

**A STUDY OF THE IMPACT OF STREET THEATRE IN
RAISING AWARENESS AMONG THE RESIDENCE OF
CHHAYGAON AREA OF KAMRUP DISTRICT, ASSAM.**

Final Progress Report

Submitted To The

DEPARTMENT OF SCIENCE AND TECHNOLOGY, NEW DELHI

In Partial Fulfilment For

RAJAT JAYANTI VIGYAN SANCHARAK FELLOWSHIP 2009

DST No: CO/TR/FO1/2008/6 dated 23/11/09

Period: January 2010 to December 2010

By

**KUMAR KULDIP MEDHI
GUWAHATI, ASSAM**

Under the Guidance of

Dr. Sunita Agarwalla

**Dept. of Education, Dispur College
Guwahati, Assam**

In collaboration with

Dispur College, Guwahati-06

Assam, India

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DEPARTMENT OF SCIENCE AND TECHNOLOGY
RASHTRIYA VIGYAN EVAM PRADYOGIKI SANCHAR PARISHAD
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FINAL PROGRESS REPORT W.E.F. JANUARY 2010

1. Name of the Awardee: **KUMAR KULDIP MEDHI**
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8. Comment of the mentor on the report during the project : **(Attached herewith)**

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Date:



CERTIFICATE OF ORIGIN

This is to certify that the project report entitled "A STUDY OF THE IMPACT OF STREET THEATRE IN RAISING THE AWARENESS REGARDING HEALTH AMONGST THE RESIDENCE OF CHHAYGAON AREA OF KAMRUP DISTRICT, ASSAM" is a bonafide record of independent research work carried out by KUMAR KULDIP MEDHI for twenty RAJAT JAYANTI VIGYAN SANCHARAK FELLOWSHIPS.

This report has the requisite standard for the fellowships. To the best part of my knowledge no part of this report has previously formed the basis of award of any degree, diploma, associate ship, fellowship or any other title.



Dated: 2/12/13
Place: Guwahati


Signature of Mentor

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Dated: 02-12-13

Place: Guwahati


(KUMAR KULDIP MEDHI)

DECLARATION

I, Kumar Kuldip Medhi hereby declare that the project report entitled "A STUDY OF THE IMPACT OF STREET THEATRE IN RAISING THE AWARENESS REGARDING HEALTH AMONGST THE RESIDENCE OF CHHAYGAON AREA OF KAMRUP DISTRICT, ASSAM" submitted to the Department of Science and Technology, New Delhi in partial fulfilment for the award of RAJAT JAYANTI VIGYAN SANCHARAK FELLOWSHIPS and that the report has not previously formed the basis of the award of any degree, diploma, associate ship, fellowship or any other title.

Dated: 02-12-13

Place: Guwahati


(KUMAR KULDIP MEDHI)

ABSTRACT

The whole idea of the project is to create awareness amongst people to reduce the amount of greenhouse gas emission basically by deforestation and also make them aware regarding health and proper sanitation for a better future.

Assam, gateway to the North East India, is a land with pure natural beauty. But then too Assam is not getting rid of the affect of Global Warming, which leads to poor health, frequent flood in some places whereas drought in some others, environmental pollution etc. In Assam, the root cause of Global warming is deforestation in many places. In Assam, the root cause of Global warming is deforestation in many places. When forests are destroyed, the atmosphere, water bodies and the water table are all affected. Many beautiful species of plants and animals are lost and many remains become endangered. Environmental education i.e communicating science among the common masses deals with important issues like safe and clean drinking water, hygienic living conditions and clean and fresh air, fertility of land, healthy food and development.

Science communication can aim to generate support for scientific research or study or to inform decision making, including political and

ethical thinking. Efforts have been made from both governmental and non-governmental platforms to enhance the public understanding of science. India's science communicators have used various modes of communication to reach out to the masses, such as print media, audio-visual media, folk media, interactive media etc. The folk media such as puppet shows, street plays, stage performances, and folk songs and dances successfully reach segments of society where other forms of media have limitations. Street theatre communicates messages effectively to adults and children, both literate and illiterate. It has immediate effects on its audience.

Now-a-days, forests are perhaps the most endangered habitat on earth. Deforestation and cutting of mountains and hills are the major environmental issues. Biodiversity is the major causalities of deforestation. It increases the amount of carbon dioxide in the atmosphere and thus threatens the ozone layer, resulting in global warming, greenhouse effect and ozone layer depletion. It also prevents water table replenishing. This causes frequent floods, drought and soil erosion. The flood carries wastes and other chemicals to the water bodies and pollutes it.

Water supply, sanitation and health are closely related. Poor hygiene, inadequate quality of drinking water and lack of sanitation causes various diseases. The most significant outcome is the migration of species including human beings.

This study is to create awareness regarding health, sanitation, water supply, deforestation etc. among the people through street theatre. Since the most of the villages under the survey area is far flung where there is no electricity and proper communication and literacy rate is very low, so street play would be the best means to communicate with the people. At the same time involvement of the local youths would also enforce them to think about the causes and bring the changes necessary for the upliftment of the people as well as the area.

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CHAPTER –I

1. INTRODUCTION

India is among the world's most populous nations inhabiting a vast and contrasting land, with nearly 850 million people bordered on the northeast by the Himalayan mountain range, on the west by the Great Thar Desert and with the southern half of the country a peninsula the Arabian Sea on one side and the Bay of Bengal on the other.

Assam, gateway to the North East India, is a land with pure natural beauty. But then too Assam is not getting rid of the affect of Global Warming, which leads to poor health, frequent flood in some places whereas drought in some others, environmental pollution etc. In Assam, the root cause of Global warming is deforestation in many places. No doubt there are other factors that play some role in global warming, but in the concerned area of the investigator's work the main cause of Global warming is deforestation (from survey report). Deforestation is typically done to make more land available for housing and urbanization, timber, large scale cash crops such as soy and palm oil, and cattle ranching. When forests are destroyed, the atmosphere, water bodies and the water table are all affected. Many beautiful species of plants and animals are lost and many remains become endangered.

Environment belongs to all the living beings and thus is, important for all. Each and every body of whatever occupation he or she may have is affected by environmental issues like global warming, depletion of ozone layer, dwindling forest, energy resources, loss of global biodiversity etc. Environmental education i.e

communicating science among the common masses deals with important issues like safe and clean drinking water, hygienic living conditions and clean and fresh air, fertility of land, healthy food and development.

Science communication has been defined as "the use of appropriate skills, media, activities and dialogue to produce one or more of the following personal responses to science (the AEIOU vowel analogy): Awareness, Enjoyment, Interest, Opinion-forming, and Understanding" (Burns et al. 2003, p. 183). Science communication is generally referred as public communication presenting science-related topics to non-experts. It simply describes communication between scientists or between non scientists. It includes science exhibitions, journalism, scripts, films, videos and radio programmes, books; slide shows etc on selected areas of science and technology. Science communication can aim to generate support for scientific research or study or to decision making, including political and ethical thinking. There is increasing emphasis on explaining methods rather than simply findings of science. Science communicators can use entertainment and persuasion including humour, storytelling and metaphors. They can be trained in some of the techniques used by actors to improve their communication.

For the past few decades, science communication activities have gained momentum in India as well as in Assam. Efforts have been made from both governmental and non-governmental platforms to enhance the public understanding of science. The idea is to help science and a scientific culture penetrate India's socio-culturally diverse society, and to transform it into a nation of scientifically thinking and scientifically aware people. India's science communicators have used various modes of communication to reach out to the masses, such as print media, audio-

visual media, folk media, interactive media etc. As a result, a lot of infrastructure, software and human resources are available in the country. Each has its own significance and utility. The folk media such as puppet shows, street plays, stage performances, and folk songs and dances successfully reach segments of society where other forms of media have limitations. These traditional means of communication have all been exploited as alternative media for science communication. They are not only entertaining, but also offer two-way communication and are cost effective. Several voluntary agencies, such as Kerala's Shashtra Sahitya Parishad (People's Science Movement), are actively involved in taking science to the people, especially through folk forms. Where print and electronic media have limits rooted in literacy levels and accessibility, folk media can play a crucial role.

Street science takes science out of the institutions and museums and allows people to engage in dialogue on neutral ground in their usual surroundings. Pedestrian streets, shopping centres, in front of colleges and schools and even prisons are popular venues where science can meet a whole new audience. Street theatre is a popular way of communicating with the common masses as they reach successfully each segments of the society where other forms of media have limitations.

Prabha, a social activist from Buxar who has used the humble 'nukkad natak' (street theatre) to raise awareness among women on issues of income generation explains that, "Street theatre is people-friendly. The dynamic and mobile nature of street theatre makes it possible to go to people where theatre is not accessible: like streets, markets, slums, villages, schools, office complexes, parks, residential areas.

It is a free show for everyone: paan wallah, officer, labourer, housewife or student. Therefore, it never has a limited or 'repeat' audience. With actors moving at the same level as the audience, there's no hierarchy. The simple and direct performance gives it power to reach people. There are no tickets as the aim is not to make profits. Rather, the audience is asked for contributions". Today, street theatre is a recognized art form and has gained legitimacy. Some old-timers complain that the multinationals and the government have turned this form of protest into a new form of propaganda, but that is a topic for another day.

Awareness-raising is the keystone of the project. People need to know about the ill effects of flood, deforestation, global warming etc. They also need to understand the benefits of education and how it can help to combat problems faced by them. The basic forms of awareness-raising are information provision, communication, education, and training, preferably with the direct involvement of the target audience. Even though awareness-raising refers to mobilization on the cognitive or emotional level, by increasing people's knowledge and skills, it can contribute to practical changes too.

Awareness-raising activities included:

- (a) Information workshops explaining the context of the project and its activities;
- (b) meetings with local people, religious leaders, community members, etc.;
- (c) rallies and similar public demonstrations;
- (d) events to mark national or international days, such as the World Environment day, holidays, etc.;
- (e) Home visits to talk to the people.
- (f) Street theatre, puppet theatre, and other similar methodologies;

- (g) children's camps and similar activities, including singing, dance, art, and sports and other recreational activities to promote science;
- (h) poster campaigns, distribution of leaflets, flyers, stickers, etc.;
- (i) Media campaigns, including radio and television broadcasts.

Throughout the project life cycle, it is important to monitor progress in bringing about social change. At the end, its outcomes should be evaluated to measure effectiveness and identify areas of weakness so as to make future improvements. In designing an awareness program the following things must be kept in mind:

Who: Identify the stakeholders who will be the subject of awareness raising activities.

What: Knowing who will be the prime recipients of the awareness-raising message will determine message content, design, and the method of dissemination. The form and content of awareness-raising activities are best decided on the basis of visits to the target communities. Different activities may need to be planned for different groups.

When: Awareness-raising should be carried out in the early stages of the project to stimulate interest and support and foster community ownership.

Where: Consideration should be given to the location of the project, the location of the beneficiaries and the stakeholders, and the point where awareness messages will be delivered.

Why: This should perhaps be the first question asked since it determines whether awareness-raising will be included as an activity, at what level it will be aimed (local or national), and what message it will be disseminating.

How: Target groups should be consulted beforehand to assess how to stimulate their interest and convey the information most effectively.

This study aims to aware the people regarding good health, sanitation, ill effects of deforestation and global warming through street theatre.

This study used the following tools: street plays, conducting interviews with the local people (home visit), posters and leaflets were distributed and lastly questioner was set to know the improvement.

This study aims to investigate the impact of street theatre in raising awareness regarding health among the common people and how science reaches the common people? This study also focuses on science communication through street theatre.

CHAPTER II

2. REVIEW FROM LITERATURE

India has an impressive scientific heritage. Scientific research — in fields such as mathematics, astronomy, medicine and material science — has been carried out in the Indian sub-continent since ancient times. However, a remarkable gap has persisted between this scientific knowledge and the 'common' man and woman and, until recently, almost no effort has been made to bridge this gap.

Throughout history, there have been attempts to take science to the common people. For example, Vigyan (Science) — a monthly popular science magazine in Hindi — has been published by Vigyan Parishad (a learned society of scientists and academics) since 1915. In Assam too, Bijnan jeuti — an Assamese popular science bi-monthly magazine has been published by Assam Science Society since 1961. Other science magazines that help to promote science among the common people are Science reporter, Bigyan Safura (in Assamese), etc.

Following Independence, Pandit Jawaharlal Nehru, introduced the concept of modern 'scientific temper' — a phrase taken to mean an enquiring attitude and analytical approach that leads to rational thinking and the pursuit of truth without prejudice. Accordingly, the constitution of India has a special provision "to develop the scientific temper, humanism and spirit of enquiry".

The history of street theatre dates back to the 19th century when labourers and party workers wrote and did plays during the Industrial Revolution in Europe. Women produced plays like "How the vote was won" during the suffragette movement in London in the 1900s. The Soviet Revolution spawned its own kind of

street theatre to reach the dirty masses. During World War II, street theatre played a role in fanning anti-war sentiments. Mid century also saw plays in America and England addressing the issues related to student's movement, women's movement, racial discrimination and the Vietnam War.

Sanskrit theatre was the earliest form of the theatre in India, developing after Greek and Roman theatre and before theatre development in other parts of Asia. The history of street theatre in India matches that of other parts of the world. Modern theatre in India can be traced back to the colonial period when the British administrators started bringing in actors from England to perform English plays in India. Starting around the middle of the nineteenth century, indigenous theatre companies started producing their own plays in cities like Calcutta and Bombay. Subsequently, these became vehicles for propagating the theme of national independence as well as various social reforms. Though folk artists in India have been doing jugglery, street magic, since ages, but tradition of folk theatre with revolutionary ideology started sometime after the first War of Independence when the message of patriotism and nationalism was spread. Indian People's Theatre Association (IPTA), formed in 1943, was the first organised body to channelize progressive ideas, give correct picture of current problems like imperialism and suggesting solutions. IPTA became the pioneer of the people's theatre movement in India. With the passage of time themes changed from national consciousness to capitalism, peasant and labour movement, environment, communalism, Mandal, dowry, girl child sexual harassment, AIDS and globalisation, health and sanitation, global warming etc. Human right activists, students and women activists of various ideologies have used street theatre effectively.

Besides professional theatre performers, the potential of street theatre as an aged-prop tool has also been exploited by various activists at an amateur level. In Kerala, the Kerala Sastra Sahitya Parishad (KSSP) has been using street theatre in their jathas (cultural and educational tours) to help in spreading science among the masses. Similarly, Sampoorna Kranti Vidyalaya, a Gandhian institute has been using street theatre techniques while on cycle yatras around villages in Gujarat, Rajasthan, Maharashtra, Goa, Karnataka and Kerala in order to increase awareness of the harmful effects of nuclear energy and weapons production. In some cases, even local organizations have requested professional groups to perform plays. Alarippu, a theatre group from New Delhi, gave several performances in Rajasthan in support of the ongoing movement, organized by the Mazdoor Kisan Shakti Sanghatan, for the people's right to information.

Similarly, Action India, Jagori, Jan Natya Manch, Pravah in Delhi, Asmita in Hyderabad and many more all over India have produced plays from time to time on different issues. Om Swaha, Aurat, Roshini and Ahsaas, produced by Delhi-based women activists focused attention on social, economic and emotional dynamics of dowry, discrimination and maltreatment of women became very popular in the late seventies. Many more plays on domestic violence, wife-beating, sexual harassment challenged glorification of family as a secure place and demonstrated how family regulations, traditions and relations bind women and become a hurdle in her overall growth. Similarly, in the wake of communal riots in 1984 and 1992, human right activists produced plays hitting fundamentalism/fanaticism and politics behind it. Women activists extended the plays by showing its repercussions on women.

GURSHARAN SINGH known as 'SAMRAT OF NUKKAD NATAK' represented Punjab in historical street theatre festival in Bhopal under the name of Amritsar Natak Kala Kendra. Jangi Ram di Haweli (a satire on the election system), Inqlaab Zindabad (on Bhagat Singh) and Tamashaie Hindustan (on Indian bureaucracy) were produced after a 10-day-long workshop and staged in the streets of Bhopal. **GURSHARAN SINGH** says: "My plays are political. I interpret politics with strong communist ideology. In fact, street theatre started with leftist ideology, which may not be true for all theatre groups at present but all are essentially working for a cause". His play Takht Lahore, staged during the Emergency was responsible for his going to jail for 48 days. His two recent plays are worth mentioning here. Laare is about Chief minister Badal's promise (that he made during his election campaign before coming to the present term) to give old age pension to every man above 65 and every woman above 60 years in Punjab. Another play Raj Maharaja Ranjit Singh Da Urf Inaam is a satire on Badal's policy of eliminating corruption in Punjab by declaring a cash prize of Rs 25000 to 50000 to any one providing proof of corruption.

Theatre groups in Chandigarh like Theatre Age, Chandigarh School of Drama, Chetna and CEVA have extended the concept of theatre to community theatre, which gives participants an opportunity to explore their inner selves, i.e., their pains, desires, aspirations and capacities, to dismantle their previous pattern of self-perception and of interaction with others. **HARLEEN KOHLI** of CEVA says that "Community theatre is an exciting and dynamic process that serves to impart a certain degree of confidence, self-assurance and self modification for those who agree to become part of it". Zulfiqar Khan, who does theatre with slum children,

strongly feels that poor children's involvement in theatre gives them enormous confidence and knowledge which they are unable to acquire even through school education. HABIB TANVIR and UTPAL DUTT used street theatre as a political catalyst in the 40s and 50s. It was revived in the 1970s and now the movement has spread all over the country. There are about 50 groups in the country, mainly in cities and the immediate suburbs.

The plays display the present-day scenario where human right is violated by the administrative system in every step. **BROJONATH SARMA** is the father of mobile theatre in Assam. Nidia and Rijul from tehelka foundation, went to the Bosco institute of social work in Jorhat, Assam, and conducted a week long street theatre workshop with a group of 36.

CHAPTER III

3. METHODOLOGY

In the previous chapters a detail presentation has been made about science communication with the aid of street theatre, the things that are to be discussed and the past study that was done on this topic. The materials used and methods adopted to conduct the present investigation entitled "A study of the impact of street theatre in raising the awareness regarding health amongst the residence of Chhaygaon area of Kamrup District, Assam" are presented in this chapter under the following heads.

3.1 Need of the study:

Chhaygaon is a large area covering nearly 200 villages, out of which 97 are forests villages and 35 are floods affected villages. The population is nearly 24300, which is a huge population. The governmental schemes have not yet gone to most of the remote villages. The areas are still backward educationally and economically. No formal research has been done on their lives. Therefore the investigator felt that some research must be made to know their awareness and other activities regarding health and sanitation.

The whole idea of the project is to create awareness amongst the common people to reduce the amount of greenhouse gas emission basically by deforestation and encourage them to plant and take care of trees. Deforestation and forest degradation leads to frequent floods, drought etc, which leads to various health problems. Water, sanitation and health are closely related. Poor hygiene, inadequate quantity of drinking water and of sanitation facilities causes various diseases. A

study of this aspect would be of great importance to know the real causes and make them aware as to how to get rid of the problems.

3.2 Statement of the problem:

The main aim of the present study is aware the people of Chhaygaon area about the health, sanitation and environmental related problem through street theatre. Since some of the villages under study are far flung so street theatre is the easiest way to deliver the required message among the masses. Newspapers are not available in most of the villages and also no electricity to run television. No NGO's or other voluntary organisation has tried to communicate among the people. So this study was made under the title: "A STUDY OF THE IMPACT OF STREET THEATRE IN RAISING AWARENESS REGARDING HEALTH AMONGST THE RESIDENCE OF CHHAYGAON AREA OF KAMRUP DISTRICT, ASSAM."

3.3 Definition of the terms:

(i) **Street theatre:** Street theatre is a form of theatrical performance and presentation in outdoor public spaces without a specific paying audience. These spaces can be anywhere, including shopping centres, car parks, recreational reserves and street corners. They are especially seen in outdoor spaces where there are large numbers of people. The actors who perform street theatre range from buskers to organised theatre companies or groups.

(ii) Health: The WORLD HEALTH ORGANIZATION (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In humans, health is the general condition of a person's mind and body, usually meaning to be free from illness, injury or pain. Health education plays an important role in the community hygiene. To prevent illness and have positive health attitude, correct and complete knowledge of health is necessary. Health is cleanliness and cleanliness is one of the main defences against diseases, whether contagious or self-generated. In this lesson we will discuss the actual meaning of health and hygiene, so that the aim of good health can be achieved through sanitary habits and healthy way of living.

(iii) Environment: Environment literally means surrounding and everything that affect an organism during its lifetime is collectively known as its environment. In another words "Environment is sum total of water, air and land interrelationships among themselves and also with the human being, other living organisms and property".

Environmental pollution is the introduction of harmful pollutants into a certain environment that makes an environment unhealthy to live in. The widespread pollutants are usually chemicals, garbage, and wastewater. Environmental pollution is happening in multifold parts of Earth usually in the form of air and water pollution.

Environmental pollution is causing massive damage to the ecosystem that organisms depend upon the health of this environment to live in. Air and water pollution can cause death of myriad organisms in given ecosystem, including humans.

(iv) **Sanitation:** Sanitation involves the hygienic disposal and treatment by the civic authority of potentially unhealthy human waste, such as sewerage and drainage. The World Health Organization states that: "Sanitation generally refers to the provision of facilities and services for the safe disposal of human urine and feces. Inadequate sanitation is a major cause of disease world-wide and improving sanitation is known to have a significant beneficial impact on health both in households and across communities. Environmental hygiene or sanitation thus helps to reduce the incidences of those diseases which are commonly acquired or transmitted through excreta or contaminated water, food and drinks. These include gastrointestinal diseases like diarrhea, dysentery, cholera etc. and insect-borne infections like malaria, dengue, plague, filariasis, etc. Because of its universal use, water can be the channel for spreading various diseases like typhoid, cholera, dysentery etc. Besides these, viral hepatitis, polio and worm infestation are also transmitted because of the use of contaminated water. Drinking water supplies may be liable to get contaminated with sewage or other excreted matter. The discharge of untreated wastewater and excreta into the environment affects human health by several routes:

- By polluting drinking water;
- Entry into the food chain, for example via fruits, vegetables or fish;
- Bathing, recreational and other contact with contaminated waters;
- By providing breeding sites for flies and insects that spread diseases.

(v) **Deforestation:** Deforestation is the permanent destruction of forests in order to make the land available for other uses. Deforestation is considered to be one of the contributing factors to global climate change. Trees absorb greenhouse gases and carbon emissions. They produce oxygen and perpetuate the water cycle by releasing

water vapour into the atmosphere. Without trees, forest lands can quickly become barren land. Common methods of deforestation are burning trees and clear cutting, which is the controversial practice of complete removal of a given tract of forest. Forests are complex ecosystems that are important to the carbon and water cycles that sustain life on earth. When they are degraded, it can set off a devastating chain of events both locally and around the world. Many beautiful creatures, both plants and animals have vanished from earth surface due to deforestation. Destroying the forests means CO_2 will remain in the atmosphere and in addition, destroyed vegetation will give off more CO_2 stored in them as they decompose. This will alter the climate of the region.

(vi) Biodiversity: Biodiversity means the diversity, or variety, of plants and animals and other living things in a particular area or region. Everything that lives in an ecosystem is part of the web of life, including humans. Each species of vegetation and each creature have a place on the earth and play a vital role in the circle of life. Plant, animal, and insect species interact and depend upon one another for what each offers, such as food, shelter, oxygen, and soil enrichment.

(vii) Global warming: Global warming is the term used to describe a gradual increase in the average temperature of the Earth's atmosphere and its oceans, a change that is believed to be permanently changing the Earth's climate. The increased volumes of carbon dioxide and other greenhouse gases released by the burning of fossil fuels, land clearing, agriculture, and other human activities, are believed to be the primary sources of the global warming that has occurred over the past 50 years.

3.4 Objective:

The study has been set with the following objectives:

- (i) To create awareness amongst the people about the problems of health and environment.
- (ii) To make the people aware about the relation of environmental pollution and ill health.
- (iii) To teach the people the ways of maintaining good health.
- (iv) To make the people aware regarding the importance of good health, sanitation, water and biodiversity.

3.5 Sample:

The sample design of the study involved – field survey (photographs are attached in Appendix II) of the various villages of the Chhaygaon area to understand their awareness about health and sanitation, the selection of the respondents, writing down the plays on the selected topic, organising the plays in selected areas and collect the output from the plays.

Out of the 53 villages visited only 10 villages namely Panikhaiti, Garabari, Kandulimari, Mathpara, Dubjani, Ratanpur, Dolegaon, Balagaon, Bazortari, Rihabari, Bisimari has been selected purposively, as these are backward compared to the other ones. A sample of 30 people (respondent) from each of these villages was selected for the study. On the other hand, the data were also collected after the plays to know how much the plays have influenced them. Leaflets were distributed and posters (Appendix III) were hanged to aware the people.

3.6 Tools:

The selection of tools for a particular study depends upon various considerations such as the objective of the study, the amount of time available at the disposal of the investigator, availability of suitable tools and the personal competency of the investigator to administer them.

A pre-structured questionnaire (Appendix I) was designed in order to collect the information's before the street plays were performed. After the plays were performed a meeting was held at all the villages to know the impact of the plays on them. At the same time, to aware the people posters, leaflets were hanged and distributed at all local places.

3.7 Data collection:

The investigator personally met the respondent and filled up the questionnaires. The investigator distributed the leaflets and hanged the posters (according to requirement) among the masses with the help of the volunteers of Chinmaya Yuva Kendra, Guwahati Branch and Natya Gosthy, Chhaygaon. The leaflets contained some questions which will force the people to ponder on the raised issues and aware them about the problem. The plays [Appendix IV (a), (b)] were organised in local language in most of the places. The investigator visited the villages again after one month to know the outcome of the plays.

3.8 Analysis and interpretation of data:

Keeping in view the objective of the study, the data collected were classified and tabulated. The analysis of the data was carried out using simple statistics like percentage. The total data was analysed as the response of the people.

3.9 Scheme of the chapter:

The study is divided into five chapters.

Chapter I: Introduction

Chapter II: Review of Related Literature

Chapter III: Methodology

Chapter IV: Analysis and Interpretation of Data

Chapter V: Summary and conclusion suggestion for further study

The Bibliography is then provided. In the Appendices too of the study, photographs taken, questioners, leaflets, posters, and CDs of street play performed are attached.

CHAPTER IV

4. ANALYSIS AND INTERPRETATION OF DATA

The experimental data of the present investigation entitled "A STUDY OF THE IMPACT OF STREET THEATRE IN RAISING AWARENESS REGARDING HEALTH AMONGST THE RESIDENCE OF CHHAYGAON AREA OF KAMRUP DISTRICT, ASSAM" is presented and discussed in this chapter.

4.1 Overall data of the area where the project was carried out:

Chhaygaon is a large area covering nearly 200 villages. Out of this the investigator visited Panikhaiti, Garabari, Kandulimari, Ambari, Sapottari, Barttari, Jaikur No 1, Jaikur No 2, Jaikur No 3, Jaikur No 4, Na-Bhitha, Kukurmara, Na para, Bhuyanpara, Baruahpara, Mathpara, Dubjani, Ratanpur, Amtola No-1, Amtola No-2, Amtola No-3, Kaladia, Kotohi, Gumi, Choudhurykhat, Makandi, Kanhapara, Ghoramara, Choudhurypara, Balahi, Balasiddhi, Barbahan, Dolegaon, Balagaon, Bazorttari, Rihabari, Bisimari, Jalukbari, Sapekona, Tezpur, Hatpukhuli, Rampur, Sagunpara, Baliapara, Bhatkhuwadia Char, Pagaldia Char, Kalapani Char, Charaimari Char etc. The questioners were distributed in nearly 54 villages, but for data analysis only 10 villages has been selected with 30 respondents from each village. The data pertaining to the area covered under the project is tabulated in table 4.1.

Table 4.1 Overall data of the area under study

1	Total population of the area	2,43,000
2	Total no. of revenue villages	97 no
3	Total no. of forests villages	50 no
4	Total land area	3,09,601 Bighas 3 Kathas 19 Lechas
5	Total no. of colleges	1 no
6	Total no. of schools	192 no
7	Total no. of public health centres	1 no
8	Total no. of rivers	3 no
9	Total forests area	1,73,773 bighas 1 kathas
10	Total flood affected villages	20 no

From the data it becomes clear that the Chhaygaon area under study is a huge area with lots of villages which are mostly affected by flood every year. But the concerned thing is that the area has only one college and one PHC. Moreover, the college doesn't have science stream also and the PHC has a nurse only and no permanent doctor. So, the people have to come to Guwahati for treatment.

4.2 Socio-economic background of the respondent:

The data pertaining to the classification of livelihood of the local people (respondent) is presented in table 4.2.

Table 4.2 Classification of respondent on the basis of their livelihood – farmers and service holders

Name of village	Total no. of respondents	Farmers	Service holders
Panikhaiti	30	27 (90)*	3 (10)
Garabari	30	26 (86.7)	4 (13.3)
Kandulimari	30	27 (90)	3 (10)
Mathpara	30	28 (93.3)	2 (6.7)
Dubjani	30	25 (83.3)	5 (16.7)
Ratanpur	30	26 (86.7)	4 (13.3)
Dolegaon	30	23 (76.7)	7 (23.3)
Balagaon	30	27 (90)	3 (10)
Bazortari	30	27 (90)	3 (10)
Bisimari	30	24 (80)	6 (20)
Total	300	260 (86.7)	40 (13.3)

*Data in the parentheses indicate percentage.

From the table it is seen that out of 30 respondents from village A, 27 i.e 90% were farmers and 3 i.e 10% were service holders. Similarly, from village 2, village 3, village 4, village 5, village 6, village 7, village 8, village 9 and village 10, 26 i.e 86.7%, 27 i.e 90%, 28 i.e 93.3%, 25 i.e 83.3%, 26 i.e 86.7%, 23 i.e 76.7%, 27 i.e 90%, 27 i.e 90% and 24 i.e 80% respondents respectively were farmers. The highest percentage of farmers was from village 4 and lowest in village 7. On the other hand, the highest percentage of service holders lives in village 7 and lowest in village 4.

The data on the availability of the electricity facility to the respondent of the villages under study are prescribed in table 4.3.

Table 4.3 Data of the electricity facility available to the respondent

Name of village	Total no. of respondents	Respondent having electricity at homes	Respondent not having electricity at homes
Panikhaiti	30	7 (23.3)*	23 (76.7)
Garabari	30	6 (20)	24 (80)
Kandulimari	30	6 (20)	24 (80)
Mathpara	30	5 (16.7)	25 (83.3)
Dubjani	30	10 (33.3)	20 (66.7)
Ratanpur	30	8 (26.7)	22 (73.3)
Dolegaon	30	12 (40)	18 (60)
Balagaon	30	7 (23.3)	23 (76.7)
Bazortari	30	6 (20)	24 (80)
Bisimari	30	8 (26.7)	22 (73.3)
Total	300	75 (25)	225 (75)

*Data in the parentheses indicate percentage.

Out of the 30 respondents from village 1, 7 respondent i.e 23.3% have electricity facility at their homes whereas 23 respondents i.e 76.7% have no electricity facility at their homes. Similarly, from village 2, village 3, village 4, village 5, village 6, village 7, village 8, village 9 and village 10, 6 i.e 20%, 6 i.e 20%, 5 i.e 16.7%, 10 i.e 33.3%, 8 i.e 26.7%, 12 i.e 40%, 7 i.e 23.3%, 6 i.e 20% and 8 i.e 26.7% respondents respectively have electricity facility at their homes. The data indicates that most of the respondents nearly 75% have no electricity facility at their homes.

The data pertaining to the proper sanitation facility available to the respondent of the village under consideration is tabulated in table 4.4.

Table 4.4 Data of the sanitation facility available to the respondent

Name of village	Total no. of respondents	Respondent having sanitation facility at homes	Respondent not having sanitation facility at homes
Panikhaiti	30	11 (36.7)*	19 (63.3)
Garabari	30	9 (30)	21 (70)
Kandulimari	30	10 (33.3)	20 (66.7)
Mathpara	30	6 (20)	24 (80)
Dubjani	30	12 (40)	18 (60)
Ratanpur	30	14 (46.7)	16 (53.3)
Dolegaon	30	16 (53.3)	14 (46.7)
Balagaon	30	9 (30)	21 (70)
Bazortari	30	7 (23.3)	23 (76.7)
Bisimari	30	11 (36.7)	19 (63.3)
Total	300	105 (35)	195 (65)

*Data in the parentheses indicate percentage.

Out of the 30 respondents from village 1, 11 respondent i.e 36.7% have sanitation facility at their homes whereas 19 respondents i.e 63.3% have no proper sanitation facility at their homes. Similarly, from village 2, village 3, village 4, village 5, village 6, village 7, village 8, village 9 and village 10, 9 i.e 30%, 10 i.e 33.3%, 6 i.e 20%, 12 i.e 40%, 14 i.e 46.7%, 16 i.e 53.3%, 9 i.e 30%, 7 i.e 23.3% and 11 i.e 36.7% respondents respectively have proper sanitation facility at their homes. The data indicates that most of the respondents have no proper sanitation facility at

their homes. Overall, 65% of the respondent doesn't have proper sanitation facility i.e no bathrooms and no toilets.

The data on the selection criteria of piped drinking water against water from well by the people of the village under study are prescribed in table 4.5.

Table 4.5 Data of the availability of piped drinking water against water from the well

Name of village	Total no. of respondents	Piped drinking water	Water from the well
Panikhaiti	30	1 (3.3)*	29 (96.7)
Garabari	30	0	30 (100)
Kandulimari	30	1 (3.3)	29 (96.7)
Mathpara	30	0	30 (100)
Dubjani	30	0	30 (100)
Ratanpur	30	0	30 (100)
Dolegaon	30	3 (10)	27 (90)
Balagaon	30	0	30 (100)
Bazortari	30	1 (3.3)	29 (96.7)
Bisimari	30	2 (6.7)	28 (93.3)
Total	300	8 (2.7)	292 (97.3)

*Data in the parentheses indicate percentage.

Out of the 30 respondents from village 1, 1 respondent i.e 3.3% uses piped drinking water at their homes whereas 29 respondents' i.e 96.7% uses water from the well for drinking purpose at their homes. Similarly, from village 3, village 7, village 9 and village 10, 1 i.e 3.3%, 3 i.e 10%, 1 i.e 3.3% and 2 i.e 6.7% respondents respectively uses at their homes. The respondents from village 2, 4, 5, 6 and 8 have no piped drinking water facility also. They use water from the well for drinking as well as for household work. Moreover, the wells are basically kucha well. Overall, 2.7% of the total respondent under study uses piped drinking water.

Table 4.6 shows the data of the respondent who are using LPG gas for cooking against the respondent who uses chulah for cooking. .

Table 4.6 Data of the respondent using LPG gas for cooking against chulah

Name of village	Total no. of respondents	Respondent using LPG gas for cooking	Respondent using chulah for cooking
Panikhaiti	30	4 (13.3)*	26 (87.7)
Garabari	30	3 (10)	27 (90)
Kandulimari	30	5 (16.7)	25 (83.3)
Mathpara	30	0	30 (100)
Dubjani	30	3 (10)	27 (90)
Ratanpur	30	6 (20)	24 (80)
Dolegaon	30	10 (33.3)	20 (66.7)
Balagaon	30	4 (13.3)	26 (86.7)
Bazortari	30	3 (10)	27 (90)
Bisimari	30	2 (6.7)	28 (93.3)
Total	300	40 (13.3)	260 (86.7)

*Data in the parentheses indicate percentage.

Out of the 30 respondents from village 1, 4 respondent i.e 13.3% are using LPG gas for cooking at their homes whereas 26 respondents i.e 86.7% are using chulah for cooking at their homes. Similarly, from village 2, village 3, village 5, village 6, village 7, village 8, village 9 and village 10, 3 i.e 10%, 5 i.e 16.7%, 3 i.e 10%, 6 i.e 20%, 10 i.e 33.3%, 4 i.e 13.3%, 3 i.e 10% and 2 i.e 6.7% respondents respectively uses LPG gas for cooking at their homes. The data indicates that most of the respondents use chulah for cooking at their homes and the village 4 has no LPG connection also. Overall, nearly 13.3% of the respondents have LPG connection at

their homes. The other basically uses chulah for cooking. For chulah, wood is necessary which they bring from forests.

4.3 Education background of the villages under study

The data containing the level of literacy among the respondent of the villages under study is prescribed in table 4.7.

Table 4.7 Data of the level of literacy of the respondent under survey

Name of villages	Total no. of respondent	Level of literacy				
		Below 10 th	10 th pass	12 th pass	Graduate	Post graduate
Panikhaiti	30	11(36.7)*	9 (30)	7 (23.3)	3 (10)	0
Garabari	30	8 (26.7)	7 (23.3)	11 (36.7)	4 (13.3)	0
Kandulimari	30	10 (33.3)	10 (33.3)	5 (16.7)	5 (16.7)	0
Mathpara	30	16 (50)	10 (26.7)	4 (13.3)	0	0
Dubjani	30	12 (40)	9 (30)	5 (16.7)	4 (13.3)	0
Ratanpur	30	10 (33.3)	7 (23.3)	8 (26.7)	5 (16.7)	0
Dolegaon	30	9 (30)	6 (20)	4 (13.3)	10 (33.3)	1 (3.3)
Balagaon	30	12 (40)	9 (30)	5 (16.7)	4 (13.3)	0
Bazortari	30	13 (43.3)	11 (36.7)	2 (6.7)	4 (13.3)	0
Bisimari	30	14 (46.7)	11 (36.7)	4 (13.3)	1 (3.3)	0
Total	300	115(38.3)	89 (29.7)	55 (18.3)	40 (13.3)	1 (3.3)

*Data in the parentheses indicate percentage.

From the data collected, it is clear that the percentage of literacy is low. From the survey it was found that most of the elderly people are illiterate and their children

use to go school. Also the data clarifies that out of 300 respondents from 10 villages (30 from each village) one respondent is only post graduate.

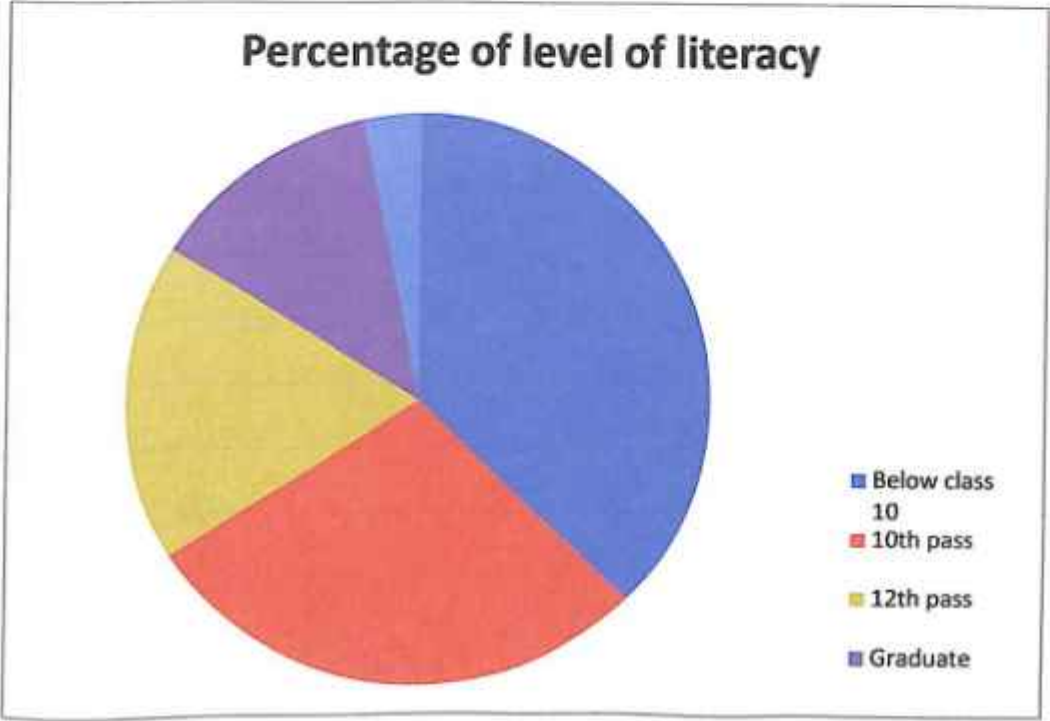


Fig-I Pie diagram for the level of literacy

The overall literacy rate is shown by the pie diagram shown in Fig-I. The pie diagram predicts that nearly 38% of the respondents are below 10th pass, nearly 29% are only 10th pass, nearly 18% are 12th pass and 13% of the respondents are Graduate.

4.4 Health background of the respondents under study:

The data containing the frequent diseases that occur among the respondents for last 10 year is tabulated in table 4.8.

Table 4.8 Data of the frequent diseases that occur amongst the respondents

Name of village	Types of disease		
	Water borne disease	Vector borne disease	Other disease
Panikhaiti	45%	43%	12%
Garabari	47%	42%	11%
Kandulimari	51%	41%	8%
Mathpara	45%	47%	8%
Dubjani	39%	50%	11%
Ratanpur	44%	39%	17%
Dolegaon	42%	45%	13%
Balagaon	35%	37%	28%
Bazortari	39%	42%	19%
Bisimari	51%	45%	4%

Each year between June to September flood occurs in various parts of the country. Assam is also suffering the same problem. The area under the survey has three rivers, which causes flood every year in most of the villages. The resulting breakdown of the sanitation system and contaminated water cause water-borne diseases. Later, the stagnant water is a breeding ground for vector-borne diseases. They mostly suffer from diseases like Jaundice, Malaria, Viral fever, Cholera,

dysentery, diarrheal etc. Floods can potentially increase the transmission of the following communicable diseases:

- Water-borne diseases –
 - (a) Cholera, dysentery, typhoid fever; due to bacterial infections.
 - (b) Hepatitis; due to viral infections.
 - (c) Amoebic dysentery; due to protozoan infections.
- Vector-borne diseases – such as malaria, dengue and Japanese encephalitis.

The survey data of the patients admitted in the PHC for diseases is tabulated in table 4.

Table 4.9 Data of the no. of admitted patients (approx) suffering from various diseases

Type of disease	No of patients admitted (approx)	
	2009-2010	2010-2011
Dysentery	35%	28%
Diarrhoea	37%	30%
Malaria	35%	23%
Viral fever	40%	26%
Cholera	39%	31%

From the data it is seen that the no. of patients admitted is decreasing from the previous year. A bar diagram is drawn to compare the percentage rate for both the years and it is seen that the percentage is decreasing.

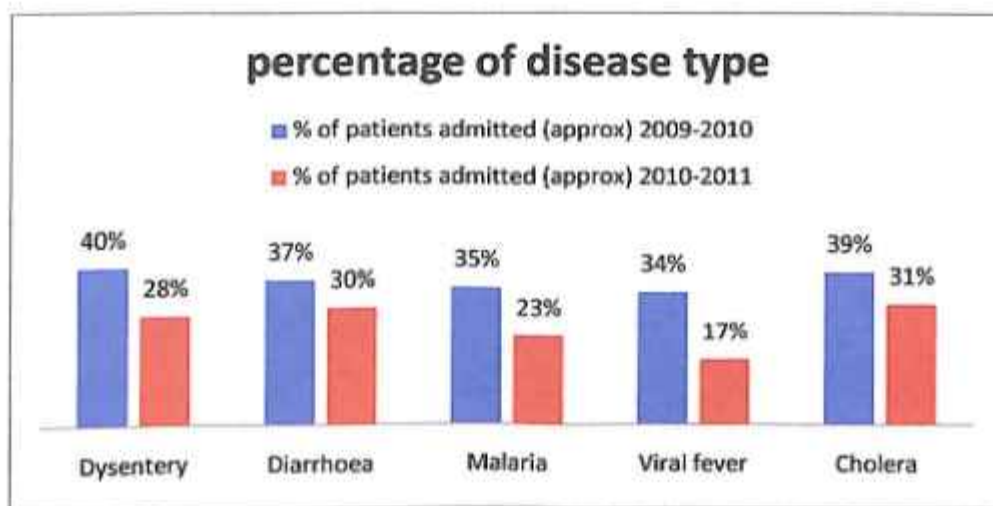


Fig-II Bar diagram to show the % of patients admitted in 2009-2010 and 2010-2011

4.5 Data on the type of street theatre necessary in the villages under study and the outcome of the plays:

After going through the various data tabulated above (regarding literacy rate, sanitation facility, proper drinking water, diseases after the floods etc) various street theatres are written on the required topics to aware the respondents and the plays were performed according to their need. Since, the lack of knowledge about the various problems is the main drawback of the area under study, so a play for necessity for science education is also included in some villages.

The data showing the types of plays that were performed in the 10 villages out of 53 villages where the survey was done is prescribed in table 4.9.

Table 4.10 Types of street theatre performed in various villages

Name of village	Type of street theatre performed
Panikhaiti	Water, Sanitation & Control flood and tackle the disease after flood, need of education
Garabari	do
Kandulimari	do
Mathpara	do
Dubjani	do
Ratanpur	do
Dolegaon	do
Balagaon	do
Bazortari	do
Bisimari	do

From the survey, it becomes clear that most of the villagers don't know the meaning of proper sanitation, contaminated water, diseases that occur due to water and ill-effects of floods. They thought that all are God's wish, so they worship Him for their every problem. Since, most of the aged people haven't attended school, so they are not aware of most of the scientific causes. Now-a-days their children used to go to school, but the sad news is that the school are non deficit and have no well educated teachers. Hence, the plays with themes like Proper Water, Sanitation & Control flood and how to tackle the disease after flood; need of education to all were performed in almost all the villages (photograph attached in Appendix-I).

The data containing the satisfaction level of the people about the plays are tabulated in table 4.10.

Table 4.11 Satisfaction level of the respondents about the plays

Name of village	Total no. of respondents	Level of satisfaction		
		High	Medium	Low
Panikhaiti	30	20 (66.7)*	6 (20)	4 (13.3)
Garabari	30	14 (46.7)	10 (33.3)	6 (20)
Kandulimari	30	12 (40)	10 (33.3)	8 (26.7)
Mathpara	30	14 (46.7)	8 (26.7)	8 (26.7)
Dubjani	30	13 (43.3)	10 (33.3)	7 (23.3)
Ratanpur	30	18 (60)	9 (30)	3 (10)
Dolegaon	30	22 (73.3)	6 (20)	2 (6.7)
Balagaon	30	20 (66.7)	6 (20)	4 (13.3)
Bazortari	30	16 (53.3)	10 (33.3)	4 (13.3)
Bisimari	30	17 (56.7)	7 (23.3)	6 (20)
Total	300	166 (55.3)	82 (27.3)	52 (17.3)

*Data in the parentheses indicate percentage.

The data are collected by the investigator after the performances (1 month after the play). The respondents of most of the villages are highly satisfied by the plays and they tried to implement the themes in their lives. Overall, 55.3% of the total respondent was highly satisfied, 27.3% were moderately satisfied and 17.3% were less satisfied.

After a month after the plays were performed, it is not possible for them to construct toilets and bathrooms as well as fit a tube well, but they cleaned the areas near their bathrooms. They said that they were also taking care for proper disposal of human and animals wastes in such places so that it cannot come in contact with the water of the well or the ponds. The wells were also cleaned and they used *fitkiri*, potash to clean the water of the well. The common pond was also cleaned by the local people. Some of them have applied for the government schemes also through the nearby government office for tube well, house roof etc. And some others have written their application and would apply shortly.

From their version it became clear that they were thankful to the investigator for giving them such knowledge. They said that they would try to bring the changes required for their benefit and also their children. They said that they will continue the street plays in the future also. Simply, we can conclude that the common people came to know most of the useful things required for maintaining good health. They were highly satisfied.

CHAPTER V

5. SUMMARY AND CONCLUSION

The results of the present investigation entitled "A study of the impact of street theatre in raising the awareness regarding health amongst the residence of Chhaygaon area of Kamrup District, Assam" are summarized conclusively in this chapter.

The area covered under survey has nearly 97 revenue villages, of which 50 are forest villages and 20 are flood affected villages. The area has 3 rivers which causes flood every year and create lots of damage to the area. The entire area has only one college and that too has only Arts stream. There is only one public health centre (PHC) across the area with no permanent doctors.

From the survey, it comes to light that the main cause of backwardness among the residence of the Chhaygaon area is their illiteracy. Almost all the elderly people are uneducated and only few had seen the doors of college. But now a day, young ones go to school and for higher studies also. For higher studies they have to move to other places since there is only one college in that area and that too doesn't have science stream. Moreover, as most of the people are farmers, they cannot spend much money for educating their child.

Out of the 300 respondents selected (30 from each village) for the survey from 10 villages (forest village as well as flood affected village), nearly 86.7% are farmers and only 13.3% are service holders. The rate of literacy is low across the

area. Out of 300 respondents, 115 respondents i.e 38.3% were below 10th pass, whereas 89 respondents i.e 29.7% are 10th pass, 55 respondent i.e 18.3% are 12th pass, 40 respondent i.e 13.3% are graduate and 1 respondent i.e 3.3% was post graduate.

At the same time, the electricity connection is available among some respondents only. Out of 300 respondents, 75 i.e 25% respondents have electricity facility whereas 225 i.e 75% respondents have no connection at all. The investigator noticed an amazing fact that the some of the far flung villages have no electricity connection but most of them have mobile phone. Nearly 2—3% of the people have Generator for pumping water.

At the same time, the standard of living is not good. In other way, we can say that they live in *kucha* houses and they don't have proper sanitation facility also. They don't feel that they need a latrine and bathroom facility at their homes. From the survey it becomes clear that the sanitation facility of the area is not good or well equipped. Out of 300 respondents, 105 respondents i.e 35% have only proper sanitation facility at their homes, whereas 195 respondents i.e 65% have no proper sanitation facility. They don't have bathrooms and toilets at their places. They use to go to open areas or forests for toilets and they bath in the pond from where they use water for drinking and household work.

The data obtained from survey also clarified that out of 300 respondents, 40 i.e 13.3% respondents have only LPG gas connection, whereas 260 i.e 86.7% respondents don't have LPG gas connection at their homes. At the same time some of the far flung area has no LPG connection at all. The people mostly use LPG from

other sources by paying extra money. So those who can afford have connection at their homes. The others use *chulah* for cooking. They cannot use stove regularly since kerosene is not available all the days. Hence, they use woods for cooking. The *chulah* require woods for fire, which they gather from the nearby forests. Some say they use dry woods from the forests and the trees that fell during storm. But some evil people cut down trees for their livelihood. Most of the forests areas are cut down for cultivation of different crops. The cutting down of trees i.e destruction of forests is growing the occurrence of floods in those areas. Every year floods causes devastation in the areas. After the flood the condition of the people becomes worse. It leaves behind some diseases as the area become dirty with wastes and dead animals etc. The people suffer from lots of water borne, vector borne and air borne diseases. The whole environment becomes polluted.

Moreover, the most of the villages don't have piped drinking water and also no tube well. Out of 300 respondents, 8 i.e 2.7% respondents use piped drinking water. On the other hand, 292 i.e 97.3% respondents use water from the *kucha* well or pond for drinking as well as for other purposes. They drink water from the well, which are also *kucha* (survey photograph attached as Appendix VI). The area bounded by the *kucha* well is full with of waste products of the home and grass grown everywhere. In one word, the area is full of dirt and wastage that contaminate their drinking water. The respondents who don't have well uses water from the nearby community ponds. The water from the same pond is used for bathing, drinking, washing clothes and cows and buffaloes etc and also the domestic animals drink water from that pond. Thus, the water gets contaminated which causes water borne disease among the people. The nearby area of the well is full of grass, some

herbs and fungi. Some of the villagers have only piped drinking water facility or tube wells at their homes and that too very less.

From the survey, it is found that the people mostly suffer from water borne and vector borne diseases. The people were given some suggestive measures to follow during flood and for proper health and sanitation, which are listed in next paragraph. The street plays performed in those areas are basically of the themes – safe drinking water, proper sanitation, and floods control and disease free world and necessity for science education.

The response of the people was good. The camps organised were attended by most of the villagers and they showed great eagerness to know the things to overcome the problems faced by them. The leaflets containing the questions forced them to think for their as well as their children's future. The investigator tried to bring the women and children foreword because it is the women who run the household activity properly. The investigator tried to involve the local youths in the plays, so that it may continue after the project ends also. The visit to the local schools shows that the schools are not well equipped and moreover there is lack of teachers also.

The investigator gave an overview of the various schemes of the government so that the local people get benefitted from them. The schemes of tube well set up, house roof given by government, study to every child etc.

Some of the suggestions given to the local people are:

During floods—

- (a) Drink boiled water or use halogen tablet to purify water before drinking.
- (b) Keep your food covered
- (c) Do not let children remain on empty stomach
- (d) Use bleaching powder and lime to disinfect the surroundings
- (e) Avoid entering flood waters. If you need to enter then wear proper foot wear.
- (f) Stay away from water over knee level.

After the floods—

- (a) Stay tuned to local radio.
- (b) Do not allow children to play in, or near, flood waters.
- (c) Stay away from drains, culverts
- (d) Avoid any food that may have come into contact with flood water
- (e) Boil tap water.
- (f) Use halogen tablets before drinking.
- (g) Be careful of snake bites, snakebites are common during floods.
- (h) Wash all clothing that has been in contact with contaminated flood water.
- (i) Burial is preferable to cremation in mass casualties and where identification of victims is not possible.

For proper sanitation—

- (a) Proper disposal of human and animal wastes
- (b) Proper use of toilets and bathrooms

- (c) Avoid open space defecation.
- (d) Use bleaching powder and lime to disinfect the surroundings.

For deforestation—

- (a) Public knowledge of the effects of CO₂ on the climate is needed.
- (b) Reforestation on a massive global scale
- (c) Make a conscious effort to share the problem with others and try to solve it together.
- (d) Establish parks and plant trees if there is any open land.

Science communication activities have always recognized that there is more than one 'public', dividing audiences into different ages and socioeconomic groups. The findings of this study would help in developing or improving the livelihood of the people of Chhaygaon area as per the needs of the people. In conclusion, we can say that, the results of this project survey would of great importance to overcome the problems faced by the people of the Chhaygaon area. At the same time, the street theatres would also help the people to lead a healthy life.

CHAPTER VI

6. REFERENCES

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APPENDIX-I

QUESTIONNAIRE

(Confidential)

This is a questionnaire prepared for the study on "Impact of street theatre in raising awareness regarding health amongst the residence of Chhaygaon area, Kamrup, Assam". Please give the proper and reliable information against each item. Response will be kept as confidential and those will be applied for research purpose. You have to choose one answer, which will be appropriate to be indicated by a tick (✓) mark.

Name:

Address:

Contact No:

Age: Sex: Caste:

Marital Status: Religion:

Family Members:

1. From how many years have you been in this area?

More than 10 ☐

More than five ☐

Less than five ☐

2. Have you noticed any change in the environment of your area since you are living?

Yes ☐

No ☐

3. What is your mother tongue?

Assamese ☐

Bodo ☐

Rabha ☐

Others ☐

4. Do you give importance to education?

Yes ☐ No ☐

5. Are there school and college in your locality?

Yes ☐ No ☐

6. Up to which standard you have studied?

Below 10th ☐

10th pass ☐

12th pass ☐

Graduate ☐

Post graduate ☐

7. What is the medium of instruction in the educational institution of your locality?

Assamese ☐ Hindi ☐ English ☐

Bodo ☐ Others ☐

8. Do you know about the use of science in daily life?

Yes ☐ No ☐

9. Do you use cooking gas or burn wood for cooking food?

Cooking gas ☐ Chulah ☐

Burn fuel ☐ Others ☐

10. What type of houses do you have?

Pucca ☐ Kutchha ☐

11. Where from you get wood/bamboos for everyday use such as cooking food, making houses for yourself and the pets etc?

Cutting forests ☐ collecting dry woods ☐ Others ☐

12. What is the source of income in your family?

Farmer ☐ Wood cutter ☐ Poultry farming ☐

Jobs ☐ Others ☐

13. Is there any change in the crop and food production?

Increasing ☐ Decreasing ☐

14. Do you have proper sanitation facility?

Yes ☐ No ☐

15. What is the source of water in your?

Well Tube well Pond
River Others

16. Do you have electricity connection at your home?

Yes No

17. Are there proper health and medical facilities available in your area?

Yes No

18. Is there any resident doctor at the PHC of your place?

Yes No

19. What types of diseases are mostly seen among you?

Dysentery Malaria Skin disease
Viral fever Jaundice Cholera
Others

20. Does flood occur in your area? If yes, then how many times a year?

Yes No

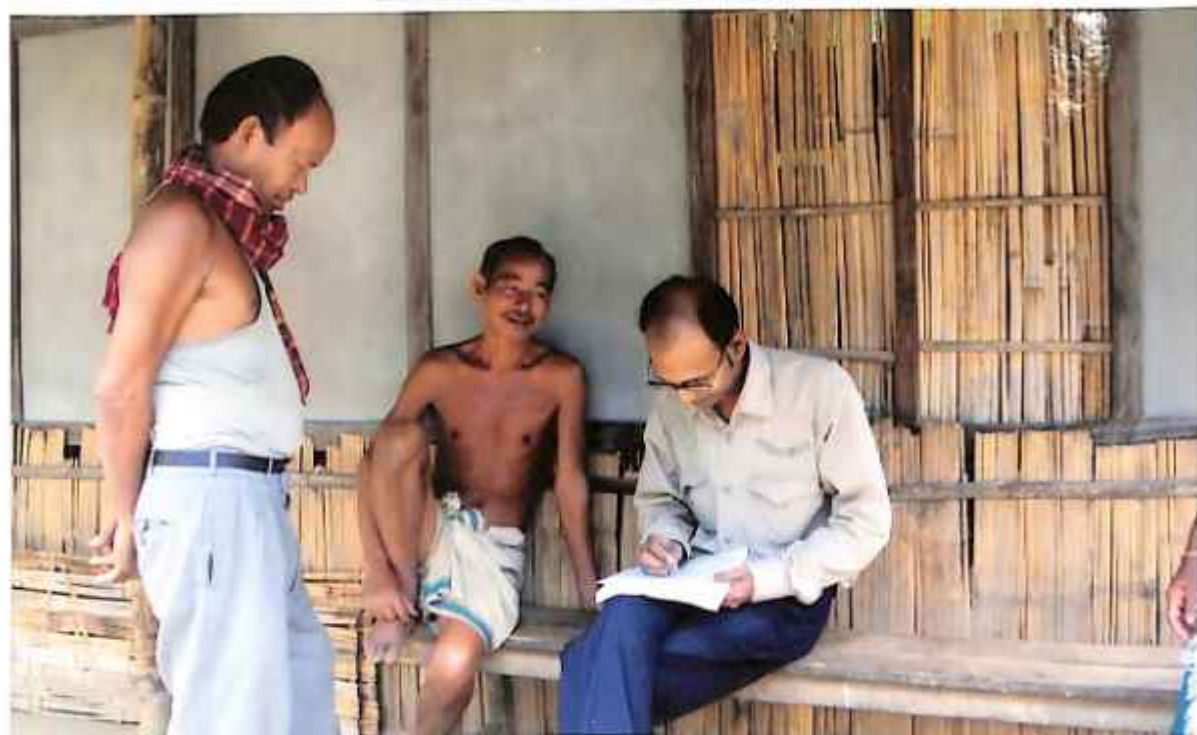
21. Have you ever heard about global warming? If yes, then what?

.....
.....
.....
.....

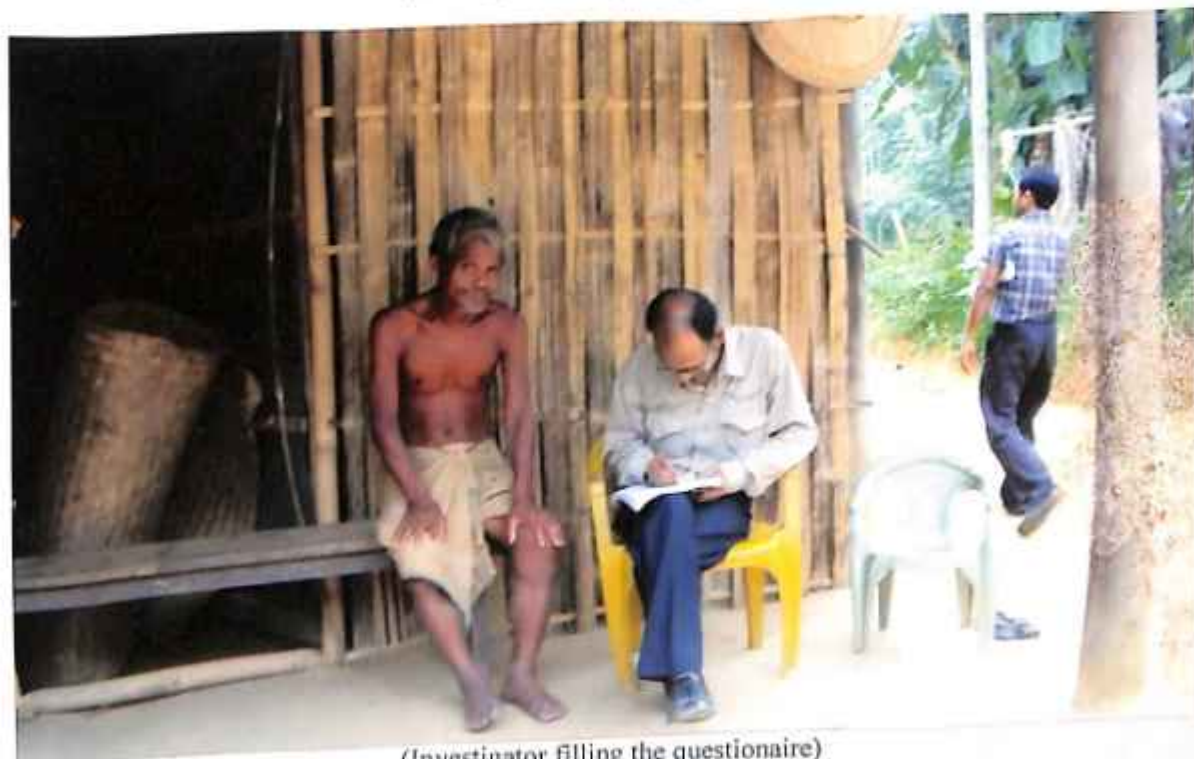
(Signature)

(This programmed is done by Kr. Kuldip Medhi, Rajat Jayanti Science Communication Awardees' 2009 and supported and catalyzed by RVPSP, DST, Govt. of India, New Delhi)

PHOTOS OF FIELD SURVEY



(Investigator filling the questionnaire)



(Investigator filling the questionnaire)



(Investigator filling the questionnaire)



(Condition of the Head office of an NGO)



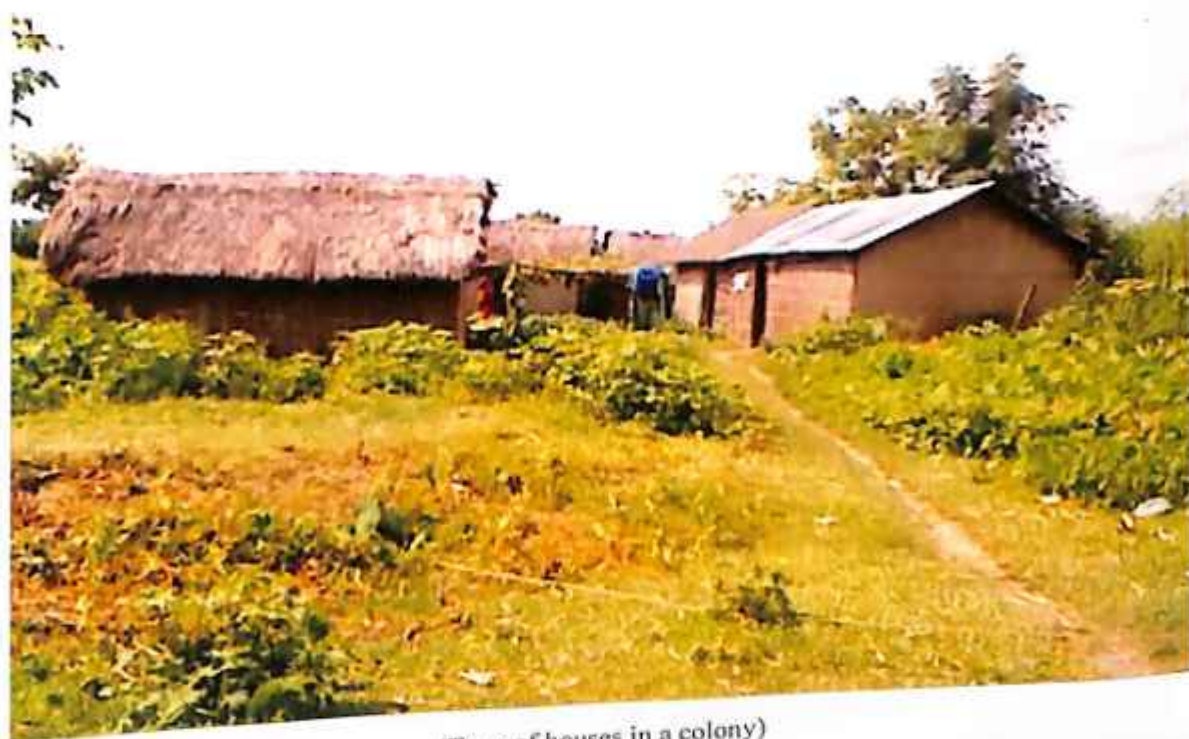
Condition of a shop in one of the village)



(A shop of the area)



(Type of kitchen of the villagers)



(Type of houses in a colony)



(Type of Houses of the villages)



(A kucha well)



(A kucha well)



(A woman with homemade wine)



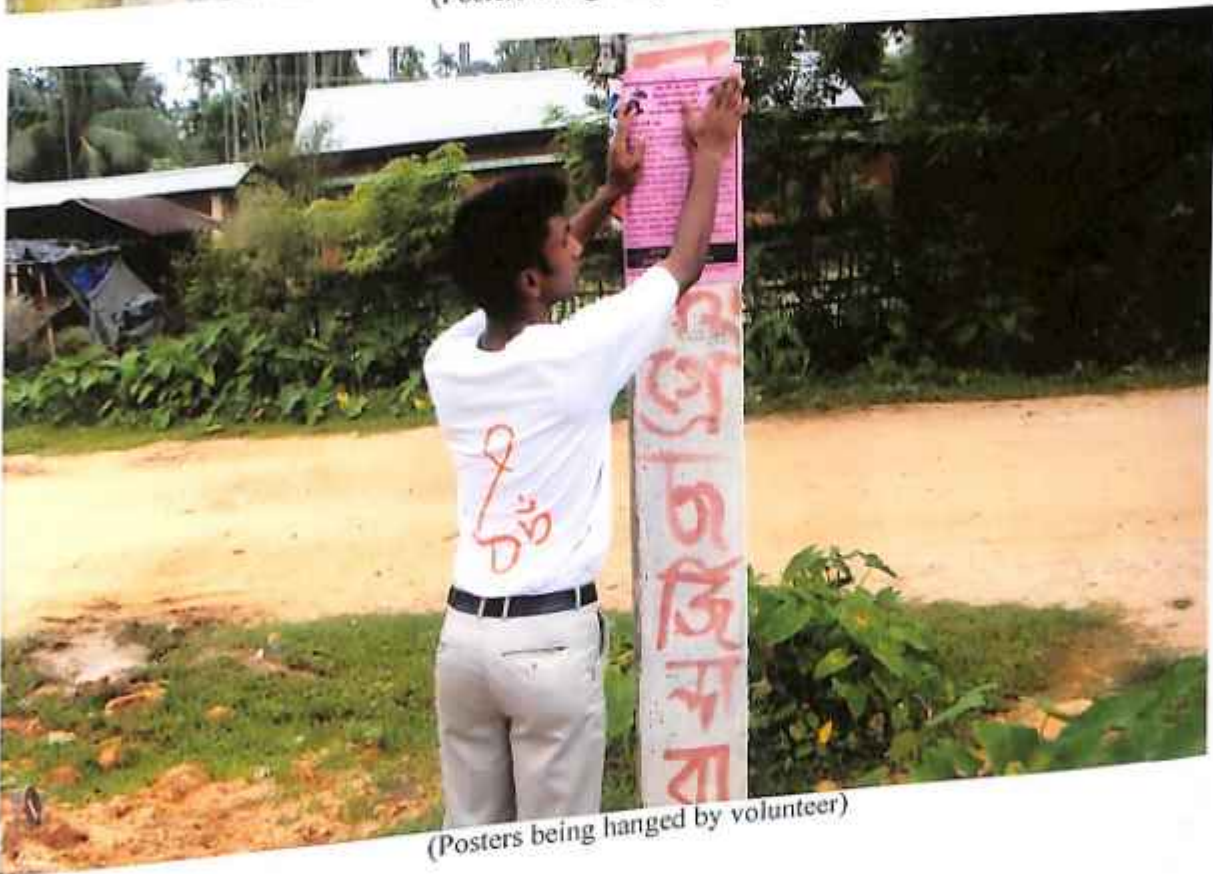
(A flooded village)



(A flooded village)



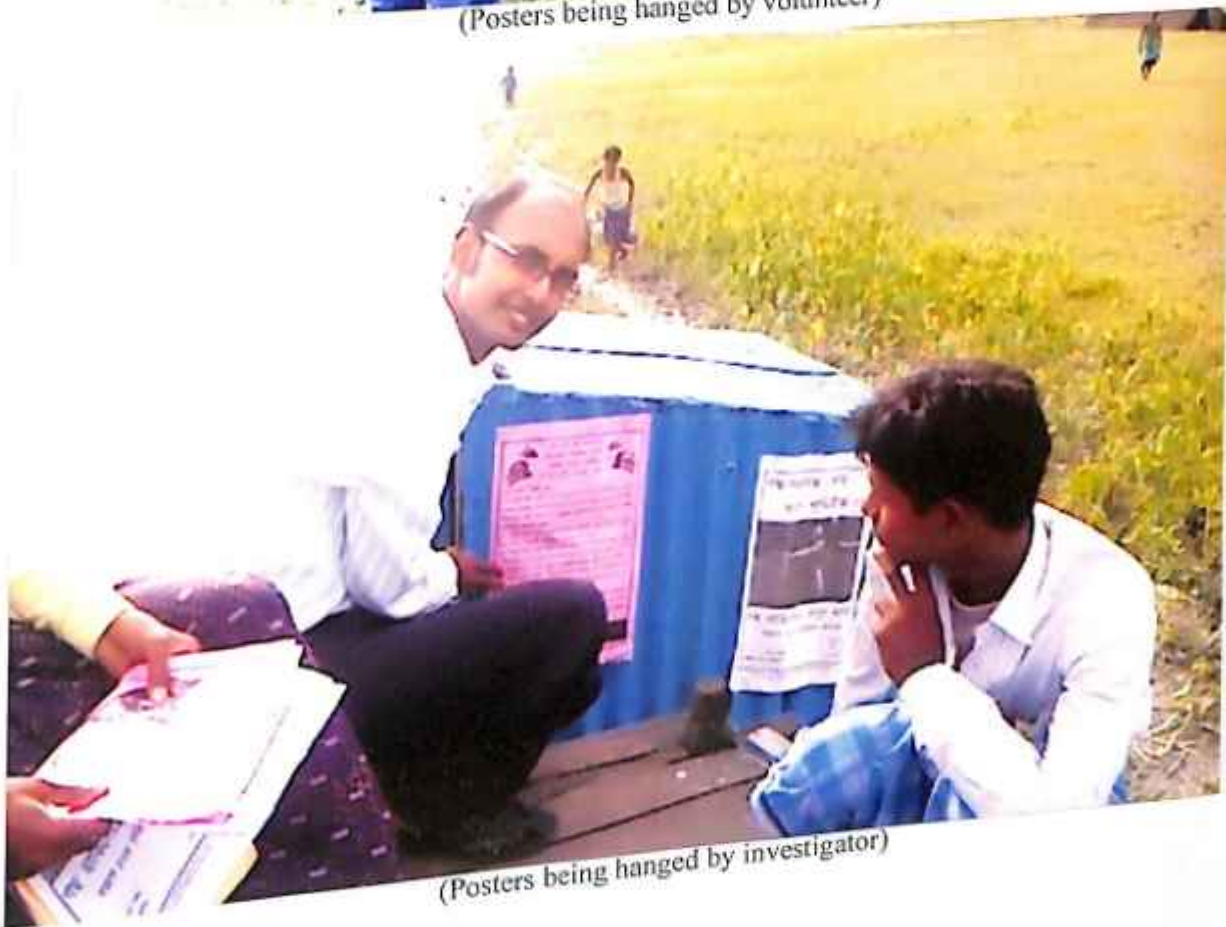
(Posters being hanged by volunteer)



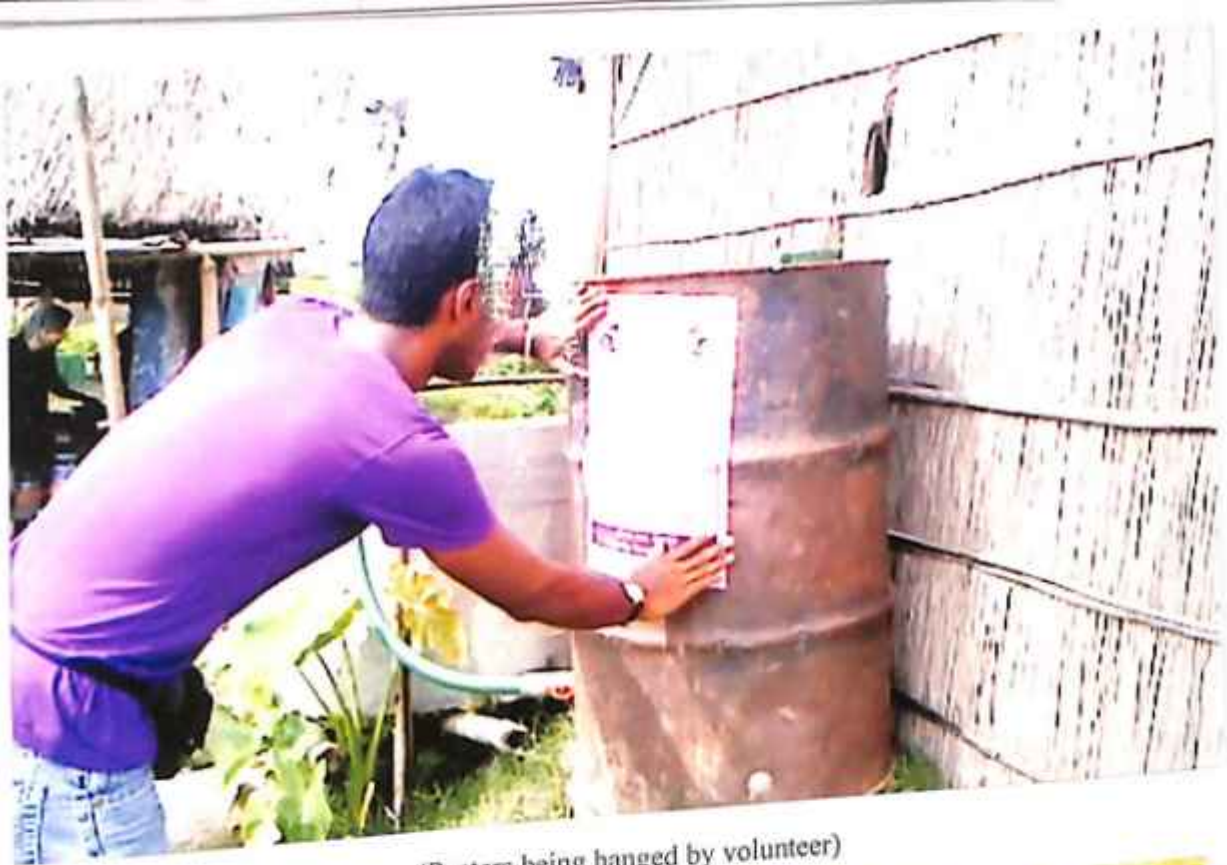
(Posters being hanged by volunteer)



(Posters being hanged by volunteer)



(Posters being hanged by investigator)



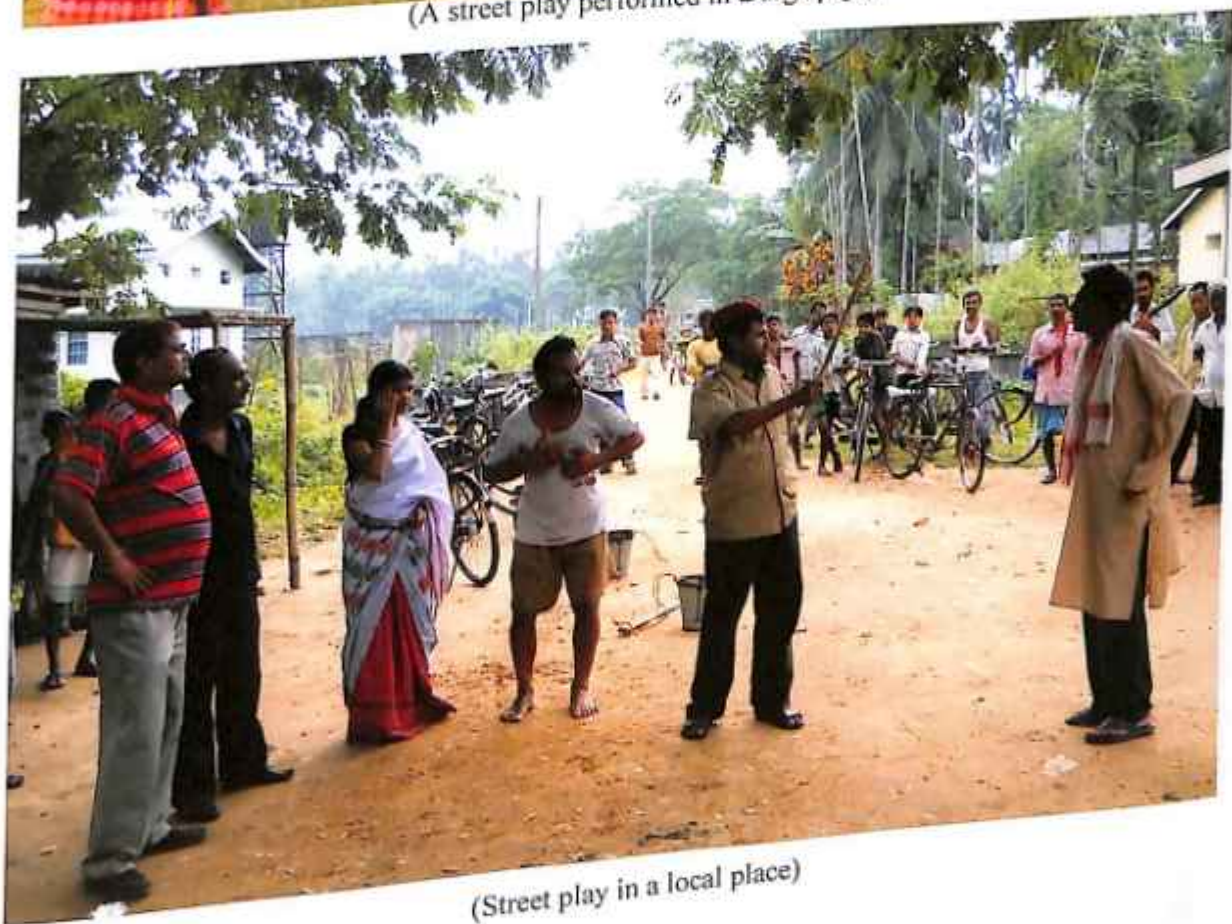
(Posters being hanged by volunteer)



(Banner on the day of street plays)



(A street play performed in Durga puja)



(Street play in a local place)



(Street play in a local market)



(Street play in a naamghar, place of worship of Assamese people)



(Street play in a local place)



(Message given by the investigator)



(Message given by the investigator)



(Investigator along with his mentor and volunteer)



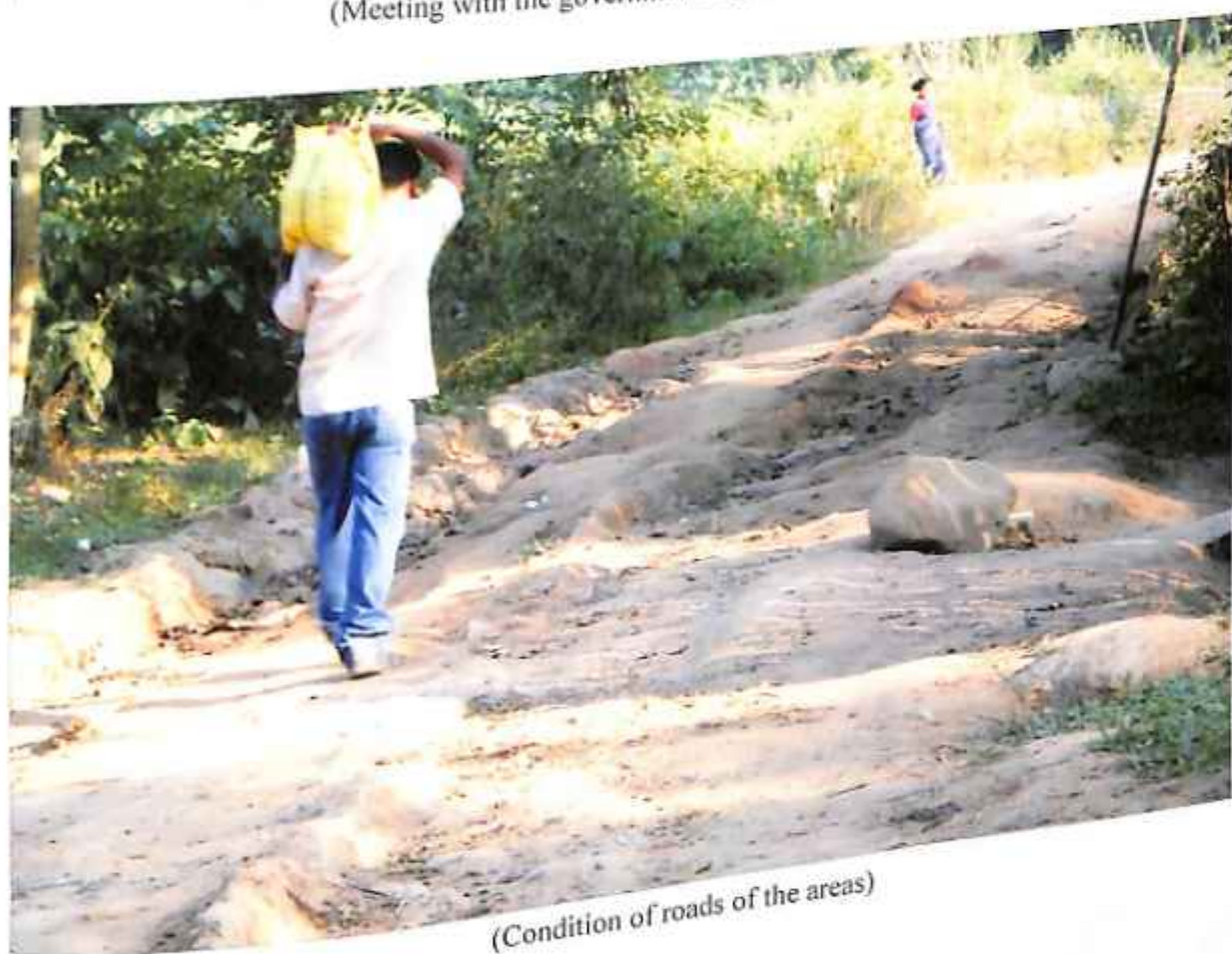
(Meeting with the government officials)



(A public meeting)



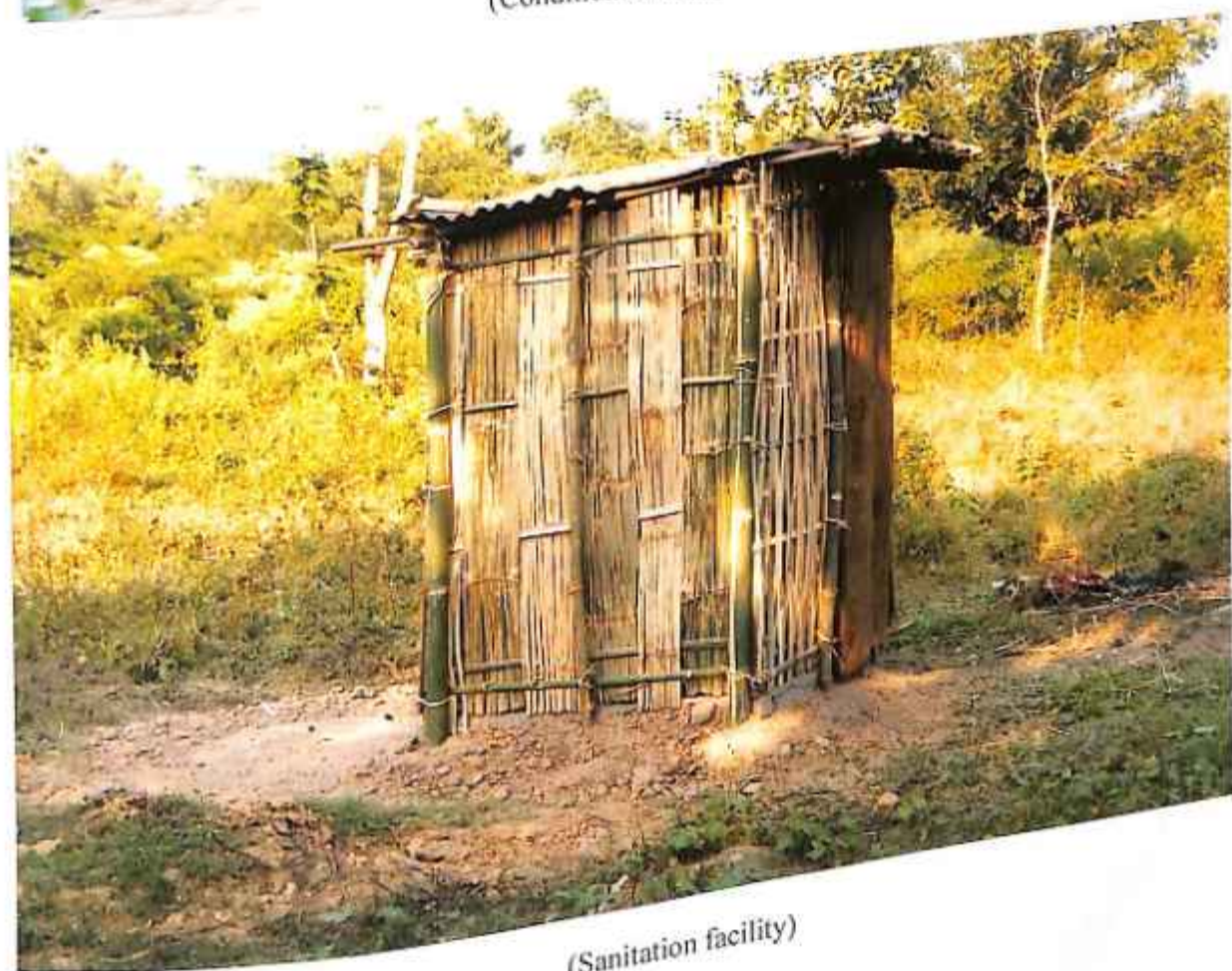
(Meeting with the government officials to aware the people)



(Condition of roads of the areas)



(Condition of roads of the areas)

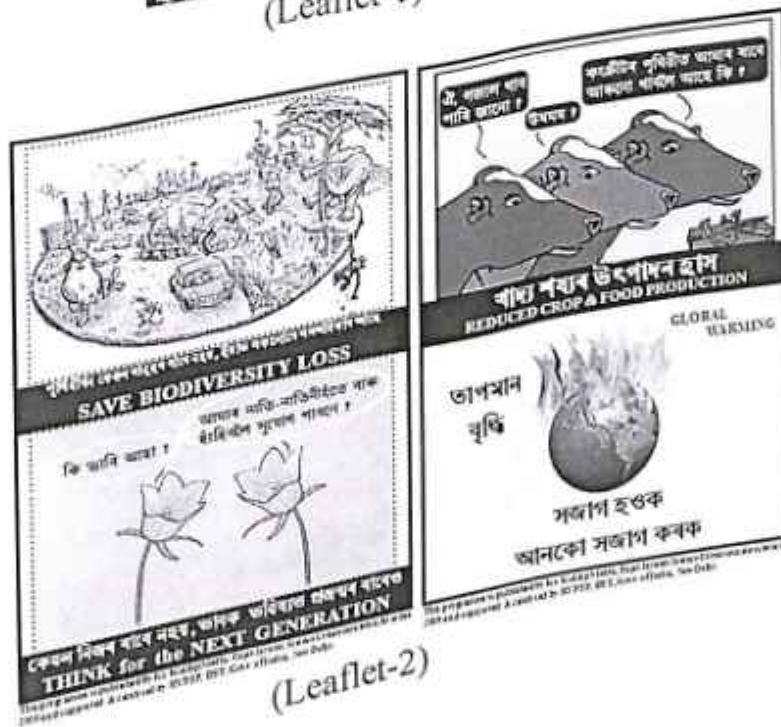


(Sanitation facility)

LEAFLETS



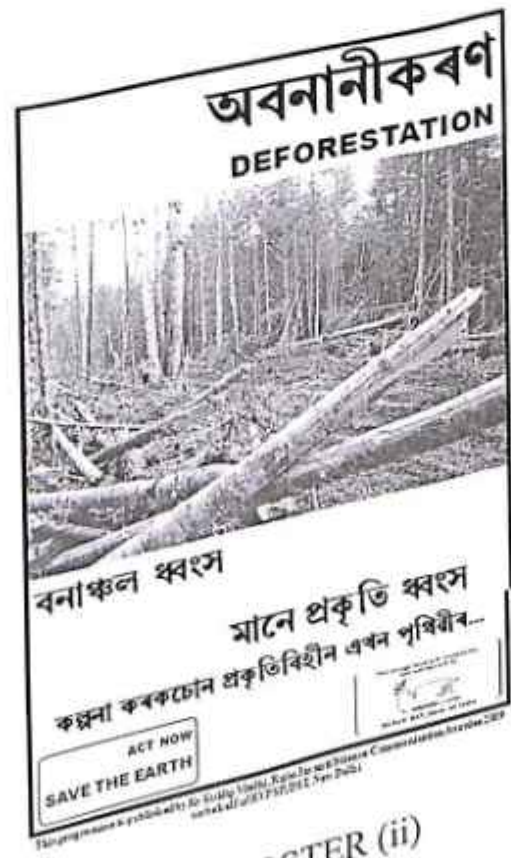
(Leaflet-1)



(Leaflet-2)



POSTER (i)



POSTER (ii)

পানী (Water)

॥ এজন পানীভাৰীয়ে নদীৰ পৰা পানী লৈ আহি থাকে। বাস্তৱত চাইকেল, মানুহৰ আহ-যাহ। দুজন মানুহে তাক নদীৰ পানী অনা দেখে আৰু তাৰ পিচ লয়। তাক আগচি ধৰে ॥

১ম মানুহঃ ঐ তই পানী ক'ৰ পৰা আনিছ ?

২য় মানুহঃ ঐ ঐ, সঁচা কথা ক ?

পানীভাৰীঃ (ভয়ে ভয়ে) দমকলৰ পৰা আনিছোঁ।

১ম মানুহঃ (ধমকিৰ সুৰত) দমকলৰ পৰা আনিছ, আমি দেখা নাই ?

২য় মানুহঃ (চৰ মাৰে পানীভাৰীক) ক, সঁচা ক। তই এই পানী সোঁ নদীখনৰ পৰা অনা নাই?

(সিহঁতে তাক মাৰে, সি চিঞৰে।)

পানীভাৰীঃ মোক নামাৰিবি অ। মই সঁচা কথা কম অ।

(এনেতে পানীভাৰীৰ ঘৈণীয়েক আহে আৰু বাধা দিয়ে।)

ঘৈণীয়েকঃ নামাৰিবি অ ভাইহঁত। মোৰ মানুহটোক নামাৰিবি অ, মৰি যাব।

১ম মানুহঃ মৰি যাব। ইয়ে নদীৰ পানী আনি চাহ দোকানত বিকী আছে আৰু আমি তাকে খায় আছোঁ,

সেয়া খবৰ আছে নে নাই? ঐ এয়া নদীৰ পানী হয়নে?

পানীভাৰীঃ হয় গুৰুসকল। মই দমকল নাপায়, সদায় নদীৰ পৰা পানী আনিয়ে চাহ দোকামবোৰত পানী দিও।

২য় মানুহঃ নদীৰ পানী খুৱাই মানুহক মাৰিব খুজিছ। মাৰ আৰু তাক। (মাৰে)

পানীভাৰীঃ অ মোক নামাৰিবি অ।

ঘৈণীয়েকঃ নামাৰিবি, নামাৰিবি...।

(হুলস্থূল। মাৰ-ধৰ। এনেতে এজন পুলিচে হুইছেল বজায় বজায় আহে।)

পুলিচঃ ঐ ঐ, কি হৈছে কি হৈছে ইয়াত? আজি পূজাৰ দিনাখন কিহৰ ইমান হুলস্থূল। এই লাঠিৰে

কোবাই ঠাণ্ডা বনাই দিম, গম পাবি। যা ভাগ ইয়াৰ পৰা, ভাগ। (পানীভাৰীক সোধে) ঐ তোক কোনে

মাৰিলে? (পানীভাৰীৰ ঘৈণীয়েকে কয়)

ঘৈণীয়েকঃ এওঁলোকে চাৰ।

পুলিচঃ কিয় মাৰিছ, কিয় মাৰিছ এই মানুহটোক। মৰি গ'লে কি কৰিব। ইয়াত শান্তিৰক্ষক নাই বুলি ভাবিছ নেকি ?

২য় মানুহঃ থাকিলে কি হ'ব -- বণৰ পিছত।

পুলিচঃ কি কৈছ কি কৈছ -- বণৰ পিছত। পুলিচক insult কৰিব আহিছ। চাওঁ চাওঁ, তোৰ চকু চাওঁ, কাণ চাওঁ, মুখৰ কিবা গোন্ধ কিজানিবা পাওঁ।

১ম মানুহঃ হেৰি, এতিয়া চকু, কাণ, নাক চাই একো লাভা নাই। ই নদীৰ পানী খুৱাই মানুহ মাৰিব।

পুলিচঃ (আচৰিত হৈ) নদীৰ পানী?

১ম মানুহঃ হয় সৌখন নদীৰ পানী। পূজাৰ কাৰণে দিয়া অস্থায়ী চাহ দোকানত মানুহক খোৱাৰ বাবে ই

দোকানে দোকানে পানী যোগান ধৰে। আজি আমি তাক ধৰা পেলালোঁ।

পুলিচঃ ঐ নিধক, নদীৰ পানী খুৱাই মানুহ মাৰিব আহিছ। এইডাল দেখিছ -- কোবাই পিঠি বহল কৰি দিম,

বাপেৰক চিনি পোৱা নাই। যা তোৰ মালিকক মাত। (মালিক আহে)

১ম মানুহঃ এইজন এইজন দোকানৰ মালিক আহিছে।

দোকানীঃ কি হ'ল চাৰ?

পুলিচঃ ঐ মালিক হৈছ, চাহ দোকান দিছ। নদীৰ পানী খুৱাই মানুহ মাৰিব আহিছ।

দোকানীঃ মই চাৰ এই বিষয়ে একো নাজানো।

পুলিচঃ একো নাজান। এতিয়াই কোব দিলে সলসলাই ওলাই পৰিব। ব'ল থানালৈ ব'ল- ঐ ব'ল।

ঘৈণীয়েকঃ নাই নিনিব নিনিব, আমি দুখীয়া মানুহ। কোনোমতে দিনহাজিৰা কৰি সাতটা ল'ৰা-ছোৱালীৰে

ঘৰখন পোহপাল দি আছে। তেওঁ জেলত গ'লে আমি নিগমে মৰিম।

পুলিচঃ নাই নহব নহব। বল বল থানালৈ বল।

দোকানীঃ চাৰ শুনক, ইয়াতেই যদি কিবা যোগ-বিয়োগ--

পুলিচঃ কি যোগ-বিয়োগ কৰিব লাগে, কি যোগ-বিয়োগ। পুলিচক ভেটি দিবলৈ আহিছ। এইটো আৰু

অপৰাধ। (নৰম সুৰত) কিন্তু কেতিয়াবা ৰাইজে ১০-২০ টকা চাহ-পানী খাবলৈ দিয়ে, সেইটো বেলেগ

কথা। কিন্তু তহঁতক এৰি নিদিও, বল থানালৈ বল।

(এনেতে ডাক্তৰ এজনে চাইকেলেৰে আহি সেইখিনি পায়।)

ডাক্তৰঃ কি হৈছে অ তহঁতৰ?

১ম মানুহঃ চাৰ ই চাহ দোকানতনহীৰ পানী যোগান ধৰে আৰু দোকানীয়েও তাকেই আমাক ইমানদিনৰ

পৰা খুৱাই আছিল।

ডাক্তৰঃ হয় নেকি ? এইটো মাৰাত্মক কথা। ডাঙৰ অপৰাধ। ঠিক আছে থানালৈ নিব নালাগে। হয়তোবা নাজানি এওঁলোকৰ ভুল হৈছে। কথাটো আমি ইয়াতেই সমাধান কৰোঁ। সকলোৱে শুনা- পানীয়েই হৈছে সকলোৰে প্ৰাণ। পানী অবিহনে পৃথিৱীৰ কোনো জীৱজন্তু জীয়াই থাকিব নোৱাৰে। আমি ৰাতিপুৱা শুই উঠাৰ পৰা আৰম্ভ কৰি ৰাতি আকৌ বিছনাত পৰালৈকে এই দীৰ্ঘ সময়ছোৱাত পানীৰ অতি প্ৰয়োজন। গতিকে আমাৰ এই অতি প্ৰয়োজনীয় পানীখিনি বিসুদ্ধ অৰ্থাৎ শুদ্ধ ভাৱে পৰিশোধন কৰা হ'ব লাগে। লেতেৰা খাল-বিল, নদ-নৰ্দমা ইত্যাদিৰ পানী বিনা পৰিশোধন কৰাকৈ ব্যৱহাৰ কৰিলে মানুহৰ দেহত বিভিন্ন ৰোগে দেখা দিয়ে। যেনে - কলেৰা, গ্ৰহণী, ছালৰ ৰোগ আদি ৰোগ হোৱাৰ সম্ভাৱনা বেছি হয়।

বিশুদ্ধ ৰোগে দেখা দিয়ে। যেনে - কলেৰা, গ্ৰহণী, ছালৰ ৰোগ আদি ৰোগ হোৱাৰ সম্ভাৱনা বেছি হয়।

শৈশীয়েকঃ তেতিয়াহ'লে চাব আমি কেনেকুৱা পানী ব্যৱহাৰ কৰা উচিত?

ডাক্তৰঃ বৈজ্ঞানিক পদ্ধতিৰে পৰিশোধন কৰা পানীহে আমি ব্যৱহাৰ কৰা উচিত। অৰ্থাৎ পানী সদায় ফিল্টাৰ কৰি গৰম কৰি খাব লাগে। গৰম কৰিলে পানীত থকা কীটানুবোৰৰ মৃত্যু ঘটে। একেটা পুখুৰীতে

গা ধোৱা, কাপোৰ ধোৱা ইত্যাদি একেলগে কৰিব নালাগে। এনে কৰিলে ছালৰ ৰোগ যেনে- খৰ, খজুৰতী

বেছি হয়। গতিকে আজিৰ পৰা বিশুদ্ধ পানীহে ব্যৱহাৰ কৰিম বুলি প্ৰতিজ্ঞাবদ্ধ হওঁ আহ।

পুলিচঃ ঠিক ঠিক। আহক আমি সকলোৱে একেলগে প্ৰতিজ্ঞা কৰোঁ - বিশুদ্ধতাই আনে জীৱনৰ মধুৰতা।

১ম মানুহঃ জাগক আৰু জগাওঁক, বিশুদ্ধ পানী ব্যৱহাৰ কৰক। (সকলোৱে একেলগে কয়)

সমাপ্ত

পাইখানা (Sanitation)

(মুকলিভাৱে মলমুত্ৰ ত্যাগৰ ফলত হোৱা পৰিৱেশ প্ৰদূষণ আৰু স্বাস্থ্য ক্ষতি)

স্বৰ্গধাম

(স্বৰ্গদেৱতা বহি থাকে। দুবৈৰ পৰা নাৰদমুনিয়ে নাৰায়ণ, নাৰায়ণ বুলি দেৱতাৰ ওচৰলৈ আহে)

নাৰদ: প্ৰভু।

দেৱতা: মুনি, তুমি মৰ্ত ভ্ৰমণ কৰি আহিলা মুনি?

নাৰদ: নাই প্ৰভু। মৰ্তলৈ যোৱা আৰু নহ'ল।

দেৱতা: যোৱা নহ'ল। তেনেহ'লে মৰ্তবাসীৰ খবৰ মই কেনেকৈ পাম?

নাৰদ: পাব প্ৰভু পাব। আজিকালি স্বৰ্গধামত থাকিয়েই মৰ্তবাসীৰ খবৰ পোৱা যন্ত্ৰ ওলাইছে। প্ৰভু, মই লগতে লৈ আহিছো। ৰব, মই চাই লৈছো। (দূৰবীণেৰে চাই)। প্ৰভু, মৰ্তৰ সকলো ঠিকেই আছে। সকলো সুখতেই আছে। নাৰায়ণ, নাৰায়ণ। কিন্তু প্ৰভু এইদিশে কিন্তু

দেৱতা: কিন্তু কি মুনি?

নাৰদ: নহয় প্ৰভু। একেবাৰে দুৰ্গন্ধ, ময়লা, পৰিৱেশ প্ৰদূষণ, স্বাস্থ্য ক্ষতি প্ৰভু স্বাস্থ্যক্ষতি।

দেৱতা: হয় নেকি?

নাৰদ: এয়া চাওঁক প্ৰভু। সকলো দেখিব। সকলো দেখিব। (দেৱই দূৰবীণেৰে চায়।)

মৰ্ত

(মালতীয়ে কাম-বনত বাস্ত। গিৰীয়েক ওই থাকে।)

মালতী: অ শুনিছেনে। বেলি দুপৰ হ'ল। মই ইহঁতক লৈ পূজা চাবলৈ যাওঁ। উঠক উঠক। সোণকালে উঠি গা ধুৱক। (গিৰীয়েক আহে।)

গিৰীয়েক: চাওঁ, ঘটিতো লৈ আহ মই পায়খানা কৰি আহো। (মালতীয়ে ঘতি দিয়ে। গিৰীয়েক বাহিৰলৈ যায়।)

স্বৰ্গধাম

দেৱতা: সেই মানুহজনে ঘতিটো লৈ ক'লৈ গ'ল?

নাৰদ: মলত্যাগ...

দেৱতা: এইটো আৰু কেনেধৰণৰ ত্যাগ?

নাৰদ: ত্যাগ নহয় প্ৰভু। মানে পাইখানা কৰিবলৈ।

দেৱতা: পাইখানা কৰিবলৈ... ?

নাৰদ: হয় প্ৰভু। ঘতিত পানীলৈ বাঁহৰ তল, গছৰ তল, পুখুৰীৰ পাৰ, নদীৰ পাৰ, বাস্তৱ কাষত বহি পৰে।

দেৱতা: কি কলা ? আজিও এনে মানুহ আছে?

নাৰদ: আছে প্ৰভু আছে। এয়া চাওঁক... (চায়)

দেৱতা: মূনি সি সেইবোৰ কি কৰিব ধৰিছে ?

নাৰদ: প্ৰভু, সি পাইখানা কৰি থাকোতে ঘতিটো চোৰে চুৰ কৰি নিলে। সেয়ে বেচেৰাই আধা কামফেৰা

কৰাকৈ ঘৰলৈ দৌৰি আহিছে।

দেৱতা: অ', চাও চাও।

মৰ্ত্যধাম

(গিৰিয়েকে দৌৰি ঘৰলৈ আহে আৰু ঘৈণীয়েকক ঈঙ্গিতেৰে কিবা কয়।)

ঘৈণীয়েক: কি হল? কি হল? (আচৰিত হৈ) আপোনাৰ মাতবোল চোন একো নাই। (গিৰিয়েকে ঈঙ্গিতেৰে

কিবা বুজাব বিচাৰে, কিন্তু ঘৈণীয়েকে বুজি নাপায় চিঞৰে।) অ মোৰ মানুহটোৰ কি হল অ। খালে ঐ

খালে। (এনেতে দুজনমান লৰা সোমাই আহে।)

১ম লৰা: অ বৌ কি হল, কি হল?

ঘৈণীয়েক: অ পাইখানা কৰিবলৈ গৈ মানুহটোৰ দেখোন মাতবোল নোহোৱা হল।

১ম লৰা: অ দাদা, কি হৈছে তোৰ, নামাত কিয়?

(গিৰিয়েকে অংগী-ভংগী দেখুৱাই) অ বৌ দাদাক সেই বৰহোলাৰ ভূতটোৱে লগিছে।

ঘৈণীয়েক: হা, বৰহোলাৰ ভূতটোৱে লগিছে। ও খালে ঐ খালে।

১ম লৰা: অ বৌ, মই বেজক লৈ আহো। অ সোঁৱা তেওঁ দেখো এইফালেই আহি আছে।

বেজ: জয় মা ভগৱতী...। কি হল অ ইয়াৰ ?

২য় লৰা: আমাৰ খুড়াক ভূতে ধৰিছে।

বেজ: ভূতে ধৰিছে? ঐ ধনাই, কি হৈছে তোৰ? ক'ত মৰিবলৈ গৈছিল? চাও চাও, ইয়াক বহুৱাই দেচোন

আৰু ধৰি থাক। (সকলোৱে বহে, বেজে কড়ি মাৰে।)

অ ইয়াকচোন একেবাৰে আচলটোৱে ধৰিছে। মই জানো নহয়। ই যোৱা নাই। সেইদিনা তাৰিণীৰ বোৱৰীক একেবাৰে নিবই খুজিছিল। মই গৈ নোপোৱা হলে যমপুৰীয়ে পালে হয়। কিমান ভূত খেদিলোঁ, পিশাচিনী খেদিলোঁ। বহু, ভয় কৰিব নালাগে। ইয়াক আজি গাঁওৰ বাহিৰ কৰিহে এৰিম।

(বেজে গিৰিয়েকৰ গাত গছৰ পাতেৰে কিবা-কিবি কৈ কৈ জাৰিবলৈ ধৰে) ক' যাবি নে নাই ক ক। ওম হিং ক্ৰিং ফটফট... (গিৰিয়েকে চিঞৰে আৰু ঘৈণীয়েকে কান্দি থাকে) নাযাও, বহু (জোৰেৰে কোবাই) যা যা ওম হিং ক্ৰিং ফটফট... ক ক যাবিনে, যাবিনে? উমমমম... তই দেখিছোঁ সহজতে নাযাও। তোক আচল বিধেৰে খেদিব লাগিব। তোক গাহৰিৰ দাঁতেৰে খুচিব লাগিব। (মন্ত্ৰ মাতে) ওম হিং ক্ৰিং বনৰীয়া গাহৰিৰ দাঁত খেদ খেদ ভূত খেদ, ওম হিং ক্ৰিং -

(গাহৰিৰ দাঁতেৰে গিৰিয়েকক খুচি দিয়ে) ক ক যাবি নে নাই ক। যা যা একেবাৰে গাঁওৰ পৰা বাহিৰ হৈ যা।

গিৰিয়েকঃ যাম ঐ যাম ঐ যাম। নাহানিবি। (দৌৰে, তাৰ পিছে পিছে বাকী কেইটাইও দৌৰি তাক ধৰে)

বেজঃ নাহানিম। যা যা একেবাৰে নৈ পাৰ হৈ যা।

গিৰিয়েকঃ ও মোক ভূতে ধৰা নাই অ। মই ঘতিটোলৈ পাইখানা কৰিব গৈছিলো। ঘতিটো পুখুৰীৰ পাৰত থৈ বাহৰ আঁৰ হৈছিলো মাত্ৰ কোনোবাই ঘতিটো চুৰ কৰি নিলে। মই কাম ফেৰা আধা কৰিয়েই আহিলো।

১ম ল'ৰাঃ ছিঃ (সি নাকত হাত দিয়ে আৰু উকিয়াই) তই কি ধুই আহা নাই। (আৰু উকিয়াই)

গিৰিয়েকঃ নাই। সেইকাৰণে মই মুখেৰে কথা কোৱা নাই। আমাৰ নিয়ম মতে নুখুৰাকৈ আহিলে কথা কব নাপায়, সেয়ে মই ঈঙ্গিতৰে তাক বুজাই আছিলো কিন্তু মৰতীয়ে বুজিকে নাপায়। তাই মোৰ ঘৈণী হৈও বুজি নাপায় - ঐ তই আজি মোৰ ঘৰৰ পৰা ওলাই যাবি। তোক তোক আজি মই (মাৰিব ওলায়,

বাকীবোৰে তাক ধৰে। এনেতে ডাক্তৰ এজন আহে।)

ডাক্তৰঃ কি হল ও তইতৰ। কিহৰ ইমান হলম্বল ?

১ম ল'ৰাঃ ডাক্তৰ চাৰ - মানে আমাৰ কাঞ্চা ককাই ঘতিটো লৈ পুখুৰীৰ পাৰলৈ পাইখানা কৰিব গৈছিল, কিন্তু পাইখানা কৰি থাকোতে ঘতিটো কোনোবাই চুৰ কৰিলে। গতিকে সি মুখেৰে একো নামাতা দেখি বোৱে

হলম্বল লগালে আৰু বেজ আহি ভূতে ধৰা বুলি তাক জৰা-ফুকা কৰিলে।

ডাক্তৰঃ ইচ ইচ... আজি এই বিজ্ঞানৰ দিনটো তোমালোকে এই অন্ধবিশ্বাসকে প্রকৃত সত্য বুলি ভাবি আহা? আৰু আজিকালি এই বেজ-বেজালিৰ দিন নাই। যিকোনো বেমাৰৰ বাবে স্বাস্থ্যকেন্দ্ৰ আছে, ডাক্তৰ আছে,

তালৈ যাবা। আৰু তুমিওনো কিয় এনেদৰে পুখুৰীৰ পাৰ, বাহৰ আঁৰত পাইখানা কৰিব যোৱা? মুকলিভাৱে

যতে-ততে পাইখানা কৰিলে সেই পাইখানা বা শৌচৰ পৰা বিভিন্ন ধৰণৰ বেমাৰ-আজাৰ সংক্ৰমণ হয়।
সেয়ে আমি সকলোৱে পকা পাইখানাৰ ব্যৱস্থা কৰি লব লাগে। যদি তাৰ ব্যৱস্থা কৰিবলৈ পৰা নাযায়
অেনহলে কেঁচা পাইখানা ব্যৱহাৰ কৰিব লাগে ঘৰৰপৰা অলপ নাতি দূৰৈত যাতে তাৰ পৰা বিয়পি পৰা
দুৰ্গন্ধই আমাক ক্ষতি কৰিব নোৱাৰে সহজতে। যদি আমি যতে-ততে পেচাৰ-পাইখানা কৰোঁ আৰু সেইবোৰৰ
পৰা বিয়পা দুৰ্গন্ধই তথা ভৰিৰে গছকিলে আমাৰ স্বাস্থ্যৰ ভীষণ ক্ষতি কৰে। যতে-ততে কৰা পাইখানা মহ-
মাখি পৰে আৰু সেইবোৰ তাৰপৰা উৰি আহি আমাৰ শৰীৰত পৰে অথবা আমাৰ খাদ্য পৰে আৰু আমাক
বেমাৰে আক্ৰমণ কৰে, ডিছেল্টী, ভাইৰেল ফিভাৰ আদি বেমাৰৰ এইটোও আন এটা কাৰণ।

১ম ল'ৰা: সেইকাৰণে মোৰ ফুচকা, চানা এইবোৰ খালেই পেটতো কুটকুটাই।

ডাক্তাৰ: উম। সেইবোৰ দোকানী বিলাকে ভালদৰে ঢাকি নথয়। মহ-মাখি আদি পৰে আৰু আমাৰ স্বাস্থ্য
হানি কৰে। গতিকে আমি আজিৰ পৰা প্ৰতিজ্ঞাবদ্ধ হও আহা যে মুকলিভাৱে মল-মূত্ৰ ত্যাগ নকৰো আৰু
পৰিৱেশ দূষিত আৰু স্বাস্থ্য ক্ষতি হবলৈ নিদিও।

সকলোৱে: হয় হয়। আমি প্ৰতিজ্ঞা কৰিলোঁ আজিৰ পৰা মুকলি ঠাইত শৌচ-পেচাৰ নকৰোঁ। স্বাস্থ্য আমাৰ
ধন, স্বাস্থ্যৰ বাবে আমি কৰিলো পণ।



নাৰদ: প্ৰভু।

দেৱতা: মুনি।

নাৰদ: দেখিলে?

দেৱতা: দেখিলোঁ। মানুহে লাহে লাহে বুজি উঠিছে। স্বাস্থ্যই যে পৰম ধন।

নাৰদ: নাৰায়ণ নাৰায়ণ...।

The End