needed to cultivate the land. There are regulations on deep tube wells as: size of land and ownership. Also here villagers do face problems and can not consider deep tube wells because most do not fulfill the criteria. The result is no proper utilization of the land and low crop production.

Income: Although farming is the main activity in Bangladesh, the Dorgachola villagers face low income from farming because of insufficient cultivation land, no access to deep tube well irrigation systems and the constant treat of land disputes with the authorities. According the participants the majority of families in Dorgachola are daily laborers. The wages for daily labor varies between 20 to 40 *Taka* (0.5 to 1 US \$) per day which is insufficient to maintain the very basic needs of a family. The village nor the surrounding area offers job facilities, therefore many daily laborers have to find a job far away.

Communication: The road infrastructure need to be improved. At present three secondary roads connecting Madhupur, Phulpur, Gathail and Sakhipur *thana* are under construction. This will improve the communication with the surrounding *thana* centers, but within a radius of

three kilometer from the village all communication remains the present network of paths only accessible for pedestrians, cycles or motorcycles. Once the secondary roads are completed, the main problem remains the distance from basic facilities.

Supply of utilities and sanitation: The majority of the village has no electricity. This causes that most of the villagers are forced to restrict activities after sunset to essential things as meals and discussions by a kerosene lamp or candle light. Poli-Biduth, a parastatal agency for electricity distribution in rural area, could be approached to extend the supply lines, but villagers do need to group themselves and fulfill application criteria that is, a minimum fixed number of customers, and contributions in the required investment. The fact that houses are quite scattered does not make it easy to overcome the financial problems. Water supply maintains a concern for many Bengali and *Mandai* households. The *Garo* parish council could play an important role to support the need of their neighbors towards the local religious (R.C.*) leaders who do have a tube well program. Water sealed toilets is also a need for most of the Bengali and *Mandai* villagers. Again here the *Garo* parish council could play a supportive role to meet this need.

Health care facilities: The village has no doctor or nurse, there is no health center and no programs on basic health education and preventive measures are present. The government is supposed to offer vaccinations (EPI**) for children and pregnant mothers, but the reality is

* Roman Catholic.

** Extended Program for Immunization.

that non of the villagers ever sees a governmental health worker visiting them. The participants strongly expressed their need for primary health care facilities. Suggestions from some participants on medical ante-natal and delivery assistance, a mother and child care program, vaccination program, a basic health clinic, health education programs and emergency treatment facilities were confirmed by all participants.

Education: Although primary schools are available and free of cost, participants expressed that many children face difficulties to continue education based on economic problems. The little scholarship program offered by 'World Vision', an international non-governmental organization, is insufficient to meet the need among all villagers. *Mandai* and Bengali face more difficulties related to education.

Local job opportunities: The only local opportunity to insure income is farming (with exception of the few teacher posts) whether on own farm or as daily laborer for some one else. Any other job has to be found far away from home. There is no local small scale industry.

2.3.3 Expectations from government and non-governmental organizations

All participants are quite critical towards governmental services. Verbatim: "Up to *thana* and even union level the government make plans, but we villagers never get anything". The government has little credit among the villagers. Everybody knows and experienced in one or another way the corruption within governmental services.

There is no formal communication between union level and village level, but informal contact is maintained. A disadvantage of these villagers is that the village area is located at the very end boarder of three different *thana*. This causes that they are not considered as important for each of these *thana*.

The *Garo* villagers can count upon their religious leaders to support community development. The *Mandai* and Bengali do not have such supportive structure and hope that non-governmental organizations will bring support from which their communities can benefit.

2.3.4 Is there readiness to take initiative among villagers for improvement of their situation?

The *Garo* community is best organized for example, they have a parish council which is accountable to the main parish in Aronkhola union and the Mymensingh diocese. This parish council is the governing body for a number of sub-committees taking care for specific aspects of the community for example, education sub-committee, woman sub-committee, spiritual sub-committee and so forth.

Besides the *Garo* committees there are the Tribal Welfare Association and the *Mojid** committee of the Muslim community. These committees are less active and especially the Muslim *Mojid* committee focus on religious aspects of society life only.

* *Mojid* is the Arabic word used by Bengali Muslims for mosque.

Mandai and Bengali do not have such structured organization and remain dependent on the more classic cultural structure of '*matabors*' (informal village leaders) which are often the more rich and large farmers, who maintain the imbalance in the village system, advice and judge on village disputes and continue to ensure the position of the rich. One village can have several '*matabors*'.

Garó people are highly motivated to initiate activities for improving their quality of life and seek active help. An example of this was their need for a high school. Their religious leader agreed to assist them on condition that villagers were willing contribute by offering teachers without salary for a period of two year. Their church would assist in creating accommodation and provide a budget for the running cost on another condition: the school should be self reliant within a period of about three years. At present the high school is functioning and the school has 10,000 Taka saved in the bank.

There is no regular cooperation and communication among the different groups (ethnic or religious) in the village. Only in case of need recognized by all groups, contact is established.

3. Observations

3.1 Observation unit

The focus for observation was on the kinship and co-operation within a *Garó*-Christian village (Jalchatra) and a Bengali-Muslim village

Matabor is the Bengali words for village leader or clan leader, usually there is more than one *Matabor* in a village.

(Radhanagar). Information was collected by dialogues with key persons of both settlements, participating for two weeks in the daily village life, being involved in some daily discussions among villagers and attending a *bichar*[†] (a meeting of a village leader and elders to solve a dispute).

3.2 The Bengali kinship and co-operation

3.2.1 Families

The closest and most intimate group is the family of husband, wife and their children, or widow and her children. Such family can form a household of their own. A household is a group who eat from the same hearth and who pool the resources which go into producing the food on that hearth. They are known as a *chula*^{**} (stove group) or *khana*^{***} (eating group). However a household may consist of a joint family, with people from all generations eating from the same hearth and pooling their resources together including land.

Families live in houses called *ghor*[†], which are usually grouped together around a courtyard and which form a *bari*^{††} (which means

[†] *Bichar* is the Bengali word for meetings organized to solve disputes.

^{**} *Chula* means literal a cooking fire or stove in Bengali, but the concept is also used to indicate a group of people eating from the same stove.

^{***} *Khana* means literal eating. This Bengali word is the primitive for eating, but the concept is also used to indicate a group of people who take meals together from the same stove in a family context.

[†] *Ghor* is the Bengali word for house, a single construction containing one or more rooms.

^{††} The Bengali word '*bari*' has two meanings (1) home which means the group of houses (*ghor*) which are grouped around a courtyard, (2) '*bari*' can also be used to indicate the immediate neighborhood where one's home is situated.

literally home). A joint extended family live in a *bari*, but do not share the property nor eat from the same kitchen, but they do co-operate in performing many tasks.

3.2.2 The *gusthi*

A *gusthi*¹ consists usually of all the male descendants of one ancestor and their wives and unmarried female children. The *gusthi* is a unit of co-operation. If a person needs a job or any kind of help which he can not obtain from his immediate relatives, he will probably turn to the other members of his *gusthi*.

3.2.3 Factions

A faction is a group which its leader gathers to support him in a conflict he has with another faction leader. A faction leader is usually a village leader or *matabor*. Although the poor are recruited into factions, the conflicts are rarely those of the poor, they are the conflicts of the leaders. If faction leaders win a conflict, some of the benefits may come down to the poor but never proportionately. A *matabor* forms his faction using all his links in the village as patronage, *gusthi*, *samaj*², neighbor links and personal friendships.

¹ *Gusthi* is the Bengali word for the group of family and relatives which form a unit of co-operation.

² *Samaj* is the Bengali term for the group of respected male elders in a village who attend the Friday prayers in the mosque regularly.

3.2.4 The *samaj*

This group is based on both kinship and on living in the area. Usually a village will have more than one *samaj*. A *samaj* includes a group of respected elders who will form its leadership, like a council, and who use their influence over their members to ensure that their decisions are implemented. The *samaj* has also a religious function. The meetings of *samaj* are all male affairs and the solidarity and membership comes from attending the *jum'ah namaz*' (Friday prayers). When disputes can not be solved within the *gusthi*, a *bichar* (meeting) of the *samaj* is called to settle the problem. The elders decide the dispute based on traditional values and norms and the understanding of the village.

3.2.5 The village and the outside world

The richer men in the village, who are often leaders of a *samaj*, a *gusthi* or a faction, are the key persons in the contacts between the village and the outside world, particularly the governmental world.

3.3 The *Garo* kinship and co-operation

3.3.1 Families

Just as for Bengali also in the *Garo* community a husband, wife and their children form a family. Such family can form a household of their own. A household is a group who eat from the same hearth and who pool the resources which go into producing the food on that hearth.

¹ *Jum'ah namaz* is an Arabic term for the Friday prayers in the mosque, but commonly used among Bengali-Muslims.

Families live in houses called *ghors*, which are usually grouped together around a courtyard and which form a *bari* (which means home). Joint extended families are less common among *Garos* people, this because in the matriarchal *Garos* culture, sons are leaving their *bari* to join the *bari* of their wife or to start their own *bari*. Among *Garos* the youngest daughter will take care for the parents and earn her inheritance being the house and land of her mother. Other daughters often start their own *bari* after marriage.

3.3.2 The role of women in the *Garos* culture

Women possess the land and houses and pass their properties on to their youngest daughter. They work outside the house, to collect fruits and fire wood from the forest and join their husbands to work in the rice fields. The group of female members in a family is a strong clan, who have full authority over the children. In case a *Garos* husband becomes a widower, the female clan of his wife will propose a new wife which is always a member of the extended family of the deceased. The widower may refuse, but in that case he has to leave the house of his deceased wife, leaving the care for his children to the female relatives of his wife. *Garos* people do drink rice wine and it is also exclusive the role of the wife to prepare this wine. The position of *Garos* women, their role in the community, their power, their right to move freely around and so forth, is in strong contrast to the Bengali-Muslim women who have to maintain *pardah*^{*} and can not leave the *bari* without male accompany.

^{*} *Pardah* is the Arabic word used by Bengali to indicate the set of regulations, within the Islam, on social behavior for women for example, the use of a veil, taking meals separate from men, and so forth.

3.3.3 The clan

The *Garó* society is divided into three clans being: the *Marak*, the *Sangma*, and the *Momin*. Each of these clans consists of several families. The complexity on which grounds these clans were formed in the far past could not be revealed during the study. Further search is needed to understand the full consequences of this organization in the *Garó* society. During my conversations with *Garó* people they explained that several regulations are maintained in the selection of brides and one of the conditions is that the young man and the girl have to be members of a different clan. Another observation was that *Momin* are considered as slightly inferior to *Marak* and *Sangma*. On my request for clarification I got the joking answer that *Momin* were not meat nor fish. Clans do have a role in solving disputes and are represented during a '*bichar*'.

3.3.4 Factions

Also the *Garó* community knows factions, but the role of the *matabor* or village leader is different from the Bengali culture. There are *matabors* who do have a lot in common with their Bengali counterparts, but several of the *Garó matabors* gained their leadership on other values than property as there are family title, or education, or representing the old cultural values, or being an active church member, or being a teacher and so forth. Of course Bengali *matabors* do utilize all these factors as well to establish their power, but I did not meet or hear of a poor Bengali *matabor*, while I did come across with relative poor and illiterate *Garó matabors*.

Another fact is that the clan system may influence the role of a matabor among *Garo* people.

3.3.5 The parish

An important group within the *Garo* society today is the church community. At the local level the parish priest is the leader. The priest does not restrict his control to religious matters only but is involved in the different sectors influencing the functioning of the community and its development. Authority and responsibility are delegated to a parish council with a lay person in the chair. This parish council is almost functioning as a village council and supervises the several sub-committees taking care for specific aspects within the church community as there are: education, spirituality, health care, women matters, cooperatives and so forth. This organization within the *Garo* community is in strong contrast with the Bengali-Muslim village, where the imam is focusing on the spiritual aspects mainly and has little control over activities within other sectors.

3.3.6 The village and the outside world

The situation in a *Garo* village is different, there is a mutual feeling of discomfort between *Garo* villagers and local Bengali officials. This mutual discomfort is based on the quite contrasting aspects of both cultures. Local Bengali officials simply avoid interference with the *Garo* village and when forced by the situation they do not make any attempt to understand the norms, and values of *Garo* people. Sometimes *Garo* people become the victims of repression by their Bengali officials for example,

arresting people on false evidence, physical violence while in custody and so forth. The mediator in the contacts between the village and the outside world is often the religious leader instead of the *matabor*.

Discussion

1. The inquiry

1.1 Delimitation

This inquiry is a preliminary exploratory study in preparation of a participatory action research as proposed in chapter III of this thesis portfolio. The intention was to come to a better understanding of the main concerns, their causes and effects as well as indications in solving problems from the villager's viewpoint. This inquiry was also intended to obtain information on these aspects and factors of the local society which would influence the approach of the planned participatory action research.

Working with the method of a rapid rural appraisal requires organizational skills, but most important is that the investigator is able to develop rapport with the people and to accurately record and transmit views, beliefs and behaviors. The issues of reliability and validity are often being questioned by quantitative researchers. Using a rapid rural appraisal for analyzing social settings is even more open for criticism, but as Srimshaw and Hurtado argue (1987): "It is the type of information one need that has to be considered and each piece of information has to be assessed in terms of relevance to the study and its reliability". As mentioned above the exploratory character of the appraisal limits the scope of this study to a

preliminary rough assessment, were bias may happen at any stage of the data collection, and findings can not be generalized.

1.2 Limitations

1.2.1 Resource constraints

The time to collect the data was limited to two weeks, while the complete study had to be managed within six weeks. Although sufficient consultation during the preparation phase as well as during the report writing period was available, the study itself was conducted by one evaluator only and therefore the analysis could not be repeated by co-researchers.

1.2.2 Technical constraints

The political turmoil in Bangladesh, at the time of investigation, caused some inconvenience related to traveling, communication and availability of public servants. I could reach the site without serious problems, but because of an ongoing national strike all transport was prohibited. Only cycles and *riksja* could be used. This situation caused that I was unable to contact representatives of the public health sector.

The fact that I was the only investigator caused that the analysis of data could not be repeated by co-evaluators. I was also not able to verify my findings with some of the respondents. This may have as result that some aspects of the outcome could be biased.

The selection of a village for group discussion was based on the judgment of the local religious leaders only. No other criteria were available for the selection.

1.2.3 Ethical issues

Although in principle intended to explore the situation among the *Garos* people in Madhupur, the study includes Bengali-Muslim villagers as well. The group discussion was conducted with representatives of two tribal communities (*Garos* and *Mandais*) and Bengali. With respect to the cultural and religious values on *purdah* in the Bengali-Muslim community, I had to restrict my interviews with Muslim women to three ladies only, from different households, but known to me and who felt free enough to participate, and for which the male relatives had no objection.

2. The approach

2.1 Techniques

As mentioned earlier I choose for a rapid rural appraisal because this approach offered me the required flexibility to explore the situation within the limitations of the setting. Also the rapid rural appraisal offers scope for an active participation of the local people. The variety of techniques that is, semi structured dialogues, the questionnaire, participating in the daily village life, organizing a meeting, individual discussions with key persons, and observations offered me rich information related to the research questions and facts for consideration in preparing the proposed participatory action research, but the outcome can not be generalized.

2.2 The relation investigator - setting

The data collection exercise brought me into contact at the *thana* level with some health professionals, non-governmental organization's representatives, religious leaders, politicians, formal and informal leaders as well as villagers. The fact that I am known to the majority of the local people, supported me significantly in having access to the site. During the past eight years I could build a positive relation with the different sections involved. I could get rid of the suspicion among Bengali people to be a missionary, on the one hand, and enforce the trust among *Garo* people on the other. My only concern were the religious leaders, who might see me as not a pure (Christian) fellow fighter, or the representatives of some local non-governmental organizations involved in health service delivery, who might become suspicious regarding the intention of the data collection activities.

In conclusion I think that knowing and understanding, to some extent, the *Garo* culture as well as the Bengali culture are important attributes for performing the data collection. I did not face problems with religious leaders nor with non-governmental organization managers. The introduction made the intention of the data collection clear to these people and my activities were not seen as competitive. The religious leaders even repeatedly stated that I would be most welcome to undertake further study. They are quite concerned about a specific remote area and would like to see things happen in this place.

2.3 Ascriptive factors

A non-Bangladeshi Christian male person as investigator in relation to male and female Muslim Indo-Bengali and Christian Indo-Tibetan ethnic groups could at the first glimpse, indicate problems, but having lived and worked among these people for some years ironed out several constraints. Speaking their language, understanding their values and norms, knowing their practices and appreciating their food and so forth, makes becoming accepted a lot easier. The contact I needed with females situated in the *Garo* setting, was not problematic at all in a matriarchal culture.

My friendship with a Muslim family in the Radhanagar settlement made it possible to interview some Bengali-Muslim women as well. Further being forty plus is positive, in this cultural setting, while dealing with various age groups and community related matters.

2.5 Participants group discussion

The eagerness of the local leader was stronger than my instructions, and I ended up with not less than 24 participants but women as well as the different communities were represented.

Although a large group, I did not face serious problems because it is a common practice in rural Bangladesh to include passive participants. The real participants were about 10 people while the rest functioned as decorum, demonstrating the interest of the villagers, the importance of the key persons present, as well as the importance of the meeting for them.

2.6 Autonomy of the group discussion

With exception of a possible religious affiliation of some members, it was possible to maintain autonomy. I as facilitator am independent from governmental, private political or religious authorities. The *Garó* community has no affiliation with the government nor do they have a significant role in local political leadership. It will be difficult to avoid some affiliation with the Roman Catholic church since my contact person was the *Garó* parish council chairman.

2.7 Ethics

The ideal would be that a community member himself could initiate and conduct the data collection, but I could not obtain confirmation of local people with the required skills. The fact that I lived for several years within this community, gives me the opportunity having a 'rich' experience.

3. The process

In preparing the study I feel it as very important to obtain secondary information on the site and the social setting. Prior to this study I was working and living in the area offered me a lot on background information, to understand as correct as possible the obtained information, but even this prior experience was not enough. A social study on Bengali-Muslim rural society collected during the investigation was very helpful in understanding some details on the setting as well as a reference source for certain findings. I felt the need to have access to similar studies on the *Garó* tribe, but unfortunately I was unable to obtain it. For proceeding with the proposed

participatory action research I feel it as very important to review the literature on social studies about the *Garo* tribe.

Another important aspect in rapid rural appraisal is the relation of the investigator with the setting. I do speak Bengali, and as mentioned in this report I am acquainted with the social setting. In absence of this advantages I would not know how to complete this investigation. If I would not have been acquainted with the site, I would never have been able to collect this 'quality' of information, and the risk of wrong interpretation and bias would be high. This is another reason for investigators, not acquainted with the setting under investigation, to carefully review secondary resources prior to the study, to select very carefully a good translator who is accepted by and acquainted with the local people, and to use the right persons for introduction. Further the attitude of the investigator is an important condition to have access to people's thoughts. In conclusion I would say that the term rapid rural appraisal may misguide the student evaluator. It might be rapid in terms of investigation period, but it is not rapid at all in preparing and analyzing the data.

A good preparation is important, but the necessary flexibility in the field is required as well. Prior to conducting the inquiry I had planned to conduct twenty interviews, but once at the site I had the opportunity to include a Bengali-Muslim village as well. My eagerness to utilize this opportunity caused that I had an heavy workload during the two week field trip. Thirty interviews next to the other planned data collection is a lot. Therefore it is important to plan the data collection not too tight so that unexpected situations and possible alternatives can be managed.

To ensure a reliable outcome of the study a pre-test of the questionnaire was done at the site by making a Bengali transcript of the open questions (see exhibit 4, figure 8) as well as the grading question and tested with two villagers and one key person. The interpretations of tested persons on the questions were checked by the investigator and the local translator and in assistance of the translator formulations were adjusted where needed. The meaning of each question was separately explained to the local translator who assisted throughout the investigation. All interviews were conducted by the investigator himself and in presence of the same translator, who assisted in explaining the local dialects sometimes used by respondents. For observations I used field notes (short and expanded). Although I speak the local language, I found it several times very useful to have a local translator with me. In certain areas people do speak a dialect which could lead to misinterpretations on both sides, the investigator and the respondent.

The selection of villagers among the respondents was done on base of convenience. The sampling was quite informal. Reflecting on this aspect I could have collected information on the number of households matching with the profile of my sample units in each village and apply a random selection procedure.

For the group discussion about 20% of the participants were *Garo* women. Besides the general importance to include women, the matriarchal culture of the *Garo* people was another important reason to have women among the participants. The literature (Fals-Borda, Rahman, 1991; Freedman, 1994) argues that participatory research or evaluations have to

choose one social strata, because incorporating all strata can undermine the voice of those less privileged. This is a controversial aspect in participatory approaches because Cohen and Purcal (1989) and Isely (1986) are questioning this point in the literature. I feel that focusing on one strata only, in this specific situation, undermines the potential of solidarity building and even worse it could enforce the isolation of some of the underprivileged strata and as Isely argues: "Overlooking the loose confederations of clans in a village, neglecting the ethnic history of the village might end up in rivalry between the different groups and therefore not affect the structural problems within the village" (Isely, 1986, p. 21). Therefore I did not avoid diversity as long as contrasts were not commonly felt as inappropriate.

To ensure validity, triangulation of data was applied where feasible by comparing the data obtained from the different techniques that is, quantitative and qualitative, interviews, dialogues and group discussion, and secondary data from literature. Also counting of respondents' statements was applied. Another aspect influencing validity is the impact of the investigator on the setting. As argued above I think that being well documented about the site of study is important, on the other hand a well known investigator may indirectly influence the respondents. For example the majority of respondents quoted access to health care facilities as very important. It might be that health care facilities scored higher because people at the site do know me as a hospital director, although respondents do find health care facilities important. To avoid that personal values influence the outcome of this study it would be useful to verify the findings

with people from the study site. Due to time and communication constraints this has not been done. There is scope to do so before proceeding with the proposed participatory action research.

I did not include a specific variable on the economic status of respondents. I simply overlooked this aspect, which may cause that some relevant information is not revealed. Defining reliable indicators on income or economic status should be discussed with some local people. I could imagine that in this agrarian setting ownership of land would be a useful indicator.

In summary I would suggest, to review the literature on social studies about the *Garo* tribe, and to verify the outcome of this study with respondents.

4. The outcome

Among all respondents following of the ten needs presented were considered as most important: access to health care facilities (84% of all respondents graded between 1 and 5), sufficient food (83% of all respondents graded between 1 and 5), education (60% of all respondents graded between 1 and 5), income (57% of all respondents graded between 1 and 5) and self care (46% of all respondents graded between 1 and 5).

4.1 Access to health care facilities

The main concerns of respondents are: first, that health care facilities are not close enough available (low coverage). In the literature I found that one governmental health care center with 30 hospital beds and

an out-patient department plus one union health center offering consultations and family planning counseling are serving Madhupur *thana* with 375,000 population (BBS, 1994). In addition to this there are two non-governmental organizations offering out-patient clinics and with about 10 hospital beds each, plus a number of private practitioners mainly located at Madhupur center. Further there are a number of village doctors^{*} spread over the rural area and maintaining a private practice (A. Rashid, personal communication, March 15, 1996). Second respondents stated that health care facilities are not affordable for important segments of the population. In principle public health services are free, but corruption in the Bangladeshi society is so endemic and so deep that its presence is common even in health services (Abecassis, 1990). The private practitioners and one non-governmental organization charge fees equal to the wage of one day labor in addition to the cost for drugs (A. Rashid, personal communication, March 20, 1996). The fact that findings tell us that respondents do expect more or equal initiative from non-governmental organizations, village leaders and villagers themselves than from the government could indicate scope for a discussion on initiatives at the village level. Initiatives should be more prevention than treatment oriented in order to be feasible and sustainable, and to avoid that they function as replacement of the public sector.

^{*} Village doctors are persons with a one year training, permitted to prescribe 12 types of essential drugs. These village doctors work as private practitioners at the village level.

4.2 Sufficient food and income

Beneath the quiet picture of the rural beauty of Bangladesh there lies a web of conflict and pain. Scarcity of resources, unequally distributed and a power structure which has as result that rich become richer and the poor more numerous and poorer. If people are to achieve an improvement in their physical conditions of life, they will have to undergo a process of change in the social structure and their identity, a long and difficult process. The study of Abecassis (1990) suggest that some non-governmental organizations did undertake participatory approaches in community development based on the Paulo Freire's theory. According to Abecassis (1990): "Several of these organizations faced difficulties at the level of village power structures and in finding dedicated staff...". Further literature review is needed to learn from the lessons of others. Another aspect which needs further study is the special situation of the *Garos* people, who do face constant disputes on being entitled to cultivate their land, because it is considered by the authorities to be forest area.

4.3 Education

The main concern of respondents is that a large number of the villagers are illiterate. About 71% of the population is illiterate in this area (BBS, 1994). *Garos* respondents did score education as less important than the Bengali respondents. Does this mean that this need is answered by the religious leaders who do organize formal education in the area? Are *Garos* people better off than their Bengali neighbors regarding education? A secondary data collection from the educational institutes or a survey among

the *Garo* tribe could offer a better insight on the literacy among *Garo* people. In general there is an insufficient coverage of schools, especially primary and high schools. The distribution of schools is unequal.

4.4 Self care and participation

The degree of self care and participation in joint activities is strongly influenced by the social and power structures in the village. The findings indicate that the *Garo* society has more experience than in the Bengali-Muslim society in joint development activities as co-operatives, work groups and so forth. The fact that *Garo* people are a minority who need to defend their identity will contribute to a better community cohesion. Another possible factor could be the pioneer work of the religious leaders in organizing community development.

5. Issues for consideration

An important aspect which I came across with during the inquiry is that there are almost no homogeneous *Garo* villages. Villages consist out of clusters of settlements (*para*) and in the tribal area most of the villages contain a Bengali-Muslim *para* and one or more *Garo para*. Communication with the *Garo* religious leaders revealed that religious authorities are questioning a participatory approach on a geographical or administrative base, addressing both *Garo* and Bengali-Muslim villagers, based on the risk of losing control (R. W. Timm, personal communication, November 28, 1995).

The selection of a study area is another issue to be considered. The area proposed by the local religious leaders is indeed a remote area in need, but not less than four different ethnic or religious groups are living in the village and the findings indicate that there is little history of co-operation between these groups. The number of non-*Garos* representatives during the meeting was more symbolic. Further findings indicate that the *Garos* people living in this village are relatively better off, except for health care facilities than the other communities (see detailed report in the appendix, exhibit 8). Another point is that there is no coverage with primary health care facilities, which is referred to in the literature (Nondasta, Chical, 1988; Piyaratn, 1990) as a pre-condition for community problem solving initiatives in health.

The power structures in the villages must be taken into account. Abecassin (1990), mentioned several difficulties experienced by non-governmental organizations applying a participatory approach in rural Bangladesh. Further literature search is needed to have a better understanding on the underlying causes of failures and the difficulties experienced. Papers published on the Comilla project and non-governmental organizations' projects as: BRAC and *Proshika* projects as well as ADAP's publications in Bangladesh may offer important findings. With regard to these power structures it must be mentioned that out of the thirty interviews, I faced some problems with two respondents. Both respondents, one *Garos* and one Bengali-Muslim, were *matabors* or village leaders. With both persons the atmosphere during the interview was tense

and both of them were reluctant to answer on aspects related to the power structures.

Findings indicate that the viewpoint of respondents on the basic minimum needs is influenced by their socio-economic position, that is, the key persons graded self-care and housing less important than villagers, while safety and family planning were given more importance than among villagers.

The findings also indicate that the situation for *Garo* and Bengali-Muslim villagers are different. Not only is there a different accent in priorities among *Garo* and Bengali, the group discussion and observations indicate that *Garo* people would be better off, in terms of education facilities, sanitation and water supply, and in terms of readiness for participation. Their religious leaders advocate them and have a positive power position which stimulates participation and self-initiatives in development.

The study made the choice on strategy for the participatory research a pressing question. Scholars in participatory research argue that different polar strata can not be involved (Rahman, 1986; Freedman, 1994), while others argue that the different groups need to be considered to avoid failures in long term (Isely, 1986) or that focusing on the poor segments only excludes access to local resources (Cohen, 1989). The administration is organized only up to the *thana* level (375,000 population) and the smallest electoral unit is the union which has an average population of 35,000, leaves the villages without any formal structure. These facts does not make it easier to define a strategy. The social organization is very hierarchic and vertical oriented and people do follow leaders rather than ideologies. "The

concept of team based decision making is certainly a strange and new idea for rural Bangladesh” (Abecassis, 1990, p. 109). All this calls for an extended literature review and a careful preparation of the proposed research.

This exploratory study revealed that the eagerness to undertake initiatives in community (health) development in the Bengali-Muslim village under study was as profound as among the *Garo* people. Comparing both I can conclude that each community has its own difficulties and pitfalls. The *Garo* community has a history of participation and self care. They do have strong leadership, but there are no homogeneous villages, and the strong contrasts with the Bengali culture could indicate an incompatibility. The religious leaders of the *Garo* community do have limited resources for community development and they do have external contacts and support, but are not interested in joint ventures with Bengali. The Bengali-Muslim community is homogeneous, but there is a strong ‘*jati*’ (Muslim community) thinking, which inhibits their contacts and co-operation with non-Muslim people (Abecassis, 1990). We see a fragmented and weak leadership, and complex local power structures deeply rooted in the culture. Muslim religious leaders do not have access to resources in comparison to the Christian religious leaders. Besides the difficulties typical of each community, the researcher will have to consider carefully criteria and strategies in making a choice.

‘*Jati* is the Bengali word for the local Muslim community.

6. Thoughts on the way ahead

It is important, prior to proceeding with the proposed participatory action research, to review the literature on the lessons learned from participatory approaches in Bangladesh. My search in the past and communication during the inquiry indicate that valuable studies are done and published in the recent past. Further would it be very meaningful to have knowledge on the initiatives and programs undertaken in the area by different non-governmental organizations.

Verification of the findings of this study should be done with some key respondents.

Criteria for the selection of the study site must be reviewed and justified in terms of leadership, community composition, history of participation, motivation and access to resources, and the local context.

Further negotiation with the *Garo* religious leaders is essential to have a clear understanding of the religious leaders' principle viewpoints on authority, responsibility, resource mobilization and choice of strategy in the proposed research, as well as on the selection of the study site.

Further exchange of views with key persons in the Bengali-Muslim village would be meaningful in order to consider the feasibility of initiating participatory research in this setting.

Having obtained the information mentioned above the researcher should consider carefully all aspects and decide on the strategy, the type of community, the site and so forth. The proposed participatory action research should be reviewed on basis of the outcome of this exploratory study.

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